



SERVICE PLAN

2015-2016

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Youth Outreach Worker Case Study

Two newcomer youth siblings aged 17 and 18 who came to Canada in 2013 as permanent residents were having acculturation issues and sought the support of a YOW. Upon screening and assessment the YOW determined that the youth showed risk factors for mental, emotional, financial and psychological abuse by their relatives who sponsored them. These two youth were living with their abusers. Over the course of multiple interactions over 12 months the YOW was able to identify in order of importance, housing, income support, employment and healthy relationships (safety from violence) as the presenting issues. This required utilizing motivational interviewing to get the youth to recognize the need to move away from the abusive environment and also to secure part time employment to supplement income. These interactions happened at the school with the support of the guidance counsellor. Part of the initial challenge when the YOW connected with them was reassuring them that they would not lose their status in Canada as had been threatened by relatives. The YOW assisted them in moving to an affordable rental place, furnishing their place with United Way donations and supporting them in making the transition peacefully. Both sister and brother were at risk of becoming homeless, and their mental wellbeing was at stake. They are now managing their rent; their grades are higher, and they both obtained full time summer jobs at Summerville and plan to go to university.

Aspergers Youth Community Engagement Socialization (AYCES) Case Scenario

Alex began the AYCES Program in 2009 when he was 12 years old. He is now preparing for his graduation as he will be turning 18 in September. Alex has a diagnosis of Asperger's Syndrome and Attention Deficit Disorder. He also presents as being anxious and suffers from depression which has led to a number of hospitalizations. Alex has accessed our What's Up Walk In to help him develop coping strategies in the moment particularly during times of crisis i.e.: mother's health, parent separation, break-up of his first relationship

Alex has been an engaging participant in all aspects of AYCES; after school, school break, Saturdays, 3 day Camp and our overnight respite at Megan Residence. Over the last six years Alex has made great progress in his social and emotional skill sets. Previously he was unable to interact or eat meals/snacks with his peer group. Additionally he was not able to use any washroom outside of his own home. This limited the amount of time that he could be in the community and limited his food and drink consumption throughout the day. Challenges in understanding, expressing and articulating his emotions often times resulted in aggressive outbursts.

Although, Alex at times struggles in managing his emotions and complex social situations, he has made substantial gains in this area. He has developed meaningful friendships, understands his diagnosis, is a promoter of the AYCES Program and is an Advocate for Asperger's Syndrome. He maintains those meaningful friendships outside of the program, has held a part time job and has transferred his acquired social and life skills to school, his cooperative placement and the community. Though Alex is graduating he has requested to stay connected to the program through our Alumni group.

Introduction and Organizational Overview

The EMYS Service Plan 2014-2015 begins with reference to the MCYS Transformation Agenda noting that this agenda "... will supersede the individual ambitions of any one centre in the province to include our own." We could have never imagined in March 2014 the degree to which this would have and already has come to pass for our agency: Our appointment as Lead Agency for the Toronto Region in February 2015 has already called upon us to rethink our understanding of our organizational identity and our organizational capacities. And as we are still in the very early stages of lead agency functioning, the challenges associated with reconsidering identity and developing functional capacity remain on the table. However, at the writing of this document we have already begun to assemble a dedicated Lead Agency Team through the position of Director Lead Agency Strategist and a half time administrative assistant who will work with the Executive Director to carry out Year 1 engagement and planning efforts.

Lead
Agency

It has become clear early on though that all EMYS staff consider themselves and are now perceived as Lead Agency staff and that as is the EMYS way, we will all need to 'do whatever it takes' to meet our lead agency responsibilities with the small amount of resources available to us. It must be noted that our appointment has been met with tremendous approval and enthusiasm on behalf of our service partners both within our child and youth mental health sector and our partners in health, child welfare and education. We can only hope that in March 2016 we can report their continued support as we begin the difficult task of planning for a common service delivery agenda across 33 agencies in the City of Toronto. [See Appendix A1 Lead Agency Letter of Engagement with MCYS and Appendix A2 for a compendium of community responses to announcement of appointment.]

There is no doubt that assuming the role of Toronto Lead Agency is a major milestone in the history of the agency, but almost concomitantly, albeit with sadness and reluctance, EMYS has also undertaken the decision to close our D'Arcy residence in March 2015. Foreshadowed in our 2014-2015 Service Plan the decision to close our D'Arcy program was based solely on its being financially unsustainable given the staffing dollars required to operate in accordance with our standards for service excellence and reduced occupancy over the year as per new child welfare policy. We mourn the loss of valued and esteemed long term EMYS staff and a reduction in superb community based child and youth mental health programming. Moving forward, the future of the property itself will be a focus as we consider amongst various options to include selling, leasing or repurposing the residence via new program design.

The D'Arcy
Residence

The loss of EMYS residential capacity however has been off set by expansion in other service arenas : the What's up Walk-in has launched a Saturday session ; a walk-in site has been planned for the Danforth with the South East Toronto Health Team where we will begin to offer counselling one day a week to those who are victims of domestic human trafficking; through a relationship with BOOST EMYS will offer services to those children, youth and families who had been involved with internet sexual exploitation; a Tele-psychiatry pilot program with Hospital for Sick Children is underway to include the entire East Toronto service network; a program for parents struggling with addiction issues called My Place has received renewed

Program
Expansion

funding for the coming year; the LGBTQ group called EastQrew continues to grow beyond our expectations and will be inviting a peer mentorship capability with the program structure.

Thus the appointment as lead agency, the closure of our D'Arcy Residence and the expansion of our menu of non residential service programs suggests that we will think of 2014 – 2016 as a period of transition for the centre. And with this contextual understanding it is imperative that we prepare for what comes next by continuing to update and improve agency infrastructure and staff engagement.

Administration

This past year the centre remarked upon its transition to a citrix based IT environment and we must acknowledge staff patience and good will in this regard. We could never have imagined the complexity of the transition we were about to undertake although we have been assured by Third Octet that our experience is not unique. At the writing of this report we are entering the last phase of this transition and will work to establish a clear understanding of IT functional responsibility for the agency.

In 2014-2015 EMYS chose a new extended health and benefit provider Health Source Plus, engaged a new auditor- Grant Thornton, negotiated a new service agreement contract with MCYS and began to plan for the April 1 launch of a new Human Resource Information System called Day force. These are significant changes and have demanded a call on our Human Resource, Finance and Administrative staff and will continue to do so. Also, the memory of the renovation and eventual sale of our Ellesmere property reminds us what we will have in store for us as we consider our D'Arcy property and thus we are grateful to have completed the refurbishment of our administration area and our counselling and group rooms in Suite 200. Staff generosity, flexibility and patience have been greatly appreciated as several staff at Head Office have agreed to change their spaces/places more than once. How we move forward to accommodate seemingly never ending demands for more space or another configuration of our existing space as per service/agency growth will make for lively debate in the coming year.

For the first time in its 40 year history EMYS enjoyed the benefits of having a dedicated communications staff at the agency. While that specific position has vacated at the moment, we are now more aware than ever of the essential nature of this function which will only become more pronounced as we move into the lead agency role. Although improvements have been made with respect to the receipt and acknowledgement of donations and grants as well as updating our web site and managing our various social media platforms, the area of internal communications was not addressed. Rather, this year's Staff Engagement Survey Results point to our continued and constant need to get better at staff communication in general and in a more intimate sense to better acknowledge and deal with issues related to diversity as they impact upon staff relations and service delivery. The management team will continue in its struggle to develop and adopt improved communication strategies. Similarly both management and front line staff have proposed the need to engage in renewed and elevated dialogue as regards the diversity agenda at the agency and this will be incorporated as a priority into this year's staff training plan.

Community
Diversity

As we move through and from transition to a new era for the agency it will also be imperative that as an agency priority we embark on our long awaited Strategic Impact and Planning

Process in conjunction with Innoweave. Delayed for too long because of a the uncertainty presented by a variety of major decisions to impact upon the centre, strategic planning will begin in September 2015. Similar ambition has been established for the renaming and rebranding of the centre to be finally realized by our Resource Development Team in the course of this fiscal year.

In March 2014 EMYS established the achievement of CCA Accreditation as its foremost challenge to be undertaken in the course of our 40th anniversary year. And this was realized most successfully through the commitment of all EMYS Staff members and Board members to uphold the reputation of the agency for 'service excellence grounded in community.' This understanding of the essence of our EMYS 'brand' also grounded our lead agency application and undoubtedly contributed to our success. But what Minister McCharles, the Minister for Children and Youth Services has also recently shared with both the Board Chair and the Executive Director is that it was the agency's demonstration of 'doing whatever it takes' resulting in impressive service innovation that served as a highlight in our lead agency submission.

The Future

During our presentation to the MCYS Transformation panel December 1, 2014 we spoke to the fact that every Board member and staff member at EMYS is a WIT – Whatever It Takes- worker. Further we stated that "...the adoption of a WIT culture in this city will ensure that transformation meets its most ambitious goals on behalf of all of us- the Ministry, the agencies, cross-sectoral partners and most importantly children, youth and families in Toronto."

In 2015-2016 EMYS will be breaking new ground in the Toronto Region. To realize transformation in Toronto will demand much of its lead agency and thus our Board and staff. Believing however that the adoption of that WIT approach across the service sector is vital and that our moment of leadership is at hand, EMYS will take every opportunity afforded to lead by example maintaining that commitment to service excellence grounded in community. And to this end, EMYS will and must hold fast to the 'ethic of possibility'. Indeed, we can only conclude that holding fast to this ethic of possibility has fueled all of our 'over-achievements' these past 40 years, and that undoubtedly we must do the same in our first year as Toronto Lead Agency.

Review of the Strategic Implementation Objectives

Objective 1: To formulate and implement a financial sustainability program for EMYS that effectively responds to the financial uncertainty, project-based and other funding challenges impacting the organization

- In April 2014 EMYS received approval from the National Crime Prevention Centre to implement and evaluate a Strengthening Families Program in five local Toronto Community Housing sites over a 5 year period. **\$1,844,802.55**
- EMYS has received **\$10,000** in grant funding from RBC and the City of Toronto to undertake projects such as The East Side Pride Event.
- EMYS received approval from the City of Toronto's investing in Neighborhood (INN) Fund to employ **three staff**; one in our general administrative department, one in the Zone and the third at the SPOT.
- EMYS received **\$29,220.00** from the Scarborough Addictions Network to offer a MY SPACE, a group program for parents who are suffering from addiction.
- EMYS has received **\$10,000.00** to trustee the Empringham Girls Group. Of that, \$1,000 has been directed to EMYS for purpose of administration.
- Scarborough Diversion - EMYS has signed an MOA with the City of Toronto to provide training for staff associated with a new diversion project funded by the Toronto Youth Equity Strategy. EMYS has received **\$10,000** to develop and facilitate 4 training modules related to working with transitional aged youth being diverted from justice system.
- On May 8th, 2014 Ellesmere Admission Residence was closed. The sale of the property in July 2014 realized a net gain of **\$474,615.00** which was applied to the EMYS reserve fund.
- EMYS received **\$25,000** from the Echo Foundation has been directed to creating weekend access on behalf of the 'what's up' walk-in clinic.
- On February 16th Estée Lauder Companies through their M·A·C AIDS Fund approved a grant in the amount of **\$25,000** to EMYS to support SWEET- Sexual Wellness, Empowerment & Education Team.
- EMYS signed an MOA with Boost Child Abuse Prevention & Intervention Services to participate in the Internet Child Exploitation (ICE) Program provides short-term counselling services to child and youth victims of Internet sexual exploitation. The ICE Program provides counselling funds to a maximum of \$1,500 per child/youth victim and a maximum of \$800 per immediate family member. We have a capacity for 10 clients annually, amounting to **\$15,000**.

Objective 2: To undertake organizational development initiatives that support the strategic, operational and viability needs of EMYS

- In June 2014 EMYS received full **accreditation** from the Canadian Centre for Accreditation.
- In September 2014 EMYS held a **40th Anniversary celebration** at Scarborough Golf and Country Club.
- The EMYS **Harm Reduction Committee** has developed a conceptual framework and is presented in Appendix B. Formal Policies currently being developed to be ready for board approval in June 2015.
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- EMYS participated in the provincial evaluation of all **Brief Services** across the Province. EMYS's 'what's up' walk-in services were highlighted. Results are impressive- See Appendix C
- EMYS has adjusted its reporting capacity to meet **new Ministry requirements** in regards to finances, service statistics and client outcomes.
- In September 2014 EMYS launched its transition to a Citrix based IT environment as per a new service contract with Third Octet.
- The **EMYS WITness Award** has been implemented and thus far has celebrated 87 staff since it began on February of 2014.
- In September 2014 EMYS adopted a **new by-law** to ensure compliance with future and existing legislation governing the operation of not for profit organizations.
- In July 2014 EMYS Board of Directors approved the adoption of a state of the art **Dissolution Policy and Procedures** as well as an enhanced **Privacy Policy**.
- EMYS Human Resources Department has contracted with Ceridian to implement a Human Resources Information System (**HRIS**).
- In April 2014, the EMYS Board approved the adoption of a new **Trusteeship Policy** which articulates the conditions under which EMYS will act as trustee on behalf of those grass roots and other organizations without charitable status of their own.
- In April 2014 the EMYS Board approved the appointment of **Health Source Plus** to provide staff with an extended health and benefits plan.
- In June 2014 the EMYS Board approved the appointment of a new Auditor for the 2014-2015 fiscal year- **Grant Thornton**.
- In April 2014 the EMYS Board approved a 1.2% cost of living adjustment for all staff.

Objective 3: To actively identify and assess EMYS' future organizational strategic positioning alternatives

- In October 2014 EMYS submitted an application to MCYS as per the **Toronto Lead Agency** Selection Process requirements. We were the successful applicant and were officially notified in Feb. 2015. See Appendix D
- In addition to submitting an application to become the Toronto Lead Agency, EMYS has had ongoing discussions with The Hospital for Sick Children and Toronto East General Hospital (TEGH) as well as the Centre for Addiction and Mental Health to expand the **'what's up'** walk in service, in order to increase accessibility to east end youth and families. We are currently developing a proposal for this expansion as well as a **'what's up'** walk in service at Thorncliffe Park by March 31st 2015. See Appendix E
- EMYS applied to and was chosen as one of 12 finalists in a competition sponsored by the in the Ministry of Economic Development, Employment and Infrastructure to undertake a **Social Impact Bond Project** related to the Walk-In expansion. Unfortunately we did not make the final selection. See Appendix F
- EMYS has been selected as a partner in the Provincial **Emergency Department Pathways** project, facilitating access smoothing access for children, youth and their families from hospital to communities. We are partnering with TEGH to provide immediate services within in the community.
- In March 2014 EMYS embarked on the creation of a new strategic alliance with an agency in the youth mental health sector.
- EMYS recently secured an agreement with HSC to pilot Telepsychiatry at the head office. This will provide EMYS with the opportunity to link with psychiatric consultation from HSC and gain access to specialists within a 48 hour time period through video conferencing.

For a review of last year's goal, see Appendix G

Review of Client Statistics

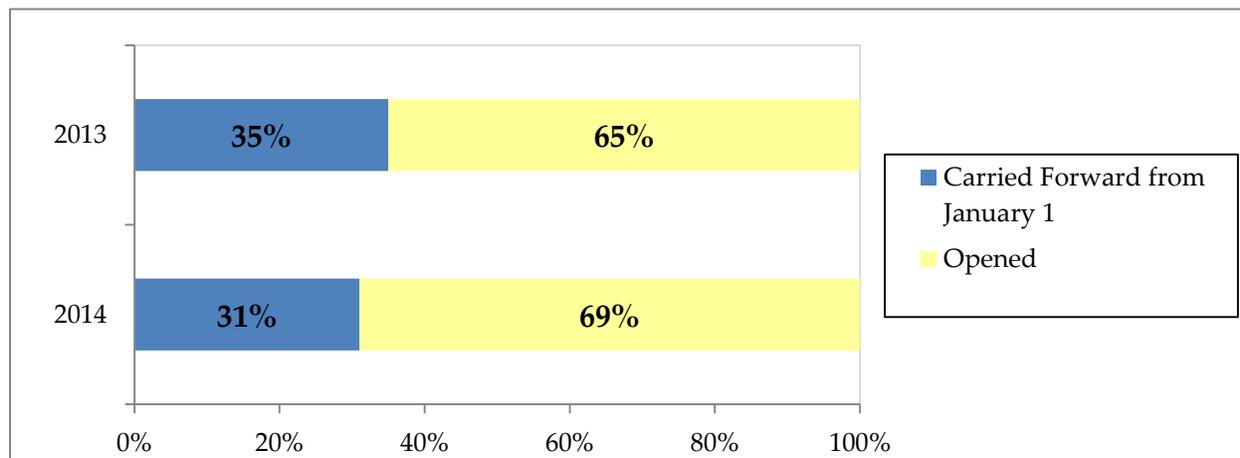
Service Plan Draft (Annual Calendar Statistics 2014)

January 1, 2014 – December 31, 2014

Compared with last year, there was an increase in the total number of individuals served by East Metro Youth Services¹.

This increase was mainly due to an increase in the numbers of new clients seen in the “what’s up” walk- in during the year.

Individuals Served	2014	2013
Carried Forward from January 1	483	454
Opened	1088	846
Total Served	1571	1300
Closed	1046	814
Carried Forward to January 1	525	486

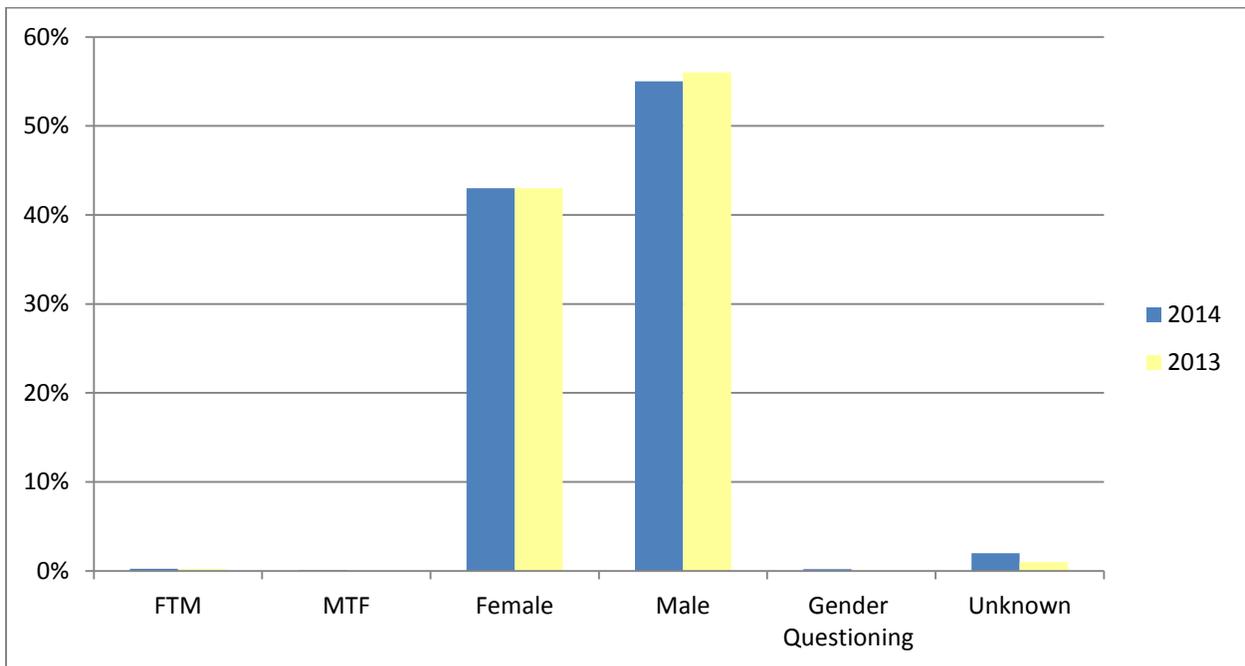


¹ This total does not include numbers of individuals served through our Youth Outreach Worker program.

Gender Distribution

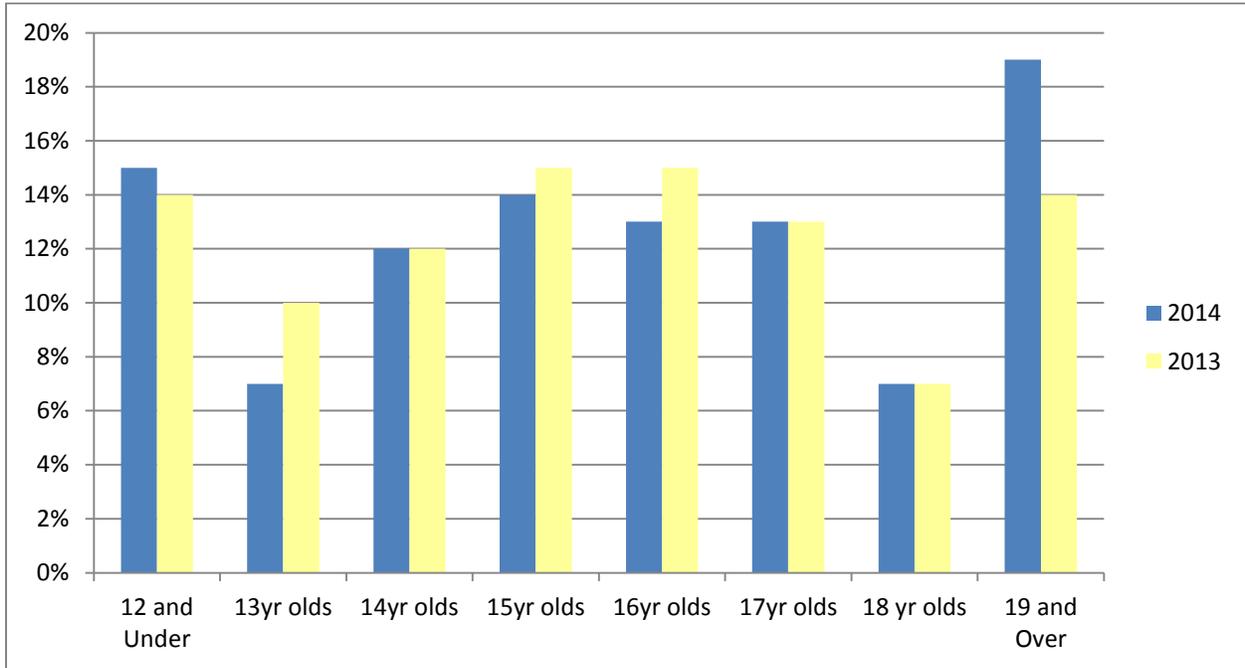
There has been no significant change in the distribution of individuals served by gender since last year.

Gender	2014	2013
Female To Male (FTM)	4	2
Male To Female (MTF)	1	1
Female	669	553
Male	863	730
Gender Questioning	3	0
Unknown	31	14



Age Distribution

Since last year, the largest increase has been among individuals 19 and over while the largest decline in service has been to 13 year olds. This is likely accounted due to the often older ages of clients coming to the walk in.



Primary Mental Health Diagnosis

Primary Mental Health	2014		2013	
	N	%	N	%
Attention Deficit Disorder	123	20%	137	20%
Anxiety	119	19%	101	15%
Depression	66	11%	72	11%
Learning Disorder	66	11%	65	10%
Autism Spectrum Disorder	58	9.5%	61	9%
Aspergers	49	8%	49	7%
Oppositional Defiant Disorder	44	7%	60	9%
Post-Traumatic Stress Disorder	16	3%	23	3.5%
Obsessive Compulsive Disorder	14	2.5%	16	2.5%
Adjustment Disorder	12	2%	14	2%
Developmental Delay (Dual Diagnosis)	11	1.5%	23	3.5%

Psychotic Disorder	10	1.5%	11	1.5%
Pervasive Developmental Disorder	8	1%	16	2.5%
Parent Child Relational	8	1%	15	2%
Social Phobia	7	1%	8	1%
Bipolar Disorder (Manic)	6	1%	4	0.5%
Total	617	100%	675	100%

Parent child relational diagnoses were fewer this year possibly because of the lower number of referrals directly from the hospital through transitional services and the change in DSM 5 categories.

There has been a shift in our developmental services program where we see people will Autism Spectrum Disorder rather than Developmental Delay (Dual Diagnosis). Furthermore Pervasive Developmental Disorder is no longer a diagnosis it is usually included in the Autism Spectrum Disorder category along with Aspergers.

Programs and Services

The following section of the report examines the numbers for our various programs and services. The Ministry has defined new financial and data reporting categories for Child and Youth Mental Health (CYMH) Programs. In order to reflect this change the Service Plan now includes the following categories of service:

- Intensive Treatment Services
- Brief Services
- Counselling/Therapy Services
- Service Coordination
- Targeted Prevention
- Developmental Services
- Non-MCYS Funded Services
- Groups
- Youth Engagement Programs

Intensive Services

Intensive Services now include our Intensive Child and Family Services, Day Treatment programs and Residential program. These services have been grouped below accordingly.

Intensive Treatment Services	2014	2013
Intensive Child and Family Services	40	48
Day Treatment - Borden Dialectical Behaviour Therapy – 1	17	18
Day Treatment - Borden Dialectical Behaviour Therapy – 2	10	7
Day Treatment - Charles Gordon	12	14
Day Treatment - Wexford	18	14
Residential - Megan Residence	11	16
Intensive Treatment Services Unduplicated Total	88	87

Brief Services

Brief Services	2014	2013
Brief Intensive Child Family Services	10	4
Brief Priority Access-Child Welfare	14	N/A
'what's up' walk-in	661	499
Brief Services Unduplicated Total	673	499

'what's up' walk-in visits	2014	2013
Total # of Sessions	1403	973

Brief Intensive Services has two referral streams. One is from the community, usually redirected from our 'what's up' walk-in. When clients come to our walk-in if the issues they have presented don't stabilize within 3 sessions, families are recommended for the 3 session brief service. If families are unable to make it to the walk-in, our staff book a single session appointment and meet with the family in their home within 7 days. The second referral stream is from Child Welfare including; Catholic Children's Aid, Toronto Children's Aid Society, Jewish Child and Family Service, Native Child and Family Service. A referral is faxed in and an Initial Service Co-Ordination meeting is completed. After which the family completes 3 sessions.

The objectives of Brief Services are; 1.) To have an immediate response therefore maintaining a clients motivation rather than sit on a waitlist. 2.) Some families will be able to address their issues within 3 sessions thereby opening up long-term spots within our 3-6 month intensive services 3.) Often clients may not need counselling although might need another form of therapeutic intervention such as a group or other specialized service.

Actual number for 2014 – 1424 Sessions / 635 – 3 Staff Working
 Actual Staff – 2
 Actual Staff Capacity- 1200
 Over Capacity – 224 visits

Counselling/Therapy Services

Counselling/Therapy Services	2014	2013
Individual and Family Therapy for Day Treatment Clients	64	59
Individual and Family Therapy (IFT) for Megan Clients	11	13
Priority Access for Child Welfare	50	56
Priority Access for TDSB and TCDSB	115	133
Supervised Alternative Learning (SAL)	41	45
Counselling/Therapy Unduplicated Total	223	227

Service Coordination

Coordination of services begins with the process of developing an individualized plan for service delivery which is reviewed throughout treatment to monitor the client's progress in meeting the goals of the plan. Therefore Service Coordination includes all MCYS Funded programs except for Brief Services.

Service Coordination & WIT	2014	2013
Service Coordination	389	423
Whatever It Takes (WIT)	45	34
Service Coordination & WIT Unduplicated Total	291	295

Service coordination was lower this year because of the introduction of more brief services which do not include the service coordination feature.

Targeted Prevention

Targeted Prevention	2014	2013
RISE Program (Churchill)	21	24
RISE Program (Borden)	7	N/A
Targeted Prevention Unduplicated Total	28	24

The Churchill RISE program concluded in June 2014. The Border RISE program began in September 2014.

Developmental Services

Developmental Services	2014	2013
Adult Achieving Independence (AAIMS)	21	16
Aspergers After School	26	38
Aspergers Saturday Respite	13	15
Aspergers School Break	28	30

Fee for Service/Time for the Taking	16	21
Galloway After School	36	45
Respite-Holiday	21	31
Respite-March Break	19	19
Respite-Summer	26	30
Development Services Unduplicated Total	109	130

There are two emerging shifts that come into focus as we note a decline in numbers within some of Developmental Services' programs. Within the Aspergers After School and School Break this year's numbers reflect a shift in the average age of our referrals. In previous years participants were referred to the program at the average age of 16 to attend the program for the following 2 years and age out at 18. However a demonstrated trend has shifted that average age of intake to 14. Participants are in the program longer and therefore the rate of turn over is slower. In our Galloway After School Program and our Respite programs a decrease in these numbers is equated to the increased support required to support participants with behavioural and mental health challenges.

Non-MCYS Funded Services	2014	2013
Children's Aid Society of Toronto (CAST) Youth Outreach Program	*19	33
Individual and Family Therapy for D'Arcy Clients	29	37
Residential - D'Arcy Residence	16	20
Residential - Ellesmere Admission Home	**6	35
Residential - Megan Transitional Unit	1	1
The Arson Prevention Program for Children (TAPP-C)	1	N/A
Transitional Support Services	***26	33
Non-MCYS Funded Services Unduplicated Total	70	120

*CAST Youth outreach program was discontinued earlier in the year.

**Ellesmere officially closed May 2014

***Transitional Support was discontinued at Toronto East General Hospital

Groups	2014- Number of participants	2013- Number of participants
My Place Parent Substance Group	14	N/A
Youth Groups		
LGBTQ	19	N/A
L.I.K.E. Youth Justice Group	27	4
Priority Access for Schools (PAS) Dialectical Behavioural Therapy Group	9	8
Sessions Youth Substance Group	17	N/A

The New Mentality Group	3	9
Groups Unduplicated Total	89	21

Youth Engagement Programs

Our youth engagement programs include, our newcomer youth settlement programs as well as various other programs including multimedia, peer leadership and drop-in.

Citizenship Immigration Canada (CIC) Programs	2014	2013
Newcomer Youth Program – Leadership and Mentorship Training	155	99
Newcomer Youth Program – Orientation to Canada	155	99
CIC Unduplicated Total	155	99

This year's increased numbers are reflective of great and more successful outreach efforts

VIP Programs	2014	2013
Say Word Journalism Program	*25	51
Sound Lab	**90	50
Studio 2 Multimedia Program	***123	105
Volunteer Readiness Program	57	47
Youth In Transition (YIT) Worker Program	38	N/A
Zone Drop-In	****361	276
VIP Unduplicated Total	497	356
Youth Engagement Unduplicated Total	525	365

*Say Word was discontinued at the end of February 2014

**Sound Lab continues to grow because it is an attractive activity for youth

***Studio 2's growth reflects the successful outreach for that program

****Our Drop in numbers might be attributed to the overall increase in all of our programs and the better tracking of participants with our INN worker.

Youth Outreach Worker Program

Youth Outreach Worker (YOW) Program	2014	2013
Total Youth Contacts (Interactions)	2381	2047

We have supported better data entry across our partners so this might account for the higher numbers

Quality Assurance

Our quality assurance process has undergone some changes during this past year. Firstly, the Ministry of Children and Youth Services (MCYS) has developed new reporting criteria that address aspects of quality assurance and as a result we have modified our existing Client record (CR) to meet these new requirements. Moreover, given that MCYS will no longer be funding the Brief Child and Family Phone Interview (BCFPI) and the Child and Adolescent Functional Assessment Scale (CAFAS) we have had to make some hard decisions regarding the use of screening, assessment and outcome tools. As a result, we will only be utilizing CAFAS for assessment and outcome measurements and this is the last calendar year that we will be utilizing BCFPI as a screening tool. Our CR has been modified to screen youth on a number of domains based on The Child and Adolescent Needs and Strengths (CANS) tool.

While there are always some fluctuations in the data from year to year, it is clear that EMYS continues to serve young people with complex-needs. The severity and complexity of the clients we serve are outlined in the Agency aggregate BCFPI scores (Figure 1).

Figure 1

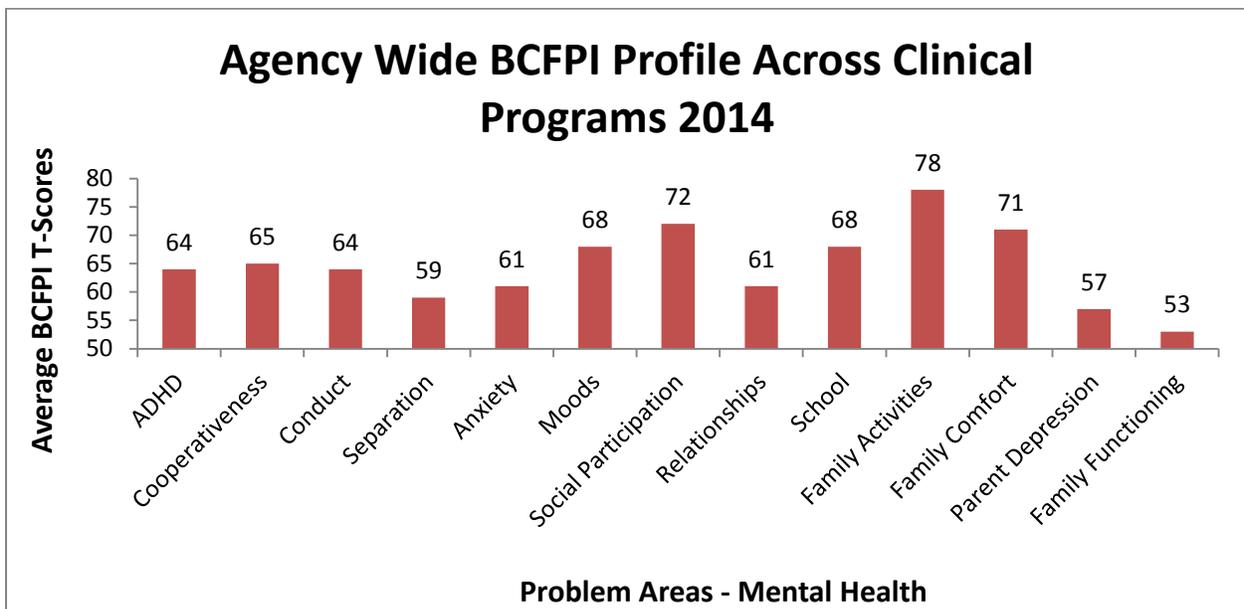


Figure 1: Brief Child and Family Phone Interview Scores

As BCFPI scores increase, so do levels of functional impairment. Scores above 65 are regarded as “severe functional impairment” since 94% of the general population scores below 65. In Figure 1 it is evident that clients are showing clinically severe impairment in almost half of the domains, including a variety of individual mental health concerns as well as those affecting family life, school attendance and performance.

In Figure 2 there is a comparison of the aggregate BCFPI scores between 2013 and 2014.

Figure 2

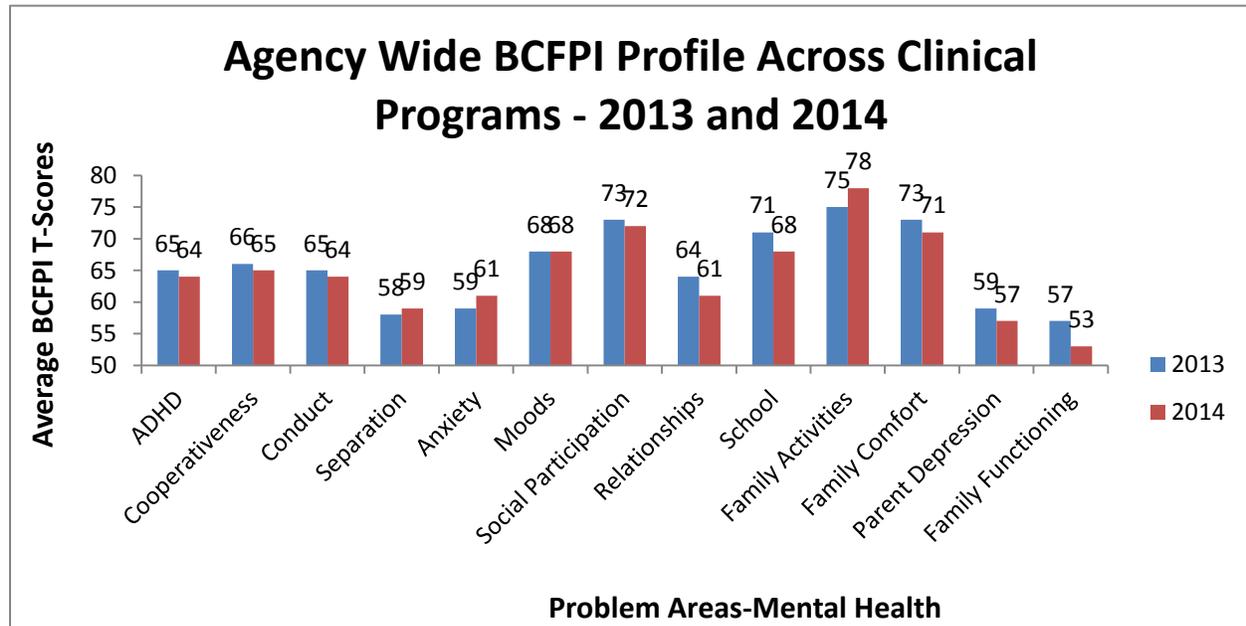


Figure 2 illustrates the minimal fluctuation in the aggregate BCFPI scores across the two comparison years.

Next year, we anticipate reporting on the various domains captured by our CR.

Our Quality Assurance process also includes the development of annual Program Summaries/Overviews which focus on outcomes within programs, contextualized, at times, in a review of staff experiences and impressions, relevant literature and utilizing specific outcome tools and individual goal achievement measures. These program overviews were prepared by program supervisors in collaboration with their respective teams. See Appendix H1-H13

In addition, each year we seek stakeholder feedback from clients, referral sources, our staff team as well as our Board of Directors, as part of our effort for continuous quality improvement (See Appendices I1-I4). The purpose of these surveys is to ensure that quality improvement needs at any of these levels are identified and addressed. Unfortunately, this year our response rate for clients, referrals sources and staff was less than desired. There were many competing priorities early in January 2015 that prevented a timely and well planned dissemination, which was probably a contributing factor to the low response rate. We were successful however; in conducting a board self evaluation that fortunately had a much better response rate.

Risk Management Plan

Purpose

Risk Management involves activities that deal with uncertainty and potentially harmful future events. The Risk Management Plan is reviewed and revised twice annually- during Service Plan and at Mid-Year Review.

The purpose of this Risk Management Plan is to:

- Identify and minimize risk to EMYS, the individuals served by the agency, and the agency's staff, placement students and volunteers.
- Protect the agency's profile and assets

Risk exists in the day-to-day operations of EMYS. This risk is minimized somewhat by the agency's cooperation with monitoring bodies such as the Workplace Safety and Insurance Board and the Public Services Health and Safety Association, by compliance with Canadian Centre for Accreditation (CCA) under the auspices of the Children's Mental Health Ontario (CMHO), Provincial Residential Licensing Standards, as well as directions from our Financial Auditors.

In addition, our internal Management team, led by the Executive Director who reports directly to the Board of Directors, manages and monitors the organization's potential risk. For the Serious Occurrences report, see Appendix J

General Strategies Used to Address Risk

On an everyday basis, the agency minimizes risk by using training, policies and procedures and supervision. The following chart describes areas of potential risk and mitigating responses.

The following chart describes our efforts to identify and address real and potential risks during the past fiscal year.

CLIENTS/PARTICIPANTS			
Risk	Level	Commentary	Mitigation
Injuries and accidents	Low	<p>EMYS Policies and Procedures are followed and regularly reviewed with staff, student placements and volunteers. All staff, student and volunteer orientation includes elements of safety and prevention (e.g., CPI, First Aid/CPR).</p> <p>Individualized risk assessments are developed as needed for clients and/or participants.</p> <p>Staff annually review all</p>	<p>Trends are evaluated in an annual review of the Serious Occurrence Report which is first reviewed by the Board and then submitted to MCYS. There were a total of 59 Serious Occurrences in the past year with 4 involving significant injuries involving clients and 1 participant who committed suicide from the YOW Program.</p> <p>Currently all staff, including administrative staff, have been trained in Crisis Prevention and Intervention training (CPI) This is an annual practice.</p> <p>Annual fire inspections are supplemented by monthly inspections by the Health and Safety committee.</p>

		emergency procedures	Annual city and fire inspections for the residences also provide information on potential risks.
Missing Persons	High	<p>A Missing Persons Reporting Protocol (MPR) has been developed with local police. (Specific interventions developed as needed)</p> <p>MPRs are documented in Incident Reports which are found in individual client files. In the event that a client is missing for longer than 24 hours this would be documented in a Serious Occurrence Report (SOR). SORs are reviewed in January and a report is completed.</p>	Supervisor/Manager/Director On-Call system available to assist in these circumstances. Trends are evaluated in the Annual Serious Occurrence Report. There were a total of 14 Serious Occurrence Reports made in the last year with regards to a missing person.(last year there were 24 such events)
Violence and Trauma	Low	Staff are trained to assess safety and potential crises and all are trained in Non-violent physical intervention procedures (CPI)	<p>All staff were provided with CPI, allowing for early identification and de-escalation of potentially violent situations as well non-violent physical interventions</p> <p>In the event that a restraint is used, a debriefing process takes place involving the staff, client and supervisor. There were a total of 5 Serious Occurrence Reports made in the last year with regards to a physical restraint.(last year there were 8)</p> <p>There was one death that occurred through a partnering agency within our YOW program.</p>
Community complaints	Low	The complaints procedure is published on the agency web site, and available in print.	<p>The Executive Director or delegate is the spokesperson for the agency to respond to community complaints.</p> <p>Complaints are documented in a file located in MY AGENCY/Complaints/Community Complaints and individuals receiving the complaints are to enter the information directly into the form.</p> <p>No community complaints have been filed this year</p>

FINANCE			
Risk	Level	Commentary	Mitigation
Employee fraud	Low	EMYS complies with good accounting practices for internal controls, including separation of authority	The new auditor will do substantial testing on internal control for the year-end audit.
<u>Audit "staleness"</u>	Low	Cowperthwaite Mehta Chartered Accountants has been the auditor for EMYS for 6 years. EMYS issued an RFP for new audit services – 4 responses were received.	In September 2014 the EMYS Board approved the appointment of a new Auditor, Grant Thornton for the 2014-2015 fiscal year.
Inadequate reserve	Low	United Way has recommended that our reserve equal one month's operating expenses	The proceeds from the sale of Ellesmere property have increased the reserve by \$491K. The reserve now is more than one month's operating expenses.
Loss of funding	Generally low, but some programs at higher risk	While the diversity of our funding base is increasing, funding is highly concentrated. Possible sector transformation could lead to significant realignment of funding, with new formulae that are outcome rather than historically based.	Unfortunately, we have seen this risk manifested in the loss of Catholic Children's Aid Society funding for our Ellesmere Admission Home. Given the high vacancy rates across the Per Diem residential group home sector, the Board has determined that continuing our per diem residence (D'Arcy) presents a financial risk and as a result decided to close our remaining per diem residence as of March 27, 2015.
Funding inadequate to cover expenses	Medium with high risk for certain programs	Governments are increasingly unwilling to fund rent, administration and full salary and benefit costs while simultaneously making greater demands on agencies (i.e. AODA, French language services, etc.)	Examine overhead structure, in particular rent; see previous for additional strategies. In particular, closely scrutinize additional revenue opportunities for sustainability. New funding has been received in Fiscal Year 2014 (i.e. NCPC funding, M.A.C. SWEET funding, Echo funding to help cover central administration fees.

Human Resources			
Risk	Level	Commentary	Mitigation
Employee turnover due to uncompetitive wages	Medium	The EMYS salary scale, while competitive with other non-union children's mental health centres, is significantly below hospitals, schools, government and other unionized settings.	The utilization of flexible work arrangements, the encouragement of employee affiliation and the measurement of employee engagement contribute to staff retention. The Agency has enhanced staff recognition through the successful introduction of the

		<p>Full time turnover was 6% in 2014. This includes the closure of Ellesmere.</p> <p>The turnover rate has fluctuated between 5% and 7% since 2009.</p> <p>The temporary and contract turnover was much higher at 30% versus our normal average of about 13%.</p> <p>This was partly due to short term contracts and attrition in the relief pool due partly to policy updates (requirement to be available for 5 shifts monthly).</p>	<p>WITness award program.</p>
Relief work policy inadequacies	High	<p>H.R. is beginning to track cancelled shifts as part of developing an attendance policy. Lack of a clear policy in the past has led to employee dissatisfaction and makes managing performance issues more challenging.</p>	<p>On August 12, 2014, Policy C72 - Relief Worker Guidelines and Policy C73 - Relief Staff, Attendance Policy/Procedure was introduced. There has been no pushback on these policies and they are very clear as to the expectations of the relief staff.</p>
Increasing benefit costs to the employer and employees	Medium	<p>While EMYS employs a broker to provide competitive quotes, inflationary dental and prescription pressures together with an aging workforce suggest rising rates are inevitable in coming years</p>	<p>After experiencing an overall 9.86% increase in costs in March 2013, the Agency turned to CMHO's HealthSource Plus who was able to come back with an overall 2.03% increase. These rates are locked in until November, 2015 so the rate was guaranteed for 1.5 years.</p>
Employees, Placement Students and Volunteers injuries and accidents	Overall Low, but moderate in residential and Developmental Services programs	<p>Health and Safety Committee, comprised of Management and front line staff, do monthly program site inspections; Orientation and training for staff, placement students and volunteers include various emergency procedures, universal precautions, CPI, workplace violence, etc.</p>	<p>Injuries are reported and reviewed for Trends and are evaluated in the annual review of Serious Occurrence Reports and by the Health and Safety committee both of which are presented to the Board of Directors.</p> <p>Policies and procedures related to behavior management techniques for client and participants are reviewed annually.</p>

Communicable Diseases	Low	<p>Policies related to Infection Control and Pandemic Preparedness are in place.</p> <p>Policies regarding Universal Health precautions are in place. Regular updates from Public Health are provided to Employees when appropriate.</p>	<p>B45 policy was added - infestations such as bedbugs – Policy and Procedure in November 2014</p> <p>In this context we purchased the following:</p> <ul style="list-style-type: none"> • 450 bed Bug cups • 100 Supersize Ziploc bags • Box of double-sided wide tape • Bed bug suits and boots to have on site in various sizes (maybe order 10 X-Large, 40 Large, 40 Medium so we have them on hand) • Bed Bug DVD training for External offices • Request for dates for live Training on bed bug prevention at head office site <p>Health & Safety Awareness Training was set up for Supervisors and Employees in December 2014 – due Jan 31, 2015</p> <p>WHMIS training was set up for all staff in anticipation of the legal requirements being updated in June 2015 to a globally harmonized system - due Jan 31, 2015</p> <p>All signs that assist in reducing the transmission of communicable illnesses (flu/cold, etc) were updated in November 2014 for all programs including school programs for: hand washing, covering your cough and hand sanitizing.</p>
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INFORMATION TECHNOLOGY			
Risk	Level	Commentary	Mitigation
Service continuity	Low	The Agency operates 24/7 and therefore requires uninterrupted service	<p>Server reliability has been enhanced this year through the move to a cloud hosted infrastructure system with built-in redundancies to avoid system failure.</p> <p>IT infrastructure has been upgraded to follow N+1 design where infrastructure supports the complete failure of a single host. Hence current infrastructure has redundant firewalls,</p>

			<p>redundant core managed switches and redundant Internet Service connections.</p> <p>Since cloud hosted technology totally relies on server reliability and internet connection, IT team has deployed continuous monitoring of systems and bandwidth. Also system downtime are ticketed, strictly monitored and also reviewed on a weekly basis. IT team hopes to achieve 99.9% uptime of core network infrastructure there by improving service continuity.</p> <p>Daily back-ups of servers and applications usually happens overnight with accepted service disruption of 15 to 30 minutes at 1 am everyday. Other planned service disruptions will usually happen between 11.30pm to 3 am unless otherwise specified.</p>
Security	Low/Medium	IT team understands that there are known and unknown risks with cloud or any other IT infrastructure. Hence security measures are continuously improved to reduce risks	<p>IT team has deployed highest security measures at hardware, virtual and user levels. We purchased PALO ALTO firewall and bought virtual licenses including Global Threat Prevention etc. to ensure user to cloud data traffic is secured.</p> <p>A centrally managed anti-virus solution is present to protect from malicious activities.</p> <p>Active directory and group policy for folders is yet to be secured after migration to cloud hosted facility. IT team hopes to implement tier level folder policies by June, 2015.</p> <p>EMYS needs to update its IT policy and procedure to compliment its move to cloud hosted network as having dictated guidelines on how the organization behaves and reacts to any security concerns evident within the organization, how administrative bodies will develop internal applications and deploy systems, how end users should interact with systems, and how patches should be rolled out to servers and client devices, as well as outlining change control and testing/development will ensure strengthen security measures.</p> <p>Wifi policies will also be updated by June, 2015 to mitigate risks associated with casual users introducing malicious viruses to EMYS network.</p>

PROPERTY AND ASSETS			
Risk	Level	Commentary	Mitigation
Vehicles - Damage Accident Theft	Moderate	Insurance policy is in place. Protocols re drivers' abstract are in place. All drivers must be 25 years of age or older. No claims this year. We also only insure drivers without a recent conviction 4 Cellphones were stolen from Reception.	Review causes of incidents of theft or accident on an as need basis Reported cell phone theft to the Police and cell phone provider and the numbers were blacklisted. Additional precautions included moving the main key box to another location.
Buildings- damage, theft, natural disasters	Moderate and High in residences	Insurance policy is in place. Daily and monthly site inspections allow for maintenance of property.	Contracts exist with a variety of service providers (e.g. heating and air conditioning, pest control, etc.)

ORGANIZATIONAL GOVERNANCE			
Risk	Level	Commentary	Mitigation
Board of Directors- Criminal activity Fraud Theft Legal Requirements Liability Board Turnover	Low	The Agency has Liability Insurance. Governance Policies and Procedures are in place. Board Member Recruitment and Screening is conducted by the Board Nominating Committee with recruitment of preferred representation on Board. Board Policy on discipline of board members updated	The Board is self-monitoring and the annual survey regarding the Board members' knowledge of Governance principles is reviewed by the Board Executive Committee. Board members are afforded and supported to participate in individual and group training to include webinars, access to relevant journals etc.

Staff Training and Development Plan

This plan outlines the agency's mandatory as well as other forms of staff training, ensuring that staff are up-to-date as per legislation and other requirements to include technology training. In addition, as EMYS continues to implement evidence-based (EBP) and evidence-informed practices (EIP), staff training to maintain fidelity to existing interventions as well as new interventions that meet the clinical needs of our clients and participants for the coming year are listed below.

Mandatory Training

Type	Staff Group	Purpose/Reason	Update
Crisis Prevention Intervention (CPI)	All staff	To ensure staff are adequately trained to verbally and physically intervene (depending on the program) in crisis situations	Staff continued to be trained as is required. We will be looking into assigning an additional CPI trainer.
Cardiopulmonary resuscitation (CPR)	Residential, Day Treatment, Developmental Services and VIP staff	To ensure staff can act as first responders to emergency situations	Staff continued to be trained as is required. This will now included Strengthening Families Staff.
First Aid	Residential, Day Treatment, Developmental Services and VIP staff	To ensure staff can act as first responders to emergency situations	Staff continued to be trained as is required. This will now included Strengthening Families Staff.
Brief Child and Family Phone Interview (BCFPI)	Data and Access Team and other relevant staff	To provide new relevant staff and placement students with the necessary training for intake screening	Staff continued to be trained as is required.
Universal Health Precautions	All staff	To provide staff with the necessary training to ensure safety when encountering situations that may expose clients and themselves to infectious/communicable diseases	Training will be provided on an as needed basis.
Accessibility for Ontarians with Disabilities Act (AODA)	All staff	As per provincial legislative requirements, all staff must undergo training regarding accessibility for persons with a disability	All new staff entering into EMYS programs receive training.
Harm Reduction Training	All Service-Providing Staff	To provide all relevant staff with the skills and resources to support youth using substances	Staff continue to attend new trainings.

Ongoing training to maintain fidelity to existing Evidence Based Practices and Evidence Informed Practices

Type	Staff Group	Purpose/Reason	Update
Dialectical Behavioural Therapy (DBT)	Relevant Access and Counselling, Residential and Day Treatment staff	To provide re-fresher training and consultation in order to maintain fidelity to the model	-Previously purchased Consultation with Dr. Katz is coming to an end; we are looking into costs and benefits of continuing with this -Staff booster training will start in March with the CYWs and IFTs (provided by the champions).
Solution Focused Brief Therapy (SFBT)	Home Base counselling staff and 'what's up' walk-in staff	To provide all staff with the prerequisite tools and concepts to intervene effectively	-The champion is being trained in advanced level SFBT -Training to new staff and boosters for existing staff continue -This will including training for partners

Applied Behavioural Analysis (ABA)	Developmental Services Team	To provide developmental services staff with a universally recognized evidenced based model for intervention	-ABA has been successfully implemented into the GASP program. -Report guidelines altered to reflect the inclusion of EBP in to GASP -Boosters will be held on a quarterly basis moving forward
Cognitive Behavioural Therapy (CBT)	Priority Access for Schools	To provide specific counselling staff with a universally recognized evidenced based model for intervention	-Training has been completed for all but one staff (who is new to the team) -The Champion and supervisor are working on a fidelity tool -A Lunch n' Learn is being created and will be hosted in the Spring -EMYS' first 'official' CBT group will also start in the spring
Motivational interviewing (MI)	YOWS, relevant counselling, day treatment and residential staff,	To provide relevant staff with the skills to work with youth experiencing addictions, and other challenging behaviours	-An MOA has been signed with CMHA to provide staff with booster training – a schedule is pending -A champion is being sought who will take the lead (the intention is for the new Mental Health YOW).
The Strengths Model	WIT team	To provide the staff with an EBP in the field of mental health case management	-A model has been identified and materials purchased -Assessment and fidelity tools will be used with new cases assigned in March 2015
Trauma	All counsellors working with youth who have experienced trauma	To provide specific counselling staff with a universally recognized evidenced based model for	Champion- Carly and David O

		intervention	
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Diversity and Engagement Training

Type	Staff Group	Purpose/Reason	Update
LGBTQ	EMYS staff and Joint team	To increase services for youth that identify with LGBTQ community, increase staff capacity to understand and address issues related to this community as well as increase our knowledge to better inform EMYS' policies, procedures and programming.	The Access and Counselling and Newcomer teams received training on Jan 30 2015 through Rainbow Health Ontario. We are currently looking into dates for training for the Residential, Day Treatment and Developmental Services teams in late April 2015.
Family Engagement	EMYS staff and Joint team	To increase the agency's capacity to engage families so that their voice and opinions inform our policies, procedures and programming.	Parents for Children's Mental Health co-developed with the Ontario Centre for Excellence in Child and Youth Mental Health a Family Engagement Training that will be taking place on March 11 2015.

Technology Training

Type	Staff Group	Purpose/Reason	Update
Client Records (CR) Training	EMYS Staff, Students and Volunteers	To ensure all relevant staff are able to utilize the CR for case management and to document process and outcomes	Staff continued to be trained as is required.
Outreach Records (OR) Training	Youth Outreach Workers and Supervisors	To ensure all YOWs utilize the OR to document their work and to enable supervisors to use the OR as a tool for regular monitoring and supervision of staff	Staff continued to be trained as is required.
Microsoft Office Applications Training	Data Management Team	To ensure all data management staff are trained in advanced Excel software skills	This is currently being explored and is carried over from the last service plan.

Service Plan Goals 2015-2016

Goal	Activities	Timeframes	Assigned to:
Corporate Services			
Strategic Planning Process	<ul style="list-style-type: none"> • Establish strategic planning schedule in conjunction with Robin Corey at Innoweave • Secure additional funding if possible as per enhanced McConnell Foundation opportunity • Secure Board approval 	Sept 2015	Claire
Establish collaborative processes to guide development of Lead Agency activities and deliverables	<ul style="list-style-type: none"> • Secure funding to support the implementation of a Collective Impact model to guide Lead Agency implementation • Establish governance structure to guide Lead Agency policy and operations • Establish working groups tasked with development of Year 1 deliverables and various lead agency processes and activities (e.g., data management, central point of access, needs of diverse communities) 	Sept 2015	Claire/Roberta
Meet Year 1 Lead Agency deliverables	<ul style="list-style-type: none"> • Complete initial Core Services Delivery Plan • Complete initial Community Mental Health Plan 	March 31st 2016	Claire/Roberta
To launch the new Day Force HR System and train staff on how to use it	<ul style="list-style-type: none"> • Finalize payroll testing • Run parallel payroll • Set up trainings • Launch 	April 1st 2015	Andrea/Judy
Implement the next stage of EMYS French Language Services See Appendix K	<ul style="list-style-type: none"> • Review referral clause and clause 1 • Develop protocols and policies in regards to French language 	March 31st 2015	Myra/Janice/ Roberta

	<p>services</p> <ul style="list-style-type: none"> • Develop MOU with French language service provider Centre Francophone /Espace Jeunesse 		
To implement a new budget monitoring process to increase management accountability for program budgets.	Kevin will work with program supervisors, managers and directors to develop the budget for FY2016. Periodic review of the financial actuals vs. budget by program will be conducted. Significant variances need to be explained and presented to the management team..	April 1st 2015	Kevin/Joint Team
Secure funds for walk-in services - Saturdays (at 1200 Markham Rd) and new sites on the Danforth and in the Thorncliffe community	Proposals to fund The Danforth and the Thorncliffe walk in sites are being developed. In addition, Sick Kids is still exploring a possibility of funding the same Danforth site for Transitional Aged youth. We secured on year funding for a Saturday walk in at 1200 Markham and will pursue other funding opportunities to sustain this.	March 31st 2016	David O/Myra
To review and revise our current Volunteer policies and programming opportunities	Recognizing the discrepancy regarding the definition of volunteer activities and accountabilities between United Way, City of Toronto and Canadian Centre for Accreditation, revised policies will be developed to meet all funders' criteria.	Oct 2015	Janice/Deborah/Andrea
Evaluate and revise our current Staff Engagement, Consumer satisfaction and referral source surveys.	<ul style="list-style-type: none"> • We will gather input from staff re: our staff engagement survey to better formulate questions that they deem relevant • Consumer Satisfaction has been assumed within the Client Voice. • Given that this is a web based tool, it will be important to acquire clients/participants 	Nov 2015	Myra

	<p>emails addresses for this tool to be utilized and enhance the response rate</p> <ul style="list-style-type: none"> • The Referral Survey response rate continues to be very low and this will be explored with other evaluators across the city regarding best practices to enhance response rate. 		
To evaluate the IT functions of the Agency		April 2015	Claire/Kam
Improve internal communications	<p>Develop internal communications plan:</p> <ul style="list-style-type: none"> • Audit existing activities including need to respond to and communicate appropriately on feedback received from annual employee survey • Establish staff working group to discuss and make recommendations on internal communications activities and staff engagement in process • Investigate improved information sharing activities between managers and staff, e.g. meetings with staff following joint management team meetings, staff discussion of annual goals and activities • Draft plan and share with staff for input and feedback 	Sept 2015	Joint Team
To determine the future utilization of the property at 54 D'Arcy McGee	We will be looking at a variety of options including leasing the property to a service provider, selling the property or repurposing the property for EMYS needs.	June 2015	Chris/Dawn/ Judy/Deborah
Service Delivery			
In order to best support the soon to be discharged clients from the D'Arcy residence	<ul style="list-style-type: none"> • We will be extending Individual and family 	April-June 2015	Dawn/Chris

<p>we will launch a 3 month follow up program.</p> <p>To recognize the wonderful work accomplished by both current and former staff and their respective clients</p>	<p>therapy services to all discharged clients who would find that helpful.</p> <ul style="list-style-type: none"> • We will continue offering Day Treatment services to those currently enrolled in our programs • We will support the youth with our own Youth in Transition Worker • We will develop a 1 or 2 day a week after school drop-in or weekend program for the same discharged youth • Connect with former D'Arcy residents and staff and organize a celebration of the many years of success within this residential program 	<p>June 2015</p>	
<p>To finalize an EMYS Harm Reduction Policy for Board Approval</p>	<p>Along with the Harm Reduction Committee and other select staff, create specific policies and procedures related to Harm Reduction</p>	<p>June 2015</p>	<p>David O/Chris</p>
<p>To develop an action plan to enhance Family Engagement throughout the agency (all programs and policies)</p>	<p>An Action plan will be developed to identify the direction within the agency including the development of policies and procedures related to enhancing Family engagement</p>	<p>June 2015</p>	<p>Chris/Dawn/ Likwa</p>
<p>Enhance diversity awareness and sensitivity within the agency</p>	<p>Explore a number of agency wide trainings. One such example offered was training through the African Canadian Legal Clinic</p>	<p>Nov. 2015</p>	<p>Chris and Likwa</p>
<p>Expanding LGBTQ services</p>	<ul style="list-style-type: none"> • In order for a successful expansion, a new champion needs to be identified. • Funding for increased programming will need to be explored. Currently we are preparing proposals to 	<p>March 31st 2016</p>	<p>Chris/ David O/Equity Committee</p>

	<p>the City's Living Well Fund and RBC After School programming funds</p> <ul style="list-style-type: none">• We are also exploring how to make our website more reflective of our desire to reach the LGBTQ community		
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 - A2- Congratulatory responses
- B. Harm Reduction Framework
- C. Brief Services Report
- D. Lead Agency Submission
- E. “What’s-Up” walk-in Expansion Proposal
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- H. Program Overviews
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 - H 3- Child and Youth Exploitation
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 - H 6-Newcomer Program
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 - H 11- Whatever It Takes Program (WIT)
 - H 12- Youth in Transition Program (YIT)
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- I. Quality Assurance Reports
 - I1.-Client Satisfaction Report
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- J. Serious Occurrence report
- K. French Language Services
 - K1-Referral Clause
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- L. Technology Action Team Report