



# Quality Improvement Report

April 2017 – March 2018

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**Quality Assurance Report  
April 2017 – March 2018**

**TABLE OF CONTENTS**

2017-2018 Year in Review.....	2
Quality Improvement Recommendations Summary	
Service Targets 2017 -2018 – Review .....	3
Strategic Plan 2017-2021 .....	4
Statistical & Demographic Report .....	4
Client Voice.....	6
Wait List and Wait Times .....	7
Monitoring Outcomes.....	7
Program Evaluation Activities .....	8
Anti-Oppression and Equity Framework.....	9
Targeted Mental Health Prevention Activities.....	9
Staff Turnover .....	10
Client Complaints .....	10
Summary of Serious Occurrences .....	10
Training Plan 2017-2018 Review .....	11
File Audit Summary Report .....	12
Health & Safety Report .....	12
Social Media & Website summary.....	13
Committee Involvement.....	14
Addendum: Acronym List.....	15

## SERVICE PLAN 2017-2018: YEAR IN REVIEW

### Highlights

CTYS was extremely successful in achieving service plan goals in most areas. Some challenges were experienced which did impact goal achievement in some areas. Most significantly, a new Strategic Plan 2017-2021, was developed with high engagement and involvement from stakeholders, staff, managers, Board, and youth and families.

#### Highlights:

- Completed review of staff direct service hours and caseload size with new benchmarks established.
- Reviewed MCYS Program Guidelines Requirements (PGR1). Completed recommendations for policy enhancements and clinical template report modifications.
- Completed a review of the New Outlook Family Program pilot, leading to permanent program status.
- Reviewed School/ Group program data and annual evaluation leading to implementing “NEW” all genders office based group.
- Developed and implemented “NEW” P&P group for TRANS female youth “TRANS Fems are Brilliant” (TFAB)
- Intentional focus on expanding the RITES program included reviewing the program, reallocating staff resources, enhancing consultation supports, staff training and applying for three separate grants. Unfortunately, grant applications were not successful.
- Successful Youth Engagement activities included an enhanced work plan, hiring a youth intern, weekly youth group meetings and youth skills training to develop a youth blog. The major challenge is lack of agency budget to sustain the initiative for the 2018-2019 fiscal year.
- A comprehensive evaluation of the agency’s Anti Oppression & Equity Initiative was completed. Training opportunities were provided to all staff, managers and Board to support the initiative.
- The agency I.T environment was enhanced to support staff access. The website was redesigned to improve navigation and access to information.
- Board successes included diverse director recruitment, training opportunities, creation of an on line orientation program and strengthening the Board’s fiduciary responsibilities.
- Ongoing support of and involvement with the Lead Agency’s plan for Moving on Mental Health in Toronto.

### Challenges:

- Review of the New Outlook Community Support Program was not completed as the program manager took a three month educational leave of absence and the plan to access support from an evaluation focused MSW student placement opportunity was not awarded to CTYS.
- The evaluation of the Youth Justice Family Program and the Y.J Mental Health Access Program was not completed as there not any financial resources available to access an external evaluator.

### Quality Improvements Recommendations; Summary

- Complete review of CSP program as actuals below targets
- Management, staff and Board to review recommendations from AOP&E evaluation report and create action plan
- P&P staff and manager to develop brief service model to respond to lengthy wait for service
- Implement direct service hour benchmark for 15 hours per week
- Support more training for the admin department
- New staff need to receive ASSIST suicide prevention training
- The full file audit committee needs to meet in 2018-2019 (vs manager & staff 1-1)
- Admin manager to monthly monitor scanning process to avoid backlog
- Management to consider a policy of limiting the amount of staff personal leave requests
- Revise client info booklet to clarify reasons for service termination
- Quality assurance/improvement team to receive training in LEAN Q.I processes
- Implement the client voice satisfaction tool for MCYS services
- Staff are encouraged to utilize CTYS social media accounts for promoting groups & events



## SERVICE TARGETS 2017-2018: YEAR IN REVIEW

Overall, CTYS successfully met service targets in all area. New Outlook Services achieved 92%, Youth Justice Services achieved 111% and MCYS-M.H achieved 93%. 1431 clients and 505 participants were served. A few services did not reach targets, these include YJ substance use program, New Outlook CSP & Day program. The variance in the YJ substance program is a result of it being a new program and challenges with referrals sources utilizing the service. The Day Program clients utilized the program for longer duration resulting in less turn over, though the desks remained full. There are a few factors that impacted the CSP program and we are recommending a review of the program to look more closely.

## STRATEGIC PLAN 2017-2021

As 2017 saw the expiration of the Agency’s Strategic Plan, a new planning process was initiated by The Board of Directors in January 2017. A Board, staff and managers strategic planning committee oversaw the planning process which involved all staff, stakeholders’ youth and families. Below are the strategic priorities for 2017-2021

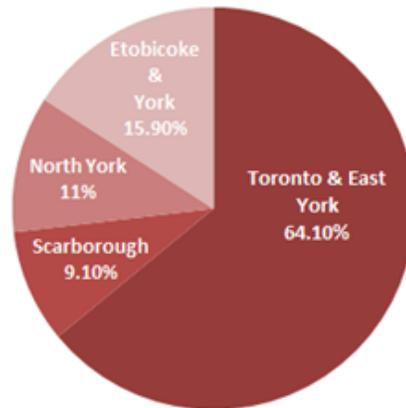
<p><b>SERVICE EXCELLENCE AND INNOVATION</b></p>	<p>CTYS will commit and increase efforts to expand professional and program development in the areas of AOP&amp;E, EIP, and clinical best practice</p> <ul style="list-style-type: none"> <li>• Embed evidence-informed practice to reach underserved populations</li> <li>• Incorporate technology as a service delivery tool</li> <li>• Promote focus on continuous quality improvement</li> <li>• Align professional and program development with agency priorities and direction</li> </ul>
<p><b>SUSTAINABILITY AND ACCOUNTABILITY</b></p>	<p>CTYS is committed to sustainability through proactive and strategic fund development efforts with the highest possible standards of accountability, partnership development, collaboration and sector-wide leadership</p> <ul style="list-style-type: none"> <li>• Explore new partnerships, collaborations, shared services models and merger opportunities</li> <li>• Articulate and promote our identity and leadership capacity</li> <li>• Enhance tools and clarity for data collection and analysis</li> <li>• Enrich transparency and communication internally and with community and funding partners</li> </ul>
<p><b>ANTI-OPPRESSION &amp; EQUITY</b></p>	<p>Create comprehensive AOP&amp;E strategies that will be embedded in service delivery and incorporated throughout the organization</p> <ul style="list-style-type: none"> <li>• Increase capacity and commitment for consultation and needs assessment with marginalized populations to develop programming</li> <li>• Amplify client &amp; family narratives and data to enhance advocacy for systemic change</li> <li>• Expand capacity of staff, management, and Board to provide leadership and critical thought in AOP&amp;E</li> <li>• Create ongoing evaluation of our AOP&amp;E initiatives and impacts</li> </ul>

**Statistical & Demographic Report**  
For the fiscal year ended March 31, 2018

**MCYS Funded Programs**  
Age at the time referral

12	3.7%
13	10.1%
14	18%
15	23.7%
16	20%
17	16.6%
18	7.9%

**City Quadrant Distribution**



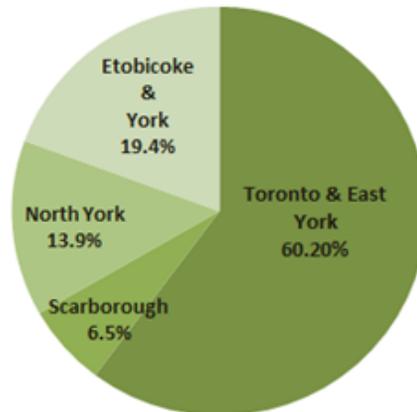
**Presenting problems at referral**

Anxiety	1
School/education difficulties	2
Depression	3
Parent/Family	4
Social skills, Socialization	5
Suicidality	6
Gender identity	7
Self-esteem	8
Trauma/victimization	9
Peer difficulties	10

**MOHLTC Funded Programs**  
Age at the time referral

16	6.3%
17	7.7%
18	11.8%
19	13.6%
20	14%
21	14.3%
22	15.8%
23	9.2%
24	7.4%

**City Quadrant Distribution**



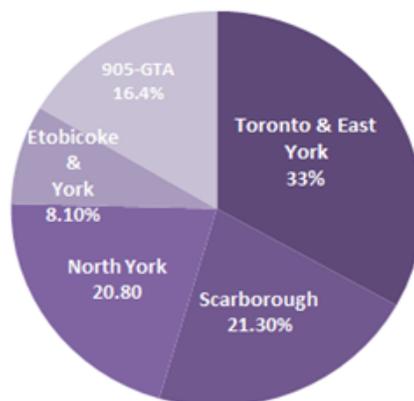
**Presenting problems at referral**

Psychiatric illness	1
Psychological distress (anxiety/depression)	2
Parent Difficulties	3
Suicidality	4
Gender identity issues	5
School/education difficulties	6
Trauma/victimization	7
Self-esteem	8
Social skills, socialization	9
Self-harming Behaviour	10

**Youth Justice Funded Programs**  
Age at the time referral

13	2.4%
14	6.6%
15	15.9%
16	23.2%
17	29.3%
18	14.7%
19	4.9%
20	1.2%
21-23	1.8%

**City Quadrant Distribution**



**Presenting problems at referral**

Legal Difficulties	1
School/Education Difficulties	2
Aggression(verbal, physical, relational)	3
Parent/Family Difficulties	4
Peer Difficulties	5
Anger/temper	6
Cultural issues/cross-cultural issues	7
Learning Difficulties	8
Addictive behaviours, substance abuse	9
Attention deficit, hyperactivity	10

### **Statistical & Demographic Report Comments:**

Seventy-nine percent (79%) of clients in MCYS funded programs are 14 – 17 years of age at the time of referral. Eighty-three percent (83%) of YJ clients are 15-18 years. Eighty percent (80%) of New Outlook and Pride & Prejudice (19+) clients are 18 – 23 years. These figures are relatively stable from year to year. Community Counselling/MCYS clients tend to be a little younger; Youth Justice clients, a little older. New Outlook clients have a broader age range because admission criteria allow service up to 25 years.

In terms of geographical distribution, the program area with the broadest spread across the city's quadrants is Youth Justice. While the largest group reside in the South quadrant (former City of Toronto and East York), substantial numbers of clients also reside in the North (North York) and the East (Scarborough). With the expansion of YJ programming into York and Peel Regions, 16% of YJ clients now reside in the 905 area code. For MCYS programs, 2/3 of clients come from the South quadrant; for New Outlook, that portion is 60%. These proportions tend to reflect the priorities of the funding ministries when it comes to geographical spread.

The recent emphasis to increase support for families is reflected in the service statistics, as we would expect. This year saw 400 clients whose families received some family support. Over the last 8 years, family counselling has multiplied 327% to 2127 hours of direct service delivered in 2017/18.

Anxiety, depression, trauma and victimization remain prominent in our client population, especially in Community Counselling, Pride & Prejudice and New Outlook. Suicidality has been increasing as a concern presented by clients when they arrive at intake for program divisions, MCYS, MOHLTC and MCYS-YJ. It is recommended that new employees receive ASSIST suicide prevention training.

### **CLIENT VOICE ONLINE SATISFACTION SURVEY**

CTYS has been a partner in the inter-agency collaborative initiative to create an online client satisfaction survey based on evidence-based principles. The collaborative is led by Youthlink with participation from all major children's mental health centres in Toronto. Funding for the project comes from MCYS Toronto Region. The goal has been to build an online tool based on the latest features of modern application development. The instrument was pilot tested with CTYS clients during the spring of 2017.

After waiting for a year, Youthlink has just received some funds from the Toronto Region, MCYS to analyse the pilot data. That work is expected to start in the next few months. The results from the pilot will be used to refine and improve the application based on feedback from the young people who are testing it for us. The ultimate goal is to be able to replace the old paper-and-pencil technology we have used up until now. Because of frequent and sometimes lengthy time delays in this project, we cannot provide an estimate of the "go live" date. It is recommended that CTYS utilize the client voice on line tool for MCYS programs.



## **WAIT LISTS and WAIT TIMES**

CTYS is committed to respond to community need for client service in the timeliest manner. Overall, we are very responsive and have minimal waitlist and wait times for most services. We do experience some challenges for specific services as detailed below. On average most of our programs have a wait time of 30 days. Wait time is defined as the time from referral date to the date the client becomes active, a.k.a the first direct session. Our Pride & Prejudice counselling program continues to have the longest waiting period with times averaging 4 months. Though the average is four months, we do often have clients waiting 6-9 months. As we were projecting some surplus funds in the MCYS programs we hired an additional part time staff to support the P&P program waitlist Nov 2017- March 2017.

### **Quality Improvement Recommendation:**

It is recommended that the P&P manager & team develop a brief service model (up to 3 sessions) to respond the needs of clients waiting for service.

## **MONITORING OUTCOMES OF CTYS PROGRAMS**

Evidence-based tools are used to monitor the outcomes of all CTYS programs. The *Child and Adolescent Functional Assessment Scale* (CAFAS®) has been in use since 2002 to monitor the performance of Community Counselling, Pride and Prejudice and Youth Justice Programs. The *Ontario Common Assessment of Need* (OCAN) has been used since 2012 to evaluate outcomes for New Outlook programs. And, most recently, the Youth Justice Outcome Framework's *Outcome Data Collection Form* (ODCF) has been implemented for Youth Justice Programs. Increasingly, the tools in use vary across ministries as they move to collect large datasets for accountability and system planning purposes. The trend will continue with the implementation of new business intelligence and assessment tools by the Toronto Lead Agency as part of MCYS *Moving on Mental Health*. Clients of MCYS-funded programs will be rated using the new *InterRAI-ChYMH Screener*, an assessment and data gathering tool forming part of the internationally-renowned *interRAI* suite of assessment tools in broad use in Ontario and internationally by health systems.

CTYS' assessment instruments provide us with regular reports that allow us to profile our clients at intake across a number of important demographic and clinical variables, as well as measure outcomes and impacts of our service delivery. These reports are updated regularly and are accessible for review on the agency's Shared drive at <W:\QUALITY IMPROVEMENT\QI REPORTS>.

The use of these instruments form an essential part of the CTYS Quality Improvement Program and allow us to measure, monitor and manage service outcomes to a consistently high level of quality.

**MCYS-funded programs** > Link to CAFAS results: <W:\QUALITY IMPROVEMENT\QI REPORTS\CAFAS Results\1.CAFAS NEW web based 2014 to present>

**New Outlook programs** > Link to OCAN results: <W:\QUALITY IMPROVEMENT\QI REPORTS\OCAN Outcome Reports from IAR>

**Youth Justice Programs** > Link to ODCF results: <W:\QUALITY IMPROVEMENT\QI REPORTS\YJ Results, ODCF\YJOF - ODCF>

## **GROUP BASED PROGRAMS - EVALUATION ACTIVITIES**

Quality improvement and program evaluation of our group counselling and activity programs is built upon the “evaluation toolkit” methodology developed as part of the evidence-based practice PACE initiative in 2012. The toolkit comprises pre- and post- surveys given to all stakeholders (clients, school partners, and CTYS staff) and allows for client/program satisfaction and outcome assessment of each program with a multi-instrument/multi-focal point design.

The data sources combine quantitative as well as qualitative data gathering for richer results. To these may be added psychometric or research-validated measures (e.g. CAFAS, PTSD Checklist, the UpStart Parent Survey) and focus group data (in TSY and FIT). The data is collected, collated, analysed and interpreted, then fed back to staff and management in the form of reports as they prepare for the next group cycle or school year. The program evaluation reports provide essential information driving quality improvements in the participating programs. The reports for all programs are available on the CTYS Shared drive where staff and management have ready access to them for reference purposes (<W:\QUALITY IMPROVEMENT\QI REPORTS\CTYS Program Evaluations>)

Programs using this evaluation technology in 2017-18 include:

- School-Based Programs
- Group Work Programs
- Trauma Sensitive Yoga (TSY)
- Families in Transition (FIT)
- RITES
- Youth Justice Family Support – Peel Parent Group



## **Anti-Oppression and Equity Committee summary of activities 2017-2018**

First to note, the AOP&E committee changed its name to the Committee Against Racism and Oppression (CARO). It was believed that the name change more accurately represents CTYS's committee to address racism and in particular anti Black racism as it manifests at CTYS and in the community at large. On January 15, 2018, the CARO hosted an All-Staff meeting at CTYS aimed at presenting the major themes that emerged from staff consultation at the 2017 AOP World Café. Staff were then further consulted on AOP-focused action items that CTYS and the Committee could undertake over the following year. This data was developed into a set of concrete recommendations for CTYS management and incorporated into the CARO Work Plan.

Over the Winter of 2018, the CARO also finished drafting a new internal Complaints Policy for CTYS. The new policy reflected greater use of AOP language and values, and is specifically designed to make the complaints procedure more accessible and transparent to users. Following a round of edits and discussion with CTYS management, the new policy was approved by the board in April 2018.

## **TARGETED MENTAL HEALTH PREVENTION**

Targeted mental health prevention is an MCYS core service. CTYS allocates less than 1 FTE to this service yet achieves significant number of participants. In 2017-2018, 505 participants received targeted mental health prevention activities. This is a 50% increase from 2016-2017. These workshops include LGBTQ and gender awareness for students in schools & Youth Corrections Officer training, Staff have also provided student workshops on anxiety, depression and mindfulness approaches. Some of our parent support groups are also classified as Mental Health Prevention as is "BOYOBOY" drop in group, focussed on healthy relationships.

## **STAFF TURNOVER**

Staff Turnover: April 2017 –March 2018

CTYS experienced a significant amount of staff changes in the 2017-2018 fiscal year, as will be detailed below. This resulted in a significant amount of additional pressure on managers to complete job postings, interview processes, hiring and staff orientation. Inevitably, there were some gaps in positions being filled. There was also a number of internal staff filling the vacancies, requiring secondary postings for the positions they were vacating



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Total vacancies: 13 staff & 1 manager

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2 staff retirements

1 staff resignation

5 maternity leaves

1 staff; 4 month medical leave

1 manager; 4 month educational leave

2 staff -1 year leaves (1 for alternate employment, 1 personal)

2 staff- 5 & 6 month leave respectively (for alternate employment)

**Quality Improvement Recommendation:**

It is recommended management consider a policy regarding the amount of leaves that can be authorized in one year to reduce staff and client service disruption.

**Client Complaints**

There were three client complaints in this reporting period. Two were parent complaints in our Y.J services. Both complaints required the manager to review the service complaints and respond in writing to the parents. The third complaint was made against a client manager to the College of Registered Psychotherapists. The client complained that the manager was forcing the worker to close her service while she still had significant mental health needs. As the College has a formal complaints process, they responded in a very formal manner requiring interviews of the manager, two therapists serving the client and a review of the full clinical file. The process has been drawn out over seven months and has still not been completed. While confident that the manager functioned completely appropriately and professionally, there are some areas of improvement identified.

**Quality Improvement Recommendation:**

It is recommended that the Client information booklet be revised to more fully detail attendance and reasons for service closure.

**SERIOUS OCCURRENCES**

Serious Occurrences are reported to MCYS on a calendar basis. For 2017, there were 2 reported Serious Occurrence regarding clients in the MCYS-YJ programs. This is a reduced number from previous years but is reflective of a new reporting policy from MCYS-YJ. If probation services are involved they will do the report.

## **Professional Development Training Plan 2017-2018**

For 2017-2018 CTYS provided staff a comprehensive integrated staff training plan. This plan supported agency priority goal areas and agency strategic directions. The goal of the training plan was to support staff skill development to provide service excellence.

Highlights include;

- AOP& E training to all staff, managers and Board members
- Anti-Black racism training to all staff
- 11 Staff attended two sessions on Black racism & trauma
- All staff attended 1 day CTYS Fun Fest
- WRAP training provided
- ACT training refresher
- Family Engagement training
- YJ staff attended YJ specific training & Continuum conference
- E.I staff attended EPION Conference & Compassion focused Therapy training
- Grief training part 3 & 4 provided
- 2 staff attended ABFT Level 1 training
- P&P Manager attended and presented at CPATH Conference
- CTYS contributed \$150. to each staff training request that was appropriate for the staff skill development.

### **Quality Improvement Recommendations:**

**It is recommended for 2018-2019 that the admin team receive training targeted to the needs. New staff will be provided ASSIST training.**



## **FILE AUDIT REVIEWS:**

Staff and managers completed a file audit review at the end of June 2017 and late fall 2017. Managers reviewed staffs individual file audit sheets and created individual support plans to ensure files were complete. As per previous reviews, many staff were completing reports later than scheduled but in general most staff were compliant with expectations. We did identify a challenge in the admin department being very behind in uploading clinical reports to file. The admin manager created a staff improvement plan to ensure timely uploads occur on a weekly basis. A recommendation from the 2017-2018 review was to review and establish agency benchmarks for caseload size and direct service hours. Three months of data was reviewed and CTYS participated in an interagency survey identifying agency benchmark standards for direct service hours and case load size.

### **Quality Improvement recommendations**

It is recommended that the admin manager monitors the scanning/file uploading process on a monthly basis to ensure no backlog occurs. It is also recommended that a formal file audit process (with committee) occurs during the 2018-2019 year. Caseload and direct service benchmarks are recommended to be as follows; caseload size 12-18 clients, with weekly direct service hours 35%to 40%. (Approximately 15 hours direct service per week)

## **JOINT HEALTH & SAFETY COMMITTEE**

### **Summary of Activities**

During the 2017-2018 year, the Health and Safety Committee conducted regular monthly health & safety inspections, explored a number of issues and implemented procedures to improve the health and safety of the Staff, Clients and Guests of Central Toronto Youth Services.

The major issues the Health and Safety Committee addressed included:

1. Part 2 - Health and Safety Certification
2. CTYS Air Quality Testing
3. WSIB Forms
4. CTYS Sharps and Safety Boxes
5. Scent Free Work Environment
6. Harassment and Anti-Bullying Occupational Health & Safety Act
7. Naloxone and First Air/CPR Training

The JHSC explored Part 2 Health and Safety Certification training for the 2 new B.U. JHSC members. After researching, it was determined that only 1 JHSC member from Mgmt., and 1 JHSC rep from the B.U. would need to be certified for the Part 2 training.

After following up with our landlord, it was communicated that an air quality test was conducted by CTYS a number of years ago. A suggestion was made to obtain quotes for another air quality test. Management will follow up, and report back to the JHSC.

Mgmt. to follow up re: CTYS Policies and Procedures regarding protocol for employees reporting an injury while working in the community.

A follow up was made with our property manager regarding the installation of disposal units for needles etc., re: health and safety concerns, but the landlord is reluctant to install as building staff are not trained to handle needles etc.

An e-mail was sent out to staff around scents in our work space environment.

The use of Naloxone was discussed, which will be part of our First Aid and CPR training in the spring of 2018.

## **SOCIAL MEDIA & WEBSITE SUMMARY & IMPROVEMENT RECOMENDATIONS**

**Website:** Social Media & Website Summary & Improvement Recommendations:

On average [www.ctys.org](http://www.ctys.org) received 2320 views a month, this is an average increase of 170 views per month from 2016-2017. CTYS Groups are being promoted, this year there were two new groups which attracted more traffic to the website **TFAB** (Trans Fems Are Brilliant) and Rethinking Our Relationships (parents / caregivers' educational workshop). We also recognize international celebrated dates on our website (such as the Children & Youth Mental Health Week, International Women's Day, Black History Month, International Health Day, Anti-Bulling day, Anti-Racism day).

Each day, requests and inquiries are received via [mail@ctys.org](mailto:mail@ctys.org), and forwarded to appropriate staff.

As a follow up on the recommendations of the 2016/17 QI report:

- A new website has been designed with an enhanced user friendly and youthful look.
- In collaboration with CTYS Youth Engagement group, a youth blog has been created and will be launched in May 2018
- Staff are more engaged in the process of sharing resources on the website



## **Social media:**

For the 2017 – 2018 year, the CTYS Facebook page followers increased from 947 to 1081. CTYS Twitter followers increased from 1213 to 1305 this year.

CTYS posted 2606 tweets that included, raising awareness messages, motivational posts and quotes, group and program promotional tweets, joining CMHO advocacy campaign for additional funding for Children & Youth Mental Health as well as resources for youth and families. CTYS twitter account has been highly used by our community partners in exchanging program information and posting community resources.

Recommendations:

- Increase staff engagement and encourage the utilization of CTYS social media accounts among staff and clients
- Continue to encourage an innovative approach in promoting internal groups and events on social media sites

## **COMMUNITY COMMITTEE INVOLVEMENT**

CTYS staff and management are represented on a diverse range of community committees and initiatives as described below. Participating in these community initiatives continues to foster a positive reputation for CTYS with our partners and stakeholders. CTYS continues to play a leadership role, chairing or co-chairing a number of these initiatives- indicated by (L)

CMH Lead Agency (L.A) Transformation E.D Group  
L.A Priority Access for students (PAS) Group  
L.A Steering Committee for MH T.O ( Central Access)

Children's Service System Review & Consultation Table (L)  
Transitional Aged Youth Committee  
Y.J M.H Access (L)  
Toronto Human Services & Justice Coordinating Committee  
Ontario Early Intervention in Psychosis Committee  
Clinical Director of Service Group (L)  
Evaluators Group  
MCYS "Client Voice" Planning Committee  
Sick Kids Gender Clinic Advisory Committee  
What's Up Walk In Collaborative Committee

## **INTERNAL CTYS COMMITTEES**

Health and Safety Committee- Wellness sub-committee  
Employer Employee Relations Committee (EERC)  
File Audit Committee  
Committee against Racism and Oppression (CARO)  
Black Youth & Family Services Committee  
Youth Engagement Committee

Social Committee

**Addendum: Acronym List**

<b>CCP</b>	<b>Community Counselling Programs</b>
<b>RITES</b>	Resiliency Identity Transformation Empowerment Self Determination Group
<b>What's Up</b>	Multi agency collaboration walk in counselling service
<b>COP</b>	Community Outreach program
<b>GW</b>	Group Work
<b>SAL</b>	Supervised Alternative Learning
<b>SCH</b>	School Outreach Program
<b>PAS</b>	Priority Access for Students Program

<b>NO</b>	<b>New Outlook Program</b>
<b>DP</b>	Day Program: on-site treatment section 23 classroom with TDSB
<b>CSI</b>	Community Support & Intervention (short-term)
<b>CSP</b>	Community Support Program (longer-term case management)
<b>EI</b>	Early Intervention with Psychosis
<b>YHOP</b>	Youth Hostel Outreach Program

<b>P&amp;P</b>	<b>Pride &amp; Prejudice Program</b>
<b>CHILLOUT</b>	anxiety, stress reduction group
<b>BOYOBOY</b>	prevention group for 14-24 year LGBTQ youth
<b>TFAB</b>	Trans Fems are Brilliant; writing gender exploration group
<b>TSY</b>	Trauma Sensitive Yoga
<b>Transceptance</b>	Parent led support group for parents of trans youth
<b>F.I.T group</b>	Families in TRANSition parent psycho-ed support group

<b>YJ</b>	<b>Youth Justice Program</b>
<b>EEJS</b>	Enhanced Extra-Judicial Sanction
<b>ERSP</b>	Early Release Support Program
<b>RSVP</b>	Relationship Skills for Violence Prevention
<b>TRANS</b>	Transitions from custody
<b>TMHC-YJ</b>	Toronto Mental Health Collaborative Youth Justice
<b>YJOP</b>	Youth Justice Outreach Program
<b>YJ FAM</b>	Y.J Family Outreach Program

**ABFT:** Attachment Based Family Therapy

**CAFAS:** Child & Adolescent Functional Assessment Scale

**CBT:** Cognitive Behavioral Therapy

**CoE:** Centre of Excellence

**CR:** Client Record

**EBP/EIP:** Evidence Based/Informed Practice

**LGBTQ:** Lesbian, Gay, Bi, Trans, Queer and/or Questioning

**MCYS:** Ministry of Children & Youth Services; funder

**MCYS-YJ:** Ministry of Children & Youth Services, Youth Justice Division; funder

**MOHLTC:** Ministry of Health & Long-Term Care; funder

**O CAN:** Ontario Common Assessment of Needs

**PACE:** People Advancing Change with Evidence

**TCLHIN:** Toronto Central LHIN, funder MOHLTC

**WRAP:** Wellness Recovery Action Planning

