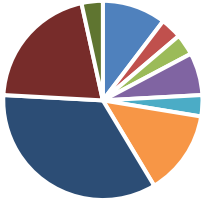
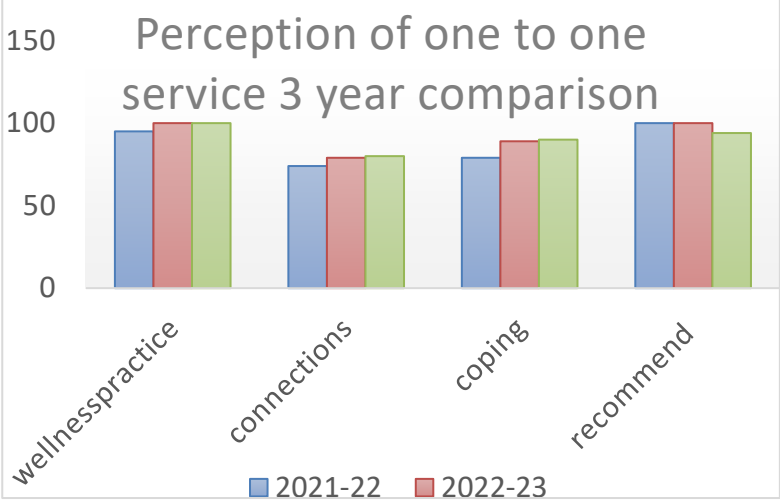
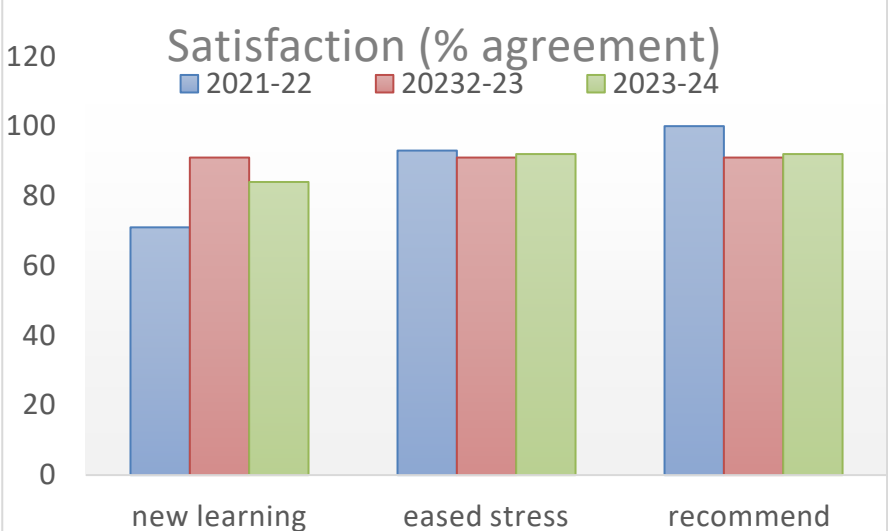


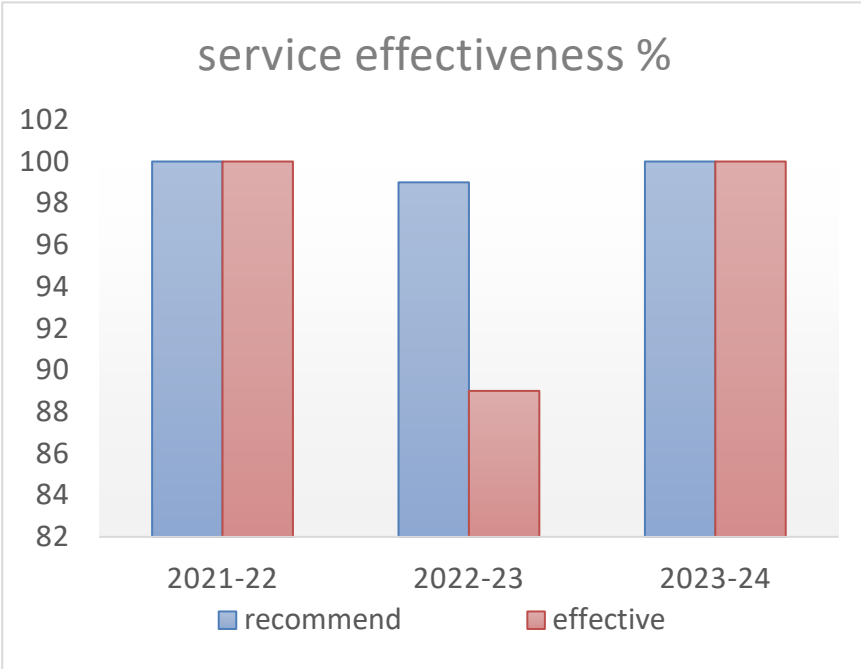
2023 – 2024
YSSN DS and MH Performance Improvement Plan Outcomes

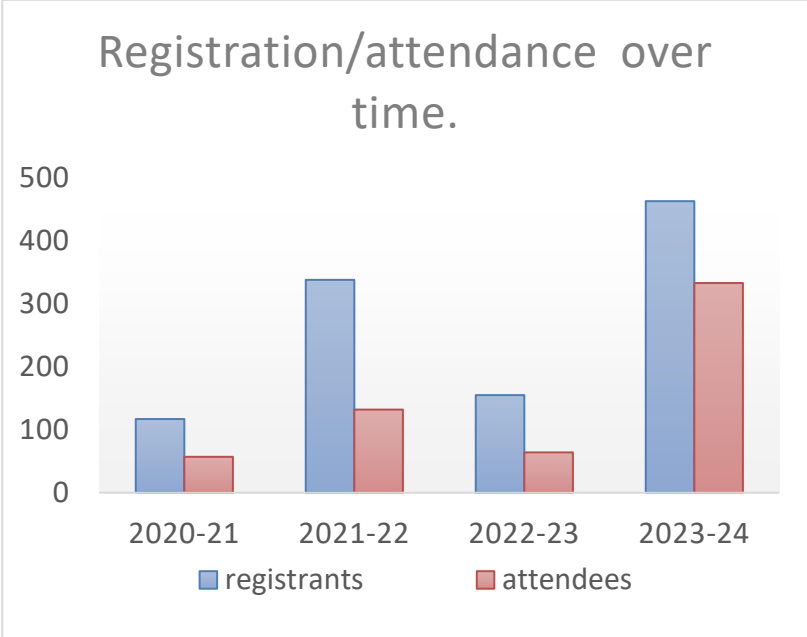
Objective Type	Objective	Target Goal Expectancy	Actual Result				Learnings	Recommendations & Action Plan								
<p>Service Effectiveness</p> <p>DS AND MENTAL HEALTH</p> <p>Dual Diagnosis Navigation</p>	<p>NEW</p> <p>Increased understanding of multi sector needs through a bio psycho social model will ensure needs identified for the correct service system</p>	<p>Two year evaluation. Year one to create a base line to gain a better understanding of multi sector need</p>	<p>Completion of the Bio-Psycho-Social assessment to assist with appropriate linkages. 2023-24 Base line tracking of number of linkages made per client, as well as types of linkages made.</p> <table border="1" data-bbox="809 444 1809 651"> <thead> <tr> <th data-bbox="809 444 1072 586">DS linkages (specific to DS, DSO, behaviour, SS)</th> <th data-bbox="1072 444 1298 586">MH linkages (specific to MH and addictions)</th> <th data-bbox="1298 444 1602 586">MH and DS service Linkages (housing, finance, medical, education, etc)</th> <th data-bbox="1602 444 1809 586">Other linkages (not specified)</th> </tr> </thead> <tbody> <tr> <td data-bbox="809 586 1072 651">60 (41%)</td> <td data-bbox="1072 586 1298 651">6 (4%)</td> <td data-bbox="1298 586 1602 651">58 (40%)</td> <td data-bbox="1602 586 1809 651">22 (15%)</td> </tr> </tbody> </table> <div data-bbox="809 651 1432 1151"> <p style="text-align: center;">Type of linkage (%) 2023-24</p> <p style="text-align: center;"> ■ DS ■ DS/MH ■ MH ■ Other </p> </div>				DS linkages (specific to DS, DSO, behaviour, SS)	MH linkages (specific to MH and addictions)	MH and DS service Linkages (housing, finance, medical, education, etc)	Other linkages (not specified)	60 (41%)	6 (4%)	58 (40%)	22 (15%)	<p>Baseline shows that clients can be supported appropriately using the BPS model that assists in determining targeted linkages to services and resources.</p> <p>Areas most identified as needs included financial supports (19% of all linkages), and developmental services linkages including DSO (19%) Housing is an area often identified (16%) as well as behaviour support needs (10%).</p> <p>Most clients (69%) received 5 or more linkages for various service supports.</p> <p>Total BPS completed =17 (57%) MH WL clients linked to DS specific services: 5 (50% of MH WL) DS WL clients linked to MH specific services: 3 (15% of DS WL)</p>	<p>Data collection to continue for 2024-2025.</p> <p>Increase BPS completion rate to 70%</p>
DS linkages (specific to DS, DSO, behaviour, SS)	MH linkages (specific to MH and addictions)	MH and DS service Linkages (housing, finance, medical, education, etc)	Other linkages (not specified)													
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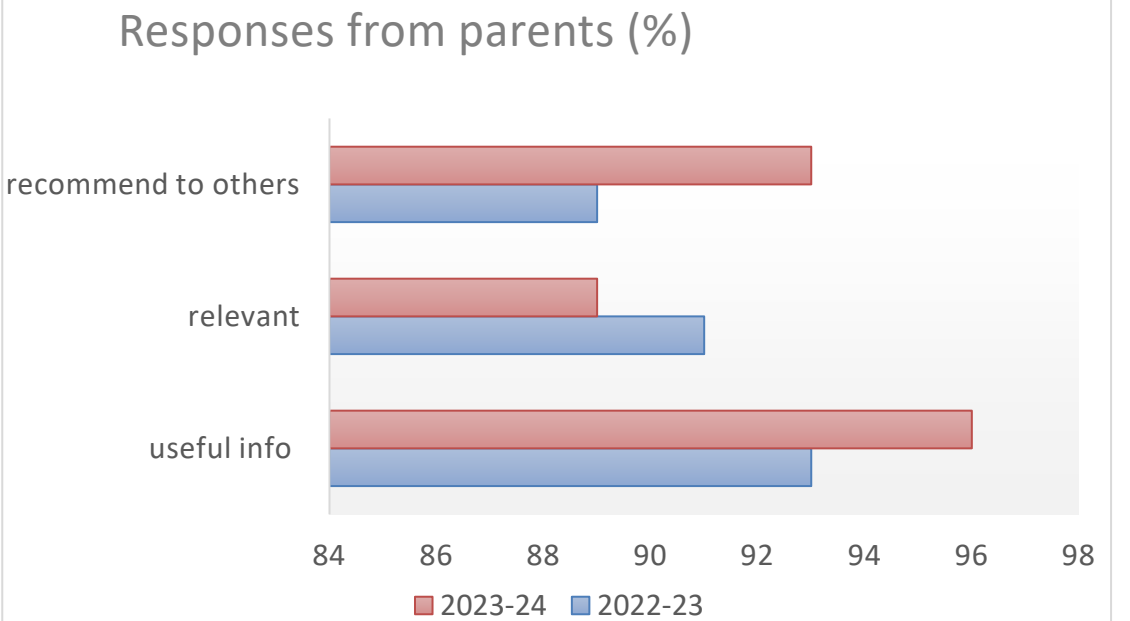
Objective Type	Objective	Target Goal Expectancy	Actual Result	Learnings	Recommendations & Action Plan
			<p style="text-align: center;">Linkages/Resources Shared per Person</p>  <p style="text-align: center;"> ■ 0 Linkages ■ 1 Linkage ■ 2Linkages ■ 3 Linkages ■ 4 Linkages ■ 5Linkages ■ 6Linkages ■ 7 Linkages ■ 8Linkages </p>		
<p>Person's served</p> <p>Service Effectiveness</p> <p>DS AND MENTAL HEALTH</p>	<p>(Dual diagnosis) ADBS</p> <p>Specialized skill training and support assists clients to better cope</p>	<p>Graduation* surveys indicating 50% skill retention 6 months post graduation</p> <p><i>*completion of this project is dependent on number of graduates</i></p>	<p>No new data available. No outcomes to report for 2023-2024.</p>	<p>Collection of surveys has been challenging since the pandemic. Virtual requests for survey completion have not been successful.</p> <p>No graduation data available.</p>	<p>In person sessions resuming</p> <p>Potential review of data in 2026 or 2027</p>
<p>Person's served</p> <p>Service Effectiveness</p> <p>DS</p> <p>OAP Family Peer Mentor</p>	<p>Family Peer Mentor support increases resilience and coping.</p>	<p>70% of families participating in OAP peer supports indicate satisfaction of 70% or higher</p>	<p>1. One-to-one support. 100 people supported.</p> <p>20 respondents (20% response rate)</p>	<p>Target goal expectancy met. 2023-24 overall satisfaction agreement = 95%. This is 5% lower than previous year.</p> <p>Comments provide anecdotal insight to feelings people experience with this service. 2023-24 comments include Feeling safe/comfortable. Relating to peer/ peer able to relate to stressors</p>	<p>Continue to apply evaluation activities for feedback.</p>

Objective Type	Objective	Target Goal Expectancy	Actual Result	Learnings	Recommendations & Action Plan																																				
			<p data-bbox="806 186 1585 682"> Perception of one to one service 3 year comparison  <table border="1" data-bbox="806 186 1585 682"> <caption>Perception of one to one service 3 year comparison</caption> <thead> <tr> <th>Category</th> <th>2021-22</th> <th>2022-23</th> <th>2023-24</th> </tr> </thead> <tbody> <tr> <td>wellnesspractice</td> <td>95</td> <td>100</td> <td>100</td> </tr> <tr> <td>connections</td> <td>75</td> <td>80</td> <td>80</td> </tr> <tr> <td>coping</td> <td>80</td> <td>90</td> <td>90</td> </tr> <tr> <td>recommend</td> <td>100</td> <td>100</td> <td>95</td> </tr> </tbody> </table> </p> <p data-bbox="806 755 1908 868"> 2. Caregivers connecting groups 2023-24 79 attendees of whom 37 were unique people. 13 respondents from 37 total participants = 35% response rate. </p> <p data-bbox="806 909 1505 941">Survey responses based on % agreement with statements:</p> <p data-bbox="806 950 1693 1477"> Satisfaction (% agreement)  <table border="1" data-bbox="806 950 1693 1477"> <caption>Satisfaction (% agreement)</caption> <thead> <tr> <th>Category</th> <th>2021-22</th> <th>2023-23</th> <th>2023-24</th> </tr> </thead> <tbody> <tr> <td>new learning</td> <td>70</td> <td>90</td> <td>85</td> </tr> <tr> <td>eased stress</td> <td>92</td> <td>90</td> <td>92</td> </tr> <tr> <td>recommend</td> <td>100</td> <td>90</td> <td>92</td> </tr> </tbody> </table> </p>	Category	2021-22	2022-23	2023-24	wellnesspractice	95	100	100	connections	75	80	80	coping	80	90	90	recommend	100	100	95	Category	2021-22	2023-23	2023-24	new learning	70	90	85	eased stress	92	90	92	recommend	100	90	92	<p data-bbox="1975 170 2352 235">Feeling hope Positive, cathartic, connection</p> <p data-bbox="1975 771 2352 1023">Target met. 92% of respondents found group helpful, and would recommend the group to others. Social groups help increase social interaction and reduce perception of stress.</p>	<p data-bbox="2378 730 2634 868">Continue to apply evaluation activities at the program level for feedback.</p>
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			<p>3. Workshops 2023-24 168 participants (90% increase over the previous year) 82 responses received = 49% response rate</p>  <table border="1" data-bbox="806 576 1693 1161"> <caption>FPM Wellness workshops attendees over time</caption> <thead> <tr> <th>Year</th> <th>Attendees</th> </tr> </thead> <tbody> <tr> <td>2019-20</td> <td>80</td> </tr> <tr> <td>2020-21</td> <td>110</td> </tr> <tr> <td>2021-22</td> <td>170</td> </tr> <tr> <td>2022-23</td> <td>95</td> </tr> <tr> <td>2023-24</td> <td>170</td> </tr> </tbody> </table>	Year	Attendees	2019-20	80	2020-21	110	2021-22	170	2022-23	95	2023-24	170	<p>Satisfaction with workshops remains stable (93%) Total number of attendees has increased to nearly double than the previous year. The team has continued to offer workshops that are 4 to 8 week series that would include a group of the same attendees including: WRAP, mindfulness and ACT. Additional workshops with guest speakers has increased attendance rate.</p> <p>2 sibling workshops were new for 2023-24.</p> <p>Of note: based on all survey responses, 40% indicated they lived outside of York Region.</p>	<p>Continue to apply evaluation activities for feedback. FPM team and OAP FFS team to continue to work together to offer workshops.</p>
Year	Attendees																
2019-20	80																
2020-21	110																
2021-22	170																
2022-23	95																
2023-24	170																

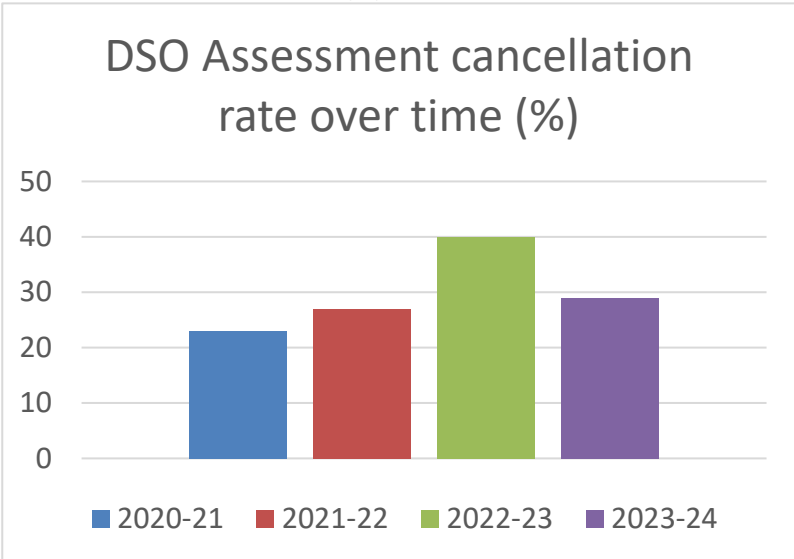
Objective Type	Objective	Target Goal Expectancy	Actual Result	Learnings	Recommendations & Action Plan												
<p>Person's served</p> <p>Service Effectiveness</p> <p>DS OAP services</p>	<p>Foundational Family Services provide support and services specific for autism.</p>	<p>70% of family members indicate moderate effectiveness/satisfaction with service or higher.</p>	<p>1. Brief Resource Support (2023-24) 9 responses for brief resource support from 330 families = 3% response rate</p> <p>% agreement to statements 'recommend to others' and 'effectiveness of service' 3 year comparison</p>  <table border="1"> <caption>service effectiveness %</caption> <thead> <tr> <th>Year</th> <th>recommend</th> <th>effective</th> </tr> </thead> <tbody> <tr> <td>2021-22</td> <td>100</td> <td>100</td> </tr> <tr> <td>2022-23</td> <td>99</td> <td>89</td> </tr> <tr> <td>2023-24</td> <td>100</td> <td>100</td> </tr> </tbody> </table> <p>2. Workshops 2023-2024 342 total non unique attendees (increased 5x from previous year) 25 feedback responses received = 8% response rate based on total attendees</p>	Year	recommend	effective	2021-22	100	100	2022-23	99	89	2023-24	100	100	<p>2023-24 data/response rate is much reduced from the previous year by 23%. Overall satisfaction is 100% based on agreement to recommendation question. Perception of effectiveness has gone up from previous year from 89% to 100%.</p> <p>Limitation: sample size is too small for 2023-24 for significant comparisons or conclusions to be made.</p> <p>Comments from families: -would like to return to this service that helped me. -Thankful for such a helpful program. -amazing staff person caring knowledgeable very empathetic -appreciate your kindly support throughout the journey.</p> <p>While the number of workshop offerings have decreased over time, the percentage of attendance increased significantly for 2023-24. This may indicate that more focused topics are addressing family needs.</p>	<p>Continue with data collection. Review practice for requesting feedback with the team to develop strategies for 2023-24.</p> <p>Continue to partner with Family Peer Mentor team to review family feedback and the development of possible sessions in response to suggestions.</p>
Year	recommend	effective															
2021-22	100	100															
2022-23	99	89															
2023-24	100	100															

Objective Type	Objective	Target Goal Expectancy	Actual Result	Learnings	Recommendations & Action Plan															
			<p style="text-align: center;">Registration/attendance over time.</p>  <table border="1" data-bbox="806 162 1612 795"> <caption>Registration/attendance over time</caption> <thead> <tr> <th>Year</th> <th>Registrants</th> <th>Attendees</th> </tr> </thead> <tbody> <tr> <td>2020-21</td> <td>120</td> <td>60</td> </tr> <tr> <td>2021-22</td> <td>340</td> <td>130</td> </tr> <tr> <td>2022-23</td> <td>160</td> <td>70</td> </tr> <tr> <td>2023-24</td> <td>460</td> <td>330</td> </tr> </tbody> </table> <p>Participation rate (# of attendees vs # of registrants) increased significantly for 2023-24 by 31% to a participation rate of 72%.</p> <p>Satisfaction rate based on the question 'recommend to others': 95% for 2023-24. This has remained stable compared to previous 3 years (96%, 100%, 100%).</p>	Year	Registrants	Attendees	2020-21	120	60	2021-22	340	130	2022-23	160	70	2023-24	460	330	<p>Several topics offered in 2023-24 included guest speakers with greater expertise in their specific areas including: OT to discuss sensory processing SW to discuss autism in girls Dr. Martino to talk about dating and autism Ed Mahony to review school advocacy</p> <p>In addition, YSSN staff offered 2 caregiver CPI sessions which had 72 attendees.</p> <p>Other well attended workshops include: Financial information sessions with CRA YRP led topics regarding safety</p> <p>Cancellation rate due to low or 0 enrollment has reduced by 25% from the previous year. From 45% to 20% cancellation.</p>	<p>Continue with workshops in partnership with YRP, CTN, CBHS, municipalities and expand partnership opportunities where possible.</p> <p>Continue to purchase speakers/presenters with specific expertise such as: OT, SLP, behaviour (Sunbeam) Speakers with other expertise including school advocacy, SW, sexuality, etc Offer caregiver CPI</p>
Year	Registrants	Attendees																		
2020-21	120	60																		
2021-22	340	130																		
2022-23	160	70																		
2023-24	460	330																		
Person's served Service Effectiveness DS	Transitioning workshop series help families better prepare for adult services	70% of family members indicate moderate effectiveness/satisfaction or higher	The workshop was offered in the spring and fall of 2023. 2023-24 135 participants with 55 feedback responses = 41% response rate	2023-24 changes based on previous year feedback: Additional sessions added to series to accommodate for more time on specific topics. This was further expanded from 5 to 6 and now 8 sessions.	Continue to offer the series minimally 2x per year. Partner with OAP FFS team and FPM team to rotate facilitators which also provides the															

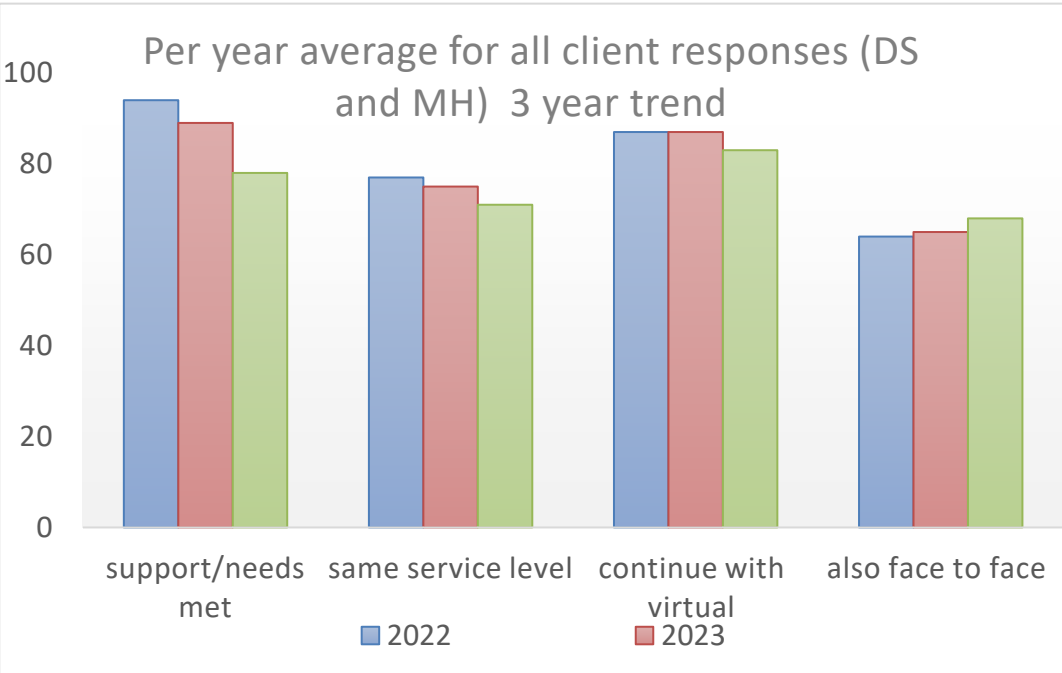
Objective Type	Objective	Target Goal Expectancy	Actual Result	Learnings	Recommendations & Action Plan												
<p>OAP transition support</p>			<p>Responses from parents (%)</p>  <table border="1"> <caption>Responses from parents (%)</caption> <thead> <tr> <th>Category</th> <th>2023-24 (%)</th> <th>2022-23 (%)</th> </tr> </thead> <tbody> <tr> <td>recommend to others</td> <td>93</td> <td>90</td> </tr> <tr> <td>relevant</td> <td>90</td> <td>92</td> </tr> <tr> <td>useful info</td> <td>96</td> <td>93</td> </tr> </tbody> </table>	Category	2023-24 (%)	2022-23 (%)	recommend to others	93	90	relevant	90	92	useful info	96	93	<p>93% satisfaction based on recommendation of workshop to others.</p>	<p>perspective of lived experience.</p>
Category	2023-24 (%)	2022-23 (%)															
recommend to others	93	90															
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<p>Service Efficiency DS AND MENTAL HEALTH</p>	<p>Knowledge base of staff increases with service function integration to create better understanding of service and how to access service for both MH and DS needs.</p>	<p>2023-2024 Comparison with baseline information from 2021-22</p> <p>20% increase in knowledge</p>	<p>2023-24 Staff received a survey asking the same questions from baseline. 55 staff completed the survey (approx. 25% response rate) with 49% responses from DS staff, 44% responses from MH staff and 8% from supervisors.</p> <p>Areas where staff indicated greater knowledge (over 70% consistently) include DSO, 310 COPE and case management.</p>	<p>Consistent lower perception of knowledge in:</p> <ol style="list-style-type: none"> 1. complex needs 2. service resolution activities for DS and MH 3. dual diagnosis 4. MHST 5. OAP services <p>These areas also show lower knowledge for the question 'knowing who to contact' which closely mirror responses for 'familiar with teams and work they do' question.</p> <p>Limitations:</p>	<p>Develop strategies to improve staff knowledge with a focus on dual diagnosis, service resolution mechanisms (DS and MH), OAP and MHST.</p> <p>Suggest having a supervisory and staff working group to support:</p> <ul style="list-style-type: none"> -development of materials such as program 												

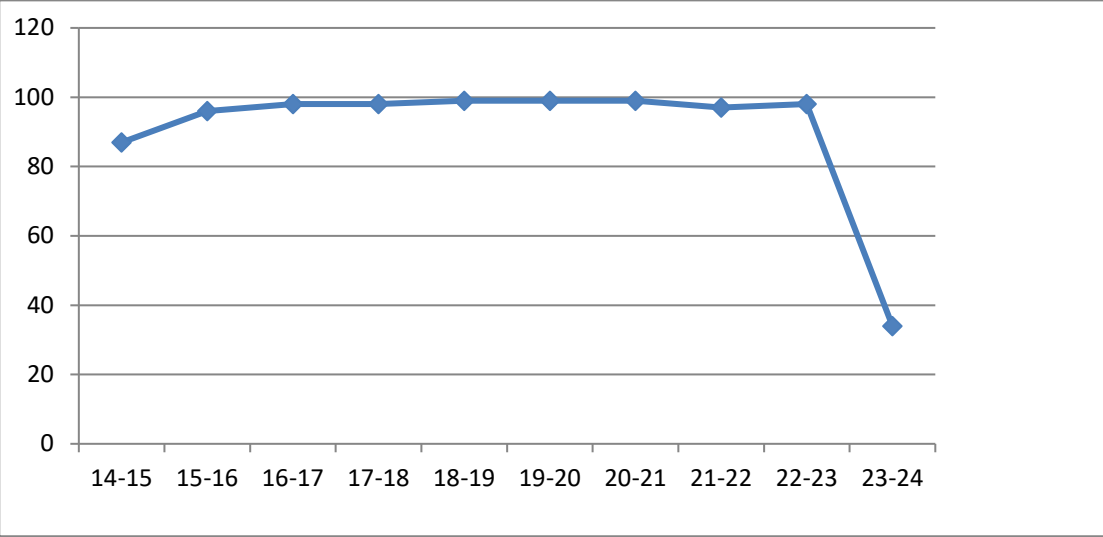
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			<p>Baseline comparison based on lowest scores or significant changes (%):</p> <table border="1"> <caption>Familiar with YSSN teams and work they do baseline comparison (% agreement)</caption> <thead> <tr> <th>Category</th> <th>agree 21-22 (%)</th> <th>agree 23-24 (%)</th> </tr> </thead> <tbody> <tr><td>crisis (COPE)</td><td>98</td><td>85</td></tr> <tr><td>DS CM</td><td>88</td><td>78</td></tr> <tr><td>MH CM</td><td>88</td><td>78</td></tr> <tr><td>DSO</td><td>75</td><td>75</td></tr> <tr><td>PP</td><td>70</td><td>75</td></tr> <tr><td>SA</td><td>72</td><td>68</td></tr> <tr><td>DS access</td><td>72</td><td>68</td></tr> <tr><td>Flex</td><td>62</td><td>42</td></tr> <tr><td>DDX</td><td>70</td><td>58</td></tr> <tr><td>DS ser sol</td><td>55</td><td>42</td></tr> <tr><td>MH ser Res</td><td>42</td><td>38</td></tr> <tr><td>child crisis</td><td>50</td><td>28</td></tr> <tr><td>child ser res</td><td>55</td><td>35</td></tr> <tr><td>DS crisis/UR</td><td>58</td><td>62</td></tr> <tr><td>DS peer</td><td>62</td><td>58</td></tr> <tr><td>MH peer</td><td>68</td><td>55</td></tr> <tr><td>MHST</td><td>55</td><td>48</td></tr> <tr><td>crisis/safe beds</td><td>78</td><td>58</td></tr> <tr><td>OAP ffs/urs</td><td>38</td><td>42</td></tr> </tbody> </table>	Category	agree 21-22 (%)	agree 23-24 (%)	crisis (COPE)	98	85	DS CM	88	78	MH CM	88	78	DSO	75	75	PP	70	75	SA	72	68	DS access	72	68	Flex	62	42	DDX	70	58	DS ser sol	55	42	MH ser Res	42	38	child crisis	50	28	child ser res	55	35	DS crisis/UR	58	62	DS peer	62	58	MH peer	68	55	MHST	55	48	crisis/safe beds	78	58	OAP ffs/urs	38	42	<p>1. number of MH vs DS staff who complete the survey may affect knowledge responses, assuming staff have greater knowledge of the sector in which they work.</p> <p>2. Tenure within the agency may be a factor. Some staff respondents may have less familiarity with YSSN services if they are new to agency.</p> <p>Goal expectancy not met. Knowledge of services has not significantly improved over time. Compared to baseline, many knowledge areas have decreased based on % agreement responses.</p>	<p>descriptions and pathway charts for staff reference</p> <ul style="list-style-type: none"> -training such as live Q&A sessions -identify “go-to” staff per team/program for consultation purposes. - Build in consistent learning opportunities over time <p>Repeat survey with staff 2026 to compare to baseline following some learning opportunities.</p>
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<p>Person's served</p> <p>Service Efficiency DS Passport</p>	<p>The pandemic impacted utilization rates for Passport funding</p>	<p>Utilization of funding rate of 85% or higher compared to 77% for 2022-2023.</p> <p>Satisfaction with Passport resource days 70%</p> <p>70% participation rate in resource days when offered to clients</p>	<table border="1"> <caption>Passport usage rate over time (%)</caption> <thead> <tr> <th>Year</th> <th>Usage Rate (%)</th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>63</td> </tr> <tr> <td>2021</td> <td>69</td> </tr> <tr> <td>2022</td> <td>74</td> </tr> <tr> <td>2023</td> <td>77</td> </tr> <tr> <td>2024</td> <td>81</td> </tr> </tbody> </table>	Year	Usage Rate (%)	2020	63	2021	69	2022	74	2023	77	2024	81	<p>Funding utilization rates have increased over time from 2020 to 2024 (as of April 2024) by 18 percentage points. Passport utilization rate for 2023-24 is 81% (as of April 2024). Goal expectancy not met.</p> <p>Many people with 0% utilization intended to invoice later in the year.</p> <p>Limitations: Number of people who were offered a resource day was not gathered so measurement is estimated</p>	<ol style="list-style-type: none"> bi-weekly Passport Resource days with the goal of 85% satisfaction rate. Connect with clients with 0% usage of funding in 2023-2024 and offer virtual or in person support sessions; measure % of clients who use funding in 2024/25 following support. Develop the survey as a survey 								
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2024	81																								

Objective Type	Objective	Target Goal Expectancy	Actual Result	Learnings	Recommendations & Action Plan										
			<p>Resource day sessions were open to all Passport recipients who needed support either completing their Passport agreement or submitting claims. 32 people attended the resource days or 2% of all Passport recipients. Goal expectancy for resource day participation not met.</p> <p>Survey results. (surveys were completed for resource days only)</p> <ul style="list-style-type: none"> • 22 Satisfaction Surveys Completed/Submitted = response rate 69% • Overall Average Satisfaction (Scale 1-5) is 4.8 or 96% • Goal expectancy met 	<p>based on all Passport recipients. Attendance at Passport resource days or the low utilization sessions cannot be directly correlated to increased funding utilization at this time since a very small number of people attended the low utilization sessions (7 of 361 or 2%) as well as the Passport resource days (2%).</p>	<p>monkey which provides greater anonymity for respondents and automatic data analysis. 4.Modify questions to reduce length of the survey and gather other demographics</p>										
<p>Service Access DSO</p>	<p>Decrease number of cancelled application package appointments</p>	<p>Reduce cancellation rate to 30% or lower</p>	<p>Target goal expectancy met. Cancellation rates have decreased by 11% over fiscal year of 2023-24. Cancellation rates over time (%):</p>  <table border="1"> <caption>DSO Assessment cancellation rate over time (%)</caption> <thead> <tr> <th>Fiscal Year</th> <th>Cancellation Rate (%)</th> </tr> </thead> <tbody> <tr> <td>2020-21</td> <td>23</td> </tr> <tr> <td>2021-22</td> <td>27</td> </tr> <tr> <td>2022-23</td> <td>40</td> </tr> <tr> <td>2023-24</td> <td>29</td> </tr> </tbody> </table>	Fiscal Year	Cancellation Rate (%)	2020-21	23	2021-22	27	2022-23	40	2023-24	29	<p>Strategies implemented: 1. Statement added to intro letter requesting 2 business days notice for cancellations. 2. scheduling a maximum # (cap) of UR assessments per month 3. scheduling 4:1 ratio of first time assessments over reassessments 4. more probing with reassessment requests to ensure it is a need.</p> <p>Strategies appear to have helped reduce cancellation rates.</p>	<p>Continue to implement strategies identified and monitor/review as needed. Continue data collection for cancellation rates.</p>
Fiscal Year	Cancellation Rate (%)														
2020-21	23														
2021-22	27														
2022-23	40														
2023-24	29														

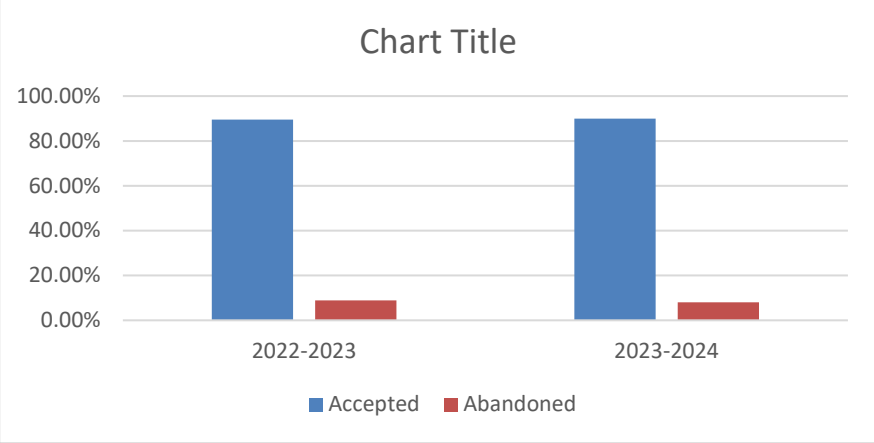
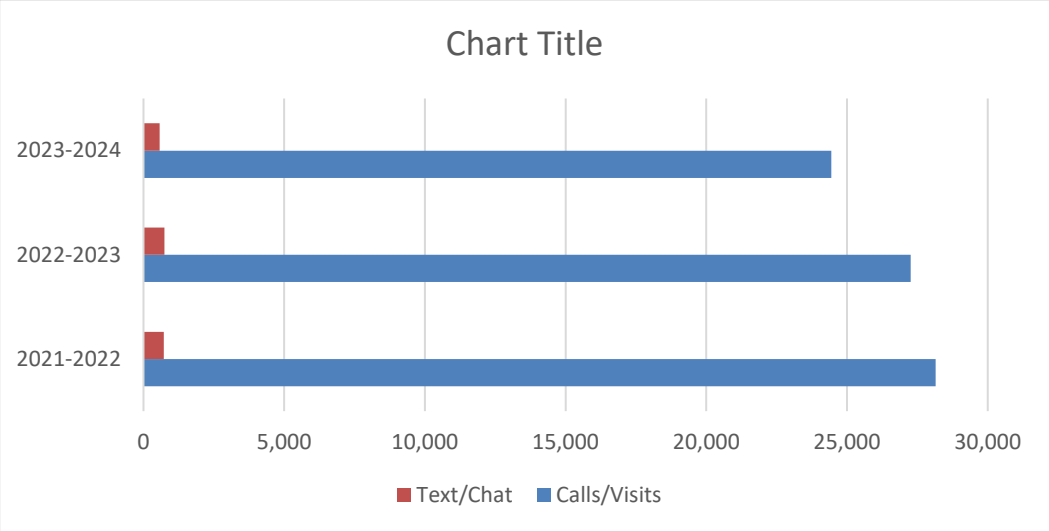
Objective Type	Objective	Target Goal Expectancy	Actual Result	Learnings	Recommendations & Action Plan									
Service Access DSO	Better alignment of wait times for an application package across all four quadrants provides more consistent service.	Consistent wait time across all four quadrants of 6-8 weeks compared to 2022-23 wait times.	Wait times: <table border="1" data-bbox="806 235 1693 349"> <thead> <tr> <th></th> <th>Durham and HKPR</th> <th>York and Simcoe</th> </tr> </thead> <tbody> <tr> <td>2022-23</td> <td>3-6 weeks</td> <td>10- 12 weeks</td> </tr> <tr> <td>2023-24</td> <td>12 – 14 weeks</td> <td>16 – 20 weeks</td> </tr> </tbody> </table> Target goal expectations not met. Increase in wait times for all quadrants.		Durham and HKPR	York and Simcoe	2022-23	3-6 weeks	10- 12 weeks	2023-24	12 – 14 weeks	16 – 20 weeks	Wait times have increased on average. This may be due to staffing changes, high volume of urgent requests as well as significant increase to reassessment requests. Call volume pressures necessitated shifting staffing resources from the Assessor team to Service Navigation which likely affected the wait times.	York and Simcoe teams returning to staff capacity which contributes to improvement of wait times. Continue to prioritize first time assessments over reassessment requests. Further probing with reassessment need.
	Durham and HKPR	York and Simcoe												
2022-23	3-6 weeks	10- 12 weeks												
2023-24	12 – 14 weeks	16 – 20 weeks												
Service Access DS AND MENTAL HEALTH Crisis and DSO	Provide staff education and gather feedback on current experiences to improve service pathways	90% of staff at DSO and COPE receive training # of consults between teams # referrals from COPE to DSO and from DSO to COPE	Process only covers referrals from COPE TO DSO 2023-24 Total of 6 referrals to DSO from COPE DSO representatives attended 2 COPE team meetings for review of process/training. 90% of 310 COPE staff attended the presentation by DSO provided by the DSO UR Lead and DSO Supervisor	Pathway for referrals from 310 COPE to DSO allows for opportunity to address urgent calls and provide follow up as needed. Referral/consult leads identified with each team has improved responses to calls and referrals. Referral pathway is working well.	No recommendations for improvements or changes for the pathway. DSO and COPE staff to attend meetings for the other team and continue to review referral pathway.									
Service Access DS AND MENTAL HEALTH Dual Diagnosis Navigation	NEW Increase contact for individuals while waiting for DDX CM	90% of individuals on the wait list contacted each Quarter.	2023-24 Base line: Contact with identified dual diagnosis clients, currently on the wait list with Streamlined Access (MH) or DSO (DS). <table border="1" data-bbox="806 1274 1733 1421"> <thead> <tr> <th>Total MH WL</th> <th>Total DS WL</th> <th>Total clients</th> <th>Total clients contacted</th> </tr> </thead> <tbody> <tr> <td>10 (33%)</td> <td>20 (67%)</td> <td>30</td> <td>100% (5 Q3) (25 Q4)</td> </tr> </tbody> </table> Target goal expectancy met.	Total MH WL	Total DS WL	Total clients	Total clients contacted	10 (33%)	20 (67%)	30	100% (5 Q3) (25 Q4)	All clients on the wait list from Nov 2023 to March 2024 were contacted. One client declined service. 18 received short term service. 11 received a consult meeting and were provided information and resources for linkages.	Continue data collection for 2024-2025.	
Total MH WL	Total DS WL	Total clients	Total clients contacted											
10 (33%)	20 (67%)	30	100% (5 Q3) (25 Q4)											

Objective Type	Objective	Target Goal Expectancy	Actual Result	Learnings	Recommendations & Action Plan																																													
<p>Person's served</p> <p>Stakeholder Input / Satisfaction</p> <p>DS AND MENTAL HEALTH</p> <p>Intensive Case Management</p> <p>(Angela) Complete</p>	<p>Client satisfaction with virtual services being offered as part of hybrid model of services.</p>	<p>70% of clients/families indicate that needs met via virtual support</p>	<p>2023-24 DS Feedback received from 44 families MH feedback received from 71 clients</p> <p>Overall feedback (% agreement):</p> <table border="1" data-bbox="809 354 1903 621"> <thead> <tr> <th></th> <th colspan="2">feeling supported/needs met</th> <th colspan="2">provides about the same level of service</th> <th colspan="2">happy to continue with virtual support</th> <th colspan="2">Also prefer in person/ face to face meetings</th> </tr> <tr> <th></th> <th>DS</th> <th>MH</th> <th>DS</th> <th>MH</th> <th>DS</th> <th>MH</th> <th>DS</th> <th>MH</th> </tr> </thead> <tbody> <tr> <td>2021-22</td> <td>95</td> <td>94</td> <td>82</td> <td>72</td> <td>91</td> <td>83</td> <td>60</td> <td>69</td> </tr> <tr> <td>2022-23</td> <td>90</td> <td>88</td> <td>79</td> <td>70</td> <td>88</td> <td>86</td> <td>55</td> <td>75</td> </tr> <tr> <td>2023-24</td> <td>73</td> <td>83</td> <td>79</td> <td>63</td> <td>79</td> <td>87</td> <td>68</td> <td>69</td> </tr> </tbody> </table> 		feeling supported/needs met		provides about the same level of service		happy to continue with virtual support		Also prefer in person/ face to face meetings			DS	MH	DS	MH	DS	MH	DS	MH	2021-22	95	94	82	72	91	83	60	69	2022-23	90	88	79	70	88	86	55	75	2023-24	73	83	79	63	79	87	68	69	<p>Satisfaction 2023 – 24 (average % from the 3 questions - feeling supported, provides same service, happy to continue with virtual support) DS 77% MH 78%</p> <p>Target goal expectancy met.</p> <p>Overall, there is a sense that virtual/hybrid services are meeting needs (78%). Preference to include in person face to face meetings: MH clients (69%) which is lower than previous year. DS clients (68%) which is higher than previous year.</p> <p>One new question was asked for DS clients regarding preferred frequency of in person face to face meetings. The majority of responses fell into the as requested/needed (67%) and monthly to every other month (23%).</p> <p>There is an average downward trend regarding having needs met and the perception that it's about the same level of service. Slight upward trend on average for preference to also have in person meetings.</p>	<p>Repeat request for feedback for 2024-2025. Add question for preferred frequency for in person face to face to MH survey. Review practices with staff regarding offers for in person face to face meetings with clients to ensure this option is provided.</p>
	feeling supported/needs met		provides about the same level of service		happy to continue with virtual support		Also prefer in person/ face to face meetings																																											
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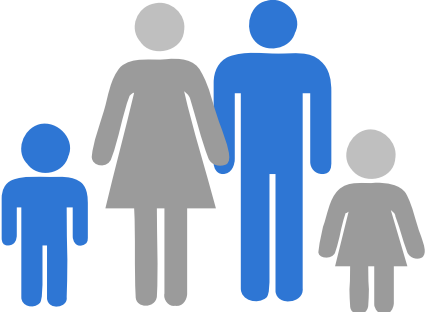
Objective Type	Objective	Target Goal Expectancy	Actual Result	Learnings	Recommendations & Action Plan																						
<p>Person's served</p> <p>Stakeholder Input / Satisfaction</p> <p>DSO</p> <p>(Angela) Complete</p>	<p>To maintain satisfaction levels with agency stakeholders</p>	<p>90% satisfaction rate</p>	<p>2023-24 The satisfaction survey changed to a provincial survey. The question 'Overall, are you happy with the help/support you received?' is most closely aligned to the previous satisfaction measure.</p> <p>DSO CER results are as follows: Yes- 34% Somewhat – 27% No -39%</p> <p>DSO satisfaction rate trend by % agreement over time:</p>  <table border="1"> <caption>DSO satisfaction rate trend by % agreement over time</caption> <thead> <tr> <th>Year</th> <th>Satisfaction Rate (%)</th> </tr> </thead> <tbody> <tr><td>14-15</td><td>88</td></tr> <tr><td>15-16</td><td>98</td></tr> <tr><td>16-17</td><td>98</td></tr> <tr><td>17-18</td><td>98</td></tr> <tr><td>18-19</td><td>98</td></tr> <tr><td>19-20</td><td>98</td></tr> <tr><td>20-21</td><td>98</td></tr> <tr><td>21-22</td><td>98</td></tr> <tr><td>22-23</td><td>98</td></tr> <tr><td>23-24</td><td>35</td></tr> </tbody> </table>	Year	Satisfaction Rate (%)	14-15	88	15-16	98	16-17	98	17-18	98	18-19	98	19-20	98	20-21	98	21-22	98	22-23	98	23-24	35	<p>Customer satisfaction was significantly reduced in comparison to previous years. This could be partially related to the challenges families are facing in accessing services as well as DSO response times which were significantly extended in 2023-24.</p> <p>Other survey results noted the following: Are you happy with how long it took you to get answers to your question(s)? 47% indicated "No". Did you learn about what community resources are available to you? 42% indicated "No" Do you have clear next steps in getting information and/or services? 45% indicated "No"</p>	<p>Hire a DSO specific receptionist to help support calls to navigation team and provide more immediate customer service. Add resources (staff) to the Service Navigation team. Continue to monitor results over the 2024/25 fiscal year to review if implementation of above resources leads to better satisfaction results.</p>
Year	Satisfaction Rate (%)																										
14-15	88																										
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<p>Service Effectiveness</p> <p>Crisis Response – 24/7 Call Support</p>	<p>Degree to which the crisis call/text/chat service is effective in de-escalating an individual's state of crisis</p>	<p>80% of crisis calls/text /chats result in: "Caller's situation de-escalated, call mutually ended".</p>	<p>Results for 2023-2024 fiscal year indicate that 82% of the calls met the target "Caller's situation de-escalated, call mutually ended". This surpasses our set target of 80%. Average over the past 4 years: 83.5%</p>	<p>Call de-escalation rebounded last year to 82% from the previous year's mark of 75%. Average over the last 4 years is 83.5%.</p>	<p>Continue to evaluate formally for one additional year.</p>																						

Objective Type	Objective	Target Goal Expectancy	Actual Result	Learnings	Recommendations & Action Plan												
			<table border="1"> <caption>Call De-escalation - 4 Years</caption> <thead> <tr> <th>Year</th> <th>Call De-escalated (%)</th> </tr> </thead> <tbody> <tr> <td>2020-2021</td> <td>88%</td> </tr> <tr> <td>2021-2022</td> <td>89%</td> </tr> <tr> <td>2022-2023</td> <td>75%</td> </tr> <tr> <td>2023-2024</td> <td>82%</td> </tr> </tbody> </table>	Year	Call De-escalated (%)	2020-2021	88%	2021-2022	89%	2022-2023	75%	2023-2024	82%	<p>Limitations of study: Based on staff perspective of intervention</p>			
Year	Call De-escalated (%)																
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<p>Service Efficiency MENTAL HEALTH Intensive Case Management</p>	<p>Degree to which the new ICM model (six month intervention) provides service to a greater amount of clients</p>	<p>15% increase over the past two years (averaged) 10% increase over 2019-2020</p>	<table border="1"> <caption>Clients Enrolled MH Case Management Services</caption> <thead> <tr> <th>Year</th> <th>Clients Enrolled</th> </tr> </thead> <tbody> <tr> <td>2019-20</td> <td>270</td> </tr> <tr> <td>2020-21</td> <td>439</td> </tr> <tr> <td>2021/22</td> <td>495</td> </tr> <tr> <td>2022/23</td> <td>444</td> </tr> <tr> <td>2023/24</td> <td>403</td> </tr> </tbody> </table> <p>There continues to be a significant increase since the inception of the 6-month ICM model. Our strongest year was 21/22 and we have seen a drop-off over the past couple years.</p>	Year	Clients Enrolled	2019-20	270	2020-21	439	2021/22	495	2022/23	444	2023/24	403	<p>2023-2024 saw a reduction in enrollments to our MH case management services compared to the previous year. Overall, the trend of significantly greater enrollments since 6-month model implementation continues.</p> <p>Note: transition to new ICM database occurred in February 2023 and may have impacted reported enrollments during roll-out.</p>	<p>To monitor as regular QA measure and remove from annual evaluation process.</p>
Year	Clients Enrolled																
2019-20	270																
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Objective Type	Objective	Target Goal Expectancy	Actual Result	Learnings	Recommendations & Action Plan															
<p>Service Efficiency</p> <p>MENTAL HEALTH</p> <p>Streamlined Access</p>	<p>Analyze Streamlined access process: time of receipt of referral to enrollment in: Intensive Case Management program</p>	<p>.5% reduction in days waited .</p>	<div data-bbox="809 233 1825 708" data-label="Figure"> <p style="text-align: center;">2022-2023 DAYS WAITED FROM TIME OF REFERRAL TO CASE MANAGEMENT ENROLLEMENT</p> <table border="1"> <caption>2022-2023 DAYS WAITED FROM TIME OF REFERRAL TO CASE MANAGEMENT ENROLLEMENT</caption> <thead> <tr> <th>Quarter</th> <th>2022-2023 days waited from time of referral to program enrollement</th> <th>2023-2024</th> </tr> </thead> <tbody> <tr> <td>Q 1</td> <td>91</td> <td>101</td> </tr> <tr> <td>Q 2</td> <td>117</td> <td>165</td> </tr> <tr> <td>Q 3</td> <td>139</td> <td>154</td> </tr> <tr> <td>Q 4</td> <td>152</td> <td>101</td> </tr> </tbody> </table> <p>Days waiting from referral to enrollment progressively increased throughout the fiscal year.</p> <p>Average days waited = 124.75 days 2022-2023 Average days waited = 130.25 days 2023-2024</p> </div>	Quarter	2022-2023 days waited from time of referral to program enrollement	2023-2024	Q 1	91	101	Q 2	117	165	Q 3	139	154	Q 4	152	101	<p>Last year represented our baseline data. Overall, we saw a slight overall increase in days waited over the previous year.</p> <p>Note: Days waited is out of SA scope to address other than informing partner agencies that pick up case management clients along with YSSN.</p>	<p>Continue with study overtime and provide results to SA operational committee.</p>
Quarter	2022-2023 days waited from time of referral to program enrollement	2023-2024																		
Q 1	91	101																		
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<p>Service Efficiency</p> <p>MENTAL HEALTH</p> <p>CRISIS</p> <p>310-COPE call/text/chat</p>	<p>Compare number of calls “abandoned” by clients to number of calls “received” by crisis response workers</p>	<p>90% of calls accepted by CRW’s</p> <p>Risks/Limitations: Inability to decipher why client has abandoned call (i.e., call dropping due to loss of cell signal, perceived excessive wait for service)</p>	<p>Fiscal Year 2022-2023</p> <p>Definitions:</p> <p>% Accepted: The percentage of interactions answered by the agent over the total number of interactions that entered the queue.</p> <p>% Abandoned: The percentage of interactions abandoned by a customer while being presented to the agent</p>	<p>New Call Center platform provides us with analytics that we previously were not able to obtain.</p> <p>Stakeholder have expressed concern over ability to “get through” to our service so this data is very valuable to ensure we serving those seeking our support.</p> <p>Evaluation results indicate a high percentage of service users are able to connect with</p>	<p>Continue evaluation for one additional year.</p>															

Objective Type	Objective	Target Goal Expectancy	Actual Result	Learnings	Recommendations & Action Plan
			<p style="text-align: center;">Chart Title</p>  <p>2022-2023: % Accepted: = 89.47% % Abandoned = 8.38%</p> <p>2023-2024: % Accepted = 89.98% % Abandoned = 7.98%</p> <p>Risks/Limitations: Inability to decipher why client has abandoned call (i.e., call dropping due to loss of cell signal, perceived excessive wait for service)</p>	crisis response workers in a timely fashion.	
Service Access MENTAL HEALTH Crisis Response (Phone/Text/Chat)	Examine whether new call center system implemented March 30/21 had a positive impact on client accessibility by increasing call received by crisis response workers	5% increase in total calls/texts/chats into crisis response line (310-COPE) Risks: Influence of ongoing pandemic on call volumes outside of new call system	<p style="text-align: center;">Comparison timeline: Fiscal Year</p> <p style="text-align: center;">Chart Title</p> 	We have seen a steady decline in 310-COPE service volumes coming out of the pandemic. We do know that crisis response workers are answering a high % of calls coming into system. The impact of the national 988 suicide crisis line (launched November 30, 2023) will likely have continued impact on overall service volumes.	Too many variable impacting call volumes to assess cause whether + or - . Continue to track as regular QA activity.

Effectiveness Measures: DEVELOPMENTAL SERVICES



One-to-One Supports (Family Peer Mentor)

- 100 people supported
- 20 respondents (20%)
- 95% satisfaction rate (down 5% from LY)

Transitioning Workshops

Assists families better prepare for adult services (OAP transition support)

- 135 participants
- 55 respondents (41%)
- 93% satisfaction rate and would recommend to others

Caregiver Groups

Facilitated group providing opportunities to connect with other caregivers

- 79 participants (37 unique)
- 13 respondents (35%)
- 92% felt helpful/would recommend to others (LY 91%)

FPM/FFS OAP Workshops

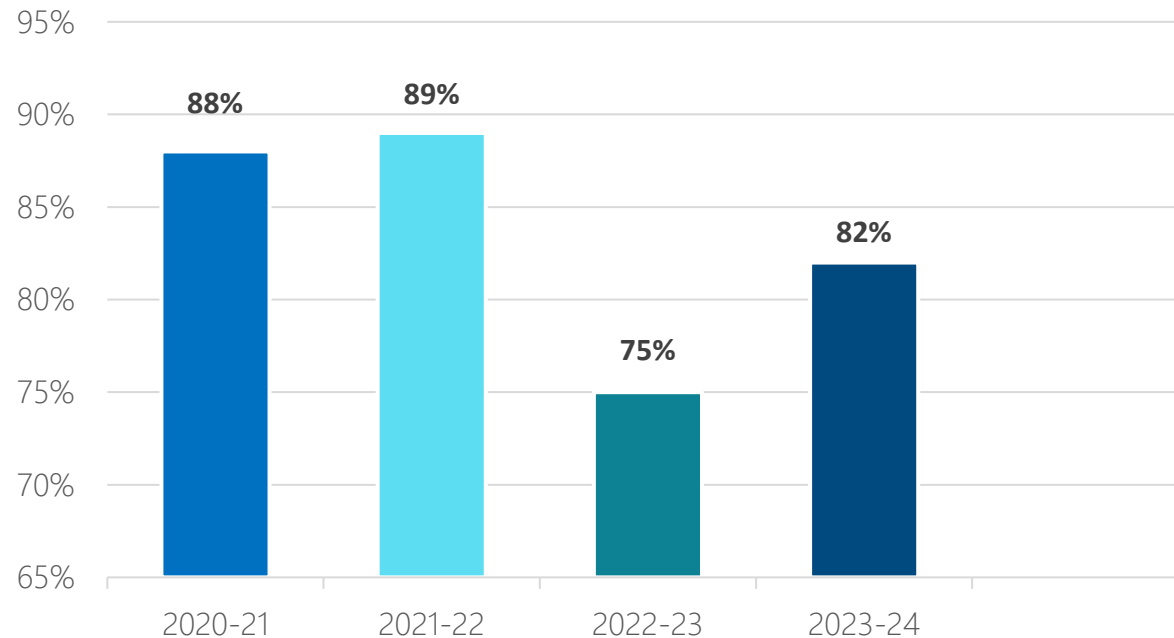
Selection of 4 to 8-week series to assist families

- 168 participants (up 90% over LY)
- 82 respondents (49%)
- 93% satisfied with workshops

Effectiveness Measures: MENTAL HEALTH

Crisis (Call, Text, Chat)

Call De-escalation – 4 Year Comparison



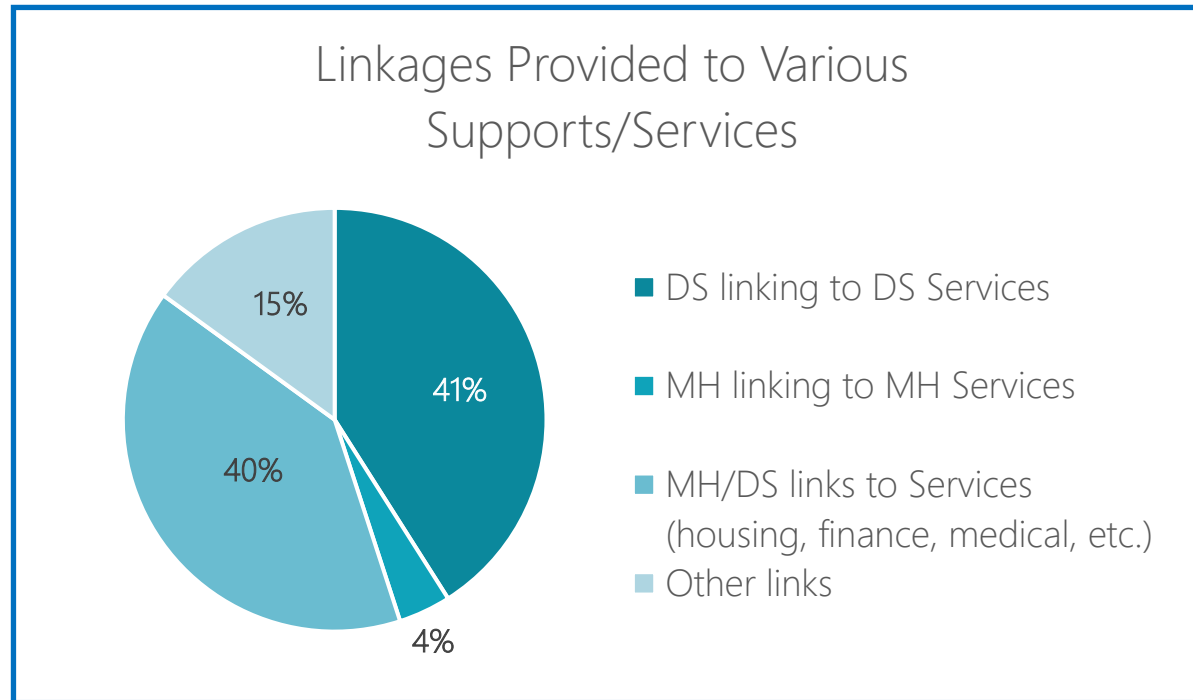
EFFECTIVENESS OF CRISIS SERVICE

82% Satisfaction

16,023 identified as 'Caller's situation de-escalated /call ended mutually'

- 2% above target set of 80%
- 7% higher vs. 2022-23
- Average over last four years = 83.5%
- Based on staff perspective of intervention

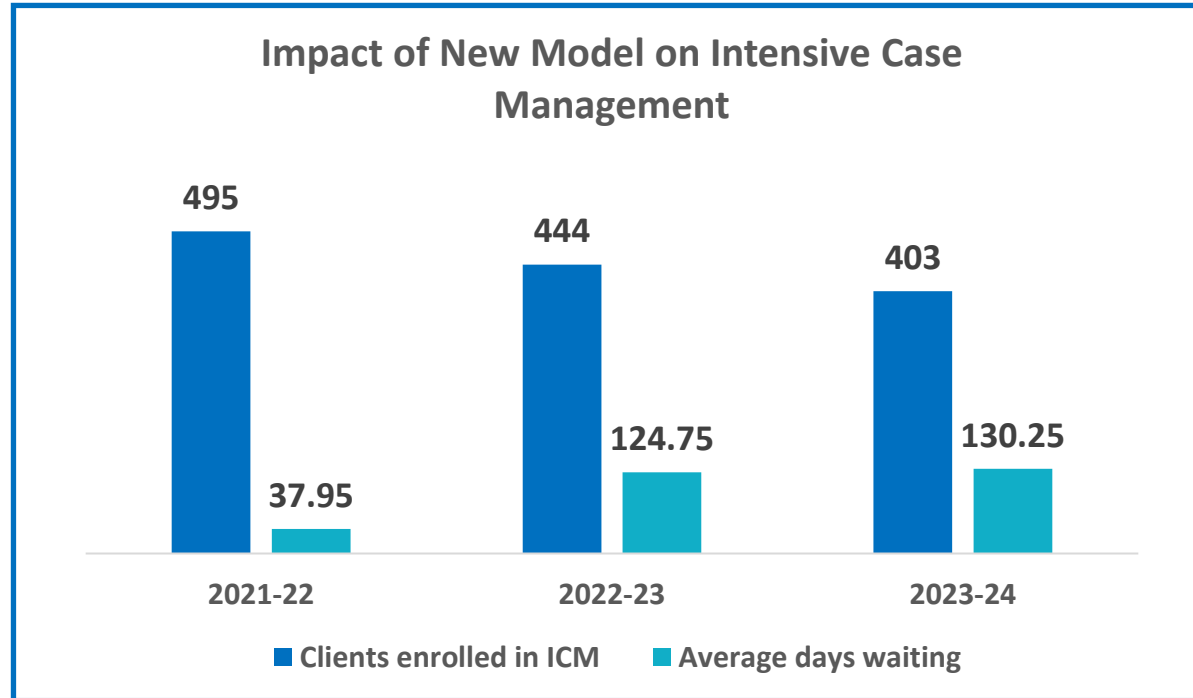
Effectiveness Measures: DUAL DIAGNOSIS



2-YEAR EVALUATION

- Increase understanding of multi sector needs through bio-psycho-social model.
- Clients can be supported appropriately using the BPS model that assists in determining targeted linkages to services and resources.
- Most participants received five or more linkages for various supports

Efficiency Measures: MENTAL HEALTH



EFFECTS ON CLIENT ENROLLMENT

9.2% decrease

Implementation of the new ICM model (6-month intervention), YSSN now provides services to a greater number of clients.

- 9.2% decrease in client enrollment vs. 2022-23
- 49% increase in enrollment vs. 2019-20 when new model implemented (from 270 to 403)

STREAMLINED ACCESS WAIT TIMES

4% increase

From time of referral receipt at Streamlined Access to enrollment into ICM services, wait times have increased each quarter of 2023-24

- 4% increase in average days over previous year
- 229% increase in average days waiting (130.25 days) vs. 37.95 days in 2021-22
- Dependent on partner agencies' capacity to pick-up new people

Service Access Measures

Changes at Crisis

Steady decline in 310-COPE service volumes coming out of pandemic. Launch of 988 service in November 2023 may also contribute.

In 2023-24 we saw:

- 10.3% decrease in crisis contacts over previous year (24,447 vs. 27,259)
- 22% decrease in text/chat contacts over previous year (740 vs. 579)

83% on average happy to continue virtually

Case Management supports clients and families with quality services virtually. In 2023-24:

- 79% of DS service users report being satisfied with virtual services (down 9%)
- 87% of MH service users report being satisfied with virtual services (down 1%)

Funding utilization steadily rising

With a goal to increase Passport funding utilization to 85%, we have seen a steady increase over the past three years but not yet reaching goal.

2022-23 we saw a positive shift:

- In 2023-24, funding utilization reached 81% (vs. 77% in 2022-23) and 74% in 2021-22)

Cancellations on the decline

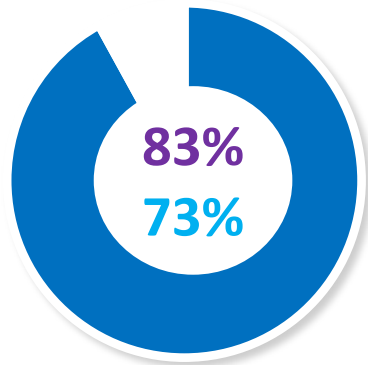
Several strategies employed to address the high number of DSO assessment appointment cancellations have had a positive impact. This year, in-person appointments were also offered.

- 2023-24 cancellation rate at 29%, a 11% reduction from the 2022-23 rate (40%)



Stakeholder Input: CASE MANAGEMENT

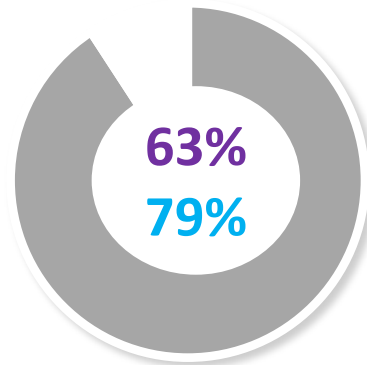
Satisfaction with virtual services to meet needs of people and families



Well-Supported/Needs Met

Report feeling well supported and having their needs met through virtual services.

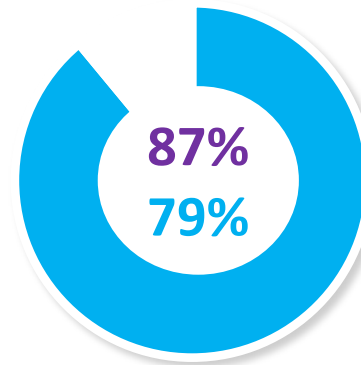
83% MH (LY 88%)
73% DS (LY 90%)



Virtual same as in-person

Felt virtual provided the same level of services as in-person.

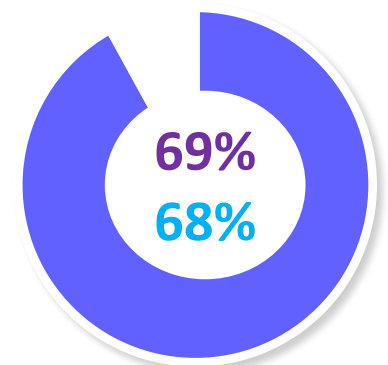
63% MH (LY 70%)
79% DS (LY 79%)



Continue virtually

Report they would be happy to continue services virtually.

87% MH (LY 86%)
79% DS (LY 88%)



Prefer meeting in-person

Report they would prefer in-person, face-to-face meetings.

69% MH (LY 75%)
68% DS (LY 55%)