

SPECIAL EDITION

# Extracts

VOLUME - ONE ISSUE - TWO

APRIL - 2007

## Rolling out 'PASSPORT' across the Niagara Region

“.... increasing **opportunities**  
to participate  
in the **community**  
for individuals  
with a developmental  
disability ....”

What the process  
looked like

What was learned  
from the  
application data

the **Method** used  
to set **priorities**



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(September 2006-2007)

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## Mission

Contact Niagara exists to make a positive difference to individuals, families and the Niagara community by providing coordinated information, community planning and access to MCSS funded services and supports.

## Vision

Contact Niagara will be valued as an essential member of the service system and recognized by the community for its leadership, innovation, and commitment to individuals and families.

## Values

Individuals and families are central to our work at Contact Niagara. Our decisions and actions are guided by our commitment to the following core values:

### Integrity, Accountability, Trust

Committed to service excellence, our values will be evident in all we do. We will:

- be open, honest and objective
- seek input and welcome advice
- make decisions fairly and responsibly
- be guided by what we learn through innovation and creativity

### Personal Development

We believe people are individuals, each with unique strengths, needs, feelings and thoughts. We will:

- work with each person and family towards the achievement of individual and collective goals
- work and act in partnership with individuals and families, and our shared communities

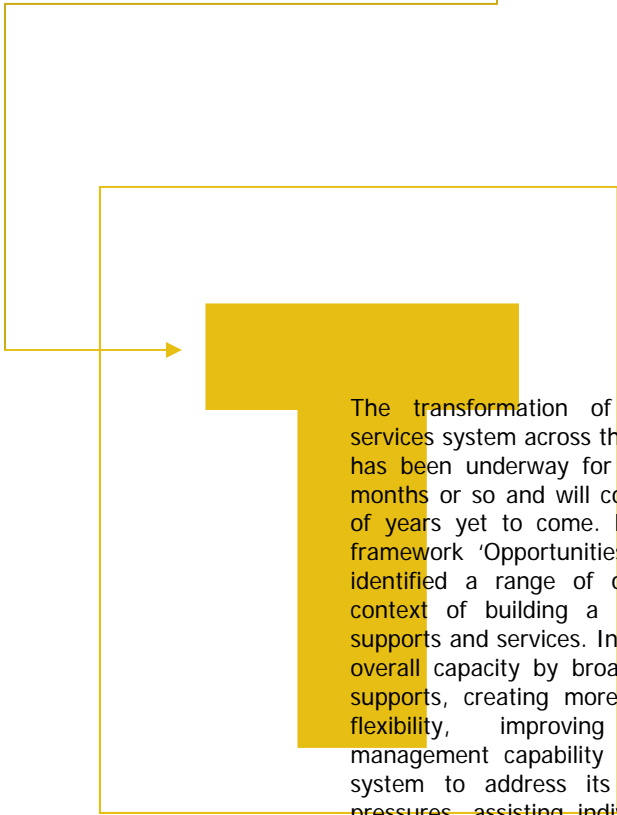
### Respect

Recognizing and valuing the importance of partnerships, alliances and collaborative effort, we will:

- ensure timely, flexible and appropriate responses
- value the diversity of our communities and individuals
- honour the privacy and dignity of others

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# Beginning With.....



The transformation of the developmental services system across the province of Ontario has been underway for the last twenty-four months or so and will continue for a number of years yet to come. Fueled by the policy framework 'Opportunities and Action' it has identified a range of outcomes within the context of building a sustainable array of supports and services. Included are enhancing overall capacity by broadening the range of supports, creating more choice and greater flexibility, improving the management capability of the system to address its many pressures, assisting individuals who have resided in facilities to live in their own communities and to be much clearer about the roles and responsibilities of all participants whether individual, family, agencies or the government.

*“.....one of the more ambitious initiatives is in the area of community participation supports...”*

experienced the organization and delivery of services. The first is the notion of attaching funding directly to an individual. The second is to ensure that this funding is portable, thus allowing the individual to continue to access services and supports wherever they choose to reside across the province.

In this issue of **EXTRACTS** we have taken the opportunity to examine more closely some of the information that Contact Niagara gathered in the process of managing the implementation of this initiative across the Niagara region. Our approach is to present this information in three parts. *'The Passport Process'* provides readers with a sense of the overall methodology used by Contact Niagara staff as we engaged individuals. *'What We Learned from the Application Data'* presents, in various ways, summary information gleaned directly from the application tool. Finally, *'The Passport Prioritization Tool'* provides a high level summary of how priorities were set and an analysis of the basic data in the domains used to assist in that prioritization process.

In moving the transformation process forward, the Ministry of Community and Social Services has launched a number of initiatives and in many instances, augmented funding to support these processes. The result thus far has been increased capacity in the areas of residential services, specialized supports and managing 'at risk' individuals, to name a few.

'Passport' represents a glimpse into one of the many aspects of what the future may look like in the developmental services system. Perhaps the information presented in this issue may provide a beginning point for understanding a little bit about what that future may hold.

Perhaps one of the more ambitious initiatives is in the area of community participation supports. Known simply as 'Passport', it has been introduced over three phases spanning the last eighteen months. It is the third phase in particular which has two key attributes which, taken together, represent a significant shift in the way we have understood and

Stephen Novosedlik  
Executive Director



## The 'Passport' Process

Late in the spring of 2006, the Ministry of Community and Social Services (MCSS) introduced the third phase of Passport: An initiative for young people who have a developmental disability who have left school and are seeking community participation supports. As described by MCSS in its publication 'Passport Guidelines', Passport provides funding to purchase key activities to enhance personal skill development, volunteering, pre-employment skills, daily living skills, as well as social and recreational skills. Contact Niagara was chosen to develop and facilitate the Passport process for Niagara.

In order to deliver an effective intake and assessment process in keeping with the guidelines provided by MCSS, Contact Niagara worked in consultation with the Ministry, local agencies and other access mechanisms across Ontario who were also coordinating the Passport initiative. Prior to beginning the initiative, Contact Niagara also developed and implemented an overall communications strategy in tandem with the Ministry to make agencies, other service providers, and potential applicants better aware of the Passport initiative and its benefits.

Among the challenges Contact Niagara faced in implementing Passport were the significant departure Passport represents from existing service delivery models, short timelines for communication between the Ministry and stakeholders, the need for Contact Niagara to design tools used to execute all steps related to the implementation of the initiative, and the early recognition that demand would exceed available funding. In response to these challenges, we developed the following process which allowed us to successfully implement Passport.

The model for accessing Passport through Contact Niagara consists of a seven-step process: the *Request* and *Interview* which gathers information essential to the application process, *Scoring*, *Review (Prioritization)*, *Notification*, *Service Type Identified*, and *Monitoring of Recipients and Reviewing of Internal Processes*.

**Request:** A request for Passport is made by calling Contact Niagara, where the call is managed by a Resource Coordinator (RC) who confirms that the individual meets basic eligibility criteria. Once the eligibility criteria have been met and consent has been provided, Contact Niagara provides a full explanation of the Passport process, schedules an interview with the individual (and/or support person) to complete an intake and Passport Application form. If the applicant is willing and interested, some or all of the Application can be completed prior to the interview. The Passport Application is available on-line through the MCSS website and Contact Niagara's website.

**Interview:** During the interview, the Resource Coordinator

completes Contact Niagara's Common Tool for Intake (CTI), as well as the Passport Application and a Prioritization Tool questionnaire. Included in the interview are a discussion of other resources that can be accessed through Contact Niagara, a preliminary discussion about the two funding options available through Passport (self-directed and direct agency funding), and an explanation of the remaining steps of the process inclusive of decision making.

**Scoring:** Passport Applications and necessary documentation confirming that the individual has a developmental disability are then forwarded to lead designate(s) at Contact Niagara. Lead designate(s) review all Passport documentation and request further action if the information is not clear or complete. The lead designate(s) then forward the information to the Scoring Team who utilize the Passport Decision Support Guide (PDSG) to determine support level and level of funding. Contact Niagara's Common Tool for Intake is used to supplement the information provided on the Application, to assist with decision-making.

**Review (Prioritization):** In order to allocate funds fairly and equitably among eligible participants, Contact Niagara developed a Prioritization Tool, described further in a later article, which was also reviewed in detail at the end of the implementation process. The application of Contact Niagara's Prioritization Tool results in a prioritization score for each individual. The result of the prioritization process is a prioritized list of eligible individuals with funding allocations assigned.

**Notification:** For purposes of the 2006 allocation, after decisions were finalized, all eligible applicants were notified of the outcome of the decision-making process, including non-eligibility and reasons, eligibility and funding allocation, or eligibility and waiting list status. On an ongoing basis, applicants are informed at intake that they will be waitlisted, and notified if Passport funding becomes available.

**Service Type Identified:** Individuals who are eligible and for whom funding is available are connected with the Resource Coordinator who completed the original intake to discuss options for choosing an appropriate Transfer Payment Agency (TPA) that can provide community activities supports, or to outline necessary information about self-directing the funds. If they chose to flow their funding through a TPA, services are negotiated directly between the individual and that agency. If they chose to self-direct their funds, a Direct Funding Agreement is signed with Contact Niagara.

**Monitoring of Recipients and Reviewing of Internal Processes:** Contact Niagara will be working with the Regional Office of MCSS as they identify expectations related to the monitoring of funding for both individuals who are self-directing

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their funding as well as those who have chosen to receive services through a TPA. Individuals may choose to submit information to Contact Niagara at any time if there is a significant change in their circumstances. Contact Niagara also requires that individuals reapply for Passport funding every three years, as per Ministry guidelines. A review process is available to individuals and families who believe that the application process has not been fair and equitable, and a process is in place to address cases where additional funds are required due to a change in circumstances resulting from a crisis situation. Finally,

Contact Niagara will continue its ongoing review and evaluation of the entire Passport process, in order to make any necessary revisions.

In its first year, the intake process was applied to 128 Passport applications and successfully met the Ministry targets for prioritized funding opportunities. In the coming years, Contact Niagara will continue to evaluate the process and refine it when necessary to make sure that Passport continues to benefit those who need it most.

## What We Learned from the Application Data

Over the course of managing the implementation of the Passport Initiative a range of information was collected. In total, there were 128 individuals who applied of which 31 received a funding allocation. Individuals who were not approved for funding now comprise the current waitlist for community participation supports. In providing an analysis of the data to follow, it was

decided that for each variable two groups would be reported upon for comparative purposes. The first represents all applicants as of the August 31/06 deadline and the second are those that were approved from amongst that group. We present this information in four groups: *Demographic; Paid & Unpaid Supports; Application Scores by Domain; and, Summary.*

### Demographic

#### Current Living Situation

From a broad perspective, this initiative targeted individuals who were living at home with their families as well as in a range of other living scenarios inclusive of independent living and group home or family home accommodations. Of all applicants, approximately 74% were residing with their families as of August

31/06. For the group that was approved for funding, 87% were in the same living circumstances. In the alternative, there was a relatively even distribution of accommodation arrangements across the balance of individuals in both groups.

**Table 1: Current Living Situation**

Living Situation	All Applicants		Funded Applicants	
	Number	% Total	Number	% Total
Living alone/with roommates	11	8.6%	1	3.3%
Living in a Group Home	4	3.2%	0	0
Living with a Family Home Provider	6	4.7%	1	3.3%
Living with Family	95	74.2%	27	87.0%
Other	12	9.3%	2	6.4%
<b>TOTAL</b>	<b>128</b>	<b>100%</b>	<b>31</b>	<b>100%</b>

#### Geographic Area

The geographic area of origin of all applicants appears to follow the general pattern of the population distribution across the Niagara region. Exceptions were Port Colborne and Welland, both of which have a slightly higher number of applicants than

the population distribution would have otherwise indicated. This same pattern was generally repeated with respect to the group who were approved for funding.

**Table 2: Geographic Area**

Community	All Applicants		Funded Applicants	
	Number	% Total	Number	% Total
St Catharines	36	28.1%	5	16.1%
Welland	24	18.7%	8	25.8%
Port Colborne	12	9.4%	3	9.6%

**Table 2: Geographic Area—Continued**

Community	All Applicants		Funded Applicants	
	Number	% Total	Number	% Total
Thorold	8	6.3%	5	16.1%
Niagara Falls	8	6.3%	2	6.5%
Fort Erie	7	5.5%	1	3.2%
Crystal Beach	6	4.6%	2	6.5%
Grimsby	4	3.1%	0	0.0%
Ridgeway	4	3.1%	1	3.2%
Vineland	3	2.3%	0	0.0%
Beamsville	2	1.5%	1	3.2%
Fenwick	2	1.5%	1	3.2%
Smithville	2	1.5%	0	0.0%
Virgil	2	1.5%	0	0.0%
Niagara on the Lake	2	1.5%	0	0.0%
Chippawa	1	0.8%	0	0.0%
Fonthill	1	0.8%	1	3.2%
St. Anns	1	0.8%	0	0.0%
Stevensville	1	0.8%	0	0.0%
Wainfleet	1	0.8%	1	3.2%
Not recorded	1	0.8%	0	0.0%
<b>TOTAL</b>	<b>128</b>	<b>100%</b>	<b>31</b>	<b>100%</b>

### Age Cohort

This initiative also generally targeted individuals who were leaving school or had recently left school. This was not an exclusive target group however. As the initiative unfolded and ongoing clarification was obtained from the Ministry, consideration also needed to be given to individuals across all age cohorts. For illustrative purposes, **TABLE 3** provides an analysis of all applicants by age cohort. Of the total,

approximately 70% were under 30 years of age and within this group, 30% ranged in age between 18 and 21 – one of the primary target groups. As noted in **TABLE 4** concerning the funded group however, fully 61% were between the ages of 18 and 21, which overall, reflected the intent and spirit of the initiative. An additional 22% were between 22 and 30 years of age while the remaining 5 (17%) individuals were 31 and older.

**Table 3: Age Group – All Applicants**

Cohort	Male		Female		Total	
	Number	% Total	Number	% Total	Number	% Total
18 – 21	23	33.8%	15	25.0%	38	29.6%
22 – 30	25	36.8%	26	43.3%	51	39.8%
31 – 40	11	16.2%	8	13.3%	19	14.8%
41 – 50	5	7.4%	7	11.6%	12	9.3%
51 – 60	4	5.8%	4	6.8%	8	6.5%
<b>TOTAL</b>	<b>68</b>	<b>100%</b>	<b>60</b>	<b>100%</b>	<b>128</b>	<b>100%</b>
<b>% TOTAL</b>		<b>53.1%</b>		<b>46.9%</b>		

**Table 4: Age Group – Funded Applicants**

Cohort	Male		Female		Total	
	Number	% Total	Number	% Total	Number	% Total
18 – 21	11	61.1%	8	61.5%	19	61.2%
22 – 30	4	22.2%	3	23.1%	7	22.5%
31 – 40	3	16.7%	1	7.7%	4	12.9%
41 – 50	0	0.0%	1	7.7%	1	3.4%
51 – 60	0	0.0%	0	0.0%	0	0.0%
	18	100.0%	13	100.0%	31	100.0%
<b>% TOTAL</b>		<b>58.0%</b>		<b>42.0%</b>		

### Years Out of School

In conjunction with TABLES 3 and 4 information was gathered concerning the number of years individuals had been out of school. With respect to all applicants, a total of approximately 56% had been out of school for 5 years or less. At a more detail level, 26% had been out of school for 1 year (or less) and 10% for 2 years. For those who were approved for funding, approximately 70% had been out of school for 5 years or less with 45% at 1 year and 22% at 2 years.

**Table 5: Years out of School**

# Years	All Applicants		Funded Applicants	
	Number	% Total	Number	% Total
1	33	25.7%	14	45.1%
2	13	10.1%	7	22.5%
3	11	8.6%	0	0
4	6	4.7%	0	0
5	8	6.2%	1	3.3%
6 – 10	15	11.7%	4	12.9%
11 – 15	14	10.9%	4	12.9%
> 15	28	22.1%	1	3.3%
<b>TOTAL</b>	<b>128</b>	<b>100%</b>	<b>31</b>	<b>100%</b>

### Paid and Unpaid Supports

Included in the information gathered was a need to identify what, if any, supports an individual was receiving. There were two types identified globally as 'paid' and 'unpaid'. Paid supports were defined as those that were formal and funded through various government programs/agencies and were being accessed by the individual throughout the day. Included for example were any MCSS funded supports, municipally funded recreation programs, services provided through community care access, any insurance rewards and CNIB among others. For purposes of this initiative however, special services at home (SSAH) was not included in this category. Unpaid supports are understood to be those the individual accessed which were informal and available/appropriate throughout the day. Typically these would include support provided by the family, volunteer activities and participation in a community group to name a few.

In gathering this information, individuals were assigned a score which related to the level of support being accessed in these two

categories. For purposes of paid supports, scoring ranged from individuals for whom regular and appropriate supports were available (i.e. full day, 35 – 40 hours per week) to those that had no appropriate and available supports at all. With respect to unpaid supports, the scoring ranged from those that had regular but limited support (i.e. several hours a day, several days a week) to those that had no available support.

TABLE 6 provides an analysis of paid supports. With respect to all applicants, the majority (83.7%) had little or no appropriate supports available. This corresponds to the group who were eventually approved for funding with approximately 87% having few if any supports. In examining the unpaid supports data (TABLE 7) the same pattern is essentially replicated. That is, the vast majority of all applicants and approved applicants (95% and 100% respectively) had few if any unpaid supports to which they had access.

**Table 6: Paid Supports Score**

Level of Support	All Applicants		Funded Applicants	
	Number	% Total	Number	% Total
Regular and appropriate	8	6.2%	0	0
Some Support	13	10.1%	4	12.9%
Some Support; but inadequate re: need	69	53.9%	15	48.3%
No appropriate support	38	29.8%	12	38.8%
<b>TOTAL</b>	<b>128</b>	<b>100%</b>	<b>31</b>	<b>100%</b>

**Table 7: Unpaid Supports Score**

Level of Support	All Applicants		Funded Applicants	
	Number	% Total	Number	% Total
Regular but limited Support available	5	3.9%	0	0
Occasional Support is available	72	56.2%	10	32.2%
No Support is available	51	39.9%	21	67.8%
<b>TOTAL</b>	<b>128</b>	<b>100%</b>	<b>31</b>	<b>100%</b>

## Application Scores by 'Domain'

The application utilized for the Passport Initiative was developed by the Ministry of Community and Social Services (MCSS) following a consultation process across the province of Ontario. The result was a standardized framework for scoring applicants who were eligible for Passport funding. Apart from gathering demographic information the framework identified five major domains including communication, supervision, behaviour, personal care and health / medical needs. Each of these domains

used a 'level of support' grid with five categories that applied to each domain. **TABLE 8** provides an overview of the total number of applicants (**N=128**) that were eligible for passport funding and their determined levels of support required across the five domain areas listed below. **TABLE 9** provides the same data analysis as it relates to the total number of passport applicants that were approved for funding (**N=31**).

**TABLE 8: Scores by Domain – All Applicants**

Domain	Little / No Support		Minimal Support		Moderate Support		Significant Support		Exceptional Support		TOTAL	
	#	%*	#	%*	#	%*	#	%*	#	%*	#	%
Communication	21	16.4%	59	46.0%	21	16.4%	23	17.9%	4	3.1%	128	100%
Supervision	36	28.1%	33	25.7%	29	22.6%	24	18.7%	6	4.6%	128	100%
Behaviour	59	46.0%	28	21.8%	27	21.0%	12	9.3%	2	1.5%	128	100%
Personal Care	71	55.4%	27	21.0%	15	11.7%	9	7.0%	6	4.6%	128	100%
Health/Medical	100	78.1%	26	20.3%	2	1.5%	0	0%	0	0%	128	100%

As presented in **TABLE 8** above, the majority of applicants that were eligible for passport funding were determined to have less than 'moderate support' needed in the areas of health / medical (98.4% or 126 individuals), personal care (77% or 98 individuals), behaviour (68% or 87 individuals) and

communication (62.4% or 80 individuals). In terms of supervision, there was a relatively equal split between those below the moderate level (53.8% or 69 individuals) and those with moderate or above support needs (46.2% or 59 individuals).

**TABLE 9: Application Scores by Domain – Funded Applicants**

Domain	Little / No Support		Minimal Support		Moderate Support		Significant Support		Exceptional Support		TOTAL	
	#	%	#	%	#	%	#	%	#	%	#	%
Communication	2	6.4%	13	41.9%	6	19.3%	8	25.8%	2	6.4%	31	100%
Supervision	4	12.9%	5	16.1%	8	25.8%	10	32.2%	4	12.9%	31	100%
Behaviour	7	22.5%	7	22.5%	10	32.2%	6	19.3%	1	3.2%	31	100%
Personal Care	13	41.9%	5	16.1%	8	25.8%	4	12.9%	1	3.2%	31	100%
Health/Medical	21	67.7%	9	29.0%	1	3.2%	0	0%	0	0%	31	100%

The group of funded applicants as illustrated in **TABLE 9** suggests slightly different characteristics overall. In the areas of health / medical and personal care, the majority of applicants were determined to have less than moderate supports needed (97% or 30 individuals and 58% or 18 individuals respectively). However, moderate or greater levels of support were determined as required with respect to supervision (71% or 22 individuals),

behaviour (54.7% or 17 individuals) and communication (51.5% or 16 individuals).

When comparing the two groups overall, both scored similarly in the domains of personal care and health / medical. The funded group however, tended to score higher in the domains of behaviour, supervision and communication.

## Summary Data

### Funding Type

While there were many new and interesting elements of this initiative, there were two features in particular which, taken together, distinguished it from other funding enhancements that have been made in support of developmental services: the allocation and attachment of a specified amount of funding to an individual and the individual's ability to choose the manner in which they accessed the funding. With respect to the latter, individuals had the option of receiving their allocation directly or to have it directed to an agency on their behalf in keeping with services and supports that agency was prepared to deliver. **TABLE 10** provides an overview of the 'funding type' identified

by applicants. With respect to all applicants, 39% indicated, at the time the application was completed, that they preferred the 'agency' funded route. Thirty-three percent (33%) indicated 'direct funding' as their preference while the remaining 35 individuals were undecided. However, concerning those that were funded, there is an almost even split between the two funding types chosen. Given the newness of the initiative, there is no history or established pattern that these data can be related to for comparative purposes. It is noteworthy however, that the matter of 'funding type' from the outset was the subject of much speculation both locally and provincially.

**Table 10: Funding Type**

Funding Type	All Applicants		Funded Applicants	
	Number	% Total	Number	% Total
Agency Services	50	39.0%	17	54.8%
Direct Funding	43	33.6%	14	45.2%
Undecided	35	27.4%	0	0.0%
<b>TOTAL</b>	<b>128</b>	<b>100%</b>	<b>31</b>	<b>100%</b>

## Funding Levels

As previously described, the application itself gathered information across a number of domains in a format which resulted in a numeric score. All scores were then aggregated and when applied to the funding grid developed by the Ministry, identified a corresponding funding allocation. All applicants were scored in this fashion. **TABLE 11** provides a brief overview of the funding ranges and averages for both the total group and those that were approved. The only notable difference is that the minimum funded range for the approved group was higher than that of the total group. It is also worth noting that the maximum funding allocation of \$25,000 was not reached by any applicant.

**Table 11: Funding Levels**

Funding Level	All Applicants	Funded Applicants
Minimum Funded Amount	1600	3200
Maximum Funded Amount	21305	21305
Average Funded Amount	6649	9417

## Category of Support

When an individual's scores across all domains were aggregated, they would fall into one of four global categories as determined by the application tool. **TABLE 12** provides an overview of the number of individuals in each of these four categories. In terms of all applicants, 58% fell into the category of requiring minimal support, 33% in the moderate range, 7% in the significant range and one individual who was determined to be in the exceptional category. Of those that were approved for funding, the distribution pattern was somewhat different with 38% falling into

each of the minimal and moderate categories, 19% in the significant range and one individual in the exceptional category. It is important to be aware that decisions related to who was approved did not rely on the scores achieved through the application process and subsequently a pro-rata target to be achieved by category but rather, were determined on the basis of the prioritization tool. With this in mind, one can account in part for the difference between the resultant distribution pattern of approved individuals and the total group of applicants.

**Table 12: Category of Support**

Category of Support	All Applicants		Funded Applicants	
	Number	% Total	Number	% Total
Minimal (7 – 39)	75	58.6%	12	38.7%
Moderate (40 – 69)	43	33.6%	12	38.7%
Significant (70 – 89)	9	7.0%	6	19.3%
Exceptional (90 -	1	0.8%	1	3.3%
<b>TOTAL</b>	<b>128</b>	<b>100%</b>	<b>31</b>	<b>100%</b>

## The 'Passport' Prioritization Tool



When Contact Niagara began implementing Passport, it became clear that although the Passport Guidelines provided by the Ministry included a 'Decision Making Guide' to help identify funding levels for applicants, they did not include a prioritization tool to determine which of the many eligible Passport applicants would receive funding from the 2006 allocation. It was determined that the best way forward, given the time constraints

of the project, was to develop a Prioritization tool and process based on existing tools, related research, and the Passport Guidelines. In order to create a tool that would provide a fair and equitable measure of which applicants rated the highest priority, Contact Niagara conducted a review of our current inventory of assessment tools, as well as other tools available in the health and developmental service sectors. This review

included two projects from Alaska and Australia that focused on their prioritization process in developmental services.

In the development of the Prioritization Tool, Contact Niagara also considered several important factors including:

- the primary intent of the Passport initiative
- the target population
- the competing service pressures between individuals who have recently left school and those who have been waiting for service.

Contact Niagara also drew into its deliberations the Ministry's "considerations for access" (MCSS Passport Guidelines) representing a minimum provincial standard to assist in determining those most in need and a prioritization process, which include:

- Ability to benefit from support as it relates to individuals in each category of support need
- Community capacity
- Ability of family to cope
- Effects of supports in preventing crisis (for individual and/or family)
- Availability of unpaid supports (to the individual and/or family)
- Length of time the individual/family has waited for community participation supports

The Prioritization Tool that was developed is designed to provide an indication of caregiver needs, community capacity, and areas of risk for Passport applicants. The questions in the Tool have opening statements designed to provide the applicant and caregiver(s) with an understanding of why additional information is being gathered, and responses are assigned a numerical score.

To address community capacity, individuals and their caregivers were asked how often (never, sometimes, often or always) the following was a barrier to the individual becoming involved in his or her community:

- Transportation
- Family or volunteer support
- Availability of preferred activities within the community
- Money for community activities

Similarly, in the area related to the ability of the family to cope, questions were asked regarding the needs of the primary caregiver, and the effect of meeting the individual's needs on the wellbeing of the caregiver. Caregivers were asked to indicate whether or not the following factors were relevant to their situation:

- The lack of a primary caregiver
- Caregiver over the age of 65
- Caregiver has no support from other caregivers

- Caregiver has medical / health difficulties
- Caregiver has physical / mobility difficulties
- Caregiver also has a developmental disability
- Caregiver has a mental health diagnosis
- Caregiver also responsible for another family member with a disability
- Caregiver needing to work full time to support the family
- Caregiver's employment is compromised due to having to meet the needs of the individual

To assess the effects of community participation supports in preventing crisis, the individual and caregivers were asked about behaviours that could pose a risk if the individual was not able to access community participation supports. Some examples of the behavioural factors are:

- Harming themselves
- Putting themselves in danger
- Losing functional skills
- Harming others
- Destroying property
- Exhibiting tantrum behaviour
- Wandering away that may result in harm

Individuals and families were asked if these and other behavioural factors would never, sometimes, often or always pose a risk if the individual was not engaged in community activities.

In addition to the questions related to the categories described above, individuals and their caregivers were also asked how long they had been looking for or waiting for community participation supports, and information related to the availability of unpaid (informal) supports was gathered from the Passport Application.

In general, the scoring matrix developed for the Prioritization Tool assigned point scales for the presence of caregiver risk factors, and for frequency of concern across the remaining categories. When the scores across all domains were aggregated, individuals were ranked on a priority list that was used to inform funding decisions. Out of a total possible score of 80, the 128 Passport applicants scored between 12 and 61. Individuals who scored 42 or above on the Prioritization Tool received funding from the 2006 allocation.

Each category on the priority tool can be categorized into four levels – minimal, moderate, significant and exceptional. This priority score break-down by level of risk helps in demonstrating the levels of risk of all of the Passport applicants, in comparison to those who received funding. Raw score values from the Prioritization Tool are difficult to interpret if one is not fully familiar with the tool. **TABLE 13** below shows the scoring range for each category, and the total score range, for each priority level.

**Table 13: Scoring Range by Category**

Priority Category	Raw Score Range by Category Level of Priority				
	Minimal	Moderate	Significant	Exceptional	TOTAL
Community Capacity	0-2	3-4	5-6	7-8	___/8
Family's Ability to Cope	0-3	4-7	8-11	≥ 12	___/20
Effects of Supports in Preventing Crisis	0-6	7-13	14-19	≥20	___/32
Availability of Support	N/A	0-4	10	N/A	___/10
Length of Time on Waitlist <sup>1</sup>	0	3	6	10	___/10
<b>Total Score</b>	<b>0-20</b>	<b>21-35</b>	<b>36-50</b>	<b>≥ 51</b>	<b>___/80</b>

1. There was no minimal category for this domain.

**TABLE 14** below shows the break-down (total number and percentage) of all of the Passport applicants, by level of priority for each category. In general, 61% of the applicants were at a significant or exceptional level of priority in the category of "Community Capacity"; 96% were at a significant or exceptional level of priority in the category of "Availability of Support"; and 75% were at the significant level of priority in the category of "Length of Time on Waitlist". In this last category, individuals were scored at the significant level if they were new graduates (the target population for the initiative) or if they had been

waiting or looking for community participation supports for more than five years. In contrast, 61% of the applicants were at a minimal to moderate level of priority in the category of "Family's Ability to Cope"; and 81% were at a minimal to moderate level of priority in the category of "Effects of Supports in Preventing Crisis." In terms of total priority level scores, this resulted in most applicants (82%) falling within the moderate to significant range, with 9% at the minimal and exceptional levels respectively.

**Table 14: Priority Level—All Applicants**

Priority Category	Minimal		Moderate		Significant		Exceptional		TOTAL	
	#	%	#	%	#	%	#	%	#	%
Community Capacity	22	17%	28	22%	44	34%	34	27%	128	100%
Family's Ability to Cope	37	29%	41	32%	37	29%	13	10%	128	100%
Effects of Supports in Preventing Crisis	61	48%	42	33%	17	13%	8	6%	128	100%
Availability of Support	0	0%	5	4%	72	56%	51	40%	128	100%
Length of Time on Waitlist <sup>1</sup>	0	0%	32	25%	96	75%	0	0%	128	100%
<b>Total Score</b>	<b>12</b>	<b>9%</b>	<b>59</b>	<b>47%</b>	<b>45</b>	<b>35%</b>	<b>12</b>	<b>9%</b>	<b>128</b>	<b>100%</b>

1. There was no minimal or exceptional category for this domain.

**TABLE 15** below shows a similar breakdown, by level of priority, for all of the individuals who received funding. In this group, 87% of the individuals were at a significant to exceptional priority level in the category of “Community Capacity”; 78% were at the significant to exceptional priority level in the category of “Family’s Ability to Cope”; 65% were at the significant to exceptional priority level in the category of “Effects of Supports in Preventing Crisis”; 100% were at the significant to exceptional priority level in the category of “Availability of Supports”; and 94% were in the significant to exceptional priority level in the category of “Length of Time on the Waitlist.” These numbers

would suggest that while availability of supports and length of time on the waitlist were factors for all applicants, individuals who had higher total priority ranking scores (and, therefore, received funding) also had higher risk scores related to the family’s ability to cope, the effects of supports in preventing crisis, and community capacity. In terms of total priority ranking score, 100% of the 31 individuals who received funding, were in the significant to exceptional priority level, which would be expected in a process that assigns available funding through a priority ranking process.

**Table 15: Priority Level—Funded Applicants**

Priority Category	Minimal		Moderate		Significant		Exceptional		TOTAL	
	#	%	#	%	#	%	#	%	#	%
Community Capacity	0	0%	4	13%	14	45%	13	42%	31	100%
Family’s Ability to Cope	1	3%	6	19%	13	42%	11	36%	31	100%
Effects of Supports in Preventing Crisis	1	3%	10	32%	13	42%	7	23%	31	100%
Availability of Support	0	0%	0	0%	10	32%	21	68%	31	100%
Length of Time on Waitlist	0	0%	2	6%	29	94%	0	0%	31	100%
<b>Total Score</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>19</b>	<b>61%</b>	<b>12</b>	<b>39%</b>	<b>31</b>	<b>100%</b>

A final look at the data compares the average scores of those who received funding, to those who did not receive funding, in each prioritization category. This analysis helps to identify or confirm the categories in which those who received funding scored the highest, in comparison to those individuals who did not receive funding. **TABLE 16** below provides the summary of

these average scores. In this analysis, while the individuals who received funding had higher average scores in every prioritization category, their average score was almost twice as high as those who did not receive funding, in the category of “Family’s Ability to Cope”; and almost three times as high in the area of “Effects of Supports in Preventing Crisis.”

**Table 16: Average Score by Category**

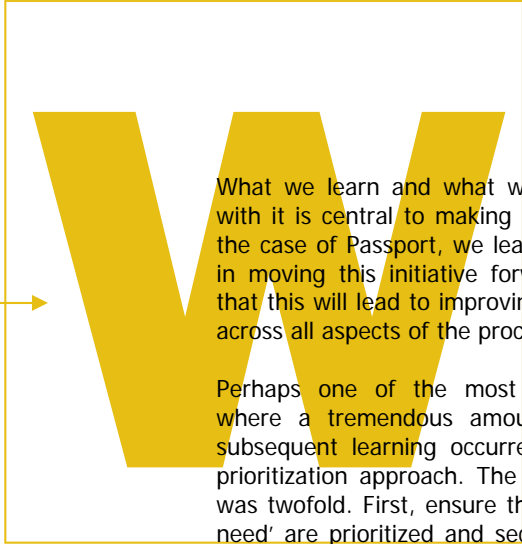
Risk Category	Average Score by Category		Total Possible Score by Category
	Individuals Who Received Funding (31)	Individuals Who Did Not Receive Funding (97)	
Community Capacity	6.0	4.5	___/8
Family’s Ability to Cope	9.5	5.2	___/20
Effects of Supports in Preventing Crisis	14.8	5.4	___/32
Availability of Support	9.6	7.7	___/10
Length of Time on Waitlist	8.7	7.0	___/10
<b>Total Score</b>	<b>48.7</b>	<b>29.9</b>	<b>___/80</b>

Contact Niagara applied the Risk Profile to 128 Passport applications to help determine which individuals rated the highest priority for the funding allocation available during the 2006/07 fiscal year. To test the effectiveness of the Prioritization Tool, a system of checks was implemented to identify and evaluate any discrepancies between the levels of risk of

individuals prioritized by the Tool and those who were not.

In the final analysis, no discrepancies were found and the Contact Niagara Prioritization Tool provided an effective and consistent method for organizing applicants in order of priority.

# Ending With.....



What we learn and what we are able to do with it is central to making improvements. In the case of Passport, we learned a great deal in moving this initiative forward and believe that this will lead to improving our capabilities across all aspects of the process in future.

Perhaps one of the most important areas where a tremendous amount of work and subsequent learning occurred related to the prioritization approach. The Ministry directive was twofold. First, ensure that those ‘most in need’ are prioritized and second, ensure that individuals from each level of support (funding level) receive funding. This happened ‘naturally’ through the prioritization tool adopted by Contact Niagara as the tool did not directly equate *level of support required* with *most in need*.

Most in need is more closely associated with ‘risk’, which involved asking questions about a number of factors, including ‘behavioural risk’, ‘caregiver risk’, and ‘risk of family breakdown’. With most in need defined this way, we were able to identify individuals who required a ‘significant’ level of support, who were also at a ‘significant’ level of priority. However, we also identified people at a ‘minimal’ level of support who were at a ‘significant level of priority’ and, conversely, people who were at a ‘significant’ level of support who were at a ‘minimal’ level of priority.

What does this mean? In plain language, it means our prioritization process assisted in

identifying: individuals requiring a high level of support, whose support system and caregivers were generally managing their current situation and not experiencing high levels of ‘risk’ or ‘stress’. We also identified individuals who did not require a lot of ongoing or daily support, but whose support system and caregivers were experiencing a high level of stress, with a high potential for family breakdown. This could have been because of multiple behavioural risks associated with the individual being at home or on their own all day once they left school while parents/caregivers had to continue working; or because of having aging

**“.....the prioritization tool adopted by Contact Niagara .... did not directly equate ‘level of support’ with ‘most in need’.....”**

caregivers with a number of physical and health risk factors, among others. If these kinds of ‘stressors’ were coupled with low informal/unpaid supports (no one else available in the family or community to help out) and high barriers to access community activities (no transportation, being isolated, or no money available to pay for activity fees), these

individuals would have scored fairly high on the priority scale, even though their support needs were not high. And then there was everything in between.

The Passport Initiative provides some information that can be used to further the community discussion on ‘most in need’, and all of the various factors that play into an individual and / or family being ‘most in need’ – NOT because of having a high level of support needs (though this may be a factor), but *also* because of other individual, family and environmental ‘risk’ or ‘stress’ factors.

