

Extracts

volume one issue one

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A closer look at the 2005/06 year

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Welcome

It is with great pleasure that we invite you to read the first issue of **EXTRACTS**. This publication is intended to provide information that, from a system and planning perspective, can be viewed as beneficial for service providers operating in both the children's and developmental sectors, the Ministries of Community and Social Services and Children and Youth Services and other community partners.

Contact Niagara was established in 1999 as the single point of entry for a range of services across the children's and developmental systems. While the functions of coordinated information, intake and referral are central to our work, by virtue of our position in the system as the 'front door' we are able to assemble statistical information at a high level. These data include, for example, the demographics of individuals who require services and supports in both sectors, the nature of their needs, the resources they have been attached to and overall utilization patterns. In this first issue we will provide summary data for the

2005/06 fiscal year across these domains in addition to a number of other important areas. It doesn't end there, however. On an ongoing basis Contact Niagara is also heavily invested in supporting a variety of planning projects as well as system level processes. This issue of **EXTRACTS** will explore several of these areas with the view of highlighting the important 'system development' work to which our community has committed itself.

It is my hope that this publication proves helpful for its readers. In this regard, it is my expectation that over time **EXTRACTS** becomes routinely produced. With this in mind, we very much appreciate your feedback and most certainly your ideas concerning information that you would find useful. In this way we can 'grow' **EXTRACTS** in a way that continues to support the further development of the service system.

Stephen Novosedlik
Executive Director, Contact Niagara

The Cornerstones of Contact: "System Features"

Contact Niagara was established with a mandate to deliver on what are known as "system features". The most central of these include: the provision of coordinated information to consumers of service as well as to a range of community professionals; undertaking the access function to children's and developmental services; stewarding the Residential Placement and Advisory Committee and the case resolution processes for both sectors; and, facilitating the development and implementation of

community service plans. Over time the planning component of Contact has evolved to also include facilitating Ministry directed initiatives. Examples of this include work related to the DS Transformation process and, in the children's sector, work in the area of children with complex needs. In structuring **EXTRACTS** we thought it helpful to rely on the "system feature" framework as a way to walk readers through the information we have gathered over this past year.

Source Data

Statistical information provided throughout **EXTRACTS** is drawn from two sources: Contact Niagara's Information Management System (WEBTRACKER) and the Brief Child and Family Phone Interview (Children's services only).

Webtracker – Contact Niagara

In order to better appreciate the data, a brief overview of the information system, along with definitions of the terminology used, is necessary.

The overall information system is divided into two major components – Request and Intake. Every call received by Contact Niagara is initially treated as a 'request for service'. That request is immediately categorized into one of the following:

- *Information calls* - involve providing the caller with information and do not proceed to an intake;

- *Consultations* – involve providing advice and options to assist the caller find the resources they need in the community related to a specific case that has been described to the Resource Coordinator; as with information calls, these do not proceed to an intake; and,
- *Intake* - the call results in a full intake and referral(s).

The second major component of the system organizes all data around what is defined as the 'client record'. Each client record contains a number of other secondary records, most important of which is the 'intake record'. For information purposes, the intake document that is provided to agencies is a reflection of the majority of the information gathered at this stage by Contact Niagara. It is important to note that while a single 'client record' is created with each new individual, there may be more than one 'intake record' created. Multiple intake records are required in instances where an individual requests additional referrals at a

later point in time. When these requests are received, the most recent intake record is updated to ensure accuracy and relevance.

Finally, in keeping with Contact Niagara’s mandate as the point of entry for the two sectors of developmental and children’s services, consumer information is organized into these two ‘sectors’. It is important to note however, that a third category was created and referred to as ‘both’. This grouping is intended to account for individuals who require and/or request services / supports from the two main sectors. An example of individuals who would be included are those with a dual diagnosis – mental health and developmental disability.

BCFPI

The Brief Child and Family Phone Interview (BCFPI) is a standardized or structured interview administered, primarily by telephone, with the parent/caregiver of a child aged 3 to 17 years who is requesting children’s mental health services from an

MCSS/MCYS funded service provider. An adolescent self-report interview and a teacher interview are also available.

The BCFPI is designed to elicit and report on the strengths and concerns regarding a child’s behavioural and emotional adjustment and the child and family’s functioning. It also provides descriptive information regarding basic caregiver demographics, protective factors, risk factors, the child and family’s readiness for service, and possible barriers to service utilization. It is designed to report this information on both an individual case level and an aggregate level.

The tool is used to assist individuals, families and providers in determining children’s mental health needs and appropriate service responses. It is important to note that the BCFPI is not a comprehensive assessment instrument, rather it is designed to provide a screen for common referral concerns across a variety of mental health subscales, composite scales, and child and family functioning scales. Completion of the BCFPI by a parent or youth is voluntary.

Overview

Across the Niagara region both the children’s and developmental services sectors funded by the Ministry of Children and Youth Services and the Ministry of Community and Social Services is

comprised of fifteen agencies. These organizations support children with behavioural and emotional challenges as well as children and adults with a developmental disability.

Individuals Served

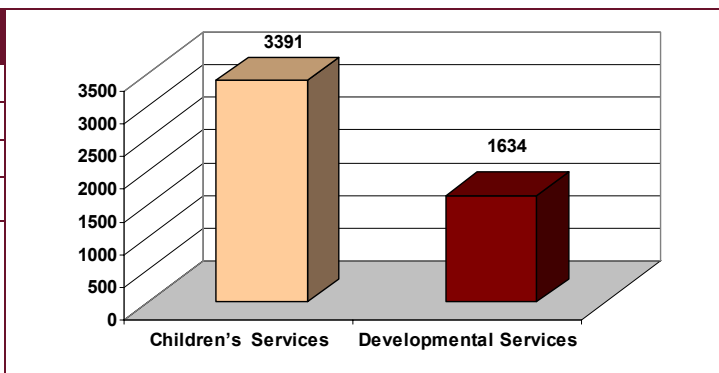
Over the course of the 2005/06 fiscal year, Contact Niagara served **5025** unique individuals across the children’s and developmental services sectors. **TABLE 1** provides a breakdown by sector.

- Individuals who called requesting information or consultation services;
- Individuals who wished to access direct services; and,
- Individuals who had engaged Contact Niagara in a previous year and were still active with Contact Niagara during the 2005/06 fiscal year.

The total number served is comprised of three groups:

TABLE 1

Sector	Number Served
Children’s Services	3391
Developmental Services	1634
TOTAL	5025



It Begins with 'New Requests for Service'

Contact Niagara receives calls from a variety of sources. Foremost of these are individuals and/or their families who are seeking some type of service or support. Other services include a wide range of organizations and professionals across many sectors.

These 'requests' are grouped into one of four main categories: request for access to direct service (intake), information, consultation or public education.

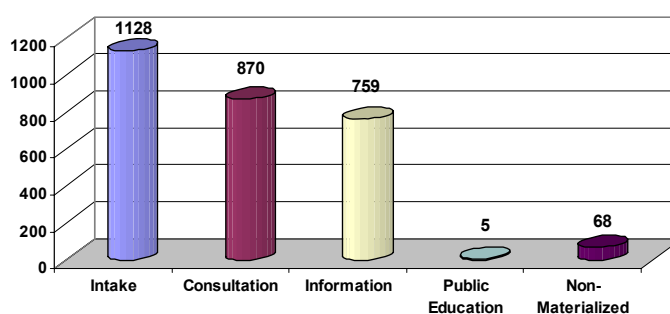
New Requests by 'Type'

TABLE 2 provides an overview of the total number of new requests by type. In 2005/06 Contact Niagara responded to **2830** new requests. By way of background, a request is defined as a new individual calling Contact Niagara for some type of help and

who has not been previously registered through the intake process. Of the total new requests, 40% resulted in an intake while roughly 57% were 'consultation' or 'information' related calls.

TABLE 2

Type of Request	Number	% of Total
Intake	1128	39.85%
Consultation	870	30.74%
Information	759	26.82%
Public Education	5	0.17%
Non-Materialized	68	2.42%
TOTAL	2830	100%



New Requests by Type and Sector

TABLE 3 identifies all new requests by both the type and the sector about which the request was related. Over the course of the 2005/06 fiscal year, of the 2830 new requests, 60% (1704) were related to the children's sector, 19% (548) concerned the

developmental services sector with the balance (21% or 578) spread across the sectors of health, education and a variety of other areas of the broader community service system.

TABLE 3

Type of Request	CMH	DS	Both	Educ.	Health	Other	TOTAL
Intake	805	299	9	1	2	12	1128
Consultation	518	139	11	21	31	150	870
Information	349	99	8	18	46	239	759
Public Education	1	0	3	1	0	0	5
Non-Materialized	31	11	0	1	0	25	68
TOTAL	1704	548	31	42	79	426	2830

New Requests: "Identifying the Caller"

TABLE 4 below provides a breakdown of those who called Contact Niagara. Of the 2830 new and completed requests in 2005/06, family members and individuals represented approximately 55% of all callers. The next largest cluster (25%) of callers included a range of professionals from various systems such as child welfare, education and health. The 'request' stage

of the process is the first step in the access process and does not always result in an intake and formal referral, so the provision by the caller of identifying information is not always necessary. This is evidenced by the number of 'non-identified' callers – 445 or 15% of total.

TABLE 4

Caller	Number	% of Total Identified	% of Grand Total
Parents	1292	54.2	45.7
Family - Other	132	5.5	4.7
Individuals / Self	141	5.9	5.0
Caregivers	30	1.3	1.1
Other Professionals	298	12.5	10.5
Child Welfare	159	6.7	5.6
Professionals – Education	142	6.0	5.0
Professionals – Health	117	4.9	4.1
Other	74	3.1	2.6
Sub-Total	2385		
Non-identified	445		15.7
TOTAL	2830	100%	100%

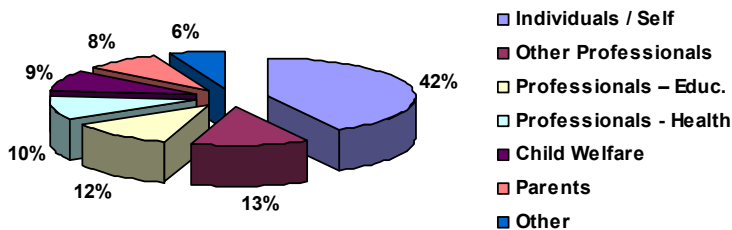
New Requests: “Directed By”

Contact Niagara also collects information about who directed the caller to our service. As noted in **TABLE 5** 41% (1163) of callers were essentially ‘self-directed’. Similar to **TABLE 4**, professionals

across the child welfare, health and education systems represent the next largest group of individuals who suggested that the caller connect with Contact Niagara (40% or 1207).

TABLE 5

Directed “By”	Number	% of Total
Individuals / Self	1163	41.1%
Other Professionals	363	12.8%
Professionals – Education	321	11.3%
Professionals - Health	269	9.5%
Child Welfare	254	9.0%
Parents	228	8.1%
Other	171	6.0%
Family – Other	55	1.9%
Caregivers	4	0.1%
Non-Identified	2	0.1%
TOTAL	2830	100.0%



Intake Activity

An intake is created at the point an individual has decided to pursue a referral(s) to services in either or both the children’s or developmental service sectors. Its primary purpose is to gather baseline information that allows both the individual and Resource Coordinator to determine the most appropriate resources. This information is subsequently transferred to the service provider(s) who then can determine how best to move forward with the individual’s involvement in the system of services. The intake record which is created at Contact continues to be considered ‘active’ until such time as the individual is in receipt of the

identified resources. From a system perspective, when taken together the intake records serve to assist Contact Niagara in identifying broad utilization patterns across the two service systems. This information is helpful in terms of the various planning issues that emerge.

Over the course of 2005/06, Contact Niagara had 3826 active intake records which represent a total of 3186 unique individuals. **TABLE 6** below provides an analysis by sector.

TABLE 6

Sector	Intake Records	Unique Individuals
Developmental	1738	1287
Children's	2088	1899
TOTAL	3826	3186

Sector	Intake Records	Unique Individuals
Developmental	1738	1287
Children's	2088	1899

Service Coordination Meetings

There are a number of instances when Resource Coordinators are requested to be involved or indeed to arrange meetings of various individuals and service providers in order to assist in the coordination of services on behalf of a consumer. There are three general types of meetings:

- *Case Management:* Contact Niagara is responsible for direct case management in a number of situations; several of these are individuals/families who were transferred from the child welfare system to the community system until such time as a service plan has been developed followed by a transfer of case management responsibility to a lead agency; in other circumstances, Contact staff will act as 'interim' case managers, again, until responsibility is moved into the community system;
- *Service Planning:* these are meetings which are attended by Resource Coordinators in the interest of supporting the development of service plans for individuals; the role of the Resource Coordinator will vary depending on the type of support being requested; for example, Contact may take the lead in providing instrumental support for these meetings or may only participate in terms of providing information related

to available services and supports across the community system;

- *TAY Updates:* there is a 'Transitional Aged Youth' protocol in place between the child welfare and developmental services systems; this protocol allows for the early identification and transition planning for children with a developmental disability who are in the care of the Family and Children's Services Niagara; Contact Niagara provides instrumental support for the process; in so doing, these types of meetings range from initial planning to ongoing monitoring and update;

Over the course of 2005/06 Contact Niagara was involved in 48 case management meetings involving 20 individuals, 62 service planning meetings related to 45 individuals and a series of update meetings concerning 30 TAY individuals. For information purposes the number of TAY meetings are not reported below largely due to the fact that in a single meeting a number of individual situations are updated. The resultant count would therefore be somewhat misleading. **TABLE 7** provides a more detailed breakdown of the types of service coordination meetings by sector.

TABLE 7

Type of Meeting	Developmental		Children's		Both		TOTAL	
	Meetings	Individuals	Meetings	Individuals	Meetings	Individuals	Meetings	Individuals
Case Management	0	0	24	12	24	8	48	20
Service Planning	21	14	23	16	18	15	62	45
TAY Updates	N/A	22	N/A	0	N/A	8	N/A	30
TOTAL	21	36	47	28	42	31	110	95

Case Resolution

The Case Resolution Process is a clear example of a system based approach in the Niagara Region. It is designed to engage multiple providers and stakeholders in an effort to problem-solve:

- situations that are urgent and/or sufficiently complex that cannot be met within the usual mandates and services of agencies;

- situations where all other steps to achieve resolution have been exhausted, or there is no expected benefit from other processes;
- situations that require immediate and direct access to the resolution process, due to the nature and urgency of the situation;

- situations where earlier processes have not identified an appropriate response due to barriers.

Because these situations cannot be easily managed within existing agency mandates and service structures the Ministries of Community and Social Services and Children and Youth Services require that communities develop and manage a process whereby these challenging situations can be addressed. Contact Niagara is responsible for facilitating this process on behalf of both the children's and developmental services sectors.

The overall process is somewhat different between the two sectors. For children's services, there are two basic steps. The first occurs at the agency level. When it is recognized that it is faced with a challenging situation, the agency will move the case through its own internal service resolution process. This may or

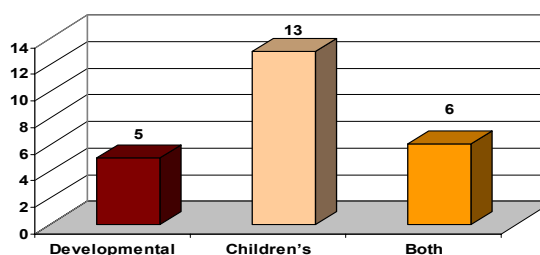
may not involve extending to the broader service network for assistance. On conclusion, if resources are required which the agency cannot provide, it formulates its plan and resource request and brings it forward to the Children's Services Sector Forum (Step 2) who act as the decision-making body in these circumstances.

For the developmental sector, the fundamental difference lies in a case review process which occurs once a plan is developed by an agency. In this regard, the proposed plan is submitted to the Residential Managers Group (RMG) for review. On conclusion, RMG files its recommendations with the Developmental Services Sector Forum for final decisions and directions.

During the 2005/06 year, case resolution meetings were held involving 24 individuals. **TABLE 8** provides an overview by sector.

TABLE 8

Sector	Individuals
Developmental	5
Children's	13
Both	6
TOTAL	24



Residential Placement Advisory Committee (RPAC)

Residential Placement Advisory Committees (RPAC) were established under the Child and Family Services Act in 1986. The act was created to develop a procedure that assisted residential programs to focus on the individual needs of each child and to involve the parents and child in a regular review process. An RPAC review is scheduled when a child is first placed in residential care and every nine months thereafter. The purpose of the review is to make recommendations regarding:

- the appropriateness of the residential program for the child;
- whether a less restrictive alternative would be more appropriate;

- the overall program plan developed by the residence to meet the needs of the child or youth;
- continuity of care; and,
- preservation of cultural identity.

The RPAC does not have the authority to make decisions regarding the placement of a child. Instead, the Committee makes recommendations to those who are responsible for planning for the child.

As with Case Resolution, Contact Niagara is responsible for facilitating the RPAC process. Over the course of 2005/06, **29** RPAC reviews were completed involving **26** individuals.

Children's Service System

The data in this section is based on intake activity for the fiscal year 2005/06 as it relates to children's services. All data is drawn from the Contact Niagara information management system as well as selected data from the Brief Child and Family Phone

Interview database. The scope of children's services within the context of Contact Niagara's mandate includes children and youth who are experiencing emotional, behavioural and/or mental health issues as well as children and youth who have a developmental

disability in conjunction with the above or as the main presenting issue. With this in mind, there are three sector classifications

that are used to analyze the data that follows: 'CMH' (children's mental health), 'developmental', and 'both'.

Summary of Intakes

Over the course of the 2005/06 fiscal year, Contact Niagara initiated a total of 1849 intakes and completed 1713. An intake is considered 'complete' at the point all relevant information has been gathered and resources to support the individual have been identified. The 1713 completed intakes involved 1512 individuals.

The largest number of completed intakes occurred within the children's mental health sector (75%) followed by the 'developmental' and 'both' sectors respectively. **TABLE 9** provides an overview in this regard.

TABLE 9

Sector	Created Intakes	Completed Intakes	Unique Individuals
Children's Mental Health	1409	1278	1162
Both	97	100	78
Developmental	343	335	272
TOTAL	1849	1713	1512

Age and Gender

TABLE 10 provides a summary analysis of the age and gender of children, by sector, for whom an intake was completed over the course of the 2005/06 fiscal year. It is noteworthy that overall there were more males (60%) for whom an intake was completed than females. In addition, the six to twelve age cohort represent

the largest single age grouping at approximately 40%+ regardless of sector. However, from a broad perspective, there is a relatively even split between children up to twelve and those within the twelve to eighteen age cohort.

TABLE 10

Sector	Cohort	Female	Male	TOTAL	% of Sector
BOTH	Under 6	0	9	9	11.5%
	6 – 12	5	32	37	47.4%
	13 – 15	5	14	19	24.3%
	16 – 17	3	10	13	16.8%
	Sector Total:		13	65	78
	% of Sector:	16.7%	83.3%		
Children's Mental Health	Under 6	44	107	151	13.0%
	6 – 12	157	325	482	41.5%
	13 – 15	149	169	318	27.4%
	16 – 17	88	89	177	15.2%
	Turned 18 during reporting period	20	11	31	2.7%
	Over 18	2	1	3	
	Sector Total:		460	702	1162
	% of Sector:	39.6%	60.4%		
Developmental	Under 6	10	47	57	21.0%
	6 – 12	39	94	133	49.0%
	13 – 15	11	30	41	15.0%
	16 – 17	19	22	41	15.0%

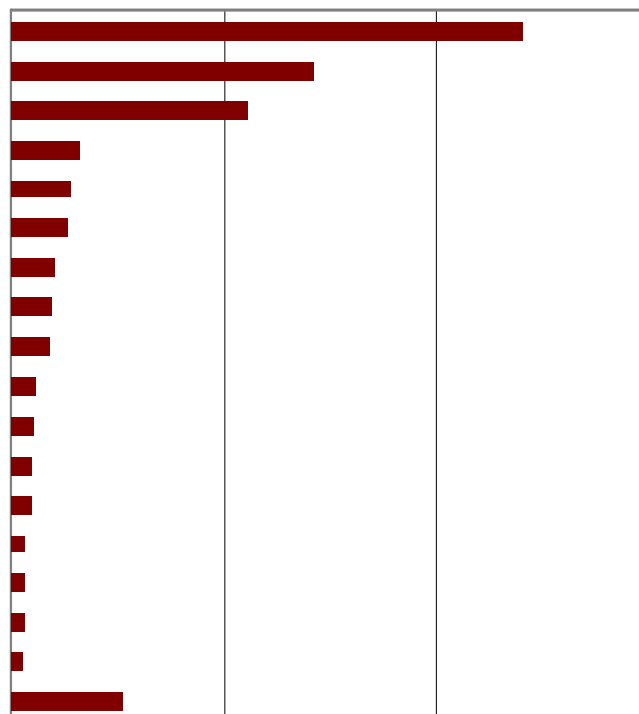
Sector	Cohort	Female	Male	TOTAL	% of Sector
	Sector Total:	79	193	272	
	% of Sector:	29.0%	71.0%		
	GRAND TOTAL:	552	960	1512	
	% of GRAND TOTAL:	36.5%	63.5%		

Place of Residence

TABLE 11 provides an overview of the place of residence for all children for whom an intake was undertaken over the course of the 2005/06 year. St. Catharines, Niagara Falls and Welland represent the source communities for approximately 65% of these individuals. This is generally in keeping with the broader population distribution patterns of the Niagara region.

TABLE 11

Residence	Number	% Total
St. Catharines	481	31.8%
Niagara Falls	283	18.7%
Welland	222	14.7%
Fort Erie	65	4.3%
Port Colborne	56	3.7%
Thorold	54	3.6%
Grimsby	41	2.7%
Beamsville	39	2.6%
Smithville	36	2.4%
Niagara-On-The-Lake	23	1.5%
Fonthill	21	1.4%
Ridgeway	19	1.3%
Crystal Beach	19	1.3%
Caistor Centre	13	0.9%
Stevensville	13	0.9%
Vineland	12	0.8%
Fenwick	10	0.7%
All other	105	6.9%
TOTAL	1512	100.0%



Involvement with Child Welfare

Children and families involved with the child welfare system very often also engage broader community supports and services. Of the individuals for whom an intake was undertaken in 2005/06 by Contact Niagara, 434 or 29% were also connected with the child welfare system. Within this group, Contact Niagara completed

intakes for 227 new individuals while processing additional referrals through updated intakes for another 207 individuals who were already active with Contact Niagara. **TABLE 12** below provides a breakdown of individuals by their status.

TABLE 12

Status	NEW		EXISTING		TOTAL	
	Individuals	Intakes	Individuals	Intakes	Individuals	Intakes
Crown Ward	28	34	46	57	74	91
Society Ward	9	11	16	18	25	29
Supervision Order	23	23	20	24	43	47
Temporary Care Agreement	22	26	17	19	39	45
Voluntary Involvement	145	160	93	118	238	278
Discharged Crown Ward	2	3	15	27	17	30
TOTAL	227	257	207	263	434	520
% of TOTAL	52.5%	49.4%	47.5%	50.6%		

Age and Gender: Child Welfare

TABLE 13 provides an age and gender analysis of individuals who were involved in the child welfare system while engaging supports and services within the broader children's system. The overall demographic pattern of this sub-group of children follows roughly the same pattern as that described in **TABLE 10** above.

It is worth noting that there are a number of individuals reported as being over eighteen. While typically not reported within the children's sector, in these instances these would be individuals who turned eighteen during the 2005/06 fiscal year.

TABLE 13

	Cohort	Male	Female	TOTAL	% of Sector
Both	Under 6	2	0	2	6.2%
	6 – 12	11	1	12	37.6%
	13 – 15	2	3	5	15.7%
	16 – 17	5	2	7	21.8%
	Over 18	2	4	6	18.7%
	Sector Total:	22	10	32	100.0%
	% of Sector:	68.7%	31.3%		
CMH	Under 6	22	13	35	10.4%
	6 – 12	92	63	155	46.5%
	13 – 15	58	47	105	31.4%
	16 – 17	17	14	31	9.3%
	Over 18	6	2	8	2.4%
	Sector Total:	195	139	334	100.0%
	% of Sector:	58.3%	41.7%		
Developmental	Under 6	3	0	3	4.4
	6 – 12	12	6	18	26.4
	13 – 15	10	2	12	17.6
	16 – 17	4	6	10	14.8
	Over 18	11	14	25	36.8
	Sector Total:	40	28	68	100.0
	% of Sector:	58.8%	41.2%		

	Cohort	Male	Female	TOTAL	% of Sector
GRAND TOTAL					
	Under 6	27	13	40	9.2%
	6 – 12	115	70	185	42.6%
	13 – 15	70	52	122	28.2%
	16 – 17	26	22	48	11.1%
	Over 18	19	20	39	8.9%
	TOTAL:	257	177	434	100.0%
	% of TOTAL:	59.2%	40.8%		

Socioeconomic

The Brief Child and Family Phone Interview (BCFPI) is administered with all requests for referrals to Children's Mental Health Services. Along with clinical information, the BCFPI collects information related to income and family structure. Of

the 947 individuals interviewed over the 2005/06 year, 37% (358) were within a single parent family constellation, and 40% of all families had an income below \$30,000. Table 13 provides a more detailed analysis of these data.

TABLE 14

FAMILY STRUCTURE AND INCOME					
Income	Data Type	Partner/Spouse	Single Parent	Blank	TOTAL
\$0 - \$9,999	# Answers	11	42		53
	% Total	1%	4%		5.5%
\$10,000 - \$14,999	# Answers	18	90		108
	% Total	2%	10%		11.4%
\$15,000 - \$19,000	# Answers	29	68		97
	% Total	3%	7%		10.2%
\$20,000 - \$29,999	# Answers	64	61		125
	% Total	7%	6%		13.1%
\$30,000 - \$39,999	# Answers	60	25		85
	% Total	6%	3%		8.9%
\$40,000 - \$49,999	# Answers	49	25		74
	% Total	5%	3%		7.8%
\$50,000 - \$59,999	# Answers	67	10		77
	% Total	7%	1%		8.1%
> \$60,000	# Answers	126	11		137
	% Total	13%	1%		14.4%
Blank	# Answers	51	26	114	191
	% Total	5%	3%		20.1%
TOTAL ANSWERS		475	358	114	947
% TOTAL		50%	37%	13%	

Presenting Problem Areas

TABLE 15 below presents the percentage of children who were referred for Mental Health Services in the Niagara Community,

that scored over 70 in each of the problem areas measured by the BCFPI. A score above 70 in these problem areas indicates that the

child has a high enough risk that he / she is likely in need of mental health services. In the Niagara Region, the eight problem areas that are highlighted are used to assess priority regarding mental health referrals.

TABLE 15

Problem Area	% of Total Interviews
Cooperativeness	60.9%
Regulation of Attention & Impulsivity	50.1%
Managing Mood	47.0%
Conduct	47.1%
Separation form Parents	24.3%
Managing Anxiety	19.8%
Global Functioning	58.7%
Global Family Situation	70.1%
Global Externalizing	62.0%
6 Mood + 3 Self-harm	47.6%
Internalizing	35.2%
Social Participation	59.2%
Quality of relationships	38.4%
Total 6 MH Domains	57.8%
Family Comfort	62.4%
Family Activities	56.6%
FAD	28.6%
School Participation	37.6%
Informant – depression	57.7%
FORM COUNT	955

BCFPI Scores Across Four Age Groups

TABLE 16 below outlines the average BCFPI scores in each problem area, by age group, for all referrals made in 2005/06. An average score above 70 within an age group would indicate a high prevalence of clinical concern in that problem area, for that age group. Once again, the eight problem areas used in Niagara to assess priority for mental health services are highlighted.

TABLE 16

Problem Area	< 3 (X Interviews)	> 3 and < 6 (X Interviews)	≥ 6 and < 13 (X Interviews)	≥ 13 (X Interviews)	Grand Total
Regulation of Attention & Impulsivity	61.69	66.91	67.87	68.53	67.96
Cooperativeness	63.82	66.38	71.19	72.64	71.07
Conduct	65.76	78.65	73.82	77.71	76.05
Global Family Situation	72.33	78.54	81.92	83.71	82.05
Ability to Manage Mood	60.14	57.84	67.43	72.41	68.11
Separation form Parents	62.81	62.89	61.21	57.53	59.92
Ability to Manage Anxiety	60.41	52.18	59.81	56.85	57.52
Global Functioning	55.44	62.34	72.69	75.33	72.2
6 Mood + 3 Self Harm	61.82	59.42	69.48	75.35	70.43
Global Internalizing	63.78	59.63	65.88	65.03	64.64

Problem Area	< 3 (X Interviews)	> 3 and < 6 (X Interviews)	≥ 6 and < 13 (X Interviews)	≥ 13 (X Interviews)	Grand Total
Total 6 MH Domains	67.2	68.06	72.54	72.89	72.02
Social Participation	56.11	63.32	72.92	77.08	73.00
Quality of Relationships	56.52	60.90	66.40	68.95	66.52
School Participation	50.52	55.28	65.85	68.85	65.34
Global Externalizing	65.82	71.62	73.62	75.26	73.96
Family Activities	67.02	78.66	82.50	83.80	82.32
Family Comfort	71.03	72.89	75.00	76.53	75.26
Informant – Depression		95.16	73.67	65.33	72.02
FAD			40.43	58.67	56.07
FORM COUNT	9	129	415	402	955

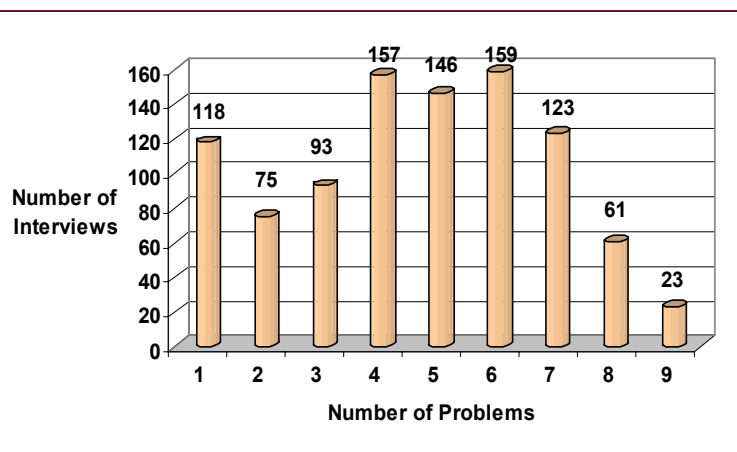
Number of BCFPI Scores Over 70

TABLE 17 indicates the number of problem areas in which children and youth referred to Mental Health services in Niagara, score over 70 on the BCFPI. Eighty-eight percent of the BCFPI interviews conducted had scores above 70 in one or more

problem area. Seventy-one percent of those interviewed were identified as scoring over 70 in two to six problem areas measured by the BCFPI.

TABLE 17

Number of Problems	Number of Interviews	% of Total
0	118	12.3%
1	75	7.8%
2	93	9.7%
3	157	16.4%
4	146	15.3%
5	159	16.6%
6	123	12.9%
7	61	6.4%
8	23	2.4%
TOTAL	955	100.0%



Referral Patterns

The dataset utilized for TABLES 18 – 22 is based on the number of referrals that were completed over the course of the 2005/06 fiscal year.

It is important to note that a number of the referrals processed were based on intakes that were completed in the prior year. For example, in many instances an intake was completed in March of 2005 but the referral was not fully processed until April of 2005. For statistical purposes, the referral would be counted in the 2005/06 data however the completed intake would be counted in the 2004/05 year. For this reason, the total number of individuals that are represented in this dataset will not match the total

number of individuals identified in the section related to completed intakes.

In these reports one will also note the use of two terms describing individuals: 'unique individuals by category of need or program' and 'absolute number of unique individuals'. Since the data is grouped and analyzed by 'service need' or 'program', an individual may be identified as having multiple needs and therefore that 'single' or 'unique' person will be counted more than once. To this end, TABLES 18, 20 and 21 identify the 'absolute' number of individuals by sector at the base of each table.

Contact Niagara clusters information related to referrals in a number of ways. For purposes of this section, data is presented in two cluster types: 'service need' and 'program'. The former refers

simply to the general service type an individual identifies while the latter identifies the specific program to which the referral is made.

Completed Referrals by Service Need

During the 2005/06 year 1576 referrals were completed on behalf of 1313 unique individuals across the three children's services groups. Referrals within the children's mental health sector constituted approximately 71% of the total referrals and 75% of the total number of unique individuals. The most often identified service need was that of 'counselling' which represented 47% of all completed referrals followed by assessment/consultation at

16%, behaviour intervention at 11% and autism and service coordination each at approximately 7% of total referrals.

From a summary perspective, referrals were completed for 997 unique individuals within the children's mental health sector, 242 within the developmental sector and 74 who traversed both sectors.

TABLE 18

Service Need	Children's Mental Health		Developmental		Both		TOTAL	
	Unique Individuals	Completed Referrals	Unique Individuals	Completed Referrals	Unique Individuals	Completed Referrals	Unique Individuals	Completed Referrals
Assessment/Consultation	151	151	73	73	23	23	247	247
Autism	11	11	86	86	12	12	101	109
Behaviour Intervention	122	122	36	36	12	12	170	170
Case Resolution	12	24	4	7	5	8	21	39
Child Development	21	21	2	2			23	23
Counselling	699	700	15	15	26	26	733	741
Day Support	2	2	3	3	1	1	6	6
Day Treatment	7	7	1	1	4	4	12	12
French Language Services	2	2					2	2
Group Living	1	1	4	4	1	1	5	6
Intensive Child & Family	12	12	1	1	1	1	14	14
Residential Support	17	17	5	6	6	6	27	29
Residential Treatment	25	25	6	6	10	10	39	41
Respite	7	7	16	16	6	6	29	29
Service Coordination	21	21	73	73	11	12	105	106
Life Skills			2	2			2	2
TOTAL REFERRALS		1123		331		122		1576
TOTAL: UNIQUE INDIVIDUALS BY CATEGORY OF NEED	1110		327		118		1555	
ABSOLUTE TOTAL: UNIQUE INDIVIDUALS	997		242		74		1313	

Frequency Distribution of Referrals

In a number of instances, more than one referral will be completed for an individual. **TABLE 19** provides an overview analysis of the distribution of multiple referrals by sector. For example, in the children's mental health sector the vast majority

of individuals (90%) had one Contact Niagara generated referral compared to 72% in the developmental sector and 60% in the 'both' sector.

TABLE 19

# Referrals per Individual	Children's Mental Health		Developmental		Both	
	# Individuals	% of Total Individuals	# Individuals	% of Total Individuals	# Individuals	% of Total Individuals
1	901	90.4%	176	72.7%	44	59.5%
2	74	7.4%	49	20.2%	18	24.3%
3	17	1.7%	13	5.4%	8	10.8%
4	3	0.3%	3	1.2%	2	2.7%
5	1	0.1%	0	0.0%	2	2.7%
6	1	0.1%	1	0.4%	0	0.0%
TOTAL	997		242		74	

Completed Referrals by Program

TABLE 20 provides an overview of the number of referrals that have been made to the various programs across the Children's system. In all three groupings, referrals to 'assessment' services represent the single largest target of referrals (91% for children's mental health; 38% for developmental; 53% for 'both'). In the developmental sector referrals to autism services and family support are fairly significant at 26% and 28% respectively.

TABLE 20

Program	Children's Mental Health		Developmental		Both		TOTAL	
	Unique Individuals	Completed Referrals	Unique Individuals	Completed Referrals	Unique Individuals	Completed Referrals	Unique Individuals	Completed Referrals
Assessment over 6	1029	1030	125	125	65	65	1219	1220
Assessment under 6	2	2	2	2	1	1	5	5
Autism Consultation	11	11	86	86	12	12	109	109
Adolescent Res. Rehab.	25	25					25	25
Case Resolution	12	24	8	11	5	8	25	43
Case Management	21	21			11	12	32	33
Child & Family Counselling	2	2					2	2
Day Program Supports					1	1	1	1
Day Treatment			1	1			1	1
Developmental Inpatient			6	6	10	10	16	16
Family Support Services			94	94			94	94
Regional Adolescent Centre					6	6	6	6
Regional Respite	7	7			6	6	13	13
TAY Planning	1	1	5	6	1	1	7	8
TOTAL REFERRALS:		1123		331		122		1576
TOTAL UNIQUE INDIVIDUALS BY PROGRAM	1110		327		118		1555	
ABSOLUTE TOTAL: UNIQUE INDIVIDUALS	997		242		74		1313	

Internal (Secondary) Referrals by Program

Once an individual is referred to an agency and program, and service provision begins, there is always the possibility that subsequent referrals to other services within the same organization can occur. These are identified as 'secondary' or 'internal' referrals. **TABLE 21** illustrates the distribution of these referrals by sector and program. These data are a subset of the

completed referrals reported above. Contact Niagara tracks these types of referrals through a process of information transfer from the agencies. It is important to acknowledge that this data may not be complete as this process continues to be refined with all of the agencies.

TABLE 21

Program	Children's Mental Health		Developmental		Both		TOTAL	
	Unique Individuals	Completed Referrals	Unique Individuals	Completed Referrals	Unique Individuals	Completed Referrals	Unique Individuals	Completed Referrals
Assessment over 6	6	6	2	2			8	8
Assessment under 6	1	1					1	1
Autism Consultation	1	1	5	5			6	6
Autism Early Intervention	1	1	20	20	1	1	22	22
Case Management	1	1					1	1
Coordination des services	3	3					3	3
CDAS			1	1			1	1
Day Program Supports	1	1					1	1
Day Treatment	23	23	1	1	4	4	28	28
Dual Diagnosis			3	3	1	1	4	4
EASI	77	77	5	5	6	7	88	89
Eligibility Assessment			4	4			4	4
Family Support Services	1	1					1	1
Family Home	1	1					1	1
Family Intervention	194	198	8	8	11	11	213	217
Group Home			1	1	1	1	2	2
High Risk Clinic	124	125	4	4	8	8	136	137
NPRS	24	24			1	1	25	25
Outreach	28	28	3	3	6	6	37	37
Psychology Services	3	3					3	3
Programme pour enfant victime	3	3					3	3
Residential	25	27	2	2	3	3	30	32
STOP	18	18	2	2			20	20
Speech and Language			2	2			2	2
Specialized Funding	15	15	1	1	5	5	21	21
TOTAL REFERRALS:		557		64		48		669
TOTAL UNIQUE INDIVIDUALS BY PROGRAM	550		64		47		661	
ABSOLUTE TOTAL: UNIQUE INDIVIDUALS	459		50		36		545	

Frequency Distribution of Secondary Referrals

In keeping with **TABLE 19**, **TABLE 22** provides an analysis of the distribution of secondary referrals by individual. Not unlike the primary referrals noted above, the vast majority of individuals had one secondary referral.

TABLE 22

# Referrals per Individual	Children's Mental Health		Developmental		Both	
	# Individuals	% of Total Individuals	# Individuals	% of Total Individuals	# Individuals	% of Total Individuals
1	386	84.1%	40	80.0%	28	77.8%
2	56	12.2%	6	12.0%	5	13.9%
3	14	3.1%	4	8.0%	2	5.6%
4					1	2.8%
5	1	0.2%				
6	2	0.4%				
TOTAL	459		50		36	

Developmental Service System

As with the children's services, the data in this section is based on intake activity for the fiscal year 2005/06 as it relates to developmental services and is drawn from Contact Niagara's information management system. These data are based on adult individuals who present with a developmental disability and/or have an accompanying mental health issue.

Summary of Intakes

Over the course of the 2005/06 fiscal year, Contact Niagara initiated a total of 573 intakes and completed 552 within the developmental service system. The 552 completed intakes involved 444 individuals. Males represent slightly more than half of the individuals for whom an intake was completed at approximately 54%. **TABLE 23** provides an overview by sector and gender.

TABLE 23

	Developmental				Both				Total
	Male		Female		Male		Female		
	#	% Total	#	% Total	#	% Total	#	% Total	
Intakes Created	295	51.4%	259	45.3%	10	1.7%	9	1.6%	573
Intakes Completed	284	51.3%	249	45.2%	10	1.8%	9	1.7%	552
Unique Individuals (based on Completed Intakes)	237	53.3%	199	44.8%	3	0.1%	5	1.8%	444
TOTAL Unique Individuals Male:									240
TOTAL Unique Individuals Female:									204

Age and Gender

TABLE 24 provides a summary analysis of the age and gender of individuals by sector and for whom an intake was completed over the course of the 2005/06 fiscal year. It is noteworthy that the 18 – 25 age cohort represents the largest single age grouping at approximately 40%+ regardless of sector.

TABLE 24

Sector	Cohort	Female	Male	TOTAL	% of Sector
BOTH	Turned 18 during reporting period	3	2	5	62.5%
	19 – 25	2	1	3	37.5%
	Sector Total:	5	3	8	
	% of Sector:	62.5%	37.5%		
Developmental	Turned 18 during reporting period	13	14	27	6.2%
	19 – 25	62	86	147	33.7%
	26 – 30	25	26	51	11.7%
	31 – 40	42	49	91	20.8%
	41 – 50	32	34	66	15.1%
	51 – 60	19	21	40	9.1%
	61 – 70	4	6	10	2.3%
	Over 70	2	1	3	1.1%
	Sector Total:	199	237	436	
% of Sector:					
	GRAND TOTAL:	204	240	444	
	% of GRAND TOTAL:	46.0%	54.0%		

For purposes of comparison and general information, **TABLE 25** provides an overview of the age and gender of all adult individuals who have had an intake completed at Contact Niagara since inception. This total group represents 1408 individuals (note that children with a developmental disability are not included in these data).

TABLE 25

Sector	Cohort	Female	Male	TOTAL	% of Sector
BOTH	Turned 18 during reporting period	6	14	20	41.6%
	19 – 25	6	13	19	39.5%
	26 – 30	2	1	3	6.2%
	31 – 40		1	1	2.0
	41 – 50	1	4	5	10.7%
	Sector Total:	15	33	48	
	% of Sector:	31.2%	68.8%		
Developmental	Turned 18 during reporting period	18	31	49	3.4%
	19 – 25	172	241	413	29.3%
	26 – 30	79	82	161	11.4%
	31 – 40	135	145	280	19.9%
	41 – 50	116	165	281	19.8%
	51 – 60	82	80	162	11.5%

Sector	Cohort	Female	Male	TOTAL	% of Sector
	61 – 70	26	21	47	3.3%
	Over 70	5	10	15	1.4%
	Sector Total:	633	775	1408	
	% of Sector:	44.9%	55.1%		
	GRAND TOTAL:	648	808	1456	
	% of GRAND TOTAL:	44.5%	55.5%		

Place of Residence

TABLE 26 provides an overview of the place of residence of all adults with a developmental disability for whom an intake was undertaken over the course of the 2005/06 fiscal year. St.Catharines, Niagara Falls and Welland represent the source communities for approximately 60% of these individuals. This is generally in keeping with the broader population distribution patterns of the Niagara region.

TABLE 26

Residence	Number	% Total
St. Catharines	141	31.7%
Welland	66	14.8%
Niagara Falls	64	14.4%
Port Colborne	38	8.5%
Fort Erie	31	7.0%
Beamsville	17	3.8%
Thorold	10	2.2%
Grimsby	9	2.0%
Ridgeway	8	1.8%
Crystal Beach	8	1.8%
Niagara-On-The-Lake	7	1.6%
Fonthill	5	1.1%
Vineland	5	1.1%
Wainfleet	4	0.9%
Smithville	3	0.7%
Stevensville	2	0.5%
Virgil	2	0.5%
All other	24	5.6%
TOTAL	444	

Completed Referrals by Service Need

During the 2005/06 year 426 referrals were completed on behalf of 282 unique individuals across the two sectoral groups. Referrals within the developmental services sector constituted the vast majority of total referrals. The most often identified service need was that of 'assessment' which represented 23% of all completed referrals followed by 'day support' at 19%, 'service coordination' at 14% and 'behaviour intervention' at approximately 12% of total referrals. From a summary perspective, referrals were completed for 275 unique individuals within the developmental services sector and 7 who traversed both sectors. TABLE 27 provides an overview of all completed referrals.

TABLE 27

Service Need	Developmental		Both		TOTAL	
	Unique Individuals	Completed Referrals	Unique Individuals	Completed Referrals	Unique Individuals	Completed Referrals
Assessment/Consultation	96	96	2	2	98	98
Family Home/Assoc. Family			1	1	1	1
Behaviour Intervention	50	50	1	1	51	51
Counselling	10	10			10	10
Day Support	78	81	2	2	80	83
Group Living	11	11	1	1	12	12
Life Skills	6	6	1	1	7	7
Residential Support	12	12	1	1	13	13
Residential Treatment	7	7	1	1	8	8
Respite	28	28	2	2	30	30
Service Coordination	58	58			58	58
SIL	5	5	1	1	6	6
Speech/Language	9	9			9	9
Vocational / Employment	38	39	1	1	40	40
TOTAL REFERRALS		412		14		426
TOTAL: UNIQUE INDIVIDUALS BY CATEGORY OF NEED	408		14		422	
ABSOLUTE TOTAL: UNIQUE INDIVIDUALS	275			7		

Frequency Distribution of Referrals

In a number of instances, more than one referral will be completed for an individual. **TABLE 28** provides an overview analysis of the distribution of multiple referrals by sector. For example, in the developmental sector 68% of individuals had one

Contact Niagara generated referral compared to 42% in the 'both' sector. Conversely, 32% of all individuals had two or more referrals made on their behalf.

TABLE 28

Number of Referrals	Developmental		Both		TOTAL	
	# Individuals	% of Total Individuals	# Individuals	% of Total Individuals	# Individuals	% of Total Individuals
1	189	68.7%	3	42.9%	192	68.1%
2	55	20.0%	2	28.6%	57	20.3%
3	20	7.3%	1	14.3%	21	7.5%
4	8	2.9%	1	14.3%	9	3.2%
5	1	0.4%			1	0.3%
6	2	0.7%			2	0.6%
TOTAL	275		7		282	

Completed Referrals by Program

TABLE 29 provides an overview of the number of referrals that have been made to the various programs across the Developmental Services system. Referrals to 'behaviour supports'

represent the single largest target of referrals at 34% followed by community supports and day program supports at 19% and 9% respectively.

TABLE 29

Program	Developmental		Both		TOTAL	
	Unique Individuals	Completed Referrals	Unique Individuals	Completed Referrals	Unique Individuals	Completed Referrals
Assessment			1	1	1	1
APSW Program	74	74	1	1	75	75
Behaviour Supports	146	146			146	146
Community Support	78	81			78	81
CDAS			2	2	2	2
Day Program Supports	38	39			38	39
Dual Diagnosis			1	1	1	1
Group Home	11	11			11	11
Family Home / Associate Family	12	12	1	1	13	13
Long Term Behaviour Management Program	7	7			7	7
Regional Respite	28	28	2	2	30	30
Supported Independent Living	5	5	2	2	7	7
Speech & Language	9	9			9	9
Transitional Youth Supports			3	3	3	3
TAY Planning			1	1	1	1
TOTAL REFERRALS:		412		14		426
TOTAL UNIQUE INDIVIDUALS BY PROGRAM	408		14		422	
ABSOLUTE TOTAL: UNIQUE INDIVIDUALS	275		7		282	

Residential Waitlist

TABLE 30 provides an analysis of the residential waitlist as it stood on June 30, 2006. The very first row in the table identifies the total number of unique individuals by gender and by the general period identified as the point at which placement is preferred. The priority list tends to be the group of individuals that are brought forward for consideration when a vacancy in the system occurs. **TABLE 30** also provides an analysis of the placement preferences of individuals along with identifying individuals under 18 seeking placement. To understand the data

represented it is important to appreciate that individuals express more than one preference hence will be counted multiple times. That is why the first row of data has been included – it identifies the absolute number of unique individuals on the waitlist. As of June 30/06 there were 347 individuals on the waitlist. Eighty-five or 24% are on the priority list, 144 (41%) are seeking placement in 1 – 3 years and 118 (34%) are not looking for a placement option for at least three years. A group home placement represents the preferred placement option in 60% of occurrences.

TABLE 30

	Priority List			1 – 3 Years			More than 3 Years			GRAND TOTAL		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
Total Unique Clients	35	50	85	65	79	144	59	59	118	159	188	347
Under 18		1	1	6	13	19	12	15	27	18	29	47
Needs Accessible Housing	2	4	6	10	7	17	7	8	15	19	18	37
Supported Independent Living	4	8	12	17	24	41	17	13	30	38	45	83
Group Home	9	17	26	39	55	94	41	45	86	89	117	206
Family Home/Associate Fam.	3	9	12	31	28	59	23	21	44	57	58	115

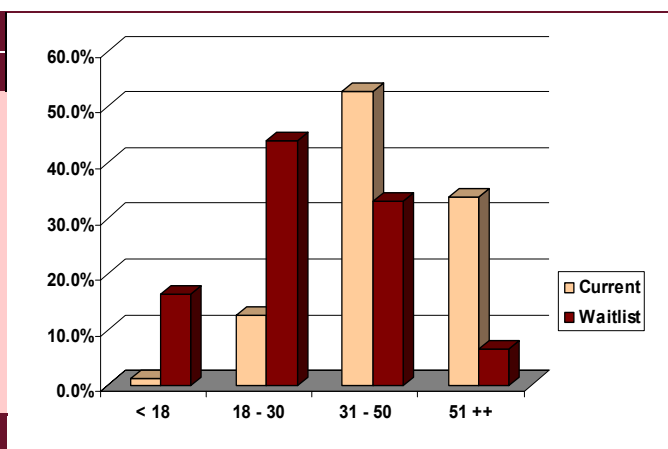
Age Cohort Comparison: Residential Services

In February of 2006, the Residential Managers Group in conjunction with Contact Niagara undertook a data gathering process to determine the age cohort of all individuals in residential placements. At that time, there were a total of 683 individuals in service. These data were then compared to the age cohort of individuals on the residential waitlist as at February when the residential data was collected. **TABLE 31** provides an

analysis of these two groups of individuals. With respect to those waiting for residential supports 60% are under 30 years old with the majority of this group being between 18 and 30 (147 people). In the alternative, of those in placement, 453 (66%) are under 50 years old with the majority of this group being between 31 and 50. In examining this data, it provides useful insight in terms of future planning for this sector of the system.

TABLE 31

Cohort	Individuals in Placement		Residential Waitlist	
	Number	% of Total	Number	% of Total
Under 18 Years	8	1.2%	55	16.4%
18 – 30	85	12.4%	147	44.0%
31 – 40	144	21.1%	56	16.7%
41 – 50	216	31.6%	54	16.2%
51 – 60	159	23.2%	18	5.3%
61 – 70	53	7.7%	3	0.9%
71 – 80	16	2.3%	1	0.5%
81 +	2	0.5%	0	0.0%
TOTAL	683		334	



Transitional Aged Youth

As at June 30, 2006 there were 23 individuals who were transitioned from the child welfare system to the developmental services sector by way of a process developed jointly between the two sectors. Individuals in these situations are those that have

reached their eighteenth birthday and have crown ward status. Also as at that date (June 30/06) there were 25 individuals identified for transition in future. **TABLE 32** provides a brief analysis of individuals by age group.

TABLE 32

Age Group	Male	Female	Total	% of Total
IN PROCESS				
18	1	1	2	8.0%
17	5	3	8	32.0%
16	3	2	5	20.0%
15	2	1	3	12.0%
14	1	2	3	12.0%
13	3	0	3	12.0%
10	0	1	1	4.0%
TOTAL	15	10	25	
% of TOTAL	60.0%	40.0%		
PROCESS COMPLETE				
	12	11	23	
% of TOTAL	52.0%	48.0%		
TOTAL	27	21	48	
% of TOTAL	56.0%	44.0%		

Special Projects

Contact Niagara was involved in a number of projects and community processes over the 2005/06 year as part of its overall role and function within the service system. Here are a few highlights of that work.

Information Management: WEB-LITE

This information technology pilot project, known as "WEB-LITE", involves all four Contact agencies and two service providers from each of the Contact jurisdictions. The pilot is designed to test the notion of electronic file transfer. More specifically, intakes and referrals are sent electronically to the pilot sites. In turn, agencies electronically transmit back to Contact Niagara service status data (i.e. summary of service plan – SOSP). The pilot is intended to last twelve months from the point the last pilot agency goes 'live' with the system. In the Niagara Region the pilot agencies are Niagara Support Services and Bethesda Services. Digital Imaging Incorporated is the primary provider of the information system (WEBTRACKER) coupled with the support available through Contact Niagara. On completion of the pilot phase, an evaluation will be completed to determine the viability of extending this approach to intake transfer across the entire service system.

Developmental Services Transformation: Five-Year Plan

Over the past year the Ontario government began the transformation of developmental services in Ontario by enhancing a number of supports that address the needs of people with a developmental disability. Known as 'DS Transformation' it has involved both the augmentation of existing services and supports along with the introduction of new approaches and strategies to meet the needs of these individuals.

Over the late summer and early fall of 2005 communities were asked to develop five-year plans in support of the transition. In the Niagara Region, that task fell to the Developmental Services Sector Forum (DSSF). Contact Niagara provided instrumental support to the overall project which led to the submission of the final plan in mid-October.

In designing a five year plan for the funds that have been and will be provided to the Niagara Region, the developmental services sector considered information from various sources. A review of the *Developmental Services Community Service Plan: Niagara Region, September 2004*, was completed. This report was produced after an extensive and inclusive planning process that involved fact finding, community consultations, analysis of information from multiple sources and the deliberations of Reference Group members who brought all this together by creating a vision, strategic directions and goals.

As the main driver for the development of the plan, the DSSF also consulted with the MCSS program supervisors to specifically identify areas of pressure and priority. In recognition of the need for a concerted effort to complete this work, a Task Group was struck.

In September 2005, the Task Group took steps to identify where the greatest pressures in the system existed and proceeded to determine the best method of allocating the funds most effectively. Considerations were given to supporting "at risk" individuals as well as new initiatives which would result in flexible use of current resources. The Task Group brought this information back to the larger group (DSSF) who confirmed and finalized the plan.

Developmental Services: Passport to Community Living: Transformation

One element of the DS Transformation project was the introduction of 'Passport to Community Living'. This initiative was designed to provide meaningful day time activities for young people who have a developmental disability and had recently left the school system. Two phases of funding were announced to support implementation in 2005/06. In response to Phase I the DSSF, with support from Contact Niagara, developed and implemented the process leading to the allocation of resources for the Niagara community. Contact Niagara made every effort to produce all necessary documentation to support Phase I activities.

The Phase II component was launched in late fall and early winter and was a more intensive process. It required the following of the DSSF:

- establish, support and manage a project steering committee;
- develop the process and tools used to prioritize individuals for Phase II funding;
- develop a complete waiting list of individuals requiring day supports; and,
- continuing work with the steering committee to develop an ongoing waitlist management strategy.

Developmental Services Transformation: Innovations Proposals

A third element of DS Transformation included a request for all communities to design and carry out innovative projects that would support the ongoing implementation of transformation. Projects were required to meet at least one of the following objectives:

- to support strengthened partnerships;
- to support personal and community capacity development;
- to create tools and/or resources that help communities be more inclusive in their thinking, practices and environment;
- to support recruitment and retention.

Projects also had to meet one or more of the DS transformation's key strategic elements of:

- citizenship
- fairness and responsiveness
- accessibility
- safety and security
- accountability and sustainability

In the Niagara Region, three such projects were identified and funded by MCSS:

- *Marketing*: led by Community Living - St. Catharines this project was designed to to heighten individual/collective community profile and to create and sustain a positive image for the DS system of services.
- *Recruitment*: led by Niagara Support Services, this project identified three outcomes including strategies to attract, and subsequently retain qualified and inspired individuals to the Developmental Services sector in the Niagara region; strategies to enhance the image of the Developmental Services field as a viable career alternative at the time when youth are making career altering educational decisions; and, to ensure that existing employees in the DS field are recognized publicly for the challenging work that they do, with the aim of aiding long-term retention, by generating formal and informal discussion about the value added to society by those in the DS field.
- *Individual Life Plan (ILP)*: led by Contact Niagara, this project was aimed at developing a baseline ILP framework comprised of a common set of data elements; it was envisioned that this framework would in future serve as a basis to bring about greater consistency in the collection and management of information, resulting in principally two outcomes; first, the ease of movement of the individual through the system and in particular at transition and milestone points; and second, aggregate data analysis at a system level in support of the overall planning and management of system resources.

***Children's Services:
Complex/Multiple Special Needs Project***

In mid-April of 2005, the Regional Offices of the Ministry of Children and Youth Services requested that Contact Niagara facilitate a community process that would develop a plan to respond to the needs of children and youth with complex and multiple needs who would typically have been identified through the local case resolution process. The expressed intent of the Ministry was to seek the expertise of the local community in the development of innovative and creative solutions that could begin to address the needs of this very challenging group of individuals. To this end, the Ministry also requested that the planning table ensure representation from a number of key stakeholders from across their own jurisdiction as well as those of education and health.

In order to guide the exercise, the Ministry provided the following parameters as those describing children and youth with complex / multiple needs:

- Individuals who are under the age of eighteen (18) and require specialized services and supports to participate in activities of daily living , on a long-term, continuous and/or intermittent basis; and
- Have two or more different special needs , requiring an integrated service approach that crosses sectors (health, education and social services) with services often being

provided at a number of different locations; and

- Have needs associated with a variety of conditions, which may include physical, intellectual, emotional and developmental disabilities, and chronic, severe and/or terminal illness.

The Niagara process for the development of recommendations regarding the Children and Youth with Complex / Multiple Needs Project was supported by Contact Niagara and guided by a Planning Table that convened initially on April 27, 2005. The core of the Planning Table was that of the Children's Mental Health Network, a longstanding body whose focus is that of information exchange and promotion and support of initiatives that will benefit children and families. In this regard, its continued presence is viewed as integral to advancing the principles of interagency and cross-sectoral collaboration. It has garnered representation from agencies funded not just by the Ministries of Community and Social Services / Children and Youth Services but also from the Ministries of Health and Education, including consumers. For purposes of this project, additional representation was sought to ensure stated expectations were met.

A final report was submitted to the Ministry in May of 2005. Subsequently, the Ministry review of all Regional Plans was followed by funding in the Fall of 2005. Contact Niagara then facilitated a process leading to decisions to allocate funding to a number of complex needs children. Contact Niagara continues to monitor all expenditures and provides routine updates to the CSSF regarding expenditure commitments. Contact Niagara also manages the case resolution process which represents the vehicle through which access to the complex needs fund is achieved

***Children's Services:
Complex/Multiple Special Needs Children – Data Collection***

As a follow-up to the Complex Needs Project, the Ministry requested that the Contact agencies, Children's Treatment Centres and Children's Mental Health Outpatient programs complete a questionnaire which collects non-identifying information regarding children and youth with complex/multiple special needs who are waiting for residential and non-residential services. This data has and will continue to assist the Ministry in forecasting service demand and help service providers meet the needs of children, youth and their families. Contact Niagara completed the first semi annual report in November of 2005 and recently completed the year-end report.

***Children's and Developmental Services:
Community Service Plans***

On completion of the year one implementation of the Community Service plans for both sectors, an evaluation of progress against goals and objectives was undertaken and submitted to the Ministry during the last quarter of the 2005/06 fiscal year. The overall plans were then tabled for further review and implementation planning with both the CSSF and DSSF.

It is important to note that the Community Service plans have provided a key information source for the development of related plans as requested by the Ministries such as many of the DS

Transformation projects that have arisen and been completed over the last twelve months.

Niagara completed its written component as required and participated in the site interview process.

Case Resolution and Assessment Tools Review Project

During the 2005/06 fiscal year, the Ministry selected First Leadership Limited to conduct a province-wide study to identify effective practices with respect to Case Resolution Mechanisms and assessment tools/protocols that are used to determine service priority for children and youth with complex/multiple needs. Surveys, questionnaires, interviews and focus groups were conducted which included all four Contact agencies. Contact

Developmental Services Sector Forum (DSSF) Children's Services Sector Forum (CSSF)

Through these two forums all Executive Directors from the MCSS Developmental Service System and MCYS funded Children's Services System meet on a monthly basis to address system level issues and contribute to ongoing planning. The role of Contact Niagara has been to provide instrumental support to these processes including leading and/or supporting projects emanating from each group.

Consumer Feedback

The Performance Measurement Survey is a province-wide tool designed by the Ministry and administered by Contact Niagara to receive and record feedback from consumers on access mechanisms. This written survey is distributed only to Contact Niagara consumers who are proceeding through the access process for the first time. Consumers are asked to respond to a series of questions (13 altogether) that evaluate access services from three perspectives: timeliness of response, ease of access and responsiveness. Each response is scored on a numerical scale (in most cases from 1 to 3, with 1 being the most negative and 3 the most positive) and these scores are then tallied to provide a total score in each of the three categories. All of the completed questionnaires can therefore be analyzed to provide an average of clients' performance ratings for the access service as a whole, as well as each component of it. In addition, the survey

allows for the inclusion of comments as a separate section. These data are also analyzed to assist in the overall improvement of Contact Niagara's service delivery processes. It should be noted, however, that, of all the surveys distributed, typically fewer than a third are completed and returned. There is therefore no way of determining from the survey results whether or not these assessments reflect the opinions of all who use the service.

Contact Niagara distributed a total of 609 surveys to families using children's services in 2005/06 and received 172 responses (28% return rate). For the developmental services sector, 259 surveys were distributed with 87 having been completed and returned (33.5% return rate). TABLE 33 below provides a summary of the 2005/06 quantitative data including as a comparator, data encompassing the four years since these data have been collected.

TABLE 33

	Maximum Possible Score	Developmental Services		Children's Services	
		2005/06	02/03 – 05/06	2005/06	02/03 – 05/06
Timeliness of Response	5	4.47	4.47	4.2	4.35
Ease of Access	10	8.98	9.97	8.89	8.98
Responsiveness	22	19.3	19.5	18.7	19.0
TOTAL Questionnaires Sent		232	694	609	1882
TOTAL Questionnaires Returned		87	199	172	532
% Return Rate		33.5%	28.6%	28.2%	28.2%