

a u t u m n e d i t i o n

Extracts

volume - two issue - one

September - 2007

The 2006/07 Year in perspective

Playing back
the numbers for
the children's and
developmental
services sectors

A changing of the guard:
One last word
from the outgoing
executive director

The
'Contact'
TEAM



Consumer
feedback
for the year



How source data
is acquired

Extracts



EXTRACTS is a publication of *Contact Niagara for Children's and Developmental Services*

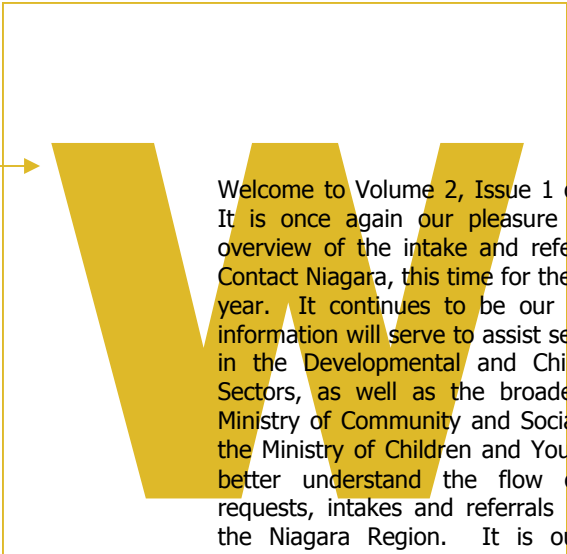
23 Hannover Drive, Unit 8
St. Catharines, Ontario
ON L2W 1A3
Phone: 905-684-3407
1-800-933-3617
Fax: 905-684-2728

Visit our website at: www.contactniagara.org

Inside this Issue:

| | |
|-------------------------------------|----|
| Beginning With | 1 |
| One Last Word | 2 |
| Source Data | 3 |
| Overview | 3 |
| Children's Services System | 7 |
| Developmental Services System | 16 |
| Special Projects | 22 |
| Consumer Feedback | 23 |
| Ending With | 24 |

Beginning With.....



Welcome to Volume 2, Issue 1 of **EXTRACTS**. It is once again our pleasure to provide an overview of the intake and referral activity at Contact Niagara, this time for the 2006-07 fiscal year. It continues to be our hope that this information will serve to assist service providers in the Developmental and Children's Service Sectors, as well as the broader system, the Ministry of Community and Social Services and the Ministry of Children and Youth Services, to better understand the flow of requests, intakes and referrals in the Niagara Region. It is our belief that this information, along with other data sources, can inform and support system planning, coordination and development.

I would like to take this opportunity to thank everyone who provided feedback on our first two issues. The comments we received on our first issue have prompted us to focus on providing an annual core issue that summarizes data from the previous year. As some readers will know, we also produced a special issue of **EXTRACTS** in March, 2007. That issue focused on initial data from the implementation of Passport in the Developmental Sector. Our goal is to continue to produce special issues from time to time in addition to our regular annual issue. These special issues will focus on particular sectors, areas of interest or system issues. Look for our next special issue in the spring, which will focus on Brief Child and Family Phone Interview data gathered at intake on all children and youth referred for Children's Mental Health Services in Niagara.

We trust that you will find the information in this issue interesting, informative and helpful. Please continue to let us know about any questions or comments you may have. We also look forward to your feedback and suggestions on topics and issues you would like to see us cover in future issues.

Kaarina Vogin
Acting Executive Director, Contact Niagara

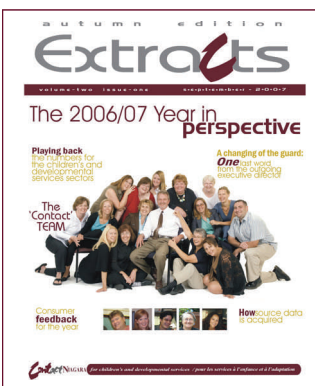
It is our belief that this information, along with other data sources, can inform and support system planning, coordination and development.

A Special Thanks

All of the staff, past and present, here at Contact Niagara, would like to extend a heartfelt thank you to our leader and "chief" since the inception of Contact Niagara in 1999, Stephen Novosedlik. While we wish him and his family all of the best in their move to Ottawa, it is with great sadness that we see him

go. **EXTRACTS** is one small example of Steve's system-level thinking and vision that have kept both this organization, and the system as a whole, moving forward on a path of learning, growth and improvement. Steve has often asked staff, "What did you learn?" What we have learned from his leadership and mentorship would fill more than one issue of **EXTRACTS**. But perhaps the most important thing we have learned is the value of continuing to learn, grow and improve. Good luck Steve! We will miss you.

Contact Niagara Staff



One Last Word

by Stephen Novosedlik

In the middle of November 1999 I found myself commuting from Sudbury to the Niagara Region to begin the development of a new organization known as Contact Niagara. It was a tad daunting as the winter weather, at least from a northern perspective, was beginning to show itself. It turned out that the commute over the next several weeks was unaffected however, the official day of moving—that was another matter entirely. We managed to make it through the first major storm of the season on that day—family, dog and a squawking bird all intact. The rest, well, the rest is what transpired over the seven and one-half years that have since followed.

Contact Niagara was borne into an environment on the cusp of change. Distilled, it basically has two jobs: at a consumer level—connect individuals to appropriate resources across the community; and at a systems level—present to service providers and the community as a collective whole an ongoing picture of resource utilization patterns. Each of these two jobs have and continue to manifest in many different ways. Connecting consumers may be as simple and expeditious as completing an intake and processing a referral which then results in activating service delivery. Or, it may be more challenging requiring the involvement of multiple resources in the community attempting to configure supports through the case resolution process. At both extremes Contact Niagara facilitates these connections.

From a system point of view, Contact has contributed to the development of, and continues to be centrally involved in, a range of system level activities and processes. Several of these processes include for example, case resolution for both the children's and developmental sectors; transitional aged youth moving from the child welfare system to the developmental services community system; a residential vacancy management process for the developmental system; and, a newly developed day support waitlist and vacancy management process—again for the developmental system, to name a few. Contact has also been directly a part of many planning and development projects through new initiatives announcements flowing out of the Ministries of Children and Youth Services and Community and Social Services. Our role has typically been one of facilitating the community process required to develop a submission to the funders inclusive of the production of all documentation.

One of our more ambitious projects was the undertaking of a comprehensive community service plan for the two sectors of children's and developmental services. This was a major investment of resources not only on the part of Contact Niagara, but of the entire community system. While opinions vary, these

plans created a baseline understanding of our overall system and set broad goals that have served as general guideposts in the work we carry out everyday.

On reflection, when I plot a line between my first day on the job and my last day with the organization, I marvel at the accomplishments achieved not just by Contact, but by the entire system of providers across the Niagara region. The whole idea after all was to foster the ongoing improvement of the "system" of resources with the outcome of providing the highest quality of supports possible to people facing tremendous challenges in their day to day lives. I believe fervently that we have all moved the yardsticks well down this path and should take pause to reflect on all of our contributions and achievements.

"The rest, well, the rest is what transpired over the seven and one-half years that have since followed."

I have been and continue to be an ardent supporter of the idea that in order to understand any situation or problem in its entirety one must look first at all the connections and interdependencies within which that problem rests. Only then can an action strategy be developed that would serve to effectively ameliorate the issue and perhaps its antecedents. In other words, whether we are talking about a specific individual or an entire community, we are all very much a part of a system of one sort or another and must therefore seek solutions within that context. In my view, to proceed otherwise will invariably result in a range of "unintended effects"—some good, some not so good. It is my hope that this notion of 'system' continues to be central in all of our thinking and actions.

As a final group of parting words, I am very proud and thankful for having been given the opportunity to work with a group of people—within this organization, the broader service provider community, the Ministry and my Contact colleagues Oksana, Leo, Sandra - who demonstrate on a daily basis their desire to be the 'best' at what they do. Because to be the best can only result in meeting a consumer's needs fully.

I want to personally thank Art Wing and the members of the inaugural Board of Directors for having made the risk management decision to hire me as their first Executive Director. I trust that I have performed in keeping with their expectations both at the time and presently. And to Art especially, you made our transition from 'north' to 'south' a smooth one, all the way demonstrating the real meaning of Niagara region hospitality.

To Marlene DeRose and the current Board, I thank you for your leadership, commitment and belief in the work of Contact. It has always provided me with constant inspiration.

Finally, from my first dedicated employee, Carol (who really is the one that makes it all work) to my last hire and everyone along the way, the **honour** and **privilege** has always been mine.

The 'Chief'

Source Data

S 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

A 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. In this

section we provide data which describes in very broad terms overall activity undertaken by Contact Niagara during the 2006/07 fiscal year. Included is a review of new requests for service, general intake activity, service coordination and case resolution involvement along with information related to the Residential Placement Advisory Committee.

Individuals Served

Over the course of the 2006/07 fiscal year, Contact Niagara served **4626** unique individuals across the children's and developmental services sectors. **TABLE 1** provides a breakdown by sector.

The total number served is comprised of three groups:

- 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 2006/07 fiscal year.

TABLE 1

| <u>Sector</u> | <u>Number Served</u> |
|-------------------------------|----------------------|
| Children's Services | 2847 |
| Developmental Services | 1779 |
| TOTAL | 4626 |

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 sources who frequently call 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* related to a broad range of matters, *consultation* whether case specific or general in nature and finally, requests for Contact staff to participate or be involved in a range of public education activities.

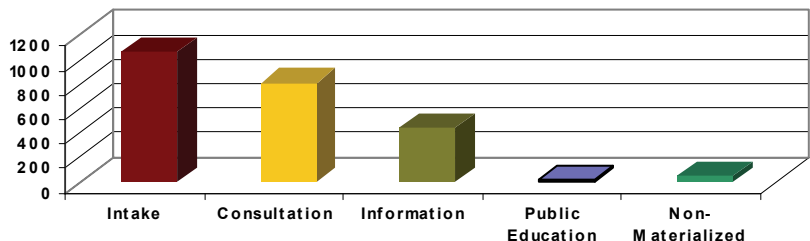
New Requests by 'Type'

TABLE 2 provides an overview of the total number of new requests by type. In 2006/07 Contact Niagara responded to **2397** 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, 44.6% resulted in an intake while 52.6% were 'consultation' or 'information' related calls.

TABLE 2

| Type of Request | Number | % of Total |
|-------------------------|-------------|-------------|
| Intake | 1071 | 44.6% |
| Consultation | 815 | 34.0% |
| Information | 448 | 18.6% |
| Public Education | 11 | 0.4% |
| Non-Materialized | 52 | 2.4% |
| TOTAL | 2397 | 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 2006/07 fiscal year, of the 2397 new requests, approximately 60% (1446) were related to the children's sector, approximately

19% (456) concerned the developmental services sector with the balance (roughly 21% or 498) 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 | 785 | 260 | 6 | 1 | 2 | 17 | 1071 |
| Consultation | 470 | 130 | 12 | 17 | 25 | 161 | 815 |
| Information | 171 | 59 | 9 | 14 | 21 | 174 | 448 |
| Public Education | 2 | 1 | 5 | 1 | 0 | 2 | 11 |
| Non-Materialized | 18 | 6 | 1 | 0 | 0 | 27 | 52 |
| TOTAL | 1446 | 456 | 33 | 33 | 48 | 381 | 2397 |

New Requests: 'Identifying the Caller'

TABLE 4 below provides a breakdown of those who called Contact Niagara. Of the 2397 new and completed requests in 2006/07, parents, family members and individuals represented approximately 55% of all callers. The next largest cluster (roughly 27%) 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 – 247 or 10.9% of total.

| Caller | Number | % of Total Identified | % of Grand Total |
|---------------------------|-------------|-----------------------|------------------|
| Parents | 1121 | 52.3% | 46.7% |
| Family – Other | 103 | 4.8% | 4.3% |
| Individuals / Self | 113 | 5.3% | 4.7% |
| Caregivers | 26 | 1.2% | 1.0% |
| Other Professionals | 268 | 12.5% | 11.1% |
| Child Welfare | 147 | 6.8% | 6.1% |
| Professionals – Education | 92 | 4.3% | 3.8% |
| Professionals – Health | 141 | 6.6% | 5.9% |
| Other | 132 | 6.2% | 5.5% |
| Sub-Total | 2143 | | |
| Non-identified | 254 | | 10.9% |
| TOTAL | 2397 | 100% | 100% |

New Requests: 'Directed By'

Contact Niagara also collects information about who directed the caller to our service. As noted in **TABLE 5** 30.2% (725) of callers were essentially 'self-directed'. Similar to the previous year, 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 (33.8% or 813).

TABLE 5

| Directed "By" | Number | % of Total |
|---------------------------|-------------|---------------|
| Individuals / Self | 725 | 30.2% |
| Other Professionals | 448 | 18.6% |
| Professionals – Education | 264 | 11.0% |
| Professionals – Health | 289 | 12.0% |
| Child Welfare | 260 | 10.8% |
| Parents | 180 | 7.5% |
| Other | 183 | 7.6% |
| Family – Other | 48 | 2.3% |
| TOTAL | 2397 | 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 2006/07, Contact Niagara had 3659 active intake records which represent a total of 3040 unique individuals. **TABLE 6** below provides an analysis by sector.

TABLE 6

| Sector | Intake Records | Unique Individuals |
|---------------|----------------|--------------------|
| Developmental | 1645 | 1239 |
| Children's | 2014 | 1801 |
| TOTAL | 3659 | 3040 |

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 2006/07 Contact Niagara was involved in 58 case management meetings involving 20 individuals, 35 service planning meetings related to 34 individuals and a series of update meetings concerning 21 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 | 7 | 7 | 30 | 9 | 21 | 4 | 58 | 20 |
| Service Planning | 13 | 9 | 21 | 15 | 11 | 10 | 35 | 34 |
| TAY Updates | N/A | 13 | N/A | 3 | N/A | 5 | N/A | 21 |
| TOTAL | 20 | 29 | 51 | 27 | 32 | 19 | 93 | 75 |

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.

During the 2006/07 year, case resolution meetings were held involving 38 individuals. **TABLE 8** provides an overview by sector.

| Sector | Individuals | |
|---------------|-------------|-------------|
| | Number | % Total |
| Developmental | 13 | 34.2% |
| Children's | 17 | 44.7% |
| Both | 8 | 21.1% |
| TOTAL | 38 | 100% |

Residential Placement Advisory Committee

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 committee itself consists of individuals within the community who have professional or personal expertise that they feel would be valuable to the review process. The committee currently consists of four members: an RPAC Coordinator; a Chairperson; an Informed Citizen; and a Service Provider. This committee is

responsible for formulating objective recommendations and findings which are forwarded to the Ministry of Community and Social Services / Ministry of Children and Youth Services, the child/family, and residential facility.

The RPAC process is meant to be a positive process for the residential placement facility, the youth, and the family. The recommendations are intended to compliment existing supports and further build upon strategies that will meet the unique needs of each youth reviewed.

Throughout the 2006/07 year, Contact Niagara coordinated 30 RPAC reviews involving 29 individuals. During this time frame reviews were completed for the following residential facilities: Regional Adolescent Centre (RAC); CPRI; Bayfield; and Kidslink.

Although the reviews completed by Contact Niagara are primarily mandatory reviews, (a youth 12 or older who is in a residential placement housing 10 or more beds, with an anticipated admission of 90 days or longer), discretionary reviews are also available for any residential facility interested in obtaining an external opinion surrounding supplementary recommendations.



Children's Services System.....

The data in this section is based on intake activity for the fiscal year 2006/07 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 2006/07 fiscal year, Contact Niagara initiated a total of 1632 intakes and completed 1463. An intake is considered 'complete' at the point all relevant information has been gathered and resources to support the individual have been identified. The 1463 completed intakes involved 1321 unique

individuals. The largest number of completed intakes occurred within the children's mental health sector (74%) 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 | 1213 | 74.3% | 1078 | 73.6% | 993 | 75.1% |
| Both | 90 | 5.5% | 85 | 5.8% | 72 | 5.4% |
| Developmental | 329 | 20.2% | 300 | 20.6% | 256 | 19.3% |
| TOTAL | 1632 | | 1463 | | 1321 | |

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 2006/07 fiscal year. It is noteworthy that overall there were more males (66%) for whom an intake was completed than females. In addition, the six to twelve age cohort

represent the largest single age grouping at approximately 42% + 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 | 7 | 7 | 9.7% |
| | 6 – 12 | 6 | 25 | 31 | 43.0% |
| | 13 – 15 | 6 | 9 | 15 | 20.8% |
| | 16 – 17 | 4 | 12 | 16 | 22.2% |
| | Turned 18 during reporting period | 0 | 3 | 3 | 4.3% |
| | Sector Total: | 16 | 56 | 72 | |
| | % of Sector: | 22.2% | 77.8% | | |
| Children's Mental Health | Under 6 | 35 | 97 | 132 | 13.2% |
| | 6 – 12 | 147 | 301 | 448 | 45.1% |
| | 13 – 15 | 119 | 166 | 285 | 28.7% |
| | 16 – 17 | 61 | 43 | 104 | 10.4% |
| | Turned 18 during reporting period | 11 | 6 | 17 | 1.7% |
| | Over 18 | 4 | 3 | 7 | 0.9% |
| | Sector Total: | 377 | 616 | 993 | |
| % of Sector: | 38.0% | 62.0% | | | |
| Developmental | Under 6 | 12 | 52 | 64 | 25.0% |
| | 6 – 12 | 20 | 90 | 110 | 42.9% |
| | 13 – 15 | 10 | 28 | 38 | 14.8% |
| | 16 – 17 | 7 | 16 | 23 | 8.9% |
| | Turned 18 during reporting period | 8 | 13 | 21 | 8.4% |
| | Sector Total: | 57 | 199 | 256 | |
| | % of Sector: | 22.7% | 77.3% | | |
| | GRAND TOTAL: | 450 | 871 | 1321 | |
| | % of GRAND TOTAL: | 34.0% | 66.0% | | |

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 2006/07 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 | 458 | 34.6% | |
| Niagara Falls | 231 | 17.5% | |
| Welland | 206 | 15.6% | |
| Port Colborne | 65 | 4.9% | |
| Fort Erie | 62 | 4.7% | |
| Thorold | 47 | 3.5% | |
| Grimsby | 41 | 3.1% | |
| Beamsville | 36 | 2.7% | |
| Smithville | 21 | 1.6% | |
| Ridgeway | 18 | 1.4% | |
| Niagara-On-The-Lake | 16 | 1.2% | |
| Fonthill | 12 | 0.9% | |
| Crystal Beach | 12 | 0.9% | |
| Fenwick | 11 | 0.8% | |
| Vineland | 10 | 0.8% | |
| All other | 75 | 5.8% | |
| TOTAL | 1321 | | |

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 2006/07 by Contact Niagara, 348 or 26% were also connected with the child welfare system. Within this group, Contact Niagara

completed intakes for 194 new individuals while processing additional referrals through updated intakes for another 201 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 | 18 | 20 | 50 | 58 | 68 | 78 |
| Society Ward | 8 | 9 | 4 | 4 | 12 | 13 |
| Supervision Order | 12 | 12 | 12 | 13 | 24 | 25 |
| Temporary Care Agreement | 19 | 21 | 11 | 12 | 30 | 33 |
| Voluntary Involvement | 120 | 132 | 83 | 98 | 203 | 230 |
| Discharged Crown Ward | 0 | 0 | 11 | 16 | 11 | 16 |
| TOTAL | 177 | 194 | 171 | 201 | 348 | 395 |
| % of TOTAL | 50.8% | 49.1% | 49.2% | 50.9% | | |

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. Similar to **TABLE 10**, the demographic pattern of this sub-group of children highlights the disproportionate number of male versus female intakes involved with the child welfare system. For the

2006/07, approximately 61% of intakes involved with child welfare were male. It is noteworthy 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 2006/07 fiscal year.

| Sector | Cohort | Male | Female | TOTAL | % of Sector |
|---------------|----------------------|--------------|--------------|------------|-------------|
| Both | Under 6 | 0 | 0 | 0 | 0 |
| | 6 – 12 | 9 | 1 | 10 | 34.4% |
| | 13 – 15 | 6 | 3 | 9 | 31.0% |
| | 16 – 17 | 5 | 4 | 9 | 31.0% |
| | Over 18 | 0 | 2 | 2 | 3.6% |
| | Sector Total: | 18 | 9 | 29 | |
| | % of Sector: | 66.6% | 33.4% | | |
| CMH | Under 6 | 20 | 8 | 28 | 10.1% |
| | 6 – 12 | 85 | 46 | 131 | 47.6% |
| | 13 – 15 | 51 | 38 | 89 | 32.3% |
| | 16 – 17 | 9 | 11 | 20 | 7.2% |
| | Over 18 | 3 | 4 | 7 | 2.8% |
| | Sector Total: | 168 | 107 | 275 | |
| | % of Sector: | 61.0% | 39.0% | | |
| Developmental | Under 6 | 1 | 1 | 2 | 4.6% |
| | 6 – 12 | 8 | 1 | 9 | 20.9% |
| | 13 – 15 | 5 | 2 | 7 | 16.2% |
| | 16 – 17 | 6 | 4 | 10 | 23.2% |
| | Over 18 | 5 | 10 | 15 | 35.1% |
| | Sector Total: | 25 | 18 | 43 | |
| | % of Sector: | 58.1% | 41.9% | | |
| GRAND TOTAL | Under 6 | 21 | 9 | 30 | 8.6% |
| | 6 – 12 | 102 | 48 | 150 | 43.1% |
| | 13 – 15 | 62 | 43 | 105 | 30.1% |
| | 16 – 17 | 20 | 19 | 39 | 11.2% |
| | Over 18 | 8 | 16 | 24 | 7.0% |
| | TOTAL: | 213 | 135 | 348 | |
| | % of TOTAL: | 61.2% | 38.7% | | |

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 907 individuals interviewed over the 2006/07 year, 34% (313) were within a single parent family constellation, and 38% of all families had an income below \$30,000. Table 14 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 | 12 | 37 | | 49 |
| | % Total | 1% | 4% | | 5% |
| \$10,000 - \$14,999 | # Answers | 17 | 85 | | 101 |
| | % Total | 2% | 9% | | 11% |
| \$15,000 - \$19,000 | # Answers | 47 | 66 | | 113 |
| | % Total | 5% | 7% | | 13% |
| \$20,000 - \$29,999 | # Answers | 52 | 31 | | 83 |
| | % Total | 6% | 3% | | 9% |
| \$30,000 - \$39,999 | # Answers | 90 | 38 | | 127 |
| | % Total | 10% | 4% | | 14% |
| \$40,000 - \$49,999 | # Answers | 70 | 15 | | 85 |
| | % Total | 8% | 2% | | 9% |
| \$50,000 - \$59,999 | # Answers | 45 | 15 | | 60 |
| | % Total | 5% | 2% | | 7% |
| > \$60,000 | # Answers | 147 | 21 | | 167 |
| | % Total | 16% | 2% | | 19% |
| Blank | # Answers | 31 | 5 | 83 | 119 |
| | % Total | 3% | 1% | 9% | 13% |
| TOTAL ANSWERS | | 511 | 313 | 83 | 907 |
| % TOTAL | | 56% | 34% | 9% | 100% |

Presenting Problem Areas

TABLE 15 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.

| Problem Area | % of Total Interviews |
|---------------------------------------|-----------------------|
| Cooperativeness | 60.6% |
| Regulation of Attention & Impulsivity | 53.4% |
| Managing Mood | 43.8% |
| Conduct | 49.4% |
| Separation from Parents | 23.6% |
| Managing Anxiety | 23.6% |
| Global Functioning | 56.8% |
| Global Family Situation | 71.4% |
| Global Externalizing | 66.5% |
| 6 Mood + 3 Self-harm | 42.3% |
| Internalizing | 37.9% |
| Social Participation | 54.1% |
| Quality of relationships | 37.5% |
| Total 6 MH Domains | 59.8% |
| Family Comfort | 61.6% |
| Family Activities | 57.7% |
| School Participation | 35.5% |
| Informant – depression | 60.0% |
| FORM COUNT | 907 |

TABLE 15

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.

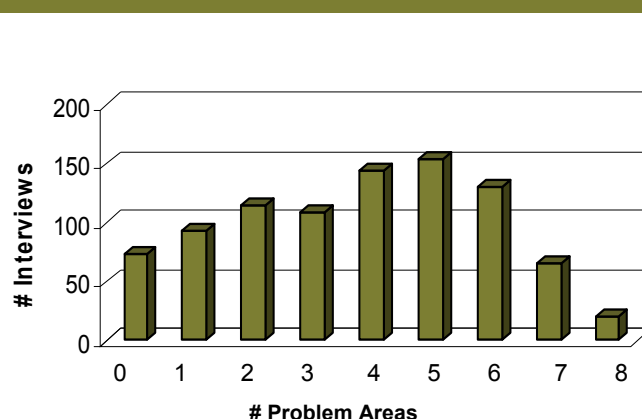
| Problem Area | < 3 (X Interviews) | > 3 and < 6 (X Interviews) | ≥ 6 and < 13 (X Interviews) | ≥ 13 (X Interviews) | Grand Total |
|---------------------------------------|-----------------------|-------------------------------|--------------------------------|------------------------|--------------|
| Regulation of Attention & Impulsivity | 64.87 | 67.17 | 67.13 | 70.47 | 68.47 |
| Cooperativeness | 69.85 | 68.08 | 70.92 | 72.15 | 71.14 |
| Conduct | 64.22 | 76.23 | 75.12 | 75.55 | 75.29 |
| Global Family Situation | 73.26 | 80.06 | 80.39 | 85.21 | 82.16 |
| Ability to Manage Mood | 57.10 | 57.66 | 66.40 | 70.63 | 67.20 |
| Separation from Parents | 51.74 | 61.40 | 61.92 | 57.71 | 60.05 |
| Ability to Manage Anxiety | 51.86 | 51.08 | 61.16 | 58.84 | 59.16 |
| Global Functioning | 67.69 | 62.52 | 70.28 | 74.65 | 71.30 |
| 6 Mood + 3 Self Harm | 58.97 | 58.24 | 68.30 | 72.48 | 68.94 |
| Global Internalizing | 54.19 | 58.44 | 66.50 | 65.34 | 65.13 |
| Total 6 MH Domains | 63.67 | 67.60 | 72.73 | 73.22 | 72.35 |
| Social Participation | 72.02 | 63.59 | 70.72 | 75.30 | 71.79 |
| Quality of Relationships | 63.19 | 61.84 | 64.67 | 67.88 | 65.63 |
| School Participation | 59.00 | 54.38 | 63.57 | 68.59 | 64.55 |
| Global Externalizing | 69.78 | 72.18 | 73.33 | 75.73 | 74.16 |
| Family Activities | 78.32 | 83.33 | 81.62 | 87.20 | 83.93 |
| Family Comfort | 65.41 | 72.11 | 73.55 | 76.52 | 74.49 |
| Informant – Depression | | 76.95 | 67.30 | 91.74 | 74.37 |
| FORM COUNT | 9 | 88 | 441 | 369 | 907 |

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. Ninety percent of the BCFPI interviews conducted had scores above 70 in one or more

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

| Number of Problems | Number of Interviews | % of Total |
|--------------------|----------------------|-------------|
| 0 | 74 | 8.1% |
| 1 | 94 | 10.3% |
| 2 | 114 | 12.5% |
| 3 | 108 | 11.9% |
| 4 | 144 | 15.8% |
| 5 | 155 | 17.0% |
| 6 | 131 | 14.4% |
| 7 | 66 | 7.2% |
| 8 | 21 | 2.8% |
| TOTAL | 907 | 100% |



Referral Patterns

The dataset utilized for **TABLES 18 – 22** is based on the number of referrals that were completed over the course of the 2006/07 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 2006 but the referral was not fully processed until April of 2006. For statistical purposes, the referral would be counted in the 2006/07 data however the completed intake would be counted in the 2005/06 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 2006/07 year 1544 referrals were completed on behalf of 1312 unique individuals across the three children's services groups. Referrals within the children's mental health sector constituted approximately 67% of the total referrals and 70% 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 14%, behaviour intervention at 13%, autism at 9% and service coordination at approximately 6% of total referrals. From a summary perspective, referrals were completed for 927 unique individuals within the children's mental health sector, 312 within the developmental sector and 73 who traversed both sectors.

| 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 |
| Ass't/Consultation | 136 | 136 | 66 | 66 | 21 | 21 | 223 | 223 |
| Autism | 13 | 13 | 118 | 118 | 12 | 12 | 143 | 143 |
| Behaviour Intervention | 133 | 133 | 57 | 57 | 21 | 21 | 211 | 211 |
| Child Development | 1 | 1 | | | | | 1 | 1 |
| Counselling | 683 | 683 | 22 | 22 | 17 | 17 | 722 | 722 |
| Day Support | 3 | 3 | 11 | 11 | 1 | 1 | 15 | 15 |
| Day Treatment | 10 | 10 | 1 | 1 | | | 11 | 11 |
| Intensive Child & Family | 8 | 8 | 1 | 1 | 2 | 2 | 11 | 11 |
| Residential Support | 14 | 14 | 6 | 6 | 5 | 5 | 25 | 25 |
| Residential Treatment | 18 | 18 | 2 | 2 | 6 | 6 | 26 | 26 |
| Respite | 8 | 8 | 37 | 37 | 8 | 8 | 53 | 53 |
| Service Coordination | 14 | 14 | 73 | 73 | 5 | 5 | 92 | 92 |
| Life Skills / Vocational | 2 | 2 | 5 | 5 | 2 | 2 | 9 | 9 |
| Speech / Language | | | 1 | 1 | 1 | 1 | 2 | 2 |
| TOTAL REFERRALS | | 1043 | | 400 | | 101 | | 1544 |
| TOTAL: UNIQUE INDIVIDUALS BY CATEGORY OF NEED | 1043 | | 400 | | 101 | | 1544 | |
| ABSOLUTE TOTAL: UNIQUE INDIVIDUALS | 927 | | 312 | | 73 | | 1312 | |

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 | 812 | 87.5% | 246 | 78.8% | 49 | 67.1% |
| 2 | 99 | 10.6% | 46 | 14.7% | 18 | 24.6% |
| 3 | 14 | 1.5% | 17 | 5.4% | 5 | 6.8% |
| 4 | 1 | 0.2% | 3 | 1.1% | 1 | 1.5% |
| 5 | 1 | 0.2% | 0 | 0 | 0 | 0 |
| 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 927 | 100% | 312 | 100% | 73 | 100% |

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 (93% for children's

mental health; 36% for developmental; 61% for 'both'). In the developmental sector referrals to autism services and the APSW program are fairly significant at 29% and 18% 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 | 973 | 973 | 145 | 145 | 62 | 62 | 1180 | 1180 |
| APSW | 14 | 14 | 73 | 73 | | | 87 | 87 |
| Autism Consultation | 13 | 13 | 118 | 118 | 12 | 12 | 143 | 143 |
| Adolescent Res. Rehab. | 18 | 18 | | | | | 18 | 18 |
| Social Skills | | | 4 | 4 | 1 | 1 | 5 | 5 |
| Family Home/Associate | | | 4 | 4 | | | 4 | 4 |
| Counselling pour enfants | | | 11 | 11 | | | 11 | 11 |
| Day Program Supports | | | | | 1 | 1 | 1 | 1 |
| Day Treatment | | | 1 | 1 | | | 1 | 1 |
| Developmental Inpatient | | | | | 6 | 6 | 6 | 6 |
| Family Support Services | 2 | 2 | 1 | 1 | 5 | 5 | 8 | 8 |
| Reg'l Adolescent Centre | | | 2 | 2 | | | 2 | 2 |
| Regional Respite | 8 | 8 | 37 | 37 | 8 | 8 | 53 | 53 |
| TAY Planning | | | 1 | 1 | | | 1 | 1 |
| CPRI | 14 | 14 | 2 | 2 | 5 | 5 | 21 | 21 |
| Speech / Language | | | 1 | 1 | 1 | 1 | 2 | 2 |
| EASI | 1 | 1 | | | | | 1 | 1 |
| TOTAL REFERRALS: | | 1043 | | 400 | | 101 | | 1544 |
| TOTAL UNIQUE INDIVIDUALS BY PROGRAM | 1043 | | 400 | | 101 | | 1544 | |
| ABSOLUTE TOTAL: UNIQUE INDIVIDUALS | 927 | | 312 | | 73 | | 1312 | |

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 | 30 | 30 | 4 | 4 | 1 | 1 | 35 | 35 |
| Assessment under 6 | 4 | 4 | 1 | 1 | 1 | 1 | 6 | 6 |
| Autism Consultation | | | 7 | 7 | 1 | 1 | 8 | 8 |
| Autism Early Interven. | 1 | 1 | 14 | 14 | | | 15 | 15 |
| Counselling | 1 | 1 | | | | | 1 | 1 |
| Coordination des services | 4 | 4 | | | | | 4 | 4 |
| Child and Fam. Support | 2 | 2 | 41 | 41 | 1 | 1 | 44 | 44 |
| Day Treatment | 7 | 7 | 1 | 1 | 1 | 1 | 9 | 9 |
| EASI | 55 | 55 | 2 | 2 | | | 57 | 57 |
| Eligibility Assessment | | | 2 | 2 | 1 | 1 | 3 | 3 |
| Family Support Services | | | | | 1 | 1 | 1 | 1 |
| Family Home | | | 1 | 1 | | | 1 | 1 |
| Family Intervention | 198 | 198 | 9 | 9 | 12 | 12 | 219 | 219 |
| Group Home | | | 1 | 1 | | | 1 | 1 |
| High Risk Clinic | 59 | 59 | 3 | 3 | 2 | 2 | 64 | 64 |
| NPRS | 9 | 9 | | | | | 9 | 9 |
| Outreach | 32 | 32 | 2 | 2 | 2 | 2 | 36 | 36 |
| Psychology Services | 1 | 1 | | | | | 1 | 1 |
| Programme pour enfant victime | 1 | 1 | | | | | 1 | 1 |
| Residential | 16 | 16 | | | 1 | 1 | 17 | 17 |
| STOP | 19 | 19 | | | | | 19 | 19 |
| Speech and Language | | | 1 | 1 | | | 1 | 1 |
| Specialized Funding | 7 | 7 | | | 1 | 1 | 8 | 8 |
| Beh Supports, Adult | | | | | 2 | 2 | 2 | 2 |
| Beh Supports Child | | | | | 2 | 2 | 2 | 2 |
| COPE | 7 | 7 | | | | | 7 | 7 |
| Mood Disorder Clinic | 1 | 1 | | | | | 1 | 1 |
| Trauma | 1 | 1 | | | | | 1 | 1 |
| Trans. Support Serv. | | | 14 | 14 | | | 14 | 14 |
| TOTAL REFERRALS: | | 456 | | 103 | | 29 | | 588 |
| TOTAL UNIQUE INDIVIDUALS BY PROGRAM | 456 | | 103 | | 29 | | 588 | |
| ABSOLUTE TOTAL: UNIQUE INDIVIDUALS | 317 | | 65 | | 18 | | | |



Developmental Services System.....

A

As with the children’s services system, the data in this section is based on intake activity for the fiscal year 2006/07 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 2006/07 fiscal year, Contact Niagara initiated a total of 521 intakes and completed 496 within the developmental service system. The 496 completed intakes involved 385 unique individuals. Males represent more than half

of the individuals for whom an intake was completed at approximately 54%. **TABLE 22** provides an overview by sector and gender.

| TABLE 22 | Developmental | | | | Both | | | | Total |
|---|---------------|---------|--------|---------|------|---------|--------|---------|-------|
| | Male | | Female | | Male | | Female | | |
| | # | % Total | # | % Total | # | % Total | # | % Total | |
| Intakes Created | 288 | | 221 | | 7 | | 5 | | 521 |
| Intakes Completed | 268 | | 216 | | 7 | | 5 | | 496 |
| Unique Individuals (based on Completed Intakes) | 203 | | 172 | | 6 | | 4 | | 385 |
| TOTAL Unique Individuals Male: | | | | | | | | | 209 |
| TOTAL Unique Individuals Female: | | | | | | | | | 176 |

Age and Gender

TABLE 23 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 2006/07 fiscal year. It is noteworthy that

the 18 – 25 age cohort represents the largest single age grouping at approximately 40%+ regardless of sector.

| TABLE 23 | Sector | Cohort | Female | Male | TOTAL | % of Sector |
|----------|--------|---------------|--------|-------|-------|-------------|
| BOTH | | 19 – 25 | 3 | 5 | 8 | 80.0% |
| | | 31 – 40 | | 1 | 1 | 10.0% |
| | | 41 – 50 | 1 | | 1 | 10.0% |
| | | Sector Total: | 4 | 6 | 10 | |
| | | % of Sector: | 40.0% | 60.0% | | |

TABLE 23 continued

| Sector | Cohort | Female | Male | TOTAL | % of Sector |
|--------------------------|----------------------|--------------|--------------|------------|-------------|
| Developmental | 19 – 25 | 57 | 86 | 143 | 38.1% |
| | 26 – 30 | 24 | 22 | 46 | 12.2% |
| | 31 – 40 | 36 | 39 | 75 | 20.0% |
| | 41 – 50 | 29 | 33 | 62 | 16.5% |
| | 51 – 60 | 22 | 21 | 43 | 11.4% |
| | 61 – 70 | 4 | 2 | 6 | 1.8% |
| | Over 70 | 0 | 0 | 0 | |
| | Sector Total: | | 172 | 203 | 375 |
| % of Sector: | | 45.8% | 54.2% | | |
| GRAND TOTAL: | | 176 | 209 | 385 | |
| % of GRAND TOTAL: | | 45.7% | 54.3% | | |

For purposes of comparison and general information, **TABLE 24** 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 1579 individuals (note that children with a developmental disability are not included in these data).

TABLE 24

| Sector | Cohort | Female | Male | TOTAL | % of Sector | |
|--------------------------|----------------------|--------------|--------------|--------------|-------------|-------|
| BOTH | 19 – 25 | 12 | 27 | 39 | 78.0% | |
| | 26 – 30 | 2 | 2 | 4 | 8.0% | |
| | 31 – 40 | 0 | 1 | 1 | 2.0% | |
| | 41 – 50 | 2 | 3 | 5 | 10.0% | |
| | 51 – 60 | 0 | 1 | 1 | 2.0% | |
| | Sector Total: | | 16 | 34 | 50 | |
| | % of Sector: | | 32.0% | 68.0% | | |
| | Developmental | 19 – 25 | 184 | 261 | 445 | 29.1% |
| 26 – 30 | | 97 | 109 | 206 | 13.4% | |
| 31 – 40 | | 141 | 151 | 292 | 19.0% | |
| 41 – 50 | | 134 | 176 | 310 | 20.2% | |
| 51 – 60 | | 95 | 100 | 195 | 12.7% | |
| 61 – 70 | | 37 | 25 | 62 | 4.0% | |
| Over 70 | | 5 | 14 | 19 | 1.6% | |
| Sector Total: | | | 693 | 836 | 1529 | |
| % of Sector: | | 45.3% | 54.7% | | | |
| GRAND TOTAL: | | 709 | 870 | 1579 | | |
| % of GRAND TOTAL: | | 44.9% | 55.1% | | | |

Place of Residence

TABLE 25 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 2006/07 fiscal year. St.Catharines, Niagara Falls and Welland represent the source

communities for approximately 64% of these individuals. This is generally in keeping with the broader population distribution patterns of the Niagara region.

| Residence | Number | % Total |
|---------------------|------------|---------|
| St. Catharines | 134 | 34.8% |
| Niagara Falls | 60 | 15.5% |
| Welland | 59 | 15.3% |
| Port Colborne | 24 | 6.2% |
| Fort Erie | 15 | 3.8% |
| Beamsville | 10 | 2.5% |
| Grimsby | 9 | 2.3% |
| Thorold | 9 | 2.3% |
| Crystal Beach | 9 | 2.3% |
| Niagara-On-The-Lake | 7 | 1.8% |
| Ridgeway | 5 | 1.2% |
| Fonthill | 5 | 1.2% |
| Vineland | 5 | 1.2% |
| Smithville | 4 | 1.1% |
| Virgil | 3 | 1.0% |
| All other | 27 | 7.5% |
| TOTAL | 385 | |

Completed Referrals by Service Need

During the 2006/07 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 26** provides an overview of all completed referrals.

| Service Need | Developmental | | Both | | TOTAL | |
|---------------------------|--------------------|---------------------|--------------------|---------------------|--------------------|---------------------|
| | Unique Individuals | Completed Referrals | Unique Individuals | Completed Referrals | Unique Individuals | Completed Referrals |
| Assessment/Consultation | 89 | 89 | 5 | 5 | 94 | 94 |
| Family Home/Assoc. Family | 5 | 5 | | | 5 | 5 |
| Behaviour Intervention | 60 | 60 | 4 | 4 | 64 | 64 |
| Day Support | 225 | 227 | 4 | 4 | 229 | 231 |
| Group Living | 6 | 6 | | | 6 | 6 |

TABLE 26 continued

| Service Need | Developmental | | Both | | TOTAL | |
|--|--------------------|---------------------|--------------------|---------------------|--------------------|---------------------|
| | Unique Individuals | Completed Referrals | Unique Individuals | Completed Referrals | Unique Individuals | Completed Referrals |
| Life Skills | 12 | 12 | 1 | 1 | 13 | 13 |
| Counselling | 15 | 15 | 1 | 1 | 16 | 16 |
| Residential Support | 3 | 3 | 1 | 1 | 4 | 4 |
| SIL | 6 | 7 | | | 6 | 7 |
| Respite | 11 | 11 | 1 | 1 | 12 | 12 |
| Residential Treatment | 2 | 2 | | | 2 | 2 |
| Service Coordination | 78 | 78 | 1 | 1 | 79 | 79 |
| Speech/Language | 11 | 11 | 1 | 1 | 12 | 12 |
| Autism | 1 | 1 | | | 1 | 1 |
| Vocational | 10 | 10 | | | 10 | 10 |
| Regional Waitlist | 3 | 3 | | | 3 | 3 |
| TOTAL REFERRALS | | 540 | | 19 | | 559 |
| TOTAL: UNIQUE INDIVIDUALS BY CATEGORY OF NEED | 537 | | 19 | | 556 | |
| ABSOLUTE TOTAL: UNIQUE INDIVIDUALS | 293 | | 15 | | 308 | |

Frequency Distribution of Referrals

In a number of instances, more than one referral will be completed for an individual. **TABLE 27** provides an overview analysis of the distribution of multiple referrals by sector. For example, in the developmental sector 67% of individuals had

one Contact Niagara generated referral compared to 28% in the 'both' sector. Conversely, 33% of all individuals had two or more referrals made on their behalf.

TABLE 27

| Number of Referrals | Developmental | | Both | | TOTAL | |
|---------------------|---------------|------------------------|---------------|------------------------|---------------|------------------------|
| | # Individuals | % of Total Individuals | # Individuals | % of Total Individuals | # Individuals | % of Total Individuals |
| 1 | 226 | 67.0% | 2 | 28.6% | 228 | 66.2% |
| 2 | 71 | 21.0% | 2 | 28.6% | 73 | 21.2% |
| 3 | 27 | 8.0% | 3 | 42.8% | 30 | 8.7% |
| 4 | 11 | 3.2% | 0 | 0 | 11 | 3.1% |
| 5 | 2 | 0.8% | 0 | 0 | 2 | 0.5% |
| 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 337 | | 7 | | 344 | |

Completed Referrals by Program

TABLE 28 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 28

| Program | Developmental | | Both | | TOTAL | |
|--|--------------------|---------------------|--------------------|---------------------|--------------------|---------------------|
| | Unique Individuals | Completed Referrals | Unique Individuals | Completed Referrals | Unique Individuals | Completed Referrals |
| APSW Program | 38 | 38 | 1 | 1 | 39 | 39 |
| Behaviour Supports | 51 | 51 | 4 | 4 | 55 | 55 |
| Day Program Supports | 53 | 55 | 1 | 1 | 54 | 55 |
| Group Home | 9 | 9 | | | 9 | 9 |
| Family Home / Associate Family | 2 | 2 | | | 2 | 2 |
| Respite | 11 | 11 | | | 11 | 11 |
| Supported Independent Living | 9 | 10 | | | 9 | 10 |
| Speech & Language | 16 | 16 | 1 | 1 | 17 | 17 |
| Transitional Youth Supports | 36 | 36 | 2 | 2 | 38 | 38 |
| Passport | 162 | 162 | 2 | 2 | 164 | 164 |
| Family Support | 40 | 40 | | | 40 | 40 |
| Community Response Program | 5 | 5 | 1 | 1 | 6 | 6 |
| Psychiatric Services | 23 | 23 | 2 | 2 | 25 | 25 |
| Psychology | 70 | 70 | 3 | 3 | 73 | 73 |
| Other | 11 | 11 | 2 | 2 | 13 | 13 |
| Autism Eligibility Assessment | 1 | 1 | | | 1 | 1 |
| TOTAL REFERRALS: | | 540 | | 19 | | 558 |
| TOTAL UNIQUE INDIVIDUALS BY PROGRAM | 537 | | 19 | | 556 | |
| ABSOLUTE TOTAL: UNIQUE INDIVIDUALS | 293 | | 15 | | 308 | |

Residential Waitlist

TABLE 29 provides an analysis of the residential waitlist as it stood on June 30, 2007. 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 29** 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 30/07 there were 363 individuals on the waitlist. Eighty-seven or 24% are on the priority list.

Generally, these individuals require immediate placement or within the next 12 months. In addition, 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 29

| | Priority List | | | 1 – 3 Years | | | More than 3 Years | | | GRAND TOTAL | | |
|-------------------------------------|---------------|-----------|-----------|-------------|-----------|------------|-------------------|-----------|------------|-------------|------------|------------|
| | F | M | Total | F | M | Total | F | M | Total | F | M | Total |
| Total Unique Clients | 34 | 53 | 87 | 67 | 86 | 153 | 59 | 64 | 123 | 160 | 203 | 363 |
| Under 18 | 2 | 4 | 6 | 5 | 11 | 16 | 12 | 17 | 29 | 19 | 32 | 51 |
| Needs Accessible Housing | 1 | 5 | 6 | 10 | 9 | 19 | 7 | 8 | 15 | 18 | 22 | 40 |
| Supported Independent Living | 16 | 25 | 41 | 21 | 29 | 50 | 16 | 12 | 28 | 53 | 66 | 119 |
| Group Home | 16 | 32 | 48 | 40 | 60 | 100 | 42 | 50 | 92 | 98 | 142 | 240 |
| Family Home/Associate Fam. | 10 | 20 | 30 | 31 | 27 | 58 | 23 | 23 | 46 | 64 | 70 | 134 |

Residential Waitlist: Age of Parents / Age of Individuals

TABLE 30 below provides a brief analysis of the age of parents, by cohorts of 10 years, mapped against the age of individuals on the residential waitlist. One element of information gathered by Contact Niagara when completing an intake is the age of parents. This is not a mandatory data element so, as a result we do not have 100% compliance. This information is particularly useful in understanding potential pressures in the system. In terms of residential services in the developmental services system, it provides an additional perspective for planning purposes. The data below is based on information drawn from 261 individuals on the waitlist. This represents approximately 72% of all individuals waiting for a residential placement.

While there are a number of ways of assessing the data, there are several highlights that are noteworthy. For example, in 38% of the sample (103 individuals) the age of parents exceeds 60 years. Of this group, 52 individuals are themselves over 40 years old. Assuming that on a pro-rata basis these results were mapped against the total of 363 on the waitlist, the number of individuals with parents over 60 would climb to 138. Again, from a planning and resource management perspective, this information is helpful.

In the September 2006 edition of **EXTRACTS** information was presented in relation to individuals currently in a residential

TABLE 30

| Age Group of Parents | Age Group of Individuals | | | | | | TOTAL | % TOTAL |
|----------------------|--------------------------|---------|---------|---------|---------|---------|-------|---------|
| | Under 18 | 18 – 30 | 31 – 40 | 41 – 50 | 51 – 60 | 61 – 70 | | |
| 30 – 40 | 3 | 4 | 0 | 0 | 0 | 0 | 7 | 2.6% |
| 41 – 50 | 19 | 53 | 2 | 0 | 3 | 0 | 77 | 29.5% |
| 51 – 60 | 3 | 48 | 19 | 3 | 1 | 0 | 74 | 28.3% |
| 61 – 70 | 3 | 11 | 16 | 11 | 2 | 0 | 43 | 16.4% |
| 71 – 80 | 0 | 3 | 11 | 20 | 3 | 0 | 37 | 14.1% |
| 80 + | 0 | 5 | 2 | 5 | 9 | 2 | 23 | 8.1% |
| | 28 | 124 | 50 | 39 | 18 | 2 | 261 | |

TABLE 31

| Cohort | Individuals in Placement | |
|----------------|--------------------------|------------|
| | Number | % of Total |
| Under 18 Years | 8 | 1.2% |
| 18 – 30 | 85 | 12.4% |
| 31 – 40 | 144 | 21.1% |
| 41 – 50 | 216 | 31.6% |
| 51 – 60 | 159 | 23.2% |
| 61 – 70 | 53 | 7.7% |
| 71 – 80 | 16 | 2.3% |
| 81 + | 2 | 0.5% |
| TOTAL | 683 | |

setting. While the data was gathered in February of 2006, it could be argued that in the past 16 months the overall picture painted by the data has not changed significantly. **TABLE 31** provides a high level analysis of individuals in placement by age cohorts of 10 years. When coupling the data from these two tables, again, it helps to inform the overall planning process. For example, 66% of all individuals who are in a residential setting are under 50 years old. A further 23% are between 50 and 60. Assuming life expectancies within the norm, the attrition rate related to vacancy creation will be steady but not nearly sufficient to absorb those on the waitlist. In the alternative, given the situation of the number of individuals with aging parents (as noted above) in conjunction with the crises that occur over the course of any given year, one can easily note the pressure experienced by the overall system both at present and into the foreseeable future.

Transitional Aged Youth

As at June 30, 2007 there were 33 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 30/07) there were 22 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 | 2 | 0 | 2 | 9.0% |
| 17 | 4 | 3 | 7 | 31.8% |
| 16 | 3 | 0 | 3 | 13.6% |
| 15 | 2 | 2 | 4 | 18.1% |
| 14 | 3 | 2 | 5 | 22.7% |
| 11 | 0 | 1 | 1 | 4.8% |
| 10 | | | | |
| TOTAL | 14 | 8 | 22 | |
| % of TOTAL | 63.6% | 36.4% | | |
| PROCESS COMPLETE | 18 | 15 | 33 | |
| % of TOTAL | 54.5% | 45.5% | | |
| TOTAL | 32 | 23 | 55 | |
| % of TOTAL | 58.1% | 41.9% | | |

Special Projects.....

Contact Niagara was involved in a number of projects and community processes over the 2006/07 year as part of its overall role and function within the service system. Here are a few highlights of that work.

Developmental Services: Passport to Community Living:

DS Transformation

'Passport to Community Living' was introduced through the course of the 2005/06 fiscal year. The initiative was designed to provide meaningful day time activities for young people who have a developmental disability. Three phases of funding have occurred since inception, phase three of which was implemented over the 2006/07 year. In the April issue of **EXTRACTS** we provided an early analysis of the information gathered as part of our role in this overall process. We reported that for year ending March 2007 a total of 128 individuals had applied of which 31 received a funding allocation. Since that time applications continue to be processed. In addition, new funding has been allocated both at the end of the 2006/07 year and on a go forward basis for the 2007/08 year.

A secondary element of the implementation process required of Contact Niagara to compile and manage a single system-wide waitlist for day supports / day programs. Contact began the compilation process utilizing as a starting point the list of individuals who did not receive an allocation under Passport. A process was then initiated to systematically incorporate all individuals who were previously on a waitlist at an agency level.

The remaining matter was that of determining how individuals were to be connected from the waitlist to an MCSS funded resource that becomes available in the community. To this end, the Developmental Services Sector Forum (DSSF), at the request of Contact Niagara, assigned individuals to participate on a task force to design the overall processes and procedures for waitlist management.

In the June meeting of DSSF the Task Force presented the following recommendations for consideration and approval:

- That DSSF establish a Day Program Managers Group within the parameters of the proposed Terms of Reference
- That DSSF approve the Draft Day Program Vacancy Management Protocol and supporting Draft Day Program Vacancy Form
- That DSSF members start declaring any Day Program vacancies to the Task Force until such a time that a decision is made regarding the recommended Day Program Vacancy Management Protocol.

DSSF subsequently approved the recommendations thereby enabling Contact Niagara and the DSSF to embark on full implementation. A number of issues remain that must be resolved in order to fully operationalize this system level function. This will become an important area of work for the DSSF over the coming year.

Community Committee Involvement

- Niagara Region Special Education Liaison Committee
- Local Service Delivery Network
- Bethesda Outreach Advisory Committee
- Family Counselling Centre Advisory Committee
- Suicide Prevention Coalition
- Coalition to Address Youth Violence
- Joint Implementation and Planning Committee
- Mainstream Options Niagara Advisory Committee
- NTEC Respite Advisory Committee
- Residential Managers Group
- Day Program Managers Group
- Regional Adolescent Centre Review Committee
- APSW Advisory Committee
- Le reseau des intervenants et des intervenantes francophones de la region de Niagara
- Niagara Region French Language Services Committee
- Working Committee on Ethno-cultural Groups
- Sexual Treatment Outpatient Program Advisory Committee
- Intensive Child and Family Advisory Committee
- Children’s Mental Health Network
- Developmental Services Sector Forum
- Children’s Services Sector Forum
- Niagara District Network Planning Group – Children’s Mental Health Beds
- Contact Executive Director’s Group
- CPRI Regional Advisory Board
- NCYS Community Impact Committee
- Urgent Response Initiative (CPRI)
- Child and Adolescent Crisis Services Advisory Committee
- NSS/NTEC Intake Review Committee
- OPADD Committee
- Youth Justice Committee
- Ontario Association of Access Centres

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 595 surveys to families using children’s services in 2006/07 and received 168 responses (28.2% return rate). For the developmental services sector, 196 surveys were distributed with 70 having been completed and returned (35.7% return rate). **TABLE 33** below provides a summary of the 2006/07 quantitative data including as a comparator, data encompassing the five years since these data have been collected. It is interesting to note that the return rate for the developmental services sector has increased over this time, while the return rate for the children’s sector has remained the same.

TABLE 33

| Variable | Max. Possible Score | Developmental Services | | Children’s Services | |
|--------------------------------------|---------------------|------------------------|---------------|---------------------|---------------|
| | | 2006/07 | 02/03 – 06/07 | 2006/07 | 02/03 – 06/07 |
| Timeliness of Response | 5 | 4.47 | 4.47 | 4.19 | 4.31 |
| Ease of Access | 10 | 8.89 | 8.95 | 9.05 | 9.0 |
| Responsiveness | 22 | 19.2 | 19.4 | 19.1 | 19.0 |
| TOTAL Questionnaires Sent | | 196 | 883 | 595 | 2467 |
| TOTAL Questionnaires Returned | | 70 | 269 | 168 | 700 |
| % Return Rate | | 35.7% | 30.4% | 28.2% | 28.3% |

Ending With.....



Apart from the day to day consumer focused work of Contact Niagara, the 2006/07 year witnessed increased momentum in the Developmental Services Sector through the multi-year transformation process underway. Certainly 'Passport to Community Living' challenged Contact from an implementation and ongoing management perspective. This initiative required the full development of a variety of processes and tools in order to effectively, fairly and equitably allocate much needed resources to individuals. Late in the year however, Contact also began its involvement as a pilot site for the next phase of DS Transformation. In the interest of moving toward greater consistency in both understanding the challenges faced by consumers and in making fair and equitable decisions related to accessing supports, the province is introducing new tools that are currently being tested at multiple sites. As a test site, Contact, along with all other participants, will complete its work by early spring. MCSS will then assess the outcome within the context of setting future directions in this area.

"..But the year was also characterized by the introduction of a new policy framework within the children's services sector known as: 'A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health'..."

But the year was also characterized by the introduction of a new policy framework within the children's services sector known as 'A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health'. This policy provides direction for ongoing improvements to the system over the next decade. Areas that have been identified for improvement include enhancing

timeliness, increased emphasis on health promotion, increasing the extent of collaboration across agencies and sectors that work with children, greater consistency in terms of service provision, a focus on 'what works' in practice and improving the accountability mechanisms throughout the system. Communities across the province, including the Niagara region, have already engaged in the early stages of implementation.

One must also bear in mind that along with a focus on children's mental health has been a significant emphasis on the transformation of the child welfare system. That process has been well underway over these last two years and it also, in conjunction with other major Ministry initiatives has and will continue to have a profound affect on the overall delivery system for children's services.

Looking forward into the 2007/08 year these policy implementation processes will require of both the children's and developmental services forums (CSSF and DSSF)

greater collaboration in the overall planning, management and integration of the resources across this community. Indeed, on this point, a great many challenges remain to be met and overcome.

It is also expected that Contact Niagara will continue in its role of facilitating and/or participating in these important initiatives as part of its system level responsibility.





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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

Contact Niagara for Children's and Developmental Services
23 Hannover Drive, Unit 8 St. Catharines, ON L2W 1A3
Phone: 905-684-3407 1-800-933-3617 Fax: 905-684-2728
www.contactniagara.org