

March 2008, Issue 4
Table of Contents

Coordinated Information and Access

- Individuals Served 2
- Requests 2
- Intake Activity 4
- Resource Planning 4
- Resolution Meetings 5
- RPAC 5

Children's Services - Mental Health

- Intake Records 6
- Profile of Individuals 6
- Referral Patterns 11
- Waiting List Patterns 15

Children's Services - Developmental

- Intake Records 19
- Profile of Individuals 19
- Referral Patterns 22
- Waiting List Patterns 26
- Future Registrations 27

Adult Developmental Services

- Intake Records 28
- Profile of Individuals 28
- Referral Patterns 31
- Started Service 35
- Waiting List Patterns 36
- Future Needs 37
- Passport 37

This report and other issues can be found on our website www.ContactHamilton.com

A Snapshot of 2006-2007

Welcome to the fourth issue of **Stats and Facts**. The purpose of this publication is to disseminate system level information that will assist the children's and developmental services providers, other community partners and the Ministries of Children and Youth Services (MCYS) and Community and Social Services (MCSS) in planning.

This issue once again provides an overview of access statistics, demographics of those seeking services and referral patterns. Some changes and additions have been incorporated into this report. Statistics related to children's developmental services are now presented separately. In addition, this report includes information about waiting list patterns for children's mental health services and Passport, a new initiative for adults with developmental disabilities. These statistics reflect the activity of individuals who sought out information or access to services through Contact Hamilton. There are some MCYS funded children's programs, where access to those programs continues to be direct with the provider agency. This report does not include statistics for those programs.

I welcome your feedback and suggestions about additional information you would find helpful.

Oksana Plawiuk Fisher
Executive Director, Contact Hamilton

Coordinated Information and Access

Introduction

The children's system funded by the Ministry of Children and Youth Services is comprised of 19 agencies supporting children and youth with behavioural, emotional, psychiatric and developmental concerns. The developmental services system, funded by the Ministry of Community and Social Services is comprised of 13 agencies supporting children and adults with developmental disabilities.

Contact Hamilton's primary role is to provide a single point of access to the children's and developmental services system. Contact Hamilton also:

- Serves as a resource to physicians, schools and health/social service professionals
- Works with community agencies to coordinate wait lists, ensuring that access to service is fair and based on need

- Coordinates a resolution mechanism (to address highly complex and/or urgent situations)
- Coordinates the Residential Placement Advisory Committee, a legislated process that reviews children and youth in residential treatment programs
- Is responsible for developing a community service plan to identify system trends, issues, gaps, pressures and areas for improvement. The plan is developed in partnership with the community and is provided to the provincial government (Ministries of Community and Social Services and Children and Youth Services).

Individuals Served

In 2006/07 Contact Hamilton served 5,877 unique individuals on behalf of the children’s and developmental services systems. The breakdown between children’s services and developmental services is as follows:

Table 1: Unique Individuals Served (2006/07)

Children’s Services	4106
Developmental Services*	1771
Total	5877

* Includes children and adults

Requests

Contact Hamilton responds to inquiries from individuals in need of service, family members, schools, physicians and other professionals in the community. These inquiries may be in relation to a request for information about services, a consultation, or a request to access services. By calling one number, callers are able to obtain timely and accurate information about a broad range of services.

Type of Requests

In 2006/07 Contact Hamilton responded to **2,859 new requests**. For statistical purposes, a request is defined as a new individual calling Contact Hamilton for assistance, who has not been previously registered with Contact Hamilton through the intake process.

A breakdown of completed requests indicates that 45% of requests proceeded to the intake stage, 30% of the calls were for consultation purposes and 19% were information requests (Figure 1).

Figure 1: Type of Requests

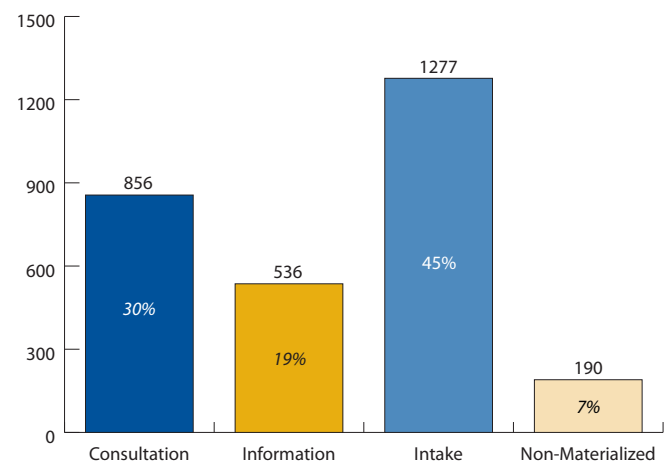


Table 2 provides a breakdown of completed requests, according to the system that the inquiry was calling about. If the services that the individuals need fall outside of the

children’s or developmental services sectors, Contact’s Intake Coordinators redirect the individuals to the appropriate services.

Table 2: System the Request was Related To

	CMH	DS	Both	Education	Health	Other
Consultations	454	105	13	27	80	177
Information	212	67	22	9	27	199
Intake	1067	180	11	1	0	18
Other	0	0	0	0	0	
Non-Materialized	34	5	0	1	2	148
Total Completed	1767	357	46	38	109	542

CMH=Children’s Services

DS= Developmental Services for Children or Adults

Both= Children/ youth requiring services offered in the children’s and developmental services sectors

Profile of Callers: By System

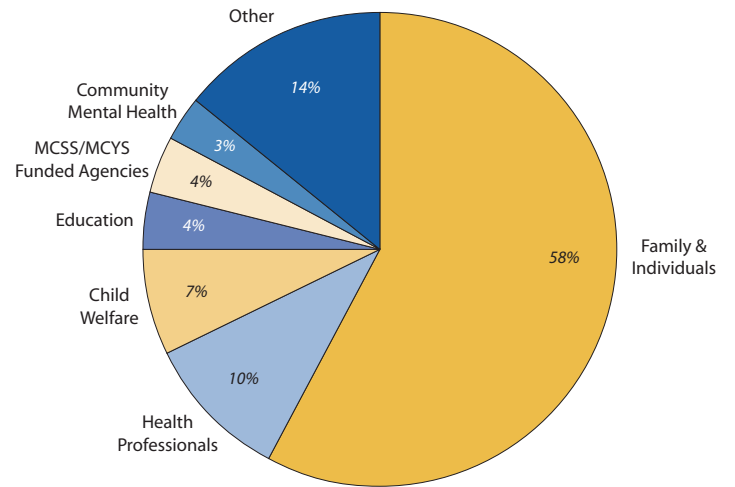
An analysis of completed requests indicates that family members and individuals requiring service represent 58% of callers. Health professionals from primary care settings, medical specialists and hospitals represent 10% of callers to Contact. Child Welfare workers and personnel

from the education system represent 7% and 4% of all callers respectively. Professionals who call Contact may be seeking information, a consultation, or may be initiating a referral to Contact on an individual's behalf.

Table 3: Profile of Callers: By System

	Total	%
Family and Individuals	1671	58%
Health Professionals	277	10%
Child Welfare	199	7%
Education	125	4%
MCSS/MCYS Funded Agencies	125	4%
Community Mental Health	74	3%
Other	388	14%
Total	2859	100%

Figure 2: Profile of Callers



Profile of Callers: Directed by

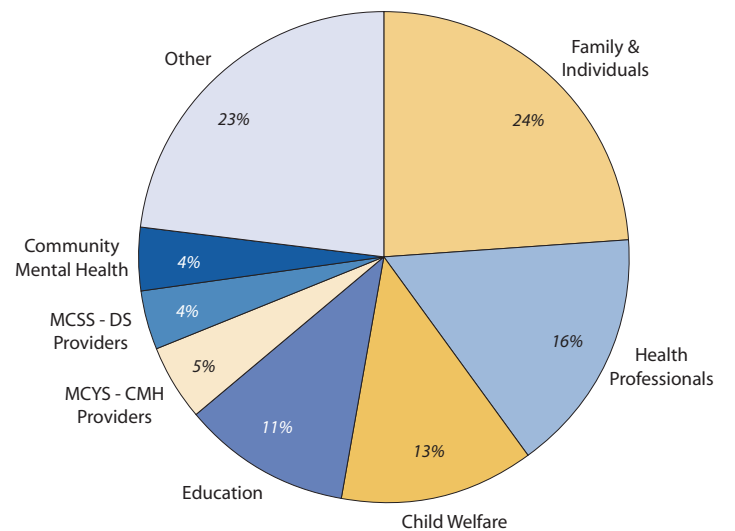
When asked who initially directed the caller to Contact, 24% of callers indicated that they initiated the call themselves or were advised of Contact by family members. 16% of callers indicated that they were advised by their physician

or another health professional to do so. The child welfare and education systems each directed 13% and 11% of callers respectively.

Table 4: Callers Directed to Contact By

	Total	%
Families and Individuals	698	24%
Health Professionals	462	16%
Child Welfare	364	13%
Education	304	11%
MCYS - CMH Providers	139	5%
MCSS - DS Providers	114	4%
Community Mental Health	118	4%
Other	660	23%
Total	2859	100%

Figure 3: Callers Directed to Contact By



Intake Activity

When a person is exploring access to services, an intake record is opened. This involves the person/family participating in an intake interview with a Resource Coordinator. In addition, The Brief Child and Family Phone Interview is completed if the intake is related to the children's mental health sector. The intake information provides Contact Hamilton staff with the information they require to make the most appropriate service recommendations possible and prioritize an individual's needs.

When the recommendations result in a referral to a children's or developmental services agency, the person's intake record also serves as a starting point for the agency,

as the agency considers its ability to respond. This saves the person from needing to re-tell their full story. Finally, the intake record provides valuable information to assist the whole system in understanding the service needs of individuals in our community.

The intake record remains active until such time as the person is connected with the service(s) or a new intake is required.

In 2006/07 Contact Hamilton had 5,030 active intake records on behalf of 4,417 unique individuals. The breakdown between sectors is as follows:

Table 5: Active Intake Records

Sector	Intake Records	Unique Individuals
Children's Services	3209	2873
Children's Services - DS	651	546
Developmental Services - Adults	1170	998
Total	5030	4417

** includes statistics for children and adults with developmental concerns/disabilities*

Resource Planning

A Resource Planning meeting is held when it is felt that such a meeting will assist in developing the service plan or to coordinate a plan when the individual is involved with many different service providers. The meeting brings together the person/family, service providers, the Contact Hamilton Resource Coordinator and other key individuals who are involved.

In 2006/07 a total of **27 meetings** were hosted at Contact Hamilton, on behalf of 23 individuals. The breakdown of meetings is as follows:

Table 6: 2005/06 Resource Planning Meetings

	Number of Individuals	Number of Meetings
Developmental Services - Adult	11	15
Children's Services - DS	7	7
Children's Services - MH	5	5
Total	23	27

Resolution Meetings

The Ministries of Children and Youth Services and Community and Social Services require that communities have resolution mechanisms in place to support individuals and families accessing the children's or developmental services system. The purpose of these meetings is to bring together community service providers to respond to situations that are highly complex and urgent. Contact Hamilton is responsible for facilitating the community mechanism, with the support of the service provider agencies.

a significant increase in Resolution meetings compared to the year prior when there were 14 meetings held on behalf of 18 individuals. The greatest number of meetings was held on behalf of children presenting with developmental disabilities. The greatest service need identified at Resolution Meetings was residential services. This highlights the gap in our community in residential supports for children with complex needs, and the gap in residential supports for adults with developmental disabilities.

In 2006/07 Contact Hamilton facilitated **48 Resolution Meetings on behalf of 40 individuals**. This represented

Table 7: 2006/07 Case Resolution Meetings

	Number of Individuals	Number of Meetings
Developmental Services - Adult	13	16
Children's Services - DS	20	21
Children's Services - MH	7	11
Total	40	48

Residential Placement Advisory Committee (RPAC)

The Residential Placement Advisory Committee is a legislated process required under the Child and Family Services Act. The Act requires that a review be conducted whenever a child is placed for 3 months or more in a residential facility of 10 or more beds. This is to ensure that the child is receiving the most appropriate services and that the child's best interests are being met. Contact

Hamilton hosts and coordinates this committee, which includes an informed citizen, and a service provider representative.

In 2006/07 the RPAC committee held 131 meetings. This represents a decline from the previous year, when 162 meetings were held.

Table 8: 2006/07 RPAC Meetings

Type of Meeting	Number of Meetings
Discretionary	3
Mandatory	128
Total	131

Children's Services - Mental Health

The following information is specific to the children's services mental health system. The information is drawn from Contact Hamilton's database, based on intake records from 2006/07. The information is intended to assist the children's service system in better understanding the profiles and needs of children and youth accessing the children's system, and to subsequently assist agency and system planning initiatives.

These statistics include intake and referral data for:

- Children /youth presenting with behavioral, emotional and mental health concerns, and
- Children /youth who in addition to presenting with the above, present with a developmental concern (referred to as "both").

Intake Records

In 2006/07 Contact Hamilton initiated 1,707 new intakes on behalf of 1553 children presenting with mental health concerns. As of March 31, 2007, there were 984 children

with an open intake record. This reflects the number of children who were waiting for a service, at that point in time.

Profile of Individuals

Age / Gender

Males represent 57% of all intakes and females represent 43%. There is an equal distribution between the 6-12 and 13- 17 year age ranges.

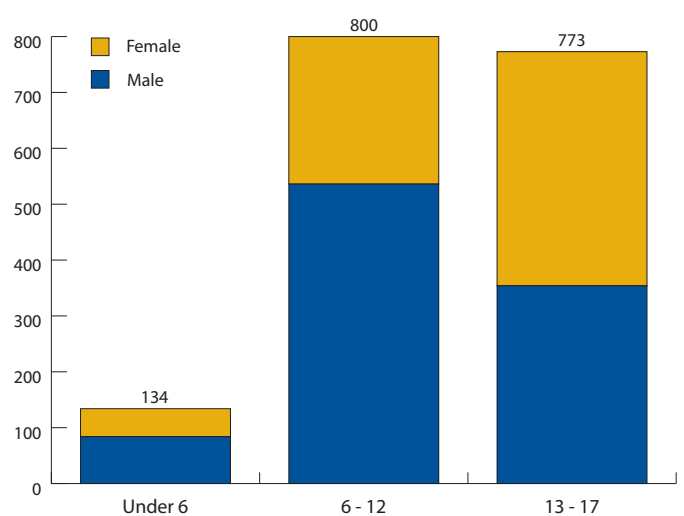
Females in the 13-17 age range represent 57% of all female intakes. There is also a concentration (44%) of females between the ages of 13-15. As with males, the number of females seeking services after the age of 15 decreases significantly.

Males in the 6-12 year age range represent 55% of all male intakes. There is also a concentration (28%) of males in the 13-15 year age range. The number of males seeking services drops off significantly after the age of 15.

Table 9: Profile of Age / Gender at Intake

Age Group	Male	Female	Total	% of Total
Under 6	84	50	134	8%
6 - 12	536	264	800	47%
13 - 17	354	419	773	45%
	13 - 15	269	322	35%
	16 - 17	85	97	11%
Total	974	733	1707	100%
% of Total	57%	43%		

Figure 4: Profile of Age / Gender at Intake



Child Welfare Involvement

There is a significant interface between the children's services system and the two Children's Aid Societies in Hamilton, as both systems work on behalf of children and youth.

In 2006/07, 447 individuals/families involved in new intakes reported that they were currently involved with the child welfare system. This represents 26% of all new intakes in that period. As of April 1, 2007, 232 open intake records were simultaneously, involved with child welfare. The CAS status associated with the intake records is presented in Table 10.

Table 10: Child Welfare Involvement

CAS Status	New Intakes	Open Intakes
Crown Ward	62	32
Temp Care & Custody	54	19
Temp Care Agreement	27	10
Society Ward	23	11
Supervision Order	8	6
Open File	144	53
Ongoing Service File	16	6
Unknown	113	95
Current Involvement	447	232

Problem Areas

The Brief Child and Family Phone Interview (BCFPI) is a standardized intake tool that is used provincially by all children's mental health agencies. Contact Hamilton administers the BCFPI as part of the children's intake

process. The information presented in this section is based on 1,340 BCFPI interviews conducted at Contact Hamilton in 2006-07.

Number of Problem Areas

34% of BCFPI interviews identified no problem areas as recorded in the BCFPI (score > 70). Many children / youth present with more than one problem area. Over 42% of all BCFPI interviews reflected two or more problems.

Table 12: Number of Problems / Number of Interviews

	Number of Problems									
	0	1	2	3	4	5	6	7	8	
Number of Interviews	456	164	163	144	150	143	82	30	8	1,340
Percent of Total	34.03%	12.24%	12.16%	10.75%	11.19%	10.67%	6.12%	2.24%	0.60%	100%



Presenting Problems and Needs

The problems that children/youth are presenting with during the intake process are reflected in Table 11. The table below reflects the percentage of interviews, where a child's BCFPI exceeded clinical scores (BCFPI score > 70) in a particular problem area. A score greater than 70 would only be expected in 2 % of the population.

Externalizing issues are present in 46% of BCFPI interviews while internalizing issues are present in 32%. Specifically, problems with cooperativeness (37%) and regulation of

attention, impulsivity and activity (37%) were the most prevalent externalizing problems. The ability to manage mood (37%) was the most prevalent internalizing problem. Significant functional impacts were noted for the individual (48%- global functioning score) and the family (58%-global family situation score). School participation was impacted in 35% of the cases.

Table 11: Presenting Problems and Needs

Problem Area	% of Total Interviews	Corresponding DSM IV disorder
Cooperativeness	37.3%	Oppositional Defiant
Managing Mood	37.0%	Depression
Regulation Of Attention & Impulsivity	37.3%	ADDH
Conduct	32.4%	Conduct
Separation From Parents	22.1%	Separation Anxiety
Managing Anxiety	19.0%	General Anxiety
Global Externalizing	46.1%	
Global Internalizing	31.9%	
Total 6 MH Domains	43.5%	
6 Mood + 3 Self Harm	36.1%	
Global Family Situation	58.0%	
Global Functioning	47.9%	
Family Comfort	50.6%	
Social Participation	49.7%	
Family Activities	48.7%	
School Participation	35.0%	
Informant Depression	28.9%	
Quality of Relationships	28.2%	
Family Functioning	5.0%	
Form Count	1340	

Based on 1,340 BCFPI Interviews.

Problem Areas by Age

Figure 5 compares average scores of children exceeding clinical scores within four age sets.

Figure 5: BCFPI Scores by Age

Note: age is calculated as of April 1, 2007

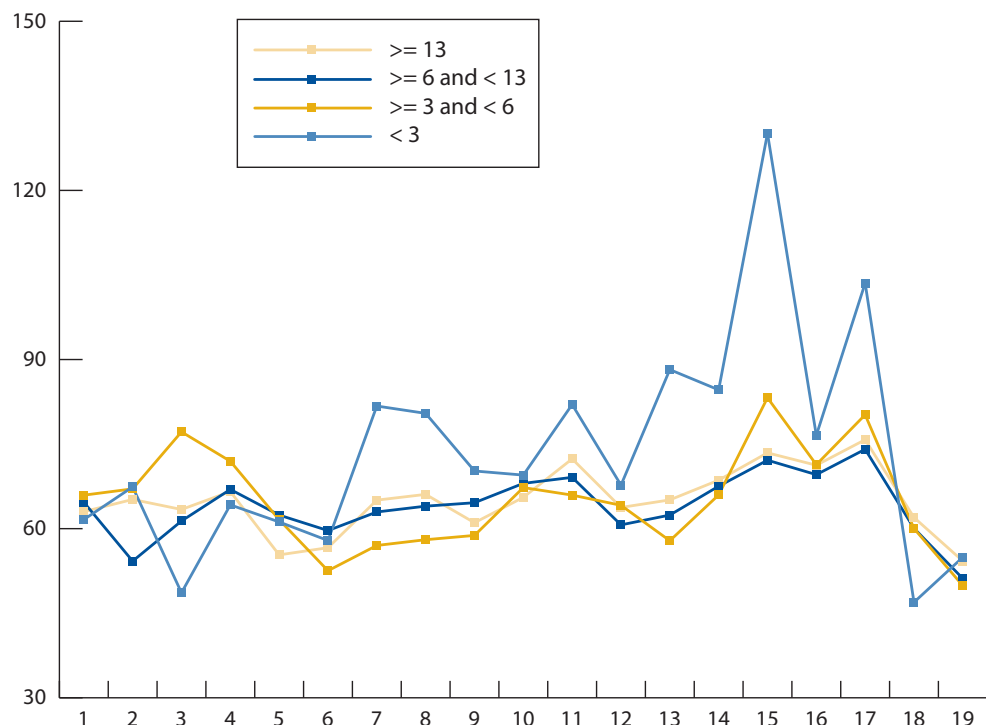


Table 13: Problem Area by Age

Problem Area		< 3	≥ 3 and < 6	≥ 6 and < 13	≥ 13
1	Regulation of Attention, Impulsivity and Activity	61.61	65.94	64.69	63.02
2	Cooperativeness	67.40	67.06	65.24	65.18
3	Conduct	48.63	77.17	61.36	63.40
4	Externalizing	64.22	71.96	66.96	66.58
5	Separation from Parents	61.19	61.58	62.41	55.35
6	Managing Anxiety	57.89	52.54	59.66	56.62
7	Managing mood - 6 item	81.75	57.02	62.96	65.06
8	6 mood + 3 self harm indicators	80.45	58.04	63.99	66.08
9	Internalizing, population norms	70.23	58.80	64.60	61.05
10	Total 6 mental health domains (5 for teacher form)	69.50	67.29	68.03	65.55
11	Social Participation	82.02	65.95	69.10	72.38
12	Quality of relationships	67.72	64.14	60.67	63.76
13	School participation and achievement	88.21	57.86	62.41	65.10
14	Global functioning	84.62	65.98	67.53	68.60
15	Family activities	130.11	83.22	72.14	73.45
16	Family comfort	76.55	71.35	69.58	71.25
17	Global family situation	103.55	80.20	74.08	75.78
18	Informant - depression	46.94	60.04	60.07	61.98
19	FAD - population norms	54.93	49.88	51.15	54.25
Number of Children (form count)		6	68	449	425

Other Concerns

The Brief Child and Family Phone Interview also inquires about other concerns on a scale of none, a little, or a lot. Tables 14, 15, and 16 depict the frequency of responses in the areas of other concerns, self harm and abuse.

Table 14: Other Concerns

Area of Concern	Frequency of Concerns		
	No Concern	A Little	A Lot
Sleep Disturbance	49%	26%	26%
Fire Involvement	89%	8%	3%
Substance Use	90%	7%	3%
Fear	57%	21%	21%
Obsessions	68%	16%	16%
Compulsions	82%	10%	8%
Tics	89%	6%	4%
Speech	88%	9%	3%
Development	80%	14%	7%
Learning / Academic Progress	57%	23%	21%
Weight (loss / disturbed thinking)	86%	10%	5%
Urinary Incontinence	83%	8%	9%
Bowel Movement	93%	4%	3%
Sexual Behaviour or Identity	86%	10%	4%

Based on 900 forms

Table 15: Self Harm

BCFPI Question	Response		
	Never	Sometimes	Often
Has lost a lot of weight without trying	93%	5%	1%
Talks about killing himself / herself	71%	27%	2%
Deliberately harms self or attempts suicide	84%	15%	1%

Based on 900 forms

Table 16: Abuse

BCFPI Question	Response		
	Yes	No	Don't Know
Has the client ever been physically abused?	16%	79%	5%
Has the client ever been sexually abused?	7%	85%	8%
Has the client ever been neglected to the extent that it seemed to impair his / her emotional or physical well-being?	21%	75%	4%
Has the client ever witnessed verbal or physical violence amongst the adults who have been involved in parenting him / her?	50%	47%	3%

Based on 900 forms

Service Barriers

The Brief Child and Family Interview also inquires about potential service barriers (refer to Table 17). 30% of respondents indicated that day time service hours would create a significant challenge (a lot/ too much) for participating in treatment services. Furthermore, 11%

of respondents indicated that day time services would make it impossible (too much) to participate in services. 16% of respondents indicated that child care would present a significant challenge for participating in treatment services (a lot/ too much).

Table 17: Service Barriers

Barrier	Response				
	None	A Little	A lot, but can participate	Too much to participate	N.A.
Transportation	82%	13%	4%	1%	0%
Parking Costs	69%	12%	8%	4%	7%
Day Time Hours	45%	25%	19%	11%	0%
Evening Hours	74%	14%	6%	5%	0%
Child Care	66%	10%	10%	6%	9%

Based on 900 forms

Referral Patterns

Number of Referrals

Contact Hamilton initiated 1,379 referrals on behalf of 1,088 children, to children’s services agencies for which it has centralized access responsibilities. The following data is drawn from the referral data.

Note:

1. Statistics related to, COAST, Grace Haven, St. Martin’s Manor, Wesley Urban Ministries Transitional Youth Outreach Program, and Day Treatment Programs are not included, as access to these programs is direct with the providers.

2. Statistics related to Brennan House, the Community Child Abuse Council and Centre de santé Communautaire reflect only those referrals directed by Contact. Referrals received directly from other sources are not included in this report.

3. Statistics related to programs for children presenting exclusively with a developmental concerns/disabilities are included in the Children’s Developmental Services section.

Referrals by Service Type

The majority of referrals (46%) were for some form of counselling / therapy followed by assessment (27%) and residential treatment (10%).

Figure 6: Referrals by Service Type

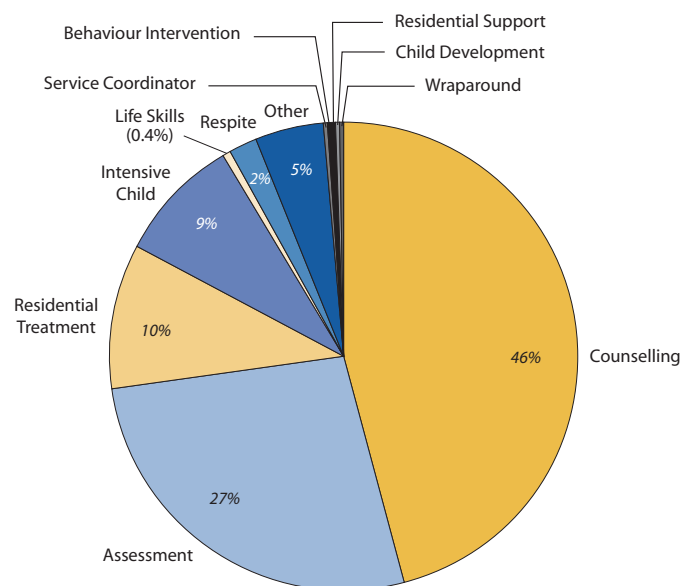


Table 18: Referrals by Service Type

Need	Unique Individuals	Number of Referrals	% of Total Referrals
Counselling	576	633	45.9%
Assessment	368	374	27.1%
Residential Treatment	110	135	9.8%
Intensive Child	119	122	8.8%
Life Skills	6	6	0.4%
Respite	16	27	2.0%
Other	64	64	4.6%
Service Coordination	4	4	0.3%
Behaviour Intervention	8	8	0.6%
Residential Support	1	1	0.1%
Child Development	3	3	0.2%
Wraparound	2	2	0.1%
Total		1379	100%

Agency / Program: Referrals and Admissions

Referrals

The information in Table 19 and Figure 7 reflect the pattern of referrals to agencies and their respective programs in 2006/07. Forty five percent of all referrals were made to Child and Adolescent Services and 30% of all referrals were made to McMaster Children’s Hospital: Child and Family Centre. Both of these agencies are outpatient service providers.

Admissions

Admissions reflect the number of individuals who began to receive service from a particular program in 2006/07. These individuals may have been referred during the same year or may have been referred in the year prior. Child and Adolescent Services admitted the highest number individuals in 2006/07 with 504 admissions. (refer to Table 19)

Figure 7: Referrals by Agency

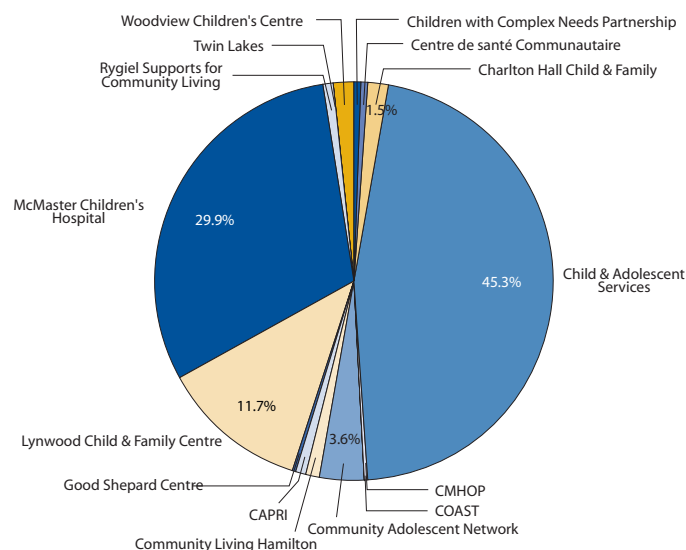


Table 19: Referrals and Admissions by Agency and Program

Service Agency	Program	Referrals			Admissions
		# of Individuals Referred	# of Referrals Prog/Agency	% of Total Referrals	
Children with Complex Needs Partnership (CCNP)		8	10	0.7%	11
	Case Management		4		5
	Wraparound		2		2
	Accommodation - Residential		3		1
	Accommodation - Family Model		0		0
	Accommodation - Staff Model		1		3
Centre de santé Communautaire	SMPEA - Mental Health	8	8	0.6%	8
Charlton Hall Child & Family	Charlton Hall	20	21	1.5%	12
Child & Adolescent Services		574	624	45.3%	504
	Trauma		80		55
	Sexual Offender Asst./Forensic		20		19
	Brief Therapy		314		290
	Individual Therapy		3		0
	Family Therapy		1		0
	Group Therapy		1		0
	Fire Setting/Forensic		26		21
	Sexualized Behaviour		4		3
	Quick Access		4		1
	RPT		1		0
	ITTM		1		0
	3 Session Counselling		1		0
	High Risk Youth Justice		21		21
	Child & Family Intervention		147		95
CMHOP	Centre de santé	1	1	0.1%	0
COAST	Nurse Practitioner	1	1	0.1%	1
Community Adolescent Network	Outlook Residence	44	49	3.6%	25
Community Living Hamilton		10	14	1.0%	4
	Charlton House Respite		6		3
	Charlton House Teen Group		1		0
	Children's Out of Home Respite		2		1
	Alternate Care		5		0
CPRI		7	9	0.7%	3
	Childrens Mental Health		5		1
	Urgent Response Intervention		2		
	Developmental Services		2		2

Table 19: Referrals and Admissions by Agency and Program - Continued

Service Agency	Program	Referrals			Admissions
		# of Individuals Referred	# of Referrals Prog/Agency	% of Total Referrals	
Good Shepherd Centre	Brennan House	7	7	0.5%	1
Lynwood Child & Family Centre		147	162	11.7%	122
	Residential - Hamilton		38		26
	Intensive Child & Family		52		44
	Intensive Brief Child & Family		72		52
McMaster Children's Hospital		396	413	29.9%	370
	Brokerage Service		2		2
	Pediatric Consult		1		1
	CYMH Outpatient Service		271		280
	Registration		8		0
	ASD		2		4
	STAT		6		6
	Psychiatric Consult		22		16
	Int. Child Community Service		16		18
	CFTS		4		4
	Cornerstone		3		1
	COPE		64		30
	BTCS		2		0
	Selective Mutism		5		5
	CDRP		1		1
	COHR (via SSAH)		4		1
Developmental Pathway	2	1			
Rygiel Supports for Community Living		6	8	0.6%	7
	Respite - Child		3		1
	COHR - Ceili		2		5
	COHR		2		0
	Group Living		1		1
Twin Lakes	Clinical Services	1	1	0.1%	0
Woodview Children's Centre		20	20	1.5%	6
	Manor (Child-Teen Group)		4		0
	Canada House - Residential		16		6
Total		1281	1379	1	1104

Referrals made *directly* to Brennan House, Community Child Abuse Council and Centre de Sante Communautaire are not reported here. Referrals for children presenting exclusively with a developmental delay/concern are not reported here.

Waiting List Patterns

The following section provides information about waiting lists for children and youth presenting with mental health concerns.

Waiting List Counts

Tables 20, 21 and 22 reflect the number of children who were waiting for service by service type, as of March 31, 2007. It is important to note that this is a “point in time” count, and that waiting list counts can change over the course of the year. A child would be counted in two service types, if the child were waiting for two services.

Table 20 indicates that there were 275 referrals that were outstanding on March 31st. The highest waiting list counts were in the areas of counselling/therapy and assessment services. The wait counts for non-residential services was 234 and 31 for residential services. Table 22 shows the wait counts by agency and program.

Table 20: Children Waiting for Services (as of March 31, 2007)

Need	Urgent	High Need Not Urgent	Moderate	TOTAL
Counselling	14	60	26	100
Assessment	30	47	12	89
Residential Treatment	17	13	2	32
Other	2	9	5	16
Respite	10	5		15
Intensive Child	1	4	4	9
Life Skills	3	2		5
Group Living	4			4
Behaviour Intervention	2	1		3
Residential Support	2			2
Total	85	141	49	275

Table 21: Children Waiting for Residential and Non-Residential Services (as of March 31, 2007)

Non-Residential	Number of Children Waiting	Residential	Number of Children Waiting
Counselling	96	Residential Treatment	23
Assessment	88	Group Living	5
Other	16	Residential Support	3
Respite	16		
Intensive Child	9		
Life Skills	6		
Behaviour Intervention	3		
Total	234		31

Table 22: Children Waiting by Agency (as of March 31, 2007)

Service Agency	#	Program	Waiting
Children with Complex Needs Partnership	0	Accommodation - Residential	0
Charlton Hall Child & Family	2	Charlton Hall	2
Child & Adolescent Services	88	Brief Therapy	11
		Child & Family Intervention	45
		Fire Setting/Forensic	2
		Individual Therapy	3
		Quick Access	3
		Sexual Offender Asst./Forensic	2
		3 Session Counselling	1
		Family Therapy	1
		Group Therapy	1
		High Risk Youth Justice	1
		ITTM	3
		RPT	1
		Sexualized Behaviour	1
		Trauma	13
Child Abuse Council	0	CMHOP - Trauma	0
CMHOP	0	Centre de santé	0
Community Adolescent Network	6	Outlook Residence	6
Community Living Hamilton	10	Alternate Care	4
		Charlton House Respite	3
		Charlton House Teen Group	3
Contact Hamilton	16	DS - Internal	1
		DS - Outstanding	3
		Overcommitment	12
CPRI	6	Childrens Mental Health	4
		Developmental Services	2
Dawn Patrol	1	PAC	1
Good Shepherd Centre	2	Brennan House	2
Lynwood Child & Family Centre	11	Intensive Brief Child & Family	6
		Intensive Child & Family	3
		Residential - Hamilton	2
		Wrap Around	0
MCH - Chedoke	113	SAD	1
		COHR (via SSAH)	3
		COPE	15
		Cornerstone	3
		CYMH Outpatient Service	75
		Psychiatric Consult	10
		Registration	2

Numbers are based on referrals, not unique individuals.

Waiting Times

Waiting times have been a longstanding area of concern for the children's service system. The following tables and graphs depict waiting times for those children who began to receive service in 2006/07.

Table 23 depicts the waiting times for each agency for admissions that occurred in 2006/07. Within agencies, waiting times can vary for each of their respective programs. Program-specific wait times are not presented in this report. Based on the total admissions in the year, 622 (56%) clients waited less than one month to receive service. 99 (9%) clients waited between 6 months to one

year and 58 (5%) waited for more than one year.

Table 24 depicts the waiting times by the type of service needed. Relative to other service types, the wait times for assessment services were the greatest. Although 115 (31%) clients waited less than one month, 47 (13%) waited between 6-12 months, and 52 (13%) waited for more than one year.

Figure 8 illustrates the distribution of wait times (percentages) for select agencies.

Table 23: Waiting Times for Agencies

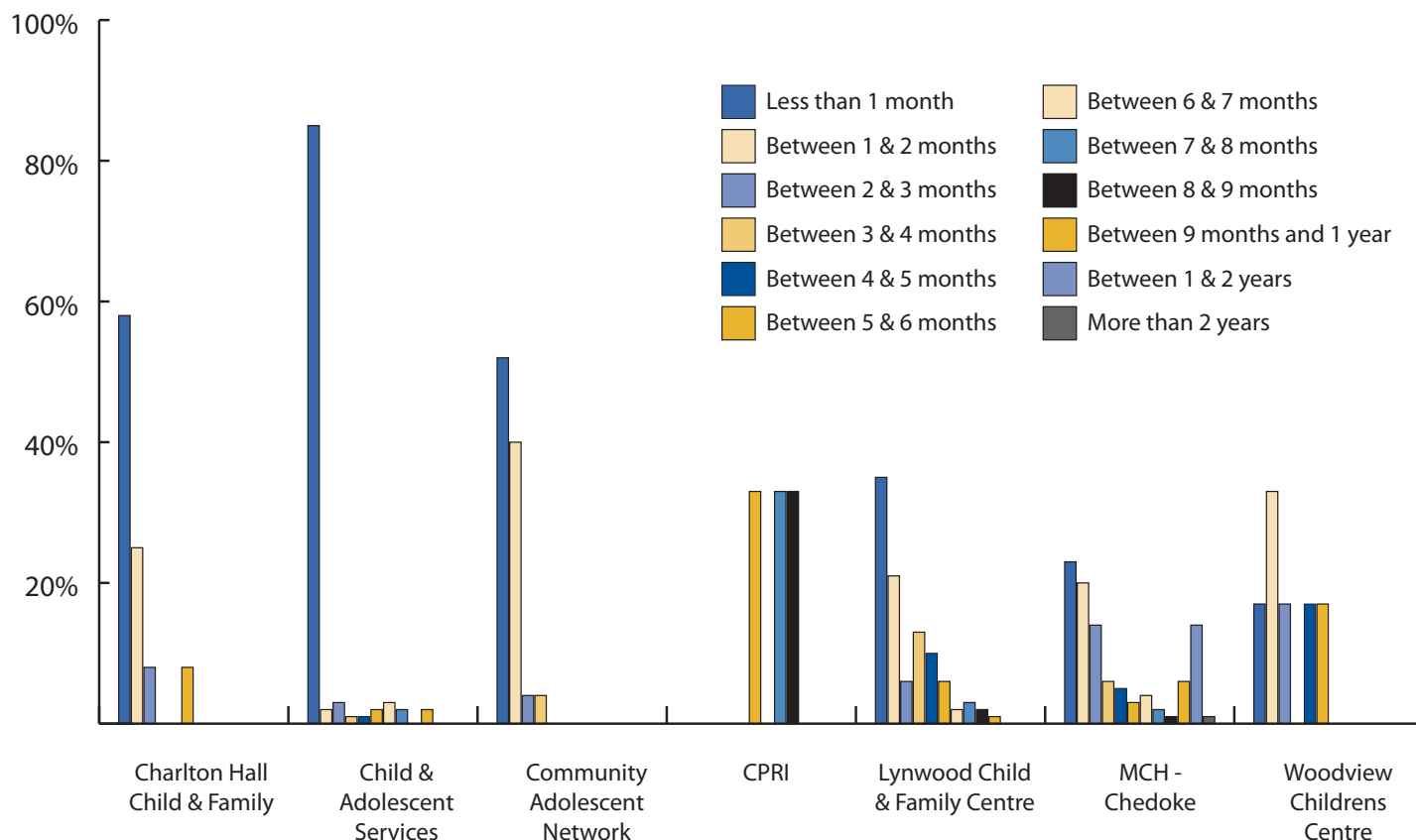
Agency	Waiting Time/Admissions Between											
	<1 month	1 & 2 months	2 & 3 months	3 & 4 months	4 & 5 months	5 & 6 months	6 & 7 months	7 & 8 months	8 & 9 months	9 & 10 months	1 & 2 years	> 2 years
CCNP	2	2	2	2	1	1		1				
Centre de santé	8											
Charlton Hall Child & Family	7	3	1			1						
Child & Adolescent Services	431	9	14	6	3	10	14	8	2	8		
Child Abuse Council									1			
CMHOP	1											
COAST	1											
Community Adolescent Network	13	10	1	1								
Community Living Hamilton	1			1					1		1	
CPRI						1		1	1			
Dawn Patrol	27	2	1									
Good Shepherd Centre		1										
Lynwood Child & Family Centre	43	26	7	16	12	7	3	4	3	1		
MCH - Chedoke	86	74	53	22	18	10	15	9	5	22	52	4
Rygiel Supports for C.L.	1			5							1	
Woodview Children's Centre	1	2	1		1	1						
Total	622	129	81	52	35	31	32	23	13	31	54	4

Based on 1,107 admissions

Table 24: Waiting Times for Service Need

Need	Waiting Time/Service Need Between											
	<1 month	1 & 2 months	2 & 3 months	3 & 4 months	4 & 5 months	5 & 6 months	6 & 7 months	7 & 8 months	8 & 9 months	9 & 10 months	1 & 2 years	> 2 years
Assessment	115	63	43	21	18	9	14	7	4	22	49	3
Behaviour Intervention	1					2	1	1				
Child Development						1						
Counselling	426	12	18	7	3	9	14	8	5	8	2	1
Group Living								1				
Intensive Child	28	14	5	16	12	7	3	4	3	1		
Other	12	10	7					1				
Residential Support	1											
Residential Treatment	36	28	5	1	1	2		1				
Respite	2	1	1	6					1		3	
Service Coordination	1		1	1	1	1						
Wraparound		1	1									
Total	622	129	81	52	35	31	32	23	13	31	54	4

Figure 8: Length of Wait - As Percentage of Total Referrals to Each Agency



Note: The graph depicts the distribution of wait times for a select number of agencies.

Children's Services - Developmental

The following information is specific to the children's services-developmental system. The information is drawn from Contact Hamilton's database, based on intake records from 2006/07. The information is intended to assist the children's service system in better understanding the profiles and needs of children and youth with developmental disabilities, and to subsequently assist agency and system planning initiatives.

These statistics include intake and referral data for:

- Children /youth presenting with a developmental delay/ disability
- Children/ youth presenting with a developmental delay/disability and a mental health concern (dual diagnosis).

Intake Records

In 2006/07 Contact Hamilton initiated 233 new intakes in 2006/2007, on behalf of children and youth presenting with a developmental disability or dual diagnosis (mental health and developmental disability). As of March 31, 2007, there

were 519 open intakes for children with a developmental disability. This reflects the number of children who were waiting for a service, or registered for a future need.

Profile of Individuals

Age / Gender

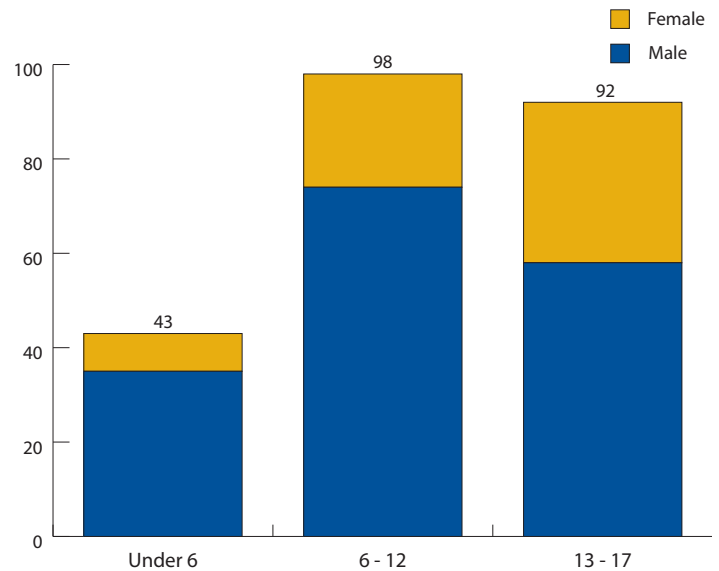
New Intakes

Males represent 72% of all intakes and females represent 28% of new intakes. There is an equal distribution between the 6-12 and 13- 17 year age ranges.

Table 25: Profile of Age / Gender at Intake (New Intake)

Age Group	Male	Female	Total	% of Total
Under 6	35	8	43	18%
6 - 12	74	24	98	42%
13 - 17	58	34	92	39%
Total	167	66	233	100%

Figure 9: Profile of Age / Gender at Intake (New Intakes)



Open Intakes

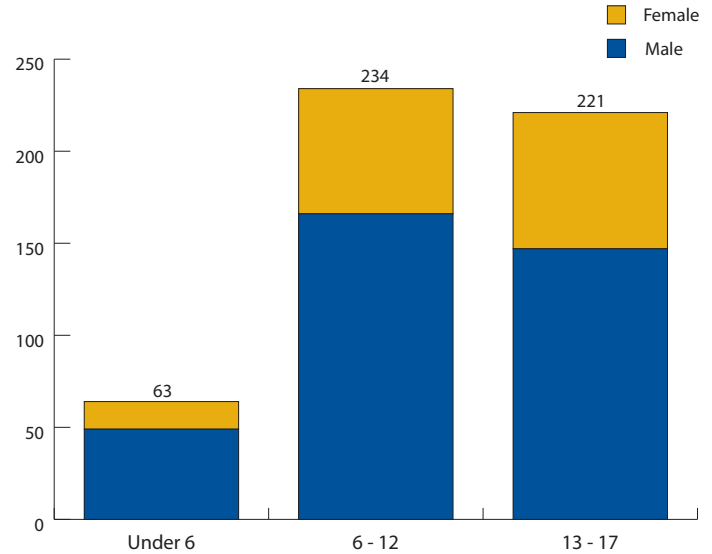
Open intakes include all files that were open on a particular date (includes carry-overs from the year prior and new intakes). There were 519 open intake files as of March 31, 2007.

70% of open files were male, 30% female. The age distribution was 12% for children under 6, 45% for 6-12 year olds and 43% for 13-17 year olds.

Table 26: Age / Gender of Individuals with an Open Intake (as of March 31, 2007)

Age Group	Male	Female	Total	% of Total
Under 6	49	15	64	12%
6 - 12	166	68	234	45%
13 - 17	147	74	221	43%
Total	362	157	519	100%
% of Total	70%	30%		

Figure 10: Age / Gender of Individuals with an Open Intake (as of March 31, 2007)



Child Welfare Involvement

There is an interface between the developmental services system and the two Children's Aid Societies, as both systems work on behalf of children and youth with developmental disabilities.

In 2006/07, 35 individuals/families involved in new intakes reported that they were currently involved with the child welfare system. This represents 15% of all new intakes in that period. As of March 31, 2007, 72 (15%) open intakes were simultaneously involved with the child welfare system. The child welfare status associated with the intake records is presented in Table 27.

Table 27: Child Welfare Involvement

CAS Status	New Intakes	Open (March 31, 2007)
Crown Ward	19	50
Open File	8	11
Ongoing Service File	2	2
Society Ward	2	3
Supervision Order	2	2
Temp Care and Custody	1	2
Temp Care Agreement	1	2
Total	35	72

Crown Wards

As of March 31, 2007 50 children/youth with developmental disabilities were crown wards. The majority (60%) were males. 40 children were connected with the Children’s Aid Society of Hamilton, and 10 children were involved with the Catholic Children’s Aid Society. The table shows the number of crown wards who are expected to leave the child welfare system over the next 12 years. Thirteen crown wards are expected to leave the child welfare system over the next two years. This represents a tremendous upcoming pressure on the adult developmental service system as these young adults leave the child welfare system.



Table 28: Children/ Youth with Developmental Disabilities Who are Crown Wards (as of March 2007)

	CCAS	CAS	Total
# Crown Ward Children	10	40	50
Males			30
Females			20
Leaving Child Welfare in:			
2007 (April 1/07 - Dec 31/07)	1	7	8
2008	0	5	5
2009	2	6	8
2010	2	5	7
2011	1	3	4
2012	0	3	3
2013	1	2	3
2014	0	4	4
2015	0	3	3
2016	1	2	3
2017	1	0	1
2018	1	0	1
Total	10	40	50

Contact

Referral Patterns

In 2006/07, Contact Hamilton initiated 239 referrals on behalf of 130 children with developmental disabilities.

Referrals by Service Type and Agency

The majority of the support needs fall within the areas of respite (41%), accommodation (17%), and assessment (13%). Table 29 provides a breakdown of 2006/07 referrals to agencies for children/youth with developmental disabilities. Future registrations are not included in these counts.

Table 29: Referrals by Service Type

Need	Unique Individuals	Number of Referrals	% Total Referrals
Respite	64	97	40.6%
Day Support	1	1	0.4%
Accommodation	13	40	16.7%
Group Living	5	25	10.5%
Family/Assoc Home	2	9	3.8%
Residential Support	3	3	1.3%
Residential Treatment	3	3	1.3%
Service Coordination	2	2	0.8%
Assessment	27	30	12.6%
Behaviour Intervention	17	19	7.9%
Life Skills	27	27	11.3%
Other	3	3	1.3%
Counselling	10	13	5.4%
Intensive Child	1	2	0.8%
Wraparound	2	2	0.8%
Child Development	3	3	1.3%
Total		239	100%

Figure 11: Referrals by Service Type

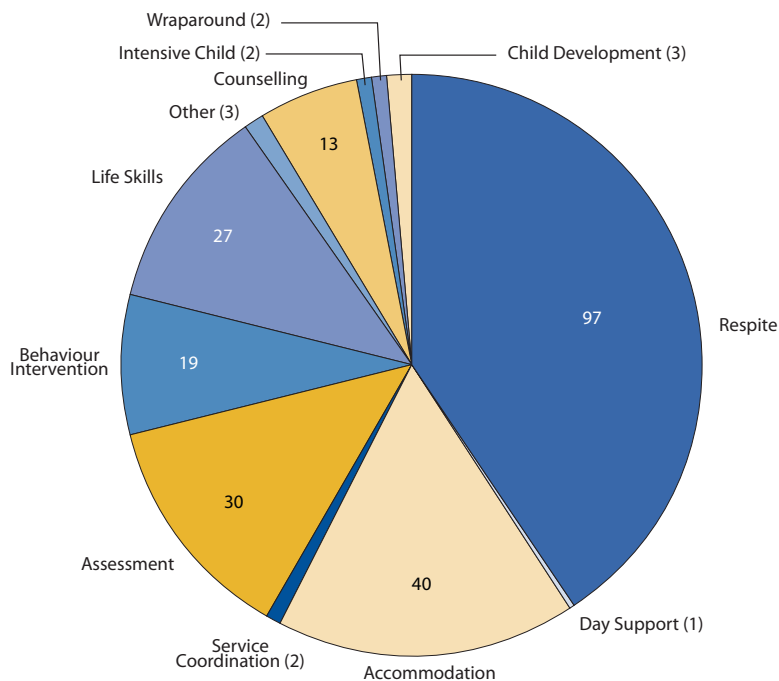


Table 30: Referrals by Agency / Program

Service Agency	Program	% Individuals Referred to Agency	% Referrals to Agency/ Program	Admissions
Beth Tikvah	Group Living	4	4	0
Bethesda	Short Term Behaviour Mgmt	1	1	0
Children with Complex Needs Partnership	Accommodation - Family Model	6	0	0
	Accommodation - Residential		1	2
	Accommodation - Staff Model		2	1
	Case Management		2	6
	Wraparound		2	1
Child & Adolescent Services	Brief Therapy	7	2	
	Fire Setting / Forensic		1	1
	Sexualized Offenders Asst./forensic		0	
	Sexualized Behaviour		1	1
	Trauma		3	1
CHOICES	Group Living	7	7	
	Associate Living (family home)		1	
Community Horizons	Group Living	4	3	
	Associate Living (family home)		1	
Community Living Hamilton	Group Living	53	3	
	Alternate Care		28	3
	Associate Living (family home)		1	
	Charlton House Respite		22	10
	Charlton House Teen Group		8	4
	COHR		10	11
CPRI	Developmental Services	4	3	3
	Urgent Response Intervention		2	
Family Counselling Centre of Brant	Hamilton Behaviour Services	2	2	
L'Arche Hamilton	Group Living	3	2	
	SIL		1	
Lawson Ministries - Salvation Army	Group Living	5	3	
	Day Supports		1	
	SIL		1	
Lynwood Child & Family Centre	Residential - Hamilton	2	2	2
	Intensive Child & Family		2	1

Table 30: Referrals by Agency / Program - Continued

Service Agency	Program	% Individuals Referred to Agency	% Referrals to Agency/ Program	Admissions
McMaster Children's Hospital: (note: this only includes those whose referrals directed by Contact Hamilton)	Psychiatric Consult	51	2	1
	ASD		5	5
	Brokerage Service		1	1
	BTCS - Adult		1	
	BTSC - Child		12	4
	COHR (via SSAH)		5	
	CYMH Outpatient Service		9	5
	Developmental Pathway		3	3
	Intensive Child & Community Service		1	3
	Pediatric Consult		1	
	COPE		2	
	Registration		8	
	STAT		6	2
	CDRP		1	1
Rygiel Supports for Community Living	Adult Respite Initiative	30	2	
	COHR		9	8
	COHR - Ceili		7	16
	Respite - Child		12	2
	Group Living		4	
Twin Lakes	Psychological Services	4	3	3
	Psychiatry Services		1	0
Woodview	Manor (Adult PT Group)	17	1	
	Manor (Child Teen Group)		16	1
Y.W.C.A.	SIL	5	2	5
	Group Living		3	1
Total			239	

Started Service

The following table reflects the number of children with a developmental disability (Under 18) who started service in 2006/07. The priority of the children's needs is also provided.

Table 31: Number of Children/Youth Who Began Service

Need	Crisis	Urgent	Immediate	Total
Assessment		11	8	19
Behaviour Intervention	1	3	4	8
Child Development			1	1
Counselling		1	2	3
Accommodation	0	8	0	8
<i>Group Living</i>		2		2
<i>Fam Associate Home</i>		1		1
<i>SIL</i>		1		1
<i>Residential Treatment</i>		3		3
<i>Residential Support</i>		1		1
Life Skills		1	8	9
Intensive Child			2	2
Respite	3	36	16	55
Service Coordination	1	5		6
Wraparound		1		1
Total	5	66	41	112

Based on referrals by Contact Hamilton. These numbers may be understated as agencies may not have provided Contact with notices of start dates.



Waiting List Patterns

Waiting for Service

Waiting List Counts

The following table demonstrates the number of children with a developmental disability who were waiting for a service on March 31, 2007. These counts do not include children with a “future registration” for supports offered

within the adult developmental services system. The greatest need is in the area of respite with 92 children waiting for respite

Table 32: Number of Children Waiting for Service

Need	DS Crisis	DS Urgent	DS Immediate	Total
Assessment		3	10	13
Behaviour Intervention		6	4	10
Day Support		1		1
Counselling		2		2
Accommodation	1	14	1	16
<i>Group Living</i>	1	8		9
<i>Family/Assoc Home</i>		1	1	2
<i>Residential Support</i>		5		5
Life Skills		3	21	24
Other			2	2
Respite		42	50	92
Service Coordination		1		1
Total	1	72	88	161

Individuals are unique within needs but may have more than one need

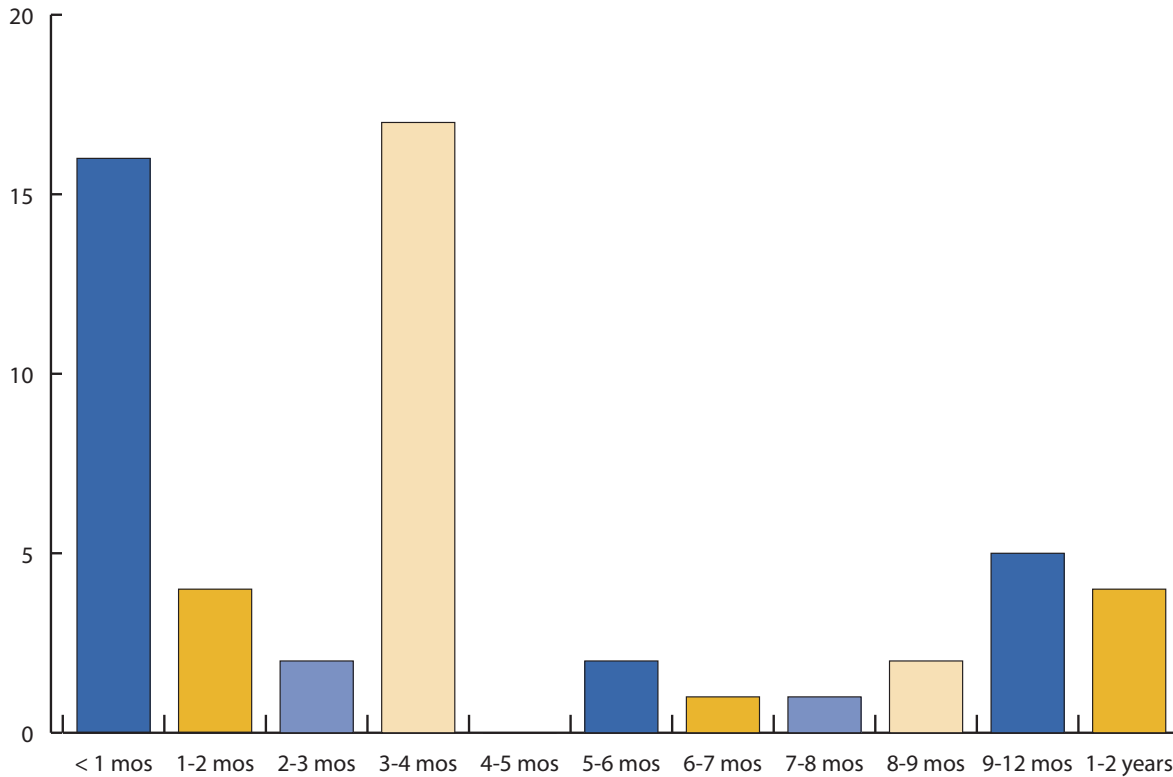


Wait Times for Respite

Figure 12 depicts the waiting times for children who began to receive respite supports in 2006/07. This wait time reflects the duration of time between the child's referral

for respite being made and the point in time when the child began to receive respite.

Figure 12: Wait Times for Respite



Future Registrations

Future Needs in the Adult Development Services System

The following table shows the number of children with a developmental disability who are registered for a future service, when they reach their adult years. This information informs the adult developmental services system of the future demand for support.

Table 33: Future Registrations

Need	# Registered
Day Support	496
Accommodation	225
Group Living	39
Family/Assoc Home	7
SIL	7
Residential Support	172
Life Skills	5
Individual Funding	4
Other	3
Respite	10
Vocational	3
Total	742

Individuals are unique within needs but may have more than one need

Adult Developmental Services

The following information is specific to the adult developmental services system. The information is drawn from Contact Hamilton's database, based on intake records from 2006/07. The information is intended to assist the

developmental services system in better understanding the profiles and needs of adults accessing the system, and to subsequently assist agency and system planning initiatives.

Intake Records

In 2006/07 Contact Hamilton initiated a total of 265 new intakes on behalf of the adult developmental services system. As of March 31, 2007, there were 794 adults with

an open intake record. This reflects the number of adults who are waiting/ registered for a developmental service.

Profile of Individuals

Age / Gender

New Intakes

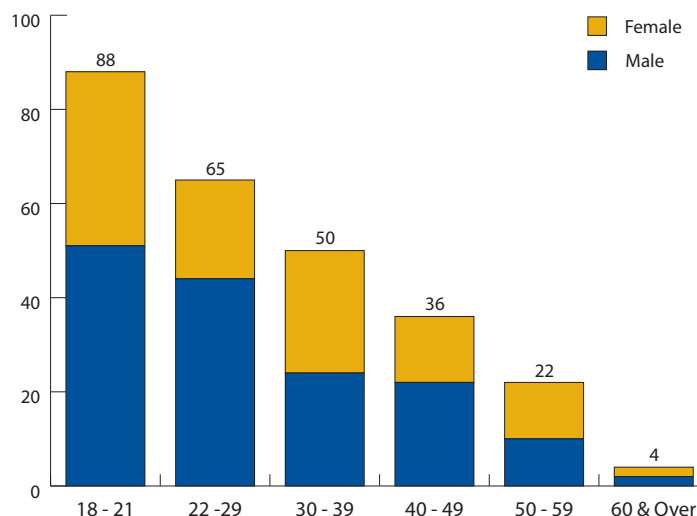
Males represent 58%, and females represent 42% of new intakes completed in 2006/07. 18-21 year olds represent the largest group of new intakes. This age group reflects

the transitional youth who are preparing to leave the school system and crown wards who are leaving the child welfare system.

Table 34: Age at Intake

Age Group	Male	Female	Total	% of Total
18 - 21	51	37	88	33%
22 - 29	44	21	65	25%
30 - 39	24	26	50	19%
40 - 49	22	14	36	14%
50 - 59	10	12	22	8%
60 and over	2	2	4	2%
Total	153	112	256	100%
% of Total	58%	42%		

Figure 13: Age at Intake



Open Intakes

Open intakes include all files that were open on a particular date (includes carry-overs from the year prior and new intakes). A file is considered open if the individual is waiting for a support. There were 794 open intake files as of March 31, 2007. Males represent 60% and females 40%.

As indicated in Table 35, the largest group waiting for services is the 22 to 29 year- age group (28%) and the 18

Table 35: Age of Individuals with an Open Intake (on March 31, 2007)

Age Group	Male	Female	Total	% of Total
18 - 21	116	82	198	25%
22 - 29	130	90	220	28%
30 - 39	90	60	150	19%
40 - 49	74	50	124	16%
50 - 59	48	26	74	9%
60 and over	18	10	28	4%
Total	476	318	794	100%
% of Total	60%	40%		

Profile

Two years ago, Contact Hamilton began to track various indicators to assist the Ministry and community with planning. This information assists in understanding the demographics of individuals served and the implications for planning within the system, and with other systems.

Ministry Areas of Interest

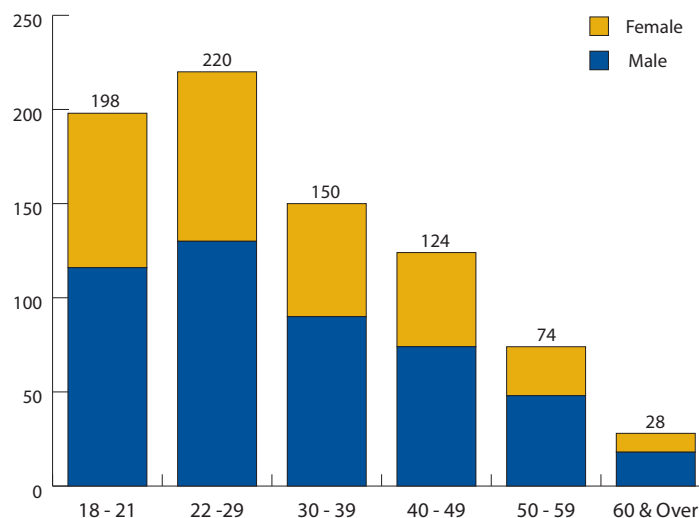
For the past several years, the Ministry has requested that we monitor particular areas of interest. These categories and the counts of individuals with developmental disabilities are presented in Table 36. This information is based on individuals with an open intake file, where a profile had been created (794 individuals). Aging caregivers, as defined as a caregiver who is 65 years of age or older, has

Table 36: Ministry Areas of Interest

Ageing Caregiver (65+)	82	10.3%
Complex Changing Needs (DS)	84	10.6%
Dual Diagnosis	146	18.0%
Medically Fragile	43	5.4%
PDD / Autism	108	12.7%

to 21 year age group (25%). The 18-21 year age range is of particular interest to the developmental services community as it predicts the number of individuals who will be leaving the school system and potentially requiring supports from the adult developmental services sector.

Figure 14: Age of Individuals with Open Intake (on March 31, 2007)



Although the data cannot be considered accurate (likely understated), it does nonetheless begin to provide stakeholders with relevant planning information. This information will become more accurate over time.

been of particular concern to planners. Base on our data, 84 (10%) adults with developmental disabilities have an aging caregiver. 146 (16%) are considered to have a dual diagnosis (developmental disability plus a behavioural/mental health concern). 13 % of individuals have an autism spectrum disorder.

Physical / Functional Impairments

40% of individuals are considered to have impairment in the area of communication. 75 (9%) are non-verbal. 42 (5%) individuals have a hearing impairment and 77 (10%) individuals have a visual impairment. 124 individuals have a mobility impairment, 83 of whom are ambulatory and 41 of whom are non-ambulatory.

Table 37: Physical / Functional Impairments

Communication	319	40.2%
Communication - Non-Verbal	75	9.4%
Feeding/Swallowing	39	4.9%
Hearing Impairment	42	5.3%
Mobility Impairment - Ambulatory	83	10.5%
Mobility Impairment - Non-Ambulatory	41	5.2%
Visual Impairment	77	9.7%

Sector Involvement

This area identifies other service sectors that individuals are involved with. The greatest interface with another system is with the mental health system, where 100 (13%) individuals are also involved with local mental health services. 25 individuals are involved with the corrections system and 12 are identified to be involved with the long-term care system.

Table 38: Involvement with Other Sectors

Adult Mental Health	100	12.6%
Corrections (Adult)	25	3.1%
Long Term Care	12	1.5%



Diagnostic Information

Contact Hamilton has also been tracking diagnoses that the person or family member report at the time of intake. 130 (16%) individuals were reported to have seizure related disorders and 119 (15%) reported concerns with depression or mood.

Table 39: Diagnostic Information (not confirmed)

Acquired Brain Injury	7	0.9%
ADHA	48	6.0%
Anxiety	141	17.8%
ARND (Alcohol Related Neurological Disorder)	1	0.1%
Autism Spectrum	76	9.6%
Cerebral Palsy	62	7.8%
Depression / Mood	119	15.0%
Down Syndrome	72	9.1%
Eating Disorder	7	0.9%
FASD	11	1.4%
Learning Disability	21	2.6%
Obsessive Compulsive Disorder	65	8.2%
Oppositional Defiant Disorder	11	1.4%
Prader Willi Syndrome	4	0.5%
Schizophrenia & Other Psychotic Disorders	49	6.2%
Seizures	130	16.4%
Spina Bifida	7	0.9%
Syndrome - Other	50	6.3%
Tourettes Syndrome	11	1.4%

Referral Patterns

In 2006/07, Contact Hamilton initiated 683 referrals on behalf of 175 adults.

Referrals by Support Need

Day support (155 individuals), accommodation support (65 individuals) and respite (55 individuals) represent the most frequently identified support needs of individuals requiring service. Table 40 provides a breakdown by support need and the corresponding number of referrals that were made to respond to these needs. Figure 15 further illustrates the number of individuals with various support needs.

Table 40: Referrals by Support Type

Need	Unique Individuals	Number of Referrals
Respite	55	127
Day Support	155	221
Accommodation	65	181
<i>Group Living</i>	30	91
<i>Family/Assoc Home</i>	6	8
<i>Residential Support</i>	4	11
<i>SIL</i>	25	71
Service Coordination	24	24
Assessment	38	42
Vocational	1	1
Behaviour Intervention	33	62
Life Skills	6	6
Individual Funding	2	2
Other	2	2
Counselling	6	7
Speech and Language	8	8
Total		683

These figures do not include individuals who are registered for a future need

Figure 15: Individuals by Service Need

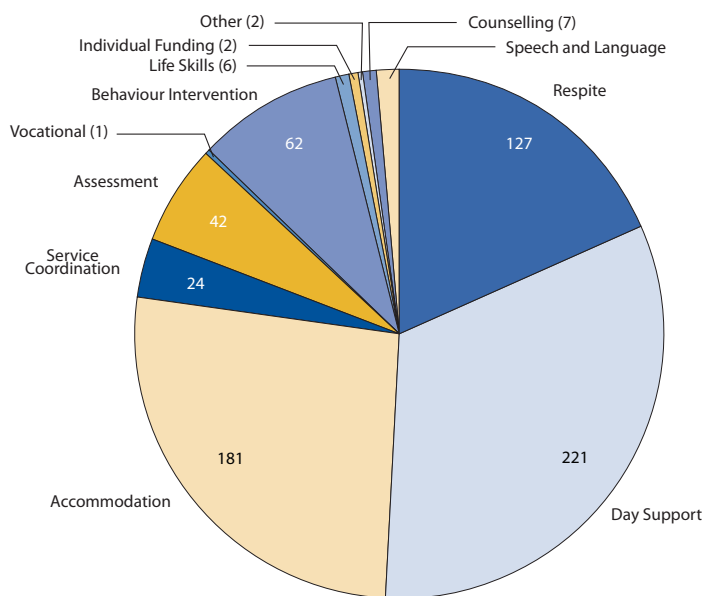


Table 41: Referrals by Agency / Program

Service Agency	Program	% Individuals Referred to Agency	% Referrals to Agency/Program
Beth Tikvah	Adult Respite Initiative	14	4
	Group Living		10
Bethesda	Short Term Behaviour Mgmt	8	5
	Community Response		1
	Community Response - 1		5
	Community Response - 2		3
	Community Response - 3		1
Catholic Family Services	APSW	28	24
	COHR		2
	Opening Doors		2
CHOICES	Adult Respite Initiative	37	8
	Passport		9
	Associate Living (family home)		1
	Day Supports		13
	Group Living		11
	SIL		11
Community Horizons	Associate Living (family home)	38	2
	Day Supports		6
	Group Living		10
	Respite - Adult		17
	Adult Respite Initiative		7
	SIL		4
Community Living Hamilton	Adult Respite Initiative	52	24
	Charlton House Teen Group		2
	Charlton House Respite		2
	Passport		3
	Day Support		10
	Group Living		17
	SIL		11
Contact Hamilton	DS - Internal	151	39
	DS - Outstanding		19
	Overcommitment		8
	Passport		109
Family Counselling Centre of Brant	Hamilton Brant Behaviour Services	22	22
L'Arche Hamilton	Adult Respite Initiative	23	5
	Day Supports		3
	Group Living		11
	SIL		7

Table 41: Referrals by Agency / Program

Service Agency	Program	% Individuals Referred to Agency	% Referrals to Agency/Program
Lawson Ministries - Salvation Army	Adult Respite Initiative	33	4
	Day Supports		10
	Group Living		9
	Passport		10
	SALM		1
	SIL		10
McMaster Children's Hospital: Developmental (note: this only includes those referrals directed by Contact Hamilton)	Adult Respite Initiative	44	1
	Passport		3
	BTCS - Adult		36
	BTCS - Child		2
	Developmental Pathway		2
	Registration		1
Rygiel Supports for Community Living	Adult Respite Initiative	53	24
	Passport		3
	Group Living		15
	SIL		2
	Respite - Adult		19
Twin Lakes	Clinical Services	40	3
	Speech Language & Swallowing		11
	Psychiatry Services		16
	Psychological Services		14
	Social Work		1
Woodview	Manor (Child-Teen Group)	4	2
	Manor (Living Group)		1
	Manor (Transition Group)		1
Y.W.C.A	Adult Respite Initiative	29	2
	Passport		1
	Day Supports		12
	Group Living		9
	SIL		10
Total			683

Started Service

The following table indicates the number of individuals who started service in 2006/07. The priority category of the individuals is also provided. *These numbers may be understated, as agencies may have not provided Contact with notices of start dates.*

Table 42: Number of Individuals Who Began Service

Need	Crisis	Urgent	Immediate	Passport	Total
Assessment	1	19	13		33
Behaviour Intervention	1	9	7		17
Counselling		4			4
Day Support	1	9	15	32	57
Accommodation	2	34	1		37
<i>SIL</i>		14			14
<i>Family Associate Home</i>		1			1
<i>Group Living</i>	2	18	1		21
<i>Residential Treatment</i>		1			1
<i>Residential Support</i>					0
Life Skills			5		5
Speech & Language		1	7		8
Respite		11	3		14
Service Coordination		11	3		14
Vocational		1	7		8
Total	5	99	61	32	197

Waiting List Patterns

The following table indicates the number of individuals who were waiting for a service as of March 31, 2007. Day support, which includes Passport, had the greatest wait

list count with 127 individuals waiting. 81 individuals were waiting for accommodation supports and 72 individuals were waiting for respite.

Table 43: Number of Individuals Waiting / Need

Need	DS Crisis	DS Urgent	DS Immediate	DS Passport	Total
Assessment		8	4		12
Behaviour Intervention		17	9		26
Day Support		6	19	102	127
Counselling		3			3
Accommodation	0	36	45		81
<i>Family Associate Home</i>		2	5		7
<i>Group Living</i>		30	17		47
<i>Residential Support</i>			3		3
<i>SIL</i>		4	20		24
Individual Funding			1		1
Life Skills		1	5		6
Other			1		1
Respite		33	39		72
Service Coordination		4	14		18
Speech & Language			2		2
Wraparound			1		1
Vocational			8		8
Total	0	108	148	102	358

Individuals are unique within needs but may have more than one need



Future Needs

The following table shows the number of adults who are registered for a service, where the need is anticipated some time in the future.

Table 44: Future Registrations

Need	Adult
Day Support	186
Individual Funding	15
Counselling	1
Accommodation	455
<i>Group Living</i>	134
<i>Family Associate Home</i>	19
<i>SIL</i>	127
<i>Residential Support</i>	175
Day Treatment	1
Life Skills	
Other	
Respite	10
Service Coordination	5
Vocational	11
Total	684

Individuals are unique within needs but may have more than one need

Passport

In June 2006 the Ministry of Community and Social Services announced the implementation of Passport, an initiative for young people who have a developmental disability who have left school and are seeking community participation support. Individuals who are approved for funding have the option of receiving Direct Funding or Agency Services.

Contact Hamilton was established as the Designated Agency for Passport. Consistent with our single point of access mandate, Contact Hamilton was responsible for

- Informing the community about Passport
- Receiving application forms
- Reviewing and scoring application forms

Age / Gender

Table 45 provides an analysis of all applicants by age and gender. Of the total, 67% were under 30 years of age, and within this group, they were equally split between the 18-21 year age group and the 22-30 year age group. There were slightly more male (52%) than female (48%) applicants.

- Prioritizing applications
- Allocating approvals, based on Ministry funding and allocations
- Managing direct funding arrangements

In 2006/07 Contact Hamilton received 132 applications for Passport, of which 35 individuals were approved and allocated Passport funding. The remaining individuals remained on a wait list, until additional Ministry funding becomes available.

The following statistics provide a snapshot of individuals who applied for Passport, as well as those approved in 2006/07.

Of the approved applicants, 51% were between the ages of 22-30, and 20% were between the ages of 18-21. 57% of the approved applicants were male, and 43% were female.

Table 45: Age Groups of All Participants

Age Group	Males	Females	Total
17 & Under	1	0	1
18 - 21	23	21	44
22 - 30	27	17	44
31 - 40	11	14	25
41 - 50	5	4	9
51 - 60	2	7	9
Total	69	63	132

Table 46: Age Groups of Approved Applicants

Age Group	Males	Females	Total
17 & Under	0	0	0
18 - 21	4	3	7
22 - 30	11	7	18
31 - 40	3	3	6
41 - 50	1	1	2
51 - 60	1	1	2
Total	20	15	35

Living Situation

The majority of applicants were living at home with family (71%) or living alone or with room mates (14%). Of the group that was approved for funding, 87% were living at home.

Table 47: Living Situation

Age Group	All Applicants		Recipients	
	Number	Percent	Number	Percent
Living Alone / With Roomates - Not a Group Home	19	14.4%	3	8.6%
Living in a Group Home	11	8.3%	0	0.0
Living with a Family Home Provider	3	2.3%	0	0.0
Living with Family	93	70.5%	31	88.6%
Other	6	4.5%	1	2.9%
Total	132		35	

Application Scores

Contact Hamilton uses a Ministry-developed tool called the Passport Decision Support Guide (PDSG) to determine the funding allocation that an individual is eligible for. The

tool looks at various domains and the aggregate score results in a determination of a funding 'level of support'.

Scores by Domain

The Passport Decision Support Guide evaluates the applicant's level of required support in five different domains - communication, supervision, behaviour, personal care and health/medical. The distribution of scores for all applicants is captured in Table 48. The majority of

applicants had significant or exceptional support needs in the area of communication and supervision. The majority of applicants had little or moderate support needs in the areas of personal care, behaviour and health/medical.

Table 48: Scores by Domain - All Applicants

Domain Ranking	Communication	Supervision	Behaviour	Personal Care	Health/Medical
Little / No Support	6	9	56	52	72
Minimal Support	19	7	39	40	41
Moderate Support	24	25	20	17	13
Significant Support	74	81	15	12	2
Exceptional Support	9	10	2	11	4
Total	132	132	132	132	132

Level of Support

The aggregate PDSG score results in a score that falls within four ranges including minimal, moderate, significant and exceptional. Table 49 shows the distribution of all applicants and funded applicants according to these categories. The

majority (56%) of applicants fell within the moderate level of support. Within the approved applicant's category, 51% of individuals fell within the moderate range, and 34% fell within the significant range.

Table 49: Level of Support

Level of Support	All Applicants		Recipients	
	Number	Percent	Number	Percent
Minimal	26	19.7%	3	8.6%
Moderate	74	56.1%	18	51.4%
Significant	24	18.2%	12	34.3%
Exceptional	8	6.1%	2	5.7%
Total	132		35	

Method of Funding

Through the Passport initiative, individuals and families may receive their Passport supports through Direct Funding arrangements or Agency Services. At the time of application, applicants are asked to indicate their preference. 43% of applicants indicated that they wished to received Direct Funding and 33% indicated Agency Services. 24% were undecided.

Once individuals are approved for Passport, they are provided with further information about the funding options. Their mode of funding can change from the type indicated at the time of their application. Table 50 indicates that 29 (83%) of funded applicants decided to receive Agency Services. 9 (17%) decided to receive Direct Funding.

Table 50: Modes of Funding

Modes of Funding	All Applicants		Recipients	
	Number	Percent	Number	Percent
Agency Services	43	32.6%	29	82.0%
Direct Funding	57	43.2%	6	17.1%
Undecided	32	24.2%	0	0.0%
Total	132		35	