

**December 2006, Issue 3**  
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**A Review of 2005 - 2006**

Welcome to the third 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.

The first and second issues of Stats and Facts were well received. This issue once again provides an overview of access statistics, demographics of those seeking services and referral patterns. 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 16 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).

*\*Within this report, statistics related to children with developmental concerns or disabilities are included in Developmental Services (DS).*

## Individuals Served

In 2005/06 Contact Hamilton served 6,459 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 (2005/06)**

Children’s Services	4876
Developmental Services	1583
<b>Total</b>	<b>6459</b>

## 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 2005/06 Contact Hamilton responded to **3,280 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 43% of requests proceeded to the intake stage, 28% of the calls were for consultation purposes and 24% were information requests (Figure 1).

**Figure 1: Type of Requests**

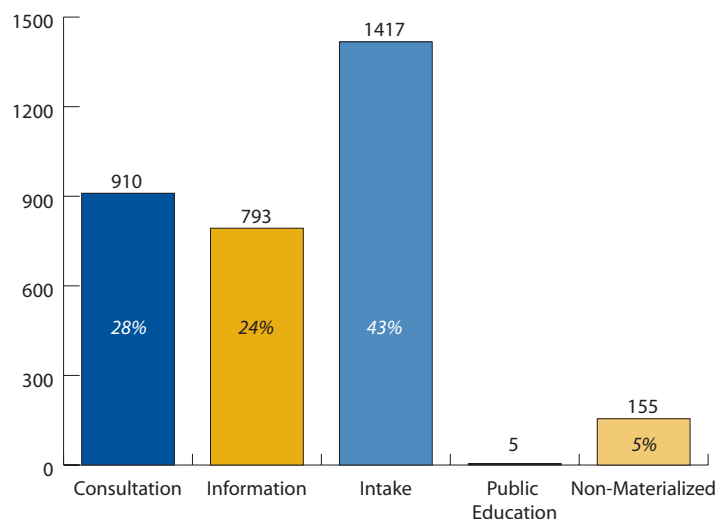


Table 2 provides a breakdown of completed requests, according to the system that the inquiry was calling about. If the services individuals need fall outside of the children’s or developmental services sectors, Contact’s Intake Coordinators redirect the individuals to the appropriate services. 120 callers were redirected to health-funded services and 45 callers were redirected to the education system.

**Table 2: System the Request was Related To**

	CMH	DS	Both	Education	Health	Other
Consultations	492	126	13	29	85	165
Information	338	98	24	16	34	283
Intake	1223	172	12	0	1	9
Other	1	0	2	0	0	2
Non-Materialized	26	6	0	0	0	123
<b>Total Completed</b>	<b>2080</b>	<b>402</b>	<b>51</b>	<b>45</b>	<b>120</b>	<b>582</b>

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

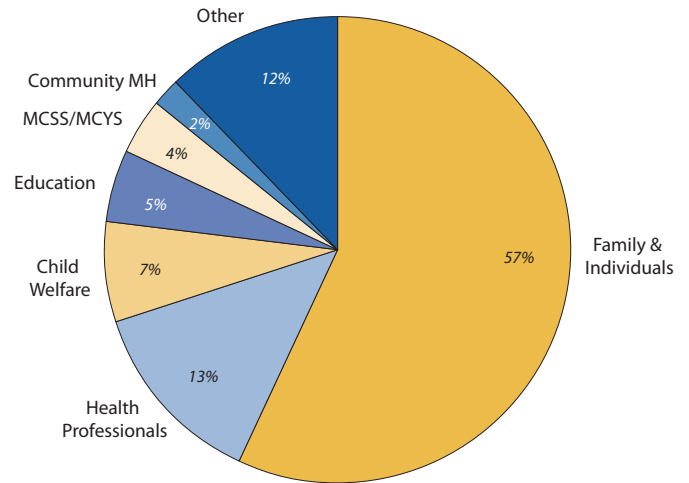
An analysis of completed requests indicates that family members and individuals requiring service represent 57% of callers. Health professionals from primary care settings, medical specialists and hospitals represent 13% of callers to Contact. Child Welfare workers and personnel

from the education system represent 7% and 5% 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	1882	57%
Health Professionals	423	13%
Child Welfare	221	7%
Education	163	5%
MCSS/MCYS Funded Agencies	128	4%
Community Mental Health	61	2%
Other	402	12%
<b>Total</b>	<b>3280</b>	<b>100%</b>

**Figure 2: Profile of Callers**



### Profile of Callers: Directed by

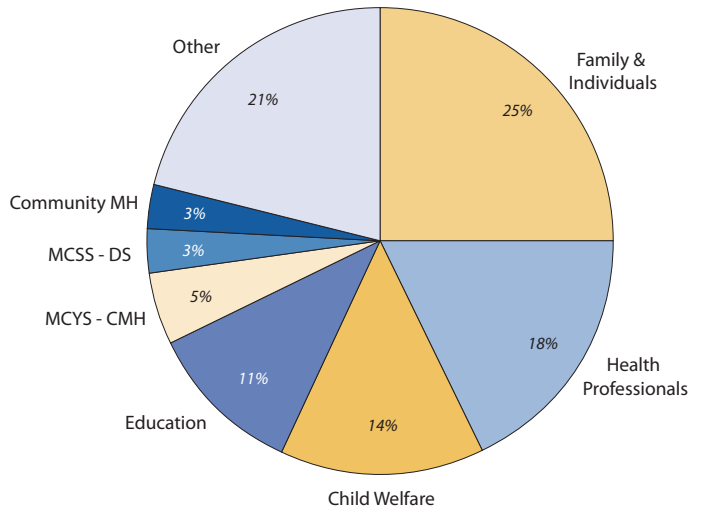
When asked who initially directed the caller to Contact, 24% of callers indicated that they initiated the call themselves or were advised of Contact by family members. 18% of callers indicated that they were advised by their physician

or another health professional to do so. The child welfare and education systems each directed 14% and 11% of callers respectively.

**Table 4: Callers Directed to Contact By**

	Total	%
Families and Individuals	802	24%
Health Professionals	604	18%
Child Welfare	466	14%
Education	353	11%
MCYS - CMH providers	155	5%
MCSS - DS providers	112	3%
Community Mental Health	96	3%
Other	692	21%
<b>Total</b>	<b>3280</b>	<b>100%</b>

**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).

In 2005/06 Contact Hamilton had 5,200 active intake records on behalf of 4,984 unique individuals. The breakdown between sectors is as follows:

**Table 5: Active Intake Records**

Sector	Intake Records	Unique Individuals
Children's Services	3561	3418
Developmental Services*	1639	1566
<b>Total</b>	<b>5200</b>	<b>4984</b>

\* 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 2005/06 a total of 45 meetings for 44 individuals were hosted at Contact Hamilton. The breakdown of meetings is as follows:

**Table 6: 2005/06 Resource Planning Meetings**

	Number of Individuals	Number of Meetings
Adult Developmental Services	26	26
Children's Developmental Services	13	14
Children's Services	5	5
<b>Total</b>	<b>44</b>	<b>45</b>

## Resolution

The Ministries of Children and Youth Services and Community and Social Services require that communities have case 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.

In 2005/06 Contact Hamilton facilitated **18 Resolution Meetings on behalf of 14 individuals**. 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.

**Table 7: 2005/06 Case Resolution Meetings**

	Number of Individuals	Number of Meetings
Adult Developmental Services	5	9
Children's Developmental Services	5	5
Children's Services	4	4
<b>Total</b>	<b>14</b>	<b>18</b>

## 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, a service provider representative and a representative from the Ministry of Children and Youth Services.

In 2005/06 the RPAC committee held 162 meetings.

**Table 8: 2005/06 RPAC Meetings**

Type of Meeting	Number of Meetings
Discretionary	10
Mandatory	152
<b>Total</b>	<b>162</b>

# Children's Service System

The following information is specific to the children's services system. The information is drawn from Contact Hamilton's database, based on intake records from 2005/06. 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").

## Profile of Clients

### 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.

Males in the 6-12 year age range represent 54% of all male intakes. There is also a concentration (29%) of males in the 13-15 year age range. The number of males seeking services drops off significantly after the age of 15.

Females in the 13-17 age range represent 58% of all female intakes. There is also a concentration (45%) of females between the ages of 13-15. As with males, the number of females seeking services after the age of 15 decreases significantly.

**Table 9: Profile of Age / Gender at Intake**

Age Group	Male	Female	Total	% of Total	
Under 6	81	45	125	7%	
6 - 12	539	275	815	46%	
13 - 17	377	445	822	47%	
	13 - 15	294	350	644	37%
	16 - 17	83	95	178	10%
<b>Total</b>	<b>997</b>	<b>765</b>	<b>1762</b>	<b>100%</b>	
<b>% of Total</b>	<b>57%</b>	<b>43%</b>			

### 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 2005/06, 465 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, 2006, 339 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	61	51
Temp Care & Custody	40	27
Temp Care Agreement	32	20
Society Ward	24	16
Supervision Order	21	13
Open File	78	34
Ongoing Service File	22	8
Unknown	187	170
<b>Current Involvement</b>	<b>465</b>	<b>339</b>

## Family Income and Structure

An analysis of the Contact Hamilton's Brief Child and Family Phone Interview (BCFPI) data, showed that 28% of the interviews involved children from single parent families and 15 percent of the households had incomes below

\$20,000 a year. Twelve percent of interviews involved single parent families with incomes below \$20,000. Forty percent of all interviews had family incomes greater than \$60,000. The detailed analysis is provided in Table 12.

**Table 11: Family Income and Structure**

	Single Parent	Family Income <\$20K	Single / Family Income <\$20K	Family Income >\$60K
Hamilton	28%	15%	12%	40%

Based on 1,146 BCFPI Parent Form Interview Responses.

**Table 12: Family Income and Structure (detail)**

Income		Partner or Spouse	Single Parent	(blank)	Total
1. \$0 - \$9,999	Answers	3	32		35
	% of Total	0%	3%	0%	3%
2. \$10,000 - \$14,999	Answers	13	63		76
	% of Total	1%	5%	0%	6%
3. \$15,000 - \$19,999	Answers	22	41		63
	% of Total	2%	4%	0%	6%
4. \$20,000 - \$29,999	Answers	33	42		75
	% of Total	3%	4%	0%	7%
5. \$30,000 - \$39,999	Answers	52	27		79
	% of Total	5%	2%	0%	7%
6. \$40,000 - \$49,999	Answers	39	22		61
	% of Total	3%	2%	0%	5%
7. \$50,000 - \$59,999	Answers	42	17		59
	% of Total	4%	1%	0%	5%
8. Greater than \$60K	Answers	156	23		179
	% of Total	14%	2%	0%	16%
(blank)	Answers	62	56	401	519
	% of Total	5%	5%	35%	45%
<b>Total Answers</b>		<b>422</b>	<b>323</b>	<b>401</b>	<b>1,146</b>
<b>% of Total</b>		<b>37%</b>	<b>28%</b>	<b>35%</b>	<b>100%</b>

Based on 1,146 BCFPI Interviews.

## Problem Areas

### Presenting Problems and Needs

The problems that children/youth are presenting with during the intake process are reflected in Table 13. These numbers are based on 1,146 BCFPI interviews, conducted at Contact Hamilton in 2005/06. 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 44% of BCFPI interviews while internalizing issues are present in 29%. Specifically, problems with cooperativeness (42%) and regulation of attention, impulsivity and activity (37%) were the most prevalent externalizing problems. The ability to manage mood (38%) was the most prevalent internalizing problem. Family adjustment issues were present in 6.9% of the interviews

**Table 13: Presenting Problems and Needs**

Problem Area	% of Total Interviews	Corresponding DSM IV disorder
Cooperativeness	41.5%	Oppositional Defiant
Managing Mood	37.7%	Depression
Regulation Of Attention & Impulsivity	37.2%	ADDH
Conduct	28.0%	Conduct
Separation From Parents	20.9%	Separation Anxiety
Managing Anxiety	20.5%	General Anxiety
Global Externalizing	43.9%	
Global Internalizing	29.1%	
Total 6 MH Domains	41.3%	
6 Mood + 3 Self Harm	37.3%	
Global Family Situation	55.8%	
Global Functioning	47.0%	
Family Comfort	51.4%	
Social Participation	47.2%	
Family Activities	45.4%	
School Participation	30.1%	
Informant Depression	28.8%	
Quality of Relationships	27.5%	
Family Functioning	6.9%	
<b>Form Count</b>	<b>1146</b>	

Based on 1,146 BCFPI Interviews.

### Number of Problem Areas

Many children / youth present with more than one problem area. Over 57% of all BCFPI interviews reflected two or more problems.

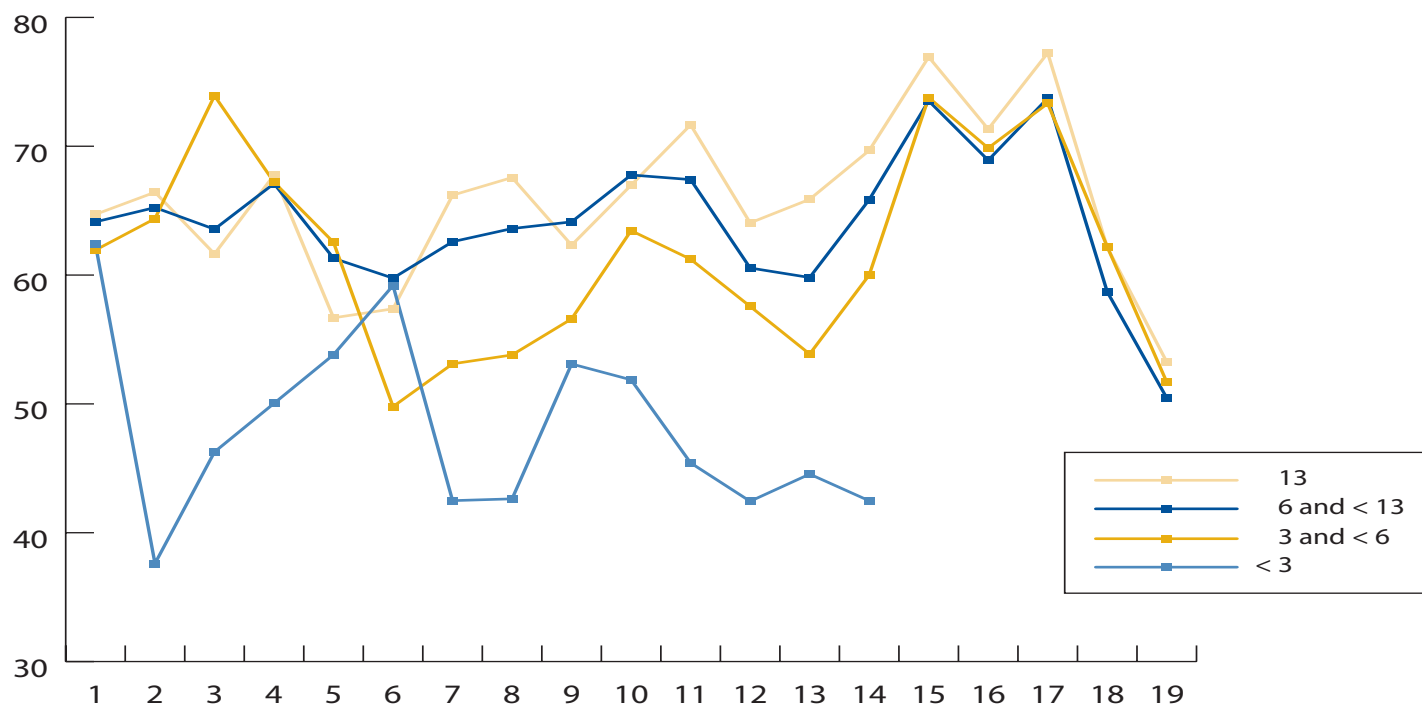
**Table 14: Number of Problems / Number of Interviews**

	Number of Problems									
	0	1	2	3	4	5	6	7	8	
Number of Interviews	359	134	151	160	123	99	86	25	9	1,146
Percent of Total	31.33%	11.69%	13.18%	13.96%	10.73%	8.64%	7.50%	2.18%	0.79%	100%

### Problem Areas by Age

Figure 4 compares average scores of children exceeding clinical scores within four age sets.

**Figure 4: BCFPI Scores by Age**



**Table 15: Problem Area by Age**

Problem Area		< 3	≥ 3 and < 6	≥ 6 and < 13	≥ 13
1	Regulation of Attention, Impulsivity and Activity	62.38	61.94	64.13	64.71
2	Cooperativeness	37.61	64.38	65.24	66.43
3	Conduct	46.27	73.92	63.56	61.64
4	Externalizing	50.04	67.21	67.10	67.77
5	Separation from Parents	53.82	62.54	61.30	56.68
6	Managing Anxiety	59.19	49.79	59.76	57.38
7	Managing mood - 6 item	42.49	53.11	62.59	66.20
8	6 mood + 3 self harm indicators	42.63	53.80	63.61	67.57
9	Internalizing, population norms	53.10	56.60	64.13	62.32
10	Total 6 mental health domains (5 for teacher form)	51.87	63.45	67.77	66.98
11	Social Participation	45.42	61.23	67.41	71.66
12	Quality of relationships	42.44	57.57	60.55	64.05
13	School participation and achievement	44.55	53.87	59.81	65.88
14	Global functioning	42.48	60.00	65.85	69.67
15	Family activities		73.78	73.52	76.93
16	Family comfort		69.86	68.91	71.33
17	Global family situation		73.32	73.73	77.24
18	Informant - depression		62.20	58.70	62.15
19	FAD - population norms		51.69	50.46	53.25
<b>Number of Children (form count)</b>		<b>2</b>	<b>35</b>	<b>466</b>	<b>643</b>

# Referral Patterns

## Number of Referrals

Contact Hamilton initiated 1,450 referrals, on behalf of 1,339 children to 17 children’s service 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 and the Community Child Abuse Council reflect those referrals directed by Contact. Referrals received directly from other sources are not included in the report.
3. Statistics related to programs for children presenting exclusively with a developmental concerns/disabilities are included in the Developmental Services section.

## Referrals by Service Type

The majority of referrals (43%) were for some form of counselling/ therapy followed by assessment (30%) and residential treatment (13%).

**Table 16: Referrals by Service Type**

Need	Unique Individuals	Number of Referrals	% of Total Referrals
Counselling	577	618	42.6%
Assess	436	441	30.4%
Res Treatment	132	184	12.7%
Intensive Child	131	132	9.1%
Life Skills	23	24	1.7%
Respite	6	11	0.8%
Other	10	10	0.7%
Service Coordination	9	9	0.6%
Behaviour Int	9	9	0.6%
Group Living	1	7	0.5%
Res Support	2	2	0.1%
Child Development	2	2	0.1%
Wraparound	1	1	0.1%
<b>Total</b>		<b>1450</b>	<b>100%</b>

## Agency / Program: Referrals and Admissions

### Referrals

The information that follows reflects the pattern of referrals to agencies and their respective programs in 2005/06. Forty four percent of all referrals were made to Child and Adolescent Services and 29% of all referrals were made to McMaster Children’s Hospital: Chedoke site. Both of these agencies are outpatient providers.

### Admissions

Admissions reflect the number of individuals who began to receive service from a particular program in 2005/06. These individuals may be 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 2005/06 with 596 admissions.

**Table 17: Referrals and Admissions by Agency and Program**

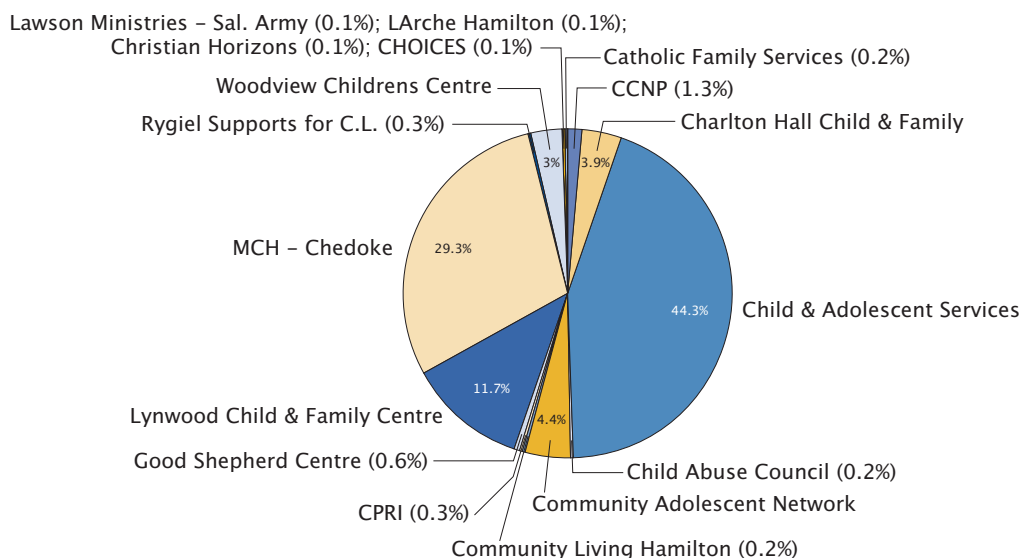
Service Agency	Program	Referrals			Admissions
		# of Individuals Referred	# of Referrals Prog/ Agency	% of Total Referrals	
Catholic Family Services		3	3	0.2%	1
	Alternate Care		2		1
	APSW		1		0
Children with Complex Needs Partnership (CCNP)		10	19	1.3%	15
	Case Management		8		7
	Wraparound		7		5
	Accommodation - Residential		2		2
	Accommodation - Family Model		1		0
	Accommodation - Staff Model		1		1
Charlton Hall Child & Family	Charlton Hall	50	56	3.9%	19
Child & Adolescent Services		596	642	44.3%	596
	Trauma		76		74
	Sexual Offender Asst./ Forensic		7		5
	Brief Therapy		384		359
	Fire Setting/Forensic		19		17
	High Risk Youth Justice		17		15
	Child & Family Intervention		139		126
Child Abuse Council	CMHOP - Trauma	3	3	0.2%	0
CHOICES	Group Living	1	1	0.1%	0
Christian Horizons	Group Living	1	1	0.1%	0
Community Adolescent Network	Outlook Residence	62	64	4.4%	21
Community Living Hamilton		2	3	0.2%	0
	Charlton House Respite		2		0
	Group Living		1		1
CPRI	Childrens Mental Health	4	4	0.3%	2
Good Shepherd Centre	Brennan House	9	9	0.6%	0
LArche Hamilton	Group Living	1	1	0.1%	0
Lawson Ministries - Sal. Army	Group Living	1	1	0.1%	0
Lynwood Child & Family Centre		156	170	11.7%	112
	Residential - Hamilton		35		21
	Intensive Child & Family		123		90
	Intensive Brief Child & Family		11		0
	Respite (internal)		1		1

**Table 17: Referrals and Admissions by Agency and Program Continued**

Service Agency	Program	Referrals			Admissions
		# of Individuals Referred	# of Referrals Prog/ Agency	% of Total Referrals	
MCH - Chedoke		423	424	29.3%	197
	Brokerage Service		4		4
	Pediatric Consult		4		0
	CYMH Outpatient Service		330		174
	Registration		31		2
	ASD		3		1
	STAT		26		10
	Psychiatric Consult		13		2
	Int. Child & Community Svc		10		4
	CFTS		1		0
	CDRP		1		0
	Developmental Pathway		1		0
Rygiel Supports for C.L.		3	4	0.3%	0
	Respite - Child		2		0
	COHR - Ceili		1		0
	Group Living		1		0
Woodview Childrens Centre		26	44	3.0%	18
	Canada House - After School		25		12
	Canada House - Residential		19		6
<b>Total</b>		<b>1351</b>	<b>1449</b>		<b>981</b>

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

**Figure 5: Referrals by Agency**



# Developmental Services

The following information is specific to the developmental services system. The information is drawn from Contact Hamilton's database, based on intake records from 2005/06. The information is intended to assist the developmental services system in better understanding the profiles and needs of children, youth and adults accessing the system, and to subsequently assist agency and system planning initiatives.

These statistics include intake and referral data for:

- Children/youth presenting with developmental concerns/ disabilities

- Children /youth who in addition to presenting with the above, also present with emotional and/or mental health concerns (referred to as "both")
- Adults with a confirmed developmental disability

Statistics related to McMaster Children's Hospital (MCH): Developmental Programs reflect those referrals directed by Contact. Referrals received directly by MCH are not included in the report.

## Intake Records

In 2005/06 Contact Hamilton initiated a total of 487 *new intakes* on behalf of the developmental services system. As of March 31, 2006, there were 1327 individuals with an

active intake record. This reflects the number of individuals who are waiting/ registered for a developmental service.

## Profile of Individuals

### Age / Gender

#### *New Intakes*

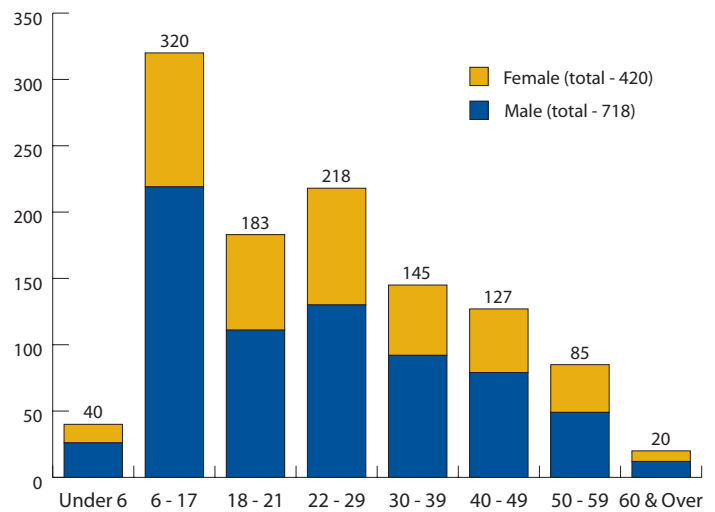
Males represent 65%, and females represent 35% of new intakes. 6-17 year olds, represent the largest group of new intakes, followed by 18-21 year olds. This age group reflects the transitional youth who are preparing to leave the school system and crown wards who are leaving the child welfare system.

**Table 18: Age at Intake**

Age Group	Male	Female	Total of ID	% of Total
Under 6	34	7	41	8%
6 - 17	149	59	208	43%
18 - 21	45	46	91	19%
22 - 29	34	21	55	11%
30 - 39	22	14	36	7%
40 - 49	19	16	35	7%
50 - 59	11	5	16	3%
60 & Over	1	1	2	0%
<b>Total</b>	<b>315</b>	<b>169</b>	<b>484</b>	<b>100%</b>
<b>% of Total</b>	<b>65%</b>	<b>35%</b>		

As indicated in Figure 6, the largest group waiting / registered for services is in the 6 to 17 year-age range (28%), followed by the 22 to 29 year- range (19%)and the 18 to 21 year range (16%). 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 6: Age of Individuals with an Open Intake on March 31, 2006**



### Child Welfare Involvement

There is a significant 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.

On March 31, 2006, 60 children/young adults with developmental disabilities were Crown Wards. The majority (57%) were males. The numbers reflect a tremendous upcoming pressure on the adult developmental service system as these young adults leave the child welfare system.

**Table 19: Children/ Young Adults with Developmental Disabilities Who are Crown Wards (as of March 2006)**

	CCAS	CAS	Total
<b># Crown Ward Children</b>	<b>17</b>	<b>43</b>	<b>60</b>
Males	10	24	<b>34</b>
Females	7	19	<b>26</b>
<b>Leaving Child Welfare in:</b>			
2005/06	3	4	<b>7</b>
2006/07	5	2	<b>7</b>
2007 (April 1/07 - Dec 31/07)	1	7	<b>8</b>
2008	0	3	<b>3</b>
2009	2	5	<b>7</b>
2010	2	5	<b>7</b>
2011	1	3	<b>4</b>
2012	0	3	<b>3</b>
2013	1	2	<b>3</b>
2014	0	4	<b>4</b>
2015	0	3	<b>3</b>
2016	0	0	<b>0</b>
2017	1	2	<b>3</b>
2018	1	0	<b>1</b>
<b>Total</b>	<b>17</b>	<b>43</b>	<b>60</b>

# Referral Patterns

In 2005/06, Contact Hamilton initiated 841 referrals on behalf of 444 individuals.

## Referrals by Service Type

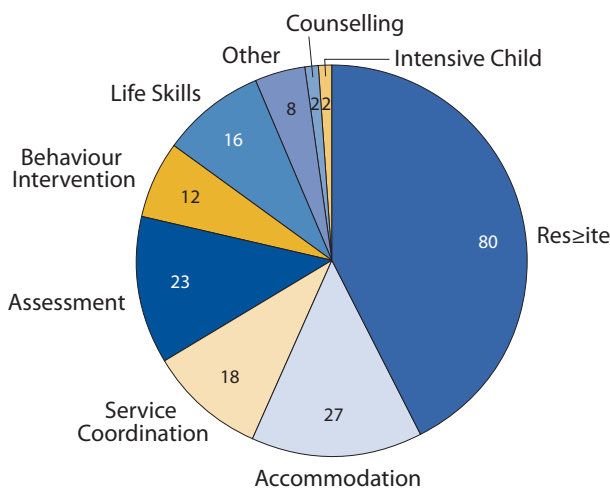
Respite, day support and accommodation support represented the greatest needs of individuals currently requiring service. Table 20 provides a further breakdown for children/youth and adults. Table 21 provides a breakdown of 2005/06 referrals to Agencies/ Programs.

For children/youth under 18, the majority of needs were in the areas of respite, assessment and accommodation. For individuals 18 years of age and older, the majority of needs were in the areas of day support, accommodation and respite.

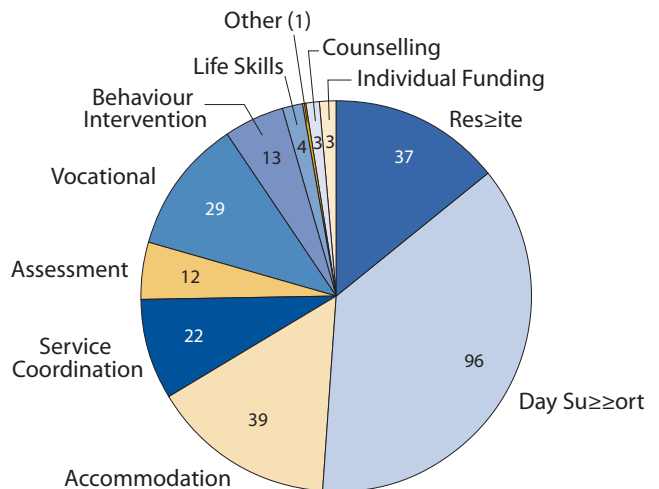
**Table 20: Referrals by Service Type: All Ages and < 18 and >18**

Need	All Ages			Under 18		18 & Over	
	Unique Individs	Number of Referrals	% Total Referrals	Unique Individs	Number of Referrals	Unique Individs	Number of Referrals
Respite	117	274	32.6%	80	186	37	88
Day Support	96	212	25.2%			96	212
Accommodation	66	176	20.9%	27	80	39	96
Group Living	32	112	13.3%	15	57	17	55
Family/Assoc Home	6	14	1.7%	2	9	4	5
Residential Support	8	21	2.5%	4	5	4	16
SIL	14	20	2.4%	1	1	13	19
Res Treatment	6	9	1.1%	5	8	1	1
Service Coordination	40	41	4.9%	18	18	22	23
Assessment	35	36	4.3%	23	24	12	12
Vocational	29	36	4.3%			29	36
Behaviour Intervention	25	25	3.0%	12	12	13	13
Life Skills	20	21	2.5%	16	17	4	4
Other	9	10	1.2%	8	9	1	1
Counselling	5	5	0.6%	2	2	3	3
Individual Funding	3	3	0.4%			3	3
Intensive Care	2	2	0.2%	2	2		
<b>Total</b>		<b>841</b>	<b>100%</b>		<b>350</b>		<b>491</b>

**Figure 7: Individuals/Service Need (<18 years)**



**Figure 8: Individuals/Service Need (≥ 18 years)**



**Table 21: Referrals by Agency / Program**

Service Agency	Program	% Individuals Referred to Agency	% Referrals to Agency/Program
<b>Beth Tikvah</b>	Adult Respite Initiative	14	1
	Group Living		13
<b>Bethesda</b>	Short Term Behaviour Mgmt	2	2
<b>Catholic Childrens Aid Society</b>	Alternate Care	2	2
<b>Catholic Family Services</b>	Alternate Care	52	17
	APSW		27
	COHR		7
	Opening Doors		5
<b>Children with Complex Needs Partnership</b>	Accommodation - Family Model	18	1
	Accommodation - Residential		7
	Accommodation - Staff Model		3
	Case Management		15
	Wraparound		8
<b>Charlton Hall Child &amp; Family</b>	Charlton Hall	2	2
<b>Child &amp; Adolescent Services</b>	Brief Therapy	1	1
<b>Childrens Aid Society</b>	Alternate Care	9	10
<b>CHOICES</b>	Adult Respite Initiative	49	2
	Associate Living (family home)		1
	Day Supports		33
	Group Living		16
	SIL		1
<b>Christian Horizons</b>	Associate Living (family home)	50	2
	Day Supports		3
	Group Living		16
	Respite - Adult		29
	SIL		2
<b>Community Adolescent Network</b>	Outlook Residence	2	2
<b>Community Living Hamilton</b>	Adult Respite Initiative	154	21
	Alternate Care		13
	Associate Living (family home)		1
	Charlton House Respite		40
	Charlton House Teen Group		10
	COHR		8
	Day Supports		70
	Group Living		15
	SIL		3
<b>Contact Hamilton</b>	DS - Internal	77	33
	Overcommittment		5
	DS Outstanding		43
<b>CPRI</b>	Developmental Services	4	4

**Table 21: Referrals by Agency / Program Continued**

<b>Service Agency</b>	<b>Program</b>	<b>% Individuals Referred to Agency</b>	<b>% Referrals to Agency/Program</b>
<b>Good Shepherd Centre</b>	Brennan House	2	2
<b>L'Arche</b>	Adult Respite Initiative	18	2
	Day Supports		1
	Group Living		13
	SIL		21
<b>Lawson Ministries - Sal. Army</b>	Adult Respite Initiative	64	1
	Day Supports		55
	Group Living		12
	SIL		3
<b>Lynwood Child &amp; Family Centre</b>	Intensive Child & Family	3	1
	Residential - Hamilton		2
<b>McMaster Children's Hospital: Developmental (note: this only includes those referrals directed by Contact Hamilton)</b>	Adult Respite (via SSAH)	56	1
	Area Resource Team		3
	ASD		5
	Brokerage Service		1
	BTCS - Adult		14
	BTCS - Child		6
	COHR (via SSAH)		5
	CMYH Outpatient Services		3
	Developmental Pathway		5
	Int. Child & Community Svc		3
	Pediatric Consult		1
	Registration		6
	STAT		6
<b>Rygiel Supports for Community Living</b>	Adult Respite Initiative	86	10
	COHR		7
	COHR - Ceili		18
	Day Supports		4
	Group Living		21
	Respite - Adult		19
	Respite - Child		23
<b>Twin Lakes</b>	Clinical Services	11	12
	Manor (Child-Teen Group)	16	12
	Manor (Group Living)		1
	Manor (SIL)		3
<b>Y.W.C.A.</b>	Adult Respite Initiative	61	1
	Day Supports		47
	Group Living		13
	SIL		3
<b>Total</b>			<b>84</b>

## Started Service

The following table demonstrates the number of **adults**(18 and over) who started service in 2005/06. These numbers may be understated, as agencies may have not provided Contact with notices of start dates.

**Table 22: Number of Adults Who Began Service**

Need	DS Crisis	DS Urgent	DS Immediate	Total
Assessment		3	7	<b>10</b>
Behaviour Intervention		2	6	<b>8</b>
Counselling			1	<b>1</b>
Day Support	1	20	39	<b>60</b>
Accommodation	5	20	2	<b>27</b>
<i>SIL</i>		1	2	<b>3</b>
<i>Family/Assoc Home</i>		2		<b>2</b>
<i>Group Living</i>	2	10		<b>12</b>
<i>Residential Support</i>	3	7		<b>10</b>
Life Skills		1	1	<b>2</b>
Respite	1	10	9	<b>20</b>
Service Coordination	2	3	8	<b>13</b>
Vocational			6	<b>6</b>
<b>Total</b>	<b>9</b>	<b>59</b>	<b>79</b>	<b>147</b>

The following table reflects the number of **children** (Under 18) who started service in 2005/06. These numbers may be understated as agencies may have not provided Contact with notices of start dates. In addition, these numbers do not include referrals that were registered directly with McMaster Children's Hospital.

**Table 23: Number of Children/Youth Who Began Service**

Need	Crisis	Urgent	Immediate	Total
Assessment		4	8	<b>12</b>
Behaviour Intervention		4	4	<b>8</b>
Child Development		1	1	<b>2</b>
Counselling		1		<b>1</b>
Accommodation	2	8	0	<b>10</b>
<i>Group Living</i>	1	7		<b>8</b>
<i>Residential Support</i>	1	1		<b>2</b>
Life Skills			8	<b>8</b>
Other		6		<b>6</b>
Respite	2	29	17	<b>48</b>
Service Coordination		7	1	<b>8</b>
<b>Total</b>	<b>4</b>	<b>60</b>	<b>39</b>	<b>103</b>

## Waiting for Service

The following table demonstrates the number of **adults** (18 and over) who were waiting for a service at March 31, 2006. These numbers may be overstated, as agencies may not have provided Contact with notices of start dates.

**Table 24: Number of Adults Waiting for Service**

Need	DS Crisis	DS Urgent	DS Immediate	Total
Assessment		2	1	3
Behaviour Intervention		3	6	9
Day Support		20	65	85
Counselling		2		2
Accommodation	0	27	38	65
<i>Family/Assoc Home</i>		3	6	9
<i>Group Living</i>		17	14	31
<i>Residential Support</i>		1	1	2
<i>SIL</i>		6	17	23
Individual Funding			3	3
Life Skills			9	9
Other		1		1
Respite		13	27	40
Service Coordination		3	9	12
Vocational		1	27	28
<b>Total</b>	<b>0</b>	<b>72</b>	<b>185</b>	<b>257</b>

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

The following table demonstrates the number of DS **children/youth** (under 18) who were waiting for a service at March 31, 2006. These numbers do not include children waiting with McMaster Children's Hospital, where the referrals that were registered directly with McMaster Children's Hospital.

**Table 25: Number of Children/Youth Waiting for Service**

Need	Crisis	Urgent	Immediate	Total
Assessment		10	13	<b>23</b>
Behaviour Intervention		4	4	<b>8</b>
Counselling	1		1	<b>2</b>
Accommodation	0	9	3	<b>12</b>
<i>Group Living</i>		6	1	7
<i>Residential Support</i>			1	1
<i>Residential Treatment</i>		2	1	3
<i>SIL</i>		1		1
Intensive Child		2	1	<b>3</b>
Life Skills		3	16	<b>19</b>
Other		1		<b>1</b>
Respite		39	66	<b>105</b>
Service Coordination	1	6	1	<b>8</b>
<b>Total</b>	<b>2</b>	<b>74</b>	<b>105</b>	<b>181</b>

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

### Future Needs

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

**Table 26: Future Registrations**

Need	Adult	Under 18	Total
Day Support	98	440	<b>538</b>
Individual Funding	14	8	<b>22</b>
Counselling	1		<b>1</b>
Accommodation	376	333	<b>709</b>
<i>Group Living</i>	80	53	133
<i>Family/Assoc Home</i>	16	9	25
<i>SIL</i>	96	17	113
<i>Residential Support</i>	184	254	438
Day Treatment	1		<b>1</b>
Life Skills		1	<b>1</b>
Other	1	4	<b>5</b>
Respite	6	15	<b>21</b>
Service Coordination	3	0	<b>3</b>
Vocational	6	2	<b>8</b>
<b>Total</b>	<b>506</b>	<b>803</b>	<b>1309</b>