

Contact Hamilton Annual General Meeting 2012/2013

Annual Report

Contact Hamilton Programs

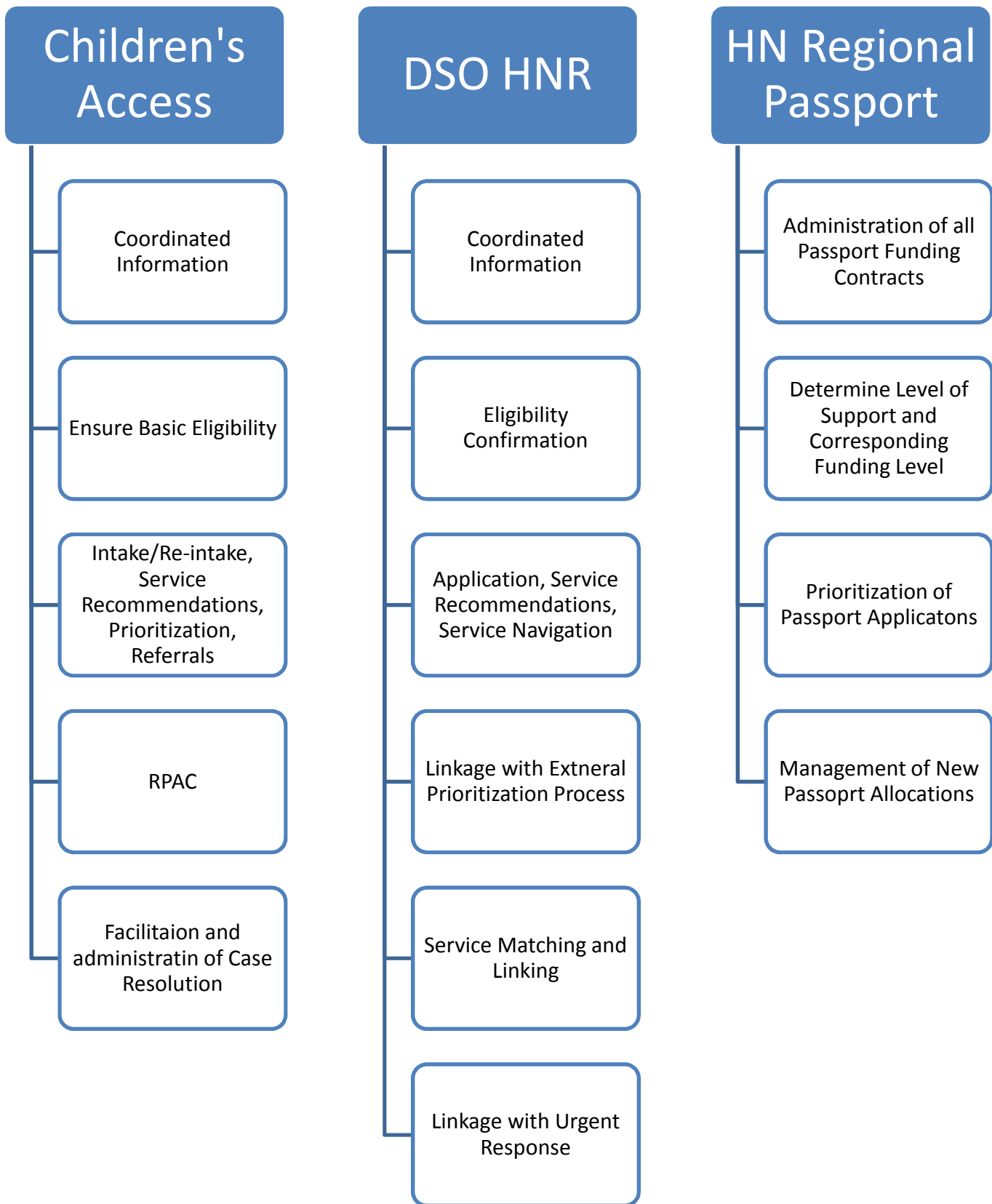
Contact Hamilton for Children's and Developmental Services

Children's Access	DSO HNR	Passport
Hamilton	Hamilton-Niagara	Hamilton-Niagara
0-18 years	16+ years	18+ years
Social, emotional, behavioural and/or developmental	Confirmed developmental disability	Confirmed developmental disability

Contact Hamilton Staffing

Organizational	<ul style="list-style-type: none">• Executive Director• Executive Assistant• Administrative Assistant• Reception
Children's Access	<ul style="list-style-type: none">• Children's Supervisor• Intake and Resource Coordinator (8)• Administrative Assistant
DSO HNR	<ul style="list-style-type: none">• Manager• Intake and Access Coordinators (12)• Administrative Assistant
HN Regional Passport	<ul style="list-style-type: none">• Administrator• Book-Keepers (2)• Administrative Assistant

Contact Hamilton Programs: Key Functions



Contact Hamilton Programs: Key Activities

Organizational

- AODA Compliance including Feedback Procedure
- Continued enhancement of FLS activities
- Website refresh
- Systematic review of organizational policies and procedures
- Development of new customer satisfaction mechanisms (in process)
- Creation of Joint Health and Safety Committee
- Infrastructure review given significant growth and expansion
 - o Enhanced role of Executive Assistant
 - o Creation of Children's Supervisor Position
 - o Reorganization of Administrative Assistant positions and functions
- Review and reorganization of filing needs
- WebTracker database enhancements and platform upgrades (in process)

DSO HNR

- DSO HNR Compliance Review (95% compliance rating; highest in province)
- Participation and leadership (as Chair) to DSO Provincial Network
- Participation on provincial working groups
- Recertification of Assessors
- Data migration
- DSCIS Super Users Group
- Key protocol development: Access to Community Response Program (regional); Access to Niagara Regional Respite Fund (Niagara); Access to APSW Programs (regional)
- Supported the development of the Interim Regional Urgent Response Mechanism Protocol (regional) with the Hamilton Niagara Regional Office
- Support to and participation at all Executive Director and Manager planning tables across the region
- Management of media and Ombudsman requests
- Ongoing program review and development

Hamilton Niagara Regional Passport Program

- Transfer of Adult SSAH funding contracts in Apr/12
- Transfer of all existing Passport funding contracts from across the region in Apr/12
- Training on scoring of Passport applications; scoring of Passport applications since July 1/11
- Ongoing program review and development

Children's Access

- Reorganization of children's access team
- Leadership to VTRA Protocol development (Violence Threat Risk Assessment)
- Leadership in reorganization and implementation of Revised Children's Resolution Process
- Leadership with respect to Children and Youth with Complex Needs Committee

- Partnership with Child and Adolescent Services and McMaster Children’s Hospital to review opportunities to better support children and youth waiting for tertiary hospital-based mental health services
- Partnership with Child and Adolescent Services and the HWDSB in response to student suicides
- Leadership with respect to development and initial implementation of Regional and Local (Hamilton) Transitional Aged Youth Protocol
- Key protocol development: Access to Day Treatment (new); Centre de santé communautaire (significant revision); Access to Outpatient Services Following Emergency Psychiatric Services (signification revision); Hamilton Family Health Team (revision)
- Active participation in Hamilton Service Collaborative
- Lead agency for Working Together for Kids Mental Health
- Lead Agency for the Student Support Leadership Initiative
- Piloted Complex Needs/Child Welfare Consultation Process in response to continued negative experiences
- Ongoing program review and development

Contact Hamilton Programs: Key Activity Measures

Satisfaction – Children’s Services

The results of the year ending March 31, 2013 are included. 680 children’s surveys were distributed in 2012/13. A total of 121 responses were received (18% response rate). The response rate has historically been low and this is a consideration in the development of the revised children’s satisfaction survey.

Positive results continue in the areas of timely response, ease of access and responsiveness. Detailed score breakdowns and narrative comments are available upon Board request. Specifically, the scores were as follows:

Dimension	Max. Score	Children’s Services (Score)
Surveys Distributed		680
# of responses		121
Timely Response	5.0	4.5
Ease of Access	10	8.9
Responsiveness	22	18.9
Satisfied to Very Satisfied		89%
Dissatisfied to Very Dissatisfied		11%

Families have an opportunity to provide narrative comments. These comments were analyzed based on the frequency by which individuals made comments according to various themes. Where contact information was provided, follow up occurred with those expressing concern or dissatisfaction.

POSITIVE COMMENTS

Staff Compassion	29
Timely Response	19
Reassured	15
Benefits of information / recs	13
General appreciation	11
Staff specific compliment	10
Clarity of process / next steps	5
Information materials provided	5

Wait for service post Contact	4
Continuity of service	2
Phone Interview	2
Flexible scheduling	2
Please with process / outcome	2
Interim supports	1
Inclusiveness of process	1
Staff knowledge	1
Welcomed to call back	1

NEGATIVE COMMENTS

Wait for service post CH	14
Untimely Response	13
Previous negative experience with CH	1
CH process (Intake only, no assistance)	6
Unclear process / next steps	4
CH information recommendations not helpful	4
General dissatisfaction	4
Lack of services, funds, resources, options	3
CH information materials lacking	3
Lack of awareness of CH	3
Phone interview – didn't like	2
CH-Doctor relationship regarding referrals	2
Multiple attempts to contact CH	1

WHAT COULD BE DONE BETTER?

Nothing	15
Provide Interim Supports	3
Follow up post intake	1

Satisfaction – DSO HNR and Hamilton Niagara Regional Passport Program

There is no provincial tool currently in use. No Feedback Forms were received for these programs during this fiscal year. Development began in this fiscal year to develop program specific consumer satisfaction tools for ALL Contact Hamilton programs (to be completed by end of 13/14 fiscal year).

Compliments

**excludes comments recorded in the Performance Measures Survey that are not attributed to a specific person*

About Staff: 9

About Leadership: 6

Staff often receive compliments in their day to day work from people, families and community partners, however, they are not captured anywhere. While staff are routinely encouraged to document and forward compliments, they often feel embarrassed in doing so.

Complaints

**excludes comments recorded in the Performance Measures Survey*

**excludes calls received from the Ombudsman's Office except where there was a specific complaint made about Contact Hamilton*

8 formal complaints were received by client/families. All complaints were responded to.

- 5 regarding Children's Access
- 4 regarding DSO HNR

2 complaints were formally received about community agencies; the persons were redirected to the agency for identification and resolution of their complaint. Where requested, Contact Hamilton facilitated the connection with the involved service provider.

Children's Services (Hamilton):

Individuals served

4,268 individuals were served.

Residential Placement Advisory Committee (RPAC) meetings

RPAC meetings continued to decline. We facilitated 37 RPAC meetings. RPACs are directly related to changes in trends occurring within the residential services system including a decline in large (10+-bed) residences, and shorter lengths of stay.

Requests

Requests are NEW callers who call Contact Hamilton for information and/or to seek services.

2,263 requests were completed, the majority resulting in the need for intake as services were requested.

Number of Intakes

Intakes are completed on behalf of children/youth who meet eligibility criteria and are seeking children's services.

1871 intakes were completed:

- 845 intakes were created on behalf of children/youth already registered with Contact Hamilton but had a new need
- 1026 intakes were created on behalf of new children/youth (first time to Contact Hamilton)

Referrals

1,811 referrals to children's services were made on behalf of:

- 1494 children/youth with mental health needs
- 122 children/youth with developmental needs
- 195 children/youth with dual diagnosis

NB: only referrals to MCYS and MCSS funded agencies are recorded in WebTracker. Service recommendations for non MCYS and MCSS funded services (referred to as "redirects") are also made however they are not recorded in the same manner and therefore not counted (they are recorded in a text field but not in a field that can generate reports). A general operating principle is first considering the least intrusive, non specialized services where this is appropriate. Many redirects are made, either in addition to or instead of a specialized MCYS or MCSS service.

Further, there are only so many MCYS and MCSS referrals than can be made (in children's services for instance, many of the services are niche-specific and therefore only one referral can be made whereas in developmental services, multiple agencies may provide similar types of services). Much of the work involves service coordination, re-prioritizing need and following up with referrals that have been made.

How Callers Were Directed to Contact Hamilton

“Requestor” - this identifies “who made the actual call” to Contact. Top 10 “Requestors” include:

- Family, 56%
- Primary Care (including Family Health Team), 10%
- Hospital, 6%
- Child Welfare, 4%
- Medical Specialist, 4%
- Emergency Psychiatry, 4%
- Self, 4%
- Education, 3%
- Children’s Services Sector, 2%
- COAST, 1%

“Directed By”- this indicator reflects the system that was responsible for the referral, that is, who suggested the caller call Contact. Top 10 “Directed By” includes:

- Self, 20%
- Primary Care (including Family Health Team), 18%
- Medical Specialist, 10%
- Education, 9%
- Child Welfare, 8%
- Hospital, 8%
- Family, 5%
- Emergency Psychiatry, 4%
- Children’s Services Sector, 3%
- Friend, 2%

DSO HNR (Hamilton Niagara Region):

Eligibility Confirmations

According to DSCIS, a minimum of 1432 people requested adult developmental services and underwent the provincially standardized eligibility confirmation process.

Eligibility Reviews

People deemed ineligible are advised of and have the right to seek a review of their eligibility decision should they feel that the process was not fair or did not consider all information. The review process consists of up to 3 stages.

According to DSCIS, of the 171 people deemed ineligible in 2012/2013:

- 3 requested a review of their eligibility decision (2% of all eligibility outcomes)
- All 3 requests were managed in Stage 1 (i.e. did not proceed beyond Stage 1)
- All 3 original eligibility decisions were confirmed
- Eligibility review requests came from: Brant (2) and Niagara (1)

Application Assessments and Reassessments

A total of 623 applications for adult developmental services and supports were completed.

- 24% of all completed assessments (or applications) were on behalf of NEW people (not in-service)
- 41% of all assessments were completed on behalf of people currently in-service needing more or different and for whom there was no previous application.

- Therefore a total of 65% of all completed applications were on behalf of people who did not have an application done previously
- 35% of all assessments completed were REASSESSMENTS, meaning that the person had an assessment in the past but required it to be fully updated given significant changes.

Referrals

- 2,366 new referrals were identified on behalf of 2,058 people
- There were 813 admissions into service reported to the DSO HNR during this period (mostly for clinical and behaviour services)
- 713 services were reported to the DSO HNR as having ended during this period
- There are 4,060 outstanding needs recorded at the DSO HNR (this information is based on historical/pre-DSO information and information on behalf of people who have had the full application package completed through the DSO HNR and therefore is not completely updated).

Hamilton-Niagara Regional Passport Program (Hamilton Niagara Region):

At the end of 12/13, a total of 1779 people were in receipt of Passport funding (\$9,455,462)

- 90 people were receiving Community Participation Support (CPS) funding (\$960,994)
- 1,488 people were receiving Respite/Personal Development and Growth (RPDG) funding (\$5,209,345)
- 201 people were receiving both CPS and RPDG funding (\$3,312,864)

Contact Hamilton administered approximately \$6,989,257 in direct funding

Report on our French Language Services (FLS) Compliance

What we are doing:

- Active Offer:
 - o Voicemail greeting and live greeting
 - o Exterior signage is in both official languages.
 - o Sign at reception, in French, that indicates that services can be provided in French.
 - o Reception staff are trained in transferring French speaking callers to French speaking staff as required.
- Staff:
 - o We have one staff who speaks French
 - o Recruitment ads are available in English and French
 - o Aware of basic FLS expectations; part of their orientation
 - o FLS activities report is part of Staff Meeting agendas
 - o Executive Director and Executive Assistant have taken French Languages courses through College Boreal and provide material to staff as appropriate.
 - o French speaking staff are always encouraged to identify learning needs and take courses (within available resources)
- Tools available in both official languages:
 - o Website
 - o Promotional material e.g. brochures, bookmarks, letterhead
 - o Recruitment ads (also indicate that French language is an asset)
 - o Newsletters

- Fax cover sheets and email signatures
- Welcome letter, recommendations letter (to French speaking families)
- We have several resource databases available on our website that allow the general public to search for and get information about resources in their community. There is a feature on each of the databases that when used, translates core information contained in the record into the specific language as chosen by the person, including French.
- Contact Hamilton's intake and referral forms clearly identify people that request their services in French; this enables service providers to know how best to engage.
- Agency is reviewing its current client satisfaction surveys and developing new ones; once finalized, they will be available in English and French.
- Collaborations:
 - We are actively working with both the children's services sector and the Hamilton adult developmental services sector to develop systemic approaches to supporting French speaking people. Currently, there is no FLS community table in place for Port Colborne and Welland.
 - Partnership formed with the Centre de santé communautaire (CSC) wherein our French speaking staff person will be on-site at CSC initially ½ day every two weeks
 - Met with the French Catholic Board of Education regarding access to children's services and implementation of the TAY Protocol; linkage made with the French Public Board. Initial work is underway.
 - Access protocol has been created between the Centre de santé communautaire and Contact Hamilton. The protocol outlines how services are accessed and how referrals are made to both programs.
 - Specific to adult developmental services, through a partnership with Community Living Hamilton, Salvation Army and Rygiel, Contact Hamilton has participated in the development of FLS resources for French speaking primary care physicians providing an orientation to developmental disability and how to access services (video and printed materials) and adults with developmental disabilities about their rights and responsibilities (video and information pamphlet)
- Governance
 - Board are aware of FLS expectations
 - Board considers FLS representation during board recruitment and strives to have at least one French speaking member
 - FLS is a standing agenda item through the Executive Director's report
 - FLS activities are reported on at the AGM
- French Languages Services Policy developed in 2012.
- Translation of written materials are conducted by professional and certified translators
- Key organizational and customer service policies and procedures have been translated into French and posted on the website:
 - Vision, Mission, Service Principles and Values
 - Feedback
 - Complaints
 - Privacy
 - Customer Service and Accessibility
 - Abuse Prevention and Reporting
 - Scent Policy
 - Health and Safety Booklet for Visitors

- The toy area in the waiting room has French books. Computer in waiting room (for public use) has French games.

Future goals and considerations re FLS implementation:

- Formally assess the French language oral and written skills of our current French speaking staff and develop French language development plans as required, within available resources.
- Where resources are available, explore partnership with College Boreal to provide assessment of French language skills (written and oral) for new employment candidates.
- Provide ongoing training/ refreshers and development plans for Reception staff in order to enhance French language skills as required, within available resources.
- Further investigate advertisement opportunities that target French speaking people
- Continue outreach and planning with French Boards of Education.
- Resume internal French Language Services Committee and meet routinely (2-3 times yearly) to review opportunities.
- Consider designation of specific positions as French Speaking.
- Specific to Adult Developmental Services, hire and certify a French speaking Assessor to administer the standardized application package in French (oral and written) and provide other access services. This will require additional resources or through attrition.
- Continued recruitment of bilingual board members.
- Incorporate FLS into strategic planning (requires further board discussion).
- Develop capacity to document intake and referral information in French (especially for use by the Centre de santé communautaire as per our access protocol).
- Translation of the VTRA Protocol (Violence Threat Risk Assessment Protocol) once formally approved and adopted. (Cross sectoral protocol)
- Consider having a French interpreter available on site during public consultation meetings (in Hamilton and Niagara). Additional resources will likely be required and therefore this will be dependent upon resource availability and need.