

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	June 13, 2016
SUBJECT/REPORT NO:	Healthy Babies, Healthy Children Protocol BOH13010(b) (City Wide)
WARD(S) AFFECTED:	City Wide
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Council Direction:

Not Applicable

Information:

The Healthy Babies, Healthy Children Program (HBHC) primarily funded by the Ministry of Children and Youth Services (MCYS), was introduced in 1998 as a vital support for vulnerable families in Hamilton with children at risk for poor developmental outcomes.

HBHC is a voluntary prevention, early identification and intervention program intended to improve the well-being and long-term health and development of expectant parents, infants, young children and their families. The goal of this program is to “provide vital support to vulnerable families with risk to ensure that every child identified with risk in Ontario will have access to evidence informed programs and services that support

healthy child development and effective parenting” (HBHC Guidance Document, 2015, pg.8).

As reported in March 2013 in Report BOH13010, the HBHC protocol has been revised by the MCYS.

The purpose of this report is to provide an update on the implementation of the revised protocol in Hamilton.

Background

Investing in early childhood development has been identified as a promising practice for reducing health inequities. Each year, babies are born into families where a number of factors, including those related to economic (poverty), psychosocial (mental health/isolation), behavioural (parenting skills/family violence) and lifestyle (addiction) influences, make it challenging for them to achieve their full potential. Identifying these barriers and intervening as early as possible can create lasting changes that improve health and well-being from early childhood through adulthood.

Evidence shows that infants and young children need sensitive and secure relationships with their caregivers in order to thrive and grow in all aspects of social, emotional, and cognitive development. Absence of a secure parent/child relationship and poor interactions between parent and child can have a direct and negative impact on mental and physical health long term. For this reason, the MCYS have prioritized and implemented evidence based tools to be utilized in the home visiting model, to support parents and caregivers to be loving, responsive and attuned to their children’s feelings and needs. The result of a strong parent/child relationship is children who engage in trusting and caring relationships with others and are confident and able to explore and learn.

In the HBHC program, Public Health Nurses (PHNs) and Family Home Visitors (FHV’s) provide home visiting to high-need families during the prenatal period, at birth and up to the transition to school. The Nurse-Family Partnership Program (NFP) is a targeted program, delivered under the umbrella of the HBHC program. Through NFP, PHNs provide intensive home visiting to young, first-time expectant mothers with limited economic and social supports for two and a half years.

Protocol Revision and Program Components

The Child Health standard of the Ontario Public Health Standards includes the requirement that “The board of health shall provide all components of the HBHC Program in accordance with the HBHC Protocol”. In 2013, the province announced changes to the HBHC Protocol that were intended to enrich the program, but also resulted in increased service expectations and pressures for Hamilton Public Health Services Department [Report BOH13010(a)].

Key elements of the revised protocol include:

- Implementation of a new, evidence-informed and highly sensitive screening tool to help ensure all families who may be in need of service are identified,
- Training of PHNs and FHVs to use evidence-informed interventions during home visits to high risk families,
- Heightened HBHC accountability measures and requirements including mandatory continuous quality improvement (CQI) plans, and
- Addition of 1.0 FTE screening liaison PHN position to support the implementation of the new screening tool in the community (Report BOH12038).

Core service components offered to vulnerable families include:

- Providing comprehensive screening to effectively identify vulnerable families with risk early,
- Providing education, information and referral to community supports by meeting families in hospital settings and support screening completion in collaboration with hospital nurses,
- Providing postpartum contact with women within 48 hours following hospital discharge,
- Providing in-depth assessment by PHNs for families with identified risk factors,
- Supporting sustainable change and skill building through one-to-one, family-centered blended home visiting by PHNs and FHVs,
- Enhancing parenting capacity and supporting change using motivational counselling approach,
- Using a service coordination approach, which involves engaging both natural and professional supports in strength-based service planning, and
- Supporting strong collaborative partnerships to better serve vulnerable families.

Provincial Funding

The HBHC gross 2016 budget is \$4,035,155 with the majority being subsidized by the MCYS for HBHC program delivery in Hamilton in the amount of \$3,533,913. Although HBHC is intended to be 100% funded by the MCYS, the City of Hamilton continues to subsidize the program, currently in the amount of \$501,242 (including indirect cost allocations). Operating expenses and business processes have been continually reviewed and reduced to maximize efficiencies; however annual increases such as salary and benefits continue to rise. As a result, the gap between the MCYS funding and the real cost of providing HBHC services, has continued to grow.

MCYS Service Level Targets

The MCYS requires all public health units to sign an annual service agreement specifying Ministry expectations regarding the provision of the HBHC program locally. Since the implementation of the revised HBHC protocol, the MCYS has recognized that the service level targets documented are not achievable given current provincial funding levels, but rather aspirational. The MCYS expects that the standardized CQI framework initiated in 2015 (and described below) will enable local programs to achieve small gains towards meeting provincial targets over time, in the absence of funding increases.

Table 1: 2015 City of Hamilton Program Service Achievements

Entry Stage	MCYS Screening Targets	# of Screens Completed	# Screens ≥ 2 Risk Factors	# Completed In-Depth Assessment Home Visits	# High Risk Families Referred For Home Visiting
Prenatal^{1.}	25% Pregnant Women (1250)	231	228 ^{5.}	166	162 (71% of screens ≥ 2)
Postpartum^{2.}	100% of Hamilton Births (~5,000)	4,690	2,667 ^{4.}	505	217 (8% of screens ≥ 2)
Early Childhood^{3.}	25% of children 6 weeks – 6 years (9,600 children)	194	192 ^{5.}	119	93 (48% of screens ≥ 2)
TOTAL		5,115	3,087	790	472

1, 2, 3. Screen completed on mother only.

4. Hamilton is 10% higher for with risk screens received through universal screening than the provincial average.

5. Prenatal and Early Childhood screening statistics reflect targeted screening approach.

It is important to note that the Hamilton HBHC program is very close to provincial expectations for postpartum screens and significantly lower for screens received during the prenatal and early childhood period. Public Health Ontario is reporting similar findings across Ontario.

Reaching postpartum clients is straight-forward, since most births take place in hospital. Reaching prenatal and early years clients requires different approaches and extensive community collaboration. Now that the initial focus on postpartum services is successfully underway, Hamilton is choosing to focus CQI efforts at enhancing prenatal screening.

Impact of Continuous Quality Improvement on MCYS Aspirational Targets

Collaboration with hospitals is essential to facilitate HBHC screening of all postpartum families. In 2013/14, the focus of program development was collaboration with Hamilton Health Sciences McMaster site and St. Joseph's Healthcare Hamilton Downtown site to implement the new screening tool and enhance access for all postpartum families to services. In 2015, postpartum screening was offered to all mothers reaching 4,690 families, 93% of families who delivered. This is an increase of 12% over 2014 where 4,078 mothers were reached.

In 2015, 60% (3,087) of all screens received to the program (prenatal, post-partum and early childhood) were identified with risk representing a 20% increase in families identified with risk over 2014 (2,496). A total of 790 home visits were made to complete in-depth family assessments, [10% (715) higher than 2014]. There were 472 new families [11% (420) higher than 2014] received 7,464 home visits through the program [3% (7,281) higher than 2014] (see Table 1). Since implementation of the standardised Family Service Plan goals several years ago, the top three self-identified participation goals for families are: Optimal growth and development, Healthy attachment and Positive parenting.

In late fall of 2015 to the present, further work has been initiated to engage community partners in the full implementation of the HBHC protocol. Hamilton Public Health Services chose to focus CQI on extending the reach of prenatal screening. "The prenatal period is a critical time for mothers with risk and the optimal starting point for HBHC Program service. The relationship that develops after the baby's birth is often enhanced if the PHN and FHV get to know the family before birth. Intervention at this stage is often highly effective because pregnant women are ready to learn and willing to modify behaviour to protect their child" (HBHC Guidance Document 2015 pp. 39-40).

In 2015, Hamilton women who were screened with risk during the prenatal period were much more likely to accept a PHN home visit for the purpose of assessment (76%) than women screened with risk following the birth of their baby (57%). In addition, 97% of prenatal women who were confirmed to be at risk participated in home visiting services versus only 43% of postpartum women. Because a substantially high proportion of pregnant women in Ontario see a physician or other primary care provider during pregnancy, it follows that an effective way to deliver prenatal screening is through these health care providers. To achieve our goal of increased access to prenatal screening, the HBHC program has established strong collaborative partnerships with community healthcare professionals and agencies to facilitate completion of the HBHC screening tool for their clients. Examples of strong partnerships include: Family Health Teams, St. Joseph's Hospital and McMaster's Children's Hospital, Child Protection Agencies, Primary Care providers, Midwives and Obstetricians. In 2015, measures to increase the reach of prenatal screening were implemented resulting in 231 expectant families at risk connected to services.

In the first quarter of this year, HBHC saw a dramatic increase in prenatal screens received from community partners, increasing by 35% from 57 screens in 2015 to 87 screens in 2016 (56 women in the first quarter of 2014 were screened during the prenatal period). This number will continue to rise as we continue to implement our plan to enhance prenatal screening. The program goal is to continue to strive to meet the aspirational provincial service level targets for HBHC prenatal screening (1,250 women). While screening will continue to be offered postpartum and during early childhood, a gradual decrease in new postpartum and early childhood referrals is expected as more families will be connected to the program during pregnancy and will continue to receive services following the birth of their baby and beyond, as needed. The provincial “aspirational” target of early childhood will remain out of reach until such time that the MCYS addresses the serious budget shortfalls for the program. In 2014, 200 early childhood screens were completed, and in 2015 194 screens completed.

Future Considerations

As a result of changes required by the Province regarding the implementation of HBHC, Hamilton Public Health Services’ HBHC program is facing heightened program and funding pressures. Service delivery expectations have increased but the MCYS funding has not. To address this dilemma, collaboration and CQI efforts will continue in order to achieve gains towards meeting provincial targets over time. Additionally, the MCYS has announced a third party review of the HBHC program. The Ministry review is in response to letters sent from many public health units, and Boards of Health regarding sustainability of the program.

Staff will continue to explore opportunities for changes to program delivery to reduce the service pressures while ensuring service is provided to families with highest needs. Staff will work to identify program implications and funding shortfalls in relation to Hamilton’s needs and report back at the appropriate time with consideration of the Ministry review of HBHC and the revised Ontario Public Health Standards, both due to be released at the end of 2016.

References:

Ontario. Ministry of Children and Youth Services. Healthy Babies, Healthy Children Protocol. Toronto: Queen’s Printer for Ontario; 2012.

Ontario. Ministry of Children and Youth Services. Healthy Babies, Healthy Children Guidance Document. Toronto: Queen’s Printer for Ontario: 2015

Healthy Babies, Healthy Children Protocol-BOH13010(a): September 18th, 2014)