CITY OF HAMILTON

PUBLIC HEALTH SERVICES
Family Health Division

TO: Mayor and Members Board of Health	**WARD(S) AFFECTED:** CITY WIDE
COMMITTEE DATE: February 28, 2011	
SUBJECT/REPORT NO: Healthy Babies, Healthy Children Budget (BOH11004) (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	**PREPARED BY:** Zsuzsi Trim: 905 546-2424 ext. 3803 Debbie Sheehan: 905 546-2424 ext. 4888
SIGNATURE:	

RECOMMENDATION

(a) That the reallocation of funding obtained through efficiency measures in the Public Health Services budget to fund the $36,000 shortfall in the Healthy Babies, Healthy Children (HBHC) Program be approved;

(b) That a letter be written to the Minister of Children and Youth Services, to be sent along with the budget submission, outlining the inherent impact of zero base increases for 2009-2011 (as experienced by all Health Units across the province of Ontario), as well as the potential impact of subsequent budget reductions on the effective integration of HBHC services as part of the provincial Best Start Child and Family Service Model;

(c) That staff be directed to bring forward to the Board of Health for consideration, when identified, any 100% provincially funded programs that have a maintenance shortfall.

EXECUTIVE SUMMARY

The Healthy Babies, Healthy Children Program is a well established 100% provincially funded prevention and early intervention initiative focused on the well being and long-term health and development of expectant parents, young children and their families.

The long term home-visiting component of the HBHC program targets families who fall within the definition of priority populations according to the Ontario Public Health Standards. Public health interventions that target priority populations are considered to have substantial health benefits at the population level (OPHS p. 2 & 16). In addition, Public Health Nurses (PHNs) and Family Home Visitors (FHVs) use evidence-based approaches to educate, mentor and support high risk families around client-centred goals. The roles of the PHN and FHV are aligned using a blended model of service delivery. The PHN coordinates services for each family which involves screening, assessments, education, counselling and referrals. The FHV provides support and mentoring to clients using a peer based approach such as modelling.

In 2010, 52% of HBHC long term home visiting clients were from the poorest 20% of neighbourhoods in Hamilton as identified in the Code Red report. Over the past three years, static provincial funding and increasing salary costs have necessitated a 3.1 FTE reduction in PHNs. The total number of home visits was reduced by 16% during this time and the total number of clients serviced was reduced overall by 11%. Over the past three years, there have been periods when a wait list was implemented to manage higher volumes of referrals. In 2010, the HBHC program reinstituted a waitlist for referrals which fluctuates between 20 to 40 families. Waitlist numbers and wait times fluctuate due to ability of PHNs and FHVs to pick up families, as well as variable referral patterns. There is no historical data from which to accurately review the history of program waitlists. Since recent changes to the provincial IRSS[1] system allow the ability to track wait list times and patterns, this will be tracked more closely for 2011.

In 2011, HBHC programs across the province, including Hamilton, are faced with another zero percent increase. Without Board of Health approval for additional funding from the Public Health Services levy, PHS is recommending that the shortfall be applied to the Family Home Visitor Program which will translate into the loss of 1.0 FTE Family Home Visitor or approximately 333 home visits to at least 28 high risk families. This will adversely affect the ability of HBHC staff to fully contribute to achieving the City of Hamilton's vision to be the "Best Place in Canada to Raise a Child." A change in policy by the City of Hamilton is needed to enable it to support 100% funded programs that align with the City's strategic goals.

[1] ISCIS Reporting Sub-System. IRSS extracts data from ISCIS for program analysis.

FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

Financial: The Public Health Services 2011 maintenance budget as submitted includes a $36,000 levy impact as a result of the shortfall in funding for the HBHC program. These costs are offset by the budget savings that had been found within various areas of the PHS budget.

Table 1: Hamilton funding and staffing levels for HBHC 2004-2011

Year	% Increase in Total Budget	Total Approved Budget	Total Salaries, Wages & Benefits	Total Operating Costs	Contracts Wesley & Hamilton Community Living	FHV Program FTE	Approved PHS Total FTE
2011 [1]	1.04	3,469,913	2,643,881	196,409	629,623 [3]	13.5	30.4
2011 [2]	0.00	3,433,913	2,643,881	196,409	593,623	12.5	30.4
2010	0.00	3,433,913	2,577,655	223,635	632,623	13.5	30.4
2009	0.00	3,433,913	2,525,127	276,163	632,623	13.5 [4]	30.90
2008	1.98 [5]	3,399,269	2,477,964	275,682	645,623	17.9	33.50
2007	7.90	3,333,206	2,310,733	257,850	646,623	17.9	31.50
2006	3.60	3,085,752	2,219,970	230,159	635,623	18.1	31.50
2005	7.50	2,979,933	2,124,075	222,258	633,600	18.0	32.00
2004	7.80	2,770,895	1,961,310	222,186	587,399	16.4	28.20

1 Budget has been submitted with this option. PHS levy covers the $36,000 budget shortfall within the HBHC 100% funding envelope.

2 Budget balanced within 100% funding envelope.

3 Totals for Contractual Services in 2004-2010 include costs for contractual services with Hamilton Community Living for $3000. This service was discontinued for 2011.

4 In 2009, the Family Home Visitor program changed from six agency providers to one. In order to ensure that the Family Home Visitors received a living wage, Wesley Urban Ministries decided to reduce FTEs from 17.9 to 13.5.

5 Six health units in Ontario were given increases to their HBHC base budgets to deliver new/enhanced programs for at-risk prenatal women. PHS used these funds with the permission of MCYS to begin the Nurse-Family Partnership home visiting model for first time, pregnant, low-income women.

Table 2: Hamilton home visiting levels for the long term HBHC program component 2004-2011

Year [1]	2004	2005	2006	2007	2008	2009 [2]	2010 [6]
IDA completed	708	702	431	471	372	433	340
HV Referral Accessed [4]	543 (77%)	551 (78%)	365 (85%)	433 (92%)	330 (89%)	385 (89%)	291 (86%)
# PHN visits	3,738	3,565	3,365	3,331	3,222	3,688	3,642
# FHV visits	6,164	5,424	4,700	4,838	4,251	3,154 [5]	3,439 [6]
# Joint visits	2,149	2,045	1,872	1,747	1,362	1004	977
Total HV	**9,913**	**8,996**	**8,078**	**8,181**	**7,483**	**6,849**	**6,513**

1. Data for 2004-2007 collected from ISCIS. Ministry improvements instituted to data collection through the implementation of IRSS (ISCIS Reporting Sub-system) in 2008 reflects more accurate and complete data. Data collection in IRSS is captured differently than the former ISCIS Reports so it is difficult to compare accurately across years prior to 2008.
2. FHV transfer payment model changed on April 1, 2009. FTE was reduced to achieve living wage and to hire a supervisor from 17.9 FTE to 13.5 (includes 1.0 supervisor)
3. 2010 data set is approximate based on year-to-date projections
4. "Home Visits (HV) referral accessed" are those families rated high risk on IDA, consenting to long term home visiting, who received home visiting services.
5. Reduction in FHV visits is a result of a 4.4 FTE reduction (see Table 1) and the transition period from 6 agencies to a single transfer payment agency.
6. Unusually high short term disability claims also had a direct negative impact on the number of completed visits (both PHN and FHV).

In an effort to provide a more efficient and accountable service, a restructure to a more focused home visiting team is currently being implemented. We will be measuring the anticipated efficiencies achieved through this restructuring in 2011 through HBHC the IRSS reporting sub-system.

Staffing: With the levy funding identified from PHS efficiencies, there are no staffing reductions. We are anticipating a potential budget impact from ONA and CUPE contract negotiations in 2011 and are unable to predict, at this time, whether there will be any further budget pressures as a result. All boards of health, including municipal ones, are covered by the Public Sector Compensation Restraint to Protect Public Services Act, 2010. Should the contract negotiations result in unexpected additional budget pressures, a report will be brought forward to the Board of Health.

Legal: There are two existing contractual agreements that govern the delivery of HBHC services:

1. An annual provincial contract for HBHC funding and local service levels is signed by the Medical Officer of Health.

2. In 2008, the Board of Health approved a significant change in the delivery of the Family Home Visitor component of HBHC. As a result, the single-service agency contract for Family Home Visiting services was awarded to Wesley Urban Ministries. The current Transfer Payment Agreement expires April 1, 2011 with an option to renew for an additional year.

HISTORICAL BACKGROUND (Chronology of events)

The Healthy Babies Healthy Children (HBHC) Program is a 100% provincially funded prevention and early intervention initiative intended to improve the well being and long-term health and development of young children and their families. HBHC is mandated to provide the following direct services to families:

1. Telephone Intake, Screening and Assessment by PHNs.

2. Universal Postpartum Program (postpartum telephone assessments and home visits from PHNs).

3. In-Depth Assessments for families with identified risk factors for growth and development conducted by PHNs.

4. Public Health Nurse (PHN) home visits to at-risk families (this includes the Nurse Family Partnership - a targeted, evidence-based approach to nurse home visitation).

5. Family Home Visitor (FHV) home visits to at-risk families (to provide support and mentoring to families).

6. Referral and linkage to needs based supports and services by PHN.

7. Service co-ordination for high risk families by PHN.

8. Early Identification of children at risk for poor development through screening by PHNs and FHVs.

In an effort to provide a more efficient and accountable service, a restructure to a more focused home visiting team is currently being implemented. The previous HBHC program structure utilized an integrated approach to providing service which blended the roles of PHNs and Managers between focused home visiting in HBHC and population health approaches in Child and Reproductive Health. The revised program

model allows for staff and managers within HBHC to focus specifically on HBHC work. It also enables us to develop a staff with increased knowledge and skills in high risk home visiting using evidenced informed approaches. HBHC continues to provide a balance of both universal and targeted programming. The service targets for 2011 have not been confirmed yet. Service targets for 2011 will be driven by the 2011 HBHC budget from MCYS and the program goals for HBHC this year.

As the Province begins to move forward with the development of Best Start Child and Family Centers outlined in the Pascal Report, Public Health Services will continue to collaborate with Hamilton Best Start to determine how core HBHC program components may be effectively integrated. It is imperative that the province provide adequate funding to deliver mandated HBHC services. Previously the Board of Health had given direction that all 100% provincially funded programs be maintained within their funding envelopes. Without adequate funding to support the critical roles of the Public Health Nurse and the Family Home Visitor, integration of HBHC within the Best Start (neighbourhood) model will be insufficient to meet identified neighbourhood needs.

POLICY IMPLICATIONS

The HBHC program aligns with policy directions enunciated by provincial, national and international initiatives. Previous direction from the Board of Health that all 100% provincially funded programs be maintained within their funding envelopes conflicts with the HBHC program's ability to align with the city's vision to make Hamilton "The Best Place in Canada to Raise a Child".

Several recent reports emphasize the fundamental importance of early child development and societal influences and their links to the long-term health and well being of children:

- Hamilton Spectator's Code Red series (2010) reinforces the long term and irreversible impact of poverty on children and families in the City of Hamilton.

- Dr. Charles Pascal's report (2009) to the Premier of Ontario entitled, "With Our Best Future in Mind", established early childhood development as a priority in this province. According to Dr. Charles Pascal, "Ontario's 1999 Early Years Study popularized the science of early childhood development and recommended that public policy capitalize on this critical life stage by offering quality programs to all young children and their families." (Pascal Report, pg.10)

- Ministry of Health and Ministry of Children and Youth Service's (MCYS) has clearly identified that HBHC must be a strong collaborative partner in the establishment of the provincial Best Start Child and Family Centres which are now in the early planning and development phase (as recommended by the Pascal report). PHS is actively involved in the community consultation process (led by Community and

Social Services) and is engaged in identifying how program components can best be integrated into the Best Start Child and Family Centre model in the City of Hamilton. While the enhanced collaboration and integration of community based services within the Best Start Model will increase awareness of and referral to the HBHC program, there will be no capacity to meet the increased need and demand for services.

- HBHC is included as one of the Ontario Public Health Standards (Child and Reproductive Health) for Boards of Health which promotes the health and well being of children and families. The Board of Health is required to implement the HBHC Program in accordance with the MCYS guidelines which stipulate the requirements for the seven service delivery components outlined in the background section of this report. Despite the provincial mandate, the HBHC program has never been adequately funded to fully deliver the seven mandatory services.

- Dr. David Butler-Jones, Canada's Chief Public Health Officer states "There is a growing body of evidence that some of the greatest returns on tax payers' investments are those targeted to Canada's youngest citizens. Every dollar spent in ensuring a healthy start in the early years will reduce the long term social costs associated with health care, addictions, crime, unemployment and welfare. As well, it will ensure Canadian children become better educated, well adjusted and more productive adults." (Pascal Report, pg.12)

- Dennis Raphael and Juha Mikkonen's report on the social determinants of health (2010) highlights that the state of early childhood development of children in Canada is linked to the conditions of material and social deprivation in which children live.

- UNICEF (2005) has identified the early years as a period of vulnerability when government support to families can be tremendously valuable. UNICEF pointed out that Canada has precious few programs in this area relative to other developed countries. Their report states that "Children have a right to grow up with a level of material resources sufficient to protect their physical and mental development, and to allow their participation in the life of the societies into which they are born…a right to be protected in good times and bad…should not depend on whether economies are in growth or recession or on whether interests rates are rising or falling. Reducing child poverty rates is perhaps the single most meaningful and measurable test of how well the governments of the developed world are living up to that ideal." (UNICEF Report 6, 2005 Pg 31)

- Funding reductions to HBHC are inconsistent with achieving the City's vision "To Make Hamilton the Best Place to Raise a Child"

RELEVANT CONSULTATION

- Finance and Administration consulted regarding financial history of HBHC (2004-2010). The report, as a whole, was reviewed by Manager F&A who provided editorial feedback.

- The Executive Director from Wesley Urban Ministries was consulted regarding potential implications of the report for their 2011 FHV budget. Wesley understands the implications of zero based budgets and acknowledged that previous program staffing reductions have been PHNs. She awaits the decision regarding funding for the Wesley FHV program in 2011.

- Program Planning & Business Improvement, Public Health Services was consulted regarding statistical data for City of Hamilton which were statistical reports relating to City of Hamilton provided and utilized in conjunction with IRSS data from ISCIS for inclusion in the executive summary.

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

During budget preparation the practice of maintaining 100% provincially funded programs within their funding envelopes has been followed for many years with reductions automatically included in these budgets when needed. When staffing reductions are required, these are brought forward for approval and often recommendations include advocating for improved Ministry funding.

PHS is recommending where there are impacts on program service levels, that the BOH discuss the issues, so consideration can be given to supplementing those programs that fit with Council priorities and identified community needs.

Several of these programs are directly aligned with Council priorities and identified community needs. For example HBHC and Child & Adolescent Services are directly related to The City's Vision of "Making Hamilton the Best Place to Raise a Child' and the Priority Plan (prosperity, human capital).

This alternative maintains essential services to the most vulnerable children and families in the community and demonstrates the City's commitment to the development of its youngest citizens and investment in the future.

This alternative may indicate that the City is willing to subsidize shortfalls when the provincial government does not provide full funding to programs that are "labelled" as 100% funded by the Province. In order to avoid sending a message that this is setting a

precedent that will be followed in other circumstances, it is important that the Board of Health direct staff to bring forward such items for consideration on a case by case basis.

ALTERNATIVES FOR CONSIDERATION

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

The Board of Health could decide not to offset the budget pressure within HBHC in order to hold MCYS fully accountable for the vision that is endorsed in the Provincial Best Start Framework and align with previous decisions not to subsidize service delivery shortfalls in 100% funded provincial programs. The Board of Health could direct Public Health Services to reduce the Family Home Visiting component of HBHC by $36,000 in order to stay within the 100% provincial funding budget.

This alternative would result in no change to the existing Board of Health policy. The financial, staffing and legal implications resulting from this decision would require a $36,000 budget reduction to the FHV program which would translate into a reduction of 1.0 FTE Family Home Visitor or approximately 333 home visits to at least 28 high risk families. Legally, PHS and Wesley Urban Ministries would need to mutually agree upon an amendment to the existing contract to reflect any change in the annual amount of the contract.

CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)

Focus Areas: 1. Skilled, Innovative and Respectful Organization, 2. Financial Sustainability, 3. Intergovernmental Relationships, 4. Growing Our Economy, 5. Social Development, 6. Environmental Stewardship, 7. Healthy Community

Healthy Community

The HBHC program helps to address poverty by working with at risk families, with children aged 0-6 years, to promote optimal growth and development of children and increase the ability of families to be more self-sufficient. The HBHC program utilizes relevant research on best practices and its' link with the Hamilton Best Start Network to deliver a comprehensive program that is vital to achieving the network goals of effectively promoting early childhood development through integration of child services. The goals of the Best Start Network and the work of the HBHC program are aligned with the City of Hamilton's vision "Making Hamilton the Best Place to Raise a Child".

APPENDICES / SCHEDULES

Appendix "A" Bibliography

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