

## CITY OF HAMILTON

### *PUBLIC HEALTH SERVICES Family Health Division*

<b>TO:</b> Mayor and Members Board of Health	<b>WARD(S) AFFECTED:</b> CITY WIDE
<b>COMMITTEE DATE:</b> May 24, 2011	
<b>SUBJECT/REPORT NO:</b> Child and Adolescent Services Budget 2011/12 (BOH11015) (City Wide)	
<b>SUBMITTED BY:</b> Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	<b>PREPARED BY:</b> Debbie Sheehan (905) 546-2424 ext. 4888 Gordon Greenway (905) 546-2424 ext. 3697
<b>SIGNATURE:</b>	

#### RECOMMENDATION:

- (a) That the Board of Health approve the 2011/12 Child and Adolescent Services budget which is 100% funded by the Ministry of Children and Youth Services, the Youth Justice Sector and the Ministry of the Attorney General;
- (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 budget increases from 2009-2012.

#### EXECUTIVE SUMMARY

Child and Adolescent Services (C&A) is an outpatient children's mental health service that is 100% funded by the Ministry of Children and Youth Services, the Youth Justice Sector, and the Ministry of the Attorney General. C&A serves children and youth, and their families residing in the City of Hamilton. Children and youth with emotional and/or behavioural problems 2 to 18 years of age are eligible for service.

Funding allocations for 2011/12 are at the same level as in 2010/11 and 2009/10. At this time Public Health Services (PHS) is projecting that the FTE will remain at 15.80,

which is unchanged since 2009-2010. However, there may be additional pressures if contract negotiations result in salary and benefit increases.

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

**Financial:** The Ministry of Children and Youth Services requires all their funded programs to submit a balanced budget annually. At this time, funding levels are the same for 2011/12 as they were in 2010/11. The following table shows a comparison of budget allocations from 2009/10 through to 2011/12 with FTE complement:

**C&A Budget 2009-2012**

MCYS Funding	Annual Budget 2009-2010	FTE 2009-2010	Annual Budget 2010-2011	FTE 2010-2011	Annual Budget 2011-2012	FTE 2011-2012
C&A Services	1,447,633	12.97	1,447,633	13.17	*1,593,390	14.62
High Risk Youth Justice	96,757	1.0	96,757	.96	*N/A	*N/A
Child Abuse Treatment	49,000	.6	49,000	.49	*N/A	*N/A
Young Offenders Services	109,381	1.23	109,381	1.18	109,381	1.18
<b>Total</b>	<b>1,702,771</b>	<b>15.80</b>	<b>1,702,771</b>	<b>15.80</b>	<b>1,702,771</b>	<b>15.80</b>

\* For 2011/12 the Ministry of Children and Youth Services requested collapsing the High Risk Youth Justice and Child Abuse Treatment budget into C&A Services.

**Staffing:** There is no change in FTE (15.8) since 2009/10. However, adjustments may be necessary if: a) there are non-union increases; or b) costs associated with the settlement with CUPE 5167 result in salary, wage and/or benefit increases. Discussion would need to occur with the area MCYS office in order to determine the plan for revising the budget.

**Legal:** C&A has a contract with the Ministry of Children and Youth Services to provide programs and services to children and youth aged 2-18. The Youth Justice sector of the Ministry of Children and Youth Services has a contract with C&A to provide Young Offenders services to youth ordered to receive a medical/psychological assessment. The Ministry of Children and Youth Services requires that balanced budgets are submitted annually. This budget is consistent with the Public Sector Compensation Restraint to Protect Public Services Act, 2010 (the Act) which directs that there must not be any funding for compensation increases for future collective agreements.

**HISTORICAL BACKGROUND** (Chronology of events)

Historically there hasn't been a base budget increase within the children's mental health sector since 2007/08. These limitations along with the impact of the CUPE 5167 JE in 2008/09 and the impact of previous CUPE collective agreements resulted in FTE reductions of 1.0 in 2008/09 and an additional 1.0 FTE in 2009/10. Since that time, Child and Adolescent Services have managed to use reductions in non salary account lines to maintain a balanced budget and avoid staff layoffs.

Each year C&A provides counselling services to approximately 700 new families. The mandate of C&A is to provide high quality, evidenced based clinical services to the children (2-18 years of age) and their families who reside in Hamilton. Many of these clients are vulnerable children or youth dealing with serious emotional and/or behavioural problems. These issues include parent child conflict, aggression, issues related to bullying, anxiety disorders, conduct problems and serious emotional concerns such as depression and suicidal thinking or gestures. C&A also works with adolescent sexual offenders and children and youth who are fire setters. Family issues such as domestic violence, parental conflict and separation and divorce are common concerns. Many of these clients must also cope with social concerns such as the lack of sufficient housing and poverty.

In 2010, C&A underwent a Situational Assessment conducted by the Planning and Business Improvement Division. The goal of the situational assessment was to examine C&A services with a focus on community needs, perceived benefits of services and reported challenges, gaps and suggestions for improvement. There has been a decline in the number of new clients over the last two years: 657 admissions in 2008/09, 608 in 2009/10 and 565 in 2010/11. The decline in new admissions is partly a result of wait lists as clients perceive this as a significant barrier. Some of the recommendations from the Situational Assessment have provided direction for this year's operational plan aimed at addressing issues which have created waiting lists for service.

**POLICY IMPLICATIONS**

C&A services align with the Provincial Ministry of Children and Youth Services (MCYS) Policy Framework which guides local children's mental health services planning activities. MYCS has clearly identified that the children's' mental health sector 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. 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.

**RELEVANT CONSULTATION**

- Finance and Administration consulted regarding the financial history of C&A (2009 - 2012). The report, as a whole, was reviewed by the Manager F&A who provided editorial feedback.
- On May 5<sup>th</sup>, 2011 a meeting with the regional Ministry of Children and Youth Services Program Supervisor was held during which he reviewed the full budget submission and service targets.

**ANALYSIS / RATIONALE FOR RECOMMENDATION**

(include Performance Measurement/Benchmarking Data, if applicable)

On March 29<sup>th</sup>, 2011, the Ontario Provincial budget announced \$257 million in new funding for community based child and mental health services over three years. At this time it is unclear regarding who will receive this funding and when/how it will be allocated. Other children's services throughout Ontario are in a similar position, waiting for an announcement in regard to funding allocations. The result currently is that future planning in terms of resources and allocation of resources is unclear. 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 children's mental health services, in particular those provided by C&A, may be effectively integrated.

In the past, the Board of Health has advocated with the Premier for enhanced funding for children's mental health centres. While funding has been announced, it is not clear if funds will be allocated in 2011/12 and whether all children's centres will receive funds. A further letter encouraging allocation within in the current fiscal year, with a minimum inflationary base budget increase for all children's mental health centres, would support this advocacy position.

**ALTERNATIVES FOR CONSIDERATION:**

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

1. The Board of Health could choose not to approve the budget; however, this would be detrimental to the children and families living in Hamilton who rely on these services.
2. PHS could increase the salary and wages portion of the budget per expected contract negotiations with CUPE 5167 and offset this with reductions to operating lines. However, this option is not consistent with the Public Sector Compensation Restraint to Protect Public Services Act, 2010.

3. A further Recommendation Report could be made in the future to the Board of Health, outlining the impact of the CUPE 5157 settlement. Additional recommendations could be made at that time.

<b>CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)</b>
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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

***Skilled, Innovative & Respectful Organization***

- ♦ A culture of excellence
- ♦ Services levels have remained the same despite increased operational costs and FTE has remained the same since a reduction in 2009/10.

***Intergovernmental Relationships***

- ♦ Maintain effective relationships with other public agencies

***Growing Our Economy***

- ♦ An improved customer service

***Social Development***

- ♦ Access to services for citizens in need

<b>APPENDICES / SCHEDULES</b>
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Not applicable.