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<th>TO: Mayor and Members Board of Health</th>
<th>WARD(S) AFFECTED: CITY WIDE</th>
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<td>COMMITTEE DATE: November 28, 2011</td>
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<td>SUBJECT/REPORT NO: Healthy Babies, Healthy Children - Family Home Visitor Contract Renewal BOH11041 (City Wide)</td>
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**RECOMMENDATION**

That the Medical Officer of Health be given the authority to negotiate and execute the transfer agency agreement with Wesley Urban Ministries as sole provider of the Family Home Visitor component of the Healthy Babies Healthy Children Program.

**EXECUTIVE SUMMARY**

The Healthy Babies Healthy Children (HBHC) Program is a 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. Home visits are implemented using a blended model that involves roles for both a Public Health Nurse (PHN) and Family Home Visitor (FHV). 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 Hamilton, the FHV portion of the program has always been delivered by external agencies. Prior to 2009, six (6) agencies across Hamilton had transfer agency contracts with PHS to provide the FHV portion of HBHC. After an extensive program review, consensus amongst the six (6) transfer agencies and the BOH report BOH08010, Wesley Urban Ministries (WUM) became the sole provider the FHV program for Public Health Services (PHS).

The existing contract with WUM ends March 31, 2012. PHS is recommending that WUM remain as the sole provider of the FHV program and has confirmed with City of Hamilton purchasing department that a RFP process is not required to renew the contract with WUM. Over the past 30 months, WUM and the HBHC program have worked collaboratively to improve the FHV program effectiveness by building on the recommendations from the program review. Maintaining a contract with WUM will ensure that the FHV program continues to provide excellent service to families in Hamilton.

Alternatives for Consideration – See Page 5

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

Financial: The annual budget for the FHV program is $629,623. There has been no change to this budget since 2009. Funding for the program is provided annually by the Ministry of Child and Youth Services (MCYS) and a $36,000 levy approved by the Board of Health in 2010 (BOH11004 Healthy Babies Healthy Children Budget), to ensure that FHV FTE levels could be maintained.

Legal: Currently, there is a transfer payment agency contract with WUM to deliver the FHV program component of HBHC. This contract expires March 31, 2012. PHS also has a signed agreement with MCYS which includes program service targets for HBHC.

Staffing: WUM currently has 12.5 FTE FHVs and 1.0 FTE program supervisor. With no planned changes in the budget, the total FTE of 13.5 will remain the same.

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. The HBHC long-term home visiting program utilizes a blended service delivery model for families involving home visits by a PHN and a FHV. The model has been in place since 1998 but the
support structure behind the blended model has changed over the years. The most significant change occurred in 2009.

Prior to the change in 2009, the FHV program was contracted out to six transfer payment agencies within Hamilton. In response to ongoing program issues, a formal program review was conducted by PHS. The issues identified were as follows:

- poor program target completion (approximately 50% completion of service target levels as reported in a previous BOH report (BOH08010, May 2008)
- variations in individual FHV practice
- decreased opportunities for communication between FHV's and PHNs
- inconsistent policies and procedures (P&Ps) to guide program practice
- lack of consistent and effective supervision of FHV's
- variations in achieving program targets amongst the various agencies

The outcome of the review process resulted in moving from six (6) transfer payment agencies to one through an RFP process. WUM was the sole applicant for the RFP process. Their application to move ahead as sole provider was fully endorsed by the remaining five providers.

WUM began their contract as sole provider of the FHV program April 1, 2009. Over the past 2.5 years, WUM and PHS have worked closely to successfully address the program barriers and challenges identified through the PHS program review as follows:

- WUM has consistently attained over 80% of the service targets set by HBHC
- consistent supervision has strengthened FHV support by addressing ongoing program issues and improving program processes
- FHVs work under P&Ps from WUM and guidelines from the HBHC program
- strengthened role expectations, educational experiences and performance management of FHVs
- streamlined process for reviewing program targets and other program issues through regular meetings
- improved interagency communication between WUM and PHS through consistent ongoing communication between agency contacts at all levels.

In order for PHS to provide a strong and cohesive FHV program to support families in Hamilton, a process needs to be identified to bring stability to the program and support its ongoing development.
POLICY IMPLICATIONS

The process for entering into a new contract with WUM as sole provider of the FHV program for HBHC would be done in compliance with the City’s purchasing policy criteria regarding sole source vendors.

RELEVANT CONSULTATION

Purchasing was consulted regarding the policies and options pertaining to the process for renewing a transfer agency contract for the FHV program. Three (3) options were identified and are included within the recommendations of this report:

- Expression of Interest
- Request for Proposals (RFP)
- Renew contract with WUM

Best Start Network representatives from the Community Services Department were consulted for their perspective and knowledge of the current provider and the previous community partners. Their recommendation was to renew the contract with WUM without entering into an RFP process as the previous transfer agencies unanimously supported WUM as the single application in the 2008 RFP process.

Finance and Administration reviewed the financial section of this report for accuracy.

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

The transfer payment agency contract with WUM ends March 31st, 2012. PHS wants to ensure that the process undertaken to renew any contract with a transfer agency for the FHV program is transparent and well informed. Any decision needs to ensure that the FHV program is supported and sustained in 2012 and onwards. The City of Hamilton Purchasing Department confirmed that PHS can proceed with renewal of the transfer payment agency contract with WUM without engaging in an RFP process as they are the only agency currently able to provide the service. The reasons to stay with WUM as sole supporter are as follows:

- WUM has increased service target achievement levels by over 30% since 2009 and is working closely with PHS to continue to improve service target level achievement within the FHV program as well as HBHC.
- WUM is meeting their program deliverables as laid out in the current contract.
WUM is committed to a living wage for their FHV staff and provide a supportive work environment for their staff.

WUM is a large agency and has resources that have benefited the HBHC program through in-services, training and meetings of both FHVs and PHNs.

WUM has successfully transitioned and retained the FHVs from the original six agencies into a single and cohesive team.

WUM is committed to continuing with providing the FHV program and working closely with PHS to strengthen the program.

The consultations PHS has undertaken support the recommendation to enter into a contract with WUM as the sole provider of the FHV program on an ongoing basis.

The recommendation is considered to be the best option for maintaining the current level of service to our community, avoiding a decrease in service due to program interruption and supporting improvements to program services based on the ongoing collaboration between PHS and WUM.

### ALTERNATIVES FOR CONSIDERATION

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

There are three (3) other options for the Board of Health to consider:

1. PHS could engage in an “expression of interest” process to identify any agencies, in addition to WUM, that are interested in providing the FHV Program for HBHC.

   The benefits to this approach:
   - Opportunity to see if any agencies had an interest in providing the FHV program.
   - Opportunity to establish a new relationship with another provider and perhaps improve certain aspects of service delivery.

   This option is not recommended because:
   - There would be an implicit expectation that PHS would continue with a RFP process should any interested agencies come forward. The disadvantages to entering into an RFP process are listed below.

2. PHS could engage in a RFP process for the FHV Program component of HBHC. The benefits to this approach are as follows:
• Ensure a transparent process regarding the decisions for contract approval for the FHV program.

• Would provide PHS the opportunity to establish a new relationship with another agency and potentially improve certain aspects of service delivery.

• The opportunity to strengthen the contract with WUM through engaging them in a competitive process and thereby revisiting their contractual commitments.

This option is not recommended because:

• It would be difficult to build a cohesive program if PHS revisits the partnership every three years.

• There is potential to compromise the excellent working relationship with WUM and undermine the work WUM management and PHS management have invested in developing this FHV service-delivery model collaboration.

• The RFP process is labour intensive and would not yield any further benefits to the City of Hamilton. In 2008, WUM was the only agency that submitted a proposal for the RFP. Their application was endorsed by the remaining 5 transfer agencies who all felt that WUM was in the best position to be the sole provider of the FHV program.

• In the 2008 HBHC Program Review, the target achievement was approximately 50%. Since becoming sole provider of the FHV program, WUM has consistently attained service target levels over 80%, which is more than 30% greater than the targets reached by previous agencies.

• WUM is a large agency and their resource base has benefited the HBHC program through provision of space for training and meetings.

• There would be start-up costs associated with providing the program in a new agency in addition to negative program impacts associated with the time, energy and costs associated with building a collaborative program.

• Staff retention could be a problem if FHVs are required to move to another agency. HBHC has invested time and money for training of FHVs. It would be inefficient and costly to start all over again training new staff.

3. PHS could decide not to renew the contract with the transfer payment agency and instead, bring FHVs “in house” as City of Hamilton employees.

The benefits of this approach are as follows:

• Improved efficiency and accuracy of documentation and program processes.

• The proximity of FHV staff to PHN staff would enhance communication and strengthen working relationships.
• Common management of PHN and FHV staff would further support establishment of program consistency and role clarity.

This option is not recommended because:
• this option was considered during the 2008 HBHC program review. In order to maintain the existing FHV budget, there would need to be a 45% reduction of FHV FTE to offset the increased staffing costs.
• Reduced FHV staffing would negatively impact service delivery capacity.

CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)


Skilled, Innovative & Respectful Organization
• a skilled, adaptive and diverse workforce, i.e. more flexible staff
• more innovation, greater teamwork, better client focus

Intergovernmental Relationships
• maintain effective relationships with other public agencies

Growing Our Economy
• a skilled and creative labour pool that supports new employers
• an improved customer service

Social Development
• residents in need have access to adequate support services
• people participate in all aspects of community life without barriers or stigma

Healthy Community
• adequate access to food, water, shelter and income, safety, work, recreation and support for all (Human Services)

APPENDICES / SCHEDULES

N/A