SUBJECT: Child and Adolescent Budget 2009/2010 BOH08026(b) - (City Wide)

RECOMMENDATION:

(a) That the 2009/2010 budget submission for Child and Adolescent Services, which is 100% funded by the Province and outlined in Report BOH08026(b), be approved.

(b) That the temporary staffing reduction of 0.6 FTE approved in the 2008/2009 budget be made permanent.

(c) That a further permanent reduction of 0.4 FTE, by not filling a current vacancy, be approved to balance the 2009/2010 budget.

EXECUTIVE SUMMARY:

Child and Adolescent Services (C&A) is an outpatient children’s mental health centre 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 throughout the city of Hamilton.

C&A has been under financial pressure for a number of years due to the lack of funding from the Ministry of Children and Youth Services and due to rising staffing costs.
Funding allocations for 2009/10 will be at the same level as 2008/09 requiring a decision to permanently reduce complement by 0.6 FTE (Psychometrist position). A further permanent reduction of 0.4 FTE (Clinical Therapist) is required to achieve a balanced budget for 2009/10.

BACKGROUND:

A Board of Health Recommendation Report BOH08026 submitted July 9, 2008 requested approval for a temporary 0.6 FTE reduction in clinical staff for Child and Adolescent Services (C&A).

A Board of Health Recommendation Report BOH08026 (a) submitted October 15, 2008 requested approval for a permanent reduction of 1.0 FTE Secretary.

C&A is an outpatient children’s mental health centre that is 100% funded by the Ministry of Children and Youth Services. A small amount of funding is also received from The Youth Justice sector of The Ministry of Children and Youth Services. Revenue is also generated through fee for service clinical assessments for the Provincial Court for older youth who receive a Court order for a medical/psychological evaluation. These fees are paid by The Ministry of the Attorney General.

Appendix A provides a summary of the C&A program.

ANALYSIS/RATIONALE:

In Ontario, children’s mental health services base budgets have been chronically under-funded. Despite a 5% increase in 2007/08, there has historically been only one other base budget increase in the past 12 years (3% in 2004 after 12 years of no base budget increases). The impact of the CUPE 5167 JE in 2008/09 and the impact of the CUPE 5167 collective agreement settlement have increased costs to a level that requires these reductions. The following table shows a comparison of budget allocations from 2007/08 to 2009/10 with FTE complement. The 2009/10 FTE total includes the recommended permanent reduction of 0.6 and a further reduction of 0.4 FTE required to balance the budget.

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CHILD AND ADOLESCENT BUDGET 2009/2010 BOH08026(b) - (City Wide)

Services

| Total FTE | 17.80 | 17.80 | *15.80 |

- *Includes temporary 0.6 FTE reduction approved by BOH July 9, 2008 (Child and Adolescent Services Budget Report BOH08026)
- *Includes the recommended further reduction of .4 FTE
- *The FTE total for 2009/10 also includes a reduction of .4 FTE Trauma Research staffing reported in 2008/09 as the funding was time limited
- *A further .6 FTE reduction is reported as a result of changes to staffing complement in 2007 previously not reported

The permanent reduction of 0.6 FTE will create delays for children waiting for a psychological assessment. The further reduction of 0.4 FTE will also create some wait list issues for all C&A programs unless further funding is obtained.

C&A will also negotiate with the community through our referral source, Contact Hamilton, in order to identify referrals that might be redirected to alternate resources.

Child and Adolescent Services is committed to outcome evaluation and service review. In 2008/09 C&A received funding from The Children’s Hospital of Eastern Ontario to develop an evaluation template. In 2009, C&A is applying as well for further funding to use the tool we are currently developing in order to conduct an evaluation of our quick access service (walk in clinic). In 2009 C&A will be working with the Public Health Services, Planning and Continuous Services Division to conduct a full Program Review. The purpose of the review is to examine existing services and organizational structure in light of resource pressures and to provide possible recommendations for improvements in efficiency.

**ALTERNATIVES FOR CONSIDERATION:**

The Board of Health could:

1. Offset the budget pressure created by the reduction of 0.6 FTE and 0.4 FTE with 100% City levy funding. However, this would contravene the Board’s policy that provincially funded programs should be maintained within the provincial funding envelope, while contributing further pressure on the levy.

2. Advocate with the Ministry of Children and Youth Services for offset funding to retain the 1.0 FTE reduction.

3. Write a letter to the Minister of Children and Youth Services advocating for sustainable annualized funding for children’s mental health.

**FINANCIAL/STAFFING/LEGAL IMPLICATIONS:**

The permanent reduction of a total of 1.0 FTE will allow C&A to balance the budget submission for 2009/10.
POLICIES AFFECTING PROPOSAL:

The Ministry of Children and Youth Services policy is that all their funded programs must submit a balanced budget.

RELEVANT CONSULTATION:

Finance and Administration and Labour Relations have been consulted regarding the preparation of this report. Management staff from Child and Adolescent Services, Family Health Division, advised regional authorities from the Ministry of Children and Youth Services of the projected budget and FTE reductions, on March 11, 2009.

CITY STRATEGIC COMMITMENT:

By evaluating the “Triple Bottom Line”, (community, environment, economic implications) we can make choices that create value across all three bottom lines, moving us closer to our vision for a sustainable community, and Provincial interests.

Community Well-Being is enhanced.  □ Yes  ☑ No

Environmental Well-Being is enhanced.  □ Yes  ☑ No

Economic Well-Being is enhanced.  ☑ Yes  □ No
This reduction will allow PHS to balance its 2009-2010 Child & Adolescent Services budget.

Does the option you are recommending create value across all three bottom lines?  □ Yes  ☑ No

Do the options you are recommending make Hamilton a City of choice for high performance public servants?  □ Yes  ☑ No
Mandate and Standards

Operating under The Child and Family Services Act and the Youth Criminal Justice Act, C&A has a mandate to deliver high quality, evidenced based clinical services to children aged 2-18 within the City of Hamilton. C&A works within the standards and requirements set within Public Health Services. In addition to this, C&AS staff must adhere to standards established within professional colleges where applicable to specific disciplines. To maintain accreditation certification, C&A must adhere to standards set by both the Ontario Council on Community Health Accreditation and Children’s Mental Health Ontario.

Staffing & Services Overview

C&A currently has a multidisciplinary staff of 15.8 FTE. Staff includes clinical social workers, child and youth workers, family therapists, and psychologists and administrative support. Staff are organized into clinical teams working with specific populations of children and youth referred through Contact Hamilton, a single point access mechanism. Parents, schools, physicians and agencies can call for services.

Quick Access Service

This service allows new families to meet with a therapist on a walk in basis within days of referral. The focus is on orientation to the service, assessing priority and providing direction and intervention aimed at assisting the client(s) at the earliest stage possible. Clients also have the opportunity to receive an orientation to the service and to consider other possible additional or alternative approaches to resolving their problems.

Forensic Services

The Forensic Services Team provides a variety of services including Court ordered assessments under the Youth Criminal Justice Act. This program also provides specialized clinical assessments and treatment in the areas of Adolescent Sexual Offending and children and youth who have been identified as fire setters. This service works in partnership with the Hamilton Fire Department. The focus of all of these services is on assessing the underlying causes of behaviours, assessing the risk for re offending and determining an appropriate treatment plan to reduce recidivism. An additional program, the High Risk Youth Justice Program is a partnership with Hamilton Probation Services and Alternatives for Youth, an agency that provides substance abuse screening. The focus of this program is on providing clinical treatment services to youth identified by Hamilton Probation as having severe mental health difficulties which contribute to criminal behaviours.
Complex Trauma Services

This service was restructured and updated in 2008/09 to focus on children and youth who have been exposed to multiple traumatic events. Events include emotional, physical and sexual abuse, neglect, domestic violence, and disruptions in initial parent-child bonding or abrupt or multiple separations from family. Many of these are children in the Child Welfare system and they present with a variety of symptoms including severe anxiety and/or depression, suicidal behaviours, poor self esteem, a lack of trust in others, as well as a number of serious conduct difficulties. A variety of evidenced based therapeutic approaches are utilized to provide treatment to alleviate the symptoms these children and youth present.

Family and Individual Therapy (Solution Orientated Family Therapy)

This service uses a solution focused, strength based model to assist families with a variety of problems. Most common are parent child and parent teen conflict, the effects of parental separation, marital discord and loss on behaviour and mood and general problems with peer relationships, school as well as anxiety and depression. This service provides individual and family counselling along with group therapy. Current groups include a Parenting of Teens group, a group for Separated Parents and Stress Busters Group for children experiencing severe anxiety and social skills problems.

Impact on the Health of Hamiltonians

One in five children and youth under 19 has a mental health disorder. More than 300,000 have more than one mental health disorder and their day to day functioning is seriously impaired. Mental health disorders are the second highest source of direct health care costs in Canada. Suicide is now considered the second leading cause of death in 10-24 year olds (Children’s Mental Health Ontario, April 2009). Provincial data on children’s mental health treatment services suggests a 62% to 76% reduction in mental health problems resulting from programs and services (Children’s Mental Health Ontario 2007). Child and Adolescent Services has consistently had high client satisfaction ratings based on surveys conducted for two week periods twice per year. In the last survey November 2008, 100% of parents were either very satisfied (44%) or mostly satisfied (56%) while 87% of adolescents were very satisfied (68%) or mostly satisfied (19%).

Outcome evaluations on all referrals include pre and post evaluation. C&A uses two Ministry mandated tools. The first is the BCFPI (Brief Child and Family Phone Interview) in which the client answers a questionnaire that measures a child or youth’s mental health on a series of categories such as anxiety and depression. This can then be administered again after treatment to measure improvement. The second is called the CAFAS (Child and Adolescents Functional Assessment Scale) which is scored by the treating clinician before and after treatment.
Emerging Issues and Opportunities

Child and Adolescent Services is committed to outcome evaluation and service review. In 2008/09 C&A received funding from The Children’s Hospital of Eastern Ontario to develop an evaluation template. In 2009, C&A is applying as well for further funding to use the tool we are currently developing in order to conduct an evaluation of our quick access service (walk in clinic). In 2009 C&A will be working with the Public Health Services, Planning and Continuous Services Division to conduct a full Program Review. The purpose of the review is to examine existing services and organizational structure in light of resource pressures and to provide possible recommendations for improvements in efficiency.