Council Direction:
Not Applicable

Information:
The Healthy Babies Healthy Children (HBHC) Program, funded primarily by the Ministry of Children and Youth Services (MCYS), is mandated to provide services to families using a “blended” model including both Public Health Nurses (PHNs) and Family Home Visitors (FHVs). In Hamilton, the F HV portion of the HBHC program has always been delivered by external agencies, with Wesley Urban Ministries (WUM) the sole provider since 2009. Rising salary costs for FHVs have made it challenging for WUM to maintain the FHVs staffing level within the existing budget. This pressure was mitigated by reducing the FHVs complement by 0.5 FTE effective September 2012, and the agreement with WUM was extended until May 31, 2013 to allow further review. The purpose of this report is to provide an update on that review.
**Public Health Nurse Staffing**

The majority of the HBHC budget goes toward salaries of employees, of which 27.5 FTEs are PHNs. The PHN complement was reduced by 2.6 FTE for the 2009 HBHC budget, and by 0.5 FTE for the 2010 HBHC budget. Non-salary budgets have also been reduced to stay within the funding cap.

MCYS recently provided new base funding for a HBHC Screening Liaison PHN, to assist with implementation of the new HBHC protocol (Report BOH12038). Implementation of the new HBHC protocol is further outlined in Report BOH13010. The submitted 2013 budget request for the HBHC Program seeks no additional funding, and involves no reduction in PHN staffing.

**Family Home Visitor Staffing**

As part of the 2011 budget, the Board of Health approved annual net levy funding of a $36,000 shortfall, avoiding a reduction of 1.0 FTE to the FHVs.

In November 2011, the Board of Health approved that an agreement be negotiated with WUM to continue as the sole provider (Report BOH11041). The funding provided to WUM for FHV services has been $629,620 annually since 2009, when WUM became the sole provider of this service. As reported in July 2012 (Report BOH12017), rising salary costs for FHVs have made it challenging to maintain the FHV staffing level within the existing budget. The pressure was mitigated by reducing the FHV complement by 0.5 FTE effective September 2012, reducing staffing from 12.5 FTE FHVs to 12.0 FTE FHVs, plus 1.0 FTE FHV Manager. The agreement with WUM was extended until May 31, 2013 to allow further review, with remaining pressures offset by managing gapping across the HBHC Program. To provide context, FHVs are all paid $16.01 per hour. Service levels have been maintained despite the reduction of 0.5 FTE FHVs.

**Review**

Within the HBHC program, PHNs and FHVs work together to provide a “blended” model of service for high-risk families. PHNs complete assessments and provide service coordination, and FHVs provide support and mentoring. The HBHC and FHV Managers work closely together to support a high standard of seamless service for families.

The review indicates that service levels can be maintained within the existing budget if the FHV complement is reduced by 1.0 FTE, and some funds are redirected to mobile technology to support increased productivity. PHNs use Blackberries, which allow them to communicate with their clients while out in the community. At times clients need to reschedule visits with little notice, and many clients prefer texting and emailing as a means of connecting with their service provider. FHVs receive funding from WUM, using the funds provided through PHS, towards a cell phone of their choice; they are
able to make telephone calls but are not able to text or email with clients when out in the community. The FHVs’ rate of “not found” home visits is 7% compared to 1% for PHNs. When a client is “not found” it is generally very challenging to fill the newly available time with another visit, so “not found” visits reduce productivity.

The review suggests that equipping FHVs with Blackberries or comparable devices would enable them to complete an additional four visits per month. If the FHVs complement is reduced by 1.0 FTE, Blackberry-type devices could be provided within the current budget. This approach would necessitate a layoff of one FHV by WUM.

Following the staffing reduction, if each remaining FHV completed a minimum of an additional three home visits per month, service levels would be maintained. Currently, almost half of the FHVs are already meeting what would become the new monthly target. A reduction in “not found” visits would help all FHVs meet the higher targets.

Both Public Health Services and WUM greatly value the contributions made by FHVs, and would ideally prefer to make any staffing reductions through attrition and avoid a layoff. However, given rising costs and budget constraints, the reduction of 1.0 FTE FHV is planned since this will contain costs without decreasing service levels.

As an alternative, the Board of Health could choose to increase funding. It is estimated that following new salary levels to be determined by collective bargaining in 2013, an addition $30,000 per year would be required to allow WUM to maintain the FHV complement.

The HBHC program is currently in transition, with a new protocol scheduled for implementation in late March (Report BOH13010). Further, MCYS has indicated that there may be additional changes pending evaluation results. The new protocol and possible additional changes may increase workloads for both PHNs and FHVs, and create increased wait times for families. If that is the case, a request for an enhancement will be brought forward for consideration as part of the 2014 budget deliberation process.