SUBJECT: Healthy Babies Healthy Children Program Review: Family Home Visitor Service Component- BOH08010 (City Wide)

RECOMMENDATION:

(a) That the City discontinue the current Community Partner Agency model (contracting six different community agencies) of service delivery for the Family Home Visitor component of the Healthy Babies Healthy Children program;

(b) That the Medical Officer of Health be authorized to issue a tender to recruit a single community agency to provide the FHV component in its entirety for a two year contract, with a one year option to renew subject to adherence to the terms of the contract and service agreement;

(c) Upon completion of the RFP process, that the Medical Officer of Health be authorized and directed to enter into a contract, in a form acceptable to the City Solicitor, with the successful proponent.

Elizabeth Richardson, MD, MHSc, FRCPC
Medical Officer of Health
Public Health Services
EXECUTIVE SUMMARY:

Within Ontario, Hamilton is one of a small number of health units that contract some or the entire Family Home Visiting (FHV) component of the Healthy Babies Health Children (HBHC) program to external agencies. Hamilton Public Health Services (PHS) currently has transfer payment contracts with six community partner agencies (CPAs) to provide this service. Service targets are set annually in negotiation with the Ministry of Children and Youth Services and based on MCYS guidelines and best practice. However, the service target has never been achieved in Hamilton despite concerted efforts on the part of PHS and the contracted agencies. Moreover, we have achieved just 50% of the expected total number of FHV home visits (HVs) to be provided over the past five years, with a steady decline in FHV HV rate since 2004. Despite long standing and concerted effort by PHS and the CPAs, performance has failed to improve and has resulted in a protracted inability to meet our MCYS mandate with respect to HBHC Long Term Home Visiting service expectations.

A comprehensive Program Review was therefore conducted to evaluate the structure of the current service delivery model of the long term home visiting component of HBHC in Hamilton including the program delivery infrastructure and the current Community Partner Agency (CPA) model.

After consideration of three options outlined in the Review, PHS is recommending discontinuation of the current CPA model and consolidation of the FHVs under a single (one) transfer payment agency (TPA). This will improve and strengthen the service that PHS provides to at-risk families and will also reduce the complexities contributing to the long standing poor performance and communication within the FHV program, ensure dedicated consistent supervision, is fiscally feasible, and preserves the ongoing benefits of community collaboration in the delivery of HBHC.

BACKGROUND:

The 100% MCYS funded “Healthy Babies Healthy Children” (HBHC) program was first implemented in 1998 and is included in the Ontario Public Health Standards. HBHC strives to ensure a continuum of care from the prenatal period to age six for all families in Ontario. The program includes a universal postpartum component and targeted services to families with complex challenges. The targeted services includes long-term home visiting (HV) which is delivered using a blended model of Public Health Nurse (PHN) and Family Home Visitor (FHV) visits. The FHV is a lay person who is trained to provide 1:1 peer support regarding parenting and growth & development, by reinforcing teaching by the PHN. Within Ontario, Hamilton is one of six health units that contract some or the entire FHV component of HBHC to external agencies, while the remaining 30 Public Health Units (PHUs) employ FHVs directly. Locally, the overall budget in 2007 for the FHV component of HBHC was $ 635,623 and was allocated across six CPAs:
A comprehensive Program Review of the long term visiting component of HBHC was conducted by Dr. Susan Keller-Olaman\(^1\). The program review built upon a service provider survey that had been initiated jointly by CPA supervisors and PHS Management, in order to more fully understand the challenges identified by frontline staff (FHV and PHNs). The overall goal for the Program Review was to evaluate the structure of the current Hamilton service delivery model of the FHV component of HBHC including program delivery and the current Community Partner Agency (CPA) model.

**Key Findings**
- Annual referral and discharge rates in the HBHC long-term HV program meet service projections and are relatively constant (2004-2006 data).
- Only 50% of the targeted total number of FHV HVs to be provided over the past five years have been achieved, with a steady decline in FHV HV rate since 2004.
- The provincial blended visiting service target of 3 FHV visits per 1 PHN visit has not been achieved in Hamilton as demonstrated in the graph below. 2007 data recently received indicates home visiting levels similar to those achieved in 2006.

**Blended Model – # of home visits completed by Service Provider**

**Joint home visits are included in the total number of home visits (for both PHN and FHV)**

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\(^1\) Program Evaluation Coordinator, Applied Research and Evaluation, Planning & Continuous Improvement Division, Public Health Services, City of Hamilton
All stakeholders report repeated and ongoing attempts over many years to individually and mutually resolve challenges identified, including attempts to increase HV rate by FHVs.

Evidence indicates that Home Visiting programs with successful client outcomes are characterized by frequent, long term, and intensive visiting. Given the low numbers and frequency of visits by FHVs, concern is raised regarding the actual effectiveness of the long-term HV program in Hamilton.

All stakeholders in the current CPA model have identified concerns including the unacceptable FHV HV rate, lack of clarity as to the roles of those delivering the service, challenges in communication between PHNs and FHVs, administrative and practice inconsistencies across agencies, and concerns regarding accountability.

The lack of critical mass with each agency’s limited FHV staffing complement contributes to overall inefficiencies in program delivery.

FHVs visit families with young children in the family homes independently. The level and type of supervision provided by each CPA varies and PHS currently has no direct recourse to intervene regarding individual incidents or FHV performance issues. This leaves PHS vulnerable with respect to quality assurance and risk management.

Most PHUs that have undertaken a trial of contracting out FHV services have since claimed or reclaimed direct employment of FHVs.

PHS holds sole accountability to MCYS and our local BOH regarding HBHC program delivery and fiscal management, yet within the current model remains at arms length to intervene and remediate the ongoing failures to meet FHV HV service targets. Based on the findings from the Program Review PHS is recommending:

- Discontinuing the current six agency Community Partner Agency model; and
- Implementing a single community agency model to provide the FHV service delivery component of HBHC.

This consolidated model for delivering the Family Home Visiting component of HBHC will improve and strengthen the service that PHS provides to at-risk families and further enhancing our ability to make Hamilton “the Best Place to Raise a Child”.

**ALTERNATIVES FOR CONSIDERATION:**

**Preferred option:**

1. **Single Community Agency Model**
   PHS to contract a single community agency to provide the entire HBHC FHV component, including a full-time funded agency supervisor.

   In addition to the preferred option of a single community agency model, two other models for delivering the FHV service delivery structure were thoroughly explored:

2. **The City provides the FHV service directly.** In this model PHS would employ FHVs internally as Public Health staff. Cost analysis for an internal model was conducted, including a Human Resources job evaluation of the FHV position. To
remain within the current budget allocated to the FHV component of HBHC, a 45% reduction of FHV FTE would be required to offset increased staffing costs, thereby undermining the goal of improving both the quality and quantity of FHV Home visits. While co-location of staff (PHN and FHV) is ideal as a best practice, this option was determined to be financially unfeasible, and would also lack the benefits of community partner relationships.

3. **Maintain the current CPA model.** The current multi-agency CPA model of FHV service delivery has presented complex challenges and inefficiencies. Given the protracted inability to meet our MCYS mandate and service requirements, this model is no longer an accountable option. There are many benefits to a collaborative model with delivery by community agencies. However in this case these benefits have been outweighed by the inability to meet program targets and ensure quality service within the program.

Community partnerships remain integral to the delivery of services within the Healthy Babies Healthy Children program and Early Years system of integrated services. Our local HBHC model will continue to enhance relationships with community partners and offered other opportunities for successful collaborative projects. In addition to PHS participation in Best Start and other community initiatives, the single community agency model for HBHC will help ensure ongoing relationships with our local partners.

<table>
<thead>
<tr>
<th>Model</th>
<th># FHVs</th>
<th>Target # of FHV visits</th>
<th>Total Budget</th>
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<tbody>
<tr>
<td>CPA (six agencies)</td>
<td>17.9</td>
<td>9000*</td>
<td>$ 628,938</td>
</tr>
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<td>Single community Agency</td>
<td>13-16 **</td>
<td>5500 7250 8000</td>
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<tr>
<td>In-House</td>
<td>13</td>
<td>5500 6500 6500</td>
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* Actual 2007 – 4921 HVs
**Depends on hourly rate set by Agency

Note: We are unable to achieve MCYS total # of home visits provided targets with any model given our current HBHC budget. However the single community agency option should provide the highest target achievement. We will continue to work towards ways to further program efficiencies that will improve service targets and will evaluate the effectiveness of this new model in two years.

**FINANCIAL/STAFFING/LEGAL IMPLICATIONS:**

**Financial:** Adoption of this recommendation will not affect the overall budget. The full FHV budget of $ 635,623 would be transferred to the single transfer payment agency.

**Staffing:** FHV would be hired and supervised (dual reporting) by the single agency. We expect that the single agency would hire existing FHV before recruiting “new” FHV. It may be necessary for the contract agency to slightly decrease the FHV
complement in order to fund a dedicated full time supervisor, as required by the agreement.

Legal: Ongoing contract renewal will be dependant upon agency compliance with the terms of the service contract, including achievement of service targets.

POLICIES AFFECTING PROPOSAL:

This consolidated approach to delivering the Family Home Visiting component of HBHC is consistent with the MCYS Governance and Accountability Framework which sets out principles and mandatory requirements for ensuring good governance and accountability practices at the local level. The RFP process will be implemented in accordance to City of Hamilton Purchasing and Finance & Administration policies. Legal Services and Risk Management will be consulted regarding the development of a new contract once the tender is awarded.

RELEVANT CONSULTATION:

Extensive consultation occurred within the HBHC long-term HV Program Review process, including: all six current Community Partner agencies, Family Home Visitors, Public Health Nurses working in HBHC, Family Health Division Managers, HBHC Managers from 20 PHUs across Ontario, City of Hamilton PHS senior management, as well as Provincial and Regional level MCYS analysts. Initial consultation has also occurred with Human Resources, Purchasing regarding the proposed RFP process, and with Legal Services regarding a single agency service contract.

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
Public services and programs are delivered in an equitable manner, coordinated, efficient, effective and easily accessible to all citizens.

Environmental Well-Being is enhanced. ☑ Yes ☐ No

Economic Well-Being is enhanced. ☑ Yes ☐ No

Improved outcomes for high-risk families should improve these families’ individual economic situation, reduce the need for health and social services and improve contributions to community well-being.

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

Lifelong Learning is supported