SUBJECT: Healthy Babies/Healthy Children Program (HBHC) 2009 Budget
BOH09015 - (City Wide)

RECOMMENDATION:

a) That the 2009 Healthy Babies, Healthy Children Program budget which is 100% funded by the Province be reluctantly approved, including a complement reduction of 2.6 fte Public Health Nurse (PHN) implemented through gapping/attrition.

b) That Public Health Services operationalize the complement reduction by adjusting service level targets in consultation with the Ministry of Children and Youth Services and other Public Health Units.

c) That a letter be written to the Minister of Children and Youth Services, to be sent along with the budget submission, outlining the reduction in services to the Hamilton Public Health’s Healthy Babies, Healthy Children Program and the additional funding that is required to maintain service at the 2008 level.

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

EXECUTIVE SUMMARY:

The Healthy Babies Healthy Children Program is a 100% 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 base funding for 2009 has been
confirmed to be $3,433,913 which reflects a zero percent increase from 2008 funding levels. No increase in funding will necessitate a reduction in complement and service delivery targets. The funding shortfall to meet current staffing and service levels is $257,684.00.

In order to accommodate a zero% increase, PHS must decrease its complement by 2.6 FTE and implement service level cuts.

**BACKGROUND:**

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. HBHC is mandated to provide the following core services:

1. Telephone Intake, Screening and Assessment
2. Universal Postpartum Program (Postpartum telephone assessments and home visits)
3. In-Depth Assessments for families with identified risk factors for growth and development
4. Public Health Nurse and Family Home Visitor (FHV) home visits to at-risk families (including the Nurse Family Partnership pilot program)
5. Referral and linkage to needs based supports and services.
6. Service Co-ordination for high risk families
7. Early Identification of children at risk for poor development

Many health units across the province experienced severe budget shortfalls in 2008 which resulted in substantially reduced operating lines and/or staffing reductions. Hamilton Public Health Services did not reduce staffing in 2008 as our one time grants and funding carryovers offset the base budget shortfall.

Historically, the Ministry of Children and Youth Services (MCYS) has provided Hamilton PHS with the following grants:

<table>
<thead>
<tr>
<th>One Time Grants</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5 funding for the Program Manager in the Nurse Family Partnership (NFP) feasibility study</td>
<td>0</td>
<td>$51,730</td>
</tr>
<tr>
<td>Invest in Kids- High Risk Intervention training</td>
<td>0</td>
<td>$2,550</td>
</tr>
<tr>
<td>Graduate Nurse summer contract</td>
<td>$60,000</td>
<td>N/A</td>
</tr>
<tr>
<td>Overtime costs for PPAC (now discontinued)</td>
<td>$40,000</td>
<td>N/A</td>
</tr>
<tr>
<td>FHV conference</td>
<td>$15,000</td>
<td>0</td>
</tr>
<tr>
<td>Carry over funding from 2007 (NFP)</td>
<td>N/A</td>
<td>$133,333</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$115,000</strong></td>
<td><strong>$187,613</strong></td>
</tr>
</tbody>
</table>

We have been advised by our Ministry Consultant that one time funding grants for HBHC will not be available in 2009. In addition, although the Ministry has approved carryovers of funding in previous years, we have been informed that any unspent funding will be clawed back at year end. Because PHS did not receive any increase for
2009 and one time/carryover grants will not be provided, we will be required to downsize 2.6 fte PHN through gapping and attrition, and to reduce operational budget lines by $26,500.

**ANALYSIS/RATIONALE:**

The HBHC Program provides essential services for pregnant women, postpartum mothers and their newborns, and families with young children. In the new Ontario Public Health Standards, HBHC is included in Child Health standards. The prenatal component of HBHC has also been added into Reproductive Health signalling the province’s continued commitment to this foundational program. The Family Health Division is currently reviewing these revised implementation standards, revisiting service targets, and examining local reproductive and child health data in order to strengthen the long-term home visiting model.

A reduction of 2.6 fte PHN will have an immediate and direct impact on the service levels provided to our community. All required service components of the program will continue, but the timelines and frequency for all activities will be reduced. For example:

- Approximately 500 fewer home visits will be provided to postpartum families
- Approximately 60 families will not receive blended home visiting from a PHN and FHV and,
- Phone assessments conducted on weekends to postpartum families discharged from hospital on Friday/Saturday will be discontinued. As a result we will be non compliant with the 48 hour contact directive from the Ministry for some families.

**ALTERNATIVES FOR CONSIDERATION:**

Offset the budget pressure within HBHC with an enhancement funded 100% from the City levy.

**FINANCIAL/STAFFING/LEGAL IMPLICATIONS:**

Many health units across the province experienced severe budget shortfalls for 2008 and 2009 which have resulted in reduced operating lines, staffing reductions and service delivery cutbacks. We did not have to reduce staffing in 2008 due to our one time grants and funding carryovers which offset the budget shortfall. However, because PHS did not receive any increase for 2009, we will be required to downsize the equivalent of approximately 2.6 fte PHN through gapping and attrition.
The following table summarizes Hamilton PHS funding and staffing levels: 2004-2009

<table>
<thead>
<tr>
<th>Year</th>
<th>% Increase in Total Budget</th>
<th>Total Approved Budget</th>
<th>Total Salaries &amp; wages</th>
<th>Total Operating Costs</th>
<th>Contracts</th>
<th>FHV FTE</th>
<th>Approved PHS total FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>0</td>
<td>3,433,913</td>
<td>2,525,127</td>
<td>276,163</td>
<td>632,623</td>
<td>13.5</td>
<td>30.9</td>
</tr>
<tr>
<td>2008</td>
<td>1.98</td>
<td>3,399,269</td>
<td>2,477,964</td>
<td>275,682</td>
<td>645,623</td>
<td>17.9</td>
<td>33.5</td>
</tr>
<tr>
<td>2007</td>
<td>7.9</td>
<td>3,333,206</td>
<td>2,310,733</td>
<td>257,850</td>
<td>646,623</td>
<td>17.9</td>
<td>31.5</td>
</tr>
<tr>
<td>2006</td>
<td>3.6</td>
<td>3,085,752</td>
<td>2,219,970</td>
<td>230,159</td>
<td>635,623</td>
<td>18.1</td>
<td>31.5</td>
</tr>
<tr>
<td>2005</td>
<td>7.5</td>
<td>2,979,933</td>
<td>2,124,075</td>
<td>222,258</td>
<td>633,600</td>
<td>18.0</td>
<td>32.0</td>
</tr>
<tr>
<td>2004</td>
<td>7.8</td>
<td>2,770,895</td>
<td>1,961,310</td>
<td>222,186</td>
<td>587,399</td>
<td>16.4</td>
<td>28.2</td>
</tr>
</tbody>
</table>

1. 2.0 fte PHN were funded for 2008 from a carry over of $133,333 from 2007.
2. 0.5 fte Program Manager was funded from a one time grant for 2008 of $51,730
3. Total one time funding supporting staffing for 2008 = $185,063

In 2008, the BoH approved a significant change in the delivery of the Family Home Visitor component of HBHC. As a result, the single-service agency contract for Family Home Visiting services was awarded to Wesley Urban Ministries. Although the overall FHV Program budget remains unchanged, the overall FHV FTE was adjusted to allow the agency to hire a program supervisor and to set their overall program budget.

POLICIES AFFECTING PROPOSAL:

HBHC is part of the OPHS (Family Health Standard) for Boards of Health. The Board of Health is required to implement the HBHC Program in accordance with the Ministry of Health and MCYS guidelines which stipulate the requirements for the seven program components outlined in the background section of this report.

RELEVANT CONSULTATION:

Public Health Services has consulted with the Finance and Administration Division regarding the preparation of the 2008 HBHC budget. PHS has also consulted with Hamilton’s designated Program Consultant from the MCYS regarding this year’s budget.

In addition, consultation is ongoing with other Health Units and organizations across the province including: aLPHa, Registered Nurses of Ontario (RNAO), Central West HBHC Managers Network and the Association of Public Health Business Administrators (AOPHBA). The goal of province-wide consultation is to identify and implement advocacy strategies for appropriate funding levels required to support the delivery of services to vulnerable children and families in the community.
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
A reduction of 2.6 FTE requires a decrease in the amount of service provided to our clients.

Environmental Well-Being is enhanced.  □ Yes  ✔ No

Economic Well-Being is enhanced.  ✔ Yes  □ No
By approving the recommendation, the HBHC budget will be balanced.

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