Subject: Staffing Reductions to the Healthy Babies, Healthy Children Program (PH06026) (City Wide)

RECOMMENDATION:

(a) That the Board of Health approve the reduction in staffing (1.6 FTE public health nurse, 0.5 FTE Family Home Visitor), 33% reduction in the operating budget for Let's Grow, and discontinuation of funding (0.2 FTE) to Hamilton Health Sciences for an Infant Parent Program Therapist in order to stay within the 2006 approved budget;

(b) That the Board of Health write to the Minister of Children and Youth Services, the Honourable Mary Anne Chambers, requesting an increase in funding to the Healthy Babies, Healthy Children Program at levels that will at a minimum keep pace with annual increases to approved staffing complements and associated operational costs.

Executive Summary:

The Healthy Babies Healthy Children (HBHC) Program is a 100% funded prevention/early intervention initiative intended to improve the wellbeing and long-term prospects of children. HBHC consists of seven services:
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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 Home Visits to At-risk Families
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

The budget for HBHC has had very small annual increases from 2002-2006 (0-3%) with the exception of 2005 which had a 12% increase as a result of a review of the provincial funding equity formula. At this time the approved 2006 budget is insufficient to cover the salary and wage costs of the public health nurses as most staff are near the top level salary. A budget reduction of 2.1 FTE is required to stay within the approved 2006 HBHC budget.

With the current budget allocation, staffing reductions will occur including:

- 1.0 FTE PHN – Early Identification strategies such as: growth and development clinics in Ontario Early Years Centres, public education activities, development of resource teaching packages (eg. nutrition, school readiness, safety), coordination of Let’s Grow Program
- 0.6 FTE PHN – High Risk Home Visiting (reducing the number of families receiving in depth assessments and home visiting supports by approximately 30 families per year)
- 0.5 FTE FHV – High Risk Home Visiting (reducing the number of new families that receive home visiting supports by approximately 15 per year)
- Total Reduction = 2.1 FTE

In addition the following will occur:

- $25,000 (33.3%) reduction to the operational costs of the Lets Grow Program. Alternative methods of providing the information to families are being explored with the intent to maintain the current service delivery targets while achieving cost reductions.
- Discontinuation of an Infant Parent Program Therapist (0.2 FTE) seconded from Hamilton Health Sciences, funded in 2005 through gapping. The IPP Therapist provided developmental assessments in Ontario Early Years Centres (OEYCs). Public health nurses have formal links with the OEYCs and will continue to facilitate referrals to appropriate services including developmental assessments.

BACKGROUND:

A child’s early years from before birth to six are very important. Healthy babies are more likely to develop into healthy children, and healthy children are more likely to grow up to be healthy adolescents and healthy adults. In recognition of the importance of the “early years”, the Ministry of Health and Long-Term Care (MOH-LTC) launched the 100% funded Healthy Babies Healthy Children (HBHC) Program in 1998.
HBHC is a prevention/early intervention initiative intended to improve the wellbeing and long-term prospects of children by:

- Giving all families in Ontario the information and support they need to give their children a healthy start in life
- Providing more intensive services and supports for families with children who may need special assistance to reach their full potential.

The program offers all families with new babies information on parenting and child development and delivers extra help and support to those families who have identified risk factors for developmental challenges. It acknowledges that children can become "at risk" at any time because of changes in family circumstances, or problems at new stages of development.

A comprehensive province-wide evaluation of HBHC was conducted from 2000-2002. Almost all families were satisfied with HBHC services and felt they had been treated with sensitivity and respect. Over 90% of home visiting families said that HBHC staff understood their family's needs and believed in the family's abilities and 88% said that they felt they had a reasonable amount of control over the services they received. They also reported that being involved with the program helped them develop knowledge and skills, reduce stress, increase their sense of support and be more a part of the community where they live.

The Healthy Babies Healthy Children Program consists of seven components:

1. **Telephone Intake Screening and Assessment** for any risks to healthy child development through Health Connections phone line. Screening can occur prenatally, postpartum and/or anytime up to age six; for families who self refer as well as families referred by health care professionals and community agencies.

2. **Universal Postpartum Program (Postpartum Telephone Assessment and Home Visit).** All new parents who consent to being contacted receive a phone call within 48 hours of being discharged from the hospital. New parents are offered a home visit from a public health nurse, and are provided with information on other parenting resources available in the community. These services are designed to help mothers and newborns make the transition from hospital to the community;

3. **In-Depth Assessment.** Upon referral, a public health nurse completes an in-home assessment to determine level of risk to healthy child development. Assessments can occur prenatally, postpartum and/or anytime up to age six. If families are rated high risk for poor developmental outcomes they are offered long term home visiting.

4. **Home Visits** are provided by family home visitors (FHV)\(^1\) and public health nurses (PHN) for families with young children who are at high risk of problems with healthy

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\(^1\) A Family Home Visitor is an experienced mother from the community who has had special training in helping other parents care for their children. FHVs focus on normal growth and development, model effective parenting, link parents to community resources, and reinforce the teaching done by the PHN with the family. Family Home Visiting services are contracted out to six community agencies in a transfer payment model.
child development. For every PHN visit to a family, FHV with conduct 3 visits which is consistent with the provincial benchmark for service levels. Planning and goal setting for home visiting services is done in collaboration with the family.

5. **Referral and Linkage to Needs Based Supports and Services.** PHNs and FHV assist families to access relevant community services and other public health programs such as: Ontario Early Years Centres, breastfeeding clinics, child care, Infant Parent Program (Chedoke), Child & Adolescent Services, parenting groups, prenatal classes etc.

6. **Service Co-ordination.** Families receiving intensive supports from multiple service providers or agencies are assigned a Service Coordinator who is most often a PHN. The role of the service coordinator is to bring the various service providers together to plan services with the family, ensuring ongoing effective communication, and tracking progress towards achieving the identified goals.

7. **Early Identification.** Early Identification (Early ID) refers to the process used to identify children's health, level of developmental abilities and needs from infancy to school entry. This process includes: cross-sectoral community planning; public awareness campaigns; parent screening of healthy child development and learning; universal well-baby screening at 18 months; community screening for toddlers to preschoolers; and a transition plan between preschool and school systems. Families with identified concerns are referred to appropriate community-based supports for follow up.

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**ANALYSIS/RATIONALE:**

The 100% provincially funded budget for HBHC has had annual increases ranging from 0-3% with the exception of 2005 which had a 12% increase. As well, the 2005 budget included 2.0 FTE PHN from the Child Health Program to reduce the number of high risk families on the home visiting wait list. Actual pay levels of staff assigned to HBHC in 2006 were calculated to ensure the accuracy of the current budget request. At this time the approved 2006 budget (0% increase from 2005) is insufficient to cover the salary and wage costs of the public health nurses in the program as most staff are near the top level salary.

A budget reduction of 2.1 FTE is required to stay within the approved 2006 HBHC budget. At the present time, the wait list for high risk home visiting services ranges between 100 and 125 families. The needs and risk factors for families in the City of Hamilton have historically been much greater that the level of services that we are funded to provide to families. As a solution to the wait list, PHS will first refer families to our Child Health and Reproductive health mandated programs and parenting groups, before offering high risk home visiting services. If the risk factors identified make group-based interventions inappropriate for some families, they will be offered home visiting as the primary intervention. This shift towards more group interventions should minimize the impact of the staff reduction on the home visiting wait list.
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ALTERNATIVES FOR CONSIDERATION:

This deficit in HBHC funding could be realigned from the cost-shared Child Health budget. However this would result in non-compliance with other mandated public health programs such as parenting groups, breastfeeding support, prevention campaigns, and the Health Connections telephone line.

FINANCIAL/STAFFING/LEGAL IMPLICATIONS:

HBHC is a provincially mandated Public Health Program that is 100% funded from the Ministry of Children and Youth Services (MCYS). The service level targets to be achieved annually are set in consultation with MCYS, based on the allocated budget and actual program costs. The following chart summarizes the HBHC provincial budget allocation from 2002 to 2006. There have been only small increases in HBHC funding (0-3%) with the exception of 2005, when a 12% increase was given. The 12% increase allowed for 4.0 PHN enhancements to support all aspects of the HBHC program. PHNs were allocated to the budget using entry level salary levels which were lower than the PHNs actually working in the HBHC Program. Despite the increase in PHNs in 2005, waitlists for long term home visiting remain high due to the demand for service from the community and the level of risk factors for the families referred to HBHC. There was no budget increase in 2006 which is needed to offset the increased staffing costs as a result of the ONA contract increases, mileage rate increases, and increased equipment charges for IP phones and cell phones.

City of Hamilton Healthy Babies Healthy Children Program Budget 2002-2006

<table>
<thead>
<tr>
<th>Year</th>
<th>% Increase</th>
<th>Total Annual Budget $ (excluding grants)</th>
<th>Manager FTE</th>
<th>Support Staff FTE</th>
<th>ISCIS Database Support FTE</th>
<th>Public Health Nurse FTE</th>
<th>Total Salary &amp; Wages $</th>
<th>Family Home Visitor FTE</th>
<th>TPA Contracts $</th>
<th>One Time Grants $</th>
<th>Total Operating Costs $</th>
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<td>2,979,913</td>
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<td>3.4</td>
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</tbody>
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ISCIS = The Information Services for Children Information System database.

TPA = Transfer Payment Agency. Funding is transferred to seven community agencies that hire the FHVs. Each agency has a unique target population, and provides services which are complementary to the FHV role.

One time grants = 2004: One time grant allowed us to implement a summer graduate nursing HBHC Internship program. Four graduate BScN nurses were hired, trained and supervised to work in the universal postpartum program from mid May to Mid September. This was a recruitment strategy and a staffing strategy to cover gaps due to summer vacation. The remaining funding allowed us to extend the contracts of the contract staff to the end of the year and to increase the FHV complement proportionally. Increases to our base budget were expected for 2005 budget and subsequently received.

2005: One time grant allowed continuation of Internship program and the extension of the contracts until the end of the fiscal year.

2006: One time grant allowed continuation of the 16 week Internship program, as well as to complete an audit of the current ISCIS-based electronic documentation system (implemented in 2003).
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Projected staffing and service level reductions for 2006

- 1.6 FTE PHN: This will affect services to ~30 families per year who will either wait significantly longer for services or not receive home visiting services at all. It will also reduce the early intervention services through HBHC such as fewer developmental clinics and fewer community presentations and educational sessions.
- 0.5 FTE FHV: This will affect services to ~15 families per year who will either wait significantly longer for services or not receive FHV home visiting services at all.
- $25,000 reduction (from $75,000 to $50,000) to the operational budget for Let’s Grow, which will result in 33% fewer mail outs to families on the mailing list.
- Discontinuation of an Infant Parent Program Therapist (0.2 FTE) seconded from Hamilton Health Sciences, funded in 2005 through gapping. The IPP Therapist provided developmental assessments in Ontario Early Years Centres (OEYCs). Public health nurses have formal links with the OEYCs and will continue to facilitate referrals to appropriate services including developmental assessments.

For the last six months of 2005, 2.0 FTEs were allocated through the approved Child Health budget in order to address the needs of the families on the wait list. This had a positive impact on reducing the wait list by approximately 40 families. With the reduction in FTE to HBHC high risk home visiting, there is potential for the wait lists to increase again. The shift towards referring families initially to parenting groups and prenatal programs will minimize this impact.

One strategy to manage the wait list with fewer PHN resources will be to refer lower-risk families to our Child Health and Reproductive Health mandated programs and groups first, before offering home visiting services (as above). Alternative distribution methods for Let’s Grow are being explored with the intent to maintain the current number of families receiving the resources while achieving the desired cost-savings through reduced postage.

Policies Affecting Proposal:

HBHC is part of the Mandatory Health Programs and Services Guidelines (Child Health) for Boards of Health. The Board of Health is required to implement the HBHC Program in accordance with the Ministry of Health and Ministry of Community and Social Services Implementation 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 Admin Division to determine the required staffing reductions to stay within the approved 2006 budget. PHS has also consulted with the Program Consultant from the Ministry of Children and Youth Services regarding the reduction in FTE and resulting service reductions. PHS was directed by MCYS to reduce service level targets submitted with the 2006 budget and to submit a
report detailing the budget pressures and corresponding service level impacts to the province for consideration.

**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

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