December 8, 2010

Dr. Elizabeth Richardson
Medical Officer of Health
City of Hamilton Public Health Services
1 Hughson Street North, 4th Floor
Hamilton, ON L8R 3L5

Dear Dr. Richardson:

RE: Healthy Babies Healthy Children (HBHC) Program Screening Tool

The Ministry of Children and Youth Services’ Early Learning and Child Development Branch, with the assistance of health units and experts from the field, has developed a revised Healthy Babies Healthy Children (HBHC) Program Screening Tool. This HBHC Program Screening Tool was developed in response to a need that has been identified for a more focused and enhanced tool to better screen clients into HBHC. We anticipate that the revised tool will eliminate duplication in the screening process and improve triage for families most at risk.

Specifically, the revised tool will identify families who may benefit from HBHC services during the prenatal, postnatal and early child development period. The tool is intended to ultimately replace the Larson and the Parkyn and to identify risks earlier in the screening process that may currently be determined during the brief assessment.

As identified in the Ontario Public Health Standard HBHC Protocol, evaluation is an integral component of HBHC. HBHC screening tools, interventions and activities need to be evidence informed and reflect new research and knowledge. We are asking for your assistance to participate in the validation process of the new HBHC screening tool for the purpose of developing a valid new screening tool for HBHC. A member of the Ministry’s HBHC team recently contacted your health unit to discuss the validation process.

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Attached please find a form outlining resource commitments and expectations associated with the validation process of the new HBHC screening tool. We would appreciate you confirming your participation in this study by signing the attached form and returning it to my attention by December 15, 2010. Should you have any questions pertaining to this correspondence please contact me at 416-325-5874.

As always we greatly appreciate your contribution to the HBHC program and the services you provide to Ontario’s families.

Sincerely,

Julie Mathien, Director
Early Learning and Child Development Branch
c Debbie Sheehan, Director, Family Health Division
   Stacey Weber, Manager
Healthy Babies Healthy Children (HBHC) Program Screening Tool
City of Hamilton Public Health Services

Funding

- One time funding in the amount of $25,000 will be provided to support a 1.0 FTE nurse to assist in the activities supporting the validation process of the HBHC Program Screening Tool

Expectations

- Participation in an orientation session/train the trainer model for participating health units (date to be determined)
- The data collection phase of this validation will take approximately three months from February to April 2011
- During the validation period, current referral practices will not change, and clients will continue to be referred to HBHC based on the current tools and practices
- Your health unit will contribute to the validation process in two ways:
  - Completion of the new tool; and
  - Completion of additional In-Depth Assessments (IDAs) for clients who would not be screened into the program based on current screening methods

Completion of the new tool
First, your health unit will be asked to complete the new tool for all new clients at the same time as you complete current tools. The new tool is organized in a checklist format. A tip sheet will accompany the tool to provide guidelines around completing individual questions. The tool will be available in English and French and will be validated in both languages.

Completion of additional IDAs
Second, your health unit will be asked to complete approximately 100 additional IDAs which will serve as the Control IDAs. The number of Control IDAs has been calculated based on client caseload from previous years.

Please sign below to indicate your health unit’s interest in participating in the validation process of the HBHC Program Screening Tool. We would appreciate receiving the form by December 15, 2010

__________________________  ____________________________
Signature                         Date

__________________________
Title