ATTACHMENT 5

Audit Services Branch

Review of the Family and Community Health Division

Compliance Audit Report

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1.0 Management Summary

We have completed a review of Family and Community Health Division of the Public Health Branch Health Services Department, Region of York's delivery of "Mandatory Health Programs". The objective of the audit was to examine compliance with Provincial Standards to ensure the Region does not incur penalties. The scope of the audit included examining the basis for each program, how the Region is delivering the program, how is each program success or delivery tracked and what potential penalties for non-compliance are within the programs legislation. Meetings were held with Family and Community Health Division (F&CH) management and staff to discuss divisional objectives and services provided; issues impacting the delivery of programs and compliance with provincial standards. Program documentation, business plans and compliance data were reviewed at a sufficient level of detail to allow us to evaluate individual program success in complying with Provincial guidelines.

Nevertheless, we have determined that, the Family and Community Health Division (F&CH) are currently not in full compliance with the Mandatory Health Programs and Service Guidelines, December 1997, pursuant to Section 7 of the Health Protection and Promotion Act, R.S.O. 1990, c H.7. Failure to comply with mandatory health programs as determined by Ontario's Ministry of Health may pose certain risks/penalties to the Region. To-date the Province has not enforced mandatory program compliance. Notwithstanding, failure by the Region to provide or ensure the provision of health programs and services as mandated can result in the municipality being convicted of an offence under the Act. A maximum penalty of $25,000 can be imposed for every day or part of a day on which the offence occurs or continues.

We have noted that root causes for compliance deficiencies have been identified and are being addressed, within the current budget and funding restraints, in order to move the Region to full compliance. Business plans, which include objectives and performance indicators, have been developed to mirror provincial Guideline requirements. Using the Mandatory Health Programs and Service Guidelines (1997), annual business plans are produced to correspond with the mandatory programs objectives and requirements. The business plans outline the Regional objectives, work initiatives, performance indicators and external benchmarks required to comply with the Guidelines.

However there is a need for the Health Services Department:

- To develop a risk management framework which would identify and manage mandatory health program risks to the Region. In particular the HBHC program an inherently high-risk program, under current Regional compliance levels has the potential to cause significant legal liability related costs to the Region.

- To provide reporting to Committee and Council of the Regions mandatory program performance and expectations in order that both groups have reasonable assurance that they are apprised when objectives are in jeopardy of not being achieved.

- To implement a single standard information database, used across the various Divisions to promote sharing of information in an environment where divisional interdependence and overlap are inherent in the delivery of Public Health services.

A draft copy of this report has been discussed with F&CH management who have provided us with their comments and who have agreed to take the necessary action to implement our recommendations.

We express our appreciation for the excellent co-operation and assistance extended to us during the audit.

2.0 Background

The York Region Health Services Department, Public Health Branch provides programs and services required by the Ministry of Health and Long-Term Care Mandatory Health Programs and Services Guidelines, December 1997, under the provisions of the Health Protection and Promotion Act. F&CH a Division within the Health Services Department is responsible for the delivery of a number of mandatory health programs to the residents of York Region.

The basis for the F&CH mandatory programs lies in the Ontario Health Protection and Promotion Act (1990). Pursuant to this Act, the Province has published the Mandatory Health Programs and Services Guidelines, December 1997 (Guidelines). Additionally, the board of health must plan and implement the Healthy Babies, Healthy Children Program in accordance with the Ministry of Health/Ministry of Community and Social Services Implementation Guidelines for The Healthy Babies, Healthy Children Program (August 1997).

The Guidelines outline the minimum level of standards for delivery of programs and services specified in the *Act*. In York Region these programs are offered through five (5) Divisions of the Public Health Branch.

1. Dental and Nutrition Services
2. Family and Community Health
3. Health Protection
4. Infectious Diseases Control
5. No-smoking By-Law Education and Enforcement

Of the fourteen (14) mandatory health programs outlined in the *Guidelines*, five (5) are delivered in whole or in part by the F&CH Division. These are:

1. Child Health
2. Chronic Disease Prevention
3. Early detection of Cancer
4. Injury and Substance Abuse Prevention
5. Reproductive Health

3.0 Objective and Scope

The objective of the audit was to examine compliance with Provincial Standards for mandatory programs to ensure the Region does not incur penalties. The scope of the audit included examining the basis for each of the five (5) programs, what potential penalties are within each of the program's legislation, how the Region is delivering the programs and how each program success or delivery is tracked.

4.0 Methodology

The approach taken for the review included:

- Reviewing and analysing relevant Division files and administrative policies and procedures
- Conducting interviews with the F&CH Division Director and each of the Program Managers
- Identifying and evaluating the adequacy and effectiveness of procedures and key controls
- Discussions with management, throughout the review, of any issues that arose
- Reviewing a draft report with management and obtaining any management comments
- Issuing a final report outlining any issues, recommendations and management comments

The following documents were reviewed and referenced during the audit:

- Mandatory Health Programs and Service Guidelines (1997)
- York Region Family and Community Health Business Plans for 2002
- Early Child Development Plans
- Ontario Health Protection and Promotion Act, R.S.O. 1990, c**.** H.7
- Mandatory Program Indicator Questionnaire (MPIQ) for year 2000
- MPIQ results for year 2000
- HBHC Activity Report for period April 1, 2002 to June 30, 2002
- Evaluation of the Healthy Babies Health Children Program Report 2001-2001, by Applied Research Consultants
- Activity Report to Council for the year 2001

5.0 Detailed Observations and Recommendations

5.1 Compliance with Provincial Requirements

5.1.1 Healthy Babies Healthy Children Activity Report

Unlike other mandatory programs, which are funded 50/50 by the Province and the Region, Healthy Babies Healthy Children (HBHC) is 100% funded by the Province. HBHC is a prevention and early intervention program for all Ontario families with children prenatal to six years of age. Based on research showing that prenatal and early childhood experience strongly influences children's development and adult well being, HBHC provides risk assessment for all children and families, intensive home visiting and related services for families with children at high risk of poor developmental outcomes, and community referrals to all families in need. HBHC also provides for a telephone call and offers a home visit to all new mothers shortly after leaving hospital. HBHC is a joint Ministry of Health and Long-Term Care (MOHLTC) and Ministry of Community and Social Services (MCSS) initiative under the direction of the Office of Integrated Services for Children. It is not a stand-alone program but rather is intended to augment and strengthen existing services for families and children.

Due to its high-risk profile, and the fact that it is 100% funded by the Province, detailed reporting by the Region on a quarterly basis of this program's compliance is required by the Province. The latest available HBHC Activity Report dated June 30, 2002 indicated that the Region attained a compliance level of 30% (29.4% and 30.6%) for the first and second quarters of 2002. The Province has set a province-wide compliance target for this activity at 75% and a target for York Region of 36%.

The Province has completed a report based on provincial benchmark data for delivery of core services of the HBHC program. The results indicate that York Region can increase its compliance to the 36% target level by using current staffing levels. However the study fails to consider the increase in birth rates being experienced within the Region and the corresponding need for an increase in staff resources.

In contrast Family and Community Health Division, maintains that its current staff is already working in excess of capacity to reach the current 30% compliance. This position is based on results of a six-month time study undertaken by F&CH using actual 2002 data. The study allowed for vacation, statutory holidays, sick time, mentoring, meetings, training, breaks and other time-dependent activities, including travel time required by staff to physically collect the Parkyn Screens from Hospital locations.

Based on our review of the both the Provincial and Regional positions and available documentation presented it appeared that:

- the amount of funding provided by the Province to the Region for HBHC was not based on an appraisal of what costs would be reasonable for the services to be provided; and

- the Province's method of funding was not clearly linked to an assessed level of demand and to services provided

5.1.2 Mandatory Program Indicator Questionnaire

The *Mandatory Health Programs and Service Guidelines (1997)* outline the goal, objectives, requirements and standards for each of the mandatory programs. Based on the Guideline provisions, an annual Provincial Mandatory Program Indicator Questionnaire (MPIQ) is completed by the Region. The MPIQ forms the basis for Provincial monitoring of Regional compliance with the program guidelines. Program compliance is measured by "yes" or "no" responses to the MPIQ. The provincial requirement for compliance for all programs is 100%.

- Our review of latest available MPIQ results (year 2000) showed that the Region is not meeting the 100% provincial compliance and is performing below the provincial average in all mandatory core programs delivered in whole or in part by the Family and Community Health Division, except Chronic Disease Prevention. Results for the Region for the five (5) mandatory core programs are summarized in Table 1 below.

Table 1 – Compliance for Five (5) Mandatory Core Programs

Mandatory Core Program	Percent Compliance	Provincial Average	Difference
Child Health	63.9%	71.8%	(7.9)%
Chronic Disease Prevention	77.4%	74.7%	2.7%
Early Cancer Detection	60.0%	63.2%	(3.2)%
Injury & Substance Abuse	73.1%	74.0%	(0.9)%
Reproductive Health	52.9%	64.5%	(11.6)%

- We noted that other Divisions administer certain segments within three (3) of the mandatory programs delivered by F&CH Division. These Divisions are responsible for completing their respective sections of the questionnaires. When the results from these divisional sections were excluded from F&CH figures, compliance scores improved.

  - With respect to the Child Health program there are twenty-eight (28) of the thirty-six (36) questions in the MPIQ that are the responsibility of F&CH Division, while eight (8) come under the responsibility of Dental and Nutrition Division. As indicated in the above table for the year 2000, compliance for Child Health was 63.9% (23 out of 36 yes responses), giving the Region a compliance

average below the Provincial average of 71.8%. Separating out the F&CH Division results showed that the division scored 71.4% (20 out of 28 yes responses) on their segment of the MPIQ, while the Dental and Nutrition Division scored 37.5% (3 yes responses out of 8).

- Similarly, compliance for Chronic Disease Prevention and Injury and Substance Abuse programs increases to 78.8% and 81.0% compliance from 77.4% and 73.1% respectively, when the responses given by other Divisions are excluded from the calculations. The compliance results showing the effect of other Divisions is summarized in the *Appendix*.

- The compliance level within each program can be further broken down to show results by program activities. For example, within the Child Health Program, the combined activities of Come Grow_with Us / Childcare / Parenting / Health Connection are at 85.7% compliance, Breast Feeding is at 42.9%, Healthy Babies Healthy Children is at 78.6% and activities under the Dental & Nutrition Division are at 37.5%. *The compliance breakdown by activity level is shown for each of the five (5) mandatory core programs in attached Schedules 3A to 3E and the combined summary is shown in Schedule 2.*

- we also examined the negative replies within each of the five mandatory core programs and found the following:

  Child Health

  13 "no" replies out of a total of 36 questions
  5 no replies due to Dental & Nutrition Division non-compliance
  8 no replies within Family Health Division

  Of these eight negative replies within Family Health Division, two of the questions are related to "mass media" (comprehensive use of television, newspaper, radio and internet resources), one was a six-part question, of which 5 out of 6 parts were in compliance, and five were due to selective allocation of resources.

  Chronic Disease Prevention

  12 "no" replies out of a total of 52 questions
  2 no replies due to Health Inspection Division non-compliance
  3 no replies due to Dental & Nutrition Division non-compliance
  7 no replies within Family Health Division

  Of these seven negative replies within Family Health Division, three were related to mass media, and four are due to selective allocation of resources.

Early Cancer Detection

2 "no" replies out of a total of 5 questions, all within Family Health Division.
One of the negative replies resulted from a nine-part question, of which 8 out of 9 parts were in compliance. The other negative reply resulted from an eight-part question, of which 7 out of 8 parts were in compliance.

Injury and Substance Abuse

7 "no" replies out of a total of 26 questions.
3 no replies due to Health Inspection Division non-compliance
4 no replies within Family Health Division

Reproductive Health

8 "no" replies out of a total of 17 questions, all within Family Health Division.

One of the negative replies was related to comprehensive mass media distribution of information (television, newspaper, radio and Internet resources). For two of the negative replies, the Provincial consultants have commented that "The Region has really strong alternative strategies covering a good range of topics, but need to offer additional consultations and follow ups in order to meet the requirement". The other five negative replies were due to selective allocation of resources.

- The FC&H Director has performed a similar analysis of the results of the 2000 MPIQ, together with the Provincial Consultant's comments. Based on this analysis, target areas for improvement have been identified, and corresponding measures and resources have been identified which are needed to improve deficiencies and increase compliance levels. The Directors of the Dental and Nutrition Division and the Health Protection Division, have indicated that their Divisions are improving their reporting methods and initiating other measures that will improve activity compliance percentages in the year 2003.

- In addition a New Mandatory Health Programs and Services Guidelines, together with a revised Mandatory Program Indicator Questionnaire (MPIQ) are being developed by the Ministry of Health and Long Term Care in order to better clarify and correct some of the shortcomings found in the current versions

As a result of these initiatives projected compliance numbers prepared by F&HC for 2001, 2002 and 2003 indicate significant improvement as shown in **Table 2** below.

Table 2 - Mandatory Program Compliance

Mandatory Core Program	% Compliance			
	2000	2001	2002	2003
Child Health	63.9%	83.3	88.9	91.7%
Chronic Disease Prevention	77.4%	88.7%	90.6%	94.3%
Early Cancer Detection	60.0%	100%	100%	100%
Injury & Substance Abuse	73.1%	88.5%	92.3%	92.3%
Reproductive Health	52.9%	82.4%	82.4%	88.2%

Recommendations

1. Provincial standards defining the quantity of resources per capita required to deliver the mandatory core programs need to be developed. The Region should continue its dialogue with the Province, with the objective of reaching a mutually agreeable HBHC staffing allocations and compliance levels, taking into consideration overhead activities.

2. Ensure that going forward F&CH key performance indicators link Regional program objectives with Provincially established mandatory program standards.

3. To ensure that programs are effective, appropriate and represent value for money expended, the Region should, where practical, establish measurable and meaningful service outcomes. In cases where it is not practical to establish such service outcomes, appropriate service expectations and criteria for performance evaluation should be instituted.

Management Comments

The following chart indicates the actual compliance with mandatory Health Programs and Services Guidelines for 2001, which has just been received at the Health Services Department. These actual compliance results were received after the completion of the review. Based on the lower actual compliance numbers, the projected compliance rates for 2002 and 2003 may have to be revised.

Mandatory Health Program	% Compliance	
	York Region 2001	Provincial Average 2001
Child Health	75%	76.3%
Chronic Disease Prevention	62.3%	78.2%
Early Detection of Cancer	100%	100%
Injury and Substance Abuse Prevention	79.2%	73%
Reproductive Health	76.5%	71.5%

1. The Provincial standards that are presently in use (Mandatory Health Programs and Services Guidelines, 1997) have been revised and we are awaiting their release. The program definitions in the updated document reflect the need to have more precise and coordinated measures of service across the Province. Our management staff have provided input to the revisions of this document by participating on provincial working groups and providing extensive feed back and recommendations to the province. The cost to implement these services has been the subject of a working group from the University of Ottawa. Their report has not been made public.

Specifically, in relation to the funding of the Healthy Babies, Healthy Children program, York Region staff has regularly identified to the Province the inadequacy of the funding formula and the resultant dollars in York Region. We will continue to identify to the Province, the needs of the Region related to HBHC funding. It is recommended that the Regional chair forward a letter to the Province reinforcing the inadequacy of funding of the York Region Healthy Babies, Healthy Children programming given the continued increase in population.

2. and 3. The Mandatory Programs Indicator Questionnaire which we are required to complete on an annual basis guides the data gathered by the Healthy Lifestyle and the Child and Family Health Divisions (formerly Family and Community Health Division). The majority of these measures are process and service level indicators. These indicators are tied to the Business Plans of all managers. We will continue to refine the development of key performance indicators to include outcome and customer service indicators.

5.2 Potential Impacts/Penalties

Failure to comply with mandatory health programs as determined by Ontario's Ministry of Health may pose certain risks/penalties to the Region. We noted that:

- To-date the Province has not enforced mandatory program compliance. As such penalties have not been assessed by the Province on any board of health, municipality or other corporation for non-compliance. However, failure to provide or ensure the provision of health programs and services as mandated under the *Ontario Health Protection and Promotion Act CHAPTER H.7* can result in the municipality being convicted of an offence under the Act. The Act states that: "Where a board of health, a municipality or any other corporation is convicted of an offence under this Act, the maximum penalty that may be imposed for every day or part of a day on which the offence occurs or continues is $25,000".
- The HBHC program contains a high level of inherent risk, which under current Regional compliance levels has the potential to cause significant legal liability and related costs to the Region. Unlike the other mandatory health program, which is concerned with promoting long-term health, the HBHC program service outcomes can be directly measured and assessed, particularly in instances where a tragedy has occurred (such as in the Jordan Heikamp case).

- There is currently an expectation by both the Public and Regional Hospitals that the Region is complying 100% with HBHC provincial requirements. Consequently certain Regional Hospitals have curtailed their in-house childcare programs adding an additional risk exposure to an already inherently high-risk activity. Markham-Stouffville has done away with its Breast Feeding clinic and South Lake has discontinued Post Partum Home Visiting,

Recommendations

1. Activity risk factors and their impact on delivery of programs have not been identified. Threats to health care delivery or financial risk to the region for non-compliance and risks affecting the success of the Region's Customer Service Strategy and Commitment to Excellence Program need to be assessed.

2. A risk management framework needs to be developed to identify and manage mandatory health program risks to the Region.

3. The Region needs to determine an acceptable level of risk. Once the risk has been identified and quantified, a decision must be made whether or not the risk is acceptable. If it is, no further action need be taken. If the risk is not acceptable, then further action (such as an increase in funding) would be necessary.

Management Comments

1. A reorganization of the Public Health Branch has been completed with the addition of a new Division – Healthy Lifestyles and the redefining of the Family and Community Health Division to become the Child and Family Health Division. This reorganization will result in the ability to better focus on the area of potentially greatest risk – Healthy Babies, Healthy Children.

2. The greatest risk to the Region of failing to comply with Provincial targets within the Family and Community Health Division is in the Healthy Babies, Healthy Children program. A risk management framework regarding the allocation of resources to reduce the risk to clients is in place. Limited home visiting resources are allocated on the basis of identified risk. (see HBHC priorities identified in "General Comments"). In the absence of sufficient staff, we will continue to identify strategies to target the highest risk families i.e. Nurse practitioner to provide service to the transient and populations that have limited access to clinical services.

   A home visiting risk assessment for Healthy Babies, Healthy Children and Early Intervention Services was conducted in the fall of 2002, as part of the Region's Risk Management strategy. We are awaiting the consultant's report in order to implement a comprehensive risk management strategy for staff who conduct home visits.

3. Through the annual business planning and budgetary process, the Public Health Branch has requested increases to staffing to enable the Branch to work towards

100% compliance with the Mandatory Health Services and Program Guidelines. These requests cannot always be accommodated within the guidelines for budgetary increases established by Regional Council.

Health Services, Public health has allocated 7.5 FTE of Child Health staff out of the 50% funded general programs to HBHC in order to improve the service delivery outcomes of the HBHC program.

4. An independent review of our service delivery for Healthy Babies, Healthy Children was conducted during 2001-2002. It indicated a high level of customer service satisfaction (94% of families were satisfied or very satisfied with the service they had received) for those receiving service. (ARC Applied Research Consultants, Evaluation of the Healthy Babies, Healthy Children Program, March 2002)

5.3 Tracking Program Delivery and Success

5.3.1 Databases to Track Overall Program Compliance

- Program managers monitor the performance of program delivery within their own area of responsibility. Managers maintain individually developed and separate databases to capture performance details. There is no integration of databases to assist in overall analysis and consolidation of program activity results.

- Information, regarding the delivery of services and tracking of indicators, is currently not shared across Divisions. There is no Divisional set standards for capturing the required information.

Recommendation

A single, coordinated management information system database, based on the Ministry of Health indicators, is needed to integrate and consolidate individual databases. This would assist in improving the planning and the coordination of resources employed to meet mandatory core program requirements; and in bettering overall compliance analysis and reporting. A single standard database, used across the various Divisions would also promote sharing of information in an environment where divisional interdependence and overlap are inherent in the delivery of Public Health services.

Management Comments

Individual programs gather information/data in a number of different databases. Many of these are provincially mandated – IRIS, ISCIS, CISS, BIOS etc. It would be very useful to develop a database specifically for responding to the MPIQ. However, this would be a costly venture and would require financial support from the corporation. In addition because the Mandatory Health Programs and Services Guidelines are under revision, it may not be economically wise to invest the required dollars until the revisions are complete.

5.3.2 Activity Reports to Council

- Our review of the latest four (4) quarterly and the year 2001 activity reports to Council, indicated that information regarding delivery of mandatory health programs is not being disclosed at a level sufficient to adequately inform Council of the success of individual program compliance with Provincial Standards.

Recommendations

1. The Region should identify, in specific terms, what information is needed for Committee and Council to make informed judgments. Both groups should have reasonable assurance that they are apprised when objectives are in jeopardy of not being achieved.

2. Quarterly activity reports should outline performance and expectations, highlight and account for compliance variances with mandatory program requirements; and suggest an appropriate course of action as required.

Management Comments

Council is regularly informed of program activities. The Health Services Department, Public Health Branch submits a report to committee and council on a quarterly basis. The selected indicators are representative of the branch activities. The information provided reflects not only the data for the quarter, but analysis of the variance from data in the previous quarter and the same quarter in the previous year. Council receives the report with interest as reflected by the questions and comments brought forward.
Committee and Council are aware that to achieve 100% compliance increased resources are required. The Health Services Department has just received the Mandatory Program Indicator Questionnaire results for 2001. Health Services will forward a report to council by end of first quarter 2004 outlining the results.

Appendix A

Compliance Affected by Other Divisions

Mandatory Programs		Region	Family Health Division	Health Inspection Division	Dental & Nutrition Division	Provincial Average
Child Health	MPIQ Indicators	36	28	-	8	
	"Yes"replies	23	20	-	3	
	“No” replies	13	8		5	
	Compliance	63.9%	**71.4%**	-	37.5%	**71.8%**
Chronic Disease Prevention	MPIQ Indicators	53	33	11	9	
	"Yes"replies	41	26	9	6	
	“No” replies	12	7	2	3	
	Compliance	77.4%	**78.8%**	81.8%	66.7%	**74.7%**
Early Cancer Detection	MPIQ Indicators	5	5			
	"Yes"replies	3	3			
	“No” replies	2	2			
	Compliance	60.0%	60.0%	-	-	**63.2%**
Injury & Substance Abuse	MPIQ Indicators	26	21	5	-	
	"Yes"replies	19	17	2	-	
	“No” replies	7	4	3		
	Compliance	73.1%	**81.0%**	40.0%	-	**74.0%**
Reproductive Health	MPIQ Indicators	17	17	-	-	
	"Yes"replies	9	9	-	-	
	“No” replies	8	8			
	Compliance	52.9%	52.9%	-	-	**64.5%**

Appendix B

Review of the Family and Community Health Division
Health Service Department Synopsis
February 21, 2003

I would like to commend the auditors for the comprehensive review of the Family and Community Health Division. In a relatively short period of time, they seem to have understood the complexity and magnitude of the range of programs and services provided by the Division. There are 104 program indicator questions within the responsibility of the Family and Community Health Division

It was gratifying to note that the Family and Community Health Division business plans clearly outline objectives, work initiatives, performance indicators and external benchmarks, and that they reflect provincial guideline requirements. This allowed the auditors to evaluate individual program success in complying with Provincial guidelines.

There are two distinct program areas within Family and Community Health 50-50 funded programs which reflect the largest proportion of the guidelines and Healthy Babies, Healthy Children (HBHC) which is 100% funded by the province. (There are also three Early Child Development initiatives within the mandate of Family and Community Health Division, but they are not included in this audit. They began to receive 100% provincial funding in March of 2002)

In general, the 50-50 funded programs have greater compliance, with lower risk than HBHC.

The Public health Branch initiated numerous changes prior to the audit and which were supported by the auditor's recommendations.

A reorganization of the Public health Branch is in process. With the redistribution of workload, there will be a stronger focus on the Child and Family Health program areas.
A risk management framework regarding the allocation of resources to reduce the risk to clients is in place (see HBHC priorities below).
A home visiting risk assessment was conducted in the fall of 2002. We are awaiting the consultant's report in order to implement a comprehensive risk management strategy for staff who conduct home visits. (March 2003).
The Health Services Department submits a report to council quarterly. The indicators that are submitted by the Family and Community Health Division are presently being reviewed and revised by the Policy and Planning Division.
A new template was introduced in January of 2003 to be used across the Public Health Branch for the communication of meaningful service outcomes.
An independent review of our service delivery for Healthy Babies, Healthy Children was conducted during 2001-2002. It indicated a high level of customer service satisfaction (94% of families were satisfied or very satisfied with the service they had received) for those receiving service.

Healthy Babies, Healthy Children

In 1997, HBHC was introduced as a program to target high-risk families. The Ministry determined that York Region was low risk (based on the factors of income, education, multicultural influence and urban/rural mix). It was assigned a factor of .57 (average = 1). This was the factor applied to determine proportion of funding. The funding was also determined by the number of babies born to families living in York Region in that year (7400).

Since that time, HBHC has become a universal program, requiring a telephone assessment and offer of a home visit to **all families** with infants. The number of infants born to families in York Region has increased to an estimated 9400. Yet there has been **no change** in the funding formula. York continues to be funded as a low risk community with 7400 births.

The conclusions drawn by the auditor are correct:
"the amount of funding provided by the Province to the region for HBHC was not based on an appraisal of what costs would be reasonable for the services to be provided".

"the province's method of funding was not clearly linked to an assessed level of demand and to services provided".

This funding dilemma is not unique to York Region, but it has been exacerbated by the large increase in number of births in York Region that has not been experienced in other jurisdictions. At present, the Public Health Branch is subsidizing the HBHC program by approximately 7.5 FTE by redirecting resources from 50/50 programs. In addition, the Ministry does not cash flow dollars for administrative expenses. Therefore all dollars received are allocated to direct service delivery of the HBHC program.

Given the inadequate funding, not all program requirements of HBHC can be delivered. The result is that some indicators have high compliance (contact with all new families – 99%) and other indicators have low compliance (Postpartum home visit – 30%).

Priority for service delivery is based on decreasing the risk for new-born infants in York Region. We believe that the telephone contact with all families is a priority as we are able to:
Complete an assessment and identify families at risk who would benefit from follow-up, and
Provide information and resources to all new parents in a cost-effective manner.

Our second priority is to provide blended (professional and lay) home visiting services to the highest risk families. The Ministry has suggested that we reallocate professional staff from the high-risk home-visiting program to increase the postpartum home visit compliance. We have declined this option as it places our most vulnerable infants at increased risk.
It is required practice that when a home visit occurs, the Public Health Nurse must complete a visual assessment of the infant, unless the mother refuses. (All refusals are clearly documented)
This practice is as a result of the finding of the Heikamp inquiry, in which an infant died while receiving multiple services (but prior to the implementation of HBHC) but was not assessed.

Setting priorities for post partum home visiting is an attempt to decrease risk. However, it still leaves 70% of the target population experiencing an unnecessary level of risk. Both our community partners and the public are led to believe, by the province, that this is a universal program. Two hospitals have decreased service in anticipation that all families will receive a home visit.

Family and Community Health Programs 50-50 funded

The population of York Region grew by 27% between 1996 and 2001, making it the fastest growing region in Ontario. Our funding has not kept pace. Because many aspects of our program are population sensitive, it has required increased resources just to maintain service levels mandated. The Family and Community Health Division has made every attempt to maximize its resources, with marked success in increasing compliance (Table 2) However, the remaining areas of non-compliance are substantial enough that they will require an increase in staffing in order to be completed.

The Ministry has just released draft Mandatory Guideline revisions in 4 program areas. All four are programs delivered primarily by staff of the Family and Community Health Division. Without additional funding many of these program areas will not be able to be implemented. This would result in decreased compliance.