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HEALTHY BABIES, HEALTHY CHILDREN RESOLUTION TO MINIMIZE PROGRAM RISKS

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report, January 23, 2004, from the Commissioner of Health Services:

1. RECOMMENDATIONS

It is recommended that:

1. The Regional Chair write a letter to the Minister of Health and Long-Term Care, the Minister of Community and Social Services, and the Minister of Children's Services requesting additional 100% Provincial funding for the Healthy Babies, Healthy Children (HBHC) program in order to achieve compliance with provincial standards.

2. The letter to the Minister of Health and Long-Term Care be circulated to all health units in the Province of Ontario, the Chief Medical Officer of Health, the Council of Medical Officers of Health of Ontario, and the Ontario Public Health Association.

3. The Regional Clerk forward this report to the Audit Committee for information purposes.

2. PURPOSE

The purpose of this report is to respond to a Compliance Audit Report of the Family and Community Health Division of the Health Services Department conducted by the Audit Services Branch of The Regional Municipality of York which was considered by the Audit Committee on October 2, 2003.

3. BACKGROUND

3.1 Audit Services Branch Report

In September 2003, the Audit Services Branch prepared a Compliance Audit Report on the Family and Community Health Division of the Health Services Department. The purpose of the Compliance Audit Report was to examine compliance with provincial standards set out in the *Mandatory Health Programs and Service Guidelines, December 1997* ("the Guidelines"), and to ensure that The Regional Municipality of York does not incur penalties for failure to comply with the Guidelines.

The Compliance Audit Report focused primarily on the HBHC program.

3.2 HBHC Program

The Health Services Department is mandated to provide the HBHC program pursuant to section 7 of the *Health Protection and Promotion Act*, which provides that a board of health shall comply with the Guidelines.

HBHC is a prevention and early intervention initiative for families expecting children or families with children up to six years of age. It is designed to ensure that every child has the opportunity to achieve his or her potential through healthy development in childhood. HBHC is based on the appreciation that childhood experiences have long-term effects on the health and wellbeing of individuals and that identifying children who require additional supports can improve the life prospects of these children.

HBHC provides for a telephone call and offers a home visit to all mothers shortly after leaving hospital after the birth of her child. It is a voluntary program. HBHC provides risk assessment for all children and families, intensive home visiting and support, and related services for families with children at high risk of poor developmental outcomes, and community referrals to all families in need.

In 2002, 11,437 families in The Regional Municipality of York participated in the HBHC program.

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. However, it is anticipated that this program will be transferred to the Ministry of Children's Services at some time in the near future. HBHC was established as a 100% funded program by the MOHLTC; however, due to a significant shortfall in 100% funded staff resources, HBHC is currently also subsidized by the Region. Further discussion of the issue follows in the Financial Implications section of this report.

3.3 October 2, 2003 Audit Committee

At its meeting on October 2, 2003, the Audit Committee considered the Compliance Audit Report prepared by the Audit Services Branch and directed staff of the Health Services Department to make a report to Health and Emergency Medical Services Committee concerning the risks associated with the HBHC program and the reallocation of resources within the Health Services Department to reduce the risks associated with the HBHC program. The Audit Committee also directed staff to report back to Audit Committee on this issue.

4. ANALYSIS AND OPTIONS

4.1 HBHC Compliance

The Regional Municipality of York is required to provide a detailed report on a quarterly basis to the MOHLTC indicating the compliance of HBHC with the Guidelines. Based on this quarterly report, the MOHLTC prepares HBHC Activity Reports. The HBHC Activity Report from the MOHLTC dated June 30, 2002, indicated the Region attained a

compliance level of 30% for the first and second quarters of 2002. The MOHLTC set a compliance target of 36% for the Region. However, the MOHLTC failed to consider the increase in birth rates experienced in the Region and the corresponding need for an increase in staff to attain a compliance target of 36%.

In fact, no other boards of health in the Greater Toronto Area are in compliance with the provincial standards set for the HBHC program.

4.2 Risks and Liabilities Identified

Failure to screen a child for risks to healthy child development during intake or failure to provide continuing assessment of a child which results in harm to the child, is a risk associated with the HBHC program.

Also, the *Health Protection and Promotion Act* provides that the Minister of Health and Long- Term Care ("the Minister") may appoint an assessor to carry out an assessment to determine whether the board of health is providing or ensuring the provision of health programs and services in accordance with the Guidelines. Based on this assessment, if the Minister is of the opinion that the board of health failed to provide or ensure the provision of a health program or service in accordance with the Guidelines, the Minister may give a written direction to the board of health requiring it to do anything the Minister considers necessary or advisable to correct the failure to provide or ensure the provision of a health program or service in accordance with Guidelines. Failure to comply with the written direction of the Minister is an offence under the *Health Protection and Promotion Act* for which the Region, on conviction, may be liable for a maximum penalty of $25,000 for every day or part of a day on which the offence occurs or continues.

To date, no assessments have been undertaken and no written directions have been given by the Minister to ensure compliance with the Guidelines.

4.3 Managing the Risks and Liabilities

The Child and Family Health Division of the Health Services Department has developed a comprehensive risk management framework to allocate resources to reduce the risks associated with the HBHC program in light of under-funding by the MOHLTC. To date, there has been no legal liability imposed on the Region as a result of the HBHC program since the program was implemented in 1998.

4.3.1 Identifying "High Risk" Children

The initial assessment of a client can be performed by self-assessment utilizing the prenatal Larson screening tool, or by a hospital nurse, mid-wife or doctor utilizing the postpartum Parkyn screening tool. These results, with the consent of the client, are forwarded to Public Health Nurses (PHN) at the HBHC program. Attempts are made by a PHN to contact all clients by telephone to perform a telephone interview; however, clients identified as high risk based on the initial assessment are given priority contact. All clients receive a mail out containing program information including the Health Connection contact information. Those clients without telephones identified at risk will receive an additional letter and/or a drop-by home visit by a PHN.

During the telephone interview, a brief assessment is performed. Approximately 30% of clients agree to a home visit by a PHN called a Post-partum Enhancement Home Visit. During the home visit, a PHN more accurately assesses the status of the client, and if the client is believed to be at risk, another visit is scheduled in order to conduct an in-depth family assessment. This additional assessment enables the PHN to determine the level of risk and to refer to the HBHC Home Visiting program.

Under the Home Visiting program, a service plan is developed to determine the frequency and duration of the home visits. Family Visitors are introduced to provide clients with a human resource suitable to their situations. Family Visitors are lay-home visitors who, in co-ordination with a PHN, provide support, reinforce the teachings of the PHN, and facilitate linking to community resources.

In cases where clients are identified as at risk and the PHN believes or suspects the safety or well-being of a child is in jeopardy, the PHN will contact the Children's Aid Society to consult or report as required by the *Child and Family Services Act*. Approximately 35 such calls are made per year; however, PHNs maintain an ongoing dialogue with the Children's Aid Society regarding all common clients.

4.3.2 Implementation of Staffing Increases

In 2003, the Family and Community Health Division was restructured into the Child and Family Health Division. This represented a new focus on child and family health, and was structured to emphasize the HBHC program service delivery and to contain HBHC program costs.

Through annual business planning and budgetary processes, the Health Services Department has requested increases to staffing to work towards 100% compliance with the Guidelines. The proposed 2004 Public Health Business Plan and Budget includes a request for 16.3 additional HBHC FTEs.

The Public Health Branch has already reallocated 7.5 FTE of Child and Family Health Division staff from within the 50% funded general programs to the HBHC program in order to improve service delivery and manage the associated risks. To reallocate additional staff potentially transfers risk from one program to another, and therefore does not achieve the desired outcome of minimizing program risk.

4.3.3 Other Initiatives Implemented to Manage Risk

The Child and Family Health Division is identifying and managing risk through a number of activities. These include:

- Providing prioritized services to families with highest risk
- Reviewing and implementing the recommendations outlined in the Risk Evaluation Audit conducted by an external consultant, commissioned through the Insurance and Risk Branch of the Finance Department. This audit was conducted between October 2002 and April 2003, and evaluates the risks associated with providing in-home services to children and how to manage them. This report is yet to be finalized.

- Ensuring all families continue to be contacted for initial assessment
- Developing Health and Safety protocols and policies related to service delivery
- Creating a PHN Mentor to oversee and develop the skills of Family Visitors
- Providing additional training for PHNs and Family Visitors
- Implementing ISCIS (Integrated Services Children's Information database) in order to increase the reliability of data, track trends over time and identify areas of improvement
- Reviewing of protocols for service delivery on an annual basis.

The Child and Family Health Division proposes implementing the following measures in order to identify and manage risk in the future:

- Request additional staff from MOHLTC through the Regional budget process over the next 3 years
- Petition MOHLTC for adequate HBHC funding
- Request additional MOHLTC funding for a Nurse Practitioner in order to assist families unable to access primary care services
- Continue to identify and target high risk families
- Increase community capacity to provide additional support, knowledge and skills development for all families in York Region (through Early Child Development programs)
- Advocate for increased services for families with special needs to the provincial ministries of Health and Long-Term Care, Children's Services, and Community and Social Services

4.4 Need for Additional Funding

Unlike other mandatory programs which are funded 50/50 by the MOHLTC, the HBHC program is supposed to be 100% funded by the MOHTLC. However, due to the level of risk assigned to the Region by the MOHTLC and the current funding methodology utilized by the MOHLTC, the HBHC program continues to be underfunded.

In 1997, when the HBHC program was introduced, the MOHLTC determined that the Region was low risk based on the factors of income, education, multicultural influence and urban/rural mix. This low risk factor was used by the MOHTLC to determine the proportion of funding available to the Region and has not been reassessed by the MOHLTC to date.

The MOHLTC has been made aware of the inadequacy of the funding formula for the HBHC program in the Region by staff on many occasions. The level of funding is not based on costs reasonably incurred to provide services and is not clearly linked to an assessed level of demand for the services given the increasing number of births in the Region.

The current funding methodology utilized by the MOHLTC is based on 7,400 births in the Region annually. Since 2000, the number of births in the Region has increased 18% to 8,789 births in 2002. The trend of increased births continued in 2003 with an increase

of 10.3% in the first quarter of 2003 compared to the first quarter of 2002. Based on this 10% increase and the provincial target of post-partum home visits to 75% of births, the HBHC program would be required to complete 7,250 home visits. With existing staff complement, staff will only be able to complete 2,400 home visits or 25% of births.

4.5 Relationship to Vision 2026

The HBHC program continues to "Respond to the Needs of Our Residents", particularly those with infants and young children.

5. FINANCIAL IMPLICATIONS

According to the 2001 Census Data, the province as a whole has experienced a 6% decrease in the child population between 1996 and 2001. However, in York Region the child population ages 0 to 6 years grew by 11% and this trend is expected to continue. As a result, the amount of funding the HBHC program receives does not accurately reflect the level of demand for services, and is not based on reasonable costs for the services provided.

The proposed 2004 budget submission has included an increase of 16.3 FTEs and represents the first phase of the three-year plan to increase FTEs in order to allow us to move towards Ministry compliance at the end of three years. It is anticipated that, at the end of the three-year plan, the original 7.5 reallocated FTEs would be able to resume their roles in other programs. Table 1 identifies the increase in funding required for 2004.

Table 1
Proposed 2004 HBHC Program Budget

	2003 Budget	2004 Proposed Budget with 16.3 FTE Increase	Additional Funds Requested for 2004
Salaries and Benefits	$2,496,425	$3,818,527	$1,322,102
Program Supplies	202,933	254,993	52,060
Total Gross Expenditures	$2,699,358	$4,073,520	$1,374,162
100% Provincial Subsidy	2,699,358	4,073,520	1,374,162
Net Tax Levy	$ 0	$ 0	$ 0

Table 2 identifies the cost of the 7.5 FTEs currently redeployed to the HBHC program from the 50/50 program. Corporate allocated administration has been excluded from these calculations.

Table 2
2004 HBHC Program Costs Currently Absorbed in 50/50 Funded Programs

	Costs
Salaries & Benefits of 7.5 PHNs	$585,078
Supplies, Mileage & Training	18,000
Rent	135,608
Gross Expenditures	$738,686
Net Impact on Tax Levy	$369,343

6. LOCAL MUNICIPAL IMPACT

HBHC program services and initiatives are offered to children and families in each of the nine area municipalities. An independent evaluation of the HBHC program conducted during 2001-2002 concluded that 94% of families participating in HBHC were either very satisfied or satisfied with the services offered. In addition, other community stakeholders (including other service providers, professionals, and administrators) identify the HBHC program as contributing to making high-risk families more aware of their needs and more willing to use community supports and services.

7. CONCLUSION

The Health Services Department will continue to identify and manage mandatory health program risks to the Region, particularly with respect to the HBHC program.

It is recommended that the Regional Chair forward a letter to the Minister of Health and Long-Term Care, the Minister of Community and Social Services and the Minister of Children's Services reinforcing the inadequacy of funding of the York Region HBHC programming in light of mandatory service delivery requirements and the continued population increases in York Region in children ages 0-6.

The Senior Management Group has reviewed this report.