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THE EXPANSION OF THE CHILDREN IN NEED OF TREATMENT PROGRAM

The Health and Emergency Medical Services Committee recommends the adoption of the recommendations contained in the following report dated January 22, 2009, from the Commissioner of Community and Health Services.

1. RECOMMENDATIONS

It is recommended that:

1. Regional Council authorize amendment of the proposed 2009 Public Health budget to include expenditures totalling \$1,381,399 which will be offset by 100% funding for the expanded component of the Children In Need of Treatment program.
2. The Regional Chair write to the Ministry of Health Promotion to extend the 100 % funding beyond first year and increase the total amount of funding to allow for adequate staffing resources to provide appropriate and equitable level of dental service for low-income children and youth.
3. The Regional Clerk circulate this report to the Association of Municipalities of Ontario (AMO) for information.

2. PURPOSE

This report seeks authorization to amend the proposed 2009 Public Health budget to include expenditures totalling \$1,381,399 which will be offset by 100 % funding for the Children In Need of Treatment (CINOT) program, to purchase dental treatment services for children and youth in low-income families in York Region.

3. BACKGROUND

The Ministry of Health Promotion announced funding for the expansion of the CINOT program

On December 4, 2008, the Ministry of Health Promotion announced funding for the expansion of the CINOT program to allow increased access to care for children and youth in the Province. The Ministry has committed \$28.3 million provincially over the next three years to this program. A total amount of \$1,381,399 is allocated to York Region for this expansion in 2009, which includes the following changes:

- An increase in coverage from the current eligibility age of 13 to the child's 18th birthday.

- General anaesthetic coverage for children up to four years old is increased to children up to their 18th birthday.
- Coverage for Dental Anaesthetists services.

CINOT program is based on age, financial eligibility and approval of treatment plan

Based on financial eligibility, the existing program covers preventive services and funding for urgent and essential dental treatment for children to a maximum age of 13 years. The expansion of the CINOT program will increase access to dental services for youth age 14-17 years. Financial eligibility is determined by whether families have dental insurance and if payment for treatment would be a financial hardship. Screening by a Public Health Registered Dental Hygienist is necessary to determine if a child has urgent or essential dental treatment needs. A Public Health Dental Consultant reviews and approves treatment plans for which the Ministry of Health Promotion requires pre-approval of fees.

In the existing CINOT program, Public Health staff provide screening in schools, referrals for urgent or essential dental treatment, follow-up, claims payment and preventive services

The existing CINOT program includes provision of screening in schools for children in junior and senior kindergarten, grades two, four, six and eight. In addition, screening is also available at the three Public Health Dental Clinics in the Region. For children who require urgent or essential dental treatment, the Registered Dental Hygienist provides referrals to community dentists and ensures that families are aware of the availability of CINOT coverage if needed. As well, the Registered Dental Hygienist provides follow-up with families to ensure that children receive the services they need. Under emergency circumstances, treatment may be provided immediately by community dentists, and clients follow-up with a Registered Dental Hygienist after treatment to ensure eligibility for coverage. Program support staff are also responsible for processing and paying claims from community dentists. Furthermore, preventive services (i.e., health education, fluoride treatment, pit and fissure sealants and cleaning) are offered and provided by the Registered Dental Hygienist to eligible children at the Public Health Dental Clinics.

This expansion is a part of the Province's Poverty Reduction Strategy

Investing in the oral health of low income families is part of the Province's Poverty Reduction Strategy. York Region clients include residents living on low incomes who are struggling financially and cannot afford professional dental care. According to the 2006 Census about one in eight, or 112,500 residents face (or are at risk of facing) economic hardship due to low-income (based on before-tax Low-income Cut-Offs). This represents an increase of 55 percent from the 2001 Census. This would be equivalent for a family of four living in York Region with a household income of \$33,251 or less. As of 2006, the number of children (less than 18 years of age) living in poverty in York Region was

32,477, a 62% increase from 2001. In addition, between 2001 and 2006 key vulnerable groups who are at higher risk of living in poverty have been increasing in York Region at a rapid rate including single parents, people with disabilities, children, new Canadians and people living alone.

4. ANALYSIS AND OPTIONS

Approximately 2,200 youth could become CINOT clients under the expansion

The existing CINOT program provides access to care for approximately 2,000 elementary children per year. It is estimated that the expanded program could reach another 2,200 youth in need of urgent or essential care per year.

The expanded program will be 100% funded for one year and cost shared for subsequent years

The funding structure of the existing CINOT program is cost shared 75/25 between the Province and municipalities. The Province will provide 100% of the dental treatment costs for the calendar year 2009 for the expanded CINOT program. Effective January 1, 2010, however, all program costs will move to the current 75/25 cost sharing formula. The Region's 25% cost share is estimated at \$350,000, beginning in 2010.

The expanded program does not allow for additional staff to be hired to address increased program and administrative workload

The existing CINOT funding covers staffing costs for the screening of children for dental needs, provision of preventive care to eligible children, referrals to community dentists, follow-up as well as administrative staffing costs for processing and paying claims from community dentists. However, the expansion dollars are strictly allocated for treatment costs and do not allow for hiring of additional staff to address increased workload.

It is not possible to provide the same level of service delivery to the greater volume of clients in the expanded CINOT program as compared with the existing program

It is not possible for the Public Health Branch to provide the same level of service delivery, as measured by timelines and access, to the greater volume of clients in the expanded CINOT program as compared with the existing program. To manage the program expansion with existing staffing resources, the dental program is implementing the following program services (see Table 1) which have been modified to accommodate this new demand:

Table 1
Comparison of the Existing and Expanded CINOT Program

Program Service	Existing CINOT Program (for children up to 13 years old)	Expanded CINOT Program (for youth age 14-17 years)
Screening	Same as previous – screening will be conducted in schools and at Public Health clinics.	Screening will not be provided in schools, it will be provided on a self referral basis only at Public Health clinics to determine treatment eligibility.
Preventive Services	Same as previous – however, some preventive appointments have been changed to screening appointments for youth.	No preventive services will be offered by Public Health, but may be provided by community dentists.
Referrals to community dentists	Same as previous - eligible clients who require urgent and essential dental treatment will be referred to community dentists.	Eligible clients who require urgent and essential dental treatment will be referred to community dentists.
Follow-up	Same as previous – follow-up will be offered to ensure the children receive the services that they need.	No routine follow-up will be offered unless specifically required.
Processing and Payment of Claims	Same as previous – however, there will be a delay due to increase in volume.	Will be provided but there will be a delay due to volume.
CINOT program on-call line	Same as previous – however, response time will increase due to increase in volume.	Will also become available to youth.
Clinic locations	Clinic locations have been realigned in response to geographic demands to increase screening availability.	
Program promotion	Same as previous – staff promote the program through screening in schools.	Staff do not go to school for screening. Ministry-produced flyers about the expanded program will be distributed to high schools and community agencies.

It is anticipated that the expanded program will have a slow uptake in the first year as the screening is done solely through self identification. As youth and their families become more aware of the program, it is expected that the number of eligible clients and demand for service will increase.

Implementing the expanded CINOT program under the existing staffing structure will result in a decrease in the timeliness in service delivery and additional impacts on the clients, not only to the expanded youth population but also to the existing elementary school children up to 13 years old

The expanded CINOT program under the existing staffing structure will result in a decrease in the timeliness in service delivery and additional impacts on the client not only to the expanded youth population but also to the existing elementary school children up to 13 years old, which include:

- Lengthy screening wait times for youth (expanded program) – they may be in pain for a prolonged period.
- Increase in preventive services wait times for children up to 13 years old (existing program) - some of these appointments have been changed to screening appointment for youth age 14-17 years.
- Inequity in services provided to youth age 14-17 years (expanded program) – they will not receive preventive and follow up services from Public Health.
- Delay in response time for the program on-call line due to increase in volume.
- The increase in claims from the expanded program will result in delayed payment of claims.
- Some clients may decide to access their dentists prior to treatment approval because of lengthy wait times. They may, however, have to pay the dentists up front without guarantee of program acceptance.
- As promotion of the program will be limited and youth age 14-17 years are seen on a self-referral basis, this will result in barriers to service access.

Additional funding from the Province is required to sustain the CINOT program and to alleviate dental care burden on low-income families

As indicated in a staff report from the Community and Health Services Department on Ontario's Poverty Reduction Strategy that was presented to Regional Council on January 22, 2009, poverty is a growing issue in York Region. It is anticipated that the demands for the expanded CINOT program will increase and the CINOT program will not be sustainable in future years without additional staffing resources. Furthermore, to realize the goal of providing dental services to low-income youth age 14-17 years, issues of equity and accessibility of services must be addressed. AMO is supportive of the expanded CINOT initiative though it acknowledges that the Province should assume the full costs of the program. AMO also indicated that it will continue to advocate for fair and equitable program and policies.

5. FINANCIAL IMPLICATIONS

In 2009, there is no net cost to the Region. Beginning in 2010, the estimated 25% cost sharing for this program based on the 2009 allocation would be \$350,000.

6. LOCAL MUNICIPAL IMPACT

The intent of the expanded CINOT program is to improve access to care and overall oral health of the youth population age 14-17 years who currently cannot afford dental services. It should also improve access to general and dental anaesthetic services for both children and youth. Eligible families will experience decreased financial strain as a result of decreased dental costs. Dental clinic resources have been realigned to provide increased services for York Region municipalities with a higher proportion of low-income families.

7. CONCLUSION

This announcement of funding for the expanded CINOT program is a positive move toward addressing the needs of low-income families. However, the current provincial funding arrangement does not address the increased workload and as a result will eventually lead to a decrease in the timeliness of service and program delivery. Furthermore, there will be an increase in municipal financial burden in the year 2010 and beyond.

For more information on this report, please contact Dr. Karim Kurji, Medical Officer of Health, at Ext. 4012.

The Senior Management Group has reviewed this report.