



STAFF REPORT ACTION REQUIRED

2009 Update on Public Health Programs Funded by the Ministry of Children and Youth Services

Date:	June 3, 2009
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

Toronto Public Health (TPH) delivers four Ontario Best Start programs: Healthy Babies Healthy Children, Preschool Speech and Language Services, the Infant Hearing Program and the Blind Low-Vision program. Each of these programs receives 100% funding from the Ministry of Children and Youth Services (MCYS). Funding levels for the past several years have been insufficient to meet the needs of Toronto's at risk pregnant women and young children and families. Nevertheless, Toronto Public Health has remained committed to delivering the highest level and quality of service possible within available funding.

The Ministry of Children and Youth Services has advised Toronto Public Health that 2009 funding for each of these programs has been frozen at 2008 levels. The purpose of this report is to advise the Board of Health on service implications of this funding level. These include reducing the universal service components of the programs, prioritizing service to high risk clients, increasing waitlist times and exploring alternate service delivery strategies.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. the Board of Health ask the Minister of Children and Youth Services for sufficient and sustainable provincial funding to ensure that Toronto Public Health can achieve full compliance with provincial service standards; and

2. the Board of Health forward this report to the Ontario Public Health Association, Association of Local Public Health Agencies, the Toronto Best Start Network, and the Provincial Advocate for Children and Youth.

Financial Impact

There are no financial implications to the City directly resulting from this report.

ISSUE BACKGROUND

TPH receives 100% funding from the Ministry of Children and Youth Services (MCYS) to deliver four early years Best Start programs: Healthy Babies Healthy Children (HBHC), Preschool Speech and Language (PSL), Infant Health Program (IHP) and the Blind-Low Vision (BLV) program. Each of these programs shares the common goal of ensuring that every child (prenatal to six years of age) in Ontario is provided with opportunities to achieve his or her optimal potential and is ready to learn at school entry.

Healthy Babies Healthy Children Program

HBHC is a proven early intervention program based on the understanding that early childhood experiences have long-term effects on the health and well being of individuals. It is guided by the knowledge that a safe and nurturing environment, adequate nutrition, and secure mother-infant attachment is directly linked to a child's neurological development and the recognition that all families benefit from parenting information and support.

Public Health units throughout Ontario deliver the HBHC program in accordance with the Healthy Babies Healthy Children Protocol in the Reproductive Health and Child Health Requirements of the Ontario Public Health Standards. There are a variety of services provided to families through the HBHC program. Universal postpartum support services include hospital-based screening for risk factors that affect healthy infant development; a phone call from a Public Health Nurse to all consenting families; and the offer of a home visit to provide counselling, support and information about healthy child development and available community resources. The high risk home visiting service provides at risk pregnant and parenting women with children 0 to 6 years of age with assessment, counselling, early identification, referral to community agencies and service co-ordination by Public Health Nurses and Family Home Visitors. TPH also has a number of Public Health Nurses dedicated to providing individual support and counselling for high-risk pregnant women who are homeless or underhoused.

Preschool Speech and Language, Infant Hearing and Blind Low-Vision Programs

Unlike the HBHC program, the PSL, IHP and BLV programs are not mandated programs for all public health units. TPH administers the PSL, IHP and BLV programs in Toronto as the Ministry appointed lead agency. TPH became the lead agency through a District Health Council initiated Request for Proposal in 1998.

MCYS funds the Preschool Speech and Language program in 31 locations across Ontario. The program focuses on the prevention, early identification and treatment of speech and language problems in children from infancy to school entry. Like the HBHC program, PSL is based on the science of child neurological development and an understanding of the importance of the early years in a child's long-term health and well-being. A child's speech and language development plays a critical role in their sense of self-esteem and confidence, development of social skills, behaviour management and school readiness.

The province began funding its Infant Hearing Program in 2003. It is based on the knowledge that undetected hearing loss in a child can cause significant delays in a child's ability to learn to communicate, which in turn can lead to behavioural, emotional and education problems. Early identification of a hearing loss is critical to a child's ability to learn to communicate and to achieve his or her optimal potential.

The Toronto Infant Hearing Program includes several components. All newborn babies receive infant hearing screening before their discharge from hospital. Infants and young children at risk of hearing loss are followed regularly in community screening clinics. Babies and children who fail to pass these screening tests are referred to an audiologist. If there is a diagnosed hearing loss, families are supported by a Family Support Worker who provides emotional support, education, counselling, referral to available communication support services and service co-ordination.

The Blind-Low Vision Program, the newest Best Start program, began with funding in 2007. It is designed to give parents of young children diagnosed as blind or with low vision, specialized services to support their ability to parent effectively. These children and families receive education, counselling and service co-ordination from a Family Support Worker.

Funding Levels

MCYS uses a funding formula to determine local funding for each of these programs. Unfortunately, for many years funding levels for the HBHC, PSL, and IHP programs have been insufficient to meet provincial service standards, or to meet the needs of Toronto's children. In August 2006, a report entitled "Healthy Babies Healthy Children Program Funding" was presented to the Board of Health. This report identified HBHC budget pressures and their impact on service delivery to prenatal women and families with children 0 to 6 years of age. It was estimated that an additional \$12,215,000, beyond the 2006 funding level of \$17,011,762, would be required to fully meet provincial service standards in the City of Toronto.

Although the province has tried to address funding shortfalls through one-time grants, the lack of growth in base funding has resulted in a gradual erosion of the program. In 2008, base funding for HBHC was \$18,872,925. Base funding for PSL, which funded on a fiscal year of April 1, 2008 to March 31, 2009 was \$7,271,373. Base 2008/09 funding for IHP was \$2,161,505 and \$364,980 for the BLV program. MCYS has recently advised

TPH that funding for 2009/10 will remain frozen at the 2008/09 levels for all of these programs.

COMMENTS

To-date, TPH has addressed the MCYS funding shortfall through a variety of strategies. One important example is that non-salary operating expenses have been reduced to the lowest level possible and are now below 9% of the total budget for all four programs. While the full impact of this year's budget shortfall is unknown because the 2009 collective agreement has not yet been settled, service impacts are anticipated. It is expected that savings will have to be achieved through a combination of realigning available resources, prioritizing high risk clients, flat-lining purchase of service contracts, and subsidizing resources with cost-shared prenatal, breastfeeding, and parenting resources.

Healthy Babies Healthy Children Program

Over the past several years, funding shortfalls in the HBHC program have resulted in discontinuing the weekend postpartum service, offering postpartum home visits only to families assessed as at risk by hospital screening and/or telephone assessment, and establishing waitlists for high risk home visiting.

With the continuing and increasing budget shortfall in 2009, TPH will endeavour to ensure that all required service components of the program continue. However, there will be a number of consequences for service.

There will be reduced outreach to vulnerable pregnant women and limited opportunities to promote healthy pregnancies in high risk women. Consenting postpartum mothers will receive a postpartum telephone call from a PHN, but not within the required 48 hours of discharge from hospital. Postpartum home visits will no longer be the norm and will only be offered to those families at highest need, reaching only about 21% of families, in comparison to the provincial standard of 75%. Fewer postpartum visits may reduce program impacts on breastfeeding, parent-child attachment, maternal mental health and well-being, linkages with community resources and referrals to necessary services.

Wait lists for high risk home visiting will increase so that the waiting period may exceed the current 3 month timeframe. Families receiving support with blended home visiting will receive less timely and fewer visits. Families will receive service for the first 3 years of childhood instead of the required 6 years.

Preschool Speech and Language, Infant Hearing and Blind Low-Vision Programs

A flat-lined Preschool Speech and Language budget in 2009-2010 will result in a reduction of 4.0 full-time equivalent (FTE) positions of Speech and Language Pathologists and Communication Disorder Assistants. This will result in an increase in waitlist time for children by approximately two to three months, increasing the current waitlist to eight to ten months. It will also result in reduced services to four year old

children who are referred to the program, as they are likely to enter school or grow out of the program while still on the waitlist.

There will also be an impact on service for children with special needs. The flat-lined purchase of service contracts for agencies that provide service to special needs children (e.g. autism or cleft palate) will mean longer waitlists and less service for these very vulnerable children. For the past year, PSL has been providing funding to the CityKIDS program. This city-wide program provides one-stop access for assessment and service co-ordination for children who have multiple special needs. Approximately 40% of the children serviced by this program are children who have been referred from Toronto's PSL program. In 2008/09, PSL provided funding for 0.5 FTE of a service navigator. This will not be possible in 2009/10. This funding cut will result in increased wait times for special needs children to access service and increased service co-ordination time for PSL service providers.

Toronto's Infant Hearing Program (IHP) funding shortfall is compounded by a number of significant service pressures. Toronto IHP is required to screen approximately 10,000 newborn babies who are born in Toronto hospitals but live outside of Toronto. Toronto IHP has also experienced a significant increase in the number of children identified as deaf or hard of hearing in the past year and is reviewing possible explanations for this increase. Toronto's IHP has also never received sufficient funding to purchase the required screening equipment and supplies. For the past several years, this pressure has been dealt with through a number of one-time grants.

In 2009/10, Toronto's IHP will be required to implement a number of cost containment measures. Efforts have been made to identify measures that will have the least impact on high risk children. Data entry of screening results for children who pass the screening will not be done. High risk monitoring phone calls will not be made for children that are already receiving Preschool Speech and Language services, as these children can be monitored through their PSL service provider. The 18 month screening phone call will also not be made, as these children can be monitored through their family physician at their 18 month check up. Community screening clinic hours will be reduced, resulting in longer wait times. Finally, a wait list will be established and group interventions will be explored for Family Support services.

Given the recent introduction of the Blind Low-Vision program, TPH is currently providing service in accordance with Ministry expectations. Based on the current referral rate, the BLV Family Support Worker should be able to provide service to all children referred to the program this year. This is possible because BLV, IHP, and PSL services are integrated into one service system. Consequently, clerical and management support for the BLV program come from IHP and PSL funding. As the caseload increases with each year, it is anticipated that without an increase in base funding, BLV service delivery will be affected by 2010.

Other Funding Pressures and Implications

Any discussion of MCYS funding should note that, although the province describes its funding of these program as 100%, it does not actually cover the full costs of administering and delivering the program. While provincial funding fully covers staff salary and benefit costs and a wide range of direct operating expenses (e.g. resources, printing, translation and interpretation, travel/parking, and telephone), health units are expected to absorb a number of indirect operating expenses. These include office rental costs for program staff, human resource costs of recruiting and hiring staff, legal fees associated with purchase of service contracts and consultation to staff regarding high risk client issues, costs related to financial and records management for the program, and senior management support.

It should also be noted that while the current integration of the HBHC program with other cost-shared Reproductive and Child Health services allows TPH to provide a full range of HBHC services, this is having a negative impact on service levels in cost-shared programs. This was noted in the May 2009 Board of Health report on TPH's compliance with the new Ontario Public Health Standards, which stated that "the current service levels and resource deployment in the Family Health program area are affected by the diversion of cost-shared program resources to support the 100% funded Healthy Babies Healthy Children program". This issue will be addressed through a reorganization of the Healthy Families service area which will eliminate the diversion of cost-shared resources to HBHC. Once this change has been implemented, HBHC services will be limited by the funding available.

TPH remains committed to delivering the highest quality service possible with the resources provided by the provincial government. The Healthy Families Director and program managers have met with Ministry program consultants to clearly identify funding shortfalls and related service level reductions. In addition, through both the Ontario Public Health Association and the Association of Local Public Health Agencies, TPH is working with other provincial health units and service providers to advocate for the needs of Ontario's most vulnerable children and families.

Fraser Mustard, in his report on "The Early Years Study: Three Years Later", noted that "The Dutch economist, Jacques van der Gaag, in his work for the World Bank emphasized that early child development sets the foundation for learning behaviour and health and helps build social capital and equality, all of which are crucial for prosperity and reducing poverty in both the developed and developing world". The Province of Ontario's Best Start initiative acknowledges this finding and has identified the Healthy Babies Healthy Children, Preschool Speech and Language, Infant Hearing and Blind Low-Vision programs as core family support components of their Early Learning and Care plan. However, these services cannot be expected to achieve their program objectives and outcomes without sufficient and sustainable funding.

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SIGNATURE

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