



STAFF REPORT ACTION REQUIRED

2010 Update on Public Health Programs Funded by the Ministry of Children and Youth Services

Date:	June 24, 2010
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

Toronto Public Health (TPH) currently delivers four Ontario Early Years programs: Healthy Babies Healthy Children (HBHC), Preschool Speech and Language (PSL), Infant Hearing (IHP) and Blind-Low Vision (BLV). Each of these programs receives 100% funding from the Ministry of Children and Youth Services (MCYS). Services within these programs are delivered in accordance with Ontario Public Health Standards, related Protocols, and/or provincial program requirements.

The Ministry of Children and Youth Services has advised Toronto Public Health that 2010 funding levels for each of these programs have been frozen at 2009 funding levels. This means that funding has remained constant for the past four years, with no increase to respond to cost of service pressures or rising service demands. While Toronto Public Health is endeavouring to maintain the highest level and quality of service possible within existing funding, service levels are gradually being eroded. Toronto Public Health is no longer able to meet Ministry established service targets and opportunities to support the healthy growth and development of children are being missed.

RECOMMENDATIONS

1. the Board of Health call on the Ministry of Children and Youth Services for sufficient and sustainable provincial funding to ensure that Toronto Public Health can achieve full compliance with the provincial Healthy Babies Healthy Children Protocol; and
2. the Board of Health call on the Ministry of Children and Youth Services for sufficient and sustainable provincial funding to ensure that Toronto Preschool

Speech and Languages Services can eliminate its current wait list and comply with provincially established service targets; and

3. the Medical Officer of Health report back to the Board of Health in fall 2010 on the implications of the provincial Early Learning and Care Initiative on Toronto Public Health's Healthy families programs and funding, including the provision of Preschool Speech and Language services to four and five year olds who are in full day learning programs.

Financial Impact

All programs identified in this report are 100% funded by the Ministry of Children and Youth Services. There are no financial implications to the City directly resulting from this report.

DECISION HISTORY

This is not the first report that has come to the Board of Health identifying growing concerns related to MCYS funding for these programs. In August 2006, a report entitled "Healthy Babies Healthy Children Program Funding" identified significant HBHC budget pressures and their impact on service delivery. In June 2009, a report entitled "2009 Update on Public Health Programs Funded by the Ministry of Children and Youth Services" identified continued budget pressures and resultant service impacts for HBHC, PSL and IHP and called on the Ministry to provide sufficient and sustainable funding for these programs.

ISSUE BACKGROUND

As identified in the 2006 TPH reports, "The Health of Toronto's Young Children, Volumes 1 and 2", there are approximately 205,000 children six years and younger living in the City of Toronto. They represent 8.3% of the total population and they live in more than 134,155 families. Many of these children live in environments that may put them at risk for poor developmental outcomes includes the more than 30% of children under five years who live in poverty. Toronto Public Health currently received 100% MCYS funding to deliver four early years programs that aim to promote the healthy growth and development of these children. These programs are Healthy Babies Healthy Children, Preschool Speech and Language, Infant Hearing and the Blind-Low Vision program.

Healthy Babies Healthy Children Program

Public health units in Ontario deliver the HBHC program in accordance with Reproductive Health requirement #7 and Child Health requirement #9 of the Ontario Public Health Standards. The companion HBHC Protocol identifies the minimum expectations for HBHC services for prenatal women and families with children up to six year of age. These services are 100% funded by the Ministry of Children and Youth Services.

Health units are mandated to provide the full range of service components to the children, women and families in their community. The screening component of the program includes working with health service providers, birthing hospitals and community

partners to support the provision of prenatal screening for all pregnant women, postpartum screening for all women who give birth, and early childhood screening that supports parents and care providers to monitor child development. The assessment component of the program requires health units to conduct both brief and in-depth assessments using prescribed tools for all postpartum mothers and at risk prenatal women and parenting families. Support services are required to include the offer of a postpartum Public Health Nurse (PHN) home visit within 48 hours of hospital discharge and blended home visiting (a combination of Family Home Visitor (FHV) and Public Health Nurse home visits) to at risk families who have children from prenatal to age six. Referral to community services and service co-ordination are an essential component of this home visiting.

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

The Preschool Speech and Language, Infant Hearing Program, and Blind-Low Vision Program are provincially directed and funded early years programs. They are 100% funded by the Ministry of Children and Youth Services. While these programs are not mandated public health programs per se, Toronto Public Health has been the Ministry-appointed lead agency for the City of Toronto since 1998.

The PSL program focuses on the prevention, early identification and treatment of speech and language problems in children from infancy to school entry. This includes early identification promotion and screening, direct speech and language therapy to children and parent and caregiver education. In Toronto, this is achieved through a variety of purchase of service contracts with community service providers and agencies that have the expertise to provide service to children with special needs.

The IHP program began in 2003 and includes several components. All newborn babies are to receive infant hearing screening prior to hospital discharge. Infants and young children at risk of a hearing loss are also followed regularly in community screening clinics. Babies and children who fail to pass these screening tests are referred to an audiologist. If a hearing loss is diagnosed, families are provided with support by a Family Support Worker who provides emotional support, education, counselling, referral to available communication support services and service co-ordination.

The BLV program is the newest of the early years programs, having begun in 2007. It is for young children who have been diagnosed as blind or with low vision and their parents. Like the IHP, these families receive the support of a Family Support Worker who provides education, counselling, and service co-ordination.

Funding Levels

Each of these programs is 100% funded by the Ministry of Children and Youth Services. Base funding for the HBHC program is provided on a January 1st to December 31st annual year and is \$18,872,925 for 2010. Base funding for PSL, IHP and BLV is provided on an April 1st to March 31st fiscal year. Funding for 2010/11 for PSL is \$7,271,373. Funding for IHP is \$2,305,945 and funding for BLV is \$364,980. Funding

for all four programs has remained frozen since 2007, with no consideration for either salary or non-salary cost pressures.

COMMENTS

To-date, TPH has addressed funding pressures in these programs through a variety of strategies. These strategies have included:

- realigning available resources
- minimizing non-salary operating expenses (which are now less than 9% for each of the programs)
- flat-lining purchase of service contracts
- establishing priorities for service delivery based on client need and potential risk
- reducing or eliminating non-priority services
- establishing wait lists for service
- subsidizing the program with cost-shared Reproductive Health and Child Health resources (for HBHC)

Healthy Babies Healthy Children Program

In June of this year, as required by the MCYS, TPH submitted its 2010 budget and service targets for Toronto's HBHC program. This budget was based on a funding level that was pre-approved by the Ministry. The related service targets demonstrate TPH's ongoing commitment to ensuring that all of the service components required within the provincial HBHC Protocol will continue in some way during 2010. However, with no provision for the increased cost of service delivery, some service reductions are necessary.

Over the past several years, funding shortfalls for the HBHC program have resulted in a gradual erosion of service delivery. To-date, the Toronto HBHC program has:

- Discontinued weekend postpartum services. This significantly reduces TPH's ability to meet the Ministry's required 48 hour response time.
- Limited the universal postpartum telephone call to those families assessed as at risk by the hospital screening. This fails to meet the Ministry requirement of contact to all consenting mothers.
- Discontinued offer of postpartum home visit and limited home visiting to families assessed as at risk during the postpartum phone call. This fails to meet the Ministry requirement of offering a home visit to all postpartum mothers.
- Substantially limited support to at risk prenatal women (only providing service to pregnant teens and homeless or under-housed prenatal women). This fails to meet the Ministry requirement of providing all at risk prenatal women with blended home visiting.
- Established a wait list for high risk home visiting. This generates concern that at risk families will be lost and/or declined service when their name comes to the top of the wait list.
- Reduced home visiting for families with children who are 3 to 6 years old. This fails to meet the Ministry requirement of providing blended home visiting to families with children up to 6 years of age.

These service restrictions will continue and are likely to worsen in 2010. For example, the 2010 projection for postpartum home visiting is less than 20% of women who give birth (the provincial target is 75%). Fewer postpartum visits are likely to have a negative impact on breastfeeding, parent-child attachment, maternal mental health, and parent linkages with available community supports. Similarly, wait lists for high-risk families that are eligible for PHN and FHV home visiting are anticipated to increase from 3 months to 4 months. This may have an impact of parenting capacity and confidence, child growth and development, early identification, and linkages to available community resources.

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

In April of this year, as required by the MCYS, TPH submitted the 2010/11 budget and service targets for Toronto's PSL, IHP and BLV programs based on funding levels pre-approved by the Ministry. As was the case for the HBHC program, in the absence of cost of living increases, service targets reflect a corresponding reduction in service.

During the 2009/10 fiscal year, the PSL program provided service to 7,387 children and their families. However, it was necessary to reduce the PSL staff complement by the equivalent of 4.0 Speech and Language Pathologists and Communication Disorder Assistants. As a result, wait list times increased to six to eight months and there was a reduction in services to four-year-old children who aged out of the program while they were on the wait list. In 2010/11, it will be necessary to reduce the PSL staff complement by a further 2.4 Speech and Language Pathologists and Communication Disorder Assistants. While every effort will be made to maintain current service levels, it is likely that wait list times will increase by an addition 4 to 6 weeks.

During 2009/10, the IHP program screened 29,064 infants for potential hearing problems and provided Family Support Worker services to 76 families. However, due to funding pressures, the required 18-month screening was not done and community screening clinic hours were reduced. In 2010/11, audiologist costs are expected to increase by approximately \$62,000 and new provincial outcome measure requirements will create significant data entry pressures for current clerical resources. Consequently, universal screening is likely to decline to approximately 90% of total births and it may be necessary to establish a wait list for both audiologist assessments and Family Support Worker services.

The BLV program provided support to 49 families in 2009/10, which was extremely challenging given that funding levels were based on a much smaller projection of families who would require this service in Toronto. Through some innovative approaches to service delivery and efficiencies gained through the integration of clerical support resources with PSL and IHP, the Toronto BLV program was able to accommodate 35% more families than projected. For 2010/11, there is no reason to anticipate that the number of families requiring service will decline, yet funding continues to be based on previous service projections. Consequently, it is likely that it

will be necessary to establish a wait list for these families at a very vulnerable time in their lives.

Other Funding Pressures and Implications

There are several other issues that these programs must address as they respond to funding pressures and policy changes in the early years environment. These include provincial expectations of in-kind contributions by the local service agency, the use of cost-shared resources to supplement services and the province's Early Learning Initiative.

Previous Board of Health reports have clearly identified that although these programs are described as 100% funded, funding does not actually cover the full costs of administering and delivering them. Costs such as office rental for staff, human resource support to recruit and hire staff, legal costs for managing the purchase of service contracts and financial and records management support are not included in the approved program operating budgets. It is expected that these expenses will be absorbed by the operating agency.

It was noted in the 2009 MCYS Funding Board of Health report that one strategy to address the HBHC funding short-fall was to supplement the HBHC program with cost-shared resources. It was further noted in the May 2009 Board of Health report on TPH's compliance with the Ontario Public Health Standards that compliance with the Reproductive Health and Child Health standards was affected by the diversion of cost-shared program resources to support the HBHC program. In 2009, TPH's Healthy Families service area conducted a comprehensive review of its service delivery model and organizational structure. As a result of this review, a new Healthy Families organizational structure that includes a separate and distinct HBHC unit was established in April of this year. This will substantially reduce the diversion of cost-shared resources to HBHC and ensure that HBHC service delivery is consistent with Ministry funding levels. Although some efficiency is anticipated through this new model and an increase in cost-shared programming is anticipated, a slight decrease in HBHC service delivery is likely. At this early stage of implementation, it is premature to speculate on the exact impact.

A third issue that has the potential to have a significant impact on these MCYS funded programs is the provincial Early Learning and Care Initiative. Dr. Charles Pascal, in his June 2009 report, "With Our Best Future in Mind: Implementing Early Learning in Ontario", specifically name Ontario's Healthy Babies Healthy Children, Preschool Speech and Language, Infant Hearing and Blind-Low Vision programs as integral parts of the province's Early Learning Initiative and proposed Best Start Child and Family Centres. To date there has been little direction from the province on how these Child and Family Centres will be implemented. While TPH is committed to ensuring that these programs are an integral part of the City's Child and Family Centres, it is highly unlikely that this will be achievable within current funding levels. TPH will continue to work closely with Children's Services Division and as part of the City's Children's Services Integrated Management Committee to set the City's strategic direction for the integration

of City and Community Services as they are related to the implementation of the province's Early Learning and Care Initiative.

Service reductions resulting from the approved 2010/11 funding levels have been clearly identified to the Ministry and TPH is working closely with provincial program consultants to maximize resources and monitor service. TPH remains committed to delivering the highest quality service possible within provided resources. However, the ongoing erosion of service levels puts the achievement of expected outcomes such as early identification, positive parenting, and the healthy growth and development of young children at risk.

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