

**FAMILY HEALTH SERVICES**  
**OFFICE OF THE DIRECTOR**

| <b>SECTION A</b>    |                        |                      |                     |               |
|---------------------|------------------------|----------------------|---------------------|---------------|
| <b>SERVICE AREA</b> | Family Health Services | <b>MANAGER NAME</b>  | Suzanne Vandervoort | <b>DATE</b>   |
| <b>PROGRAM TEAM</b> | Office of the Director | <b>DIRECTOR NAME</b> | Suzanne Vandervoort | January, 2016 |

| <b>SECTION B</b>   |
|--|
| <b>SUMMARY OF TEAM PROGRAM</b>   |
| <p>The Office of the Director of Family Health Services area is comprised of the Director of Family Health Services and Chief Nursing Officer (CNO), the Program Assistant to the Director/CNO, an Epidemiologist, Program Evaluator and Community Health Nursing Specialist. The team supports the activities of the entire Family Health Services area. In addition, the mandate of the Chief Nursing Officer is the responsibility of the Director of Family Health Services. However, in 2015 the CHNS was the Acting Chief Nursing Officer until December. The Chief Nursing Officer (CNO) and Community Health Nursing Specialist (CHNS) work with nurses across the agency to promote excellence in public health nursing practice in order to ensure quality outcomes for the community. The Epidemiologist and Program Evaluator contribute to FHS program planning, population assessment, health assessment and surveillance, and program evaluation.</p> |

| <b>SECTION C</b>  |
|---|
| <b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>  |
| <p>Ontario Public Health Standards:</p> <ul style="list-style-type: none"> <li>• Reproductive Health Program</li> <li>• Child Health Program</li> <li>• Chronic Disease &amp; Injury Prevention Program</li> <li>• Sexual Health Program</li> <li>• Injury Prevention and Substance Abuse Prevention</li> <li>• Foundational Standards</li> <li>• Organizational Standards</li> </ul> <p>Child &amp; Family Services Act, 1990</p> <ul style="list-style-type: none"> <li>• Duty to Report Legislation</li> </ul> <p>Nursing Act, 1991 College of Nurses of Ontario</p> |

Program: Office of the Director – FHS

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1 - EPIDEMIOLOGY & PROGRAM EVALUATION**

- The Epidemiologist and Program Evaluator develops or obtains, and makes available population health assessment, surveillance and program planning and evaluation resources for use in program planning and evaluation activities in FHS. Build capacity for program teams to undertake program planning and evaluation through consultation, working as part of a team on planning and evaluation activities and conducting or arranging for structured educational/training opportunities, eg. workshops, for staff.
- Participates in the development and implementation of agency-wide systems to build capacity for the organization to develop and implement evidence-informed programming, eg. RRFSS, RAC, CHSR.

#### **COMPONENT(S) OF TEAM PROGRAM #2 CNO & CHNS – NURSING PRACTICE QUALITY ASSURANCE & LEADERSHIP**

- Over half of the front-line service provider at MLHU (across all program Service Areas) are public health nurses whose scope of practice varies significantly with frequent clinic changes. In order to ensure quality of practice and ongoing skill development this role:
  - Provide staff consultations and support to address nursing practice issues.
  - contributes to policy and procedure development for public health and public health nursing practice,
  - provides leadership to the Nursing Practice Council and take leadership role in developing implementing annual practice plans,
  - oversees the implementation of best practice guidelines, legislation, regulations, competencies and trends in nursing practice,
  - leads and plan professional development programs for all agency PHNs (150 nurses),
  - Promotes and support national certifications such as (e.g. Community Health Nursing, International Certified Lactation Consultants, US Infectious Control),
  - contributes to human resource recruitment through post secondary partnerships.

## 2016 Planning & Budget Template

Program: Office of the Director – FHS

| <b>SECTION E</b>  |                           |   |  |
|---|---------------------------|---|--|
| <b>PERFORMANCE/SERVICE LEVEL MEASURES</b>   |                           |   |  |
|   | <b>2014<br/>(actual)</b>  | <b>2015<br/>(actual)</b>                                | <b>2016<br/>(target)</b>                                     |
| <b>COMPONENT OF TEAM #1 EPIDEMIOLOGY &amp; PROGRAM EVALUATION</b>   |                           |   |  |
| Complete Middlesex-London Infant Feeding Surveillance System Development, Implementation, Monitoring and Evaluation   | n/a                       | System development completed;<br>Implementation started | Monitoring Evaluation<br>System adjustments<br>Annual report |
| # of evaluation projects undertaken   | 20                        | 18  | Maintain levels  |
| # of consultations with managers and staff re: program evaluation.  | 27                        | 30  | Maintain levels  |
| <b>COMPONENT OF TEAM #2 CNO &amp; CHNS - NURSING PRACTICE QUALITY ASSURANCE &amp; LEADERSHIP</b>  |                           |   |  |
| Providing Nursing Practice Quality Assurance <ul style="list-style-type: none"> <li>• Two annual All Nurse meetings</li> <li>• # of practice consultations</li> </ul>   | 2<br>68                   | 2<br>89 (as of Nov26/2015)                              | 2<br>90  |
| Nursing Leadership <ul style="list-style-type: none"> <li>• Mentoring new nurse graduates (NNG) in the Nursing Graduate Guarantee program</li> <li>• # of presentations to undergraduates in post-secondary</li> <li>• # of meetings with academia</li> </ul> | 7 NNG hired<br><br>3<br>3 | 6 NNG hired<br><br>3<br>4                               | 6 NNG hired as funding allows<br>3<br>3                      |
| Supporting Organizational Effectiveness <ul style="list-style-type: none"> <li>• # of policy and procedural development</li> </ul>  | 16                        | 24  | 20   |

## 2016 Planning & Budget Template

Program: Office of the Director – FHS

| <b>SECTION F</b>                         | <b>2015 TOTAL FTEs</b> | <b>2016 ESTIMATED FTEs</b> |
|--|------------------------|----------------------------|
| <b>STAFFING COSTS:</b>                   |                        |                            |
|  | <b>6.25</b>            | <b>7.1</b>                 |
| Director and Chief Nursing Officer       | 1.0                    | 1.0                        |
| Administrative Assistant to the Director | 1.0                    | 1.0                        |
| Community Health Nursing Specialist      | 1.0                    | 1.0                        |
| Epidemiologist                           | 1.0                    | 1.0                        |
| Program Evaluator                        | 1.0                    | 2.0                        |
| Program Assistant to Epi/PE/CHNS         | 0.5                    | 0.5                        |
| Public Health Nurse (Casual)             | 0.75                   | 0.6                        |

| <b>SECTION G</b>          |                   |                   |                   |                   |                                     |                                   |
|---------------------------|-------------------|-------------------|-------------------|-------------------|-------------------------------------|-----------------------------------|
| <b>EXPENDITURES:</b>      |                   |                   |                   |                   |                                     |                                   |
| Object of Expenditure     | 2014 Budget       | 2014 Actual       | 2015 Budget       | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Salary & Wages            | \$ 498,971        | \$ 442,866        | \$ 507,040        | \$ 569,033        | \$ 61,993                           | 12.2%                             |
| Benefits                  | 110,940           | 108,009           | 118,586           | 139,704           | 21,118                              | 17.8%                             |
| Travel                    | 14,400            | 7,753             | 14,400            | 14,950            | 550                                 | 3.8%                              |
| Program Supplies          | 82,804            | 56,189            | 70,304            | 60,304            | (10,000)                            | (14.2%)                           |
| Staff Development         | 35,874            | 14,970            | 8,000             | 8,750             | 750                                 | 9.4%                              |
| Professional Services     | 11,000            | 9,999             | 1,000             | 1,000             |                                     |                                   |
| Furniture & Equipment     | 6,000             | 15,715            | 1,000             | 1,000             |                                     |                                   |
| Other Program Costs       | 18,150            | 15,107            | 34,737            | 19,737            | (15,000)                            | (43.2%)                           |
| <b>Total Expenditures</b> | <b>\$ 778,139</b> | <b>\$ 670,608</b> | <b>\$ 755,067</b> | <b>\$ 814,478</b> | <b>\$ 59,411</b>                    | <b>7.9%</b>                       |

Program: Office of the Director – FHS

| <b>SECTION H</b>         |                    |                    |                    |                          |  |  |
|--------------------------|--------------------|--------------------|--------------------|--------------------------|--|--|
| <b>FUNDING SOURCES:</b>  |                    |                    |                    |                          |  |  |
| <b>Object of Revenue</b> | <b>2014 Budget</b> | <b>2014 Actual</b> | <b>2015 Budget</b> | <b>2016 Draft Budget</b> | <b>\$ increase (\$ decrease) over 2015</b> | <b>% increase (% decrease) over 2015</b> |
| Cost-Shared              | \$ 774,765         | \$ 666,068         | \$ 752,980         | \$ 812,391               | \$ 59,411                                  | 7.9%                                     |
| MOHLTC – 100%            |                    |                    |                    |                          |  |  |
| MCYS – 100%              |                    |                    |                    |                          |  |  |
| User Fees                |                    |                    |                    |                          |  |  |
| Other Offset Revenue     | 3,374              | 4,540              | 2,087              | 2,087                    |  |  |
| <b>Total Revenues</b>    | <b>\$ 778,139</b>  | <b>\$ 670,608</b>  | <b>\$ 755,067</b>  | <b>\$ 812,391</b>        | <b>\$ 59,411</b>                           | <b>7.9%</b>                              |

| <b>SECTION I</b>                                   |
|--|
| <b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b> |
|  |

| <b>SECTION J</b>                |
|---------------------------------|
| <b>PRESSURES AND CHALLENGES</b> |
|                                 |

| <b>SECTION K</b>   |
|--|
| <b>RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016</b>  |
| <p>The following PBMA proposals have been included in the base program budget:</p> <ul style="list-style-type: none"> <li>• (\$10,000) Redcuton in the Service Area materials &amp; supplies and program resources. Will not impact service..</li> <li>• (\$15,000) Reduction in the casual Public Health Nurse (0.15 FTE) for prenatal classes. There has been an efficiency gain in how Prenatal classes are being delivered. An online e-learning component has been added that reduces facilitated in class nursing time. This results in less casual and/or contract nurse time required to facilitate prenatal classes.</li> <li>• \$89,822 Enhancement relating to an increase of 1.0 FTE Program Evaluator.</li> </ul> |

## **FAMILY HEALTH SERVICES REPRODUCTIVE HEALTH TEAM**

## 2016 Planning & Budget Template

| <b>SECTION A</b>    |                          |                      |                     |               |
|---------------------|--------------------------|----------------------|---------------------|---------------|
| <b>SERVICE AREA</b> | Family Health Services   | <b>MANAGER NAME</b>  | Tracey Gordon       | <b>DATE</b>   |
| <b>PROGRAM TEAM</b> | Reproductive Health Team | <b>DIRECTOR NAME</b> | Suzanne Vandervoort | January, 2016 |

| <b>SECTION B</b>   |
|--|
| <b>SUMMARY OF TEAM PROGRAM</b>   |
| The Reproductive Health Team (RHT) enables individuals & families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood. Specific topic areas of focus include alcohol and tobacco, healthy eating, physical activity, and mental wellness. Currently this team is also leading the agency-wide Health Care Provider Outreach and Health Equity Core Group (these two areas of focus are set for realignment in a central location in 2016 in tandem with restructuring). |

| <b>SECTION C</b>   |
|--|
| <b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>   |
| <p>Ontario Public Health Standards:</p> <ul style="list-style-type: none"> <li>• Child Health Program</li> <li>• Reproductive Health Program</li> <li>• Foundational Standard</li> <li>• Chronic Disease and Injury Prevention Program</li> <li>• Sexual Health Program</li> </ul> <p>Child &amp; Family Services Act, 1990</p> <ul style="list-style-type: none"> <li>• Duty to Report Legislation</li> </ul> |



Program: Reproductive Health Team – FHS

## **SECTION D**

### **COMPONENT(S) OF TEAM PROGRAM #1: PRECONCEPTION HEALTH**

Preconception health initiatives are intended to increase the proportion of individuals who are physically, emotionally, and socially prepared one to two years prior to and leading up to conception and to improve pregnancy outcomes. Strategies include:

- Provide preconception health teaching to priority population groups including, Elgin-Middlesex Detention Center (EMDC), Mutal Aid Parenting Program (MAPP), South London Community Group, etc.
- Provide up-to-date preconception information on MLHU website, and implement social media strategies
- Promote the PrePregnancy Planning tool that can be utilized both by clients and Health Care Providers (HCPs)
- Partner with the MLHU Sexual Health Team the Child & Youth Team, London Health Sciences Center (LHSC) and local high schools (HS) to provide learning opportunity for students and support teachers in the classroom.

### **COMPONENT(S) OF TEAM PROGRAM #2: PRENATAL HEALTH**

Prenatal health initiatives are intended to increase awareness of the importance of creating safe and supportive environments that promote healthy pregnancies and healthy birth outcomes.

- Develop, pilot and evaluate a combined e-learning and skill building prenatal program
- Offer in-class and online prenatal education (6-week series, weekend series, e-learning, combined e-learning and skill building)
- Provide food skills sessions to increase subsidized access to fruits and vegetables by collaborating with community partners
- Partner with LHSC to pilot an early pre-admit group session to pregnant women in their second trimester (18 – 22weeks)
- Develop and plan prenatal education program for at risk pregnant women with community partners

### **COMPONENT(S) OF TEAM PROGRAM #3: PREPARATION FOR PARENTHOOD**

- Our preparation for parenthood initiatives focus on the social, emotional, and mental aspects of parenthood, and how to effectively manage the transition to parenthood, including information about how parenting impacts future health.
- Provide up-to-date preparation for parenthood information on MLHU website
- Offer 'Preparing for Parenthood' class to pregnant women and their support persons. Explore partnering opportunities

### **COMPONENT(S) OF TEAM PROGRAM #4: BABY-FRIENDLY INITIATIVE**

The Baby-Friendly Initiative (BFI) is a evidence-based strategy that promotes, protects and supports breastfeeding, and is an effective tool to increase breastfeeding initiation, duration, and exclusivity. Breastfeeding is a significant contributor to healthy growth and development. MLHU's goal is to become Baby-Friendly designated by the end of 2015.

### **COMPONENT(S) OF TEAM PROGRAM #5: HEALTH CARE PROVIDER OUTREACH (INCLUDES PRECONCEPTION, PRENATAL, AND EARLY YEARS HEALTH)**

The Health Care Provider Outreach Initiative is a strategy to enhance health within our community through physicians, midwives, nurse practitioners, nurses, and other health care providers.

- Strategies focus on providing information to and connecting with health care providers
- Develop and implement a strategy to implement and strengthen the Health Unit wide HCP Outreach program

## 2016 Planning & Budget Template

Program: Reproductive Health Team – FHS

| <b>SECTION E</b>  |   |   |   |
|---|---|---|---|
| <b>PERFORMANCE/SERVICE LEVEL MEASURES</b>   |   |   |   |
|   | <b>2014<br/>(actual)</b>                                    | <b>2015<br/>(actual)</b>                            | <b>2016<br/>(target)</b>                                    |
| <b>COMPONENT OF TEAM #1: PRECONCEPTION HEALTH</b>   |   |   |   |
| Interactive Pre-Pregnancy online self assessment tool.  | •PrePregnancy Planner launched                              | •2 facebook campaigns launched in Spring & Fall     | •3 Facebook campaigns                                       |
| Preconception Presentations (2014) - # of pres. offered<br># Elgin Middlesex Detention Centre (EMDC) presentations                                      | •21 sessions<br>•8 EMDC sessions                            | •15 sessions<br>•10 EMDC session                    | •Maintain   |
| <b>COMPONENT OF TEAM #2: PRENATAL HEALTH</b>  |   |   |   |
| 6 - Week Series, Weekend Series, and e-Learning - # of 6 week prenatal series: # of women   | •54: 496 women  | •48: 488  | •Replace with 6 series in Strathroy                         |
| # of series Weekend Series: # of women/support persons  | •16 series: 152/148   | •15: 149/148  | •15 - maintain  |
| # of e-learning registrants   | •468 registrants  | •477  | •Increase to replace  |
| # of women/support persons-combined e-learning pilot  | •N/A  | •5:52   | •42 series/6 week series                                    |
| Breastfeeding - # of classes provided & # of women/support persons attending breastfeeding session  | •10 classes: 63 women/46 supports                           | •10 classes with 100 women/ 89 supports             | •Maintain   |
| Food Skills Program (2014) - # of sessions offered & # of women/support persons attending the program   | •28 sessions: 240 women/supports                            | •16 sessions: 163 women/support                     | •Increase with targeted groups                              |
| <b>COMPONENT OF TEAM #3: PREPARATION FOR PARENTHOOD</b>   |   |   |   |
| # of sessions offered & # of women/support persons attending  | •14 & 87/81   | •13/165/160   | •11 - maintain  |
| <b>COMPONENT OF TEAM #4: BABY-FRIENDLY INITIATIVE</b>   |   |   |   |
| BFI certification process ongoing<br>Sustainable processes established to ensure policy orientation of new staff and volunteers                         | •Pre-assessment complete<br>•100% of all new staff oriented | •Assessment complete<br>•100% of new staff oriented | •Maintain BFI status<br>•100% of all new staff are oriented |
| <b>COMPONENT OF TEAM #5: HEALTH CARE PROVIDER OUTREACH</b>  |   |   |   |
| In person office contact/visits to review resource binder and practice changes to health care providers<br>Resource requests from health care providers | •418 office sessions  | •520 Office sessions<br>•19,000 resources           | •Increase and enhance coordination with Communications      |

## 2016 Planning & Budget Template

Program: Reproductive Health Team – FHS

| <b>SECTION F</b>        |                        |                            |
|-------------------------|------------------------|----------------------------|
| <b>STAFFING COSTS:</b>  | <b>2015 TOTAL FTES</b> | <b>2016 ESTIMATED FTES</b> |
|                         | <b>16.0</b>            | <b>15.5</b>                |
| Program Manager         | 1.0                    | 1.0                        |
| Public Health Nurses    | 10.5                   | 10.5                       |
| Healthy Promoter        | 0.5                    | 0.5                        |
| Public Health Dietitian | 1.0                    | 1.0                        |
| Program Assistants      | 3.0                    | 2.5                        |

| <b>SECTION G</b>          |                     |                     |                     |                     |                                     |                                   |
|---------------------------|---------------------|---------------------|---------------------|---------------------|-------------------------------------|-----------------------------------|
| <b>EXPENDITURES:</b>      |                     |                     |                     |                     |                                     |                                   |
| Object of Expenditure     | 2014 Budget         | 2014 Actual         | 2015 Budget         | 2016 Draft Budget   | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Salary & Wages            | \$ 1,033,086        | \$ 1,034,771        | \$ 1,141,169        | \$ 1,134,822        | \$ (6,347)                          | (0.6%)                            |
| Benefits                  | 263,212             | 246,965             | 279,223             | 279,225             | 2                                   |                                   |
| Travel                    | 7,770               | 7,558               | 7,770               | 7,770               |                                     |                                   |
| Program Supplies          | 56,855              | 58,575              | 63,150              | 63,150              |                                     |                                   |
| Staff Development         | 3,950               | 5,522               | 3,950               | 3,950               |                                     |                                   |
| Professional Services     | 17,250              | 10,783              | 10,455              | 10,455              |                                     |                                   |
| Furniture & Equipment     |                     | 779                 |                     |                     |                                     |                                   |
| Other Program Costs       | 5,069               | 5,135               | 3,175               | 3,175               |                                     |                                   |
| <b>Total Expenditures</b> | <b>\$ 1,387,192</b> | <b>\$ 1,370,088</b> | <b>\$ 1,508,892</b> | <b>\$ 1,502,547</b> | <b>\$ (6,345)</b>                   | <b>(0.4%)</b>                     |

Program: Reproductive Health Team – FHS

| <b>SECTION H</b>        |                     |                     |                     |                     |                                     |                                   |
|-------------------------|---------------------|---------------------|---------------------|---------------------|-------------------------------------|-----------------------------------|
| <b>FUNDING SOURCES:</b> |                     |                     |                     |                     |                                     |                                   |
| Object of Expenditure   | 2014 Budget         | 2014 Actual         | 2015 Budget         | 2016 Draft Budget   | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Cost-Shared             | \$ 1,377,658        | \$ 1,360,588        | \$ 1,500,752        | \$ 1,494,407        | \$ (6,345)                          | (0.4)%                            |
| MOHLTC – 100%           |                     |                     |                     |                     |                                     |                                   |
| MCYS – 100%             |                     |                     |                     |                     |                                     |                                   |
| User Fees               | 8,140               | 5,210               | 8,140               | 8,140               |                                     |                                   |
| Other Offset Revenue    | 1,394               | 4,290               |                     |                     |                                     |                                   |
| <b>Total Revenues</b>   | <b>\$ 1,387,192</b> | <b>\$ 1,370,088</b> | <b>\$ 1,508,892</b> | <b>\$ 1,502,547</b> | <b>\$ (6,345)</b>                   | <b>(0.4)%</b>                     |

| <b>SECTION I</b>   |
|--|
| <b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>   |
| <ul style="list-style-type: none"> <li>• Implementation of high risk prenatal education program</li> <li>• Full implementation of previously piloted combined e-learning with skill building prenatal universal program</li> <li>• Explore the creation of and implement an online early pregnancy resource, similar to the Preconception Planner, targeted to pregnant women and their partners in the first trimester.</li> <li>• Partnering opportunities for food skills program and high risk prenatal program</li> </ul> |

| <b>SECTION J</b>  |
|---|
| <b>PRESSURES AND CHALLENGES</b>   |
| <ul style="list-style-type: none"> <li>• Personnel changes within a large number of staff continue to put pressure on this team.</li> </ul> |

| <b>SECTION K</b>  |
|---|
| <b>RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016</b>   |
| <p>In the 2014 budget, the Board of Health approved a reduction of administrative support from this team, which is being reflected here in the FTE count, while the funding savings were realized in 2014 in another budget.</p> <p>Other program changes include creating online resource for pregnant families in early pregnancy as young clients prefer this over in-class education time. The number of classes in the series for prenatal will also be reduced.</p> |

# FAMILY HEALTH SERVICES

## EARLY YEARS TEAM

| <b>SECTION A</b>    |             |                      |  |               |
|---------------------|-------------|----------------------|--|---------------|
| <b>SERVICE AREA</b> | FHS         | <b>MANAGER NAME</b>  | Ruby Brewer                            | <b>DATE</b>   |
| <b>PROGRAM TEAM</b> | Early Years | <b>DIRECTOR NAME</b> | Suzanne Vandervoort<br>Acting Director | January, 2016 |

| <b>SECTION B</b>  |
|---|
| <b>SUMMARY OF TEAM PROGRAM</b>  |
| <p>The goal of the Early Years Team is to improve the health and developmental outcomes for children by providing a range of services designed to address the physical, emotional, and social growth and development of children ages 0-3. Multi-strategy approaches are used that include facilitating access to and providing direct services; raising awareness; providing education; creating supportive physical and social environments; strengthening community action and partnership; and building personal skills and self-efficacy with families and care givers in London and Middlesex County. Topic areas include breastfeeding; infant nutrition; safe and healthy infant care; infant mental health and early childhood development; nutrition; healthy eating/healthy weights; child safety; oral health; immunization; parenting; healthy growth and development; and the early identification of developmental concerns.</p> |

| <b>SECTION C</b>   |
|--|
| <b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>   |
| <p>Ontario Public Health Standards: Child Health, Chronic Disease and Injury Prevention, Foundational Standard<br/>           Child &amp; Family Services Act, 1990: Duty to Report Legislation<br/>           Health Promotion and Protection Act<br/>           Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 (MFIPPA). Personal Health Information Protection Act, R.S.O. 2004 (PHIPA).</p> |

Program: Early Years Team – FHS

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1 BREASTFEEDING COUNSELING AND SUPPORT**

PHNs provide:

- Direct 1:1 support at Infant Growth/Development & Breastfeeding Drop-ins (formerly Well Baby/Child & Breastfeeding Clinics), Breastfeeding Appointments for mothers at risk for early discontinuation, phone counseling through the Health Connection and 48 hour call
- Multi-strategy awareness raising and social marketing initiatives that target physicians and other primary care providers, families, and the community at large
- The use of social media including Facebook ads and tweets, a breastfeeding video library and maintaining information on the website
- Enhanced collaborative partnership with LHSC to identify mothers at risk of early breastfeeding discontinuation and ease transition from hospital to community
- Enhanced partnership with La Leche League and CYN Family Centres to identify opportunities for collaborative peer support
- Visits to physician offices and other health care providers (e.g. First Nations, Nurse Practitioners) to offer education and resources related to breastfeeding

#### **COMPONENT(S) OF TEAM PROGRAM #2 INFANT MENTAL HEALTH AND EARLY CHILDHOOD DEVELOPMENT**

Public Health services provided to promote healthy growth and development and to identify potential developmental challenges early in life includes:

- Direct 1:1 skill-building sessions with parents at Infant Growth/Development and Breastfeeding Drop-ins, the Health Connection and community developmental screening opportunities
- Development and implementation of awareness raising and social marketing campaigns focused on healthy growth and development – Building Healthy Brains to Build a Healthy Future
- The use of social media including Facebook ads and tweets and MLHU website information
- Providing visits/presentations to physician and other health care providers offices (e.g. First Nations, Nurse Practitioners)
- Providing education and consultation to licensed child care centres (LCC) and participation in city and county wide LCC coordinating committees
- Providing educational group sessions to parents
- Collaborative partnership with the Community Early Years Partnership Committee, Community Early Years Health Care Provider Champions Committee and the Community Early Years Specialized Services Committee to develop and implement both Universal and Targeted approaches related to early childhood development – Building Healthy Brains to Build a Healthy Future campaign
- Let's Grow

Program: Early Years Team – FHS

### COMPONENT(S) OF TEAM PROGRAM #3 ADJUSTMENT TO PARENTHOOD AND PARENTING EDUCATION AND SUPPORT

Services to support parenting include:

- Providing direct education, counseling and support for Post Partum Mood Disorder, Healthy Family Dynamics, Positive Parenting, Shaken Baby Syndrome, Injury Prevention and Attachment through:
  - Telephone counseling at the Health Connection
  - Direct one-on-one education and support at Infant Growth/Development and Breastfeeding Drop-ins, and referrals to community resources and supports
- Facilitating group skill building sessions e.g. Triple P, Multiple Birth Support sessions, OEYCs, Parent Family Literacy Centres, Childreach
- The use of social media including Facebook ads and tweets and MLHU website information

### COMPONENT(S) OF TEAM PROGRAM #4 HEALTHY EATING/HEALTHY WEIGHTS AND PHYSICAL ACTIVITY

Initiatives include:

- Tummy Time ( designed to help parents understand the importance of infants being placed in a variety of positions throughout the day)
- Trust Me Trust My Tummy (designed to help parents understand feeding cues)
- Outreach campaigns and events in collaboration with community partner e.g. CYN Family Centres, OEYCs
- NutriSTEP promotion and screening
- Education and support with Licensed Child Care Centres

### COMPONENT(S) OF TEAM PROGRAM #5 PARTNERSHIP AND COLLABORATION

Two key partnerships are leveraged in accomplishing the goals of the Early Years Team.

**The Middlesex-London Community Early Years Partnership** consists of approximately 35 agencies and front line staff that provide services to improve childhood outcomes. The 3 subcommittees include the Community Early Years Partnership Committee, the Community Early Years Health Care Provider Champion Partnership Committee and the Community Early Years Specialized Services Committee.

**The Child and Youth Network Family Centres** augments the delivery of MLHU team programs within an Interprofessional Community of Practice Framework. Early Years Team PHNs provides a lead at each Family Centre (Carling Thames, Argyle, White Oaks, and Westmount) who represent the MLHU by participating in the planning and delivery of services through the Strategic Collaboration Committee meetings. Early Years Team PHNs represent MLHU on the CYN Literacy Priority Committee and support the Healthy Eating Healthy Physical Activity and Ending Poverty Priority Committees

Partnership and collaboration outcomes are captured in Components of the Team Program #1 through #4.



## 2016 Planning & Budget Template

Program: Early Years Team – FHS

| <b>SECTION E</b>   |  |   |  |
|--|--|---|--|
| <b>PERFORMANCE/SERVICE LEVEL MEASURES</b>  |  |   |  |
|  | <b>2014</b>  | <b>2015<br/>(actual)</b>  | <b>2016<br/>(target)</b>   |
| <b>Total # clients receiving direct 1:1 service</b>  | <b>5,079 clients</b>   | <b>5,928 clients</b>  | <b>6,223 - increase 5%</b>   |
| <b>Component of Team #1 BREASTFEEDING COUNSELING AND SUPPORT</b>   |  |   |  |
| <ul style="list-style-type: none"> <li>1:1 counselling and support a Infant Growth/ Development &amp; Breastfeeding Drop-ins (Drop-ins), Breastfeeding Appointment (BFO) and Health Connection (HC)</li> </ul> | <ul style="list-style-type: none"> <li>4,349 visits received 1:1 @ WBCs; HC 730; InfantLine 335</li> </ul> | <ul style="list-style-type: none"> <li>1:1 @ Drop-ins 1,568, @ HC 656, @ BFO 271, 48 hr. calls 1,023</li> </ul> | <ul style="list-style-type: none"> <li>1:1 services increase 5%.</li> </ul>      |
| <ul style="list-style-type: none"> <li>Social Marketing and social media/website initiatives.</li> </ul>   |  | <ul style="list-style-type: none"> <li>FaceBook Ads-20</li> </ul>   | <ul style="list-style-type: none"> <li>Increase social media</li> </ul>          |
| <ul style="list-style-type: none"> <li>Partnerships with LHSC and La Leche League</li> </ul>   |  |   | <ul style="list-style-type: none"> <li>Increase partnerships</li> </ul>          |
| <b>Component of Team #2 INFANT MENTAL HEALTH AND EARLY CHILDHOOD DEVELOPMENT</b>   |  |   |  |
| <ul style="list-style-type: none"> <li>1:1 support, skill building, developmental screening at Drop-ins, HC and community locations.</li> </ul>  | <ul style="list-style-type: none"> <li>3445 screens; HC 943</li> </ul>                                     | <ul style="list-style-type: none"> <li>1:1 @ Drop-ins 2225, HC 710, screens 139</li> </ul>                      | <ul style="list-style-type: none"> <li>1:1 – service increase 5%.</li> </ul>     |
| <ul style="list-style-type: none"> <li>Presentations to families, health care providers(HCP) and licensed child care entre (LCC)</li> </ul>  |  | <ul style="list-style-type: none"> <li>Presentations–284</li> </ul>   | <ul style="list-style-type: none"> <li>Presentations &gt;5%.</li> </ul>          |
| <ul style="list-style-type: none"> <li>Campaign -'Building Healthy Brains to Build A Healthy Future' campaign, social media &amp; website</li> </ul>   |  | <ul style="list-style-type: none"> <li>18 new web pages, post ads, 4 contests</li> </ul>                        | <ul style="list-style-type: none"> <li>Phase 1 &amp; Phase 2 Campaign</li> </ul> |
| <b>Component of Team #3 ADJUSTMENT TO PARENTHOOD AND PARENTING EDUCATION AND SUPPORT</b>   |  |   |  |
| <ul style="list-style-type: none"> <li>1:1 parent education, counseling and support at Drop-ins and Health Connection (HC).</li> </ul>   | <ul style="list-style-type: none"> <li>4,173 @ WBCs, Calls: 1,168 Infantline, 1,032 HC</li> </ul>          | <ul style="list-style-type: none"> <li>1:1- 278 clients.</li> </ul>   | <ul style="list-style-type: none"> <li>1:1 service increase 5%</li> </ul>        |
| <ul style="list-style-type: none"> <li>Group presentation/education sessions including car seat safety and Triple P</li> </ul>   | <ul style="list-style-type: none"> <li>90 presentations, Lets Grow 14,548</li> </ul>                       | <ul style="list-style-type: none"> <li>133 group sessions</li> </ul>  | <ul style="list-style-type: none"> <li>Increase group sessions.</li> </ul>       |
| <ul style="list-style-type: none"> <li>Social media &amp; MLHU website including Parenting-Infant Car Seat Winter Safety &amp; Child Safety</li> </ul>   | <ul style="list-style-type: none"> <li>summer safety campaign</li> </ul>                                   | <ul style="list-style-type: none"> <li>Facebook Post Ads &amp; contests</li> </ul>                              | <ul style="list-style-type: none"> <li>Increase social media.</li> </ul>         |
| <b>Component of Team #4 HEALTHY EATING, HEALTHY WEIGHTS AND PHYSICAL ACTIVITY</b>  |  |   |  |
| <ul style="list-style-type: none"> <li>Direct 1:1 education, counseling, support and NutriSTEP screening.</li> </ul>   | <ul style="list-style-type: none"> <li>NutriSTEP promo. 100 screens, 3 events</li> </ul>                   | <ul style="list-style-type: none"> <li>1:1 @ Drop-ins 369 HC 124, NutriSTEP 6</li> </ul>                        | <ul style="list-style-type: none"> <li>1:1 service increase 5%.</li> </ul>       |
| <ul style="list-style-type: none"> <li>Presentations.</li> </ul>   |  | <ul style="list-style-type: none"> <li>14 presentations</li> </ul>  | <ul style="list-style-type: none"> <li>Increase</li> </ul>                       |
| <ul style="list-style-type: none"> <li>Social media campaigns.</li> </ul>  |  | <ul style="list-style-type: none"> <li>Physical Literacy</li> </ul>   | <ul style="list-style-type: none"> <li>1 campaign</li> </ul>                     |

## 2016 Planning & Budget Template

Program: Early Years Team – FHS

| <b>SECTION F</b>              | <b>2015 TOTAL FTEs</b> | <b>2016 ESTIMATED FTEs</b> |
|-------------------------------|------------------------|----------------------------|
| <b>STAFFING COSTS:</b>        |                        |                            |
|                               | <b>16.3</b>            | <b>15.4</b>                |
| Program Manager               | 1.0                    | 1.0                        |
| Public Health Nurse           | 12.5                   | 12.5                       |
| Program Assistants            | 2.4                    | 1.5                        |
| Casual PHN (Early Years Team) | 0.4                    | 0.4                        |

| <b>SECTION G</b>             |                     |                     |                     |                          |  |  |
|------------------------------|---------------------|---------------------|---------------------|--------------------------|--|--|
| <b>EXPENDITURES:</b>         |                     |                     |                     |                          |  |  |
| <b>Object of Expenditure</b> | <b>2014 Budget</b>  | <b>2014 Actual</b>  | <b>2015 Budget</b>  | <b>2016 Draft Budget</b> | <b>\$ increase (\$ decrease) over 2015</b> | <b>% increase (% decrease) over 2015</b> |
| Salary & Wages               | \$ 1,215,548        | \$ 1,222,178        | \$ 1,209,234        | \$ 1,172,625             | \$ (36,609)                                | (3.0%)                                   |
| Benefits                     | 283,070             | 282,447             | 280,029             | 291,628                  | 11,599                                     | 4.1%                                     |
| Travel                       | 21,250              | 17,781              | 20,500              | 20,500                   |  |  |
| Program Supplies             | 61,799              | 70,620              | 59,121              | 59,121                   |  |  |
| Staff Development            | 4,750               | 3,489               | 8,700               | 8,700                    |  |  |
| Professional Services        | 1,400               | 57                  | 1,000               | 1,000                    |  |  |
| Furniture & Equipment        |                     |                     |                     |                          |  |  |
| Other Program Costs          | 13,407              | 8,675               | 4,157               | 4,157                    |  |  |
| <b>Total Expenditures</b>    | <b>\$ 1,601,224</b> | <b>\$ 1,605,247</b> | <b>\$ 1,582,741</b> | <b>\$ 1,557,731</b>      | <b>\$ (25,010)</b>                         | <b>(1.6%)</b>                            |

Program: Early Years Team – FHS

| <b>SECTION H</b>             |                     |                     |                     |                          |  |  |
|------------------------------|---------------------|---------------------|---------------------|--------------------------|--|--|
| <b>FUNDING SOURCES:</b>      |                     |                     |                     |                          |  |  |
| <b>Object of Expenditure</b> | <b>2014 Budget</b>  | <b>2014 Actual</b>  | <b>2015 Budget</b>  | <b>2016 Draft Budget</b> | <b>\$ increase (\$ decrease) over 2015</b> | <b>% increase (% decrease) over 2015</b> |
| Cost-Shared                  | \$ 1,601,224        | \$ 1,601,137        | \$ 1,582,731        | \$ 1,557,731             | \$ (25,010)                                | (1.6%)                                   |
| MOHLTC – 100%                |                     |                     |                     |                          |  |  |
| MCYS – 100%                  |                     |                     |                     |                          |  |  |
| User Fees                    |                     |                     |                     |                          |  |  |
| Other Offset Revenue         |                     | 4,110               |                     |                          |  |  |
| <b>Total Revenues</b>        | <b>\$ 1,601,224</b> | <b>\$ 1,605,247</b> | <b>\$ 1,582,731</b> | <b>\$ 1,557,731</b>      | <b>\$ (25,010)</b>                         | <b>(1.6%)</b>                            |

| <b>SECTION I</b>   |
|--|
| <b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>   |
| <ul style="list-style-type: none"> <li>• Priority focus for Infant Mental Health and Early Childhood Development will be on the Building Healthy Brains to Build a Healthy Future campaign/social media initiatives and leveraging partnerships to enhance reach and impact.</li> <li>• Priority focus for Infant Growth/Development and Breastfeeding Drop-ins will be 0-6 months. Concerns about their infants over 6 months are encouraged to call the Health Connection. A referral to a MLHU Drop-in or other community resource will be made if indicated.</li> <li>• We're Better Together workshop in collaboration with the Community Early Years Partnership Committee, Community Early Years Health Care Provider Committee, Community Early Years Specialized Services Committee, and Licensed Child Care Centres</li> <li>• Building healthy Brains to Build a Healthy Future campaign in collaboration with the Community Early Years Partnership and Child and Youth Network</li> <li>• Enhanced collaboration with LHSC to improve postpartum discharge transition to community support particularly early breastfeeding appointments</li> </ul> |

Program: Early Years Team – FHS

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

- Adequate allocation of staff time to support the three Community Early Years Partnership Committees
- Adequate allocation of staff time to provide early intervention breastfeeding appointments
- Increasing attendance at Infant Growth/Development and Breastfeeding Drop-ins – increase in infants less than 1 week old
- Licensed Child Care Centre visits resource intense

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

Efficiencies:

- (\$30,000) Decrease 0.5 FTE Program Assistant on Health Connection
- (\$23,000) Decrease 0.4 FTE Program Assistant for Let's Grow

# **FAMILY HEALTH SERVICES**

## **SCREENING, ASSESSMENT AND INTERVENTION**

| <b>SECTION A</b>    |                        |                      |                     |              |
|---------------------|------------------------|----------------------|---------------------|--------------|
| <b>SERVICE AREA</b> | Family Health Services | <b>MANAGER NAME</b>  | Debbie Shugar       | <b>DATE</b>  |
| <b>PROGRAM TEAM</b> |                        | <b>DIRECTOR NAME</b> | Suzanne Vandervoort | January 2016 |

| <b>SECTION B</b>  |
|---|
| <b>SUMMARY OF TEAM PROGRAM</b>  |
| <p>The Screening, Assessment and Intervention Team administers the provincial preschool speech and language program (tykeTALK), the Infant Hearing Program Program – Southwest Region (IHP-SW) and the Blind Low Vision Early Intervention Program (BLV). MLHU is the lead agency/administration for these programs. Direct services are contracted out to multiple individuals and community agencies. tykeTALK provides services for the Thames Valley region (Middlesex-London, Elgin, Oxford counties). IH and BLV programs cover the regions of Thames Valley, Huron, Perth, Grey-Bruce, and Lambton. Funding and program planning for these programs occurs within a fiscal time frame from the Ministry of Children and Youth Services (MCYS).</p> |

| <b>SECTION C</b>  |
|---|
| <b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>  |
| <p>This program aligns with and strengthens our effectiveness in the following Ontario Public Health Standards :</p> <ul style="list-style-type: none"> <li>• Foundational Standard</li> <li>• Child Health Program</li> </ul> <p>A Service Agreement is signed between MCYS and MLHU to deliver the three early identification programs.</p> |

Program: Screening, Assessment and Intervention – FHS

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1 PRESCHOOL SPEECH AND LANGUAGE (TYKETALK)**

tykeTALK is a prevention and early intervention program designed to maximize positive outcomes for children's communication, play, social and literacy development. The program provides early identification of and intervention for children with communication disorders from birth to school-entry. Of all the children that tykeTALK provides service to approximately 60% come from London, 7% from Middlesex county, 16% from Elgin county and 16% from Oxford county. The program consists of the following program components/strategies: Referral/Intake, Intervention and Community Awareness, Support and Education. The goals of the program are to develop and maintain an integrated system of pre-school speech and language services; maintain seamless and efficient access to service; ensure early identification and intervention for all children with communication disorders; provide a range of evidence based interventions for the child, family and caregivers; promote a smooth transition to school; and provide family - centred care that respects and involves parents. The program provides assessment and/or intervention to approximately 11.5% of the child population from birth to 70 month in the Thames Valley Region.

#### **COMPONENT(S) OF TEAM PROGRAM #2 INFANT HEARING PROGRAM**

The Infant Hearing Program-SW Region is a prevention and early intervention hearing program. The program consists of the following program components/strategies: universal newborn hearing screening, hearing loss confirmation and audiologic assessment and follow up support and services for children identified with permanent hearing loss. The goals of the program are to identify all babies who are deaf or hard of hearing; identify and monitor babies born with risk factors for developing hearing loss; provide evidence based amplification and communication interventions to facilitate language development; support parents and community professionals in maximizing positive child outcomes; promote a smooth transition to school; and provide family - centred care that respects and involves parents. The IHP-SW covers the counties of Thames Valley, Huron, Perth, Grey, Bruce and Lambton. The IHP-SW screens the hearing of 10,000 newborns/year either in the hospital or the community and provides follow-up supports and services to approximately 120 children per year who have permanent hearing loss. The program provides service to children and families from birth to eligibility to attend Grade 1.

#### **COMPONENT(S) OF TEAM PROGRAM #3 BLIND LOW VISION EARLY INTERVENTION PROGRAM**

The Blind Low Vision Early Intervention Program consists of the following components/strategies: intervention and education and family support and counseling. The goals of the program are to provide education and support for families and community professionals in healthy child development and preparation for early learning and other community environments; provide a range of evidence based interventions for the child, family and caregivers; promote a smooth transition to school; and provide family - centred care that respects and involves parents. The IHP-SW covers the counties of Thames Valley, Huron, Perth, Grey, Bruce and Lambton, The program provides services to approximately 110 children per year who have been diagnosed as being blind or having low vision. The program provides services to children and families from birth to eligibility to attend Grade 1.

Program: Screening, Assessment and Intervention – FHS

| <b>SECTION E</b>  |                             |                                  |                                   |
|---|-----------------------------|----------------------------------|-----------------------------------|
| <b>PERFORMANCE/SERVICE LEVEL MEASURES</b>   |                             |                                  |                                   |
|   | <b>2014/15<br/>(actual)</b> | <b>2015/16<br/>(anticipated)</b> | <b>2016<br/>(target)</b>          |
| <b>Component of Team #1 tykeTALK (Thames Valley)</b>  |                             |                                  |                                   |
|   |                             |                                  | MCYS Targets:                     |
| % of assessments provided to children by 30 months of age   | 54%                         | 55%                              | 45%                               |
| % of all children aged 0-30 months receive parent training  | 80%                         | 80%                              | 75%                               |
| Wait for assessment   | 7 weeks                     | 6 weeks                          | 12 weeks or less                  |
| Wait for intervention from time of referral   | 15 weeks                    | 16 weeks                         | 32 weeks or less I                |
| Number of children seen for assessment and/or intervention  | 3241                        | 3250                             | 3250                              |
| <b>Component of Team #2 Infant Hearing Program – SW Region</b>  |                             |                                  |                                   |
| % of all newborn babies residing in the region who receive a hearing screening before 1 month corrected age (approximately 10,650 babies born per year in region based on 2011 census data) | 92%                         | 92%                              | 90%                               |
| The refer rate to audiologic assessment   | .7%                         | 1%                               | 2% or less of all babies screened |
| % of all babies with a refer result from UNHS will have an audiology assessment by 4 months corrected age   | 52%                         | 55%                              | 75%                               |
| % of babies identified with Permanent Childhood Hearing Loss (PCHL) as a result of UNHS will begin use of amplification by 9 months corrected age   | 39%                         | 40%                              | 40%                               |
| % of babies identified with PCHL as a result of UNHS will begin communication development by 9 months corrected age   | 56%                         | 60%                              | 40%                               |
| <b>Component of Team #3 Blind Low Vision Early Intervention Program (SW Region)</b>   |                             |                                  |                                   |
| Average age of children at referral   | 25 months                   | 24 months                        | less than 24 months               |
| Wait time from referral to first intervention   | 6 weeks                     | 4 weeks                          | less than 12 weeks                |



## 2016 Planning & Budget Template

Program: Screening, Assessment and Intervention – FHS

| <b>SECTION F</b><br><b>STAFFING COSTS:</b>    | <b>2014/2015 TOTAL FTEs</b> | <b>2015/2016 ESTIMATED FTEs</b> |
|---|-----------------------------|---------------------------------|
|   | <b>29.83</b>                | <b>29.83</b>                    |
| <b>MLHU Staff:</b>                            |                             |                                 |
| Program Manager                               | 1.0                         | 1.0                             |
| Program Assistants                            | 2.4                         | 2.4                             |
| Intake – Coordinator                          | 1.0                         | 1.0                             |
| <b>Contract Staff :</b>                       |                             |                                 |
| Family Support Workers                        | 0.58                        | 0.58                            |
| Early Childhood Vision Consultants            | 2.3                         | 2.3                             |
| Speech & Language Pathologists                | 13.23                       | 13.23                           |
| Administrative Support                        | 3.41                        | 3.41                            |
| Communication Disorder Assistant              | 4.2                         | 4.2                             |
| Audiology Consultant (Infant Hearing Program) | 0.5                         | 0.5                             |
| Audiologists                                  | 2.04                        | 2.04                            |
| Hearing Screeners                             | 3.85                        | 3.85                            |

| <b>SECTION G</b>             |                     |                     |                     |                          |  |  |
|------------------------------|---------------------|---------------------|---------------------|--------------------------|--|--|
| <b>EXPENDITURES:</b>         |                     |                     |                     |                          |  |  |
| <b>Object of Expenditure</b> | <b>2014 Budget</b>  | <b>2014 Actual</b>  | <b>2015 Budget</b>  | <b>2016 Draft Budget</b> | <b>\$ increase (\$ decrease) over 2015</b> | <b>% increase (% decrease) over 2015</b> |
| Salary & Wages               | \$ 2,110,316        | \$ 2,131,391        | \$ 2,234,058        | \$ 2,234,058             |  |  |
| Benefit                      | 426,069             | 420,059             | 479,238             | 479,238                  |  |  |
| Travel                       | 34,480              | 25,973              | 33,088              | 33,088                   |  |  |
| Program Supplies             | 172,482             | 164,637             | 115,304             | 115,304                  |  |  |
| Staff Development            | 2,250               | 1,561               | 1,750               | 1,750                    |  |  |
| Professional Fees            | 5,163               | 5,726               | 6,610               | 6,610                    |  |  |
| Furniture & Equipment        | 1,000               | 2,513               | 1,000               | 1,000                    |  |  |
| Other Program Costs          | 100                 |                     |                     |                          |  |  |
| <b>Total Expenditures</b>    | <b>\$ 2,751,860</b> | <b>\$ 2,751,860</b> | <b>\$ 2,871,048</b> | <b>\$ 2,871,048</b>      |  |  |

Program: Screening, Assessment and Intervention – FHS

| <b>SECTION H</b>        |                     |                     |                     |                     |                                     |                                   |
|-------------------------|---------------------|---------------------|---------------------|---------------------|-------------------------------------|-----------------------------------|
| <b>FUNDING SOURCES:</b> |                     |                     |                     |                     |                                     |                                   |
| Object of Expenditure   | 2014 Budget         | 2014 Actual         | 2015 Budget         | 2016 Draft Budget   | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Cost-Shared             | \$ 10,000           | \$ 0                | \$ 10,000           | \$ 10,000           |                                     |                                   |
| MOHLTC – 100%           |                     |                     |                     |                     |                                     |                                   |
| MCYS – 100%             | 2,654,245           | 2,751,860           | 2,812,962           | 2,812,962           |                                     |                                   |
| User Fees               |                     |                     |                     |                     |                                     |                                   |
| Other Offset Revenue    | 35,440              |                     | 48,086              | 48,086              |                                     |                                   |
| <b>Total Revenues</b>   | <b>\$ 2,699,685</b> | <b>\$ 2,751,860</b> | <b>\$ 2,871,048</b> | <b>\$ 2,871,048</b> |                                     |                                   |

| <b>SECTION I</b>   |
|--|
| <b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>   |
| <ul style="list-style-type: none"> <li>• Implementation of the regional plans for the provincial Special Needs Strategy for Coordinated Services and Integrated Rehabilitation</li> <li>• Reduction of number of hearing screeners in hospitals in order to meet provincial QA standards for refer rates; this is not a reduction in FTE but a reduction in the number of different people actually doing the screening</li> <li>• Streamline data entry processes in order to enter data in a more timely fashion</li> <li>• Collaborate with HBHC to better integrate hearing and post partum screens in the hospital</li> <li>• Signing of the MCYS Data Sharing Agreement and implementing the plan for obtaining consent</li> </ul> |

| <b>SECTION J</b>   |
|--|
| <b>PRESSURES AND CHALLENGES</b>  |
| <ul style="list-style-type: none"> <li>• Reducing the number of different people screening hearing in the hospitals is challenging in smaller hospitals and rural areas where there are fewer babies born and staff who work rotating shifts</li> <li>• System changes as a result of the Special needs Strategy will require significant change management</li> </ul> |

| <b>SECTION K</b>  |
|---|
| <b>RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016</b>   |
| <ul style="list-style-type: none"> <li>• Joint hearing and postpartum screening in London at LHSC by MLHU PHNs will provide a better patient experience, higher compliance and will streamline data entry processes (PBMA proposal for 2016)</li> <li>• MLHU signing of the MCYS Data Sharing Agreement will avoid duplication of data entry between HBHC and IHP.</li> </ul> |

## **FAMILY HEALTH SERVICES**

### **BEST BEGINNINGS TEAM**

## 2016 Planning & Budget Template

| <b>SECTION A</b>    |                        |                      |   |              |
|---------------------|------------------------|----------------------|---|--------------|
| <b>SERVICE AREA</b> | Family Health Services | <b>MANAGER NAMES</b> | Kathy Dowsett<br>Nancy Greaves<br>Mary Huffman (acting) | <b>DATE</b>  |
| <b>PROGRAM TEAM</b> | Best Beginnings Team   | <b>DIRECTOR NAME</b> | Suzanne Vandervoort                                     | January 2016 |

| <b>SECTION B</b>  |
|---|
| <b>SUMMARY OF TEAM PROGRAM</b>  |
| <p>The Best Beginnings Team provides evidence informed programs and services that support healthy child development and effective parenting to vulnerable families with infants and young children. Key program areas include:</p> <ul style="list-style-type: none"> <li>• <b>The Healthy Babies Healthy Children (HBHC) Program</b> focuses on high risk families during pregnancy and families with children from birth to school entry with the intent of providing children with a healthy start in life. This program is 100% funded by the Ministry of Children and Youth Services (MCYS). Families are referred into the program following a universal screening risk assessment, with the majority of referrals originating in the postpartum period through the HBHC screen. A blended team model consisting of Public Health Nurses (PHN) and Family Home Visitors (FHV) provides home visits and other services aimed at promoting healthy child growth and development and positive parenting. Smoking cessation support is offered to eligible HBHC families and includes providing free Nicotine Replacement Therapy (NRT).</li> <li>• <b>The Family Health Clinic</b> provides primary health care through a Nurse Practitioner at 5 community sites each week. These clinics are for families with young children who cannot access family physician services or who do not have health coverage (OHIP). The clinics are operated out of existing community locations such as Child and Family Centres and libraries. The program is cost-shared between our municipality and the Ministry of Health and Long Term Care (MOHLTC).</li> <li>• <b>The Smart Start for Babies (SSFB) Program</b> is a Canada Prenatal Nutrition Program (CPNP) designed for pregnant women and teens and their support persons who are at risk for poor birth outcomes. Participants include those who have difficulty accessing healthy food, are experiencing abuse, live in poverty, and are newcomers to Canada. SSFB provides pregnant women and their support persons with access to healthy foods, nutritional counseling and education, prenatal education, opportunities to learn life skills, and referrals to community supports and other resources. Limited post partum support sessions are also offered. This program is 100% funded by the Public Health Agency of Canada.</li> <li>• <b>Eight Homeless/Family Shelters</b> receive public health nursing services on a regular basis including direct care, counselling, consultations, community referrals, HBHC referrals, and group support.</li> </ul> |

Program: Best Beginnings Team – FHS

### **SECTION C**

#### **ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION**

Ontario Public Health Standards:

Foundational Standard; Reproductive Program; Chronic Disease & Injury Prevention; Sexual Health Program; Injury and Substance Misuse Program; Child Health Program

Child & Family Services Act, 1990, Duty to Report Legislation

Ministry of Children and Youth Services (MCYS) Healthy Babies, Healthy Children Protocol 2012

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1 – HBHC – SCREENING/ASSESSMENT/HOME VISITING/SERVICE COORDINATION**

- The HBHC program provides evidence based programs and services to women and their families in the prenatal period and to families with children from birth until transition to school. The program includes screening, assessment, home visiting, service coordination, and referrals to community resources and supports.
- Home visiting services provide early intervention for families who are confirmed as being with risk for compromised child development. The blended home visiting model focuses on seventeen family goals as identified in the Family Friendly Service Plan.
- Service coordination ensures families identified with risk can access services and supports in a coordinated fashion.
- Reducing smoking during pregnancy and in the presence of young children has a significant impact on the health outcomes for families. Eligible pregnant families and families with young children are offered Nicotine Replacement Therapy (NRT) and counselling from specialized PHNs.

#### **COMPONENT(S) OF TEAM PROGRAM #2 – OUTREACH TO VULNERABLE FAMILIES**

- PHNs provide service to 8 homeless/family shelters for women, children and families in London and Middlesex. Services include screening, assessment, intervention, advocacy, and linking families to community services. Shelter PHNs refer families to community programs once they leave the shelter. Consultation and education with shelter staff is ongoing.
- Nurse Practitioner (NP) led Family Health Clinics are located in neighbourhoods where vulnerable families live. These clinics offer services on a drop-in basis or by appointment for families with children under the age of six and for high school students who do not have a primary care physician or who do not have health care coverage (OHIP).

#### **COMPONENT(S) OF TEAM PROGRAM #3 – PRENATAL SUPPORT & EDUCATION**

- Smart Start for Babies participants attend weekly prenatal sessions, with an emphasis on nutrition, at six sites in London and Strathroy. Prenatal education addresses information and behaviours which contribute to healthy birth outcomes, and includes mental health promotion and injury prevention, and topics including healthy relationships, abuse, and smoking cessation. Nutrition education addresses food preparation and safety, and developing life skills. Healthy snacks or meals, food vouchers, bus tickets, kitchen items

Program: Best Beginnings Team – FHS

- and prenatal vitamins are offered at each session. Participants include pregnant women and teens, and their support persons.
- Postpartum sessions in Strathroy provide information to promote breastfeeding, to address issues of infant safety and injury prevention, and to promote linkages to programs and resources in the community which support families after the birth of their baby. High risk mothers attend postpartum sessions until their babies are six months of age.
  - An Advisory Group comprised of members from community agencies provides advice and support for SSFB. Site coordinators (hired by partnering agencies and paid through the SSFB budget) assist with recruiting of participants and with linking them to other appropriate programs and neighbourhood supports in the community. In-kind support is provided by the Middlesex & London Children’s Aid Society (CAS), Health Zone Nurse Practitioner Led Clinics (NPLC), and the London Health Sciences Centre (LHSC).
  - In-home prenatal support and education is also offered through the HBHC home visiting program.

| <b>SECTION E</b>   |                          |                          |                           |
|--|--------------------------|--------------------------|---------------------------|
| <b>PERFORMANCE/SERVICE LEVEL MEASURES</b>  |                          |                          |                           |
|  | <b>2014<br/>(actual)</b> | <b>2015<br/>(actual)</b> | <b>2016<br/>(targets)</b> |
| <b>Component of Team #1 - HBHC – SCREENING/ASSESSMENT/HOME VISITING/SERVICE COORDINATION</b> |                          |                          |                           |
|  |                          |                          | MCYS Targets:             |
| Percentage of prenatal screens completed   | 49.8%                    | 58%                      | 25%                       |
| Percentage of postpartum screens completed   | 65%                      | 75%                      | 100%                      |
| Percentage of Early Childhood screens completed  | <1%                      | <1%                      | 25%                       |
| Percentage of families receiving postpartum IDA contact by 48hr                              | 64%                      | 56%                      | 100%                      |
| Percentage of families receiving an Indepth Assessment (IDA)                                 | 60.3%                    | 85%                      | 100%                      |
| Families confirmed with risk receiving Blended Home Visiting Services                        | N/A                      | 86%                      | 100%                      |
| Families receiving home visits with a Family Service Plan                                    | 100%                     | 100%                     | 100%                      |
| <b>Component of Team 2 – OUTREACH TO VULNERABLE FAMILIES</b>                                 |                          |                          |                           |
| Number of client assessments completed at homeless/family shelters                           | 227                      | 195                      | 200                       |
| Number of client visits to Nurse Practitioner (NP) at Family Health Clinics                  | 1566                     | 1485                     | 1500                      |
| Percentage of clients with OHIP coverage referred to a permanent Primary Care Provider by NP | N/A                      | 75%                      | 75%                       |
| Number of referrals made to other community agencies by NP                                   | 552                      | 382                      | 400                       |

Program: Best Beginnings Team – FHS

| <b>Component of Team #3 – PRENATAL SUPPORT &amp; EDUCATION (SSB)</b>  |                      |     |      |
|---|----------------------|-----|------|
| Sessions offered per year   | 297 at 7 locations   | 297 | 297  |
| Number of unique pregnant participants                                | 240                  | 207 | 250  |
| Number of unique support persons attending sessions                   | 156                  | 158 | 160  |
| Percent of women who initiate breastfeeding                           | 85%                  | 92% | 92%  |
| Percent of women who provide smoke-free environments for their babies | 79%                  | 92% | 100% |
| Number of partner agencies offering SSFB sessions                     | 3 (CAS, Health Zone) | 2   | 2    |

| <b>SECTION F:<br/>STAFFING COSTS:</b>   | <b>2015 TOTAL FTEs</b> | <b>2016 ESTIMATED FTEs</b> |
|---|------------------------|----------------------------|
|   | <b>35.61</b>           | <b>35.61</b>               |
| <b>HBHC Staff - Ministry of Children &amp; Youth Services 100%:</b>                 |                        |                            |
| Program Manager   | 2.5                    | 2.5                        |
| Public Health Nurse   | 13.5                   | 13.5                       |
| Family Home Visitor   | 9.0                    | 9.0                        |
| Social Worker   | N/A                    | N/A                        |
| Program Assistant   | <u>2.5</u>             | <u>2.5</u>                 |
|   | <b>27.5</b>            | <b>27.5</b>                |
| <b>Ministry of Health &amp; Long-Term Care &amp; Middlesex London (cost share):</b> |                        |                            |
| Program Manager   |                        |                            |
| Public Health Nurse   | 0.5                    | 0.5                        |
| Nurse Practitioner  | 3.25                   | 3.25                       |
| Program Assistant   | 1.0                    | 1.0                        |
|   | <u>1.0</u>             | <u>1.0</u>                 |
|   | <b>5.75</b>            | <b>5.75</b>                |
| <b>Ministry of Health &amp; Long Term Care 100%:</b>                                |                        |                            |
| SDOH Public Health Nurse  | <b>1.0</b>             | <b>1.0</b>                 |
| <b>SSFB Contract Staff: Public Health Agency Canada</b>                             |                        |                            |
| Site Coordinators (0.1 FTE x 7 site coordinators)                                   | 0.7                    | 0.7                        |
| Program Assistant   | 0.5                    | 0.5                        |
| Registered Dietitian  | 0.1                    | 0.1                        |
| Casual Public Health Nurse  | <u>0.06</u>            | <u>0.06</u>                |
|   | <b>1.36</b>            | <b>1.36</b>                |

## 2016 Planning & Budget Template

Program: Best Beginnings Team – FHS

### SECTION G

#### EXPENDITURES:

| Object of Expenditure     | 2014 Budget         | 2014 Actual         | 2015 Budget         | 2016 Draft Budget   | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
|---------------------------|---------------------|---------------------|---------------------|---------------------|-------------------------------------|-----------------------------------|
| Salary & Wages            | \$ 2,435,248        | \$ 2,418,433        | \$ 2,456,543        | \$ 2,520,443        | \$ 63,900                           | 2.6%                              |
| Benefits                  | 605,364             | 594,860             | 601,490             | 637,077             | 35,587                              | 5.9%                              |
| Travel                    | 74,376              | 64,660              | 71,765              | 71,765              |                                     |                                   |
| Program Supplies          | 112,382             | 90,651              | 107,009             | 102,009             | (5,000)                             | (4.7%)                            |
| Staff Development         | 7,425               | 4,471               | 8,925               | 8,925               |                                     |                                   |
| Professional Services     | 30,426              | 43,796              | 28,526              | 28,526              |                                     |                                   |
| Furniture & Equipment     | 26,200              | 34,144              | 26,200              | 30,235              | 4,035                               | 15.4%                             |
| Other Program Costs       | 15,370              | 13,203              | 13,440              | 13,440              |                                     |                                   |
| <b>Total Expenditures</b> | <b>\$ 3,306,791</b> | <b>\$ 3,264,218</b> | <b>\$ 3,313,898</b> | <b>\$ 3,412,420</b> | <b>\$ 98,522</b>                    | <b>3.0%</b>                       |

### SECTION H

#### FUNDING SOURCES:

| Object of Expenditure | 2014 Budget         | 2014 Actual         | 2015 Budget         | 2016 Draft Budget   | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
|-----------------------|---------------------|---------------------|---------------------|---------------------|-------------------------------------|-----------------------------------|
| Cost-Shared           | \$ 578,894          | \$ 532,733          | \$ 587,905          | \$ 686,427          | \$ 98,522                           | 16.8%                             |
| MOHLTC – 100%         | 90,224              | 90,224              | 90,250              | 90,250              |                                     |                                   |
| MCYS – 100%           | 2,483,313           | 2,483,478           | 2,483,313           | 2,483,313           |                                     |                                   |
| Public Health Agency  | 152,430             | 152,162             | 152,430             | 152,430             |                                     |                                   |
| User Fees             |                     |                     |                     |                     |                                     |                                   |
| Other Offset Revenue  | 1,930               | 5,621               |                     |                     |                                     |                                   |
| <b>Total Revenues</b> | <b>\$ 3,306,791</b> | <b>\$ 3,264,218</b> | <b>\$ 3,313,898</b> | <b>\$ 3,412,420</b> | <b>\$ 98,522</b>                    | <b>3.0%</b>                       |



Program: Best Beginnings Team – FHS

### **SECTION I**

#### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

- The Best Beginnings Team will link with the Nurse Family Partnership initiative in 2016 as that program is initiated within London and Middlesex.
- HBHC will enter the second year of Continuous Quality Improvement (CQI) and additional strategies for ensuring accurate screening, standardized service implementation, and training and education of PHNs and FHV's will be developed.
- Best Beginnings in partnership with the Infant Hearing Program is proposing a new model of screening which incorporates the completion of the postpartum HBHC screen with infant screening at the London Health Sciences Centre. This is being proposed as a PBMA initiative.

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

- The MCYS has not increased funding for HBHC to match increasing costs of the program
- The MCYS implemented CQI in 2015 and this will continue into 2016 and beyond. Aggressive targets for screening, service delivery, and implementation of evidence-based interventions and tools as laid out by the MCYS are part of the CQI plan.

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**

- Best Beginnings has submitted a PBMA proposal for 2016 for data-enabled cell phones for home visiting Public Health Nurses and Family Home Visitors. This enhancement would allow for streamlined service to HBHC clients in the home, immediate documentation of client interactions, and will create efficiencies for staff who will be able to access Outlook calendars and email off-site.
- Improvements are underway for the Electric Breast Pump Loan program for 2016. Criteria for the loan program will be tightened so that HBHC clients who are most in need of an electric breast pump to ensure adequate milk supply are able to access this program. HBHC PHNs will utilize the expertise of HBHC Lactation Consultants to provide breastfeeding support to the mothers who will benefit most from the loan of an electric breast pump, while still supporting breastfeeding mothers overall.

# FAMILY HEALTH SERVICES

## CHILD HEALTH TEAM

| <b>SECTION A</b>    |                        |                      |                                      |
|---------------------|------------------------|----------------------|--------------------------------------|
| <b>SERVICE AREA</b> | Family Health Services | <b>MANAGER NAME</b>  | Suzanne Vandervoort/<br>Sarah Maaten |
| <b>PROGRAM TEAM</b> | Child Health Team      | <b>DIRECTOR NAME</b> | Suzanne Vandervoort                  |
|                     |                        |                      | <b>DATE</b><br>January, 2016         |

| <b>SECTION B</b>  |
|---|
| <b>SUMMARY OF TEAM PROGRAM</b>  |
| <p>The Child Health Team works with elementary schools in partnership with school boards (4), administrators, teachers, parents, neighbouring health units and communities to address health issues impacting children and youth. This work is approached using the Foundations for a Healthy School model which includes 5 components; Curriculum, Teaching and Learning; School and Classroom Leadership; Student Engagement; Social and Physical Environments; Home, School and Community Partnerships. The focus of child health initiatives is healthy eating, physical activity, mental wellness, growth and development and parenting. Schools are assessed based on need, readiness and capacity to engage resulting in some schools receiving more focused PHN time.</p> |

| <b>SECTION C</b>   |
|--|
| <b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>   |
| <p>Ontario Public Health Standards:</p> <ul style="list-style-type: none"> <li>• Child Health Program</li> <li>• Chronic Disease and Injury Prevention Program</li> <li>• Infectious Diseases Program</li> <li>• Foundational Standard</li> <li>• Reproductive Health Program</li> </ul> <p>Child &amp; Family Services Act, 1990</p> <ul style="list-style-type: none"> <li>• Duty to Report Legislation</li> </ul> <p>Thames Valley School Board Partnership Agreement</p> |

Program: Child Health Team – FHS

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1 HEALTHY EATING**

In 2015 a review of the evidence was done to determine the greatest need and most effective strategies for healthy eating outcomes in the child and youth population in Middlesex-London. Current strategies employed to address these outcomes are done in partnership with elementary school board staff, parents and students and include:

- Activities to increase the consumption of fruits and vegetables through use of Nutrition Tools for Schools, Let's Get Cookin', Fresh from the Farm and ongoing work with Healthy School Committees
- Implementating the NutriSTEP program in accordance with our Accountability Agreement
- Advocate for lunch meal programs and breakfast programs
- Supporting, educating and providing resources to teachers, parents and students through multiple venues
- Teaching and learning activities with groups of students – classroom, assembly, special health events

#### **COMPONENT(S) OF TEAM PROGRAM #2 PHYSICAL ACTIVITY/SUNSENSE/INJURY PREVENTION**

In 2015 a review of the evidence was done to determine the greatest need and most effective strategies for physical activity and sedentary behaviour outcomes in the child and youth population in Middlesex-London. Strategies to address the promotion of physical activity include:

- Implementating Active and Safe Routes to School program
- Assisting schools to utilize the Outdoors Ultimate Playground resource
- Integrating sun safety and injury prevention initiatives into physical activity programs
- Supporting, educating and ensuring resources are provided to teachers and school staff through consultation, staff meeting and joint planning
- Teaching and learning activities with groups of students - classroom assemblies and special health events

#### **COMPONENT(S) OF TEAM PROGRAM #3 HEALTHY GROWTH AND DEVELOPMENT**

• In 2015 a review of the evidence was done to determine the greatest need and most effective strategies for healthy growth and development outcomes in the child and youth population in Middlesex-London. Strategies to address the promotion of healthy growth and development outcomes include:

- Leading the Healthy Living Champion Award process
- Providing resources which develop general health literacy
- Promoting health literacy to JK/SK aged students through the use of "Murray and Bird" story book
- Providing support, education and appropriate follow up to staff, students and families with medical conditions i.e diabetes, allergies, asthma
- Providing education and support regarding infectious diseases and vaccine preventable diseases.

Program: Child Health Team – FHS

### **COMPONENT(S) OF TEAM PROGRAM #4 MENTAL HEALTH PROMOTION**

In 2015 a review of the evidence was done to determine the greatest need and most effective strategies for mental well being outcomes in the child and youth population in Middlesex-London. Strategies to address the promotion of mental well being include:

- Partnering with school boards i.e Mentally Healthy Schools contest for mental health awareness week, mental health family nights.
- Coordinating services/ activities with the Mental Health Leads at each of the respective Boards

### **COMPONENT(S) OF TEAM PROGRAM #5 PARENTING**

All teams in FHS provide parenting support. This work is coordinated through the Child Health Team. As parenting is the most modifiable risk factor in the prevention of abuse, chronic disease and mental illness, parenting is a critical component of our work and includes:

- Providing Triple P seminars, discussion groups and Tip Sheets to parents of school aged children. This evidence based program has specific skills and tools which can be used across the span of Child and Youth development.
- Implementing iParent social and mass media information campaign which communicates positive parenting messages and directs parents to resources.

Program: Child Health Team – FHS

| <b>SECTION E</b>   |  |   |   |
|--|--|---|---|
| <b>PERFORMANCE/SERVICE LEVEL MEASURES</b>  |  |   |   |
|  | <b>2014<br/>(actual)</b>   | <b>2015<br/>(actual)</b>  | <b>2016<br/>(target)</b>  |
| <b>Component of Team #1: HEALTHY EATING</b>  |  |   |   |
| Implementation of Intermediate Phase of NutriSTEP Accountability Agreement as per the Ministry Implementation status reporting | Preliminary Phase (new MOHLTC accountability requirement)                  | Intermediate Phase achieved   | Advanced Phase  |
| # of Facilitators trained for Lets Get Cookin”   | 49<br>(new initiative in 2014)   | 42  | Same number of registrants better suited to implement the program |
| <b>COMPONENT OF TEAM #2: PHYSICAL ACTIVITY/SUNSENSE/INJURY PREVENTION</b>  |  |   |   |
| # of schools with Active and Safe Routes to school plans   | 8  | 14  | increase  |
| <b>Component of TEAM #3: GROWTH AND DEVELOPMENT</b>  |  |   |   |
| Health literacy tool for JK/SK (Murray and Bird storybook)   | Murray and Bird Developed and evaluated                                    | 6000 copies distributed for 2016 School Enterer’s packages              | same as 2015  |
| # of Healthy Living Champion Award   | 53 Schools   | 57 Schools  | increase  |
| <b>COMPONENT OF TEAM # 4 MENTAL HEALTH PROMOTION</b>   |  |   |   |
| # of Healthy School Committees   | 56   | 71  | increase  |
| <b>COMPONENT OF TEAM #5: PARENTING (FHS WIDE OUTCOME INDICATOR)</b>  |  |   |   |
| # of Triple P – seminars and discussion groups   | 119 classes (reaching 3,500 contacts in the first half of the year.        | 137 Classes (as of October 1)   | increase  |
| Positive Parenting iParent Campaign – implement a campaign in toddler, child and youth parenting                               | 1 Campaign – for parents to promote talking to young teens about sexualtiy | 1 campaign – for parents to find strategies for talking about sexuality | N/A   |

## 2016 Planning & Budget Template

Program: Child Health Team – FHS

| <b>SECTION F</b>       |                        |                            |
|------------------------|------------------------|----------------------------|
| <b>STAFFING COSTS:</b> | <b>2015 TOTAL FTEs</b> | <b>2016 ESTIMATED FTEs</b> |
|                        | <b>16.5</b>            | <b>16.5</b>                |
| Program Manager        | 1.0                    | 1.0                        |
| Public Health Nurses   | 13.5                   | 13.5                       |
| Program Assistant      | 1.0                    | 1.0                        |
| Dietitian              | 1.0                    | 1.0                        |

| <b>SECTION G</b>          |                     |                     |                     |                     |                                     |                                   |
|---------------------------|---------------------|---------------------|---------------------|---------------------|-------------------------------------|-----------------------------------|
| <b>EXPENDITURES:</b>      |                     |                     |                     |                     |                                     |                                   |
| Object of Expenditure     | 2014 Budget         | 2014 Actual         | 2015 Budget         | 2016 Draft Budget   | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Salary & Wages            | \$ 1,138,482        | \$ 1,133,129        | \$ 1,257,928        | \$ 1,287,864        | \$ 29,936                           | 2.4%                              |
| Benefits                  | 278,698             | 271,425             | 301,342             | 318,308             | 16,966                              | 5.6%                              |
| Travel                    | 22,000              | 18,359              | 22,000              | 22,200              |                                     |                                   |
| Program Supplies          | 29,435              | 28,031              | 34,900              | 34,900              |                                     |                                   |
| Staff Development         | 4,000               | 4,032               | 8,550               | 8,550               |                                     |                                   |
| Professional Services     |                     |                     | 1,000               | 1,000               |                                     |                                   |
| Furniture & Equipment     |                     |                     |                     |                     |                                     |                                   |
| Other Program Costs       | 4,639               | 13,357              | 16,460              | 16,460              |                                     |                                   |
| <b>Total Expenditures</b> | <b>\$ 1,477,254</b> | <b>\$ 1,468,333</b> | <b>\$ 1,642,380</b> | <b>\$ 1,689,282</b> | <b>\$ 46,902</b>                    | <b>2.9%</b>                       |

Program: Child Health Team – FHS

### **SECTION H**

#### **FUNDING SOURCES:**

| <b>Object of Expenditure</b> | <b>2014 Budget</b>  | <b>2014 Actual</b>  | <b>2015 Budget</b>  | <b>2016 Draft Budget</b> | <b>\$ increase (\$ decrease) over 2015</b> | <b>% increase (% decrease) over 2015</b> |
|------------------------------|---------------------|---------------------|---------------------|--------------------------|--|--|
| Cost-Shared                  | \$ 1,476,915        | \$ 1,458,564        | \$ 1,629,820        | \$ 1,676,722             | \$ 46,902                                  | 2.9%                                     |
| MOHLTC – 100%                |                     |                     |                     |                          |  |  |
| MCYS – 100%                  |                     |                     |                     |                          |  |  |
| User Fees                    |                     |                     |                     |                          |  |  |
| Other Offset Revenue         | 339                 | 9,769               | 12,560              | 12,560                   |  |  |
| <b>Total Revenues</b>        | <b>\$ 1,477,254</b> | <b>\$ 1,468,333</b> | <b>\$ 1,642,380</b> | <b>\$ 1,689,282</b>      | <b>\$ 46,902</b>                           | <b>2.9%</b>                              |

### **SECTION I**

#### **KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016**

- Continue capacity building of staff for program planning and critical appraisal of the literature. This will enhance the team's ability to make evidence-informed decisions and implement Comprehensive School Health.

### **SECTION J**

#### **PRESSURES AND CHALLENGES**

- Labour action at the school boards limited MLHU's ability to accomplish Comprehensive School Health, which is done predominantly in the extra curricular time at schools. With the resolution of the contracts at the school boards, normal activity resumed in November, 2015.

### **SECTION K**

#### **RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016**



## 2016 Planning & Budget Template

**FAMILY HEALTH SERVICES**

**YOUNG ADULT TEAM**

Program: Young Adult Team – FHS

| <b>SECTION A</b>    |                        |                      |                     |               |
|---------------------|------------------------|----------------------|---------------------|---------------|
| <b>SERVICE AREA</b> | Family Health Services | <b>MANAGER NAME</b>  | Anita Cramp         | <b>DATE</b>   |
| <b>PROGRAM TEAM</b> | Young Adult Team       | <b>DIRECTOR NAME</b> | Suzanne Vandervoort | January, 2016 |

| <b>SECTION B</b>  |
|---|
| <b>SUMMARY OF TEAM PROGRAM</b>  |
| <p>The overall goal of the Young Adult Team is to improve the health of youth and contribute to a positive and healthy school climate. The team primarily works in 26 secondary high schools and several community settings. Specifically, the team supports the planning and implementation of activities relating to key health topics identified by the Ministry of Education's Foundations of a Health School document (e.g., health eating, physical activity, growth and development, mental health, substance use and addiction, and personal safety and injury prevention). The team strives to address these health topics using a comprehensive approach; an approach which recognizes that the health of youth is impacted by multiple levels of influence and thus programs and service need to target the youth, home, school and social and physical environments. The team works in partnership with local school boards (4), school administrators, teachers, youth groups, neighbouring health units, community agencies and various teams from within MLHU. Schools are assessed yearly in order to determine the level of service they will receive and identify the key health topic for promotion efforts.</p> |

| <b>SECTION C</b>   |
|--|
| <b>ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION</b>   |
| <p>Ontario Public Health Standards:</p> <ul style="list-style-type: none"> <li>• Child Health Standard</li> <li>• Chronic Disease and Injury Prevention Standard</li> <li>• Infectious Diseases Standard</li> <li>• Sexual Health Standard</li> <li>• Reproductive Health Standard</li> <li>• Foundational Standard</li> </ul> <p>Child &amp; Family Services Act, 1990</p> <ul style="list-style-type: none"> <li>• Duty to Report Legislation</li> </ul> |

Program: Young Adult Team – FHS

### **SECTION D**

#### **COMPONENT(S) OF TEAM PROGRAM #1: SITUATIONAL SUPPORTS**

The purpose of situational supports is to provide youth with one-on-one confidential health services relating to personal matters. Key issues addressed with youth include mental health and sexual health including pregnancy test and early contraception, birth control, safe sex practices and healthy relationships. Most of these situational supports are conducted in schools, enabling PHNs to address a students' health concern, link the student with any necessary community supports, and follow up with youth to further support them to make more sustainable lifestyle changes. The component of the team supports individual health and wellbeing.

#### **COMPONENT(S) OF TEAM PROGRAM #2: SUPPORT THE DEVELOPMENT AND IMPROVEMENT OF HEALTHY SCHOOLS**

The Young Adult Team engaged in a review of the evidence to determine the need and effective evidence-based strategies to address 4 of 6 health topics outlined in the Ministry of Education's Foundation for Healthy School: Healthy Eating, Physical Activity, Mental Health and Growth & Development. For each topic a specific goal that aligns with the OPHS was identified. *For example, for Healthy Eating scholarly literature indicates a need to increase fruit & vegetable consumption among youth. Thus, in 2016, to address Healthy Eating the team will work with youth, parents, teachers and principals to increase fruit and vegetable consumption among youth.* Achieving the goal identified for each topic area will involve developing and implementing evidence-based activities that are comprehensive (e.g., conduct activities that target multiple levels of influence relating to a specific health behaviors). The team will work with students, parents, teachers, principals and community partners to plan and implement evidence-based activities. The short-term outcomes of implementing evidence-based activities that are comprehensive are to influence youth attitudes, knowledge, self-efficacy, and skills as well as the social and physical environments that will ultimately contribute to positive changes of the specific health behavior being targeted. Each school will be advised to pick one health topic to focus on for the school year.

#### **COMPONENT(S) OF TEAM PROGRAM #3: SUBSTANCE USE: TOBACCO CESSATION**

Smoking tobacco is a public health epidemic with over 80% of regular adult smokers starting to smoke before the age of 18 (Gabble, et al., 2015). Middle (15-17 years) and late (18-19 years) adolescence is considered a critical time for the experimentation and development of regular smoking behaviour. (US surgeon General Report, 2012). Six out of ten smokers age 15-19 are seriously considering quitting in the next 6 months However, the majority of quit attempts are unsuccessful with only 4 % of adolescent smokers, aged 12-19, successfully quitting every year (Gabble, et al., 2015; Reid et al., 2015). While cognitive-behavioural or motivational interviewing strategies have been shown to be somewhat effective at reducing smoking (Gabble et al., 2015), providing NRT combined with cognitive-behavioural maybe more effective (Molyneux, 2005). In 2016, the team will provide youth with the opportunity to engage in small group behavioural counselling combined with Nicotine Replacement Therapy (NRT) to help reduce and/or quit smoking tobacco. This program will be piloted in 2 schools. A rigorous evaluation of the program will be conducted as the program is implemented.

## 2016 Planning & Budget Template

Program: Young Adult Team – FHS

| <b>SECTION E</b>   |                          |                          |   |
|--|--------------------------|--------------------------|---|
| <b>PERFORMANCE/SERVICE LEVEL MEASURES</b>  |                          |                          |   |
|  | <b>2014<br/>(actual)</b> | <b>2015<br/>(actual)</b> | <b>2016<br/>(target)</b>                            |
| <b>COMPONENT OF TEAM #1: SITUATIONAL SUPPORTS</b>  |                          |                          |   |
| # of student receiving one-on-one support from school nurse  | 2,063                    | 2473 supports            | 2500  |
| Most significant change: Stories of impact.  | N/A                      | N/A                      | 1 story from each PHN                               |
| <b>COMPONENT OF TEAM #2: SUPPORT THE DEVELOPMENT AND IMPROVEMENT OF HEALTHY SCHOOLS</b>  |                          |                          |   |
| # of principal and teacher champion meetings attended  | N/A                      | N/A                      | 2 from TVDSB and 2 from LDCSB                       |
| % of schools that have a healthy schools committee   | N/A                      | 65% (17/26)              | 65%   |
| # of teacher resources to support curriculum that target improving self-efficacy and skills for engaging in behaviours related to each specific health topic.  | N/A                      | N/A                      | 3-5 curriculum activities for each health topic     |
| % of schools that delivery activites addressing one specific health topic usig a comprehensive approach  | N/A                      | N/A                      | 50% of schools that have a healthy school committee |
| % of current parenting resources that are reviewed and updated to align with the best available evidence that address the specific health topic.   | N/A                      | N/A                      | 50%   |
| Increase health communication by adopting new social media strategies.   | N/A                      | N/A                      | Create Instagram and/or SnapChat Account            |
| % of staff who are able to confidently engage in evide-informed decision making (e.g., find and critique litature, determine the local context and feasibility, create logic models and program planning and evaluation) | N/A                      | N/A                      | 75%   |
| <b>COMPONENT OF TEAM #3 SUBSTANCE USE: TOBACCO CESSATION</b>   |                          |                          |   |
| # of youth who started vs completed the program  | N/A                      | N/A                      | 15 start, 9 will complete                           |
| # of youth who quit and reduced cigarette smoking by the end of the program  | N/A                      | N/A                      | 2 quit, 7 reduce                                    |

\*Note. While the team components largely remain the same, new indicators have been created to accurately reflect the future direction of the program activities and goals,thus many of the 2014/2015 indicators are N/A.

## 2016 Planning & Budget Template

Program: Young Adult Team – FHS

| <b>SECTION F</b><br><b>STAFFING COSTS:</b> | <b>2015 TOTAL FTEs</b> | <b>2016 ESTIMATED FTEs</b> |
|--|------------------------|----------------------------|
|  | <b>11.5</b>            | <b>11.0</b>                |
| Program Manager                            | 1.0                    | 1.0                        |
| Public Health Nurses                       | 8.0                    | 7.5                        |
| Program Assistant                          | 1.0                    | 1.0                        |
| Dietitian                                  | 0.5                    | 0.5                        |
| Health Promoter                            | 1.0                    | 1.0                        |

| <b>SECTION G</b>             |                     |                     |                     |                          |  |  |
|------------------------------|---------------------|---------------------|---------------------|--------------------------|--|--|
| <b>EXPENDITURES:</b>         |                     |                     |                     |                          |  |  |
| <b>Object of Expenditure</b> | <b>2014 Budget</b>  | <b>2014 Actual</b>  | <b>2015 Budget</b>  | <b>2016 Draft Budget</b> | <b>\$ increase (\$ decrease) over 2015</b> | <b>% increase (% decrease) over 2015</b> |
| Salary & Wages               | \$ 863,428          | \$ 836,150          | \$ 853,128          | \$ 824,347               | \$ (28,781)                                | (3.4%)                                   |
| Benefits                     | 213,341             | 210,714             | 219,991             | 211,455                  | (8,536)                                    | (3.9%)                                   |
| Travel                       | 16,500              | 10,551              | 16,500              | 16,500                   |  |  |
| Program Supplies             | 35,160              | 26,624              | 30,895              | 30,895                   |  |  |
| Staff Development            | 5,250               | 3,630               | 4,100               | 4,100                    |  |  |
| Professional Services        | 4,500               | 4,441               | 4,000               | 4,000                    |  |  |
| Furniture & Equipment        |                     |                     |                     |                          |  |  |
| Other Program Costs          | 5,400               | 4,642               | 4,000               | 4,000                    |  |  |
| <b>Total Expenditures</b>    | <b>\$ 1,143,579</b> | <b>\$ 1,096,752</b> | <b>\$ 1,132,614</b> | <b>\$ 1,095,297</b>      | <b>\$ (37,317)</b>                         | <b>(3.3%)</b>                            |

Program: Young Adult Team – FHS

| <b>SECTION H</b>        |                     |                     |                     |                     |                                     |                                   |
|-------------------------|---------------------|---------------------|---------------------|---------------------|-------------------------------------|-----------------------------------|
| <b>FUNDING SOURCES:</b> |                     |                     |                     |                     |                                     |                                   |
| Object of Expenditure   | 2014 Budget         | 2014 Actual         | 2015 Budget         | 2016 Draft Budget   | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Cost-Shared             | \$ 1,143,579        | \$ 1,096,202        | \$ 1,132,614        | \$ 1,095,297        | \$ (37,317)                         | (3.3%)                            |
| MOHLTC – 100%           |                     |                     |                     |                     |                                     |                                   |
| MCYS – 100%             |                     |                     |                     |                     |                                     |                                   |
| User Fees               |                     |                     |                     |                     |                                     |                                   |
| Other Offset Revenue    |                     | 550                 |                     |                     |                                     |                                   |
| <b>Total Revenues</b>   | <b>\$ 1,143,579</b> | <b>\$ 1,096,752</b> | <b>\$ 1,132,614</b> | <b>\$ 1,095,297</b> | <b>\$ (37,317)</b>                  | <b>(3.3%)</b>                     |

| <b>SECTION I</b>  |
|---|
| <b>KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016</b>  |
| <ul style="list-style-type: none"> <li>Evidence-informed decision make (EIDM) staff capacity building (e.g., increase staff’s abilities to search literature, articulate a clear need for the program/service using health status reports and local data, critically appraise research, use evidence in program planning and evaluation).</li> <li>Increase awareness of Foundations of a Healthy School among teachers and principals.</li> <li>Collaborate closely with school mental health champions</li> <li>Plan and implement evidence-based strategies and programs that target specific health goals tied to the Foundations of a Healthy School (e.g., Improve school connectedness, reduce sedentary behaviour, increase fruits and vegetable consumption, smoking cessation, promote healthy sexual behaviours, including the implementation of birth control pill starts by school PHNs.</li> <li>Increased engagement in social media targeted at youth.</li> </ul> |

| <b>SECTION J</b>  |
|---|
| <b>PRESSURES AND CHALLENGES</b>   |
| <ul style="list-style-type: none"> <li>Teacher labour disruptions have been an issue in recent years and may continue to be.</li> </ul> |

| <b>SECTION K</b>  |
|---|
| <b>RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016</b>   |
| <ul style="list-style-type: none"> <li>PBMA Disinvestment: Community Mobilization of Developmental Assets Position - 0.5 FTE PHN position = \$50,986</li> </ul> |