



TO: Chair and Members of the Finance & Facilities Committee
FROM: Laura Di Cesare, Acting Chief Executive Officer
DATE: 2017 May 4

MINISTRY OF CHILDREN AND YOUTH SERVICES PROGRAM FUNDING

Recommendation

It is recommended that the Finance & Facilities Committee:

- 1) *Receive Report No. 014-17FFC “Ministry of Children and Youth Services Program Funding” for information; and*
- 2) *Recommend that the Board of Health write a letter to Minister Michael Coteau advocating for increased Preschool Speech and Language funding to avoid reduced services and longer wait times.*

Key Points

- In March 2017, the Health Unit received \$144,721 in one-time additional funding from the Ministry of Children and Youth Services (MCYS) for the Infant Hearing Program and the Blind-Low Vision program for the 2016–17 program year. (See [Appendix A.](#))
- Also in March, the Health Unit received notification of approved 2017–18 grants for the MCYS’s Preschool Speech and Language, Infant Hearing and Blind-Low Vision programs. (See [Appendix B.](#))
- The approved 2017–18 grants for the Preschool Speech and Language Program are not adequate to maintain service levels; thus, approximately thirty to thirty-five fewer children will receive assessments and early interventions. Additionally, average wait times are expected to increase up to two weeks during a critical time in a child’s speech development.

Background

The purpose of this report is to provide the Finance & Facilities Committee (FFC) with information regarding funding announcements received by the Ministry of Children and Youth Services (MCYS) for the 2016–17 operating year, and program changes that will be required to align the Middlesex-London Health Unit (MLHU) with the 2017–18 MCYS funding.

2016–17 MCYS One-Time Funding

In March 2017, MLHU received four one-time funding letters for three MCYS programs to enhance program initiatives and relieve funding pressures prior to March 31, 2017. The following programs received one-time funding:

- 1) Blind-Low Vision Program – \$5,900 – Program resources
- 2) Infant Hearing Program – \$101,821 – Purchase of four diagnostic hearing testing units
- 3) Infant Hearing Program – \$25,000 – Consumables/supplies for hearing testing units
- 4) Preschool Speech and Language – \$12,000 – assessment and intervention services/program resources

The funding letters are attached as [Appendix A.](#) To receive the funding, MLHU was required to purchase and receive the program resources, hearing testing units and consumables by March 31, 2017. For the purchase of the four diagnostic hearing testing units for \$101,821, the province initiated and performed a centralized procurement process whereby each health unit or agency was required to enter into an agreement with the successful vendor, Vivosonic Inc.

2017–18 MCYS Grants

Two grant letters received from MCYS for the operating year April 1, 2017–March 31, 2018 are attached as [Appendix B](#). The first identifies base funding for three programs: the Preschool Speech and Language Program, the Infant Hearing Program and the Blind-Low Vision Program. The funding amounts match the amounts approved in the 2017 Board of Health Budget, and are the same as the amounts in the previous operating year. The second letter increases base funding for the Preschool Speech and Language Program by \$75,000, while noting that this is a realignment of funding from other agencies and does not represent an actual increase in funding.

The Infant Hearing Program and the Blind-Low Program can maintain service levels with existing funding primarily by deferring costs, thanks to the one-time funding noted above. However, after further planning and analysis with service providers, the Preschool Speech and Language Program (tykeTALK) is not able to continue the same level of service as the previous operating year, and must reduce staffing costs by \$95,803. This will be accomplished by not back-filling leaves of absence (primarily maternity leaves), not funding the purchase of program materials/resources (\$11,249) and eliminating the professional development budget (\$1,000). This reduction in program resources means that the program will rely on receiving one-time funding from the MCYS. The reduction in staffing equates to the work of a 0.5FTE Speech and Language Pathologist, resulting in thirty to thirty-five fewer children receiving assessments and interventions. It is also expected that the average wait time for assessment will increase to six or seven weeks from the current five. As the average age at referral is twenty-nine months, a wait of seven weeks is critical and affects the program's ability to provide early intervention and to take advantage of the critical time period in brain development where language is learned (i.e., before three years of age). While the increased wait time remains within the Ministry's target assessment wait time of twelve weeks or less, this target was set as an attainable provincial average and does not reflect best practice.

If the trend of no base funding increases continues for the 2018–19 program year, we anticipate a further erosion of services due to cost-of-living increases. This financial reality conflicts with recent messaging from Darryl Sturtevant, ADM, Strategic Policy and Planning, MCYS. On March 9, 2017, it was stated in messaging to CEOs of preschool speech and language programs and related partners: "As we move forward with the next stages of implementation (of the Special Needs Strategy), it is critical that there be no reduction in service levels and that families experience continuity during this next phase of implementation."

Conclusion

As the lead agency for the Preschool Speech and Language Program for over fifteen years, MLHU is committed to providing high-quality, family-centred early intervention services. However, the gap between the funding received from MCYS and the level of services that can be provided with it increases annually. Consequently, it is critical that our base funding be increased to allow us to fulfill the objectives of the Ontario Special Needs Strategy – Integrated Rehabilitation, in order to optimize the communication and school-readiness skills of the infants, toddlers and preschool children who are at risk in our region. It is recommended that the Board of Health write a letter to the Minister of Children and Youth Services, Mr. Michael Coteau, advocating for increased preschool speech and language funding to avoid reduced services and longer wait times.

This report was prepared by the Finance Team, Corporate Services Division, and the Screening, Assessment and Intervention Team, Healthy Start Division.



Laura Di Cesare, CHRE
Acting Chief Executive Officer