

LICKING COUNTY
— Board of —
DEVELOPMENTAL DISABILITIES

Testimony of Jason Umstot, Superintendent
House Finance Subcommittee on Health and Human Services
House Bill 49—State Budget
March 22, 2017

Chairman Romanchuk, Ranking Member Sykes and members of the Finance Subcommittee on Health and Human Services, my name is Jason Umstot, and I am the superintendent of the Licking County Board of Developmental Disabilities. I come before you today in support of the as-introduced budget for the Ohio Department of Developmental Disabilities, or DODD. I would also like to share with you the impact that the opioid epidemic is having on Ohio's DD system and express my concerns with recent changes to the state's early intervention program.

The Licking County Board of DD serves nearly 1,600 people with developmental disabilities and their families each year. Over the past several years, we have made significant progress in integrating the people we serve into the community. We need the state's continued support to further this progress, which is why I support of the governor's proposed budget for DODD. By funding the creation of 1,300 new waivers, more of the people we serve will have a wider array of options to live, work, and be involved in their communities. The DODD budget also includes more support for remote monitoring, which is a wonderful alternative for people who can utilize technology in the place of direct support staff. This saves the system money that can then be used to expand services to other people in need of our support.

Like many other county boards of DD, however, we are facing a new and unique challenge in our community. Due to Ohio's opioid epidemic, we have seen an alarming increase in babies being born with drug addictions and, as a result, developmental disabilities. Licking County has experienced a noticeable increase in the number of babies entering our early intervention program because of drugs. Other boards are experiencing more pronounced trends – for example, the Gallia County Board of DD noted a 275% jump between 2015 and 2016 in the number of babies and toddlers with drug-related developmental disabilities.

Without support from county board early intervention programs, these babies could require a lifetime of Medicaid support and services. County boards must be able to help families quickly and efficiently as local needs continue to grow. It is unfortunate, then, that this crisis is happening alongside the creation of new administrative obstacles that could make accessing EI services more difficult for families.

Last year, administration of the early intervention program transferred from the Ohio Department of Health (ODH) to DODD. While the transfer was appropriate, the changes to the centralized intake and referral process—as well as promotional child-find responsibilities—have my colleagues and me very concerned. With little notice, ODH announced a number of changes to early intervention programs and published an RFP for intake and referral services, which include the promotion of the early intervention and home visiting components of Help Me Grow.

Despite several requests, county boards have not been consulted on any of the changes. For example, the RFP calls for the introduction of an assessment that the awardee will have to complete on every referral. No information has been provided on the assessment tool or its purposes, and there has been no guidance on how long it could take to complete.

www.lcountydd.org

Administration Offices
116 N. 22nd Street
Newark, Ohio 43055
740-349-6588 Main
800-325-2848 Toll-Free
740-344-2787 Fax

Early Childhood
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Newark, Ohio 43055
740-349-6588 Main
800-325-2848 Toll-Free
740-344-2787 Fax

Employment Supports
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Newark, Ohio 43055
740-349-6588 Main
800-325-2848 Toll-Free
740-344-2787 Fax

Service Coordination
565 Industrial Parkway
Heath, Ohio 43056
740-349-1420 Main
800-325-2848 Toll-Free
740-349-1426 Fax

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These changes add an unnecessary layer of complexity and suggest a clear intent to award the contract to the lowest bidder regardless of that bidder's experience or past successes with early intervention. Given these unknowns and the potential for the RFP to be awarded to an entity with little previous early intervention experience, I cannot support these changes as they have been implemented thus far.

Furthermore, it is troubling that these changes have been made despite an amendment to Senate Bill 332 by this subcommittee in the last General Assembly. The amendment clarified that early intervention is an important part of Help Me Grow, but ODH moved forward with their modifications to the Help Me Grow program regardless. County boards advocated in Senate Bill 332 not to close local access points for the early intervention programs while improving access for home visiting, but recent changes made by ODH put referrals and access at risk.

Creating more red tape will not improve EI services, especially when one considers the time-sensitive nature of the opioid crisis that boards are helping address. **I request that you ask ODH to delay the RFP until stakeholders can meet with the agency to plan the best approach for the central intake and referral component.**

We need to provide this input, analyze the costs, and develop changes that will yield positive results for young children across the state. Considering this program's budget of \$4.4 million, a little more time and planning could go a long way in ensuring that these changes benefit families across Ohio suffering the effects of the opioid epidemic.

I appreciate your consideration to support the investments this budget makes in waivers, as well as your continued support for county board early intervention programs. Thank you for your time. I would be happy to answer any questions you may have.

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