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## Testimony in Support of Senate Bill 332

*Brandi Slaughter, Voices for Ohio's Children*

House Finance Subcommittee on Health and Human Services  
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Chair Sprague, Ranking Member Sykes and members of the House Finance Subcommittee on Health and Human Services, thank you for this opportunity to testify before you today in support of Senate Bill 332. My name is Brandi Slaughter and I am the CEO of Voices for Ohio's Children.

Voices for Ohio's Children advocates for policies that maximize a child's life chances by ensuring children are safe, healthy, educated, connected and employable. Voices helps ensure that the needs of Ohio's 2.6 million children are prioritized at the local, state and federal levels. In order to accomplish this goal, our organization advocates for sound public policies that help guarantee children are poised for success.

Voices has been a strong and long-standing supporter of legislative efforts to address Ohio's infant mortality crisis. We support Senate Bill 332 and applaud the efforts of Senators Jones and Tavares to make further progress on this issue. As you know, Ohio ranks 45<sup>th</sup> nationally in overall infant mortality, and it's even worse among African American infants. Our state must continue to find creative and common sense ways to guarantee that more children in Ohio see their first birthdays.

This year Voices for Ohio's Children has been convening workgroups to discuss ways that home visiting services for Ohio's families can be improved. Participants included policy staff from the state agencies that have responsibilities that impact Help Me Grow, as well as home visiting providers, community HUB providers and agencies who work directly with home visiting programs. With that said, today I would like to focus my comments on the importance of Senate Bill 332's home visiting components.

During these workgroup discussions we were able to identify areas of agreement on recommendations that were a high priority to be addressed in home visiting. These recommendations can be found in the *Home Visiting Stakeholder and Provider Workgroups Summary Report and Recommendations* released on August 12, 2016 jointly by Voices for Ohio's Children and the Ohio Partnership to Build Stronger Families.

We find many of Senate Bill 332's home visiting components to align with these recommendations:

The bill seeks to provide funding for innovative pilot projects that build on the learnings of traditional home visiting programs, but target the most challenging families to serve. Our workgroup discussions defined the need for:

- *Help Me Grow home visiting to continue to address more than just broad health outcomes of the children and parent/caregiver, but with some specific priority to address infant mortality and conditions such as asthma that are major causes of hospital readmissions; and*
- *Home visiting programs to be client and family-centered. This means that home visits happen when and where families want them, and the focus of the home visits are on what families identify as their most immediate needs.*

Innovative pilot projects would provide home visiting programs with an avenue to address these specific challenges.

The bill would require the Ohio Department of Health (ODH) to specify that families in infant mortality hot spots are to receive priority for Help Me Grow home visiting services. Our workgroup discussions defined the need for:

- *HMG home visiting to be better integrated with other services and programs serving at-risk families in the community; and*
- *Home visiting programs to reach and enroll families earlier, preferably prenatally, if we want to have the most impact on reducing infant mortality.*

Evidence shows that home visiting programs serve as a tool to reducing infant mortality in our state.

The bill would require ODH, through competitive process, to select one or more persons or government entities to create and administer a central intake and referral system for all home visiting programs operating in Ohio. Voices determined during our workgroup process that all the programs and services in a community that provide some type of home visiting need to be part of the system for outreach and referral. To do this, Central Coordination needs:

- *Clear expectations on what must be achieved, how it will be measured, and how the Central Coordination provider will be held accountable to funders, home visiting service providers, and families;*
- *A built-in screening and assessment function that allows families to be linked with the most appropriate program and services for their needs;*
- *An intake process that is based upon assessing of risks, and development of a specific plan to address those risks;*
- *Access to shared data systems within their communities, so families can really be linked with the most appropriate alternatives to meet their needs; and*
- *Adequate funding to meet these additional expectations. Although it might initially increase some costs, a truly comprehensive centralized intake system is a way to successfully leverage within a community all the funding being put into home visiting.*

Central coordination needs to add value to the intake process, and not create barriers to getting families enrolled and engaged in the services.

The bill would also require ODH to transition paying for home visiting services based on outcomes rather than process. While this proposal did not make it directly into the workgroup's final recommendations, conversations reflected the concern that home visiting programs should be outcome driven rather than being rigidly focused on curriculum driven approaches.

Voices is supportive of the types of changes to home visiting programs reflected in Senate Bill 332. We know that home visiting programs increase healthy pregnancies, improve parenting confidence and competence and improve child health, development and readiness—all direct tools to ensuring more Ohio children see their first birthdays.

Thank you for this opportunity to testify on Senate Bill 332. I would be happy to answer questions from members of the committee at any time.