

Substitute Senate Bill 332 Written Testimony on behalf of OACB



Hello Chairman Sprague, Ranking Member Sykes, and Members of the House Finance Health and Human Services Subcommittee. My name is Susan Jones and I represent the County Board of DD system, Children and Families for the Ohio Association of County Boards of Developmental Disabilities (OACB). Please accept this written testimony on Substitute Senate Bill 332 as an addition to the testimony given by OACB Policy & Advocacy Director Joe Russell in this committee on Tuesday.

OACB supports the intent of Sub. SB332 to combat Ohio's infant mortality problem, and we commend Senator Jones and Senator Tavares for their work in this area. OACB hopes that our amendment can strengthen the bill and that the county boards of developmental disabilities can continue to assist with the development of babies and young children in our state. I would like to briefly provide additional clarification around our amendment request and share some important data on EI.

First, to be clear our primary concern is that the central intake and referral system language found in Sec. 3701.611 would make it more difficult for families and children to access Early Intervention services. All 88 County Boards of DD are voluntary providers of EI Part C services investing \$100,705,332 in 2015 (according to the 2015 DODD CBDD Revenue and Expenditure Report). For this reason, the viability of the central coordination function and representation of the EI population is an important consideration, as we look making changes to Help Me Grow (HMG).

The EI program serves infants and toddlers birth to three who are at-risk due to disability identified at birth, medically fragile conditions, Neonatal Abstinence Syndrome, prematurity, etc. As you can see from the chart below, the county boards of DD not only provide EI services to the critical 0 to 1 population at risk for infant mortality; we also provide services to children through age two.

Number of children *referred* to EI Part C in SFY16.

Age at Initial Referral	SFY16	
	Number	Percent
0 to 1	10,074	39%
1 to 2	8,084	31%
2 to 3	7,827	30%
Total	25,985	100%

While we understand that barriers may exist for HMG home visiting programs around the state, EI referrals currently outnumber ODH home visiting referrals three to one (25k EI to 8K HV). The existing central intake system gives families local access to EI services in every county through county-based central intake and referral contracts. Currently, state GRF dollars (over \$4 million) fund central coordination functions through county-based contracts with Ohio Department of Health (ODH). If this function is centralized at a state or regional level, the jobs of those managing local intake will be lost and significant access barriers would be created to EI services.

In an effort to expand access to home visiting, we should not limit access to EI. We believe that the new central intake and referral for home visiting can be created without impacting the current central intake and referral system for EI. To elevate any issue, we think it would best if DODD is a primary partner in the organization and operation of the details of the central intake and referral system for EI (in required collaboration with ODH) because DODD is now the lead agency that oversees the EI portion of the HMG program.

Our amendment would address these concerns by ensuring that changes made to the home visiting portion of HMG does not impact the current EI system, that EI has the proper representation on advisory groups, and that the program remains compliant with federal law. This will ensure efficient flow of referrals to local programs and will ensure the "Help Me Grow" branding remains intact.

Thank you for your time and consideration of OACB's amendment to Sub. SB332. We think this amendment builds upon the recent changes made to the EI program through HB483, the DD MBR. We also believe it strengthens the bill and meets the intent of the sponsors to ensure better access to services to combat infant mortality. We hope that we can get your support for this important change. Thank you.