

I_135_0633-9

135th General Assembly
Regular Session
2023-2024

Sub. H. B. No. 7

A BILL

To amend sections 3701.61, 3701.611, 4723.89, 1
4723.90, 5101.342, 5123.0421, 5123.33, 5162.13, 2
5164.071, to enact sections 5101.91, 5104.291, 3
and 5120.658 of the Revised Code, and to repeal 4
Section 105.40 of H.B. 33 of the 135th General 5
Assembly to support strong foundations for Ohio 6
mothers and babies in their first one thousand 7
days to address maternal and infant mortality, 8
to improve health, developmental, and learning 9
outcomes for babies and mothers through expanded 10
prenatal, postnatal, infant, and toddler health 11
care and early intervention and wraparound 12
services and supports; to amend the versions of 13
sections 5180.21, 5180.22, and 5180.32 of the 14
Revised Code that are scheduled to take effect 15
January 1, 2025, to continue those changes on 16
and after that date; to name this act the Strong 17
Foundations Act; and to make appropriations. 18

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:



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Section 1. That sections 3701.61, 3701.611, 4723.89, 19
4723.90, 5101.342, 5123.0421, 5123.33, 5162.13, and 5164.071 be 20
amended and sections 5101.91, 5104.291, and 5120.658 of the 21
Revised Code be enacted to read as follows: 22

Sec. 3701.61. (A) The department of health shall establish 23
the help me grow program as the state's evidence-based parent 24
support program that encourages early prenatal and well-baby 25
care, as well as provides parenting education to promote the 26
comprehensive health and development of children. The program 27
shall provide home visiting services to families with a pregnant 28
woman or child under five years of age that meet the eligibility 29
requirements established in rules adopted under this section. 30
Home visiting services shall be provided through evidence-based 31
home visiting models or innovative, promising home visiting 32
models recommended by the Ohio home visiting consortium created 33
under section 3701.612 of the Revised Code. 34

(B) Families shall be referred to the appropriate home 35
visiting services through the central intake and referral system 36
created under section 3701.611 of the Revised Code. 37

(C) To the extent possible, the goals of the help me grow 38
program shall be consistent with the goals of the federal home 39
visiting program, as specified by the maternal and child health 40
bureau of the health resources and services administration in 41
the United States department of health and human services or its 42
successor. 43

(D) The director of health ~~may~~ shall enter into an 44
interagency agreement with one or more state agencies, including 45
the department of developmental disabilities, department of job 46
and family services, department of medicaid, commission on 47
minority health, Ohio fatherhood commission, and children's 48

trust fund board, to implement the help me grow program—and, to 49
ensure coordination of early childhood programs, and to maximize 50
reimbursement for the help me grow program from any federal 51
source. 52

In addition to creating the central intake and referral 53
system as described in section 3701.611 of the Revised Code, the 54
department of health shall establish a comprehensive screening 55
and connection program to support the coordination of home 56
visiting services across the state, including through the 57
department of health, department of developmental disabilities, 58
department of job and family services, department of medicaid, 59
commission on minority health, Ohio fatherhood commission, and 60
children's trust fund board. Following the program's 61
establishment, the department of health shall evaluate on a 62
regular basis the program's effectiveness in coordinating home 63
visiting services. 64

(E) The director may distribute help me grow program funds 65
through contracts, grants, or subsidies to entities providing 66
services under the program. 67

(F) As a condition of receiving payments for home visiting 68
services, providers shall report to the director data on the 69
program performance indicators, specified in rules adopted under 70
division (G) of this section, that are used to assess progress 71
toward achieving all of the following: 72

(1) The benchmark domains established for the federal home 73
visiting program, including improvement in maternal and newborn 74
health; reduction in child injuries, abuse, and neglect; 75
improved school readiness and achievement; reduction in crime 76
and domestic violence; and improved family economic self- 77
sufficiency; 78

(2) Improvement in birth outcomes and reduction in stillbirths, as that term is defined in section 3701.97 of the Revised Code; 79
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(3) Reduction in tobacco use by pregnant women, new parents, and others living in households with children. 82
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The providers shall report the data in the format and within the time frames specified in the rules. 84
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The director shall prepare an annual report on the data received from the providers. Each report shall include an evaluation addressing the number of families and children served, the number and type of services provided, and health and developmental outcomes for participating families and children. 86
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The director shall submit the report to the general assembly in accordance with section 101.68 of the Revised Code and make the report available on the internet web site maintained by the department of health. 91
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(G) Pursuant to Chapter 119. of the Revised Code, the director shall adopt rules that are necessary and proper to implement this section. The rules shall specify all of the following: 95
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(1) Subject to division (H) of this section, eligibility requirements for home visiting services; 99
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(2) ~~Eligibility~~ Subject to division (H) of this section, eligibility requirements for providers of home visiting services; 101
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(3) ~~Standards~~ Subject to division (H) of this section, standards and procedures for the provision of program services, including data collection, program monitoring, and program evaluation; 104
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(4) Procedures for appealing the denial of an application for program services or the termination of services;	108 109
(5) Procedures for appealing the denial of an application to become a provider of program services or the termination of the department's approval of a provider;	110 111 112
(6) Procedures for addressing complaints;	113
(7) The program performance indicators on which data must be reported by providers of home visiting services under division (F) of this section, which, to the extent possible, shall be consistent with federal reporting requirements for federally funded home visiting services;	114 115 116 117 118
(8) The format in which reports must be submitted under division (F) of this section and the time frames within which the reports must be submitted;	119 120 121
(9) Criteria for payment of approved providers of program services;	122 123
(10) Any other rules necessary to implement the program.	124
(H) <u>(H) (1)</u> When adopting rules required by division (G) (1) of this section, the department <u>director</u> shall specify that families residing in the urban and rural communities specified in rules adopted under section 3701.142 of the Revised Code <u>and families at risk of being in, or engaged with, the child welfare system</u> are to receive priority over other families for home visiting services.	125 126 127 128 129 130 131
<u>(2) When adopting rules required by division (G) (2) of this section, the director shall specify as eligible providers of home visiting services entities that demonstrate the use of evidence-based home visiting models.</u>	132 133 134 135

(3) When adopting rules required by division (G) (3) of 136
this section, the director may allow the provision of home 137
visiting services to be supplemented by services available 138
online or through other electronic means. 139

(I) (1) For the providers described in division (H) (2) of 140
this section and if approved, the online services described in 141
division (H) (3) of this section, the department shall evaluate 142
on a regular basis their effectiveness in serving pregnant 143
women, infants, and toddlers, especially those at risk of being 144
in, or engaged with, the child welfare system. As part of each 145
evaluation, the department shall identify the challenges to 146
participation in the help me grow program that families in rural 147
and Appalachian communities experience and recommend strategies 148
to improve their participation. 149

(2) The department shall include in the annual report 150
required by division (F) of this section an analysis of the 151
impact of the providers and online services described in 152
divisions (H) (2) and (3) of this section. 153

(J) The department, in collaboration with the departments 154
of job and family services and medicaid, shall develop 155
strategies to increase the workforce capacity of home visiting 156
service providers and parenting support professionals, including 157
efforts to incentivize and retain such providers and 158
professionals in this state. 159

Sec. 3701.611. (A) The department of health shall create a 160
central intake and referral system for all home visiting 161
programs operating in this state. Through a competitive bidding 162
process, the department of health may select one or more persons 163
or government entities to operate the system. In its oversight 164
of the one or more system operators, the department shall 165

streamline the system to ensure families and children receive 166
services from home visiting programs as described in division 167
(B) (3) of this section. 168

(B) If the department of health chooses to select one or 169
more system operators as described in division (A) of this 170
section, a contract with any system operator shall require that 171
the system do ~~both~~all of the following: 172

(1) Serve as a single point of entry for access, 173
assessment, and referral of families and children to appropriate 174
home visiting services based on each family's location of 175
residence; 176

(2) Use a standardized form or other mechanism to assess 177
~~for each family member's risk factors and social determinants of~~ 178
~~health, as well as ensure~~; 179

(3) Ensure that the family is families and children are 180
referred to the appropriate and receive services from home 181
visiting program, which may include a program that uses programs 182
using evidence-based or evidence-informed models and that are 183
appropriate to their level of needs, including the following: 184

(a) Programs using home visiting contractors ~~who~~ that 185
provide services within a pathways community HUB ~~that fully or~~ 186
~~substantially complies with the pathways community HUB~~ 187
~~certification standards developed~~ certified by the pathways 188
community HUB institute; 189

(b) Programs that provide services using the early head 190
start home-based option; 191

(c) Programs that provide services using other available 192
evidence-based or evidence-informed home visiting models or 193
strategies, including those supported by the state and specified 194

by the department. 195

(C) The standardized form or other mechanism described in 196
division (B) (2) of this section shall be agreed to by the home 197
visiting consortium created under section 3701.612 of the 198
Revised Code. 199

(D) A contract entered into under division (B) of this 200
section shall require a system operator to issue an annual 201
report to the department of health that includes data regarding 202
referrals made by the central intake and referral system, costs 203
associated with the referrals, and the quality of services 204
received by families and children who were referred to services 205
through the system. The report shall be distributed to the home 206
visiting consortium created under section 3701.612 of the 207
Revised Code. 208

(E) After referring a family to a home visiting services 209
provider, the system operator shall notify the director of 210
health of the referral. As soon as practicable after receiving 211
notice of the referral, the director shall request, as described 212
in division (D) (2) (d) of section 3301.0714 of the Revised Code, 213
the independent contractor engaged to create and maintain 214
student data verification codes under section 3301.0723 of the 215
Revised Code to assign a data verification code to the referred 216
family's child. The director may use the code to evaluate the 217
effectiveness of home visiting services received by the family's 218
child and any outcomes for the child. 219

(F) Nothing in this section is intended to do any of the 220
following: 221

(1) Prohibit the department of health from using 222
alternative promotional materials or names for the central 223

intake and referral system;	224
(2) Require the use of help me grow program promotional materials or names;	225 226
(3) Prohibit providers, central coordinators, the department of health, or stakeholders from using the help me grow name for promotional materials for home visiting.	227 228 229
Sec. 4723.89. (A) As used in this section:	230
(1) "Doula" means a trained, nonmedical professional who <u>advocates for, and provides continuous physical, emotional, and informational support to,</u> a pregnant woman <u>through the delivery of a child and immediately after the delivery, including during any of the following periods,</u> regardless of whether the woman's pregnancy results in a live birth:	231 232 233 234 235 236
(a) The antepartum period;	237
(b) The intrapartum period;	238
(c) The postpartum period.	239
(2) "Doula certification organization" means any an organization that is recognized organization that the board of nursing considers appropriate, <u>at an international, national, state, or local level, for training and certifying doulas.</u>	240 241 242 243
(B) Beginning on the date that occurs one year after the effective date of this section <u>October 3, 2024,</u> a person shall not use or assume the title "certified doula" unless the person holds a certificate issued under this section by the board of nursing.	244 245 246 247 248
(C) <u>The board of nursing shall seek and consider the opinion of the doula advisory board established in section</u>	249 250

<u>4723.90 of the Revised Code when an individual is seeking to be</u>	251
<u>eligible for medicaid reimbursement as a certified doula.</u>	252
<u>(D)</u> The board shall adopt rules in accordance with Chapter	253
119. of the Revised Code establishing standards and procedures	254
for issuing certificates to doulas under this section. The rules	255
shall include all of the following:	256
(1) Requirements for certification as a doula, including a	257
requirement that a doula either be certified by a doula	258
certification organization or, if not certified, have education	259
and experience considered by the board to be appropriate, as	260
specified in the rules;	261
(2) Requirements for renewal of a certificate and	262
continuing education;	263
(3) Requirements for training on racial bias, health	264
disparities, and cultural competency as a condition of initial	265
certification and certificate renewal;	266
(4) Certificate application and renewal fees, as well as a	267
waiver of those fees for applicants with a family income not	268
exceeding two <u>three</u> hundred per cent of the federal poverty	269
line;	270
(5) Requirements and standards of practice for certified	271
doulas;	272
(6) The amount of a fine to be imposed under division (E)	273
<u>(F)</u> of this section;	274
(7) Any other standards or procedures the board considers	275
necessary to implement this section.	276
(D) <u>(E)</u> The board <u>of nursing</u> shall develop and regularly	277
update a registry of doulas who hold certificates issued under	278

this section. The registry shall be made available to the public 279
on a web site maintained by the board. 280

~~(E)~~ (F) In an adjudication under Chapter 119. of the 281
Revised Code, the board of nursing may impose a fine against any 282
person who violates division (B) of this section. On request of 283
the board, the attorney general shall bring and prosecute to 284
judgment a civil action to collect any fine imposed under this 285
division that remains unpaid. 286

Sec. 4723.90. (A) There is hereby established within the 287
board of nursing the doula advisory board. 288

(B) (1) The advisory board shall consist of ~~at least~~ 289
~~thirteen but not more than fifteen~~ the following sixteen members 290
~~appointed by the board of nursing.~~ 291

~~The overall composition of the membership of the advisory~~ 292
~~board shall be as follows:~~ 293

(a) ~~At least three~~ The following members appointed by the 294
board of nursing: 295

(i) Three members shall represent representing communities 296
most impacted by negative maternal and infant health outcomes. 297

~~(b) At least six;~~ 298

(ii) Five members shall be who are doulas with current, 299
valid certification from a doula certification organization. 300

~~(c) At least one member shall be a;~~ 301

(iii) Two members who are public health ~~official~~ officials, 302
~~physician~~ physicians, ~~nurse~~ nurses, or social ~~worker~~ workers 303

~~(d) At least one member shall be a consumer.;~~ 304

(iv) Two members who are consumers; 305

<u>(v) Two members representing a doula certification program</u>	306
<u>or organization established in Ohio.</u>	307
<u>(b) One member representing the commission on minority</u>	308
<u>health appointed by the executive director of the commission on</u>	309
<u>minority health;</u>	310
<u>(c) One member representing the department of health</u>	311
<u>appointed by the director of health.</u>	312
(2) Both of the following apply to the board of nursing in	313
appointing members to the advisory board:	314
(a) A good faith effort shall be made to select members	315
who represent counties with higher rates of infant and maternal	316
mortality, particularly those counties with the largest	317
disparities.	318
(b) Priority shall be given to individuals with direct	319
service experience providing care to infants and pregnant and	320
postpartum women.	321
(C) The advisory board, by a majority vote of a quorum of	322
its members, shall select an individual to serve as its	323
chairperson. The advisory board may replace a chairperson in the	324
same manner.	325
(D) Of the initial appointments to the advisory board_	326
<u>pursuant to division (B)(1)(a) of this section,</u> half shall be	327
appointed to a term of one year and half shall be appointed to a	328
term of two years. Thereafter, all terms shall be two years.	329
<u>(E) The board of nursing, the executive director of the</u>	330
<u>commission on minority health, and the director of health</u> shall	331
fill a vacancy as soon as practicable.	332
(E) If requested, a member shall receive per diem	333

~~compensation for, as well as reimbursement of actual and~~ 334
~~necessary expenses incurred pursuant to, fulfilling the member's~~ 335
~~duties on the advisory board.~~Members may be reappointed for an 336
unlimited number of terms. 337

(F) The advisory board shall meet at the call of the 338
advisory board's chairperson as often as the chairperson 339
determines necessary for timely completion of the board's duties 340
as described in this section. 341

(G) The board of nursing shall provide meeting space, 342
virtual meeting technology, staff services, and other technical 343
assistance required by the advisory board in carrying out its 344
duties. 345

(H) The advisory board shall do all of the following: 346

(1) Provide general advice, guidance, and recommendations 347
to the board of nursing regarding doula certification and the 348
adoption of rules under divisions ~~(C) (3)~~ (D) (3) and (5) of 349
section 4723.89 of the Revised Code; 350

(2) Advise the board of nursing regarding individuals 351
seeking to be eligible for medicaid reimbursement as certified 352
doulas; 353

(3) Provide general advice, guidance, and recommendations 354
to the department of medicaid regarding the ~~program operated~~ 355
medicaid coverage of doula services required under section 356
5164.071 of the Revised Code; 357

~~(3) Make recommendations to the medicaid director~~ 358
~~regarding~~ (4) Beginning two years after the effective date of 359
this section and annually thereafter, submit a report to the 360
adoption of rules for purposes of general assembly in accordance 361
with section 5164.071-101.68 of the Revised Code including the 362

<u>following information regarding the doula services provided</u>	363
<u>pursuant to sections 5120.658 and 5164.071 of the Revised Code:</u>	364
<u>(a) The number of pregnant women and infants served;</u>	365
<u>(b) The number and types of doula services provided;</u>	366
<u>(c) Outcome metrics, including maternal and infant health</u> <u>outcomes.</u>	367 368
Sec. 5101.342. The Ohio commission on fatherhood shall do	369
both of the following:	370
(A) Organize a state summit on fatherhood every four	371
years;	372
(B) Prepare a report each year that does the following:	373
(1) Identifies resources available to fund fatherhood-	374
related programs and explores the creation of initiatives to do	375
the following:	376
(a) Build the parenting skills of fathers;	377
(b) Provide employment-related services for low-income,	378
noncustodial fathers;	379
(c) Prevent premature fatherhood;	380
(d) Provide services to fathers who are inmates in or have	381
just been released from imprisonment in a state correctional	382
institution, as defined in section 2967.01 of the Revised Code,	383
or in any other detention facility, as defined in section	384
2921.01 of the Revised Code, so that they are able to maintain	385
or reestablish their relationships with their families;	386
(e) Reconcile fathers with their families;	387
(f) Increase public awareness of the critical role fathers	388

play. 389

(2) Describes the commission's expectations for the 390
outcomes of fatherhood-related programs and initiatives and the 391
methods the commission uses for conducting annual measures of 392
those outcomes; 393

(3) Evaluates the number of fathers and children served 394
and the number and types of additional services provided as a 395
result of the recommendations made to the director of job and 396
family services pursuant to section 5101.805 of the Revised 397
Code. 398

The commission shall submit each report to the general 399
assembly in accordance with section 101.68 of the Revised Code. 400

(C) Pursuant to section 5101.805 of the Revised Code, the 401
commission may make recommendations to the director of job and 402
family services regarding funding, approval, and implementation 403
of fatherhood programs in this state that meet at least one of 404
the four purposes of the temporary assistance for needy families 405
block grant, as specified in 42 U.S.C. 601. 406

(D) The portion of the report prepared pursuant to 407
division (B) (2) of this section shall be prepared by the 408
commission in collaboration with the director of children and 409
youth. 410

(E) The commission shall submit each report prepared 411
pursuant to division (B) of this section to the president and 412
minority leader of the senate, speaker and minority leader of 413
the house of representatives, governor, and chief justice of the 414
supreme court. The first report is due not later than one year 415
after the last of the initial appointments to the commission is 416
made under section 5101.341 of the Revised Code. 417

Sec. 5101.91. To increase participation in evidence-based parenting education programs, including the "Positive Parenting Program," also known as "Triple P," the department of job and family services shall develop strategies for state departments, agencies, and boards to use in informing parents, caregivers, and child care providers about such programs and in promoting their benefits, including their parenting, caregiving, and educational resources. In developing the foregoing strategies, the department of job and family services shall collaborate with other state departments. 418
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Sec. 5104.291. (A) This section establishes standards and conditions for rating the following early learning and development programs in the step up to quality program: 428
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(1) A licensed child day-care center operating a head start or early head start program; 431
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(2) A licensed type A or type B family day-care home under contract to provide head start or early head start services. 433
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(B) (1) On a periodic basis, the department of job and family services shall do both of the following: 435
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(a) Review head start program performance standards described in 45 C.F.R. Part 1302 and determine which step up to quality program ratings tier corresponds with minimum head start program performance standards; 437
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(b) Review accreditation standards for the national association for the education of young children, or its successor organization, and determine which step up to quality program ratings tier corresponds with minimum accreditation standards. 441
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(2) The department shall rate each program described in 446

division (A) (1) or (2) of this section in the step up to quality 447
program ratings tier that the department has determined 448
corresponds with the minimum standards. 449

(C) The department shall prescribe the manner in which a 450
program is to demonstrate to the department satisfaction of the 451
requirements of this section. 452

Sec. 5120.658. (A) As used in this section, "doula" has 453
the same meaning as in section 4723.89 of the Revised Code. 454

(B) Beginning one year after the effective date of this 455
section, the department of rehabilitation and correction shall 456
operate a program to provide to inmates participating in any 457
prison nursery program established under section 5120.65 of the 458
Revised Code doula services that are provided by a doula 459
certified under section 4723.89 of the Revised Code. 460

(C) The department may adopt rules in accordance with 461
Chapter 119. of the Revised Code to implement this section. 462

Sec. 5123.0421. The director of developmental disabilities 463
shall adopt rules in accordance with Chapter 119. of the Revised 464
Code that are necessary to implement the state's part C early 465
intervention services program, including rules that specify all 466
of the following: 467

(A) Eligibility requirements to receive program services, 468
including both of the following: 469

(1) Standards that deem an infant born before twenty-eight 470
weeks of gestational age eligible for program services, without 471
any other required conditions; 472

(2) Standards that provide to an infant born between 473
twenty-eight and thirty-eight weeks of gestational age home 474

visiting services pursuant to section 3701.61 of the Revised 475
Code that include developmental screening and, if appropriate 476
based on the results of the screening, a referral for part C 477
early intervention program services; 478

(B) Eligibility requirements to be a program service 479
provider; 480

(C) Operating standards and procedures for program service 481
providers, including standards and procedures governing data 482
collection, program monitoring, and program evaluation; 483

(D) Procedures to appeal the denial of an application to 484
receive program services or the termination of program services; 485

(E) Procedures to appeal a decision by the department of 486
developmental disabilities to deny an application to be a 487
program service provider or to terminate a provider's status; 488

(F) Procedures for addressing complaints by persons who 489
receive program services; 490

(G) Criteria for the payment of program service providers; 491

(H) The metrics or indicators used to measure program 492
service provider performance. 493

Sec. 5123.33. (A) In its annual report, the department of 494
developmental disabilities shall include a both of the 495
following: 496

(1) A list of the officers and agents employed, and 497
complete financial statement of the various institutions under 498
its control. The report shall describe the condition of each 499
institution, and shall state, as to each institution, whether: 500

~~(A)~~ (a) The moneys appropriated have been economically and 501

judiciously expended; 502

~~(B)~~ (b) The objects of the institutions have been 503
accomplished; 504

~~(C)~~ (c) The laws in relation to such institutions have 505
been fully complied with; 506

~~(D)~~ (d) All parts of the state are equally benefited by 507
the institutions. 508

(2) The following information regarding this state's part 509
C early intervention services program established pursuant to 510
rules authorized under section 5123.0421 of the Revised Code: 511

(a) The number of families and infants served; 512

(b) The number and types of early intervention services 513
provided; 514

(c) The age of infants on the referral date and the source 515
of the referral, including an indication if the referral was 516
made by a home visiting provider; 517

(d) Outcome metrics for participating families and 518
infants. 519

~~Such~~ (B) Each annual report shall be accompanied by the 520
reports of the managing officers, such other information as the 521
department considers proper, and the department's 522
recommendations for the more effective accomplishment of the 523
general purpose of this chapter. 524

(C) The department shall submit each annual report to the 525
general assembly in accordance with section 101.68 of the 526
Revised Code. 527

Sec. 5162.13. (A) On or before the first day of January of 528

each year, the department of medicaid shall complete a report on 529
the effectiveness of the medicaid program in meeting the health 530
care needs of low-income pregnant women, infants, and children. 531
The report shall include all of the following, delineated by 532
race and ethnic group: 533

(1) The estimated number of pregnant women, infants, and 534
children eligible for the program; 535

(2) The actual number of eligible persons enrolled in the 536
program; 537

(3) The actual number of enrolled pregnant women 538
categorized by estimated gestational age at time of enrollment; 539

(4) The average number of days between the following 540
events: 541

(a) A pregnant woman's application for medicaid and 542
enrollment in the fee-for-service component of medicaid; 543

(b) A pregnant woman's application for enrollment in a 544
medicaid managed care organization and enrollment in the managed 545
care organization. 546

The information described in divisions (A) (4) (a) and (b) 547
of this section shall also be delineated by county and the urban 548
and rural communities specified in rules adopted under section 549
3701.142 of the Revised Code. 550

(5) The number of prenatal, postpartum, and child health 551
visits; 552

(6) The estimated number of enrolled women of child- 553
bearing age who use a tobacco product; 554

(7) The estimated number of enrolled women of child- 555

bearing age who participate in a tobacco cessation program or	556
who use a tobacco cessation product;	557
(8) The rates at which enrolled pregnant women receive	558
addiction or mental health services, progesterone therapy, and	559
any other service specified by the department;	560
(9) A report on birth outcomes, including a comparison of	561
low-birthweight births and infant mortality rates of medicaid	562
recipients with the general female child-bearing and infant	563
population in this state;	564
(10) A comparison of the prenatal, delivery, and child	565
health costs of the program with such costs of similar programs	566
in other states, where available;	567
(11) A report on performance data generated by the	568
component of the state innovation model (SIM) grant pertaining	569
to episode-based payments for perinatal care that was awarded to	570
this state by the center for medicare and medicaid innovation in	571
the United States centers for medicare and medicaid services;	572
(12) A report on funds allocated for infant mortality	573
reduction initiatives in the urban and rural communities	574
specified in rules adopted under section 3701.142 of the Revised	575
Code;	576
(13) A report on the results of client responses to	577
questions related to pregnancy services and healthcheck that are	578
asked by the personnel of county departments of job and family	579
services;	580
(14) A comparison of the performance of the fee-for-	581
service component of medicaid with the performance of each	582
medicaid managed care organization on perinatal health metrics	583

<u>(15) A report demonstrating cost savings resulting from</u>	584
<u>program investments;</u>	585
<u>(16) Beginning two years after the effective date of this</u>	586
<u>amendment, a report on the medicaid coverage of doula services</u>	587
<u>required by section 5164.071 of the Revised Code, including:</u>	588
<u>(a) Outcomes related to maternal health and maternal</u>	589
<u>morbidity;</u>	590
<u>(b) Infant health outcomes;</u>	591
<u>(c) The average costs of providing doula services to</u>	592
<u>mothers and infants;</u>	593
<u>(d) Estimated cost increases or savings as a result of</u>	594
<u>providing doula coverage.</u>	595
(B) The department shall submit the report to the general	596
assembly in accordance with section 101.68 of the Revised Code	597
and to the joint medicaid oversight committee. The department	598
also shall make the report available to the public.	599
<u>(C) The department shall provide to the joint medicaid</u>	600
<u>oversight committee a copy of the data used to calculate the</u>	601
<u>information required in the report under division (A) (16) of</u>	602
<u>this section.</u>	603
Sec. 5164.071. (A) As used in this section, "doula" has	604
the same meaning as in section 4723.89 of the Revised Code.	605
(B) The medicaid program shall operate a program to cover	606
doula services that are provided by a doula if the doula has a	607
valid provider agreement and is certified under section 4723.89	608
of the Revised Code. <u>Medicaid payments for doula services shall</u>	609
<u>be determined on the basis of each pregnancy, regardless of</u>	610
<u>whether multiple births occur as a result of that pregnancy.</u>	611

(C) Any provider outcome measurements or incentives the department of medicaid implements for the medicaid coverage of doula services shall be consistent with this state's medicare-medicaid plan quality withhold provider or managed care plan methodology and benchmarks. 612
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(D) The medicaid director shall adopt rules under section 5164.02 of the Revised Code to implement this section. 617
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~~Notwithstanding any provision of section 121.95 of the Revised Code to the contrary, a regulatory restriction contained in a rule adopted under this section is not subject to sections 121.95 to 121.953 of the Revised Code.~~ 619
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Section 2. That existing sections 3701.61, 3701.611, 4723.89, 4723.90, 5101.342, 5123.0421, 5123.33, 5162.13, and 5164.071 of the Revised Code are hereby repealed. 623
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Section 3. That Section 105.40 of H.B. 33 of the 135th General Assembly is hereby repealed. 626
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Section 4. That the versions of sections 5180.21, 5180.22, and 5180.32 of the Revised Code that are scheduled to take effect on January 1, 2025, be amended to read as follows: 628
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Sec. 5180.21. (A) The department of children and youth shall establish the help me grow program as the state's evidence-based parent support program that encourages early prenatal and well-baby care, as well as provides parenting education to promote the comprehensive health and development of children. The program shall provide home visiting services to families with a pregnant woman or child under five years of age that meet the eligibility requirements established in rules adopted under this section. Home visiting services shall be provided through evidence-based home visiting models or 631
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innovative, promising home visiting models recommended by the 641
Ohio home visiting consortium created under section 5180.23 of 642
the Revised Code. 643

(B) Families shall be referred to the appropriate home 644
visiting services through the central intake and referral system 645
created under section 5180.22 of the Revised Code. 646

(C) To the extent possible, the goals of the help me grow 647
program shall be consistent with the goals of the federal home 648
visiting program, as specified by the maternal and child health 649
bureau of the health resources and services administration in 650
the United States department of health and human services or its 651
successor. 652

(D) The director of children and youth ~~may~~ shall enter 653
into an interagency agreement with one or more state agencies, 654
including the department of developmental disabilities, 655
department of job and family services, department of medicaid, 656
commission on minority health, Ohio fatherhood commission, and 657
children's trust fund board, to implement the help me grow 658
program ~~and~~, to ensure coordination of early childhood 659
programs, and to maximize reimbursement for the help me grow 660
program from any federal source. 661

In addition to creating the central intake and referral 662
system as described in section 5180.22 of the Revised Code, the 663
department of children and youth shall establish a comprehensive 664
screening and connection program to support the coordination of 665
home visiting services across the state, including through the 666
department of health, department of developmental disabilities, 667
department of job and family services, department of medicaid, 668
commission on minority health, Ohio fatherhood commission, and 669
children's trust fund board. Following the program's 670

establishment, the department of children and youth shall 671
evaluate on a regular basis the program's effectiveness in 672
coordinating home visiting services. 673

(E) The director may distribute help me grow program funds 674
through contracts, grants, or subsidies to entities providing 675
services under the program. 676

(F) As a condition of receiving payments for home visiting 677
services, providers shall report to the director data on the 678
program performance indicators, specified in rules adopted under 679
division (G) of this section, that are used to assess progress 680
toward achieving all of the following: 681

(1) The benchmark domains established for the federal home 682
visiting program, including improvement in maternal and newborn 683
health; reduction in child injuries, abuse, and neglect; 684
improved school readiness and achievement; reduction in crime 685
and domestic violence; and improved family economic self- 686
sufficiency; 687

(2) Improvement in birth outcomes and reduction in 688
stillbirths, as that term is defined in section 5180.12 of the 689
Revised Code; 690

(3) Reduction in tobacco use by pregnant women, new 691
parents, and others living in households with children. 692

The providers shall report the data in the format and 693
within the time frames specified in the rules. 694

The director shall prepare an annual report on the data 695
received from the providers. Each report shall include an 696
evaluation addressing the number of families and children 697
served, the number and type of services provided, and health and 698
developmental outcomes for participating families and children. 699

The director shall submit the report to the general assembly in 700
accordance with section 101.68 of the Revised Code and make the 701
report available on the internet web site maintained by the 702
department of children and youth. 703

(G) Pursuant to Chapter 119. of the Revised Code, the 704
director shall adopt rules that are necessary and proper to 705
implement this section. The rules shall specify all of the 706
following: 707

(1) Subject to division (H) of this section, eligibility 708
requirements for home visiting services; 709

(2) ~~Eligibility~~ Subject to division (H) of this section, 710
eligibility requirements for providers of home visiting 711
services; 712

(3) ~~Standards~~ Subject to division (H) of this section, 713
standards and procedures for the provision of program services, 714
including data collection, program monitoring, and program 715
evaluation; 716

(4) Procedures for appealing the denial of an application 717
for program services or the termination of services; 718

(5) Procedures for appealing the denial of an application 719
to become a provider of program services or the termination of 720
the department's approval of a provider; 721

(6) Procedures for addressing complaints; 722

(7) The program performance indicators on which data must 723
be reported by providers of home visiting services under 724
division (F) of this section, which, to the extent possible, 725
shall be consistent with federal reporting requirements for 726
federally funded home visiting services; 727

(8) The format in which reports must be submitted under 728
division (F) of this section and the time frames within which 729
the reports must be submitted; 730

(9) Criteria for payment of approved providers of program 731
services; 732

(10) Any other rules necessary to implement the program. 733

~~(H)~~(H)(1) When adopting rules required by division (G)(1) 734
of this section, the ~~department~~ director shall specify that 735
families residing in the urban and rural communities specified 736
in rules adopted under section 3701.142 of the Revised Code and 737
families at risk of being in, or engaged with, the child welfare 738
system are to receive priority over other families for home 739
visiting services. 740

(2) When adopting rules required by division (G)(2) of 741
this section, the director shall specify as eligible providers 742
of home visiting services entities that demonstrate the use of 743
evidence-based home visiting models. 744

(3) When adopting rules required by division (G)(3) of 745
this section, the director may allow the provision of home 746
visiting services to be supplemented by services available 747
online or through other electronic means. 748

(I)(1) For the providers described in division (H)(2) of 749
this section and if approved, the online services described in 750
division (H)(3) of this section, the department shall evaluate 751
on a regular basis their effectiveness in serving pregnant 752
women, infants, and toddlers, especially those at risk of being 753
in, or engaged with, the child welfare system. As part of each 754
evaluation, the department shall identify the challenges to 755
participation in the help me grow program that families in rural 756

and Appalachian communities experience and recommend strategies 757
to improve their participation. 758

(2) The department shall include in the annual report 759
required by division (F) of this section an analysis of the 760
impact of the providers and online services described in 761
divisions (H) (2) and (3) of this section. 762

(J) The department, in collaboration with the departments 763
of job and family services and medicaid, shall develop 764
strategies to increase the workforce capacity of home visiting 765
service providers and parenting support professionals, including 766
efforts to incentivize and retain such providers and 767
professionals in this state. 768

Sec. 5180.22. (A) The department of children and youth 769
shall create a central intake and referral system for all home 770
visiting programs operating in this state. Through a competitive 771
bidding process, the department of children and youth may select 772
one or more persons or government entities to operate the 773
system. In its oversight of the one or more system operators, 774
the department shall streamline the system to ensure families 775
and children receive services from home visiting programs as 776
described in division (B) (3) of this section. 777

(B) If the department of children and youth chooses to 778
select one or more system operators as described in division (A) 779
of this section, a contract with any system operator shall 780
require that the system do ~~both~~all of the following: 781

(1) Serve as a single point of entry for access, 782
assessment, and referral of families and children to appropriate 783
home visiting services based on each family's location of 784
residence; 785

(2) Use a standardized form or other mechanism to assess 786
~~for each family member's risk factors and social determinants of~~ 787
~~health, as well as ensure;~~ 788

(3) Ensure that the family is families and children are 789
referred to the appropriate and receive services from home 790
visiting program, which may include a program that uses programs 791
using evidence-based or evidence-informed models and that are 792
appropriate to their level of needs, including the following: 793

(a) Programs using home visiting contractors who that 794
provide services within a pathways community HUB ~~that fully or~~ 795
~~substantially complies with the pathways community HUB~~ 796
~~certification standards developed certified by the pathways~~ 797
community HUB institute; 798

(b) Programs that provide services using the early head 799
start home-based option; 800

(c) Programs that provide services using other available 801
evidence-based or evidence-informed home visiting models or 802
strategies, including those supported by the state and specified 803
by the department. 804

(C) The standardized form or other mechanism described in 805
division (B) (2) of this section shall be agreed to by the home 806
visiting consortium created under section 5180.23 of the Revised 807
Code. 808

(D) A contract entered into under division (B) of this 809
section shall require a system operator to issue an annual 810
report to the department of children and youth that includes 811
data regarding referrals made by the central intake and referral 812
system, costs associated with the referrals, and the quality of 813
services received by families and children who were referred to 814

services through the system. The report shall be distributed to 815
the home visiting consortium created under section 5180.23 of 816
the Revised Code. 817

(E) After referring a family to a home visiting services 818
provider, the system operator shall notify the director of 819
health of the referral. As soon as practicable after receiving 820
notice of the referral, the director shall request, as described 821
in division (D) (2) (d) of section 3301.0714 of the Revised Code, 822
the independent contractor engaged to create and maintain 823
student data verification codes under section 3301.0723 of the 824
Revised Code to assign a data verification code to the referred 825
family's child. The director may use the code to evaluate the 826
effectiveness of home visiting services received by the family's 827
child and any outcomes for the child. 828

(F) Nothing in this section is intended to do any of the 829
following: 830

(1) Prohibit the department of children and youth from 831
using alternative promotional materials or names for the central 832
intake and referral system; 833

(2) Require the use of help me grow program promotional 834
materials or names; 835

(3) Prohibit providers, central coordinators, the 836
department of children and youth, or stakeholders from using the 837
help me grow name for promotional materials for home visiting. 838

Sec. 5180.32. The director of children and youth shall 839
adopt rules in accordance with Chapter 119. of the Revised Code 840
that are necessary to implement the state's part C early 841
intervention services program, including rules that specify all 842
of the following: 843

(A) Eligibility requirements to receive program services, <u>including both of the following:</u>	844 845
<u>(1) Standards that deem an infant born before twenty-eight weeks of gestational age eligible for program services, without any other required conditions;</u>	846 847 848
<u>(2) Standards that provide to an infant born between twenty-eight and thirty-eight weeks of gestational age home visiting services pursuant to section 5101.21 of the Revised Code that include developmental screening and, if appropriate based on the results of the screening, a referral for part C early intervention program services;</u>	849 850 851 852 853 854
(B) Eligibility requirements to be a program service provider;	855 856
(C) Operating standards and procedures for program service providers, including standards and procedures governing data collection, program monitoring, and program evaluation;	857 858 859
(D) Procedures to appeal the denial of an application to receive program services or the termination of program services;	860 861
(E) Procedures to appeal a decision by the department of developmental disabilities to deny an application to be a program service provider or to terminate a provider's status;	862 863 864
(F) Procedures for addressing complaints by persons who receive program services;	865 866
(G) Criteria for the payment of program service providers;	867
(H) The metrics or indicators used to measure program service provider performance.	868 869
Section 5. That the existing versions of sections 5180.21,	870

5180.22, and 5180.32 of the Revised Code that are scheduled to 871
take effect January 1, 2025 are hereby repealed. 872

Section 6. Sections 4 and 5 of this act take effect 873
January 1, 2025. 874

Section 7. (A) As used in this section: 875

(1) "WIC" means the Special Supplemental Nutrition Program 876
for Women, Infants, and Children established under the "Child 877
Nutrition Act of 1966," 42 U.S.C. 1786. 878

(2) "SNAP" means the Supplemental Nutrition Assistance 879
Program administered by the Department of Job and Family 880
Services under section 5101.54 of the Revised Code in accordance 881
with the "Food and Nutrition Act of 2008," 7 U.S.C. 2011. 882

(B) The Department of Health shall evaluate and invest in 883
strategies to create an integrated eligibility determination 884
application for both WIC and SNAP. The Department of Health 885
shall collaborate with the Department of Job and Family Services 886
as necessary to create this application. 887

(C) The Department of Health shall investigate and 888
determine the feasibility of the following: 889

(1) Incorporating all available federal waivers, including 890
a waiver permitting the use of telephone and video calls to 891
complete WIC enrollment; 892

(2) Creating pilot opportunities and modifying the WIC 893
internet web site to simplify the application process and 894
benefit distribution for WIC, including by: 895

(a) Pursuing multi-program enrollment through Ohio 896
Benefits; 897

(b) Allowing for adjunctive eligibility for WIC applicants 898
who show proof of enrollment in SNAP, Ohio Works First, or 899
Medicaid; 900

(c) Enabling automatic online loading of benefits to WIC 901
nutrition cards; 902

(d) Offering online shopping with WIC nutrition cards; (e) 903
Exploring other ways to improve access to WIC benefits and 904
remove administrative burdens. 905

(D) Six months after the effective date of this section, 906
the Department of Health shall submit a report to the General 907
Assembly in accordance with section 101.68 of the Revised Code. 908
The report shall detail the results of the investigation 909
required by division (C) of this section, including the 910
feasibility of implementing the various changes to the WIC 911
program and the anticipated impact of permanently adopting the 912
changes. 913

Section 8. (A) The Department of Health shall create an 914
Ohio-tailored, membership-based mobile application available to 915
pregnant and postpartum women who are eligible for Medicaid. The 916
Department of Health, in collaboration with the Department of 917
Medicaid, shall issue a request for proposals to onboard the 918
mobile application platform described in this section. The 919
request for proposals shall include the following deliverables: 920

(1) The selected vendor will deliver education, resources, 921
and support to pregnant women and their families. 922

(2) The selected vendor will provide Ohio-specific 923
information on its mobile application, including links to the 924
Department of Medicaid and other state agency programs and 925
resources available to pregnant and postpartum women. 926

(3) The selected vendor will demonstrate a consistent workflow to increase awareness of state agency programs and resources available to users of the mobile application.

(4) The selected vendor will enable the Department of Medicaid and other state agencies to ask specific questions to users of the mobile application.

(5) The selected vendor will enable the Department of Medicaid to share specific content and resources, as determined by the Department, with users of the mobile application.

(6) The selected vendor will include information and resources in the mobile application that meet acceptable United States clinical standards, including standards defined by all of the following:

(a) The United States Centers for Disease Control and Prevention;

(b) The United States National Institutes of Health;

(c) The American College of Obstetricians and Gynecologists;

(d) The American Medical Association;

(e) The American Academy of Pediatrics.

(7) The selected vendor will make its mobile application available in multiple languages to provide access to as many users in the state as possible.

(8) The selected vendor will regularly provide the Department of Health and the Department of Medicaid with aggregate, deidentified data concerning the following:

(a) The number of users of the mobile application that are

eligible for Medicaid;	954
(b) The number of users of the mobile application that are engaging with Ohio-specific content;	955 956
(c) The number of users of the mobile application seeking additional information about enrollment in the Medicaid program or other available resources;	957 958 959
(d) The number of monthly users of the mobile application;	960
(e) The number of daily users of the mobile application;	961
(f) The average length of time a user uses the mobile application;	962 963
(g) Any other information requested by the Department of Health and Department of Medicaid.	964 965
(9) The selected vendor will make its mobile application accessible on both iOS and Android platforms.	966 967
(10) Any other deliverables determined by the Department of Health and Department of Medicaid.	968 969
(B) On the dates one year after the effective date of this section and two years after the effective date of this section, the Department of Health shall submit a report to the General Assembly in accordance with section 101.68 of the Revised Code summarizing the data collected pursuant to division (A) (8) of this section.	970 971 972 973 974 975
Section 9. The Department of Health shall establish a program to award grants to legal assistance organizations and medical providers that partner together to identify pregnant women, mothers, and children in need of legal services and to provide them with those services. The program's aim is to	976 977 978 979 980

resolve, through the legal system, negative social determinants 981
of health, such as unsafe housing, food or income insecurity, 982
domestic violence, and child custody disputes, in an effort to 983
increase participation in prenatal care and improve health 984
outcomes for pregnant women, mothers, and children. 985

In awarding grants, the Department shall prioritize 986
partnerships that demonstrate to the Department their ability to 987
coordinate with case management and home visitation services. As 988
a condition of receiving a grant, each legal assistance 989
organization and medical provider partnership shall monitor 990
health outcomes for the pregnant women, mothers, and children 991
receiving legal services under the partnership and shall report 992
on a regular basis those outcomes to the Department. 993

The report shall include an evaluation of the grant 994
program that addresses the number of women, mothers, and 995
children served, the number and type of services provided, and 996
any health and developmental outcomes for participating women, 997
mothers, and children. 998

Section 10. The Department of Medicaid shall study how 999
evidence-based peer-to-peer programming that supports infant 1000
vitality can be reimbursed through the Medicaid program. The 1001
Department shall submit a report summarizing the results of the 1002
study to the General Assembly in accordance with section 101.68 1003
of the Revised Code one year after the effective date of this 1004
section. 1005

Section 11. (A) The Department of Job and Family Services 1006
shall establish a pilot program to assist in the development of 1007
quality, comprehensive child care programs like Early Head Start 1008
across the state. The program shall focus on communities, 1009
including Appalachian, rural, and urban communities, 1010

experiencing both of the following: 1011

(1) High rates of infant mortality; 1012

(2) Limited access to child care for infants, toddlers, 1013
and families all at risk of being part of, or engaged in, the 1014
child welfare system. 1015

(B) Under the pilot program, the Department shall award 1016
resiliency grants to entities or organizations seeking to 1017
establish new, or enhance existing, center-based, home-based, 1018
and child care partnership programs for the communities, 1019
children, and families described in division (A) of this 1020
section. To be eligible, an entity or organization shall 1021
demonstrate that the entity or organization is able to offer 1022
wraparound services, mental health supports, and therapeutic 1023
classrooms to assist in overcoming barriers and achieving family 1024
stability. 1025

(C) In meeting the requirements of this section, the 1026
Department shall do the following: 1027

(1) Consider how to best encourage innovative partnerships 1028
and develop models to improve developmental and learning 1029
outcomes, with a focus on prenatal to age three, also while 1030
helping to meet local community workforce needs and further 1031
state literacy and education priorities; 1032

(2) Assist the programs described in division (B) of this 1033
section, including local Head Start programs, in collecting data 1034
that will better enable the programs to apply for federal grants 1035
and maintain funding over the course of grant cycles. 1036

(D) The Department shall evaluate the program on a 1037
periodic basis and shall address the number of families and 1038
children served, the number and type of services provided, and 1039

any health and developmental outcomes for participating families 1040
and children. 1041

Section 12. (A) Not later than June 30, 2025, the Medicaid 1042
Director shall evaluate, clarify, and update the Medicaid 1043
program's coverage of evidence-based and evidence-informed 1044
mental health and dyadic family therapy services for children 1045
and their caregivers, which are intended to improve outcomes for 1046
children from birth through five years of age. The Director's 1047
evaluation, clarification, and update to coverage shall address 1048
mental health and related screening for infants, toddlers, young 1049
children, pregnant women, women postpartum, and mothers and 1050
other caregivers, and shall include follow-up for those with 1051
identified risk, for parent-child dyadic therapies, and other 1052
infant and early child mental health services. 1053

The Director shall develop policy and billing guidance for 1054
Medicaid providers to do all of the following: 1055

(1) Improve the use of mental health and dyadic family 1056
therapy services for children from birth through age five and 1057
their families and other caregivers; 1058

(2) Improve the consistency of early childhood screenings 1059
delivered in primary care settings; 1060

(3) Encourage use of the Diagnostic Classification of 1061
Mental Health and Developmental Disorders of Infancy and Early 1062
Childhood published by ZERO TO THREE and known as the "DC:0-5" 1063
for assessing and diagnosing infants, toddlers, and young 1064
children, and permit use of ICD-10 diagnosis codes, published by 1065
the United States Department of Health and Human Services, for 1066
Medicaid billing. 1067

(B) Not later than one year after the effective date of 1068

this section, the Medicaid Director shall submit a report to the Governor and, in accordance with section 101.68 of the Revised Code, the General Assembly that includes both of the following:

(1) Information about how the Department of Medicaid has engaged stakeholders to develop the necessary guidance, manuals, training, and billing code use procedures associated with the Medicaid coverage described under division (A) of this section;

(2) An evaluation of the Medicaid coverage described in division (A) of this section, including:

(a) The number of families and children served;

(b) The number and types of services provided;

(c) Outcome metrics for families and children served.

Section 13. All items in this act are hereby appropriated as designated out of any moneys in the state treasury to the credit of the designated fund. For all operating appropriations made in this act, those in the first column are for fiscal year 2024 and those in the second column are for fiscal year 2025. The operating appropriations made in this act are in addition to any other operating appropriations made for these fiscal years.

Section 14.

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A DOH DEPARTMENT OF HEALTH

B General Revenue Fund

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C	GRF	440416	Mothers and Children Safety Net Services	\$2,000,000	\$2,000,000
D	GRF	440484	Public Health Technology Innovation	\$500,000	\$500,000
E	GRF	440485	Health Program Support	\$1,000,000	\$1,000,000
F	TOTAL GRF General Revenue Fund			\$3,500,000	\$3,500,000
G	TOTAL ALL BUDGET FUND GROUPS			\$3,500,000	\$3,500,000

MOTHERS AND CHILDREN SAFETY NET SERVICES 1090

The foregoing appropriation item 440416, Mothers and 1091
Children Safety Net Services, shall be used for the activities 1092
specified in Section 7 of this act. 1093

PUBLIC HEALTH TECHNOLOGY INNOVATION 1094

The foregoing appropriation item 440484, Public Health 1095
Technology Innovation, shall be used for a mobile application 1096
for Medicaid-eligible pregnant and postpartum women in 1097
accordance with Section 8 of this act. 1098

HEALTH PROGRAM SUPPORT 1099

The foregoing appropriation item 440485, Health Program 1100
Support, shall be used to award grants to legal assistance 1101
organizations and medical providers that partner together to 1102
identify pregnant women, mothers, and children in need of legal 1103
services in accordance with Section 9 of this act. 1104

Section 15. 1105

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A	JFS DEPARTMENT OF JOB AND FAMILY SERVICES				
B	General Revenue Fund				
C	GRF	600566	Resiliency Grant Pilot Program	\$3,000,000	\$3,000,000
D	TOTAL GRF General Revenue Fund			\$3,000,000	\$3,000,000
E	TOTAL ALL BUDGET FUND GROUPS			\$3,000,000	\$3,000,000

RESILIENCY GRANT PILOT PROGRAM 1107

The foregoing appropriation item 600566, Resiliency Grant Pilot Program, shall be used to fund the pilot program in accordance with Section 11 of this act. 1108
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Section 16. 1111

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A	KID DEPARTMENT OF CHILDREN AND YOUTH				
B	General Revenue Fund				
C	GRF	830402	Healthy Beginnings at Home	\$5,000,000	\$3,000,000
D	GRF	830403	Help Me Grow	\$5,000,000	\$3,000,000
E	GRF	830404	Infant Vitality	\$2,000,000	\$2,000,000

F	GRF	830405	Part C Early Intervention	\$2,000,000	\$0
G	GRF	830505	Early Childhood Mental Health (ECMH)	\$6,000,000	\$6,000,000
H	TOTAL GRF	General Revenue Fund		\$20,000,000	\$14,000,000
I	TOTAL ALL BUDGET FUND GROUPS			\$20,000,000	\$14,000,000

HEALTHY BEGINNINGS AT HOME 1113

The foregoing appropriation item 830402, Healthy 1114
Beginnings at Home, shall be used, in coordination with the 1115
Department of Health, to support stable housing initiatives for 1116
pregnant mothers and to improve maternal and infant health 1117
outcomes. 1118

Within one year of the effective date of this section, the 1119
Department shall submit a report to the General Assembly in 1120
accordance with section 101.68 of the Revised Code detailing the 1121
number of families served by stable housing initiatives, the 1122
number and type of services provided, and outcome metrics 1123
including health and developmental outcomes. 1124

HELP ME GROW 1125

Of the foregoing appropriation item 830403, Help Me Grow, 1126
\$2,000,000 in fiscal year 2024 shall be used, in coordination 1127
with the Department of Health, for home visiting services and to 1128
screen infants who were born at low birth weights and between 1129
the gestational ages of twenty-eight to thirty-eight weeks to 1130
determine if the infant could benefit from receiving Part C 1131
Early Intervention services. An amount equal to the unexpended, 1132
unencumbered balance of this allocation at the end of fiscal 1133
year 2024 is hereby reappropriated to the same appropriation 1134

item for the same purpose in fiscal year 2025. 1135

The remainder of appropriation item 830403, Help Me Grow, 1136
shall be used by the Director of Children and Youth to support 1137
the following: 1138

(A) Establishing a comprehensive screening and connection 1139
program, in consultation with the Department of Health, as 1140
described in division (D) of section 3701.61 and, on and after 1141
January 1, 2025, division (D) of section 5180.21 of the Revised 1142
Code and evaluating Help Me Grow's effectiveness in coordinating 1143
services; 1144

(B) Expanding eligible providers of home visiting services 1145
and allowing providers of home visiting services to supplement 1146
their services with those available online or through other 1147
electronic means, in consultation with the Department of Health, 1148
as specified in division (H) of section 3701.61 and, on and 1149
after January 1, 2025, division (H) of section 5180.21 of the 1150
Revised Code; 1151

(C) Evaluating the Help Me Grow Program, in consultation 1152
with the Department of Health, in accordance with division (I) 1153
of section 3701.61 and, on and after January 1, 2025, division 1154
(I) of section 5180.21 of the Revised Code; 1155

(D) Increasing the workforce capacity of home visiting 1156
service providers and parenting support professionals, in 1157
consultation with the Department of Health, as specified in 1158
division (J) of section 3701.61 and, on and after January 1, 1159
2025, division (J) of section 5180.21 of the Revised Code; 1160

(E) Increasing participation in parenting education 1161
programs, including the Triple P Program, in accordance with 1162
section 5101.91 of the Revised Code and in consultation with the 1163

Department of Job and Family Services;	1164
(F) Expanding access to fatherhood programming through the	1165
Ohio Fatherhood Commission in consultation with the Department	1166
of Job and Family Services.	1167
 INFANT VITALITY	 1168
Of the foregoing appropriation item 830404, Infant	1169
Vitality, \$1,000,000 in each fiscal year shall be used for	1170
Centering Pregnancy services and similar evidence-based and	1171
evidence-informed group pregnancy education programs and	1172
targeted outreach to at-risk pregnant mothers and mothers of	1173
infants in areas of the state where there are gaps in such	1174
services, as identified by the Director of Children and Youth.	1175
Funding shall be targeted first to areas with the highest levels	1176
of infant and maternal mortality.	1177
 Of the foregoing appropriation item 830404, Infant	 1178
Vitality, \$1,000,000 in each fiscal year shall be used to	1179
establish a community-based grant program to expand access to	1180
infant vitality supports.	1181
 PART C EARLY INTERVENTION	 1182
The foregoing appropriation item 830405, Part C Early	1183
Intervention, shall be used by the Department of Children and	1184
Youth to provide Part C Early Intervention services to infants	1185
born before twenty-eight weeks of gestational age and infants	1186
born between twenty-eight and thirty-eight weeks of gestational	1187
age who are referred for services in accordance with section	1188
5123.0421 and, on and after January 1, 2025, section 5180.32 of	1189
the Revised Code.	1190
 An amount equal to the unexpended, unencumbered balance of	 1191
appropriation item 830405, Part C Early Intervention, at the end	1192

of fiscal year 2024 is hereby reappropriated to the same 1193
appropriation item for the same purpose in fiscal year 2025. 1194

EARLY CHILDHOOD MENTAL HEALTH (ECMH) 1195

The foregoing appropriation item 830505, Early Childhood 1196
Mental Health (ECMH), shall first be used for the development of 1197
online and other training tools, service and referral supports, 1198
and to evaluate program impact with a child care professional 1199
cohort. Any remaining amounts shall be used to support early 1200
childhood mental health consulting, coaching, and training in 1201
behavior management, and mental health supports for child care 1202
assistant teachers and lead teachers to address needs of young 1203
children, in conjunction with their parents. 1204

Section 17. Within the limits set forth in this act, the 1205
Director of Budget and Management shall establish accounts 1206
indicating the source and amount of funds for each appropriation 1207
made in this act, and shall determine the manner in which 1208
appropriation accounts shall be maintained. Expenditures from 1209
operating appropriations contained in this act shall be 1210
accounted for as though made in, and are subject to all 1211
applicable provisions of, the main operating appropriations act 1212
of the 135th General Assembly. 1213

Section 18. The amendment of sections 3701.61, 3701.611, 1214
and 5123.0421 of the Revised Code by this act does not supersede 1215
the renumbering of those sections as 5180.21, 5180.22, and 1216
5180.32 of the Revised Code on January 1, 2025, as specified in 1217
H.B. 33 of the 135th General Assembly. 1218

Section 19. This act shall be known as the Strong 1219
Foundations Act. 1220