



**Sub. HB 7 – Strong Foundations Act
Sponsor Testimony
Representative Andrea White**

Chair Dolan, Vice Chair Cirino, Ranking Member Sykes, and members of the Senate Finance Committee, thank you for this opportunity to come back and share with you some changes that we've made to HB7 in collaboration with Chair Dolan. We heard your feedback and clearly we are at the end of a General Assembly, about to launch an entirely new budget process. We can't keep the portions of the bill in that carry the \$34 million price tag. We understand, of course that doesn't mean we're not disappointed, but we get it.

As you know, we initially created a bill that was designed to provide evidence-based, multipronged, proven strategies to change the trajectories of our most vulnerable citizens. No need to repeat the dire statistics on many fronts facing so many of our children and their mothers and fathers right now. Rather, the need is to continue to advocate for and lay the groundwork for a call to action in the 136th GA for upping our game and truly making significant gains through strategically investing in our babies' first 1000 days of life – those crucial early years that can make or break a child's ability to learn, grow and thrive both as children and as adults.

That is why we are pleased to be able to continue advocating for several policy changes that will keep shining the spotlight on some of these key through increased collaboration, accountability, communication and systems and process improvements within our governmental agencies and programs. There are also several outcomes and reporting measures that stay in the bill so that we are truly evaluating and better able to make data-driven funding decisions so that we are funding what truly works.

- Addressing the growing early childhood mental health needs – Responding to the call for both state, national and local experts and mental health professionals, HB 7 importantly still includes the provisions to require the Department of Medicaid to recognize and reimburse for the current version of the diagnostic classification system for mental health assessment and diagnoses of children from 0-5. In essence, it's about activating the codes in the Medicaid system to install the right DC-S codes to use with children instead of the current older youth or adult codes being utilized. The bill also includes evaluation and reporting of outcomes provisions to ensure this strategy is working.
- **Modernizing WIC** – Since our last hearing, ODH has reported they are in the process of the modernization process in two phases and have a starting \$10 million grant from USDA. Since no funding is needed now in the short-term and it is unclear if more will be needed, our proposed policy has now shifted to one requiring ODH to report to the legislature within sixty days of HB 7 enactment the services and tools

available at the federal level and in other states that could be implemented in Ohio to increase access and use of WIC. For two years, on a quarterly basis, ODH will report progress on their modernization plans, expenditures, outcomes (including changes made and number of women and children served) and opportunities to further increase the number of women and children served. This keeps the WIC issue in front of decision makers and funders, and enables us to maximize federal food support while helping us keep our Ohio foodbank dollars going farther.

- **Improving coordination, reducing silos and maximizing funding.** The bill includes the components that increase coordination of early childhood programs, maximize reimbursement for the Help Me Grow program, and establish a comprehensive screening and connection program through department of children and youth collaborating with departments of developmental disabilities, health, job and family services, Medicaid, commission on minority health, Ohio fatherhood commission and children's trust fund board. Includes evaluation and reporting of outcomes provisions.
- **Ensuring we are maximizing the use of the tools and resources we invest in.** The bill will support parents by developing strategies and increasing collaboration and awareness among state agencies serving parents to increase utilization of parenting education programs to ensure we are funding upstream prevention which data proves will save us money on many fronts.
- **Continuing to reduce administrative burden and regulations on child care providers.** The bill will enact one of the recommendations from last GA's Child Care Study Committee (co-chaired by Senator Cirino and myself) by establishing standards and conditions for Head Start and National Association for the Education of Young Children accreditations to satisfy requirements for corresponding step up to quality program tiers so that they do not need to complete two systems of paperwork for the state to know they meet quality standards.
- **Prioritizing home visiting dollars by targeting additional at-risk families.** With limited resources addressing only a small percentage of the families who truly qualify for home visiting, the bill puts a priority on providing home visiting to families who qualify who are at risk of or already engaged with, the child welfare system, particularly families residing in urban and rural communities with high infant mortality rates. The bill also allows provision of home visiting services through online or other electronic means. Includes evaluation and reporting of outcomes provisions.
- **Increasing workforce and expanding providers.** The bill also still evaluates strategies to increase workforce capacity of home visiting service providers and parenting support professionals. ODCY will collaborate with ODJFS and ODM. Additionally, it streamlines the system and expands home visiting providers to include early head start, pathways community HUBS and other evidence-based or evidence-informed programs.
- **Continue to look for more ways to pay for evidence-based programming.** Several provisions in the bill still call for this including studying how evidence-based peer-to-peer programming that supports infant vitality can be reimbursed through the Medicaid program. Includes reporting provision.

We are grateful for your continued consideration of the needs of our most vulnerable citizens and their families. Now more than ever, Ohio mothers and young children need us to come alongside them. As the nation's 11th largest state and birthplace of so much innovation, we are scraping the bottom compared to others in many categories that have to do with our pregnant moms, our infants and our young children.

This bill is not what we had hoped to pass this GA, but it is something. And if it gets us to the next right step and most importantly saves and changes lives in the process, we are at least moving forward. Chair Dolan, Vice Chair Cirino, Ranking Member Sykes, and members of the Senate Finance Committee, we ask you to swiftly pass House Bill 7. Thank you again for allowing us to come here today to explain the bill and we are happy to answer any questions at this time.