



Caitlin E. Feldman
Policy Director
CFeldman@groundworkohio.org
mobile: 419-605-5752
175 S. 3rd St., Ste. 420
Columbus, Ohio 43215

**Ohio Senate Finance Committee
Substitute House Bill 7
Groundwork Ohio
12/17/24**

Chairman Dolan, Vice Chair Cirino, Ranking Member Sykes, and members of the committee, my name is Caitlin Feldman and I am the Policy Director with Groundwork Ohio. I am pleased to share proponent testimony on Sub House Bill 7, the Strong Foundations Act, and am grateful for your time today.

Groundwork Ohio is a statewide, nonpartisan advocacy organization championing high-quality early learning and healthy development strategies from the prenatal period to age five that lay a strong foundation for Ohio kids, families, and communities. We know that early investments made at a young age lay a strong foundation for every child.

In 2024, Groundwork Ohio conducted a Roadshow Listening Tour where we engaged families, advocates, providers, and leaders in 13 geographically diverse communities around the state. A consistent set of challenges emerged across these conversations, including:

- Barriers to child care access and affordability,
- Increasing mental health needs of very young children coupled with limited service access, and
- Long waitlists, limited program supports, and insufficient access to health care.

These persistent challenges reflect shortcomings in meeting the needs of Ohio's youngest residents and their families. While we understand that we are quickly approaching the budget and many of the transformative investments included in the original bill are not possible at

this time, Substitute House Bill 7 has the potential to address some of these challenges in key ways.

Streamlining Child Care Quality Standards:

One practical improvement offered by the bill is its provision to streamline Ohio's Step Up to Quality program requirements. By reducing duplicative administrative burdens for child care providers, this bill alleviates strain on providers and allows them to focus on delivering the highest level of care.

A Transformative Step for Infant and Early Childhood Mental Health (IECMH):

A centerpiece of this legislation, substitute House Bill 7 includes provisions directing the Ohio Department of Medicaid to explore and establish reimbursement pathways tailored to Ohio's youngest children with mental health needs. This represents a critical step toward addressing a long-standing gap in how our systems recognize and respond to the mental health needs of infants, toddlers, and their families.

Infant and Early Childhood Mental Health (IECMH) begins to take shape during the earliest days of life, profoundly influencing social, emotional, and behavioral development.¹ It is important to recognize that the mental health needs of very young children differ significantly from those of older children and adults in terms of how symptoms manifest and how young children process mental health challenges. Despite these distinctions, our current system categorizes and addresses their needs using the same frameworks applied to older populations through the DSM-V. This approach risks missing the developmental context of young children, leaving many early childhood mental health needs unrecognized or misclassified.

This bill seeks to address this gap by recommending the adoption of the DC:0-5 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood) as a diagnostic framework for young children. The DC:0-5 provides age-appropriate diagnostic criteria specific to infants and toddlers, enabling providers to accurately identify

and address conditions unique to early childhood, such as regulatory and attachment disorders.

Adopting the DC:0-5 would open new pathways for Medicaid reimbursement by aligning its diagnostic codes with the ICD-10. This alignment would expand coverage for essential early childhood mental health services, such as caregiver-child therapy, developmental counseling, and play-based interventions. This has the power to not only improve access to care but also foster healthier development for young children and reduce the long-term burden on families, schools, and healthcare systems.

Strengthening Home Visiting Supports:

This bill prioritizes Home Visiting resources for families who need them most – those involved with or who are at risk of involvement with the child welfare system, and those living in rural and urban areas with high infant mortality rates.

Infant mortality is a known and persistent crisis in our state. While progress has been made over time, the causes of infant mortality are multifaceted and require multifaceted remedies. While Home Visiting services are not the only way to improve infant mortality rates, targeted provision of evidence-based Home Visiting programs to communities most impacted can be a meaningful part of the solution to reduce infant mortality rates through early detection, improved care, and meaningful parenting support.ⁱⁱ

Furthermore, by prioritizing children in the child welfare system, this bill acknowledges a critical opportunity to prevent family separation. Research shows that with proper resources and supports, many families involved in child welfare could remain intact.ⁱⁱⁱ Home Visiting programs that provide parenting education, life skills training, and referrals to essential services, all help reduce the number of infants and young children impacted by maltreatment and neglect, thereby reducing the number of infants entering foster care.^{iv}

Strengthening Interagency Collaboration

As we heard on our Roadshow listening tour, long waitlists and delays in accessing care highlight opportunities for improvement. Substitute House Bill 7 provides tools to address these challenges by fostering greater interagency collaboration and parameters for evaluating and reporting outcomes for families served through programs like Help Me Grow. By encouraging agencies to work together more effectively, this bill strengthens the connections between comprehensive screening and service referrals, reducing the risk of families falling through the cracks. These provisions will be meaningful to help ensure that Ohio's youngest children and their families receive timely, coordinated, and effective support.

Conclusion

It has been a privilege to follow the trajectory of House Bill 7 through the House of Representatives and in the Senate as we soon anticipate the close of the 135th General Assembly. On behalf of Groundwork Ohio, I wish to thank Representative White and Representative Humphrey for their hard work on this bill, and for the many leaders, advocates, and policy makers whose support and tireless advocacy has started many meaningful conversations. Substitute House Bill 7 represents a strong starting point and has drawn attention to many existing gaps that have potential to negatively impact young children and families in our state.

Together, we look forward to continuing these conversations in the new year and new General Assembly. I urge your passage of this bill and would be glad to take any questions you may have.

ⁱ *Early childhood mental health*. (2017). Center on the Developing Child at Harvard University. <https://developingchild.harvard.edu/science/deep-dives/mental-health/>

ⁱⁱ Lewis, K. N., et al. (2023). Cost-benefit analysis of home visiting to reduce infant mortality among preterm infants. *Journal of Pediatric Nursing*, 71, e112–e119. <https://doi.org/10.1016/j.pedn.2023.05.003>

ⁱⁱⁱ *Prevention | Child Welfare Information Gateway*. (n.d.). <https://www.childwelfare.gov/topics/prevention/?top=44>

^{iv} *Are home visiting programs effective in reducing child maltreatment?* (2022). Casey Family Programs. [22.07-QFF-SC-Home-visiting-programs_fnl.pdf](https://www.caseyfamily.org/wp-content/uploads/2022/07/22.07-QFF-SC-Home-visiting-programs_fnl.pdf)