

**Testimony of Jason Umstot
Superintendent, Licking County Board of DD
Senate Finance Committee
House Bill 49 – State Biennium Budget
June 5, 2017**

Chairman Oelslager, Ranking Member Skindell, and Members of the Senate Finance Committee, my name is Jason Umstot, and I am superintendent of the Licking County Board of Developmental Disabilities. I am here today here to ask for your support of an amendment to “clean up” a House budget provision aimed at supporting Ohio’s early intervention (EI) programs.

Last year the General Assembly made two major changes to Ohio’s Help Me Grow (HMG) program that collectively could have significant negative impacts on EI programs—which are the services for children with developmental delays offered through HMG operated by the county boards of DD.

First, administration of the EI program transferred from the Ohio Department of Health (ODH) to Ohio Department of Developmental Disabilities (DODD) through HB 483. Previously, the administration of both EI and another component of HMG known as Home Visiting (HV)—the health-related services offered through HMG—was the responsibility of ODH alone. The transfer was appropriate considering the population served, and it was expected to lead to better outcomes for both programs. While there was some concern over the lack of details at the time of the transfer, the county boards were told they would have the opportunity to participate in discussions around changes that could impact EI. Unfortunately, EI stakeholders such as the county boards have not been consulted about subsequent changes that are having a negative impact to the programs and system.

Second, at the end of last session, the General Assembly passed Sub. SB 332 in an attempt to address Ohio’s issues with infant mortality by providing better access to home visiting services through HMG. While we testified at the time in general support the goals of Sub. SB 332, we had major concerns that in an attempt to bolster HV, the state would be negatively impacting EI programs, thus leading to a lack of access to EI services for parents and families with children experiencing a developmental delay. Sub. SB 332 gave ODH the flexibility to make a number of changes that would impact EI programs and began moving forward to implement those changes without input from EI stakeholders despite DODD having administration over EI. Not only was there confusion over the changes; there were major concerns about how the changes would impact the system.

Chief among those concerns was the fact that a single central intake and referral system would be used for both EI and HV programs, but only HV would be allowed to continue to use the successful “Help Me Grow” brand and materials, thus wasting the funds spent on local HMG promotional efforts for EI by county boards. On the other contrary, the name of the central intake and referral system for EI would use a separate brand name—Bold Beginning—and would be prohibited from using the HMG brand and materials despite using the name since the program’s inception. It’s difficult to see how this change helps home visiting other than the clear advantage it would have by keeping the Help Me Grow brand. It simply does not make sense to silo these programs. Under these changes, they would be using the same intake system. Furthermore, the two programs do not compete because they serve different populations. With no assurance that each program would be treated equitably within the single intake system, or that the county boards could continue to promote EI services locally, we began working with our legislative partners to address these concerns. This led to the House amendment for EI that is in the current version of the bill.

Once the amendment was included in the as-passed version by the House, we met with ODH, DODD, the Office of Health Transformation, and the governor’s office to discuss their concerns with

our changes. As a result, we agreed to a compromise. To ensure this compromise is reflected in the bill, we are now seeking an amendment to tweak the House language.

The administration has agreed to treat the two programs equally within the central intake and referral system, allow the county boards of DD to promote the EI program locally, and share funding for child find efforts locally. In exchange, the administration requested that we remove changes to the central intake RFP so that they can continue that time-sensitive work. While we still have concerns with the RFP itself and the RFP process, our new compromise shows a good-faith effort on behalf of ODH and DODD, and we feel confident that we will be able to work collaboratively to resolve any future issues. The agencies have agreed to put this agreement in writing and solidify it in the Revised Code. Now, we need the Senate's support to ensure these changes are included in HB49.

Conclusion

This year, we celebrate our 50th year of providing supports to the citizens of Licking County. Often, the Licking County Board is referred to as "progressive, forward-thinking, and motivated." Our actions validate these compliments as we serve nearly 1,600 people and their families each year. The county boards of DD are happy to support people with DD in our communities, and we will always fight for the programs that make a difference in their lives. Early intervention has been effective in helping children with developmental delays, especially the rising number of young children who have been referred to us because of developmental delays caused by our state's opioid epidemic. With the right tools and support from the state, we can keep offering our community high quality service and keep babies from needing a lifetime of Medicaid support and services. I ask that you allow us to continue our EI success and support our amendment.

Thank you for your time and consideration. Included with my testimony is a copy of the amendment package for your review. I would be happy to answer any questions you may have at this time.

_____ moved to amend as follows:

1 In line 88 of the title, delete "3701.61,"

2 In line 563, delete "3701.61,"

3 Delete lines 48035 through 48168

4 In line 105476, delete "3701.61,"

5 The motion was _____ agreed to.

6 SYNOPSIS

7 **Help Me Grow Program**

8 **R.C. 3701.61**

9 Removes House-added provisions that would have:

10 --Clarified that the Help Me Grow Program has two
11 components (home visiting and part C early intervention
12 services) and that the Ohio Department of Health (ODH) is the
13 lead agency to oversee the delivery of home visiting services
14 while the Ohio Department of Developmental Disabilities (ODDD)
15 is the lead agency to oversee the delivery of early intervention
16 services.

17 --Required that families be referred to appropriate part C
18 early intervention services (in addition to home visiting
19 services) through the central intake and referral system created
20 under existing law.

21 --Required ODH to enter into an interagency agreement with
22 ODDD to implement the Help Me Grow Program and to distribute
23 Help Me Grow Program funds to ODDD in accordance with a formula
24 in the agreement.

_____ moved to amend as follows:

1 In line 48169, reinsert "later"; delete "earlier"

2 In line 48172, delete "and implement"

3 Delete lines 48182 through 48190

4 In line 48194, reinsert "~~both~~" and delete "all"

5 In line 48204, delete the underlined semicolon and insert
6 an underlined period

7 Delete lines 48205 through 48211

8 In line 48232, after "(E)" insert "The department of health
9 and department of developmental disabilities shall share any
10 funding made available to each department for local outreach and
11 child find efforts after creating the central intake and
12 referral system described in division (A) of this section.

13 (F)"; delete "either" and insert "any"

14 In line 48238, delete the underlined period and insert an
15 underlined semicolon

16 Between lines 48238 and 48239, insert:

17 "(3) Prohibit providers, central coordinators, the
18 department of health, the department of developmental
19 disabilities, or stakeholders from using the help me grow name

20 for promotional materials for both the home visiting and part C
21 early intervention services components."

22 The motion was _____ agreed to.

23 SYNOPSIS

24 **Central intake and referral system for home visiting and**
25 **part C early intervention services**

26 **R.C. 3701.611**

27 Removes a House-added provision that would have required
28 the Department of Health and Department of Developmental
29 Disabilities to consult with appropriate stakeholders before
30 issuing an RFP to operate a central intake and referral system
31 for home visiting and part C early intervention services.

32 Adds a provision requiring the two departments to share any
33 funding made available to each for local outreach and child find
34 efforts after creating the central intake and referral system.

_____ moved to amend as follows:

1 Between lines 129357 and 129358, insert:

2 "A portion of the foregoing appropriation item 322612,
3 Community Social Service Programs, may be used to provide a
4 subsidy, disbursed in quarterly installments, to county family
5 and children first council administrative agencies to support
6 central coordination and child find activities in accordance
7 with 34 C.F.R. 303.302. In consultation with the Early
8 Intervention Services Advisory Council established under section
9 5123.0422 of the Revised Code, the Director of Developmental
10 Disabilities shall establish a formula for allocating the funds
11 and restrictions on the use of the funds."

12 The motion was _____ agreed to.

13 SYNOPSIS

14 **Department of Developmental Disabilities**

15 **Section 261.120**

16 Permits a portion of appropriation item 322612, Community
17 Social Service Programs, to be used to provide a subsidy,
18 disbursed in quarterly installments, to county family and
19 children first council administrative agencies to support

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20 central coordination and child find activities in accordance
21 with 34 C.F.R. 303.302. Requires the Director of Developmental
22 Disabilities, in consultation with the Early Intervention
23 Services Advisory Council, to establish a formula for allocating
24 the funds and restrictions on the use of the funds.

_____ moved to amend as follows:

1 Delete lines 132830 through 132839

2 The motion was _____ agreed to.

3 SYNOPSIS

4 **Central intake and referral system for home visiting and**
5 **part C early intervention services**

6 **Section 291.60**

7 Removes a House-added provision that would have required
8 the Department of Health and the Department of Developmental
9 Disabilities to rescind any requests for proposals that they
10 have issued for a person or government entity to operate the
11 central intake and referral system for home visiting services
12 required by recently enacted law and, instead, to issue a new
13 RFP that meets new requirements.