

**House Finance and Appropriations Human Services Subcommittee**  
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**Lucas County Family & Children First Council**  
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Good morning Chairwoman Brown, Ranking Member Burke, and members of the House Human Services Subcommittee. My name is Kristi Hannan and I am the Help Me Grow Project Director at the Lucas County Family and Children First Council in Toledo. I have worked in the field of early childhood for 26 years, including 8 years teaching young children, 6 years of university teaching & research, and 7 years with Help Me Grow. I have worked with groundWork since its beginnings 3 years ago to ensure that early childhood is a priority for Ohio. I am also a member of the groundwork coalition. I want to thank you for the opportunity to testify today on behalf of early childhood programs in the SFY 2010-2011 budget.

Since July 1<sup>st</sup>, Lucas County's Help Me Grow program has served over 3,400 pregnant women, infants, toddlers and their families. This includes 350 prenatal visits, 1,274 newborn visits, and ongoing services to 1,845 infants and toddlers with delays, disabilities, or who are at risk for developmental delays. We provide a combination of service coordination, parent education and support, and early intervention services aimed at preventing problems and intervening as early as possible when problems occur.

Providing home visiting services to families before their children are born and throughout the infant-toddler period is a unique model for getting individualized information and support to families during the time their children are undergoing significant brain development, language learning, and social-emotional development. When providing services to families whose infant or toddler has a developmental delay or a diagnosed medical condition, we decrease the impact of those delays or medical conditions on later learning. And by providing services to families whose infant or toddler is at risk of delays, we do developmental screening to ensure that we identify problems early and refer children for further evaluation and early intervention services as needed.

As Project Director since the second year of Help Me Grow, I have had the opportunity to hear many examples of how Help Me Grow has affected the lives of infants, toddlers, and their families. Registered nurses who provide one-time prenatal and newborn home visits have identified newborns with severe jaundice, reassured new mothers concerned with their babies' weight, and provided much-needed information to parents whose baby was born with Down Syndrome. Service Coordinators and Home Visitors have provided parents with education on how to foster their babies' and toddlers' early literacy and learning as well as information and referrals related to oral health, maternal depression, domestic violence, and other issues.

Significant increases in TANF and GRF funding in SFY08 and 09 allowed us to serve more eligible children and to begin moving toward the full cost of quality necessary to deliver comprehensive, family-centered services. In the proposed SFY10/11 budget, significant increases in GRF would help offset the elimination of TANF, our largest funding source. However, we will still be left with a 40% reduction in state funds (after federal Part C funds). This will result in the elimination of the newborn home visiting component of Help Me Grow, elimination of service coordination for at-risk families, and restricting enrollment in at-risk services to individuals who are low-income, are pregnant or have an infant 6 months or younger, and have two additional risk factors.

One unintended effect of restricting enrollment is the elimination of services for many infants and toddlers who are victims of child abuse and neglect. In Lucas County, 1 out of every 5 children referred for Help Me Grow services comes from our county's child protective services department. By federal law, child protective services must refer infants and toddlers who are substantiated victims of child maltreatment to determine whether they are eligible for Part C (early intervention) services. The majority of these children,

however, do not yet show the delays that would make them eligible for early intervention services under federal special education law. Some of these delays show up in preschoolers and school age children who are not required to be referred for special education based on substantiated maltreatment. Some of these delays are not easily detected because they are in the areas of social and emotional development.

In addition, infants and toddlers whose cases are not substantiated have the same risk factors for developmental problems, and are just as likely to score low on developmental measures as children with substantiated cases. These children, however, are not required to be referred, screened or evaluated for Part C eligibility. Current state rules also require child protective services caseworkers to refer families to “supportive services,” including Help Me Grow. Under the proposed enrollment guidelines, most of these families will no longer be eligible for Help Me Grow. Although many communities have other resources for at-risk preschoolers, such as Head Start, the Early Learning Initiative, and public preschool, very few resources for at-risk infants and toddlers exist statewide. I would urge the Representatives to ensure that victims of child maltreatment are served, regardless of substantiation status and other criteria.

Most states use multiple sources of public and private funds to support home visiting and invest a substantial amount of state general revenue funds. Medicaid, the State Title V Maternal and Child Health Services Block Grant (Title V), and Temporary Assistance for Needy Families (TANF) are some of the largest and most common sources of federal support. Ohio is exploring the use of Medicaid to replace some of the TANF funding for Help Me Grow. This will take some time to plan and implement at the state level, and additional time for counties to develop local mechanisms for Medicaid reimbursement. Other states like Oklahoma, Illinois, and Utah use Medicaid dollars to fund targeted case management and home visits for their statewide home visiting programs. While the use of Medicaid dollars for Help Me Grow needs to be worked out, we support maximizing federal dollars for home visiting.

Today, we are asking your support for maintaining the level of funding in the Executive budget for Help Me Grow services and for efforts to develop additional funding sources such as Medicaid to help close the significant funding gap created by the elimination of the TANF earmark. In addition, we support efforts to standardize the Help Me Grow program to ensure that families receive the same high-quality, comprehensive services statewide. These efforts should consider the impact of policy changes on high-risk populations of parents and children, such as infants and toddlers with substantiated and unsubstantiated cases of maltreatment who do not meet Part C eligibility criteria.

Investing in infant-toddler programs like Help Me Grow benefits our children, their families, and our communities. Given the increasing demands on very limited state resources, investing in our state’s young children provides not only economic returns, but also results in children who are ready to succeed in school, who use fewer state resources in the long run, and who are prepared to contribute in positive ways to their communities.

Thank you very much for your time. At this time, I would be happy to answer any questions you might have.