



VOICES FOR
OHIO'S CHILDREN

THE FIRST 1,000 DAYS

A REPORT FROM VOICES FOR OHIO'S
CHILDREN'S FALL 2018 REGIONAL FORUMS

safe

healthy

educated

connected

employable



December 2018

Voices for Ohio's Children thanks the David and Lucile Packard Foundation and the Mt. Sinai Health Care Foundation for funding the regional forums and this report.

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ABOUT **VOICES** FOR OHIO'S CHILDREN

Voices for Ohio's Children is a nonprofit, nonpartisan advocacy organization dedicated to keeping Ohio children safe and healthy; educated in quality programs from preschool through high school; connected to their families, friends, and communities; and employable by ensuring their access to afterschool programming and work opportunities.

Voices does exactly what it sounds like—we give Ohio kids a voice in the public policy process. We do this by providing proactive leadership on our policy priorities—which are based on need, trends, and community feedback—and by partnering with national and state advocates, service providers, and government offices. Voices is also an experienced convener and facilitator of diverse stakeholder groups.

Voices offers regular public education opportunities on a variety of children's issues. Join our Policy Team each month for our Public Policy Partner webinar series. You can also get involved in Voices' work by becoming a Public Policy Partner. Visit our website at RaiseYourVoiceForKids.org to learn more and to sign up for our weekly e-newsletter and upcoming events.

OUR MISSION

VOICES FOR OHIO'S
CHILDREN ADVOCATES
FOR PUBLIC POLICY
THAT IMPROVES THE
WELL-BEING OF OHIO'S
CHILDREN AND
THEIR FAMILIES.

SETTING THE STAGE: WHY WE FOCUS ON THE FIRST 1,000 DAYS

Birth to age three is the critical time in a child's life when brain architecture is being rapidly formed and external influences can dramatically impact the child's likelihood of optimizing his potential for healthy physical and emotional development. Close relationships with caring adults in this period are essential. Without early positive bonds children may experience disruptions to their healthy development and possible gaps in behavior or learning. To ensure healthy growth and development early on, it is critical that we provide our children with the right resources and support.

Between October 1 and 29, 2018, Voices for Ohio's Children conducted five regional forums in Ohio—in Cincinnati, Portsmouth, Cleveland, Toledo and Columbus. During each forum, we asked our participants to work in small groups of four to eight to identify the hallmarks of a successful pregnancy and first three years. The forums were designed to gather information about the programs and policies in Ohio that are contributing to the health of children from birth to three, recognizing that a major part of that contribution is made before the child is even born.

We looked at the preconception, prenatal, and postnatal phases of birthing and raising a healthy child. We provided participants with state and national data on prenatal care, access to primary care, well-child visits and low birthweight. We provided state and local data about infant mortality, preterm births, pregnancy spacing and postpartum depression. While not all types of service providers and other leaders¹ were present at every forum, we are confident that the data we report here—both what is going well and where there are gaps in the first 1,000 days of life—represent thoughtful observations of people who know how Ohio's systems are performing.

We believe the varied and concrete observations compiled in this report form an evidence base for the incoming DeWine Administration to take the next step to better understand these issues and to leverage Ohio resources to build a healthier first 1,000 days for each child in Ohio.

This report is divided into three sections that define success in the first 1,000 days, explain what is currently working well, and put forward policy proposals to support young families. This report summarizes the main themes of discussions at all forums, and includes additional comments and suggestions from participants in an appendix.

One of the most effective resources we can provide to support healthy development is access to quality, affordable healthcare. We know that a solid foundation is critical to the long-term health and wellbeing of a child, as well as educational and economic achievement.

We know that Medicaid provides comprehensive health coverage to the most vulnerable and disadvantaged children and families. Health coverage like Medicaid is one of the most effective ways parents can access important preventive and developmental services for their children and for themselves. Investing in Medicaid and other early childhood health services is one of the most cost effective ways we can ensure that each child and family has a real shot at success.

¹ See Appendix for a list of the types of professional and community leaders invited.

I. WHAT SUCCESS LOOKS LIKE

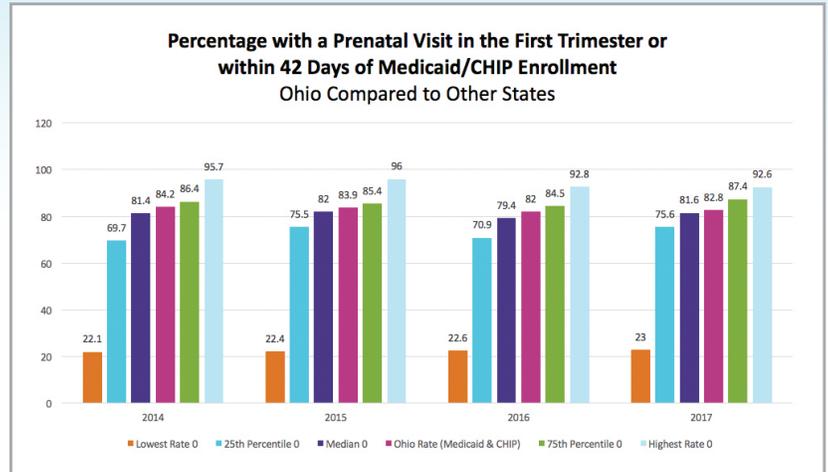
Preconception health

Participants offered many indicators of preconception health. These include women of child-bearing age being physically healthy, economically stable, and mentally and emotionally prepared to have a child. Women should not be using drugs or tobacco and they should have a medical home and access to mental health services. Additionally, they should have information about pregnancy spacing and access to short-term and long-term contraception.

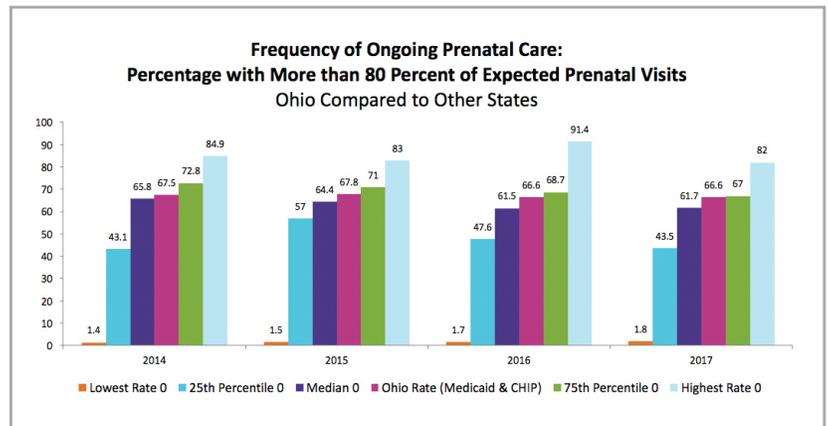
Social determinants of health were discussed including having stable housing that is free of domestic violence and otherwise safe, having a livable income, having access to transportation and having social support. While these social determinants are particularly important during pregnancy and following, participants noted that they need to start during the preconception period.

Prenatal health

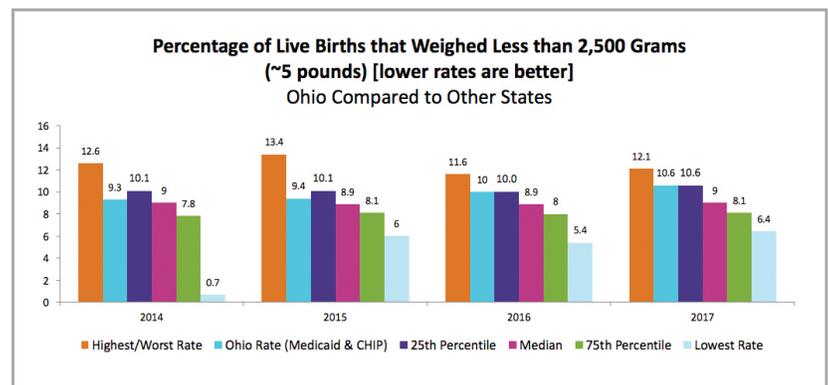
A healthy pregnancy is marked by receiving early prenatal care, including vitamins and proper medication management. It includes education about what a healthy pregnancy looks like, parenting, bonding with baby, safe sleep for baby, breast-feeding, choosing a pediatrician and bringing baby to a full-term birth with a healthy birth weight. It also includes access to home health visits if needed.



Source: CMS: Annual Reporting on the Quality of Care for Children in Medicaid and CHIP



Source: CMS: Annual Reporting on the Quality of Care for Children in Medicaid and CHIP

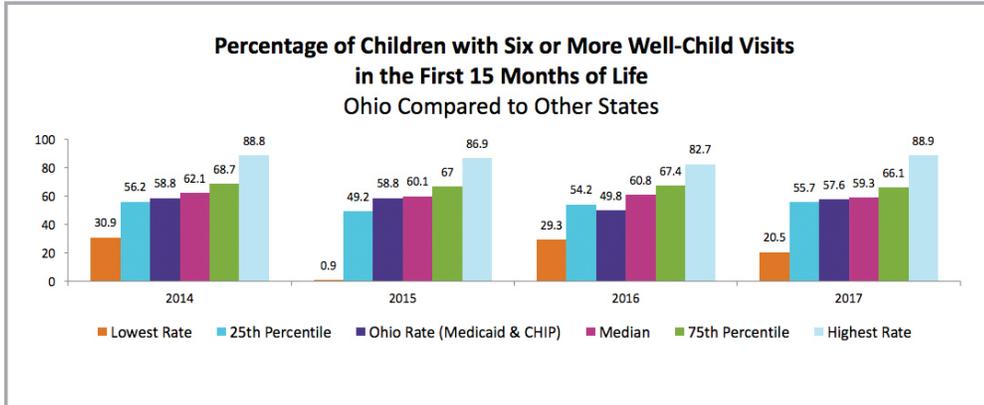


Source: CMS: Annual Reporting on the Quality of Care for Children in Medicaid and CHIP

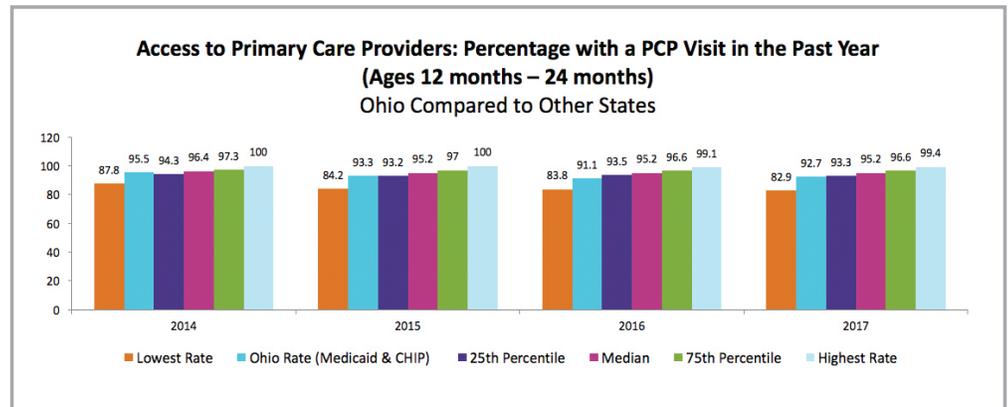
I. WHAT SUCCESS LOOKS LIKE (CONTINUED)

Postpartum health for mother and baby

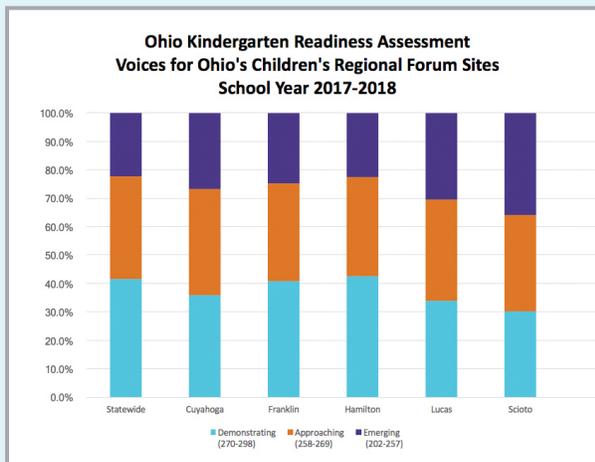
Indicators of success following the birth and through baby's critical early development include screening for maternal depression, follow-up obstetric visits, baby meeting milestones and receiving early intervention if milestones are missed, baby receiving check-ups according to Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) schedule, parent-infant bonding, home visits for mom and baby, and access to mental health services for parent and infant as needed. Moms and babies are served by culturally aware and trauma aware providers. The same social determinants of health mentioned in connection with pregnancy apply when the baby comes home.



Source: CMS: Annual Reporting on the Quality of Care for Children in Medicaid and CHIP



Source: CMS: Annual Reporting on the Quality of Care for Children in Medicaid and CHIP



One of the earliest universal measures of Ohio children's development is the Kindergarten Readiness Assessment. In Ohio, 22 percent of children are neither ready nor approaching readiness for kindergarten at the assessment. The birth to age three years are critical in preparing children for later learning.

II. WHAT IS GOING WELL?

VOICES FOR OHIO'S CHILDREN

Participants identified positive current policies and programs that support pregnant women and young children.

Connections to Care

Columbus and Cincinnati participants noted the practice of designated medical providers determining a pregnant woman “presumptively eligible” for Medicaid as a positive, although other participants said it is not working in their area. Cleveland participants said that telemedicine is speeding up the process of pregnant women getting prenatal care.

Participants commended Medicaid for providing non-emergency medical transportation. Participants also positively regarded managed care-facilitated care coordination for families. Participants in most cities noted that there are faith-based and other neighborhood

collaboratives that fill in gaps to make transportation available to moms (Cincinnati, Cleveland, Toledo and Columbus). In rural communities where people are more likely to have a car, the Medicaid managed care plans provide gas cards which Portsmouth participants said was a good approach.

Participants from Cincinnati, Cleveland and Toledo identified home visiting as a positive intervention. Columbus participants said the “single point of entry” into the Ohio Department of Health’s Help Me Grow and the Department of Developmental Disabilities Early Intervention programs is effective.

Helping Babies Meet Milestones

Columbus participants noted that Head Start has helped to catch speech delays and other developmental delays early and children are getting treatment. On the other hand, we also heard of limitations in the availability of speech therapy (See Gaps 2.a in Appendix, below).

In Cleveland and Cincinnati participants reported that children are getting diagnosed and treated for mental health problems and Cleveland participants affirmed the value of a central intake line. However, other participants reported problems in securing mental health services for young children. (See Gaps 2.b Appendix, below).

Columbus participants positively noted that more mental health practitioners are looking at the impact of trauma on families and how it affects young children’s development.

Toledo participants noted that they are seeing community health workers (CHW) in more programs, and Cleveland participants observed that programs are using more community health workers that racially and culturally match the community in which they are working. Columbus participants noted the importance of Early Head Start.

Addressing Social Determinants of Health

Columbus and Cincinnati participants praised their community’s medical legal partnerships that help families establish benefit eligibility. This not only includes Medicaid, but other benefits necessary to support a stable family, such as the Supplemental Nutrition Assistance Program (SNAP). Participants commended county Job and Family Services that maintain a presence in eviction courts to make Temporary Assistance for Needy Families (TANF) funds available to eligible families in need.

Portsmouth attendees mentioned the Ohio Perinatal Quality Collaborative (OPQC) as a positive contributor to improving the first 1,000 days. OPQC is a statewide consortium of perinatal clinicians, hospitals, policy makers and governmental entities that aims to use improvement science to reduce preterm births and improve birth outcomes across Ohio.

III. POLICY PROPOSALS TO IMPROVE THE FIRST 1,000 DAYS

VOICES FOR OHIO'S CHILDREN

The purpose of the regional forums was to take a snapshot of what is happening in Ohio that contributes to the first 1,000 days of life, and to leverage the wisdom of these five groups of geographically and professionally diverse people to inspire policy-makers to dig deeper into the tools available to support a healthier birth to age three child population. Groups were asked to identify programming gaps and policies that could make a difference.

The policies proposed by participants range from the broad to the specific and are offered here as departure points, particularly for the newly-elected DeWine Administration and the 133rd Ohio General Assembly. Voices for Ohio's Children shares these policy options recognizing that some are more easily accomplished than others. The policy proposals do not represent a consensus of the forum participants, nor are they all necessarily considered a priority strategy for Voices for Ohio's Children. These proposals reflect a creative exercise to put before policymakers a range of approaches to closing program gaps. The proposals emanate from the day to day work of the forum participants alongside the people impacted by those policies.

At each forum, small groups of participants were asked to identify gaps in services available to pregnant women and young families and policy changes that could make a difference. These service gaps include health coverage, direct health care services, children's protective services, social determinants of health and improving systems and communications. The service "gaps" that support and give context to the need for each policy² are included in the Appendix, below, and each "gap" bears the same letter and number as the policy with which it is associated.

1. Health Coverage

- a. Protect the Medicaid Expansion.
- b. Participants urged that action be taken to eliminate **benefit cliffs** which occur when wage increases or the expiration of Medicaid based on pregnancy result in the loss of Medicaid. In one city, participants urged that Ohio move toward universal health coverage.
- c. Private coverage may be lost because of **pregnancy-related employment terminations**. Policymakers should examine whether Ohio women are being improperly fired from employment due to pregnancy.

2. Health Services

- a. Improve Medicaid reimbursement for **speech/audiology services** to address delays in treatment. Policymakers should examine the reimbursement for speech/audiology services across payer sources, including those who can afford to pay privately, to improve Medicaid's competitiveness and improve service access.
- b. Expand availability and accessibility of **mental health services** for pregnant women. Policymakers should promote an **expansion of the integration of physical and behavioral health services** since it would increase "warm hand-offs" that increase likelihood the services are utilized by pregnant women. Policymakers should also look at how to reduce churn among providers serving Medicaid enrollees, to reduce disruptions in treatment.

² In some cases material is included as a policy proposal if it was identified as either a gap or a component of a successful preconception, prenatal or postnatal experience, even if not technically identified as a proposed policy.

III. POLICY PROPOSALS (CONTINUED)

- c. Policymakers should also examine whether **Substance Use Disorder (SUD) treatment facilities** are providing the required combination of psychotherapy and medication dispensation.
- d. With the recent passage of federal legislation allowing Medicaid reimbursement for inpatient treatment offered in facilities that exceed 16 beds, Ohio policymakers should eliminate any other barriers to providing essential **in-patient mental health and addiction treatment to pregnant women**.
- e. Expand availability and accessibility of **mental health services for children with social/emotional illness**. While some participants said that infants are getting mental health services, others stated there is a woeful lack of providers to meet the need for young children. Policymakers should adopt the ZERO TO THREE DC: 0–5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood.
- f. Screening for **adverse childhood experiences (ACEs)** and the use of trauma-informed care should be expanded.
- g. Policymakers should address the **need for greater availability of home visiting services**. They should:
 - (1) Examine how Medicaid can more effectively fund home visiting services, including “braiding” Medicaid with other funding.
 - (2) Consider expanding the eligibility criteria for home visiting.
 - (3) Consider expanding the duration of home visiting services.
- h. Policymakers should identify ways to expand the availability of **pediatric dentistry** to children enrolled in Medicaid, as well as adult dental services that often are not available to Medicaid-enrolled pregnant women.
- i. Policymakers should require Medicaid to pay for **interpretation services**.
- j. Policymakers should investigate the real **accessibility of primary care providers** to those enrolled in Medicaid managed care plans (MCPs).
- k. Policymakers should initiate efforts to **expand providers of color** in the primary care provider and primary extender workforce.
- l. **Telemedicine** should be available for more services, including well-child exams.
- m. Increase employer, medical community and family support for **breast-feeding**.
- n. Expand the availability of **safe sleep** education and safe sleep materials statewide.
- o. Policymakers should require **lead testing** for all children twice between ages one and three.

Every Child Succeeds has been delivering evidence-based home visitation services and conducting robust research in Ohio and Kentucky for over 19 years. Part of Ohio’s Help Me Grow program, ECS follows the Healthy Families America model with a focus on in-home parenting education and support delivered by caring, professional home visitors provided through contracts with 9 community based organizations. One mother who received services put it this way **“[Every Child Succeeds] taught me how to help my son, protect my son and develop my son.”** ECS also offers Moving Beyond Depression, which is a evidence-based program of In-Home Cognitive Behavioral Therapy developed by researchers at ECS and Cincinnati Children’s Hospital Medical Center. 76% of moms with major depressive disorder recovered following treatment.

ECS has served 26,000 families since 1999. Comprehensive data with over 600,000 home visits are available for all visits; program decisions are data driven and based upon outcomes achieved.

3. Children’s Protective Services

- a. There needs to be a statewide baseline for determining **what constitutes child neglect**.
- b. **Safe baby courts** could improve the protection of very young children.
- c. Services need to be available to families **before an adverse childhood experience** occurs.

III. POLICY PROPOSALS (CONTINUED)

In July 2013, Family Healthcare, Inc. and Tri-County Mental Health and Counseling Services, Inc. merged to create Hopewell Health Centers, Inc. (HHC). Hopewell Health Centers, Inc. provides physical and behavioral health services in nine Southeast Ohio Counties. They provide services to pregnant women, including women with substance use disorders. HHC offers Help Me Grow Early Intervention/Service Coordination services in Athens County. A specialized team is available to assess a child's development and functioning, and plan appropriate treatment strategies with parents or caregivers in Athens, Hocking and Vinton counties. Hopewell also has addressed the transportation challenges faced by many of its patients in Athens, Hocking and Vinton counties by operating its own non-emergency transportation vehicle to take patients to and from their appointments.

- d. Requirements for **timely placement of a child who is in the foster care system need to be balanced** with the realities of families with substance use issues.

4. Social Determinants of Health

- a. Policymakers should support **Medicaid payment to address social determinants** of health, such as housing, car seats, and hygiene essentials.
- b. Policymakers should lower the **barriers to subsidized housing** by addressing relationship barriers, history of eviction and history of felony conviction barriers.
- c. **WIC quantity limitations** should be raised for infants needing higher caloric diets.
- d. Increase funding for **kinship care**, and specifically modify kinship appropriation language from the 2018-2019 biennial budget for greater flexibility.
- e. The barriers to accessing the **Non-Emergency Medical Transportation (NEMT)** benefit must be reduced.
- f. Address **implicit bias and systemic racism** in all of Ohio's family and children's programs.
- g. Ohio needs to require the **reporting of race and ethnicity in reporting maternal death and maternal morbidity rates**. The state should do an in-depth analysis of the data.
- h. Make **childcare more affordable** for working parents with 2nd and 3rd shift jobs. Increase income eligibility ceilings for newly applying parents.
- i. Expand the availability of **high quality child care and increase pay for child care and other service providers**.
- j. Expand the availability of **educational services for young preconception women and girls** to better understand sex, healthy intimate partner relationships, pregnancy and life skills.
- k. Make **family leave more available and affordable** for families.

5. Improving Systems and Communications

- a. Improve **information sharing** among state and local agencies and medical providers who have responsibility for a child.
- b. Improve the **interoperability of government data bases**.
- c. **Require local input** when state money is distributed to local communities.
- d. Create a more **streamlined approach** to accessing benefits.
- e. Assure that **families have input** into their service plans.
- f. **Increase transparency** at the state and local levels, particularly around waiver services.
- g. **Increase flexibility** in state contracts with private agencies to improve client service and outcomes.

CONCLUSION

With a new governor assuming office and a new Ohio General Assembly beginning in January 2019, Ohio should take this opportunity to renew its commitment to the healthy development of very young children and pregnant women.

This report contains the observations of a cross-section of Ohioans who work with pregnant women and young children. Those who attended Voices for Ohio's Children's five regional forums in October 2018 offered insight into how Ohio can improve its investment in the health of parents and very young children. This report provides a springboard to take a deeper dive into the policies Ohio state government, and particularly its Medicaid program, can embrace to move children forward in 21st-century Ohio.

There is no shortage of family health leaders willing to collaborate to shape health policy for the future. Voices for Ohio's Children stands ready to be the convener and strongly support the advancement of Ohio's children and families.

Nationwide Children's Hospital in Columbus supports the children of mothers addicted to opiates during pregnancy through its Neonatal Abstinence Syndrome (NAS) Clinic. NAS refers to the constellation of neurological and behavioral problems that babies experience due to withdrawal from drugs they were exposed to in utero. Nationwide Children's works with hospitals across the state to reduce hospitalization for babies who require pharmacological treatment. The NAS Clinic follows more than 280 babies annually, discharged from the hospital throughout the first three years, by providing comprehensive developmental assessments and referrals, medication management and social supports. Through new research awards, the clinic is providing cutting edge assessments of neurological and motor function to all NAS infants as well as monitoring infant behaviors and caregiver stressors. The data will serve to continue development of current outreach and education efforts in the pediatric community, through skills workshops, educational materials and phone-based apps.

BACKGROUND TO THE FORUMS

Voices for Ohio's Children has sponsored regional forums almost annually. While our past pattern has been to entertain policy discussions on a wide range of children's issues, in 2018 we focused on the first 1,000 days of life, primarily including the period from conception to age three. Technically, that exceeds 1,000 days, but in focusing on "zero to three" we believe it is important to include what is happening with the child's mom at the time she was pregnant, and the "first 1,000 days" does that reach back.

To cast a wide net we reached out to pediatric and maternal physical and mental health professionals; those working in the home visiting field; early childhood learning and child care organizations; people working in the child welfare system, local public health, nutrition, advocacy, faith-based organizations and state and local government. Approximately 160 people attended across the five sites.

During each forum, we asked participants to work in small groups of four to eight, to maximize the number of voices heard. While not all provider types were present at every forum, we are confident that the data in the report represent thoughtful observations of people who know how Ohio's systems are performing. What we present below are programming gaps for pregnant moms and young children suggested by forum participants that provide context for the policy proposals in the report. These gaps are organized to correspond to the appropriate policy proposal.

Gaps in First 1,000 Days Supporting Need for Policy Changes

I. Health Coverage Gaps

- a. Columbus and Toledo participants supported the Medicaid expansion as an important policy to afford health care to preconception women.
- b. Participants raised multiple scenarios where coverage gaps arise, primarily for the parents of young children. Participants in Toledo observed that parents often experience a coverage gap between losing Medicaid and the receipt of employer coverage.

A related gap raised by participants in Cincinnati and Columbus was the benefit "cliff." This is the situation where a small

increase in income can result in total or significant loss of benefits. These cliffs result in parents either losing benefits or foregoing raises or opportunities for better jobs to avoid losing their health care or other benefits.

- c. Toledo participants reported that women often lose coverage when they are fired for pregnancy. There are federal and state protections against pregnancy discrimination, but there does not appear to be any recent literature on how well Ohio enforces these laws.

2. Health Services Gaps

- a. Cleveland participants reported that there is a shortage of speech therapists who will accept Medicaid. Those reporting this gap said low Medicaid reimbursement rates result in few providers accepting Medicaid for speech services, and this causes overwhelming demand on nonprofits who do accept Medicaid. Children in Cleveland are waitlisted for services.
- b. With respect to pregnant women, Cincinnati participants noted that there are insufficient mental health services available for parents once someone is diagnosed. No one follows up to see if these patients are undergoing treatment. In addition, Cincinnati participants reported high turnover of mental health practitioners serving this population, resulting in parents stopping or pausing therapy due to apprehension of re-establishing trust with a new therapist.

Portsmouth participants noted that there is a significant access problem for pregnant women to get mental health services, although telemedicine partially closes that gap.

Portsmouth participants reported that moms who test positive for Substance Use Disorder (SUD) are given the option to get SUD treatment in the community, but don't necessarily follow through. They suggested linking the expectant mother to treatment would work better if there were mental health/addiction providers in the obstetrician's or family doctor's office. Participants from a community health center in a neighboring county stated that they provide that service.

Portsmouth participants also urged that greater investment be made in holding women accountable who have SUD and are pregnant.

Columbus participants raised the concern that incorrect substance maintenance medications are prescribed for women while pregnant.

- c. Participants at the Portsmouth forum expressed concern that pregnant women are referred to providers of community

- outpatient SUD treatment who may be functioning as medication dispensing sites without providing counseling as they should. There may be a lack of accountability in the systems that dispense medications.
- d. Participants at the Portsmouth forum reported there is only one residential rehab clinic in the area, which has 16 beds. Moms can come in at any point during pregnancy and can stay up to 6 weeks postpartum. Unfortunately, there is a long waiting list to get these services and a large need for the services.
 - e. There were mixed statements at the forums, even within the same geographic area, about the availability of mental health services for very young children. The concern about access to mental health services for children from birth to age three was raised in Cleveland,³ Columbus, and Portsmouth. In Cleveland a concern was raised that Medicaid is not accepting the DC:05 diagnosis code, and instead requiring the DSM-5⁵ which is not feasible for infants. Columbus participants stated that early childhood mental health services are waitlisted. Participants at the Portsmouth forum said that there are not a lot of options for childhood behavioral health services, and children often wait for months. Participants at the Columbus forum raised a concern about getting additional resources for mental health providers for children from birth to age three. Cincinnati participants raised a concern that well-child visits focus on physical health, but not so much on mental health. It was noted that medical practitioners only have a short amount of time for the volume of screenings they perform. The participants raising that concern said that many mental health issues fall through the cracks.
 - f. Columbus participants reported that more medical professionals are trained in trauma informed care, but they stated they didn't see a strong commitment to the application of their training.
 - g. (1) Cincinnati participants said that Medicaid restrictions on provider type and Medicaid's reimbursement limitations on allowable services make Medicaid not a viable payer of home visiting services. (2) Toledo forum participants expressed a desire for home visiting services for families who don't qualify under Ohio's home visiting program rules.⁶ (3) Toledo participants also urged that there be follow-up for six months. Columbus participants suggested there is a need for mentoring programs that offer long-term parental support in the home.
 - h. Cleveland and Toledo forum participants noted a lack of pediatric dental care, and Portsmouth forum participants observed a general lack of dental care for all those relying on Medicaid as their payment source.
 - i. Columbus participants observed that access to interpreters is an issue. They especially expressed a concern that children should not be interpreting for parents due to the sensitivity of issues. They noted that paying for interpretive services is costly for service providers. Cleveland participants noted that translation services cost more than Medicaid reimburses [for the visit].
 - j. Toledo forum participants reported that it is difficult for new Medicaid recipients to access primary care. Portsmouth forum participants stated that managed care network provider offices limit the number of Medicaid enrollees they will accept per month.
 - k. Columbus forum participants said that there are insufficient providers of color. Columbus and Toledo participants emphasized the importance of culturally aware and culturally competent providers.
 - l. Participants in Cleveland said that Medicaid needs to pay for telemedicine or send someone to a home to provide medical exams to kids. Columbus participants suggested telemedicine needs to be expanded. As noted above, Portsmouth forum participants reported that telemedicine is used to provide mental health services.
 - m. Columbus participants noted a need for policy change that would provide greater support to breastfeeding from employers, medical community and family. Cleveland, Portsmouth and Toledo participants identified breast-feeding as a component of successful post-natal care, with Cleveland participants specifically identifying breast feeding for six months as a goal.
 - n. Columbus participants suggested that safe sleep education and materials should be expanded across the state.
 - o. Cleveland participants urged that all children be tested for lead at least twice between the ages of one and three. They also urged that Medicaid pay for lead risk assessment for any house with a Medicaid-enrolled child or pregnant woman, or Medicaid-eligible children in day-care at the home.

³ But note above that Cleveland participants also said that the system for getting treatment to very young children is working well.

⁴ ZERO TO THREE was launched in 1977 as the National Center for Clinical Infant Programs and it creates tools for practitioners to implement the science of early development. In 1994, ZERO TO THREE published its manual, DC:0-3 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. In 2018 ZERO TO THREE released DC:0-5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood which it states "captures new findings relevant to diagnosis in young children and addresses unresolved issues in the field." <https://www.zerotothree.org/resources/2221-dc-0-5-manual-and-training>

⁵ According to the American Psychiatric Institute "[t]he fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) updates disorder criteria to more precisely capture the experiences and symptoms of children. The book also features a new lifespan approach to mental health." https://www.google.com/search?q=DSM5+infants&rlz=1C1GCEU_enUS821US821&oq=DSM5&aqs=chrome.69159j0j69157j0l3.3212j0j7&sourceid=chrome&ie=UTF-8

⁶ Eligibility criteria for the Ohio Home Visiting Program for FY 2019 can be found at Ohio Administrative Code 3701-8-02. <http://codes.ohio.gov/oac/3701-8-02> (downloaded 11/25/18)

APPENDIX (CONTINUED)

3. Gaps in Children's Protective Services

- a. Cincinnati participants suggested a statewide definition of neglect would be helpful. Ohio has a long history of attempting to reach a statewide definition and that history is documented in a webinar found at the website of the Ohio Child Protection Law Reform Initiative <http://www.ohiochildlaw.org/child-in-need-of-protective-services/> (downloaded 11/27/18).
- b. Cincinnati participants suggested that the "safe baby court" should be expanded beyond Lucas County (where it is called the Healthy Baby Court). <https://friendsofjuvenilecourt.org/healthy-baby-court-resource-fair/> (downloaded 11/27/18). The "safe baby court" is a project of the national Zero to Three organization and according to its website "Families are embraced by a team and given targeted and timely services... Results show that their children are reaching permanency three times faster than infants and toddlers in the general foster care population." www.zerotothree.org/our-work/safe-babies-court-team (downloaded 11/27/18).
- c. Columbus participants urged that access to services be provided to families before an adverse event occurs.
- d. Cincinnati participants said that agencies are "paralyzed" by the law requiring a child to be in a certain family placement by 11 months. They said this is not enough time for parents with substance abuse issues.

4. Gaps in Addressing the Social Determinants of Health

- a. Participants at most of the forums identified stable housing as an important component of a successful prenatal and postnatal period. Toledo participants noted that there are services, but they seem to move too slowly, such as assisting people to secure housing, and the services don't last long enough. Columbus participants stated that there is a dearth of affordable housing. Participants also noted that car seats are a problem for parents of very young children, including when they request Medicaid-supported non-emergency medical transportation. In addition, money needed for food is diverted to pay for hygiene products, particularly diapers. Participants believe that if Medicaid could pay for these items it would reduce family hardship. There is federal support for using Medicaid dollars for case management housing support. <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/11/20/states-freed-to-use-medicaid-money-for-housing> (downloaded 11/27/18).
- b. Toledo participants reported that subsidized housing favors a single parent over a non-married couple, and this has caused relationship disruptions. A felony conviction can also deny access to subsidized housing. Toledo participants also said smaller counties have fewer housing resources. Columbus participants said that subsidized housing is waitlisted, and urged that evictions and felony convictions be removed as obstacles to make housing subsidies more available.
- c. Toledo participants raised the concern about WIC limitations not meeting the needs of babies requiring higher caloric intake. They also said that mothers water down formula (apparently for children with average caloric needs) because WIC limits are too low.
- d. Columbus participants urged that kinship caregivers receive financial support on par with adoptive parents and that rules pertaining to the kinship appropriation of the 2018-2019 Ohio biennial budget be relaxed so that the money could be spent for kinship support. Cincinnati participants said that kinship foster care providers do not receive the range of health, safety and trauma training that non-kinship foster parents receive.
- e. While some participants found the availability of Medicaid Non-Emergency Medical Transportation an effective support for moms and babies when participants scheduled their appointments 48 hours ahead of time as required, others noted gaps in the transportation system. Portsmouth forum participants reported that Medicaid enrollees don't always know that the benefit is available, and sometimes transportation providers don't show or leave moms stranded at the doctor's office for hours after the appointment has been completed. Gas cards seems to work well in rural areas. Also, a community health center representative at the Portsmouth forum said they have their own vans and that works well. Cleveland participants said that contracted transportation providers do not have car seats for children and/or will not allow siblings who are not seeing a doctor to ride along.
- f. Participants in the Toledo forum noted that racism needs to be addressed across the board. They said that there needs to be recognition that people are not all the same, have different needs, and there is a need to educate service providers to understand how to work with others that look different than them. Columbus participants said that they are aware of health care bias and a lack of cultural competency.
- g. Columbus participants urged a deep dive into the data on maternal mortality, and stressed the importance of race/ethnicity data. At this time it appears that Ohio's black maternal death rate is approximately three times as high as the white maternal death rate. www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality/state/OH (downloaded 11/26/18).
- h. Toledo and Columbus participants noted a need for affordable child care for working parents with 2nd and 3rd shift jobs. Cincinnati participants urged that the initial eligibility ceiling for a child care subsidy be set no lower than 200 percent of the federal poverty level (FPL). (Under Ohio Administrative code 5101:2-16-30v a family's income cannot exceed 130 percent of the federal poverty level at the point of application, but on-going eligibility may be maintained if the family's gross monthly income is at or below three hundred per cent of the FPL. <http://codes.ohio.gov/oac/5101:2-16-30v> (downloaded 11/26/18).

- i. Columbus participants said it is difficult to find high quality child care. Cleveland participants noted there are slots available in Head Start, but there is an information gap.
- j. Participants in all forums urged that there be greater availability of education about sex and pregnancy for young women and girls. Some forum participants singled out such concerns as intimate partner relationships, healthy relationships, pregnancy spacing, contraception and life skills. Participants urged reproductive health services in school-based health clinics. In addition parents need to be equipped to talk to their children about sex, the way Governor Kasich's "Start Talking" program has addressed the drug problem.
- k. Columbus participants noted that employer leave policies pay a percentage of salary, which is insufficient for some families. They urged family leave for both parents, and urged 12 weeks of paid family leave.
- b. Columbus participants expressed concern that government entities have separate databases and none of the data bases "talk to" each other.
- c. Cincinnati participants expressed concern that large sums of money are sent to local communities without determining whether local groups are working together effectively.
- d. Participants at the Portsmouth and Toledo forums urged a more streamlined approach to applying for benefits. The primary concern was finding a way to determine the likelihood a person will qualify for a particular benefit before engaging in a lengthy application process. Columbus forum participants stated that applicants become confused because there are different eligibility criteria for different benefits. Columbus participants also noted the importance of the Prevention, Retention and Contingency (PRC) benefit, but it is not easily accessed. Ohio puts a large share of its federal Temporary Assistance for Needy Families (TANF) allocation into the PRC fund so that it can be used to meet urgent needs, such as funds to repair a car or avoid an eviction.

5. Improving Systems and Communications

- a. Participants at the Cincinnati forum observed that there are significant gaps in information sharing between the agencies and private entities that have mutual responsibility for the benefits of one person. They attributed the reluctance to share that personal information to HIPAA, and suggested that state agencies review whether HIPAA requires the level of restriction that is practiced.

Columbus and Toledo participants stated there is a lack of interagency communication.
- e. Toledo participants said that there is a need for family-focused services and the client should determine who the family is.
- f. Waiver services refers to a set of home-based services for a family. Toledo participants expressed a concern that it is not well understood where Medicaid dollars go, particularly for services for those with developmental disabilities.
- g. Participants stated that as new approaches become available in providing services, they cannot implement them without time-consuming and cumbersome contract changes.

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THE FIRST 1,000 DAYS

A REPORT FROM VOICES FOR OHIO'S
CHILDREN'S FALL 2018 REGIONAL FORUMS



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