Good afternoon, Chairman Widener, Ranking Member Skindell, and Members of the Senate Finance Committee. My name is Gayle Channing Tenenbaum and I am Director of Public Policy and Governmental Affairs for the Public Children Services Association of Ohio and Senior Fellow for Voices for Ohio’s Children - two groups who work to improve the lives of children and their families in Ohio. Today I want to talk to you briefly about two issues where we believe work still can be accomplished in the Senate before HB 153 is sent to Conference Committee: funding for early childhood mental health consultation and a means to fund mental health Medicaid services for children and youth in the child welfare and juvenile justice system without cost shifting.

First of all let me thank you for the work you have already done in adding additional funding for the kinship navigator program, adoption assistance, and HELP ME GROW and home visiting. All these programs have a positive impact on the lives of children, many at a very early age.

First issue - funding for Early Childhood Mental Health Consultation (ECMHC)

I would respectfully ask you to consider one more program that has been serving children ages 1-6 in our state for the last six years. That is Ohio’s Early Childhood Mental Health program. This program has been in existence in Ohio for the past six years and over 22,000 children have been served. Its purpose is to identify and address early childhood behavioral health needs in subsidized child care and Head Start settings in high risk, low-income communities. The program’s objectives are to build protective factors in young children, increase parents’ skills, and promote the competencies of early childhood providers dealing with young children at risk for abuse, neglect and poor social/emotional health.

In 2010 we also expanded the program to 15 child welfare agencies to provide early childhood mental health consultation and treatment services to children birth to age 6 and includes their families whether birth, custodial, or adoptive. Children referred as needing ECMH treatment include:
Substantiated cases of abuse/neglect as determined by the public child welfare agency
- Children identified through the PCSA “Alternative Response System”
- Children at risk of removal from their custodial home
- Those entering foster care
- Children at risk of being moved to another foster care placement due to behavioral issues.

We have data which is attached with a broader description of this important program and respectfully ask that you find $2.5 million in the budget to continue this very important screening, early intervention, and treatment program for our youngest children.

Second issue – funding mental health Medicaid services for children and youth in the child welfare and juvenile justice system without cost shifting.

Both PCSAO and Voices for Ohio’s Children have joined a coalition of groups from across the state in requesting budget language that children and youth, who are the responsibility of child welfare and the juvenile justice system, be exempt from the Medicaid behavioral health benefits limits. Unlike other Medicaid services, significant professional and judicial oversight already exists for this group of children and youth.

We are concerned that without this proposed amendment cost shifting will occur from Medicaid to our child welfare agencies to pay for youth with very serious mental illness for whom long term treatment may be necessary. Given the cuts our agencies are sustaining in this budget it is hard to understand considering a new program that is both duplicative of what we already do as well and is more costly at the local level.

We respectfully ask that you support an amendment that would prevent delays and administrative barriers that impact the ability of children and youth to access needed services in a timely way and may interrupt treatment resulting in discontinuation of service. This can happen either through delays in processing by the state or because of concerns by providers that they will not be capable of providing the appropriate course of treatment or may not be paid for the services rendered.

At this time I would be glad to try and answer any questions you might have.

Submitted Gayle Channing Tenenbaum
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