GEORGE V. VOINOVICH
GOVERNOR

77 SOUTH HIGH STREET
COLUMBUS, OH 43266-0601

TEL: (614) 644-0813
FAX: (614) 466-9354

A Wellness
Program for
Mothers-to-be
and Their
Babies

Ohio Family &
Children First
Initiative

Help me grow™

Questions & Answers about . . .

Help Me Grow is part of the Ohio Family and Children First Initiative and is endorsed by Governor George V. Voinovich and First Lady Janet Voinovich. Our thanks go to these sponsors: Ronald McDonald Children's Charities, McDonald's, Nationwide Insurance; Pfizer, Inc.; and Kroger Food & Drug.

Our thanks go to these groups for endorsing Help Me Grow

American Academy of Pediatrics, Ohio Chapter
American College of Nurse Midwives, Northern and Southern Ohio Chapters
American College of Obstetricians and Gynecologists, Ohio Section
Association of Ohio Children's Hospitals
Association of Ohio Health Commissioners
March of Dimes
National Association of Social Workers, Ohio Chapter
Ohio Academy of Family Physicians
Ohio Hospital Association
Ohio Nurses Association
Ohio Osteopathic Association
Ohio State Medical Association
Ohio State Medical Association Alliance
Ohio United Way

1-800-755-GROW
TDD/TTY 1-800-750-0750

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 3996 COLUMBUS OH

POSTAGE WILL BE PAID BY ADDRESSEE

Ohio Department of Health
BMCH/OIMRI
Help me grow™ **Program**
246 North High Street, 6th Floor
Columbus, OH 43215-9592

Help me grow™

It's Free!

- Just call
  1-800-755-GROW
  TDD/TTY 1-800-750-0750
- Get:
  – *The Help Me Grow Wellness Guide*
  – Valuable coupons
  – Health tips and diary

Questions & Answers about Help Me Grow . . .

What is Help Me Grow?

If you are going to have a baby, you need to get regular health care during pregnancy to help make sure your baby is born healthy. You need to eat healthy foods when you are pregnant and then, after your baby is born, make sure your baby eats healthy foods, too. Also, you need to make sure your baby gets regular health checkups. Help Me Grow is a program to help parents do all these things to keep their children healthy. The Help Me Grow program will help more pregnant women get health care during pregnancy. It will help more pregnant women and babies get healthy foods to eat. Also, it will help make sure more children get all their shots, or immunizations, by age two.

Why is Ohio sponsoring Help Me Grow?

Too many babies start life in Ohio with the odds stacked against them. For example, out of 435 babies born each day in Ohio in 1993:

- **Sixty-five babies were born to mothers who did not get health care until very late in their pregnancy.**
- **Six babies were born to mothers who did not get health care at all during pregnancy.**
- **Thirty-three babies were born at low birthweight.**
- **Four babies died before their first birthday.**

Also, in 1995, up to one third of Ohio's two-year-old children have not had all their shots. They need these shots to protect them against diseases that could kill or cripple them. These are problems Help Me Grow is trying to solve.

How Can I Learn More About My Baby's Health?

We can send you easy-to-read health tips for you and your baby in a "Help Me Grow Wellness Guide." These health tips are important if you are pregnant or if your baby is under two years old. The guide also includes coupons you can use to get goods and services free of charge or at a discount, as long as you keep your health care appointments. **You can get a free copy of the guide by calling the Help Me Grow helpline at 1-800-755-GROW. Your call will be free of charge.** If you are a client of the Child and Family Health Services program (CFHS) or of the Women, Infants, and Children program (WIC), you can get your free copy of this guide at your next appointment.

Can I Get Other Help from Help Me Grow?

Yes. Call us at **1-800-755-GROW.** We can tell you where to find low-cost health care. We can tell you how to sign up with our food and nutrition program (WIC), if you qualify. We can also tell you how to find other services that may help your family.

Help me grow™

Call free 1-800-755-GROW
(1-800-755-4769)
TDD/TTY 1-800-750-0750

Help me grow™

Organized by: **The Ohio Family and Children First Initiative**

A Wellness Program for Mothers-to-Be and Their Babies

Sponsored by: RMCC, McDonald's, Nationwide Insurance, Pfizer, Kroger Food & Drug

Tear off and save this card

I WANT TO HELP MY BABY GROW...

Please send me a **free** *Help Me Grow Wellness Guide*, filled with health tips and dozens of valuable coupons!

Name _____

Address _____

City _____ County _____

State _____ Zip code _____

Phone (_____) _____

Are you pregnant? _____Yes _____No

Do you have a child under the age of two? _____Yes _____No

Please tear along the dotted lines and mail this card today, or call the toll-free helpline at **1-800-755-GROW.** Keep the small card at left handy to call the Help Me Grow helpline.

Help me grow™

The Ohio Family and Children First Initiative

A Wellness Program for Mothers-to-Be and Their Babies

HEA 4008 (Rev. 5/95)

Tear off and mail this card

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

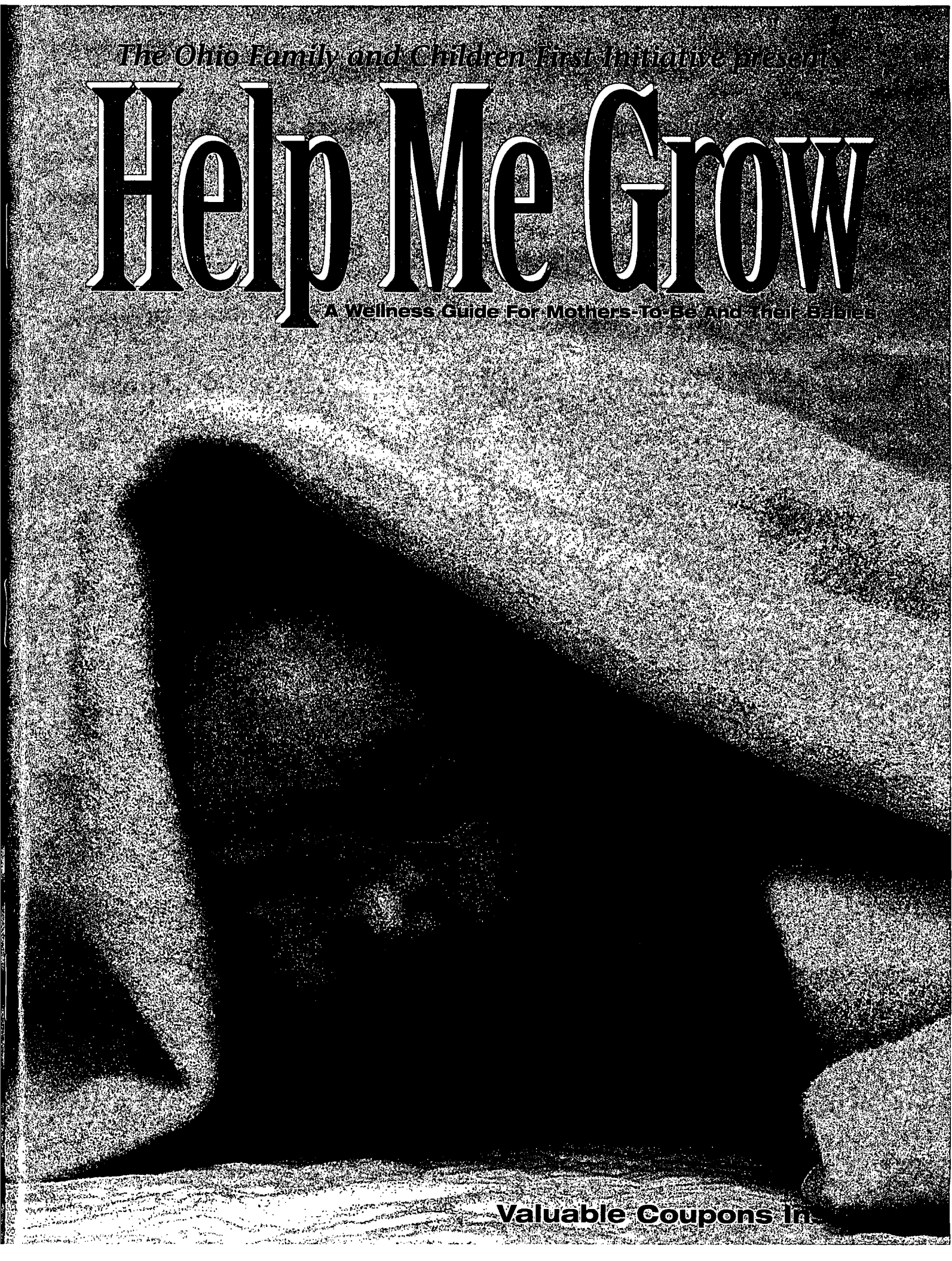
This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

The Ohio Family and Children First Initiative present

Help Me Grow

A Wellness Guide For Mothers-To-Be And Their Babies



Valuable Coupons In

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

Benchmarks for Educational Success

Action Team on School Readiness

Goal One:

By the Year 2000, All Children in America Will Start School Ready to Learn.

National Governors' Association

The Ohio Family & Children First Initiative

A Record of Results

Office of Governor
George V. Voinovich

June 1995

An Overview:

The Ohio Family & Children First Initiative represents a collaborative effort of state and local governments, non-profit organizations, businesses and parents to focus on improving the lives of families and children in Ohio. The Initiative specifically focuses Ohioans on obtaining National Education Goal One: By the year 2000, all children in America will start school ready to learn.

The Ohio Family & Children First Initiative marks a historic first. Never before have the state's education, health and social service systems and Ohio families concentrated on achieving the shared policy goal of school readiness. This collaboration is critical because no single system has the resources or capacity to meet this goal alone.

To accomplish this goal, the Initiative focuses on three main objectives:

1. Assuring that infants and children are healthier;
2. Increasing access to quality preschool and child care for families desiring enrollment;
3. Improving services to aid family stability.

Programmatic emphasis is on prevention and early intervention, while the administrative focus is on streamlining government operations and promoting local flexibility.

To succeed, the Initiative recognizes that its design must be "homegrown." 69 of Ohio's 88 counties have either voluntarily created, or are now forming, a Family & Children First Council.

At the local level, Family & Children First Councils are encouraged to review and retool existing programs for children to achieve better results, to fill service gaps or invent new approaches where needed, to coordinate services provided for families, and to maintain an accountability system which demonstrates progress toward the initiative's objectives.

At the state level, the coordinating body is the Ohio Family & Children First Cabinet Council, composed of the Superintendent of Public Instruction and the directors of the Departments of Alcohol & Drug Addiction Services, Budget & Management, Health, Human Services, Mental Health, Mental Retardation & Developmental Disabilities, and Youth Services. The Cabinet Council determines the viability of "Regulation-Free Zone" waivers requested by the counties. It is also spearheading efforts to streamline state management operations and redirect funding toward prevention and early intervention activities.

At both the state and local level of government, the Initiative builds on and unifies previous successful partnerships such as the Clusters for Youth with Multiple Needs and the Early Intervention Collaboratives. It also opens the door to creative partnerships with non-profit entities, businesses, charitable organizations and philanthropic organizations. A deeper respect for parents and family members is also emerging and solidifying.

The Family & Children First Initiative is working throughout Ohio in a variety of ways because it serves as a catalyst for change for government and providers. The Initiative is not a "program" with eligibility determinations and rules. The Initiative does provide policy leadership and objectives for state and local programs to strive to obtain.

For further information regarding the Family & Children First Initiative, please contact the Office of Governor George Voinovich, Jacqui Sensky at (614) 644-0973.

Examples of statewide Initiative successes to date include:

* **Family Representation.** All Family & Children First committees include representatives of families.

* **Head Start.** Ohio successfully tackled service integration issues vital to enrolling an additional 6,369 children in Head Start in the 1994-95 school year. Ohio leads the nation in state funding for Head Start and leads all major industrial states in the percentage of eligible children in the classroom. Sixty-one percent of Ohio's eligible children now participate in Head Start. The Executive Budget proposal for FY 96-97 calls for additional funding to provide Head Start placements for 72 percent of all eligible children. This means state funding for an additional 8,000 slots. If approved, by June of 1997, over 57,000 Ohio children will attend Head Start annually.

* **Head Start & JOBS Partnership.** Ohio is taking the national lead in partnering Head Start programs with full-day JOBS child care programs. This technically and fiscally complex partnership will allow sites to provide children with full-day child care which includes Head Start's educational and social services. This comprehensive care is being provided in both Head Start and child care center locations. Pilot programs are now serving 500 children in Lucas, Lawrence, Jefferson, Greene, Wood and Franklin Counties. The Executive Budget proposal for FY 96-97 allocates $6 million to provide full-day services. This ensures funding for up to 800 children, twice as many as currently served.

* **Drug Prevention with Head Start.** The Ohio Department of Alcohol & Drug Addiction Services and Head Start have teamed up to provide drug prevention education to Head Start providers and to parents and children enrolled in Head Start.

* **Help Me Grow.** The Initiative is launching a massive public/private partnership around the need for comprehensive prenatal/postnatal and well baby care for expectant mothers and their babies. The "Help Me Grow" campaign involves a public education campaign, a wellness guide featuring incentives for health care visits and a comprehensive state helpline which will provide information to families seeking referrals or assistance in their own counties. Primary corporate sponsors include Ronald McDonald Children's Charities, Kroger Food and Drug, McDonald's Restaurants, Nationwide Insurance and Pfizer Pharmaceuticals. First Lady Janet Voinovich serves as Help Me Grow's official spokesperson. In its two months of operation, 35,000 wellness guides were distributed to pregnant women and families with children under the age of two through the helpline and 30,000 more through CFHS and WIC clinics. For your free wellness guide and valuable coupons call 1-800-755-GROW!

* **GuardCare.** The Initiative worked with the Ohio Adjutant General to obtain federal approval for National Guard medical personnel to provide preventive health services in underserved areas of Ohio. Through GuardCare, children will receive immunizations, well-baby care and dental care while guardsmen complete required training exercises. To date, the Guard has administered 740 childhood series immunizations to more than 400 patients and performed more than 140 vision, hearing, dental and physical screenings. Between January and September 1995, GuardCare personnel anticipate conducting 104 missions in Franklin, Pike and Ross Counties.

* **Kiwanis/Rotary Partnership on Immunization.** These two community service organizations are partnering with the Initiative, the Ohio Department of Health and local health departments to promote the importance of childhood immunization. This is the first joint project between these service organizations in their histories. The organizations will be individually reminding new parents about the need for immunizations, staffing immunizations efforts at county fairs, health fairs and other outreach sites, asking organizational members who are medical personnel to staff immunization drives, mounting educational campaigns, etc.

* **Earlier Prenatal Care & Increased Well-Child Care.** The Department of Health has redirected state and federal funds to 16 local agencies to help them provide additional prenatal and well-child clinical services to more women and children. In target neighborhoods, outreach workers help identify pregnant women and secure for them early and continuous prenatal and well-child care for their infants. More than 19,000 families have been served. Initial results are encouraging. Of all women receiving ODH-funded prenatal care, the percentage of women getting care in the first trimester of pregnancy has increased from 47.7 percent in FY 1992 to 60.7 percent in FY 1994.

* **Drug-Free Babies.** Increased funding and emphasis on providing treatment to pregnant women with substance-abuse problems is paying off. In 1994, a total of 303 drug-free babies were born to women enrolled in residential treatment programs. Based on a moderate average of just over $46,000 for the first year of treating drug/alcohol exposed infants, the efforts of these residential programs have saved over $13.9 million with immeasurable emotional and quality of life savings for the families and children involved.

* **State Subsidy to Children with Multiple Needs.** In the past, local clusters seeking state funding for services to multi-need youth submitted a 21-page application with case-specific back-up materials. The state then conducted extensive case reviews prior to funding. Today, local clusters submit a two-page form. In addition, more children are being served with home and community-based services as opposed to institutional services. Between FY 93 and 94, residential placements dropped by almost 23 percent.

* **Public-Use Facility Licensure.** Complex licensing requirements and multiple facility inspections traditionally have proven discouraging and expensive to Ohioans operating child care centers, head start classrooms, etc. A new public-use facility licensure model is now ready to be piloted in four local sites and statewide implementing legislation is being drafted for consideration by the Ohio General Assembly.

The new model consolidates and coordinates the facility licensure functions of seven state agencies. These functions focus on the health and safety of a building. This consolidation results in universally agreed upon standards, dramatically reducing the amount of paperwork, time and money spent to obtain facility licensure by providers.

***LINCCS Computer Project.** The LINCCS project, Linking Interagency Networks for Comprehensive Computer Systems, is connecting computer systems that already exist in several state agencies so that information can be easily and regularly exchanged regarding children from birth to age eight. At the state level, accurate aggregate data without personal identifiers will improve policy development, budget planning, accountability, service delivery design and evaluation. The privacy of individual children and families will be protected throughout the project. The LINCCS project is a cooperative effort between the Department of Health, the Department of Education and the University of Cincinnati. It is funded for three years by a U.S. Department of Education grant.

* **Expanded Mental Health Services.** The Department of Mental Health changed state law to allow collaborative programs for "at risk" children to be supported along with programs for children with "severe emotional disturbance." This important change permits mental health funding to intervene earlier with children with the hope of avoiding more severe mental health problems later in their lives.

* **Home and Community-Based Waiver Services.** Ohio has expanded the number of available openings and streamlined the administration of home and community-based waiver services for children. These waivers allow children with disabilities and medically-fragile conditions to remain at home rather than in nursing home or hospital settings. As a result, an additional 500 children are now being cared for at home due to enrollment growth. State enrollment processing time has also been reduced from over 100 days to 32 days. An additional children's waiver, which will serve 150-200 children in its first year of operation, is now under development.

* **Prescribed Pediatric Child Care Centers.** Two comprehensive child care centers, with prescribed pediatric care units, are open and in the pilot phase. These centers allow children with disabilities and/or medically fragile conditions, to attend child care along side typically developing children. The EduCare Center in Toledo opened in 1993, and a new unit at The Ohio State University Child Care Center began operation in 1994.

* **Collaborative Early Childhood Centers.** Early Childhood Centers have become more collaborative, involving as many as 13 agencies in some communities. Collaborative funding and technical support for these centers involves the departments of MRDD, Mental Health, Human Services & Education. To date, a total of $14 million has been spent on 21 centers.

* **Family Resource Centers.** In February 1995, the Initiative awarded $1.2 million to Family & Children First Family Resource Centers in 18 Ohio counties. Several different resource center approaches were funded, including centers that will be school-linked, school-based or mobile units. The 18 proposals receiving funding are located in Adams, Ashtabula, Athens, Belmont, Clark, Clermont, Delaware, Franklin, Greene, Lorain, Madison, Marion, Mahoning, Mercer, Ottawa, Shelby, Wayne and Wyandot Counties. Grants ranged between $50,000 and $90,000.

* **Respite Care.** Through the Initiative, the Departments of Mental Retardation and Developmental Disabilities and Mental Health are sponsoring Project Help. This project will create more community respite care for families caring for children with disabilities. Respite care permits parents and family members to take a break from the often round-the-clock needs of their children. Over the next three years, Project Help will utilize $820,000 to increase respite care opportunities.

* **Parental Leave.** Paid adoption and maternity leave benefits have been extended to all state employees, mothers and fathers. This policy sets an example for all Ohio employers. Since March 1994, 117 mothers and fathers have utilized adoption leave. Another 2,591 parents have taken leave due to the birth of a child. Interestingly, more than twice as many fathers as mothers have utilized the state's new parental leave option.

* **Adoption Regulation.** The state has reduced rules pertaining to adoption by 25 percent, thus minimizing administrative barriers to adoptions.

* **Adoption Placement Awards.** The state now provides an incentive for public and private adoption agencies to improve the placement of children with special needs and sibling groups. To reduce the number of children awaiting permanent families, agencies receive a financial bonus upon securing the successful placement of these children in an appropriate adoptive home. In its first months of operation, 72 children have found adoptive homes.

* **Adoption Congress.** In 1995, the Initiative and the Department of Human Services hosted Ohio's first Adoption Congresses. These Adoption Congresses showcased Ohio's waiting children and sought to link them with approved adoptive families. The first two efforts matched 58 African-American children with potential permanent homes. These efforts also strengthened the partnership between public children service agencies and private adoption home-finding agencies.

* **Adoption Video.** A statewide video which features 90 children available for adoption has been produced by the Initiative and is currently being copied for distribution to public children's service agencies, public libraries and two major supermarket chains with stores throughout Ohio. The sixty-minute video, entitled "Ohio's Waiting Children," answers many questions most commonly asked about adoption, the adoption process and the children.

* **Regulation Free Zones.** To date, 8 requests to waive state regulations in order to permit local project flexibility have been received by the state Family & Children First Cabinet Council. Three waivers were granted, two requests were facilitated with technical assistance from the state, one request was denied due to federal constraints and two requests are currently pending.

* **Family Reunion Conference.** The Initiative joined with many other Ohio organizations to host the first-ever Family Reunion Conference. This Conference, designed for families, provided a forum for families and service providers to exchange information and perspectives on today's issues. More than 600 Ohioans participated.

* **Philanthropic Grants.** The Ohio Family & Children First Initiative has successfully secured grants to pursue its school readiness goal from community and national philanthropic foundations. Grants have been secured from organizations ranging from the federal government to the Annie E. Casey Foundation, the William Kellogg Foundation, the Robert Wood Johnson Foundation, the Cleveland Foundation and the National Governors' Association, to name a few. Over the past two years, the Initiative has successfully secured more than $6 million in competitive grants to further its work.

Examples of county Initiative successes to date include:

* **Participation.** More than half of Ohio's 88 counties have voluntarily created Family & Children First Councils and are now working cooperatively toward coordinated service delivery.

* **Service Coordination Plans.** All thirteen pilot sites have successfully implemented Service Coordination Plans, a break-through in coordinating the activities of courts, schools and social services around the needs of abused, neglected, dependent, delinquent or unruly children. The plans feature binding local dispute resolution mechanisms. This mechanism helps ensure that children receive necessary services without their families or a local service agency having to resort to court action. Statewide implementation of Service Coordination Plans is being sought in the 121st Ohio General Assembly.

* **Inter-System Training.** Hamilton County is providing new employees of its education, health and social service systems with information about all services available to families. Employees of non-profit providers are also participating in this comprehensive, orientation training. Lawrence County is also providing cross-system training for support services to families as well as on the use of a new intake and referral process.

* **Family Resource Centers.** Lucas County will provide comprehensive, neighborhood-based services at three Family Resource Centers.

* **Health Care Improvements.** Van Wert County now provides new in-home and respite care programs to families as well as funds for two nurse practitioners.

* **Services to Adolescents.** Cuyahoga County has adopted a new emergency response and stabilization service for high-risk teenagers.

* **Mobile Early Childhood Unit.** Stark County now operates a mobile early childhood unit through its county MRDD Board. The unit brings screening and testing services to families. Stark County is also activating a health care outreach project focusing on at-risk pregnant women.

* **Streamlined Intake/Referral.** Lawrence, Ashtabula and several other counties are piloting intake and referral systems which eliminate red tape and seek to make more appropriate referrals to families seeking services.

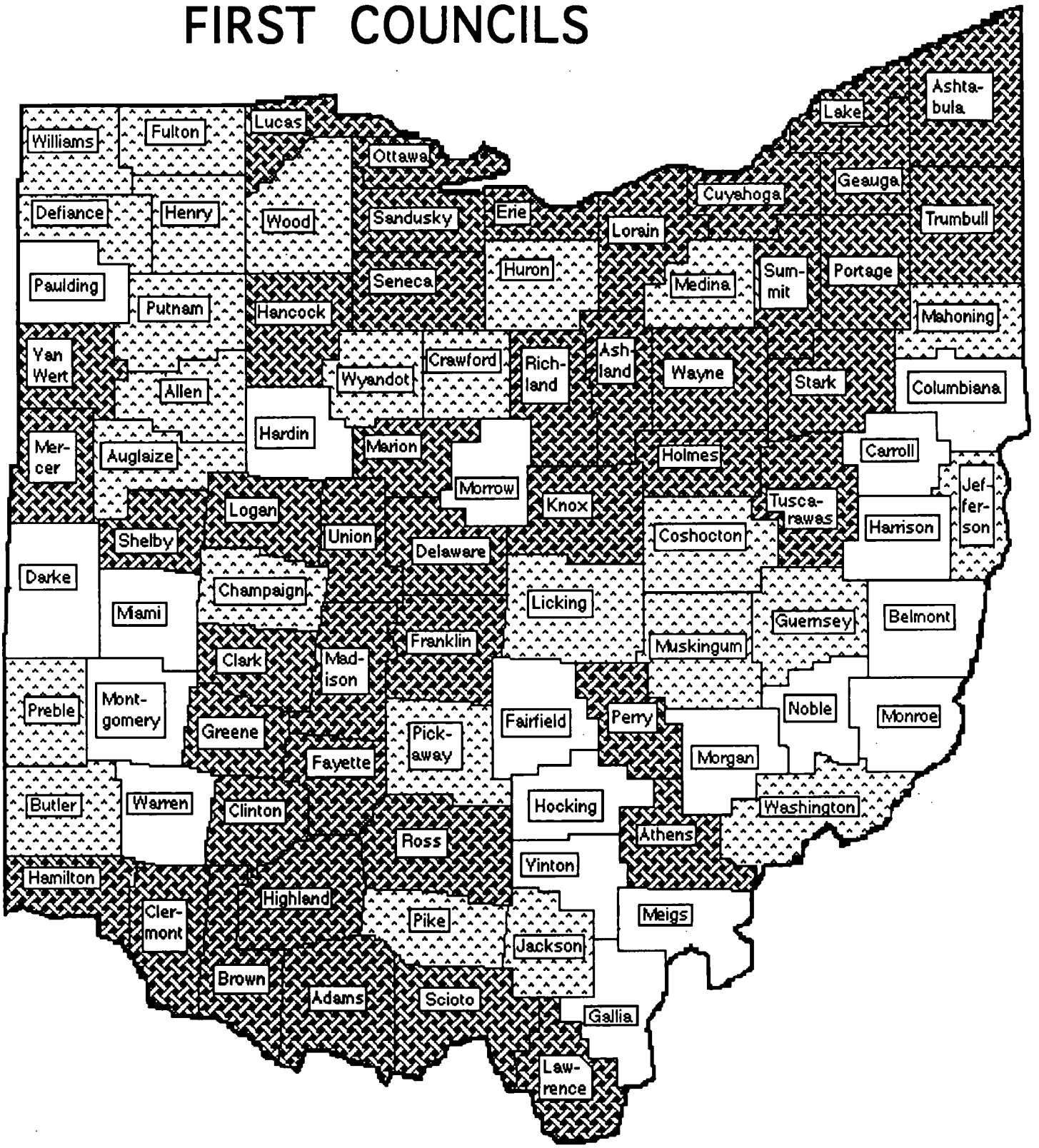
* **Toy Lending Library.** The Hopewell Consortium has established a Family Resource Network. This is a lending and information sharing library which makes adaptive equipment, interactive toys, and educational materials accessible to families. The library places special emphasis on the needs of children age birth through three and children with special needs.

* **Crisis Response System.** Hamilton County is implementing a 24-hour emergency response for families in crisis, regardless of the service system involved.

* **Parent Information Brochure.** Hamilton County also developed and printed a parent brochure. This brochure, "16 Tips for Dealing With Professionals" was written and designed by parents and was paid for with private donations.

These are just samples of the good work being achieved by Family & Children First Councils throughout Ohio. Many Councils are working on complex shared financing arrangements and management processes as well as changes at the programmatic level.

OHIO FAMILY AND CHILDREN FIRST COUNCILS



Counties with Family and Children First Councils

Counties developing Family and Children First Councils

06/05/95

Ohio Family and Children First

Introduction

The Ohio Family and Children First initiative is a collaborative effort of state and local governments, non-profit organizations, and parents to focus on improving the lives of families and children in Ohio. It primarily focuses Ohioans on obtaining National Education Goal One: By the year 2000, all children in America will start school ready to learn.

The Ohio Family and Children First initiative marks an historic first. Never before have the state's education, health, and social service systems and Ohio families jointly concentrated on achieving the shared policy goal of school readiness. This collaboration is critical because no single system has the resources or capacity to meet this goal alone.

Overview

The mission of Ohio Family and Children First is to improve access to and the delivery of education, health, and social services for children and families. The initiative ensures meaningful input from persons most affected by these state systems, including families, providers, and local governments. Programmatic emphasis is on prevention and early intervention, while the initiative's administrative focus is on streamlining government operations and promoting local flexibility. While implementing these policies, Ohioans are promoting improved services for families who want them and recognizing and building on family strengths.

In order to succeed, the Ohio Family and Children First initiative recognized that its design must be "homegrown." A call went out for county partners for the initiative and 64 of Ohio's 88 counties voluntarily applied. A total of 13 Ohio counties, reflecting an urban, rural, and geographic mix, were selected as pilot sites. They include Ashtabula, Cuyahoga, Hamilton, Lawrence, Lucas, Perry, Stark, Van Wert, and a regional consortium of Adams, Brown, Clinton, Fayette, and Highland counties. Today the initiative is moving out of the pilot stage and is expanding throughout the state. Currently, Family and Children First Councils have been created voluntarily in over half of Ohio's 88 counties.

Councils are encouraged to review and sort all existing programs for children, to retool existing programs so that they lead to better results and reinforce each other, to fill service gaps or invent new approaches where needed, to develop a county/regional/state service coordination plan for all family and children services, and to maintain an accountability system which demonstrates progress on achieving the initiative's objectives.

At the state level, the coordinating body for the initiative is the Ohio Family and Children First Cabinet Council, comprised of the Superintendent of Public Instruction and the directors of the departments of Alcohol and Drug Addiction Services, Budget and Management, Health, Human Services, Mental Health, Mental Retardation and Developmental Disabilities, and Youth Services. In addition to better coordinating the state's service delivery system, the Cabinet Council considers issues and makes recommendations regarding the provision of services for multi-need children.

The primary focus of the Ohio Family and Children First initiative is using existing resources more efficiently and effectively to improve results for children and families. This value-added approach should eventually mean less and not more spending growth within the various service systems.

Performance Results

The biennial budget for FY 1996-1997 supports the school readiness goal through fiscal strategies designed to meet specific Ohio Family and Children First performance results. These anticipated results are:

- *By June 1998, 84 percent of the eligible three- and four-year-olds at or below 100 percent of poverty who can be identified and whose families desire services, will have a space available within an early childhood program.*

- *By January 1996, 75 percent of all two-year-olds will have received their complete series of immunizations, up from the current level of 62 percent.*

- *By June 1997, the number of children experiencing multiple out-of-home placements will be reduced from the current 49.4 percent level to 44.4 percent. Special emphasis will be placed on single, quality placement experiences for younger children.*

- *By December 1995, all children from birth through age five, who are suspected of having a disability and whose families desire services, will be identified, located, and evaluated for services.*

- *By June 1997, the number of low-income pregnant women entering medical care during the first trimester of pregnancy will increase to 75 percent of those Medicaid eligible from the current 37 percent level and to 75 percent of those utilizing Maternal and Child Health clinics from the current 45 percent level.*

- *By June 1997, the number of alcohol and other drug addicted pregnant women entering medical care and receiving treatment for substance abuse will increase by 100 percent.*

- *By the end of 1995, the number of children waiting for a permanent family placement will decrease by 33 percent, declining from the current level of 3,224 children waiting to approximately 2,160.*

FY 1996-1997 Executive Budget Recommendations

The following budget recommendations are designed to support strategies which should result in progress toward the performance results.

- ***Increased funding for the early childhood programs of Head Start, Public Preschool, and Preschool Special Education***. Head Start will receive $157.8 million over the biennium, permitting 72 percent or 57,000 of the eligible children to be served in a program. Public Preschool will also continue to serve eligible children with $33.3 million over the biennium. Preschool Special Education will receive $104.4 million to increase the percentage of eligible children served from the current level of 41 percent to 53 percent by the end of the biennium. Together these increases will permit the number of children served in early education programs to grow to over 63,000, or 80 percent, of the eligible population over the biennium.

- ***Expansion of Head Start/JOBS Day Care coordinated services***. Funding is specified both from the Department of Education and the Department of Human Services to provide each year for full-day, full-year programs to serve a portion of the JOBS daycare eligible children and their families. Funding is also provided to wrap Head Start services around children served in the JOBS program. $6 million in funding over the biennium will allow up to 800 children, twice as many as currently, to use these full-day services.

- ***Development of the Ohio Early Start program***. Currently, services are provided to the birth to age three population with identified disabilities. Ohio Early Start will begin to allow children from birth to age three, particularly toddlers, with significant risk of abuse, neglect, or future developmental delay to also receive services. Funding of $8.1 million is provided over the biennium. Ohio Early Start helps to complete the full continuum of services before a child enters school. From the prenatal Help Me Grow campaign, to early intervention and prevention for infants and toddlers, to Preschool Special Education, Public Preschool and Head Start, these initiatives are directed at reaching the school readiness goal for each child.

- ***Establishment of the Help Me Grow Helpline***. This statewide toll-free information and referral line is designed to help families know where to turn when family and personal problems occur. While administered by the Department of Health, the *Help Me Grow Helpline* will offer information across the range of state government services and activities. Funding of $700,000 is provided annually.

- ***Completion of the immunization tracking system***. Currently being successfully piloted in four locations in Ohio, expansion of the system is needed statewide to ensure that children receive the necessary immunizations. Providers tend to defer vaccinations in the absence of a record of past immunizations. A central registry will electronically store children's immunization histories and will allow providers access to up-to-date information as well as generate reminders to parents. $850,000 in funding is included in FY 1997.

- ***Focused funding to reduce teenage pregnancy***. Both the Teenage Sexuality and Pregnancy Prevention (TSAPP) program and the Graduation, Reality, and Dual-Role Skills (GRADS) program reach out to youngsters to discourage pregnancy and encourage staying in school. Funding will be focused toward addressing teenagers in communities with over 100 teen births annually. Over the biennium, $20.6 million will be targeted for GRADS programming and $5.2 million will be allocated for TSAPP.

- ***Development of a pilot model for kinship care of children***. Kinship care promotes the concept of placing children in foster care or guardianship with extended families such as aunts, uncles, or grandparents. Funding is provided to cover the essential financial and service supports that relatives need to meet the demands of caring for related children who often have been abused or neglected. $990,000 is provided in FY 1996 to work with pilot sites. If the model proves successful upon evaluation, $3 million will be available in FY 1997.

- ***Encouragement of adoption cooperation***. An initial pilot incentive program was established in 1994 to encourage cooperation between public and private adoption agencies to improve the placement of children. $675,000 in funding is being provided each year of the biennium to expand to additional Ohio communities. Funding is also provided in the amount of $1.45 million over the biennium to identify and recruit additional families who are willing to provide homes for special needs children.

- ***Treatment for pregnant women who are addicted to alcohol and other drugs***. An additional $750,000 each year will provide expanded treatment services for alcohol and other drug addicted pregnant women. Existing resources will also be prioritized to ensure that fewer babies are born with drug dependencies.

- ***Filling all the approved openings for the Individual Options Waiver***. This will enable more children with developmental disabilities to remain in a community-based setting rather than in an institution. Funding is increased to $10.6 million over the biennium.

- ***Serving multiple need children***. $7.6 million is provided over the biennium to provide services to children identified with multiple needs. Working in a collaborative way with various state and local agencies, these funds encourage local communities to find ways to serve these multi-need children and their families close to home rather than in institutional settings. Last year, about 300 children were provided services that enabled them to remain in their communities utilizing wraparound services.

- ***Providing limited local council infrastructure support***. Many communities throughout the state have established local Family and Children First councils. Funding is provided to partially support local coordinators so that improved coordination of services is available to Ohio families. $3 million is allocated over the biennium to provide this administrative support.

Overarching Commitment

In addition to these identified strategies and funding proposals, the policy goals of the Ohio Family and Children First initiative have been prioritized within departmental budgets and operations. Examples of this prioritization range from funding increases for child care and home-based waivers to management initiatives in child support and public-use facility licensure. It is this overarching commitment to the school readiness goal within the education, health, and social service delivery system which will achieve long-lasting results for Ohio families.

The Budget for Education and Children

Introduction

Overall, the FY 1996-1997 biennial budget represents a strategic, comprehensive effort toward supporting children and education. The philosophy of collaboration that permeates Ohio Family and Children First is translated to various departments that provide programming for children and their education. The following is a brief summary of the highlights within the areas of high-quality preschool and child care, healthier infants and children, family stability, thorough and efficient schools, and children with special needs. These efforts, coupled with Ohio Family and Children First activities, ensure that Ohio's children are receiving a solid foundation as they enter adulthood in the 21st century.

High-Quality Preschool and Child Care

- Head Start funding is increased to serve an additional 2,181 disadvantaged children in FY 1996 and 6,044 additional children in FY 1997.

- Public Preschool funding is increased to continue serving 5,654 children.

- Preschool Special Education funding is increased to serve an additional 1,300 disabled children each year in 260 additional preschool special education units. The estimated number of total children served will grow to 11,204 or 53 percent of the eligible population over the biennium.

- Both ADC and non-ADC Day Care funding is increased by $23.3 million in FY 1996 (20.8 percent above FY 1995) and by $9.6 million in FY 1997 (7.1 percent above FY 1996). Funding is sufficient to serve 58,000 children in FY 1996 and 60,000 children in FY 1997.

Healthier Infants and Children

- Funding is continued to enable local health districts to administer basic childhood immunization programs to an estimated 128,000 children each year.

- Continued funding for the Medically Handicapped Children program is provided and will guarantee at least 90 days of treatment for each child enrolled.

- New funding ($1.8 million in FY 1996 and $6.3 million in FY 1997) to establish Ohio Early Start. Focusing on toddlers who may have developmental delays, in FY 1996, 2,000 young children will be served and, in FY 1997, it is estimated that 4,000 children will be served.

- Increased federal funding, $171.1 million in FY 1996 and $186 million in FY 1997, for the Women, Infants, and Children program. An estimated 273,000 persons in FY 1996 and 282,000 in FY 1997 are expected to be eligible for food supplements and dietary counseling that could reduce the incidence of low birth weight infants and problem pregnancies.

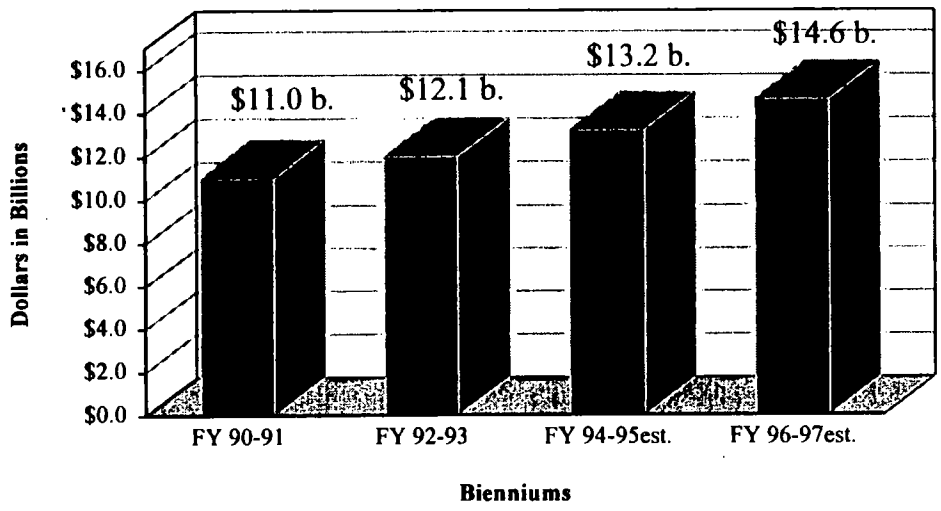
- Continued funding to screen 165,000 newborn infants each year for sickle cell anemia and other genetic disorders.

- State and federal funding, $1.2 billion in FY 1996 and $1.3 billion in FY 1997, for children served in the Medicaid program. An estimated 786,200 children per month in FY 1996 and 813,800 children per month in FY 1997 will be eligible to receive basic medical care.

- Increased funding to improve access to primary and preventive health care for children. Effective October 1, 1995, children through age 12 in families with incomes at or below 100 percent of the federal poverty level will be eligible for Healthy Start. Effective October 1, 1996, children through age 13 in families with incomes at or below 100 percent of the poverty level will be eligible for Healthy Start. It is

Figure D-1

Total General Revenue Funds for Education and Children



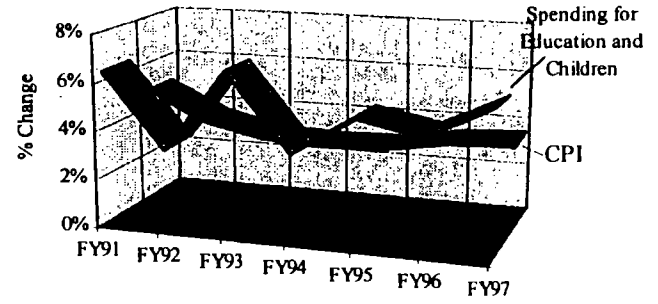
This includes the following agencies' portions of spending for education and children: Alcohol and Drug Addiction Services, Board of Regents, Education, Health, Human Services, Mental Health, Mental Retardation/DD, Veterans' Children's Home, and Youth Services.

estimated that 123,300 children per month will be served in FY 1996 and 134,800 children per month will be served in FY 1997. (This goal will be accomplished more rapidly if the OhioCare initiative is approved and adopted.)

- Continued funding for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program to provide ongoing preventive health care to an estimated 432,400 children in FY 1996 and 447,600 children in FY 1997.

- Under the Medicaid in the Schools program, it is estimated that Ohio will receive $20 million in federal funds in FY 1996 and $22 million in FY 1997 to provide health screenings and preventive health care to Medicaid-eligible school-aged children.

Figure D-2 Annual % Change in the GRF Education and Children's Budget Compared to the CPI



The annual percentage increase in spending for education and children has exceed the Consumer Price Index in every year since FY 1991, except for FY 1992.

Family Stability

- State and federal funding for the Aid to Dependent Children program is projected to serve 427,970 children per month during the biennium, providing cash assistance for food, shelter, and clothing.

- Increased funding for Child Support Enforcement will continue the timeliness of child support case action and ensure adequate support for dependent children.

- Increased funding for the Adoption Assistance program will serve approximately 7,600 children per month in adoptive families in FY 1996 and approximately 8,600 children per month in FY 1997.

Thorough and Efficient Schools

- School Foundation Basic Allowance and Equity funding is increased $80.8 million in FY 1996 (4.4 percent above FY 1995) and $145.4 million in FY 1997 (7.6 percent above the FY 1996 level).

- School Finance Equity Funding has been merged into the School Foundation Basic Allowance. An equity factor has been incorporated into the school foundation formula that will focus these moneys on low-wealth school districts.

- Gifted Pupil Program funding is increased by $5.5 million in FY 1996 (28.2 percent above FY 1995) and by $6.3 million in FY 1997 (25.1 percent above FY 1996), and will serve approximately 18,100 additional children over the biennium through 182 new gifted units each year.

- Funding is provided to support debt service for the capital funded school building assistance projects to improve facilities in low wealth schools.

Children with Special Needs

- Continued funding for alcohol and drug abuse prevention programs including 48 Drug Free School (DFSCA) programs, two DFSCA Replication programs, 16 Drug Abuse Resistance Education (DARE) programs, 11 Head Start programs with prevention programming, and the Teen Institute.

- Special Education funding is increased $15.4 million in FY 1996 (3.4 percent above FY 1995) and $16.4 million in FY 1997 (3.5 percent above FY 1996) to allow for an additional 651 units over the biennium.

- Increased funding of $2.5 million each year, for developing additional community mental health services for children.

- Continued funding for the Cooperative Extension Service to provide social services to an estimated 214,000 children through the 4-H program, and to assist 50,000 youths and their families in the Youth at Risk and Families at Risk programs.

HISTORICAL SPENDING ON SELECTED CHILDREN'S PROGRAMS

	FY 1990-91 Act.	FY 1992-93 Act.	FY 1994-95 Act.	FY 1996-97 Est.	% Increase 90-91 vs 96-97
ADC	$1,110,799,540	$1,234,561,510	$1,156,012,554	$1,141,439,853	2.76%
Medicaid	$1,467,240,928	$1,915,088,831	$2,156,205,602	$2,480,468,451	69.06%
Adoption Assistance	$29,553,813	$42,018,828	$66,282,970	$96,226,892	225.60%
ADC Day Care	$16,194,843	$86,919,758	$159,042,589	$219,854,914	1257.56%
Day Care	$19,570,928	$43,081,891	$50,027,570	$60,000,000	206.58%
Immunization	$3,431,740	$5,161,975	$5,310,992	$9,910,992	188.80%
Head Start	$18,785,097	$38,145,546	$97,194,061	$157,818,778	740.13%
Public Preschool	$12,345,951	$27,822,340	$30,147,524	$33,264,615	169.44%
Special Education	$777,231,864	$834,359,699	$888,753,395	$956,036,058	23.01%
Preschool Special Education	$25,471,335	$57,182,438	$84,925,491	$104,401,897	309.88%
Family and Children First	$0	$0	$1,450,230	$10,000,000	N/A

FY 1990-91 was the last biennium of the Celeste Administration. FY 1992-93 was the first biennium of the Voinovich Administration and FY 1994-95 are Executive Budget figures.