



**Ohio Family &
Children First
Coordinators
Association**

THE OHIO FAMILY & CHILDREN FIRST COORDINATORS ASSOCIATION

POSITION PAPER:

REMOVING HELP ME GROW (HMG) GOVERNANCE/ADMINISTRATIVE RESPONSIBILITIES FROM LOCAL FAMILY AND CHILDREN FIRST COUNCILS

The Ohio Family and Children First Coordinators Association (OFCFCA) appreciates the current state efforts to strengthen the system of care for Ohio's youngest residents and their families. It is our understanding that the Early Childhood Cabinet Council and the Family and Children First Cabinet Council will, in the near future, hear options about several HMG governance issues. It is also our understanding that one option will be to remove HMG governance/administrative responsibilities from local Family and Children First Councils (FCFCs). We believe that, if chosen, this option will result in less effective and cost-efficient services. The OFCFCA strongly opposes this option and respectfully requests that members of both Cabinets consider the following points.

1. Since local FCFCs assumed a role in governance and administration in 2001, there have been steady and significant improvements in the system of care.

- The number of infants and children served has increased 60% despite relatively stable funding. In 2002, there were 6,793 children who were Part C eligible served through the HMG system. This number had increased to 10,893 by 2005.
- In 2006, Ohio reported meeting all of the applicable "Result Indicators" monitored by the Office of Special Education Programs (U.S. Department of Education). For example, the percent of infants and toddlers with IFSPs who primarily receive early intervention services at home or in programs for typically developing children was 55% in 2001. By 2005, this had increased to 84% and by 2006 to 86%. Ohio's goal in 2006 was exceeded.
- In 2002, only 0.74% of all children birth (0) through one (1) had Individual Family Service Plans (IFSPs). By 2005, this percentage had almost doubled (1.38%). In 2006, the percentage had increased to 1.43%. Again, Ohio's goal in this area of 1.1%, has been exceeded.
- In 2002, only 1.46% of all children birth (0) through three (3) had IFSPs. This percentage had increased to 2.5% by 2005 and 2.64% by 2006. Ohio's goal 2.4% was, again, exceeded.

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- Ohio has only recently begun to measure outcome data; however, initial data indicates HMG is having a very positive impact on the families served. In 2006, 95% of the families served reported services had helped them understand their rights; 95% reported services had helped them effectively communicate with their children; 93% reported services assisted them in helping their children develop and learn. Ohio's target in each of these areas was 91%.

2. Implementation of the HMG system of care is highly dependent on both local and state activities. Successful local implementation is, to a large degree, dependent on consistent policies, procedures, training/technical assistance and well-designed reporting systems developed on a state level and monitored statewide. At the local level, the HMG system of care is best achieved through the primary functions county family and children first councils are statutorily responsible for: community planning, service coordination, and family engagement and empowerment.

- Review of available information indicates the majority of issues surrounding HMG performance are primarily associated with state-level action. Challenges regarding HMG were raised in the First Lady's visits to local FCFCs. These issues can be analyzed according to area of primary responsibility for action, state or local. Almost 80% of the issues identified (57 of 72) can be considered appropriate for state level action.
- Areas of non-compliance are, to a large extent, dependent on state level action and leadership. In the Part C SPP/APR 2008 Indicator Analysis for FFY 2006-2007 (Office of Special Education Programs-U.S. Department of Education), improvement activities reported by states for the timely receipt of services include providing technical assistance, training or professional development, improving state system administration and monitoring efforts, increased emphasis on data collection and monitoring, and clarify/examine/develop policies and procedures.

The OFCFCA's position is that there is little reason to associate these issues with local governance or to local FCFCs and that any action directed at local governance/administrative structures should be considered only after state issues have been fully addressed. It is impossible to adequately assess local governance/administrative structures while state policies and procedures are still being developed, reporting systems are still evolving, statewide evaluations are being planned, and reliable, timely data returned to the local level having only recently become available.

3. OFCFCA is very supportive of efforts to bring Ohio into full compliance with Part C requirements and recognizes the state's efforts over the past two years to move in that direction. Training has improved, policies are clearer, and performance feedback to counties is occurring at a much better level. Local FCFCs have played a significant role in moving towards compliance.

- Two months before local FCFCs became involved, Ohio was found to be out of compliance in nine areas. This number has been reduced to four.
- Review of federal data indicates that Ohio is not alone in struggling to achieve Part C compliance. The Part C SPP/APR 2008 Indicator Analysis for FFY 2006-2007 reports achievement of each compliance area across states. Timely Receipt of Services is one area Ohio

is non-compliant. Only four states and the Commonwealth of the Northern Mariana Islands met the 100% target for this indicator, as reported in their annual performance reports. Even among states that “do not need assistance,” nine were out of compliance with this indicator.

4. HMG is a system of care, not a program, and thereby dependent on multiple resources and organizations.

- HMG funding represents only a portion of the resources that are needed to implement the HMG system. Many local organizations provide substantial resources through both fiscal and in-kind contributions. The most notable example is the significant contribution made by local MRDD Boards, much of it composed of local levy dollars that could be in jeopardy if local structural changes are made. The MRDD cost reports for 2006 child expenditures indicates system-specific funding for the birth to two population was \$84,624,618; for the three to five population, \$75,173,361. Both of these amounts represent increases from 2004 expenditures. While this long-standing commitment to young children may not diminish, it may jeopardize the coordination and integration of these important resources and expertise.
- A recent survey conducted by the OFCFCFA clearly showed that, on a local level, HMG services are delivered through a wide range of public and not-for-profit agencies. Local FCFCs provide a framework for coordination and collaboration, help to ensure an independent and neutral source for monitoring, and encourage local partnerships. In many counties, the FCFC governance/administrative role has created shared responsibility and a willingness to invest local discretionary dollars. This model helps to avoid many of the issues and challenges associated with “silo” models of service delivery.

5. A frequently voiced argument for the removal of HMG governance/administrative responsibilities from local FCFCs is that, in many counties, FCFC has assumed the role of a direct service provider. County-level data do not support this argument.

- The OFCFCFA recently surveyed counties to assess how HMG responsibilities are met on a local level. In most counties, FCFC staff are involved with program and fiscal administration, child find activities, and ensuring procedural safeguards. FCFC staffs are not, to any great extent, providing direct service. Where this does occur, it is often a result of local child and family serving systems determining it was the most effective and cost-efficient model for their community.

6. Another argument is that FCFC administrative costs divert funds from HMG direct services.

- Where utilized, HMG administrative costs are limited to 10%, a standard and customary cost charged in many systems. No evidence has been provided to document that any other governance/administrative structure would result in administrative cost savings.

7. OFCFCA is in agreement with the need for core services to be available statewide to ensure consistency for families across counties. Such changes to the system of care should be developed through state policy and the extension of effective strategies (i.e. consultative model), not through a reduction of local control/decision-making.

In summary, the current local structure supports effective and cost-effective services. Recognizing that all systems should strive for continuous improvement, proposed changes should be based on the expansion of current best and promising practices. Changing the local governance/administrative structure is a dramatic alteration that ignores what is working well in most of Ohio's counties. Members of the Early Childhood Cabinet Council and the Family and Children First Cabinet are urged to carefully consider the potential fiscal and programmatic consequences of changing the current local administrative/governance model. Especially consider the impact of such a change on the families and children served by HMG as a result of the disruption in services. Fiscal resources are shrinking and now, more than ever before, collaboration is critical. In many counties, HMG represents a significant opportunity for cross-system decision-making and shared responsibility. The OFCFCA believes removing local FCFCs from the governance/administrative role will damage the highly complex system of care for young children and their families and represent a major step backwards for collaboration as a strategy to improve the well being of the families and children of Ohio.

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