

# HMG HV TA CALL

Ohio Help Me Grow Home Visiting Technical Assistance Call

March 2015

## Updates

### Contract Amendment:

- \$5,000 payment for Model related fees to include: annual fees and model specific training costs.
- Training dollars are approved! \$54/hour of training, up to 20 hours (\$1080) for home visitor trainings completed during SFY2015. Please be sure to update your training hours at OPR.

### Fiscal

- As the end of SFY2015 nears, make sure your home visiting data entry and billing are done in a timely manner. (ODH monitors spending and reallocates unspent GRF monies if needed).

### Training

- Please complete the survey monkey issued by Karen Auble related to the HFA PSCO training. The information obtained will guide decisions around the locations and amount of trainings offered in the upcoming year.

### Communication

- Reminder: Claire's Law with Addition of Safe Sleep requirements for Home Visiting (see attached). Order/download resources at [www.SafeSleep.Ohio.gov](http://www.SafeSleep.Ohio.gov)
- Save the date! MIECHV meeting will take place at OCCRRA April 17th. More details to follow.
- New Developmental Wheels are here! We have combined the social emotional and developmental wheels into a single two-sided wheel! Also, in the new Oh-Baby kits, we are including a HMG Fever Scan Child and Infant Thermometer. Stay tuned!



**Claire's Law with Addition of Safe Sleep**  
**Ohio Revised Code 3701**  
**Effective May, 19 2015**

**Sec. 3701.63.**

(A) As used in this section and sections 3701.64, 3701.66, and 3701.67 of the Revised Code:

- (1) "Child day-care center," "type A family day-care home," and "licensed type B family day-care home" have the same meanings as in section 5104.01 of the Revised Code.
- (2) "Child care facility" means a child day-care center, a type A family day-care home, or a licensed type B family day-care home.
- (3) "Foster caregiver" has the same meaning as in section 5103.02 of the Revised Code.
- (4) "Freestanding birthing center" has the same meaning as in section 3702.141 of the Revised Code.
- (5) "Hospital" means a hospital classified pursuant to rules adopted under section 3701.07 of the Revised Code as a general hospital or children's hospital and to which either of the following applies:
  - (a) The hospital has a maternity unit.
  - (b) The hospital receives for care infants who have been transferred to it from other facilities and who have never been discharged to their residences following birth.
- (6) "Infant" means a child who is less than one year of age.
- (7) "Maternity unit" means the distinct portion of a hospital licensed as a maternity unit under Chapter 3711. of the Revised Code.
- (8) "Other person responsible for the infant" includes a foster caregiver.
- (9) "Parent" means either parent, unless the parents are separated or divorced or their marriage has been dissolved or annulled, in which case "parent" means the parent who is the residential parent and legal custodian of the child. "Parent" also means a prospective adoptive parent with whom a child is placed.
- (10) "Shaken baby syndrome" means signs and symptoms, including, but not limited to, retinal hemorrhages in one or both eyes, subdural hematoma, or brain swelling, resulting from the violent shaking or the shaking and impacting of the head of an infant or small child.

(B) The director of health shall establish the shaken baby syndrome education program by doing all of the following:

- (1) Developing educational materials that present readily comprehensible information on shaken baby syndrome;
- (2) Making available on the department of health web site in an easily accessible format the educational materials developed under division (B)(1) of this section;
- (3) Annually assessing the effectiveness of the shaken baby syndrome education program by evaluating the reports received pursuant to section 5101.135 of the Revised Code.

(C) In meeting the requirements under division (B) of this section, the director shall develop educational materials that to the extent possible, minimize administrative or financial burdens on any of the entities or persons listed in section 3701.64 of the Revised Code.

**Sec. 3701.64.**

(A) A copy of the shaken baby syndrome educational materials developed under section 3701.63 of the Revised Code shall be distributed in the following manner:

- (1) By child birth educators and the staff of obstetricians' offices, to an expectant parent who uses their services;
- (2) By the staff of pediatric physicians' offices, to any of the following who use their services: an infant's parent, guardian, or other person responsible for the infant;
- (3) By the staff of a hospital or freestanding birthing to an infant's parent, guardian, or other person responsible for the infant, before the child is discharged from the facility to the infant's residence following birth;
- (4) By the staff of the help me grow program established pursuant to section 3701.61 of the Revised Code, to an infant's parent, guardian, or other person responsible for the infant, during home-visiting services conducted in accordance with that section;
- (5) By each child care facility operating in this state, to each of its employees;
- (6) By a public children services agency, when the agency has initial contact with an infant's parent, guardian, or other person responsible for the infant.

(B) An entity or person required to distribute educational materials pursuant to division (A) of this section is not liable for damages in a civil action for injury, death, or loss to person or property that allegedly arises from an act or omission associated with the dissemination of, those educational materials unless the act or omission constitutes willful or wanton misconduct.

An entity or person required to distribute educational materials in accordance with division (A) of this section is not subject to criminal prosecution or, to the extent that a person is regulated under Title XLVII of the Revised Code, professional disciplinary action under that title, for an act or omission associated with the dissemination of those educational materials.

This division does not eliminate, limit, or reduce any other immunity or defense that an entity or person may be entitled to under Chapter 2744. Of the Revised Code, or any other provision of the Revised Code, or the common law of this state.

**Sec. 3701.66.**

(A) As used in this section, "sudden unexpected infant death" means the death of an infant that occurs suddenly and unexpectedly, the cause of which is not immediately obvious prior to investigation.

(B) The department of health shall establish the safe sleep education program by doing all of the following:

- (1) By not later than sixty days after the effective date of this section, developing educational materials that present readily comprehensible information on safe sleeping practices for infants and possible causes of sudden unexpected infant death;
- (2) Making available on the department's internet web site in an easily accessible format the educational materials developed under division (B)(1) of this section;
- (3) Beginning in 2015, annually assessing the effectiveness of the safe sleep education program by evaluating the reports submitted by child fatality review boards to the department pursuant to section 307.626 of the Revised Code.

(C) In meeting the requirements under division (B) of this section, the department shall develop educational materials that, to the extent possible, minimize administrative or financial burdens on any of the entities or persons required by division (D) of this section to distribute the materials.

(D) A copy of the safe sleep educational materials developed under this section shall be distributed by entities and persons with and in the same manner as the shaken baby syndrome educational materials are distributed pursuant to section 3701.64 of the Revised Code.

An entity or person required to distribute the educational materials is not liable for damages in a civil action for injury, death, or loss to person or property that allegedly arises from an act or omission associated with the dissemination of those educational materials unless the act or omission constitutes willful or wanton misconduct.

An entity or person required to distribute the educational materials is not subject to criminal prosecution or, to the extent that a person is regulated under Title XLVII of the Revised Code, professional disciplinary action under that title, for an act or omission associated with the dissemination of those educational materials.

This division does not eliminate, limit, or reduce any other immunity or defense that an entity or person may be entitled to under Chapter 2744 of the Revised Code, or any other provision of the Revised Code, or the common law of this state.

(E) Each entity or person that is required to distribute the educational materials and has infants regularly sleeping at a facility or location under the entity's or person's control shall adopt an internal infant safe sleep policy. The policy shall specify when and to whom educational materials on infant safe sleep practices are to be delivered to individuals working or volunteering at the facility or location and be consistent with the model internal infant safe sleep policy adopted under division (F) of this section.

(F) The director of health shall adopt a model internal infant safe sleep policy for use by entities and persons that must comply with division (E) of this section. The policy shall specify safe infant sleep practices, include images depicting safe infant sleep practices, and specify sample content for an infant safe sleep education program that entities and persons may use when conducting new staff orientation programs.

### **Sec. 3701.67.**

(A) As used in this section:

(1) "Contractor" means a person who provides personal services pursuant to a contract.

(2) "Critical access hospital" means a facility designated as a critical access hospital by the director of health under section 3701.073 of the Revised Code.

(3) "Crib" includes a portable play yard or other suitable sleeping place.

(B) Each hospital and freestanding birthing center shall implement an infant safe sleep screening procedure. The purpose of the procedure is to determine whether there will be a safe crib for an infant to sleep in once the infant is discharged from the facility to the infant's residence following birth. The procedure shall consist of questions that facility staff or volunteers must ask the infant's parent, guardian, or other person responsible for the infant regarding the infant's intended sleeping place and environment.

The director of health shall develop questions that facilities may use when implementing the infant safe sleep screening procedure required by this division. The director may consult with persons and government entities that have expertise in infant safe sleep practices when developing the questions.

(C) If, prior to an infant's discharge from a facility to the infant's residence following birth, a facility other than a critical access hospital or a facility identified under division (D) of this section determines through the procedure implemented under division (B) of this section that the infant is unlikely to have a safe crib at the infant's residence, the facility shall make a good faith

effort to arrange for the parent, guardian, or other person responsible for the infant to obtain a safe crib at no charge to that individual. In meeting this requirement, the facility may do any of the following:

- (1) Obtain a safe crib with its own resources;
- (2) Collaborate with or obtain assistance from persons or government entities that are able to procure a safe crib or provide money to purchase a safe crib;
- (3) Refer the parent, guardian, or other person responsible for the infant to a person or government entity described in division (C)(2) of this section to obtain a safe crib free of charge from that source;
- (4) If funds are available for the cribs for kids program or a successor program administered by the department of health, refer the parent, guardian, or other person responsible for the infant to a site, designated by the department for purposes of the program, at which a safe crib may be obtained at no charge.

(D) The director of health shall identify the facilities in this state that are not critical access hospitals and are not served by a site described in division (C)(4) of this section. The director shall identify not less than annually the facilities that meet both criteria and notify those that do so.

(E) When a facility that is a hospital registers with the department of health under section 3701.07 of the Revised Code or a facility that is a freestanding birthing center renews its license in accordance with rules adopted under section 3702.30 of the Revised Code, the facility shall report the following information to the department in a manner the department prescribes:

- (1) The number of safe cribs that the facility obtained and distributed by using its own resources as described in division (C)(1) of this section since the last time the facility reported this information to the department;
- (2) The number of safe cribs that the facility obtained and distributed by collaborating with or obtaining assistance from another person or government entity as described in division (C)(2) of this section since the last time the facility reported this information to the department;
- (3) The number of referrals that the facility made to a person or government entity as described in division (C)(3) of this section since the last time the facility reported this information to the department;
- (4) The number of referrals that the facility made to a site designated by the department as described in division (C)(4) of this section since the last time the facility reported this information to the department;
- (5) Demographic information specified by the director of health regarding the individuals to whom safe cribs were distributed as described in division (E)(1) or (2) of this section or for whom a referral described in division (E)(3) or (4) of this section was made;
- (6) In the case of a critical access hospital or a facility identified under division (D) of this section, demographic information specified by the director of health regarding each parent, guardian, or other person responsible for the infant determined to be unlikely to have a safe crib at the infant's residence pursuant to the procedure implemented under division (B) of this section;
- (7) Any other information collected by the facility regarding infant sleep environments and intended infant sleep environments that the director determines to be appropriate.

(F) Not later than July 1 of each year beginning in 2015, the director of health shall prepare a written report that summarizes the information collected under division (E) of this section for the

preceding twelve months and provides any other information the director considers appropriate for inclusion in the report. On completion, the report shall be submitted to the governor and, in accordance with section 101.68 of the Revised Code, the general assembly.

(G) A facility, and any employee, contractor, or volunteer of a facility, that implements an infant safe sleep procedure in accordance with division (B) of this section is not liable for damages in a civil action for injury, death, or loss to person or property that allegedly arises from an act or omission associated with implementation of the procedure, unless the act or omission constitutes willful or wanton misconduct.

A facility, and any employee, contractor, or volunteer of a facility, that implements an infant safe sleep screening procedure in accordance with division (B) of this section is not subject to criminal prosecution or, to the extent that a person is regulated under Title XLVII of the Revised Code, professional disciplinary action under that title, for an act or omission associated with implementation of the procedure.

This division does not eliminate, limit, or reduce any other immunity or defense that a facility, or an employee, contractor, or volunteer of a facility, may be entitled to under Chapter 2744. of the Revised Code, or any other provision of the Revised Code, or the common law of this state.

(H) A facility, and any employee, contractor, or volunteer of a facility, is neither liable for damages in a civil action, nor subject to criminal prosecution, for injury, death, or loss to person or property that allegedly arises from a crib obtained by a parent, guardian, or other person responsible for the infant as a result of any action the facility, employee, contractor, or volunteer takes to comply with division (C) of this section.

The immunity provided by this division does not require compliance with division (D) of section 2305.37 of the Revised Code.

### **Sec. 3701.68.**

(A) As used in this section:

(1) "Academic medical center" means a medical school and its affiliated teaching hospitals.

(2) "State registrar" has the same meaning as in section 3705.01 of the Revised Code.

(B) There is hereby created the commission on infant mortality. The commission shall do all of the following:

(1) Conduct a complete inventory of services provided or administered by the state that are available to address the infant mortality rate in this state;

(2) For each service identified under division (B)(1) of this section, determine both of the following:

(a) The sources of the funds that are used to pay for the service;

(b) Whether the service and its funding sources have a connection with programs provided or administered by local or community-based public or private entities and, to the extent they do not, whether they should.

(3) With assistance from academic medical centers, track and analyze infant mortality rates by county for the purpose of determining the impact of state and local initiatives to reduce those rates.

(C) The commission shall consist of the following members:

(1) Two members of the senate, one from the majority party and one from the minority party, each appointed by the senate president;

- (2) Two members of the house of representatives, one from the majority party and one from the minority party, each appointed by the speaker of the house of representatives;
- (3) The executive director of the office of health transformation or the executive director's designee;
- (4) The medicaid director or the director's designee;
- (5) The director of health or the director's designee;
- (6) The executive director of the commission on minority health or the executive director's designee;
- (7) The attorney general or the attorney general's designee;
- (8) A health commissioner of a city or general health district, appointed by the governor;
- (9) A coroner, deputy coroner, or other person who conducts death scene investigations, appointed by the governor;
- (10) An individual who represents the Ohio hospital association, appointed by the association's president;
- (11) An individual who represents the Ohio children's hospital association, appointed by the association's president;
- (12) Two individuals who represent community-based programs that serve pregnant women or new mothers whose infants tend to be at a higher risk for infant mortality, appointed by the governor.

(D) The commission members described in divisions (C)(1), (2), (8), (9), (10), (11), and (12) of this section shall be appointed not later than thirty days after the effective date of this section. An appointed member shall hold office until a successor is appointed. A vacancy shall be filled in the same manner as the original appointment.

From among the members, the president of the senate and speaker of the house of representatives shall appoint two to serve as co-chairpersons of the commission.

A member shall serve without compensation except to the extent that serving on the commission is considered part of the member's regular duties of employment.

(E) The commission may request assistance from the staff of the legislative service commission.

(F) For purposes of division (B)(3) of this section, the state registrar shall ensure that the commission and academic medical centers located in this state have access to any electronic system of vital records the state registrar or department of health maintains, including the Ohio public health information warehouse. Not later than six months after the effective date of this section, the commission on infant mortality shall prepare a written report of its findings and recommendations concerning the matters described in division (B) of this section. On completion, the commission shall submit the report to the governor and, in accordance with section 101.68 of the Revised Code, the general assembly.

(G) The president of the senate and speaker of the house of representatives shall determine the responsibilities of the commission following submission of the report under division (F) of this section.

(H) The commission is not subject to sections 101.82 to 101.87 of the Revised Code.