



Advocates for Ohio's Future

101 East Town Street, Suite 520

Columbus, OH 43215

Phone 614-221-4945 ext. 4

www.advocatesforohio.org

TESTIMONY

ADVOCATES FOR OHIO'S FUTURE

HB 49

HOUSE FINANCE HEALTH AND HUMAN SERVICES SUBCOMMITTEE

MARK DAVIS

CO-CHAIR, ADVOCATES FOR OHIO'S FUTURE

PRESIDENT, OHIO PROVIDER RESOURCE ASSOCIATION

TARA BRITTON

PUBLIC POLICY COMMITTEE CHAIR, ADVOCATES FOR OHIO'S FUTURE

DIRECTOR OF PUBLIC POLICY AND ADVOCACY, THE CENTER FOR COMMUNITY SOLUTIONS

TERESA LAMPL

COMMUNICATION COMMITTEE CHAIR, ADVOCATES FOR OHIO'S FUTURE

ASSOCIATE DIRECTOR, THE OHIO COUNCIL OF BEHAVIORAL HEALTH & FAMILY SERVICES
PROVIDERS

LISA HAMLER-FUGITT

CO-CHAIR, ADVOCATES FOR OHIO'S FUTURE

EXECUTIVE DIRECTOR, OHIO ASSOCIATION OF FOODBANKS

Chairman Romanchuk, Ranking Member Sykes, and members of the House Finance Health and Human Services Subcommittee, my name is Mark Davis. I am President of the Ohio Provider Resource Association (OPRA). OPRA is a trade association that represents approximately 160 developmental disability providers throughout the State of Ohio. I am also co-chair of Advocates for Ohio's Future (AOF). AOF is comprised of 490 endorsing organizations that promote health and human service budget and policy solutions so that all Ohioans live better lives. A list of the AOF Steering Committee members is attached to my testimony and also available at www.advocatesforohio.org.

Ohio should be a great place for all Ohioans to live and work. Even with the recent progress that we have made, this is not a reality for many Ohioans. We are here today to talk about Ohio's budget and public policy priorities that can make Ohioans more competitive, create good jobs, increase opportunity for all Ohioans, and make Ohio's economy stronger. Before people are able to lift themselves up out of poverty through the use of training and education, they must be able to meet their basic needs. If they or their children are hungry, if they have no means of transportation, if they have untreated health issues, if they have an active opioid addiction, if they do not feel safe in their homes – those have to be addressed so that people can leverage training and education to better their life situation. Targeted, smart investments in human services—including food assistance, health care, early education, behavioral health, long-term services and supports, housing and child welfare—promote and support a productive workforce. I will address three priority areas for AOF: Direct Service Workforce, Adult Protective Services and the Child Protective Services Allocation. My AOF colleagues will follow with our other budget-related issues. Thank you for the opportunity to speak today. We will cover many issues and are happy to provide additional information today or later, as you deem helpful.

DIRECT SERVICE WORKFORCE

Ohioans often lose good, compassionate, hard-working employees because of poverty-level wages and challenging work environments. Turnover averages between 51% (developmental disabilities) and 61 percent (private duty home care). Direct service wages in Ohio are below poverty. These dedicated staff deserve to be paid a sustainable wage that honors their work. People with developmental disabilities, our seniors, people with mental illness and people with other disabilities deserve to have reliable, quality direct care staff.

The direct service workforce is expected to grow more than any other sector in the next five years, outpacing retail, teachers and fast food workers. According to the US Department of Labor, direct care jobs are the #1 (personal care aides) and #3 (home health aides) jobs in demand, with almost 800,000 jobs to be filled by 2024. Staff shortages lead to inefficiencies and poor health outcomes. We support better outcomes of care, improved health of the general population and more efficient use of resources.

Ohioans will continue to face a shortage of direct care workers unless the state significantly improves the compensation, training, and work conditions of these workers. When Ohioans have jobs that pay for the basics, they put more money back into the economy and strengthen our communities.

We recommend a three-pronged approach to achieve a sustainable, high quality direct care workforce by meeting the following outcomes:

1. Increased wages for direct care workers. Achieve a sustainable average wage at 200% of FPL for the average family size in Ohio (with an average household size of 2.46, now \$15.62/hour).
2. System reform that shifts the focus from activities to outcomes with savings from efficiencies reinvested in the direct care workforce
3. Improved worker satisfaction and lower turnover rates

ADULT PROTECTIVE SERVICES

We must work harder to ensure that older Ohioans in every county are safe from neglect, abuse and exploitation. According to the US Census Bureau, Ohioans aged 65 and older are an increasingly larger portion of our population. This segment of Ohioans grew from 14.1% of Ohio's population in April 2010 to 15.9% of our population in July 2015. With inadequate resources to protect our older Ohioans and a growing population, we will see older Ohioans increasingly at risk.

We respectfully request that Adult Protective Services (APS) funding be increased to at least \$10 million per fiscal year. Further, we recommend a base allocation of \$65,000 per county and the remainder distributed by formula. With this critical funding, every county would be able to employ a full-time staff person and minimal support services to meet the APS standards set forth in the 2016-17 biennial budget. Everyone should feel safe and be protected in their community.

CHILD PROTECTIVE SERVICES ALLOCATION

As we are all painfully aware, opioid abuse is rampant in Ohio. We lead the nation in heroin and synthetic opioid deaths. We have made some progress curbing the prescribing of pill forms of opioids, but we have a long way to go. As parents are abusing opioids, children suffer. There is an increased demand on county public children services agencies due to the opioid crisis.

We are asking that you arm county public children services agencies to deal with this epidemic by increasing investment in Child Protective Services Allocation (SCPA) by \$30 million per fiscal year. Hopefully, we can stem the tide of the opioid epidemic soon. Until then, we need to be there for the victims closest to the opioid users, their children.

Thank you for your time and attention. I am happy to elaborate on our approach or to answer any questions following our panel presentation. I now turn our testimony over to Tara Britton with the Center for Community Solutions and Policy Chair for AOF.

My name is Tara Britton. I am the Director of Public Policy and Advocacy at The Center for Community Solutions, a nonprofit, nonpartisan think tank that aims to improve health, social and economic conditions through research, policy analysis and communication. I serve as Chair of the Public Policy Committee of Advocates for Ohio's Future. Community Solutions is a long time member of AOF.

CONTINUE EXTENDED HEALTH CARE

As Public Policy chair I work in close coordination with AOF members to develop the policy platform. These are issues on which we determine that combined advocacy will make a large impact for Ohioans. Over the course of AOF's history, access to health coverage has been at or near the top of this list of policy priorities. AOF continues to support extended health coverage through the Ohio Medicaid Program that maintains, without barriers or cuts, an affordable, obtainable, comprehensive benefit package for low income Ohioans.

AOF is concerned that charging premiums to the childless adult Medicaid population between 100 and 138 percent of the federal poverty level may result in less access to needed services. Ohio's Medicaid program has a churn rate--when individuals enter and exit the Medicaid program--of about 15 percent, based on data most recently updated in January 2013.¹ Given the added component of paying a premium, this churn rate will likely increase, especially given the experiences of other states that have implemented premiums. Continuity of coverage is vital for those with chronic illnesses, including behavioral health disorders, to remain healthy enough to work and even what seems like a minimal premium can create a barrier to this. Requiring cost-sharing to treat a chronic condition, for example, impedes an individual's ability to responsibly care for their health.

MAINTAIN CURRENT QUALITY CARE COORDINATION AND COST EFFECTIVE HOME AND COMMUNITY BASED SERVICES

AOF recommends maintaining the current care coordination and cost effective home and community based services under the PASSPORT, Assisted Living, and Ohio Home Care waivers by preserving the existing role of Area Agencies on Aging (AAA) in Medicaid waivers. AAAs are embedded in our communities and are able to leverage many different resources to provide a holistic approach. PASSPORT is one of the key resources integrated into the AAAs' delivery system. From 1995 to 2011, as a result of PASSPORT the use of Medicaid-funded nursing homes by Ohioans age 60 and older dropped by 14.5% despite a 15% increase in the aging population. The rate of people receiving nursing facility care compared to in home care decreased from more than 90% in 1992 to 52% in 2013.

ENABLE AREA AGENCIES ON AGING TO SERVE MORE OHIOANS AT HOME AND IN THE COMMUNITY

AOF supports enabling the AAAs to serve more Ohioans at home and in the community by restoring the Senior Community Services Block Grant to \$15 million per fiscal year and setting aside an additional \$150,000 per fiscal year for Scripps Gerontology Center to evaluate the effectiveness and

¹ Leighton Ku, PhD, MPH, and Erika Steinmetz, MBA, George Washington University. The Continuity of Medicaid Coverage: An Update, April 19, 2013.
http://www.communityplans.net/Portals/0/coverageyoucancounton/Continuity_of_Medicaid_Coverage_Update_4-2013.pdf

efficiency of non-Medicaid interventions through the block grant along with improved health outcomes and subsequent Medicaid savings. The Senior Community Services Block Grant funds services that enable older adults to remain living in their homes for as long as possible, rather than a more expensive alternative such as a nursing facility. This source of funding provides for a diverse array of services for adults 60 and older including home delivered and congregate meals, transportation, personal care, respite, and caregiver supports. As the senior population continues to grow, this is an increasingly vital resource. By 2030, adults 65 years and older will make up nearly 25% of Ohio's population, up from 14% today.

REDUCE OHIO'S HIGH RATE OF INFANT MORTALITY

AOF recommends continued support to reduce Ohio's high rate of infant mortality that remains above the national average. Ohio's target is to achieve fewer than 6.0 infant deaths per 1,000 live births in every racial and ethnic group, which aligns with the national Healthy People 2020 objective. Unfortunately in 2015, Ohio's All Races Infant Mortality Rate increased from the 2014 rate. In 2015, the rate was 7.2 deaths per 1,000 live births, compared to 6.8 deaths per 1,000 live births in 2014. This came out to a total of 1,005 infants who died before their first birthday, compared to 955 in 2014.²

The strategies identified through statewide and regional work to address this important issue should continue to be supported through the state budget process. These include community-based strategies, efforts to connect mothers with prenatal care and care coordination, reporting data to inform the state's work to reduce infant mortality, and utilizing toolkits developed through the State Health Improvement Plan (SHIP) for local communities to improve population health, specifically as it relates to maternal and infant health.

Tying this issue back to other AOF priorities, specifically health care and food access, it is important to note the vital role that health coverage and access to care and nutrition play in the health of communities and thus the mothers and infants who live there. Having access to health coverage is a key component to improving birth outcomes from the time before a woman becomes pregnant to timely prenatal care to care for infants. Access to nutrition through a program dedicated to meeting the nutritional needs of mothers and children, the Special Supplemental Nutrition Program for Women, Infants, and Children or WIC, is an important tool in efforts to reduce infant mortality. According to the Ohio Department of Health's website "WIC improves pregnancy outcomes by providing or referring to support services necessary for full-term pregnancies; reduces infant mortality by reducing the incidence of low birth weight, and provides infants and children with a healthy start in life by improving poor or inadequate diets."

Thank you for your time today. We are happy to answer any questions that you may have. I will now turn it over to Teresa Lampl.

² Ohio Department of Health. 2015 Ohio Infant Mortality Data: General Findings. <https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/OEI/2015-Ohio-Infant-Mortality-Report-FINAL.pdf?la=en>

My name is Teresa Lampl. I am Associate Director with The Ohio Council of Behavioral Health & Family Services Providers, which is a statewide trade and advocacy organization representing over 150 businesses that provide addiction treatment and prevention, mental health and family services across Ohio. As a longtime member of Advocates for Ohio's Future, and the Communication Chair, I am here today to talk about the importance of behavioral health and services that support families and children in building a thriving economy, strengthen families, and ensuring a healthy and productive workforce today and into the future.

Every day we are bombarded with the devastation of the opiate and heroine epidemic that is raging across Ohio. We hear about another overdose, another suicide, or the debilitating impact of mental illness, alcoholism, or addiction. Too often families struggle to find access to services for their children that experience a mental, emotional, or behavioral illness. Too many babies and children are growing up without parents due to their untreated addiction. Too many families face the unfathomable decision of custody relinquishment or filing of criminal charges against their child in order to keep them safe and to access behavioral health care treatment. We can and must do better.

The administration and general assembly has acted to initiate public policy solutions that begin to address these concerns. Criminal sentencing reforms, juvenile justice reforms, the state health improvement plan, recovery housing, trauma informed care initiatives, and suicide prevention, are just some of the important policies. H.B. 49 continues the policy support and funding for many of these initiatives. However, it does not expand the resources necessary to respond to the urgent public health crisis of addiction and mental illness impacting every community across our state.

BEHAVIORAL HEALTH

Safeguarding behavioral health service access and capacity, rebuilding the system infrastructure, and addressing workforce challenges requires allocating funding for programs and services to support a public health response to the increasing rates of suicide and overdose deaths. The Medicaid behavioral health redesign initiative, if reasonably implemented, will add new and needed services, but it does not address the workforce issues. The biggest challenge facing the behavioral health response is overcoming decades of underfinancing coupled with severe shortages of highly skilled and licensed professionals. Additional resources and investments, totaling more \$150 million over the biennium, are needed and include:

- Creation and funding of 6 regional mental health crisis stabilization centers. \$6 million per year
- Creation and funding of 9 regional withdrawal management (detox + early treatment) centers. \$9 million per year
- Funding for recovery supports to augment withdrawal management and acute treatment. \$12 million
- Funding for housing and/or rental/operating subsidies for individual with behavioral health conditions that are hard to house. \$10 million
- Increase capacity for child/adolescent inpatient psychiatric services by 100 fully staffed beds with 20 beds designated as "intensive care". \$45 million (all funds) per year
- Expand access to peer services for children, youth and adults with mental illness.
- Universal prevention services provided in every Ohio school buildings. \$22-36 million per year

- Policy recommendation to develop consumer education on mental health and addiction insurance parity. Establish a consumer hotline to collect information and help families understand and access their benefits.

MULTI-SYSTEM YOUTH

We must reduce the need for parents to relinquish custody to children services to access treatment for their children by implementing recommendations made by the Joint Legislative Committee on Multi-System Youth. Multi-System Youth refers to a child or young person with a significant mental or emotional disorder, addiction, and/or developmental delay who is involved or at risk of being involved with two or more of the following systems: child protection, developmental disabilities, juvenile justice, and mental health and addiction services. These youth and their families were directly involved in the development of the recommendations and we urge resources that will:

- Establish a state-level youth and family crisis stabilization fund under the Family & Children First Cabinet Council to prevent custody relinquishment and address the needs of youth and families in crisis and unable to access appropriate levels of care. \$33 million per year.
- Establish a unified strategy for data collection and sharing across child servicing systems to identify resource utilization, service unitization patterns and gaps, and monitor outcomes.
- Require ODM to submit a Medicaid State Plan Amendment of Waiver request to offer High Fidelity Wraparound Services to CMS no later than December 31, 2017.
- Sustain and expand peer services to assist multi-system involved youth and their families.
- Modernize the functioning of Family Children First Council
- Independent evaluation of access to children’s and youth’s residential an inpatient mental health treatment in Ohio. \$500,000.
- Maintaining a robust cross-agency collaborative body focused on Ohio youth, including education, child welfare, behavioral health, developmental disabilities, and juvenile justice stakeholders

JUVENILE JUSTICE

AOF supports increased positive outcomes for youth, families and communities through Ohio’s juvenile justice system. The Department of Youth Services has led Ohio’s remarkable juvenile justice reforms and include innovative initiatives such as RECLAIM and Targeted RECLAIM that have dramatically increased the number of youth being safely managed and accessing services in local communities. Each year approximately 92,000 children are involved with juvenile courts across the state. Yet, we are limited in our ability to describe the comprehensive picture of juvenile justice involved youth, service utilization or outcomes due to the lack of a standard, statewide data system We recommend allocating \$1 million to the Ohio Supreme Court to implement a statewide data collection system for Ohio’s juvenile courts.

Thank-you for the opportunity to testify today. I am happy to entertain questions and will turn to podium over to Lisa Hamler-Fugitt.

My name is Lisa Hamler-Fugitt, I serve as the Executive Director of the Ohio Association of Foodbanks, Ohio's largest charitable response to hunger, representing over 3,300 member charities. I serve as Co-Chair of Advocates for Ohio's Future, a broad-based coalition who advocates on behalf of 3.8 million Ohioans living below 200% of the Federal Poverty Level. The Ohio Association of Foodbanks is a long time member of AOF.

The American Dream has always been based on the premise that hard work leads to prosperity, but for too many working Ohioans, the connection between hard work and the middle class has been severed. No longer does full-time work guarantee economic stability, much less a middle-class income. Instead, a growing number of workers, particularly women and minorities, find themselves struggling to get by in an economy that has shifted toward low-wage, part-time and temporary jobs and contingent employment; and dead-end jobs that provide no access to employer sponsored health insurance, no paid sick or vacation time, no paid time off, no opportunity to save for retirement and no job security. Far too many hard-working Ohioans are forced to work more than 40 hours a week by stringing together numerous part-time jobs, and living a life in poverty.

A strong network of public programs, private partnerships and services, such as food assistance, affordable housing, health care, child care, transportation, employment and training programs, tax credits are the best safety net to help stabilize the lives of poor working Ohioans.

HB 49 should target smart investments that support our most vulnerable Ohioans and their families and provide critical work support programs, including:

EARNED INCOME TAX CREDIT (EITC)

- Founded in 1975, the federal EITC is our nation's most effective anti-poverty program. The program has traditionally had bipartisan support and rewards work because only families with earned income can claim the credit. 939,000 Ohioans get the federal EITC, which delivers \$2.3 billion to Ohio's families and communities each year.
- Supporting a **20 percent refundable state EITC with no cap** would mean one-third of low-income Ohioans earning between \$21,000-\$39,000 would receive a credit, with an average savings of \$620. And 38 percent of the poorest Ohioans with incomes under \$21,000 would receive an average credit of about \$451 under the reformed EITC.

SNAP EMPLOYMENT & TRAINING

- The Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) supports employment and training activities to increase self-sufficiency for SNAP participants.
- SNAP E&T can expand opportunities for low-income Ohioans to enhance their skills, credentials, careers, and ultimately, their families' financial well-being. By using existing funds in the Ohio College Opportunity Grant to **expand the program to community colleges**, more participants will have the opportunity to be trained for skilled jobs that are in demand in their local labor markets.

CHILD CARE

- The largest categories for case closure in public child care are those due to job loss, as today's volatile job market often makes it difficult - if not impossible - for parents to find work within the allowed 30- to 90-day time frame.

- By increasing access to affordable child care with **12-month continuous eligibility and initial eligibility set at 200 percent of the federal poverty level**, unforeseen changes in a parents' employment status will not derail a child's access to high-quality child care. In addition, a parent's job search or education would not be hindered as a result of terminated child care.

UNEMPLOYMENT COMPENSATION

- Modernizing and ensuring that Ohio's Unemployment Compensation System is solvent and provides access to unemployment insurance benefits for low-wage, part-time and contingent workers who lose their jobs through no fault of their own will be critical to long-term family stability.

ADDRESSING HUNGER AND FOOD INSECURITY

Hunger is a complex problem in Ohio impacting 1 in 6 Ohioans, and it requires a comprehensive solution—including government funding, private and corporate donations, community and faith-based partnerships, and access to federal nutrition programs and other programs for low-income individuals and their families. A comprehensive approach is critical to this solution. Access to food can stabilize struggling families, support Ohio workers, and stimulate Ohio's economy.

- AOF requests support to help increase access to affordable, healthy food for low-income Ohioans by increasing funding through *A Comprehensive Approach to Hunger Relief* in support of critical hunger relief programs, including the Ohio Food Program and Agricultural Clearance Program, to \$30 million per fiscal year over the 2018-19 biennial budget.

HOUSING IMPROVES HEALTH, STABILITY AND OPPORTUNITY

Research on a wide range of public policy issues have demonstrated that access to decent, safe, affordable housing is an essential ingredient in alleviating a host of other challenges facing low-income people. Without a safe place to call home, Ohioans cannot fully participate in the opportunities afforded by this great state.

The Ohio Housing Trust Fund forms the foundation of state efforts to eradicate homelessness and expand access to housing opportunities for people with mental illness, those in need of recovery housing, and community-based housing options. This is an essential program to avoid unnecessary and costly institutionalization.

- Similar efforts are needed to address the critical housing needs for other vulnerable populations in the state, like very low-income seniors, low-income pregnant moms in targeted areas with the highest infant mortality rates, those with physical disabilities, and transition-age youth.
- H.B. 49 should support an increase in funding for the Ohio Housing Trust Fund to \$15 million per fiscal year.

TRANSPORTATION

Having access to accessible, affordable public transit and transit alternatives is critical to securing and maintaining employment and overall quality of life. The Governor's Workgroup to Reduce

Reliance on Public Assistance identified lack of transportation as a major barrier to employment. Public transit gets millions of Ohioans to work and school every day. It is a crucial service for the elderly and disabled. But the 2018-2019 executive budget continues to underinvest in public transportation and fails to find a long-term solution to a major impending revenue loss for local transit agencies.

- Ohio can boost public transit funding by using more flexible federal highway funds. The Transit Needs study recommends Ohio use \$50 million a year in highway “flex” funds for public transit. This budget includes a 33 percent increase in such funding, to \$33 million, but still falls short of the target.
- Ohio can help local public transit draw down federal funds by boosting General Revenue Funds for public transit to \$25 million a year. Federal funds require matching state or local funds.

In Ohio today, a job, by itself, often is not enough. Before people are able to lift themselves up out of poverty through the use of training and education, they must be able to meet their basic needs. If they or their children are hungry, if they have no means of transportation, if they have untreated health issues, if they have an active opioid addiction, if they do not feel safe in their homes – those have to be addressed so that people can leverage training and education to better their life situation. Targeted, smart investments in human services—including food assistance, health care, early education, behavioral health, long-term services and supports, housing and child welfare—promote and support a productive workforce.

Thank you for this opportunity to testify, and we will be pleased to answer any questions you may have at this time.