



FINANCE SUBCOMMITTEE ON HEALTH AND MEDICAID

Chairman Hackett
Vice Chair Tavares

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Chairman Hackett, Vice Chair Tavares, and members of the Senate Finance Health and Medicaid Subcommittee, thank you for hearing my testimony today. My name is Tara Britton and 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 am here today to offer testimony on proposals in the budget regarding behavioral health, infant mortality, and recommend inclusion of proposals developed by the multi-system youth joint study committee.

A COMPREHENSIVE STRATEGY TO ADDRESS BEHAVIORAL HEALTH IN OHIO

As we have heard throughout testimony and from countless stories around the state, the opiate crisis continues to take a toll on individuals, families, and communities, and knows no geographic bounds. The state has made strides in addressing many components of this crisis, but the tide has not yet turned. We are supportive of the continued efforts put forth by the Administration and the investment by the House of Representatives to address the opiate crisis included in their respective budget proposals, but we want to make sure that the approach to addressing this crisis is holistic in nature and moves upstream to prevent further crises in the future. It is also important that large investments be sustainable for the state and for communities in order to develop responses to current and future crises. This is not just a problem with opiates. The state identified reducing drug overdoses, but also suicides as goals in its State Health Improvement Plan. Drug overdose deaths are increasing in most drug categories, not just opiates and we are seeing a worrisome increase in suicides. Communities need tools and support to provide evidence-based services ranging from universal prevention efforts to increased capacity for treatment.

REDUCE OHIO'S HIGH RATE OF INFANT MORTALITY

The Center for Community Solutions 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.

The strategies identified through statewide and regional work, both of which Community Solutions is engaged in. 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, safe-birth spacing, 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. This important issue should continue to be supported through the state budget process, including restoring the 1.5% cut from the House-passed budget to the infant vitality line item in the Department of Health's budget. The state is beginning to make improvements to the infant mortality rate and now is not the time to undermine these efforts with even a small cut in funding.

It is important to note the vital role that health coverage and access to care play in the care of mothers and their babies. 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 once they are born. Medicaid and Medicaid expansion are vital in the efforts to reduce infant mortality. Medicaid provides coverage for children and pregnant women, while Medicaid expansion provides coverage to women before, between, and after pregnancies in order for them to be as healthy as possible. Any changes to coverage should be considered through this lens and the potential impact they could make to the state's efforts to reduce infant mortality.

MULTI-SYSTEM YOUTH

CCS supports the implementation of the recommendations from the Joint Study Committee on Multi-System Youth. It is particularly important to have data on multi-system youth and the availability of services to inform decision-making. The establishment of safety net funding for multi-system youth is vital to help offset the cost of non-reimbursable care or care that's not covered by insurance. This also can help to avoid custody relinquishment.

CONCLUSION

Thank you Chairman Hackett, Vice Chair Tavares and members of the subcommittee for your time and attention today. I am happy to take any questions at this time.