



FINANCE SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES

Chairman Romanchuk
Ranking Member Sykes

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Chairman Romanchuk, Ranking Member Sykes, and members of the House Finance Health and Human Services 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.

DEVELOP AND FUND A COMPREHENSIVE STRATEGY TO ADDRESS BEHAVIORAL HEALTH IN OHIO

As we have heard throughout testimony in this committee 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 to address the opiate crisis included in the budget proposal, 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. Drug overdose deaths are increasing in most drug categories, not just opiates, this includes cocaine and benzodiazepines, and 380 Ohioans died as a result of an alcohol overdose in 2015.

The state recently completed its State Health Improvement Plan, or SHIP, and released it in conjunction with the Administration's budget proposal. The SHIP lays out an actionable plan to improve health and control healthcare costs and identifies three priority areas, one of which is mental health and addiction (the others are chronic disease and maternal and infant health). The desired outcomes in this priority area are to:

- Reduce depression
- Reduce suicide deaths
- Reduce drug dependence or abuse
- Reduce unintentional drug overdose deaths

The SHIP identifies strategies to address each of these outcomes.

With the SHIP in hand, the state is on its way to mobilizing around an implementable plan at the state and local levels to address what a diverse group of stakeholders have identified as the health priorities for the state. It is important that the strategies identified in this plan are sufficiently funded in order to make improvements, which requires at least maintaining current

funding for mental health and addiction through both the Mental Health and Addiction Services and the Medicaid budgets, but given the scope of the opiate crisis, as well as a desire to move upstream and prevent future crises, this is the right time to dedicate additional funding to this issue.

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, 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, 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. Continued support of evidence-based strategies to reduce infant mortality will move Ohio in the right direction.

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.

OTHER BUDGET PRIORITIES

As my colleague Loren Anthes has/will mention(ed), Community Solutions recommends continued support for Medicaid expansion without barriers to access or coverage. Should any changes be made regarding coverage, these must be done with careful consideration of how

any enrollees may be impacted. In light of my testimony regarding mental health and addiction and infant mortality, impacts of any changes to coverage could threaten the efforts to improve health in the state.

Community Solutions would also like to express support for restoring the Senior Community Services Block Grant (line item ALI 490-411) to \$15 million per fiscal year to increase access to senior services without reliance on Medicaid, increase access to nutrition programs for the over 375,300 seniors threatened by hunger, and improve access to transportation for seniors. We are also supportive of Ohio Food Program and Agricultural Clearance Program (OFPACP) and the request to increase the allocation for this comprehensive approach to hunger in Ohio.

CONCLUSION

Thank you Chairman Romanchuk, Ranking Member Sykes and members of the subcommittee for your time and attention today. I am happy to take any questions at this time.