



Advocates for Ohio's Future

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**Testimony on HB 487, The Mid-Biennium Review
Before the Health and Human Services Subcommittee
of the House Finance Committee**

March 28, 2012

By Scott Britton, Coordinator

Chairman McClain, Ranking Member Goyal, and Members of the Subcommittee:

My name is Scott Britton, and I am coordinator of Advocates for Ohio's Future, a statewide coalition of health, human service, and early care & education organizations. AOF works to build strong communities through investments in vital public services, including health, human services, and early care & education.

As you know, Ohioans continue to struggle with recession-related challenges. Even as the official unemployment rate drops, 3.4 million Ohioans live in households struggling to keep a roof over their heads, food on their tables, and gas in their cars. We at AOF are hopeful that an improving economy will help rebuild Ohio's infrastructure and support communities devastated by foreclosure and joblessness. We continue to be encouraged by the direction of this bill and the promise it holds for transforming health care and the delivery of critical human services.

Our recommendations are brief and relate to jobs and workforce development, critical system reforms and improved service-delivery methods, long-term care, community behavioral health, a single eligibility determination solution, and effective prescribing practices.

First, the best way to support all Ohioans is to make sure that our state rebounds from the recession offering more good jobs with livable wages to people at all levels of income and education. Job creation and workforce development hold the most promise for strengthening our communities, and we know that this issue is being addressed in a separate bill. In the near term, however, vital public services that support Ohio's employers and workforce – including food and housing security, health care, mental health and addiction services, and quality child care – must be available. Families need work supports such as training and transportation that will help them get back on their feet.

Ohio should build on the reforms in last year's budget bill that gave the executive branch broad discretion in implementing big changes in long-term care, health care, and behavioral health. As changes are introduced in these areas, there must be ample opportunity for genuine

stakeholder input from consumers, their families, and the community at large. Infrastructure at the state and county level needs to be in place to ensure that services are available in a timely manner and, once services are delivered, that claims are processed accurately.

Two areas that require further discussion are community behavioral health and the waiver systems. First, home- and community-based services are the preferred consumer choice for long-term care services and supports – and are the most cost effective. The home- and community-based programs should continue to provide maximum consumer choice, and be adequately funded to ensure that home and community care is a viable option in Ohio for seniors as well as for people with disabilities of all ages.

Second, one of Ohio’s primary policy objectives starting last year was to address the opiate epidemic. Simply reducing the supply of opiates is insufficient to adequately address the problem. Investment in opiate addiction treatment is also needed. Right now, more people than ever need – and are being turned away from – addiction treatment. There must be adequate funding to ensure that community behavioral health services are sufficiently available. When those with mental illness and addiction do not receive the help they need in their community, they end up in emergency rooms, psychiatric hospitals, and prisons. With respect to the behavioral health provisions in HB 487, we thank you for the \$3 million in ODMH for “hot spot” projects and the \$1.05 million in ODADAS for such projects, not to mention the \$10 million in capital dollars for housing projects. But because of the concerns around inadequate community addiction treatment, we ask that you hold ODADAS harmless from the planned \$6.2 million cut for FY13.

On the subject of eligibility, current procedures are fragmented and complex. For example, Ohio uses more than 150 categories and two separate processes to determine eligibility for Medicaid. A single eligibility solution for all public assistance programs will allow direct service agencies and caseworkers to focus more time on serving Ohio’s children, families, seniors, and people with disabilities and spend less time on bureaucratic processes. While the new eligibility determination system is being built, county job and family service departments must maintain adequate staff levels to provide timely and accurate benefit determinations.

Part of our agenda for the MBR embraces the \$70 million Race to the Top early care & education grant. While we recognize that this issue will be taken up in a separate bill starting in the Senate, we think it important to connect education and human services, particularly food insecurity. Hunger robs our children of their ability to learn and their parents of their ability to earn. Rapidly rising rates of hunger and poverty in Ohio must be addressed. Hungry and food-insecure children are at least 50 percent more likely to miss days of school, nearly twice as likely to be suspended, almost 50 percent more likely to have to repeat a grade, and more likely to drop out and therefore have reduced lifetime earnings.

Just as we mention the youngest Ohioans, we must also draw attention to a concern about our state’s seniors. The Adult Protective Services (APS) line item has been eliminated, with the funds moved to a broader category for Child, Family and Adult Community & Protective

Services. While the funding amount is the same, having no distinct line item for APS is a threat to the already small, perennially reduced money dedicated to protecting our vulnerable seniors. We request restoration of that line item.

Finally, as the statewide cross-system coalition of advocates, AOF would like to draw attention to a looming issue that is not addressed in the MBR but which we believe deserves attention. The proper use of medication, tailored to the unique individual needs of the person, is critical to the health and well-being of consumers in child welfare, juvenile justice, transitioning youth, aging, developmental disabilities, and other Medicaid and non-Medicaid systems. Overmedication can be dangerous and expensive, harming adults and posing especially dangerous risks for children. Supporting continued efforts and leadership of the BEACON Council to address this important issue, beginning with Ohio's children, is critical, and consistent with the Office of Health Transformation's goals for enhanced care coordination.

On behalf of Advocates for Ohio's Future and the more than 270 organizations across the state that have endorsed our mission, thank you for your attention today.