



**County
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TO: Members of the House Finance Subcommittee on Health and Human Services
FROM: Kate Neithammer, CCAO Policy Analyst
RE: Testimony on House Bill 49

Chairman Romanchuk, Ranking Member Sykes and members of the Health and Human Services Subcommittee, thank you for allowing me to submit written testimony on House Bill 49. My name is Kate Neithammer and I am the human services policy analyst for the County Commissioners Association of Ohio (CCAO).

As you know, counties partner with the state to deliver vital services to Ohio's most vulnerable citizens. There are several proposals in HB 49 that are of interest to us as we look to the challenges the next two years hold for the health and human services realm.

The Opiate Epidemic

One of the biggest challenges is Ohio's continued struggle with addiction and the pressure the opiate epidemic is placing on three important systems.

First, our child protective system, which has seen a steady increase in the number of children in foster care due to the number of parents overwhelmed by addiction. Ohio's counties have seen a 20% jump in placement costs since 2010 with no new investment from the state. The children who are entering our care have experienced a higher level of trauma, leading to more intensive needs and longer placements. Opiate cases also tend to be extremely traumatic for our child protective caseworkers. We are now facing a workforce shortage due to higher than normal turnover, placing even more pressure on this system.

Opiates have pushed the child protective system into a state of crisis and counties desperately need more resources in order to care for the children who are being affected. CCAO supports an additional investment of \$30M per year in the state child protection allocation - \$20M to



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return us to pre-recession funding levels and an additional \$10M to help manage the increased costs caused by the opiate epidemic. The flexibility of these dollars will help us recruit and support kin, foster care and adoptive families, address the rising costs of child placement and retain our most valuable asset – our case workers who are on the front lines everyday protecting Ohio's children.

Second, the adult protective services (APS) system, which cares for another vulnerable population that is experiencing the fallout from the opiate epidemic. Ohio's senior population will skyrocket over the next decade and we are seeing increases in abuse and exploitation by family members who are struggling with addiction. We are also experiencing more seniors who struggle with addiction themselves. Counties currently receive \$30,000 per year to administer APS. CCAO would like to see the state's investment in APS increase to cover at least one full time APS caseworker per county. An additional \$3.12M added to the current appropriation of \$2.6M, would give each county \$65,000 to accomplish that goal. An additional \$10M, made up of \$3.12M for full time caseworkers and the remainder to be distributed by formula for protective services, would give us the resources to really begin to build out the infrastructure needed to address our growing APS needs.

The third system that is straining to meet the demands of the drug epidemic are the county jails. Over 70% of jail inmates suffer from addiction and/or mental health issues. The continued incarceration of mentally ill and addicted individuals in county jails places an undue burden of risk and cost upon these facilities and is clearly outside the purpose for which they were designed.

CCAO recommends that the state establish and fund three new programs specifically designed to assist county jails in managing and caring for the mentally ill and addicted population:

- Establish and fund a program managed by the local county behavioral health boards that utilizes Medicaid managed care providers and local providers to assess and treat jail inmates and, upon release, continue treatment under traditional Medicaid coverage. This program will provide a continuity of care for mental health and addiction services that are so critical for many of the individuals incarcerated in our jails.

- Establish a state-wide behavioral health triage program that provides regional centers that law enforcement can take individuals to who have been taken into custody or are incarcerated which:
 - Serve as a drop-off center and provide crisis beds for crisis intervention
 - Conduct immediate forensic evaluations
 - Manage detoxification

- Require the Department of Mental Health and Addictions Services' Central Pharmacy to provide all psychotropic drugs prescribed for county jail inmates.

Bureau for Medically Handicapped Children (BCMh)

CCAO respects this important program and all it does to support our most fragile children and their families. Yet we disagree with the misplaced mandate that allows the Department of Health to require counties to withhold inside millage in order to pay for BCMH. CCAO maintains that this state-administered public health program should be funded by state revenue sources. Current language in HB 49 proposes to move the BCMH program to the Department of Medicaid, eventually eliminating the need for county resources to support the program. CCAO supports the plan to move fiscal responsibility of this program to the state, however we understand this poses a big change for the families who depend on the program and any disruption of services must be prevented.

Multi-County Health District Levies

HB 49 authorizes a multi-county health district board to propose a property tax levy directly to the voters of the district to pay for its expenses. Currently, a single-county combined district may levy a property tax with approval of the county council or board of commissioners, though the council members/commissioners do not have discretion regarding the submission, type, millage or duration of levies submitted to the voters for this purpose.

CCAO supports giving boards of county commissioners and county councils levy authority on all local health district levies. If legislative action is being taken to allow for multi-county levies, county commissioners and council members should be given levy authority and discretion on these new levies.

Non-Emergency Transportation

HB 49 proposes a change to the Non-Emergency Transportation (NET) system that would shift responsibility from counties to a state-led brokered system. Currently there are few details on how this transition will take place. CCAO is concerned about what the impact would be to counties who have dedicated resources to create a strong county-led transportation system, as well as the citizens who depend on these systems. We hope to continue the dialog on this proposal to ensure these changes do not create any unintended consequences for the counties who have invested in a shared services approach to local transit, including NET.

Thank you again for the opportunity to speak about the work that counties are doing in the health and human services arena. We look forward to continuing and strengthening our partnership with the state of Ohio.