



Advocates for Ohio's Future

Testimony to the Ohio House of Representatives

Finance Subcommittee on Health and Human Services

HB 166, Main Operating Budget FY2020-FY2021

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Chairman Romanchuk, Ranking Member West, and members of the House Finance Health and Human Services Subcommittee, my name is Kelsey Bergfeld. I am the Coalition Manager of Advocates for Ohio's Future (AOF). AOF is a nonpartisan coalition of nearly 500 endorsing organizations that promote health and human service budget and policy solutions that support healthy children and families, quality communities and pathways to prosperity for all so that all Ohioans live better lives. A list of AOF Steering Committee members is attached to our 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 strengthen Ohio's families and communities, and increase opportunity for Ohioans across our state. 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 family stability and self-sufficiency.

Thank you for the opportunity to speak today. My AOF leaders and I will cover many issues and are happy to provide additional information today or later, as you deem helpful.

Steve Wagner, Universal Health Care Action Network Ohio, Co-Chair of AOF

Chairman Romanchuk, Ranking Member West, and members of the House Finance Health and Human Services Subcommittee, my name is Steve Wagner, Executive Director of the Universal Health Care Action Network (UHCAN) Ohio and Co-Chair of AOF. As you consider the budget, we ask that you remember how critical health care coverage is through the Medicaid program. Health comes first. Health allows people to effectively care for their families, acquire and maintain a job, and participate in the community. Whether because a person is older, has a disability, struggles with addiction, is challenged to work because of physical or mental impairment, or has lost their job through no fault of their own, Medicaid is critical to health.

Health Care Access

For 44 Ohio counties, 17% or more of their 19 to 64 year old population has been covered at some point in time through Medicaid expansion¹. These counties include all but 3 of Ohio's Appalachian counties, most of north Central Ohio counties, Preble County, and all urban counties, except for Franklin County. The Medicaid expansion has significantly improved access to health care in Appalachia and in areas challenged to find care. As duration of enrollment increased, emergency department utilization declined.²

The Medicaid Expansion continues to be a smart investment, bringing to Ohio nine federal dollars for every state dollar spent. Many of these dollars may have been spent anyway, e.g. hospitalizations for people in the state correctional system or uncompensated care. These dollars are spent purchasing care from Ohio providers and institutions. A large majority of employed expansion enrollees (83.5%) reported that Medicaid made it easier to work; most unemployed enrollees (60.0%) reported that Medicaid made it easier to look

¹ Ohio Department of Medicaid. (2018). <https://medicaid.ohio.gov/Portals/0/Resources/Research/OMAS-Study.pdf>

² Ohio Department of Medicaid. (2018). <https://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf>

for. Many Group VIII enrollees reported that Medicaid made it easier to work because they were able to obtain care for previously untreated health condition.³

Mental Health and Addiction Continuum of Care

Several members of AOF had the opportunity to participate in Governor DeWine's RecoveryOhio initiative. HB 166 reflects priorities from the RecoveryOhio report, which includes recommendations to address gaps in the mental health and addiction system and solutions to address these needs through a full continuum of care. This continuum includes prevention, treatment, and recovery supports. AOF applauds the efforts to include some of the most pressing needs such as additional crisis services, K-12 prevention education initiatives, and efforts to address parity by working with the Ohio Department of Insurance (ODI).

In 2017, Ohio lost 4,854 individuals to unintentional drug overdose and another 1,751 to suicide. The capacity of the system must be strengthened to meet the needs of Ohioans before a crisis but also when a crisis occurs. Ohio needs a robust crisis service delivery system to connect Ohioans to needed care at these critical points in time. AOF supports funding for more crisis services in local communities to expand access to crisis care in a collaborative way with law enforcement, jails, and hospitals. There is also funding set aside in the OhioMHAS budget that maintains funding for naloxone which saved nearly 7,000 lives in 2018.

AOF supports investments to teach students social and emotional skills needed to make healthy decisions throughout their lives. Prevention programming is not a reimbursable service through insurance and therefore not widely accessible. Without consistent funding streams, communities lack resources to provide suicide prevention and substance use education. The proposed funding would allow communities to work together through a collaborative approach to address local needs.

October 3, 2018 marked the 10-year anniversary of the Mental Health Parity and Addiction Equity Act (MHPAEA), a law requiring health insurance plans to cover behavioral and physical health equally. However, parity is still not a reality for individuals living with mental illness and addiction disorders. In a recent report by the Kennedy-Satcher Center for Mental Health Equity, Ohio scored an F in parity. Educational efforts for patients, families, employers, and professionals who serve the public – such as hospital staff, social workers, and public health workers – are needed to ensure understanding of insurance coverage rights and how to seek support with parity. AOF strongly supports ODI's request of \$1 million per fiscal year to ensure parity compliance, assist consumers, and significantly improve outreach to consumers by launching an educational campaign to help them understand their coverage and direct them to ODI as a resource.

Tara Britton, The Center for Community Solutions, AOF Co-Chair

Chairman Romanchuk, Ranking Member West, and members of the House Finance Health and Human Services Subcommittee, my name is Tara Britton and I am the Director of Public Policy and Advocacy at The Center for Community Solutions, and Co-Chair of AOF. I am here today to offer testimony on proposals in the budget regarding adult protective services (APS), maternal mortality, and home visiting.

Adult Protective Services

Unfortunately, elder Ohioans face the prospect of elder abuse in the form of financial exploitation from scam artists, friends or family and the grim prospect of suffering physical, sexual or emotional abuse. Older

³ Ohio Department of Medicaid. (2018). <https://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf>

adults may find themselves in situations of neglect, or self-neglect, which can result in deterioration of physical and mental health. Victims of elder abuse are four times more likely to be admitted to a nursing home and three times more likely to be admitted to a hospital.

For these and many other reasons, AOF is suggesting that funding for APS be increased in the ODJFS budget (line item 600534) from \$2.74 million each year of the biennium to \$10 million each year of the biennium. At current budget levels, each county receives around \$30,000 for APS. This proposed increase would provide \$65,000 per county in Ohio, enough to fund one full time APS caseworker, plus an additional amount to be distributed to counties on a yet to be determined formula. We believe this investment will provide a better spectrum of services for older adults to live safe and healthy lives in their communities and in facilities.

Maternal Mortality

In the United States, women are dying from complications related to pregnancy and childbirth at a higher rate than other industrialized nations, and the rate is increasing. Approximately 700 women die each year in the U.S., and thousands more experience complications, often viewed as “near misses” of a maternal death. The most recent data available for Ohio shows that between 2008 and 2014 there were 408 pregnancy-associated deaths. Of those 408 deaths, 154 were pregnancy-related with significant disparities in the rate of morbidity between white and non-white women in Ohio. The most recent data available on maternal deaths in Ohio is the information that I cited, from 2014.

Currently, Ohio’s Pregnancy-Associated Mortality Review Committee (PAMR), situated at the Ohio Department of Health and that reviews all maternal deaths, is not in state statute. We know that collecting and reviewing this data can be challenging due to delays in receiving case-related information and completeness. It is important for complete data on pregnancy-associated deaths to be submitted to PAMR, but that doesn’t always occur and if it does, there is often a time lag. Codifying this committee will give the PAMR the tools it needs to compel the submission of data on maternal deaths in a timely manner, while at the same time offering legal protections to those entities reporting the data.

We are grateful to the Governor and his administration for including language in the budget around this committee, but we have identified a few areas of concern with the proposed language. The budget language (House Bill 166, Pages 817-821, Lines 25194-25334) makes the creation of this committee permissive. Since this committee exists already, we would like to see this language changed to formally establish the PAMR. Additionally, the budget language requires the reporting of this data only every 3 years. We already know that there is a significant lag in the reporting of this information and think it is imperative that we are informed at least annually about any the reviews of maternal deaths in Ohio in order to learn from deaths that have occurred and prevent future deaths.

Over the last several years, Ohio has committed to broad-based efforts and has dedicated resources to address the state’s high rate of infant mortality, which is still too high. Having timely and complete data on this issue is an important first step toward implementing measures to improve maternal health and wellbeing.

Evidence-Based Home Visiting

AOF supports increasing funding and access to evidence-based home visiting. We appreciate the attention given to this issue by the Governor and his Administration and the examination of home visiting in Ohio through the Governor's Advisory Committee on Home Visitation. We would like to highlight the first recommendation from this committee that "race and ethnicity be foundational elements of the state's infant mortality efforts." We know that while overall, fewer Ohio babies are dying before their first birthdays, black babies continue to die at nearly three times the rate of their white peers. Evidence-based home-visiting is a key strategy to reduce infant mortality and any expansion of the program should be focused on the most at-risk populations. We expect an approach to the proposed expansion of home visiting to be based on the recommendations put forth from the Governor's Advisory Committee and look forward to a thorough evaluation of the expanded program to ensure it's reaching the most at-risk families and producing improved outcomes.

Wendy Patton, Policy Matters Ohio, Executive Member of AOF

Chairman Romanchuk, Ranking Member West, and members of the House Finance Health and Human Services Subcommittee, my name is Wendy Patton and I am the Senior State Fiscal Project Director at Policy Matters Ohio, and the Public Policy Chair of AOF. We agree with Governor DeWine that now is the time to invest in our future - our children. We have a moral and economic imperative to reach out and support at-risk children and their families to ensure all Ohioans, no matter their neighborhood, are given the chance to succeed and climb the ladder up and out of poverty.

House Bill 166 contains important investments and policies that support young children, including in evidence-based home visiting, early intervention, responding to lead poisoning of children, child welfare and early literacy. We applaud new funding in the child care system through the Child Care Development Block grant, which will increase base rates for child care providers. This investment is long overdue and essential to building a quality system of public childcare. We also see additional investment of federal TANF funds from the surplus to support quality improvements in the system.

Eligibility for Publicly Funded Child Care

Ohio offers quality care and education to at risk 0-4 year olds through publicly funded child care (PFCC) and public preschool. The vast majority of Ohio kids who receive publicly funded early childhood experiences do so through child care programs. These early childhood programs for 0-4 year olds support the essential development of social, emotional, and cognitive skills for kids as they prepare to enter kindergarten and are a necessary support for working families.

We are disappointed that HB 166 does not include new GRF funding to expand access to child care by increasing the level of initial eligibility to the Governor's promise of 150 percent of poverty; the goal of AOF is to see initial eligibility for public child care assistance restored to 200 percent of poverty and fully aligned with the public preschool program, allowing thousands of children and families to take advantage of enrichment programs for early learners while supporting low-income working parents. The important investments we see in this budget - and the investments necessary to improve the system - should be supported by predictable and sustainable state-based funding now, and in the future.

Lisa Hamler-Fugitt, Ohio Association of Foodbanks, Executive Member of AOF

Chairman Romanchuk, Ranking Member West, members of the Health and Human Services Subcommittee of the House Finance Committee, good morning. I am Lisa Hamler-Fugitt, Executive Director of the Ohio Association of Foodbanks, Ohio's Largest Charitable Response to Hunger.

I am very honored to be here on the AOF panel to discuss the Ohio Works First Program and to request that TANF funding be directed to ensuring that we are investing in healthy children and families so children can be cared for in their own homes and that their caregivers have the resources they need to meet these children's most basic needs.

Today in Ohio, 1-in-5 children live in poverty and 1 in 10 children live in deep poverty.⁴ (attachment)

Ohio Works First

Ohio Works First is the financial assistance portion of the state's Temporary Assistance to Needy Families program, which provides cash benefits to needy families for up to 36 months.

The Temporary Assistance for Needy Families (TANF) block grant is designed to provide temporary financial assistance to poor families, primarily those with no other means to meet basic needs. But since TANF's creation in 1996, its reach has declined dramatically.

To be eligible for OWF cash assistance, applicants must have a minor child or pregnant woman (at least six months pregnant) in the assistance group. Families must also have incomes of no more than 50% of the FPL (about \$10,000 annually for a family of three in 2019).

The majority of those receiving OWF in Ohio today are child-only cases, minor children that are being cared for and who are living with guardians and relatives, such as grandparents, aunts and uncles, cousins, and even older siblings.

I know it's not easy, as I listen to thousands of grandparents, aunts and uncles talk about the daily challenges and impossible choices they are forced to make as they struggle to keep a roof over their heads and food on the table. A few are fortunate to receive assistance from the Ohio Works First program, but most of these families aren't receiving anything, but the food they receive from my local foodbanks and food pantries and the used clothing and shoes they receive from local charities and churches.

Assistance Group Size	OWF Payment
1	\$ 289.00
2	\$ 395.00
3	\$ 483.00
4	\$ 596.00
5	\$ 698.00

Ohio Works First Caseload shift

One reason for the overall TANF surplus/underspending is declining caseloads in Ohio Works First. In December 2005, ahead of the Great Recession, there were more than 180,000 cash assistance recipients. During the Great Recession (July 2008), there were more than 173,000 individuals receiving cash assistance.

⁴ https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Nearly 10 years after the Great Recession, in January 2019, the number of Ohioans receiving OWF declined to 93,736 persons statewide. Most of the current caseload 84,103 recipients are children (89.7 percent). The declining caseload is a result of people leaving the program because they have met the time limit (36 months in Ohio) or have not met all the requirements of the program, such as the work requirement.

According to data from the Administration for Children and Families within the U.S. Department of Health and Human Services, in 2016, only about nine out of 100 families receiving Ohio Works First (OWF) had income beyond cash assistance. A family of three must make less than \$10,390 a year to qualify for cash assistance. Declining caseloads in Ohio, and nationally, mean that fewer and fewer families can purchase essentials, tooth paste, shampoo, laundry soap, diapers or feminine hygiene products, because they no longer have access to cash support offered by OWF.⁵

The Ohio Department of Job and Family Services - Caseload Summary Statistics Report January 2019⁶ (attachment)

- Statewide 93,736 Individuals living in 51,149 households received Ohio Work First
- 9,633 were adults and of these 6,319 adults are work mandated in order to receive OWF
- 84,103 (89.7%) of the OWF recipients are children
- Average Monthly Issuance in January 2019 was \$212.00 per person
- Total Monthly Issuance \$19,875,282.00

According to GrandFacts,⁷ it's estimated that today in Ohio about 100,000 grandparents are currently raising their grandchildren in Ohio right now.

The Children

- 124,000 (5%) children live with a relative with no parent present.
- 227,862 (8.6%) children under 18 live in homes where householders are grandparents or other relatives.
- 185,469 (7.0%) of these children live with grandparents.
- 42,393 (1.6%) of these children live with other relatives.

Deep Poverty and the Role of TANF (attachment)

According to the most recent American Community Survey from the US Census, 263,315 Ohio children, 10.2% of all Ohio child live in deep poverty, residing in households with incomes below 50% of the Federal Poverty Level.

Today, only 1 in 3 Ohio children that live in deep poverty are receiving OWF benefits. Research shows that children who live in poverty during their childhood- especially those who live in persistent poverty- are likely to struggle with poor educational, economic and health outcomes well into adulthood.

These statistics make it clear that TANF/OWF has been insufficient in meeting its goal of providing a safety net for the poorest families and children. Ohio should do more to ensure that the children living in deep poverty, who are particularly vulnerable, get the TANF/OWF cash assistance they are entitled to and need.

Poverty, particularly deep poverty is neither fair nor equitable, and it is not productive for society. The corrosive cruelties of childhood poverty: worsen health and educational outcomes, impair cognitive development and directly contribute to “toxic stress” on brain functions. Recent studies have found that

⁵ <https://www.cbpp.org/sites/default/files/atoms/files/6-16-15tanf.pdf>

⁶ <http://ifs.ohio.gov/ocomm/index.stm>

⁷ <http://www.ohiograndparentkinship.org/documents/Grandfamilies-Fact-Sheet-Ohio.pdf>

people who experienced poverty at any point during childhood were more than three times as likely to be poor at age 30 as those who were never poor as children. The longer a child was poor, the greater the risk of adult poverty.

I know firsthand from our own research and daily work, that poor kids are more likely to experience hunger as their families are forced to make tradeoffs between food and housing, food and transportation and food and medicine. And food insecurity has a lifelong effect: lower reading and math scores, more physical and mental health problems, more emotional and behavioral problems and a greater chance of obesity.

If we ignore the corrosive effects of poverty on our children, it will come back to haunt us. Surely, we can all agree that no child, once born, should suffer live in poverty. Surely, we can all agree that working to end child poverty – or at least severely reduce it – is a moral obligation of a civilized society.

In closing, it is for these reasons and the future of our children and our great state that Advocates for Ohio's Future request this committee's consideration and support for an increase the Ohio Works First benefit by \$100 per month for all family sizes who receive cash assistance that is intended to help poor families.

Thank you and I would be pleased to answer any questions you may have at the end of our panel.

Kelsey Bergfeld, Advocates for Ohio's Future, Coalition Manager

Chair Romanchuk, Raking Member West, thank you for the chance to speak to our final priority of the day - an opportunity for the state to expand education and workforce training opportunities for our most vulnerable Ohioans while drawing down 50% of funding from the federal government.

SNAP E&T 50/50 Reimbursement "SNAP to Skills"

Most adults receiving SNAP benefits are subject to an Employment and Training (E&T) requirement. SNAP recipients may fulfill their E&T requirement by participating in either: (1) a work experience program (WEP), (2) employment and training activities, which may include either basic education or vocational training, or (3) job search/readiness programming.

Any provider of E&T programming, and related supportive services, can receive a 50 percent reimbursement from the federal government if their services were not initially provided using federal dollars. This is called the SNAP E&T 50/50 program. In Ohio, existing non-profits, workforce development agencies, community colleges and other entities provide these services and could benefit from the 50 percent reimbursement.

Unfortunately, very few of these programs are receiving federal reimbursement because Ohio has not fully incorporated SNAP E&T 50/50 into the state or county plans and does not have the infrastructure established to administer these federal funds. As a result, many SNAP recipients across the state have faced a shortage of meaningful, quality training programs and other essential supports needed to secure and retain a living-wage job.

In order to fully utilize available federal dollars to expand access and capacity for quality E&T programs, we ask that you consider:

- Convening the SNAP planning committee created in the last budget bill to discuss best practices and develop a set of recommendations for how to expand SNAP E&T 50/50 in Ohio's SNAP Plan
- Investing \$4 million in General Revenue Funds per year to spur development of SNAP 50-50 eligible training initiatives to encourage development of local partnerships (counties, community colleges, workforce development community based-organizations) and provide education, training, and wrap-around services such as child care support, transportation assistance, career and college coaching to

SNAP eligible trainees, and provide support to the state and county JFS agencies to build and coordinate the administrative infrastructure needed to manage the program.

- Revising the ODJFS SNAP Employment and Training Plan to include job retention services, intended to provide support to a new hire for the first 90 days on their new job

Increased capacity and expanded access to a wide variety of community based employment programs and supports essential to success will allow more participants to have the opportunity to be trained for skilled jobs that are in demand in their local labor markets. Building the administrative infrastructure and investing in quality workforce programs will give more low-income Ohioans a chance to enhance their skills, credentials, careers, and ultimately, their families' financial well-being.

Thank you again for the opportunity to provide testimony on HB 166. We are happy to answer any questions you may have.