



Integrating Professionals for Appalachian Children

Connecting communities to support children and families

Mr. Chairman, members of the House Finance Health and Human Services Subcommittee, I am here today representing Integrating Professionals for Appalachian Children (IPAC), also known as the Southeast Ohio Community Hub. I rise to oppose SB 332 section 5167.173. As the SE Ohio Community Hub, IPAC provides outreach services to pregnant women in Athens, Hocking, Gallia, Jackson, Meigs, Perry, Ross Vinton and Washington Counties.

The Southeast Ohio Community HUB is one of five regional HUBS in the state, organized to address infant mortality by identifying women at-risk for poor birth outcomes and connecting them to the services that they need to deliver a full-term, healthy infant.

IPAC manages administrative functions and collaborates with regional health care providers and social service professionals to access care for poor pregnant women in need of medical and social services. We have a proven track record for improving the health and wellbeing of the women we serve.

Thirty one percent of our children in Appalachia live in poverty, which is more than in any other part of the state or nation. The majority of those served in our rural corner of the state suffer from generational poverty. It is alarming as well the number of pregnant Appalachian women addicted to opiates. Opiate addiction is ravaging the Appalachian communities and is tearing our families apart. In one of the IPAC programs, 72% of the pregnant women were substance abusers. Babies born in Appalachia are almost twice as likely as the average Ohio newborns to be diagnosed with Neonatal Abstinence Syndrome (NAS), according to the Children's Defense Fund. The highest rates of NAS are found in Appalachia. The rate of babies with NAS discharged from the hospital grew by 578% from 2004-2013 in Appalachia. This is a problem at our doorstep, and it is affecting our neighbors and family members. Now is not the time to limit these services.

The population and the needs in Appalachia are different from the rest of the state, which is why IPAC operates just a little bit differently from the other HUBS in Ohio. Our Family Navigator Program assesses client's unmet basic needs (food, shelter, safety), mental health needs, ability and readiness to learn and participate, stigma and misinformation, fears and past experiences, transportation and trust. The family navigators ensure that all services provided are of value to the client. They recognize clients' rights to accept, refuse or delay services and work with

clients to develop common goals and expectations. Family navigators use culturally appropriate language tailored to the individual client. These skills are vital because clients who feel they are respected and treated as more than just a patient are more likely to adhere to provider recommendations, which leads to positive health outcomes. Our model works for those who we serve. In one of our programs, 93.8% of babies born to Medicaid-eligible women were born full-term as compared to 85.5% of women statewide in 2014.

Our Family Navigator Program relies on registered nurses as navigators. Registered nurses play a critical role in care coordination. Though they do not examine a client or perform other nursing tasks, unlike lay navigators or Community Health Workers, they are able to evaluate health outcomes. This is critical with our high opiate-addicted population of patients. Their training also gives them the critical-thinking and decision-making skills needed to ensure clients receive the appropriate care, while addressing clients' education and wellness needs.

It is important to note that IPAC was the original HUB selected to implement the Redding's Pathways Model. We were so committed to the model that IPAC committed \$50,000 of our scarce resources to implement the model and additional fees to use the database. Unfortunately, well into the process, it became apparent that the model is too prescriptive to work with our clients and did not provide a "pathway" for addicted, high-risk pregnant women. As I said before, this is now 72% of IPAC's client population. These women present with far more complicated risk factors and require much more constant, high level attention than is provided for within the Pathways model and by a community health worker. For that reason IPAC uses registered nurses in the care coordination role.

As recently as last month IPAC communicated with Mark Redding to determine if changes had been made to accommodate the unique population in Appalachia. Unfortunately this model has not been modified to accommodate IPAC's client needs.

Problems with SB 332 as drafted:

SB 332 requires the use of certified Community Health Workers (CHWs) for women enrolled in Medicaid who are pregnant or at risk for pregnancy.

SB 332 requires Medicaid to amend their provider agreements to require Medicaid Managed Care plans to contract with Pathways Community HUBs that fully or substantially meet the certification standards developed by the Pathways Community Hub Institute, Inc., as well as home visiting for clinical outcomes. IPAC certainly operates within the spirit of the model and roughly 85 percent of the model requirements but would probably not meet the requirements of certification by the Redding's certification agency.

SB 332 would require Medicaid to use Maternal Child Block Grant funds to

work with the Commission on Minority Health and communities to develop new HUBs and help them become certified.

Impacts of those provisions on the Southeast Ohio Community HUB:

Our HUB would not expressly qualify for funding available through the Commission on Minority Health because our region lacks a significant minority population. One in 6 Ohio children lives in Appalachia. Ninety-two percent of these kids are Caucasian. The region is home to the most disadvantaged and at-risk Caucasian population in the state. As compared to the state and the nation, a higher percentage of children in Appalachia are poor. While the Commission on Minority Health has indicated that they will work with the Southeast HUB, regardless of population, this is not their target demographic and nothing requires them to do so.

SB 332 requires Medicaid to contract with Pathways HUBs certified by the Pathways Community Hub Institute, Inc.

As you have heard in prior hearings, the development of the Pathways Community HUB model is often credited to Drs. Mark and Sarah Redding. The bill as originally introduced, with an effort to replace the certification language, required certification by the Pathways Community HUB Institute, of which Mark Redding is the sole proprietor. According to records obtained through the Ohio Secretary of State's office, this is a non-profit entity that certifies the HUBs. In order to qualify for certification one then retains the consulting services of Care Coordination Systems, a for-profit entity that helps organize your HUB so that it meets certification requirements. According to their website carecoordinationsystems.com, Sarah Redding, MD is the Chief Executive Officer of this for-profit entity. Fees for certification and interim review by the non-profit, as well as consulting costs associated with setting up the HUB can run tens of thousands of dollars. The Reddings created a model; and if this bill passes as originally written would require the state to use the model and require certification in the model for which they provide consulting services.

This model does not work statewide; it potentially excludes poor Caucasian families in Appalachia, it relies on a provider type (CHW) that is not available or even employable in most parts of the state and it requires an expensive certification that diverts precious resources to consultants rather than this fragile population of pregnant women and their infants. As long as the providers are certified or otherwise licensed, why do we need to certify the program itself?

As drafted, SB 332 would legislate the Southeast Ohio HUB right out of existence. IPAC respectfully requests that the House Health and Human Services Subcommittee to amend section 5167.173 out of SB 332 prior to recommending the bill for passage or to alternatively make this 5167.173 permissive and eliminate the non-codified section 4 that would require the Commission on Minority Health to identify all areas of the state without a certified Pathways Hub and to create one in

each location.

Mr. Chairman, thank you for the opportunity to testify. I am happy to address any questions that the committee may have.