

2018-2019 Biennial Budget Testimony

Chair Hackett, Vice Chair Tavares, and members of the Senate Finance Health and Medicaid Subcommittee, thank you for the opportunity to provide testimony regarding the 2018-2019 biennial budget and its impact on our state's children. My name is Brandi Slaughter and I am the CEO of Voices for Ohio's Children, a statewide, nonpartisan advocacy organization, focused on improving the well-being of children in our state.

Ohio is the home of more than 2.6 million kids and, at Voices, we strive to give all of them a voice in the public policy process. Because, while priorities and issues change from one General Assembly to another and from this budget cycle to the next, children's needs remain the same. They need a loving family and support system, nourishing meals, access to high-quality healthcare, safe neighborhoods, quality schools, engaging community activities, and a variety of college and career options.

Home Visiting

Home visiting is a powerful tool for families. Research shows that home visits by a nurse, social worker, early childhood educator or other trained professional during pregnancy and in the first years of life improve maternal and child health, prevent child abuse and neglect, increase positive parenting and enhance child development and school readiness.

Home visiting delivers early education and support to families on their terms and in their own homes, which eliminates environmental constraints such as transportation and structured hours of operation. This allows home visitors to observe family processes in their natural environments. Through stand-alone programs, or in partnership with center-based services, voluntary home visiting educates families, provides resources for health, child development and school readiness. Families who participated in home visiting services were half as likely to be involved with Child Protective Services. Home visiting bridges community resources for participating families in order to build a better future for themselves.

Home visiting is a tool for reducing Ohio's abysmal infant mortality rate. Ohio's 2015 infant mortality rate was 7.2 infant deaths per 1,000 live births, a rate 21 percent higher than the most recently reported national rate. The white infant mortality rate was 5.5 and the black infant mortality rate was 15.1, with black babies dying at nearly three times the rate as white babies. Studies have found that high-quality home visiting programs yielded better birth outcomes. Children whose parents participated in home visiting programs are born with fewer instances of low birthweight and are more likely to be breastfed. An Ohio study found infants whose families did not receive home visiting were 2.5 times more likely to die in infancy compared to those infants whose families received home visiting services.

Voices strongly supports continued investment in Ohio's Help Me Grow home visiting program and we urge the General Assembly to maintain its inclusion in the state budget at its existing or increased levels.

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Voices recently released a Home Visiting Primer outlining foundational information about Ohio's state and federally funded home visiting programs, their outcomes and their funding streams. We hope this primer will serve as a resource for you.

School-Based Healthcare

Children need access to high-quality healthcare. As referenced in a recent brief by the Health Policy Institute of Ohio titled *Connections between Education and Health*, "Research consistently shows a strong relationship between educational attainment and health, even after accounting for factors such as income, race, ethnicity and access to health care."

We support the strategy of school-based healthcare to improve student health. While linking children to health care at school is one of the best ways to ensure that children get timely and appropriate care for both physical and behavioral health problems, the benefits do not end there. Healthy children attend school more regularly and are more focused and engaged in class, which help schools achieve better academic outcomes for their students.

Voices is committed to ensuring available resources for implementing school-based healthcare models serve all Ohio communities. We ask to be a continued partner as conversations to promote collaboration between education and health policy advance through the Governor's proposed School Health Advisory Council.

Bridges

Another need I mentioned for children is a loving family and support network. For many kids, this need extends well past age 18. In fact, over 50 percent of young people today continue to live with their families off and on through age 24 until they graduate, marry, or land that dream job. But, every year in Ohio, more than 1,000 teenagers in our child welfare system turn 18 while under state custody. Historically, this population hasn't enjoyed much formalized support. They were immediately declared legally "independent" and would lose their foster care services—whether or not they had anywhere else to go. In a recent study of former foster youth at age twenty-six, 20 percent had not graduated high school, 52 percent were unemployed, 36 percent had experienced homelessness, and only 3 percent had graduated college.

Last year, the Ohio General Assembly passed HB 50, which establishes support services for these youth through age 21. The new state-wide program, known as "Bridges," includes services to help young people prepare for college and career and secure transitional housing options. Governor Kasich included the program in his budget proposal, allocating \$11 million in state funds per year. Bridges is expected to launch later this year with an estimated 3,000 former foster youth eligible for services.

Voices strongly supports state investment in Bridges and we urge the Senate to maintain its inclusion in the state budget.

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Kinship Care

In addition to Bridges, Voices also supports the House's proposal to invest \$10 million per year in kinship care to help county children services agencies address the impact that the opioid epidemic has had on children services. We are undeniably in a time of crisis for Ohio families with grandparents and other relatives increasingly taking on the role of primary caregiver of children whose parents are struggling with addiction. We call on the Senate to maintain this vital investment to protect Ohio's most vulnerable citizens and the opioid epidemic's youngest victims.

Program for Children with Medical Handicaps (BCMh), Cystic Fibrosis Program (CFP) and Hemophilia Program (HP)

Voices has been a longstanding partner in ensuring the transition of children with special healthcare needs from Medicaid fee-for-service to managed care happens smoothly. In 2012 during the original transition of these special populations, Voices worked diligently through many in-person meetings with managed care plans, families and other stakeholders to learn more about the needs of these families. These conversations resulted in the creation of an outline of basic principles that should guide how care coordination is provided to families of children with special health care needs, the *Essential Characteristics of Care Coordination for Children with Disabilities in Managed Care*. These basic principles were well-received by the Department of Medicaid, and by representatives from each of the Medicaid managed care plans. At the request of the plans, we reviewed their websites and Member Handbooks to evaluate their outreach efforts with these families on care coordination. We worked to identify ways in which families could communicate with the state in order to receive assistance related to the transition and jointly developed several pieces of correspondence that explained the transition in layperson's terms to families. Fortunately, we believe these collaborative efforts resulted in a smooth transition for this population.

I share this background to say that we understand the importance of these programs to many Ohio families. More than 40,000 Ohio families rely on Bureau of Children with Medical Handicaps (BCMh) funding for their special needs children. It is a safety net for low- and middle-income families, and helps them with the costs of prescriptions, therapies, and nursing care covered by insurance. When Governor Kasich proposed in his budget to overhaul this program to bring costs down, these families came to Columbus and spoke out in its defense—fearing that without it, they would be on their own. Voices stands with these families and commends the House's move to eliminate the program change from its budget. We call on the Senate to follow the House's lead and to keep this program intact.

We recognize that there is still a budget short-fall in this program that will need to be addressed. But, as a leading partner of previous transitions of these special populations to managed care, we encourage the Administration and General Assembly to recognize the necessity of intentional, guided communication between lawmakers, families, and providers to create a common base of understanding on what is expected in any program changes.

Medicaid Expansion

One of the most important things children need is good health and appropriate care and coverage that keep them healthy. Ohio has recently hit a milestone in this area: for the first time, more than

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95 percent of our kids now enjoy some kind of health insurance coverage. The state's rate of uninsured children has fallen to 4.4 percent, down from 5.3 percent, and just under the national average.

One of the reasons for this improvement has been Ohio leaders' 2014 expansion of Medicaid, which extends Medicaid coverage to individuals up to 138 percent of poverty. Research, and now history, suggests that adults who have insurance are more likely to have insured children. The majority of uninsured children (62 percent) are eligible for Medicaid or CHIP, but they are not enrolled because their parents lack coverage. Children with uninsured parents, in addition to having a greater risk of being uninsured, are also less likely to receive checkups, preventive care and other necessary health care services.

So, at Voices, we were particularly excited to see Medicaid expansion maintained in Governor Kasich's as well as the House budget proposals. Expansion has helped more kids gain coverage since the 1997 creation of the State Children's Health Insurance Program. The ten states with the biggest gains in child coverage in the past few years were all states that expanded Medicaid. Here in our state, a recent report from the Georgetown University Center for Children and Families found that more than 26,000 Ohio children gained coverage between 2013 and 2015. Overall, uninsured rates for low-income Ohioans have hit record lows.

As you know, HB 64 (Ohio's last budget), required the Ohio Department of Medicaid to provide a report to the General Assembly on how expansion has impacted new enrollees. I just want to highlight some of their findings. Access to care was improved for nearly 65 percent of enrollees, including access to essential services for chronic conditions and mental health and substance use disorders. Nearly half of participants have reported improvement in overall health. More than 20 percent saw an improvement in their financial situation and over 50 percent said that getting coverage has made it easier to secure and maintain employment. Coverage has also made the difference in ensuring that enrollees are no longer forced to choose between paying for health care or paying for rent (48 percent) or groceries to feed their family (60 percent). For enrollees who become parents, the coverage provided by Medicaid expansion is transforming the homes their children are born into.

We applaud the House's decision to keep Medicaid expansion in the budget and strongly urge the Senate to maintain this provision. We do, however, have concerns about the possible pursuit of waivers with the Centers for Medicare and Medicaid Services (CMS) regarding eligibility restrictions and increased burdens on consumers. We encourage the General Assembly to explore the unintended consequences of such waivers. Research on program changes in other states have shown that such waivers usually result in significant numbers of people, including children and people with disabilities, losing coverage and access to essential care. Any barrier to coverage can impact coverage rates and we do not want to lose the tremendous progress we have made in improving the health of our children and families.

Thank you for your consideration. By working together, Ohioans can ensure a positive future for our families and our state. I will be happy to answer any questions that you might have regarding our requests. Thank you.

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