

**Senate Finance Subcommittee on Health & Medicaid**

**Senator Bob D. Hackett, Chair**

**Interested Party Testimony for House Bill 49**

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Good morning Chairman Hackett, Vice Chair Tavares and members of the Senate Finance Subcommittee on Health and Medicaid. My name is David Reiersen – I am the Senior Director for Franklin County’s Care Coordination Network which is currently administered by United Way of Central Ohio (UWCO). Thank you for the opportunity to provide interested party testimony on House Bill 49.

United Way of Central Ohio is committed to reducing poverty in Franklin County. One of our poverty reducing strategies includes the Pathways Community HUB model, which we know from research and practice in other Ohio communities is an effective way to engage with families and identify and address the challenges they face. Not only does this model provide a way to help people thrive, it also offers a way to use resources more efficiently to achieve positive outcomes.

There’s an undeniable link between poverty and infant mortality. Franklin County is home to one of the highest infant mortality rates in the country. Each week, two to three Franklin County families experience the death of a baby before his or her first birthday. Not only are too many babies dying before their first birthdays, 11 percent of babies are born too early. Disorders related to premature births and low birth weights are the leading causes of infant deaths and contribute to ongoing and long-term health challenges. However, a variety of social needs and the life course experiences of low income, high risk women contribute significantly to poor birth

outcomes as well. United Way of Central Ohio applauds the legislature for your support of Infant Mortality investments which help the Ohio Commission on Minority Health to address Ohio's infant mortality crisis and request that you restore funding for Infant Mortality Health Grants to the amount proposed in the Executive Budget for state fiscal years 2018 and 2019. To date, the Infant Mortality Grant Initiative has allowed the Ohio Commission on Minority Health to support six HUBs – last year, the Franklin County Care Coordination Network (CCN) joined HUBs located in Cincinnati, Mansfield, Toledo, Akron, and Youngstown. Not only has the Commission made strategic financial investments to expand existing HUBs and launch new ones in these communities, it has also established an active community of learning across the state to ensure effective practice and adherence to the evidence based Pathways Model.

As you know, families in need face complex and interconnected issues that require them to seek help from multiple sources. Maneuvering our social service network can be a time-consuming and logistically-challenging balancing act. The HUB infrastructure provides a way to efficiently make connections to high quality services and ensure crucial needs are addressed.

Health and human service providers are well aware of the multiple needs of their clients, but often lack the resources for effective care coordination. The Pathways Community HUB model offers an efficient way to link clients to services beyond those offered by any one particular agency and makes resources available specifically to pay for these important care coordination efforts.

Funders and payers committed to achieving lower infant mortality rates and other positive health outcomes have experienced challenges demonstrating how their investments directly impact health outcomes. The Pathways Community HUB model addresses this challenge by aligning every invested dollar to a specific, successful outcome. This transition of providing meaningful and coordinated high-quality service (versus funding a high volume of potentially disconnected services) presents not only a high degree of accountability for service providers, but ensures investment into outcomes that are measurable, successful, and cost-effective. The

HUB certification requirement for qualified community HUBs included in the original language of Senate Bill 332 (Ohio's Infant Mortality Bill) ensures this type of consistent delivery of high quality services and reliable outcome measurements while avoiding the duplication of services and payments. We maintain this is an important requirement to ensure evidenced-based standards and processes.

Using this model, the Franklin County Care Coordination Network provides:

- A single point of contact for individuals and families managing multiple needs,
- Standard and organized pathways for information flow and funding, and
- Accountability for outcomes.

In its first year, Franklin County's Care Coordination Network served nearly 80 pregnant women among a total client population of just over 900 adult, pediatric, and pregnant clients. In one year we're already seeing positive results. Among the population of pregnant clients initially enrolled, we addressed health and social needs through multiple service pathways related to food insecurity, housing assistance, and utilities. Among the other most frequently activated pathways were postpartum, education, and medical referrals. We also ensure that clients are connected to critical prenatal healthcare services that are so important to healthy birth outcomes. As our engagement with pregnant clients increased during our first year of implementation, we saw the number of clients who attended between 5 and 9 prenatal visits steadily rise. As a result of these care coordination services, we are pleased to report that among the early group of women enrolled in Franklin County's Care Coordination Network who gave birth to single infants during 2016, 92% delivered healthy weight babies. As we look ahead to our work throughout 2017, we're seeing exciting growth and continued progress toward improved health and social outcomes. The HUB model is built on the approach of coordinated services across a network of community based agencies using a consistent service methodology and data system. In 2016 we launched with three care coordination agencies in our network. During the first quarter of 2017, we expanded our network to include seven agencies and project to add four more yet this year. As a result of these expansion efforts, our agency partners have already achieved annual

enrollment goals of at-risk, pregnant clients set forth by the Ohio Commission on Minority Health. .Ninety percent of these clients were enrolled and engaged with care coordination services during their 1<sup>st</sup> or 2<sup>nd</sup> trimester.

We have been able to achieve this level of service and anticipated growth due, in large part, to funding and technical assistance coordinated by the Commission on Minority Health. Restored funding of the Infant Mortality Grant Initiative within the Ohio Commission on Minority Health's budget and adherence to national HUB certification standards will help ensure similar success throughout the state as new HUBs develop and existing HUBs increase their capacity to serve more clients. Therefore, we encourage ongoing support from this Subcommittee as well as the Ohio General Assembly to ensure continued resources are available in the 2018-2019 budget biennium.

Again, thank you for your past support of the Infant Mortality Grant Initiative. Thank you also for the opportunity to provide testimony on House Bill 49. I will gladly entertain any questions you may have at this time.

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