2022 Budget Training Academy:
Local, State and Federal Perspectives on HHS

October 19, 2022

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Soley Hernandez, The Ohio Council of Behavioral Health and Family Service Providers
Ed Bolen, The Center on Budget and Policy Priorities
The Southeast Ohio Foodbank

- A service of HAPCAP
- 10-county service territory
- Who we serve
- Increasing demand
  - Likely to continue
    - PHE/inflation
- COVID-funding cliff and food shortages
Key Issues

- Food Insecurity
- Living Wage Employment
- Broadband
- Transportation
- Health challenges in our region
  - Food is medicine!
Philanthropy Gap

“Philanthropic efforts across Appalachian Ohio pale in comparison to their urban and suburban counterparts – the region has 90% fewer charitable assets per capita than counties outside of Appalachia. That’s roughly $770 spent on a person in the region as compared to an average of $6,663 spent annually on Ohioans not living in Appalachian counties, according to 2016 data provided by the Center for Rural Entrepreneurship.”

Implications

- Less money to buy food
  - Less choice/variety
- More reliance on state and federal commodities and funding
- Less flexibility to test/pilot innovative programming
- Unrestricted $ versus grants
- Challenges with matching grants
- Less immune to fluctuations in government aid
ADVOCACY & the State Budget

- Highlighting the unique challenges in our region
- Highlighting our willingness to work with diverse partners
- Highlighting our reliance on state and federal resources
- Helping to make the connection between health, economic development, education and food access
Human Service Chamber of Franklin County

Bhumika Patel, Director of Membership & Community Engagement
The Human Service Chamber of Franklin County

Mission
To unleash the power of human potential through every act of human service in the Columbus Region.

Vision
To enhance quality of life for all by working with and for health and human services organizations.

History
Founded in 2010 by nonprofit leaders to help the health and human services sector come together, with one voice, to improve services to the people they served, and the Columbus Region as a whole.
Challenges Specific to Region

- Most of our challenges are not unique
- Rising disparities & income inequality
- Growth of the Columbus/Central Ohio Region
  - How do we prevent people from getting left behind?
- Need for more investment in transit
Thank you!

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We are a nonprofit think tank that improves health, social and economic conditions through nonpartisan research, policy analysis, communications and advocacy.
Greater Cleveland American Rescue Plan Coalition

Our Priorities

- Healthy & Affordable Housing
- Economic Recovery
- Early Care & Education
- Behavioral & Physical Health
- Workforce Supports
- Modern Government & Civic Engagement
- Basic Needs
- Broadband & Technology Access
- Climate Justice
- Public Health Infrastructure

Read more: https://www.communitysolutions.com/greater-cleveland-american-rescue-plan-coalition-releases-policy-asks/
Where are we challenged?

Care Workforce

Child Welfare

Crisis Response
Where are we innovating?

- Reproductive Health Access
- Center Of Excellence/OhioRISE
- Diversion Center
Overview of Impact & Outreach

- Working with Legislators to Impact Policy
- Outreach to constituents, donors, community to share work
- Building Collaboratives to Support Providers
- Invest in Programs that Provide Wrap Around Services

Individuals and Families in Need in Lucas, Ottawa & Wood Counties Have Access to the Resources They Need to Live a Happy & Healthy Life
Lead Partner Organizations

Collective Impact Model, Community Impact Cabinet & Collaboratives

- Historically Internal UW Staff
- Capitalizing on Content Experts and Pre-Existing Networks in the Community
2022-2024 Public Policy Platform

- Engage partners to better understand community needs and inform advocacy efforts
- Convene legislators and educate policymakers on data, impact, and storytelling
- Develop & support policies that positively impact in Lucas, Ottawa & Wood Counties
Current Advocacy Initiatives

- 211 Statewide Funding & Ad Campaign
- ERA2 Funding - State of Ohio $446 million unallocated
  - 211 Coordinated Access referrals = nearly 7,000 ('22)
  - Increase from 5,500 ('21) and 4,700 ('20)
- Medical Debt Relief
- Toledo Helps Ukraine, seeking sponsors - [https://4ua.org](https://4ua.org)
- Resident Advocacy: Community Development & Economic Inclusion
Ohio Community Development Conference

September 28-30, 2022 - Cincinnati, OH

Community Matters, Lower Price Hill: Meiser’s Market & Washing Well cmcincy.org

THE MODEL:
Neighborhood-based design

WHAT WE NEED:
- Quality fresh whole foods & spices
- Culturally appropriate inventory
- Complimentary ingredients to build whole meals
- Family-chef recipe celebration
- Food prep tools

HOW WE NEED IT:
- Trustworthy, sustainable
- Walkable location
- Accessible hours
- Open 5 days per week
- Online ordering
- Neighborhood employees
- ADA floorplan with public restroom

BUILDING OUR FOOD SYSTEMS:
- Complimenting existing food assets
- Fresh items for local pantries
- Food rescue reducing waste
- Networking and supporting local businesses

AT THE RIGHT PRICE:
- Meiser’s Green Giveaways: FREE
  donated items
- Traditional sales without heavy markup
- Prepared and rescued foods
- ‘Pay it forward’ model
About The Ohio Council

• Ohio’s trade association representing mental health and substance use disorder treatment providers.
• More than 160 members across the state.
• Member Services:
  • Policy and Advocacy (State and Federal)
  • Technical Assistance
  • Training Opportunities
  • Community Education Support
Ohio’s Behavioral Health Landscape

• The impacts of the opioid epidemic and mental health crisis in Ohio communities, complicated by the lingering effects of the COVID-19 pandemic have highlighted the significant needs in Ohio for a comprehensive, accessible, and fully staffed behavioral health system.

• Increased rates of mental illness and substance use disorders have significantly increased demand for behavioral health treatment.
Ohio’s Behavioral Health Landscape

• Data collected from a November 2021 survey of Ohio Council members indicates:
  • More than 70% of community-based behavioral health providers reported a higher need for adult and youth mental health services
  • More than 60% noted higher demand for adult addiction services
  • More than 57% reported higher demand for crisis services
  • More than 60% reported longer wait times for adult and youth mental health services from August to October 2021
  • More than 50% reported longer waits for adult SUD treatment
Behavioral Health Policy & Budget Priorities

• The following areas should be priorities for behavioral health policy & budget investments:
  • Workforce recruitment & retention
  • Enforcement of insurance parity
  • Improved access to treatment & services
  • Prevention & early intervention services
  • Statewide infrastructure for integrated care
  • Increased recovery supports
Workforce Recruitment & Retention

• The intense increase in demand for behavioral health services has contributed to a severe and worsening shortage of behavioral health care workers in Ohio.

• Frontline behavioral health care workers are becoming hard to find, easy to lose, and costly to replace, and this dynamic has serious implications for care access. This topic is explored in depth in The Ohio Council’s report “Breaking Point: Ohio’s Behavioral Health Workforce Crisis,” which was distributed in February 2022.

• Policy and budget investments should be prioritized to support workforce development and sustain the existing community BH workforce.
Workforce Recruitment & Retention

• Recommended Action Steps:
  • Regulatory reforms for state licensure rules
    • Licensure options for all education levels
    • Eliminate licensure exams for dependent-level practitioners
  • Preparing students for community practice
    • Development of career ladders and professional development
    • Requiring education programs to prioritize standard evidence-based coursework across disciplines
  • Policy and budget investments must include direct service providers and administrative staff
Enforcement of Insurance Parity

• Ohioans who live with mental health and substance use challenges often do not get the treatment and care they need and having health insurance does not guarantee access to the full scope and duration of services required. Many people with insurance face substantial barriers such as provider network and service limitations and cost prohibitive out-of-pocket expenses.

• Parity must be a priority if Ohio is to effectively deploy public and private insurance resources to address the state’s mental health and addiction crisis.
Enforcement of Insurance Parity

• Recommended Action Steps:
  • Investing in a comprehensive and robust public awareness campaign to help inform individuals, employers, and human resource officials about insurance parity for mental health and addiction treatment services.
  • Establishing within ODI a parity-focused Ombuds office to be a resource for parity-related complaints and questions.
  • Strengthening ODI’s compliance reviews of all health insurers and carriers within Ohio to guarantee compliance with parity laws.
  • Enforcing the parity requirements under the ODM Next Generation Managed Care contracts.
Improved Access to Treatment & Services

• Timely access to high-quality treatment and support services is critical to addressing Ohio’s behavioral health crisis. Unfortunately, an analysis of federal SAMHSA data reveals that many people in need of treatment never receive it.

• Various factors contribute to this “treatment gap,” but the biggest barrier to treatment is the lack of a full continuum of affordable prevention, crisis response, treatment, and recovery support services across communities and especially in rural areas. This continuum includes harm reduction services, medication management, crisis stabilization, inpatient psychiatric treatment, withdrawal management, and other recovery support services.
**Improved Access to Treatment & Services**

- **Recommended Action Steps:**
  - Making permanent the Pandemic-related Provider Relief 10% federal Medicaid funding increase for home and community-based services.
  - Increase Medicaid community BH provider rates across the board corresponding to medical CPI to adjust for inflationary costs of service delivery and targeted rate adjustments to support access to full range of BH services.
  - Supporting development and implementation of a full continuum of crisis services across all payers.
  - Develop coverage and issue guidance on expected coverage of behavioral health crisis services by all insurance plans operating in Ohio that cover medical emergency services.
  - Require national accreditation for BH services to promote high quality care.
Prevention & Early Intervention Services

• Investment in prevention and early intervention services is critical to avoiding and delaying the harms caused and costs associated with the onset of mental health conditions and substance use disorders.

• Recommended Action Steps:
  • Continued support of public awareness and anti-stigma campaigns
  • Direct funding for prevention services
    • Prevention
    • Consultation
    • Early intervention
    • Harm reduction
  • Increase school-based screening efforts to identify youth with BH needs.
  • Identify community-based providers and options outside of schools
• Integrated care is a patient-centered, population health care model that involves the coordination of behavioral health and physical health services while also considering and addressing social determinants of health such as hunger, housing, and transportation.

• The benefits of an integrated health care approach extend to patients, caregivers, providers, and the larger health care system. Integrated care requires structural changes that facilitate and leverage technology and staffing as well as process alignment that improves patients’ experience of care, removes barriers to services, and focuses on improving overall health outcomes.
Statewide Infrastructure for Integrated Care

• Recommended Action Steps:
  • Leverage opportunities to develop and implement the SAMHSA Certified Community Behavioral Health Center (CCBHC) model through the recently passed federal Bipartisan Safer Communities Act.
  • Develop policies to implement and fund a sustainable provider-led integrated care coordination model in behavioral health.
  • Plan for statewide implementation of a comprehensive, coordinated, and person-centered approach to integrated care through Medicaid Behavioral Health Care Coordination (BHCC) and/or CCBHC by establishing an OhioMHAS certification with Medicaid financing using cost-based prospective payment opportunities.
Increased Recovery Support

• Treatment is only one component of a person’s recovery journey. For people to not only get well but stay well, there must also be focused efforts on recovery and the provision of recovery support services. Like patients recovering from other chronic diseases and illnesses, people in mental health/SUD recovery need to monitor their health condition and maintain their progress.
Increased Recovery Support

• Recommended Action Steps:
  • Increase access to housing in health and safe communities, including supported housing and recovery housing.
  • Expand peer support services
  • Invest in supported employment services and vocational rehabilitation programs
For more information, read our Policy Solutions Whitepaper
Thank you!

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TANF

• Looking ahead: Nothing on the horizon
• Longstanding limited reach
• States are making improvements
TANF’s Shrinking Reach
Poverty and Cash Aid: Ohio and U.S.
2022 State TANF Changes

**Benefit Increases**
- Improved child support
- Reduce work requirements and sanctions
- Improve work programs

**Reduce impact of time limits**
- Raise asset limits
- Improve income requirements
- EBT card issues
SNAP

• Weird times
• Looking ahead to end of pandemic aid
• Looking ahead to the Farm Bill
Food Insecurity Among Households with Kids is at a Two Decade Low

Share of households with children that lacked access to adequate food at some point in the year

- Any household member was food insecure
- A child in the household was food insecure

Note: Households with a food insecure child (light blue line) are a subset of households with children where any member was food insecure (dark blue line). Research suggests adults may try to shield children from the effects of food insecurity. Children in food-insecure households may not always experience food insecurity.

Food Insecurity by Race and Ethnicity Reveals Stark Disparities

Percentage of households that lacked access to adequate food at some point in the year, by race and ethnicity, 2001-2020

Note: Other race = people who identify as American Indian or Alaskan Native, Asian, Hawaiian or Pacific Islander, or more than one race. Hispanic people may be of any race.

Source: U.S. Department of Agriculture
Emerging from the Pandemic

Currently runs to mid-January

Should get 60 days notice

When the PHE ends:

• Emergency Allotments end
• Three-month time limit suspension ends
• Temporary college student rules end
• Workload waivers tied to pandemic end
2023 Farm Bill

- Thrifty Food Plan Revision
- Access for underserved populations
- Work Requirements
- Waste, Fraud and Abuse
- State performance and monitoring
Next Up: Budget Training Academy Summit

*Budget Training Academy Summit* on Tuesday, December 6th from 11:30-4:15pm, in-person at the Sheraton Columbus at Capitol Square.

- [Register HERE](https://www.advocatesforohio.org/budget-training-academy)

Recording and slides will be sent out to all registrants by tomorrow

- Recording and slides will also be available at [https://www.advocatesforohio.org/budget-training-academy](https://www.advocatesforohio.org/budget-training-academy)