

Moving toward health value

The 2019 Health Value Dashboard



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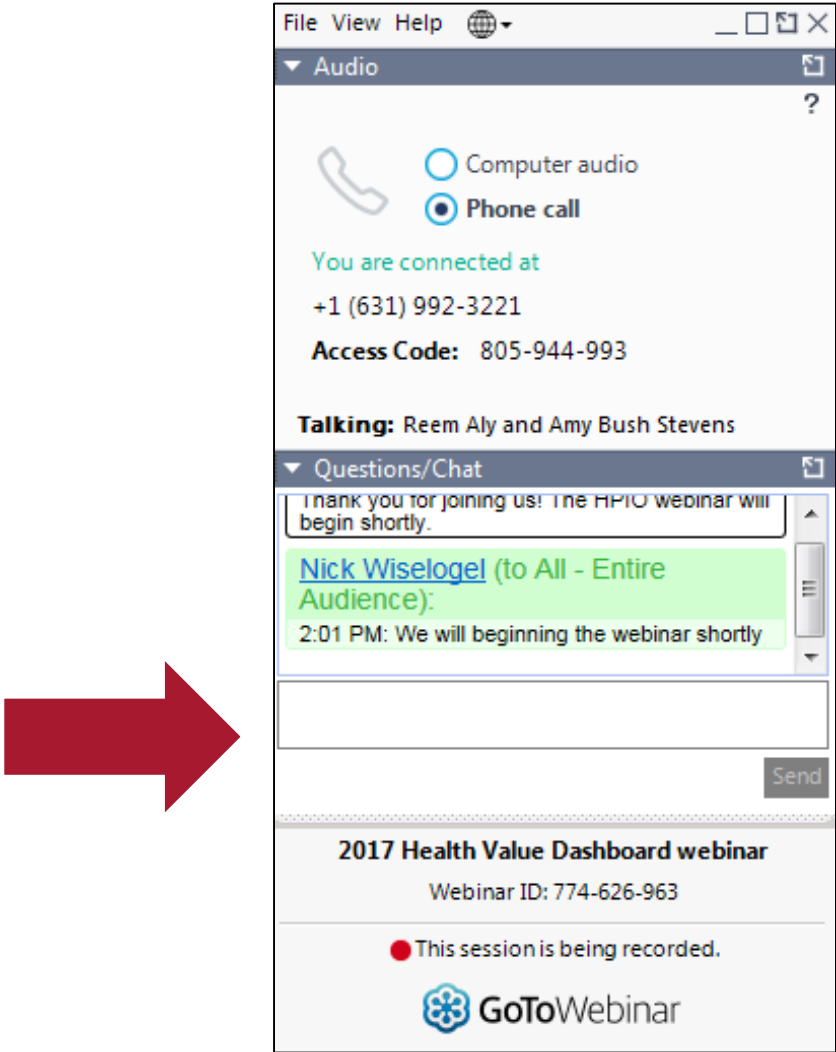


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Vice President

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Please type questions in the question box



The screenshot shows a GoToWebinar interface with two main sections: 'Audio' and 'Questions/Chat'. The 'Audio' section has radio buttons for 'Computer audio' and 'Phone call', with 'Phone call' selected. It also displays connection details: '+1 (631) 992-3221' and 'Access Code: 805-944-993'. The 'Questions/Chat' section shows a message from 'Nick Wiseloge' and a time-stamped message: '2:01 PM: We will beginning the webinar shortly'. Below the chat messages is a large, empty text input box with a 'Send' button to its right. A large red arrow points from the left towards this input box. At the bottom of the interface, it says '2017 Health Value Dashboard webinar', 'Webinar ID: 774-626-963', and 'This session is being recorded.' with the GoToWebinar logo.

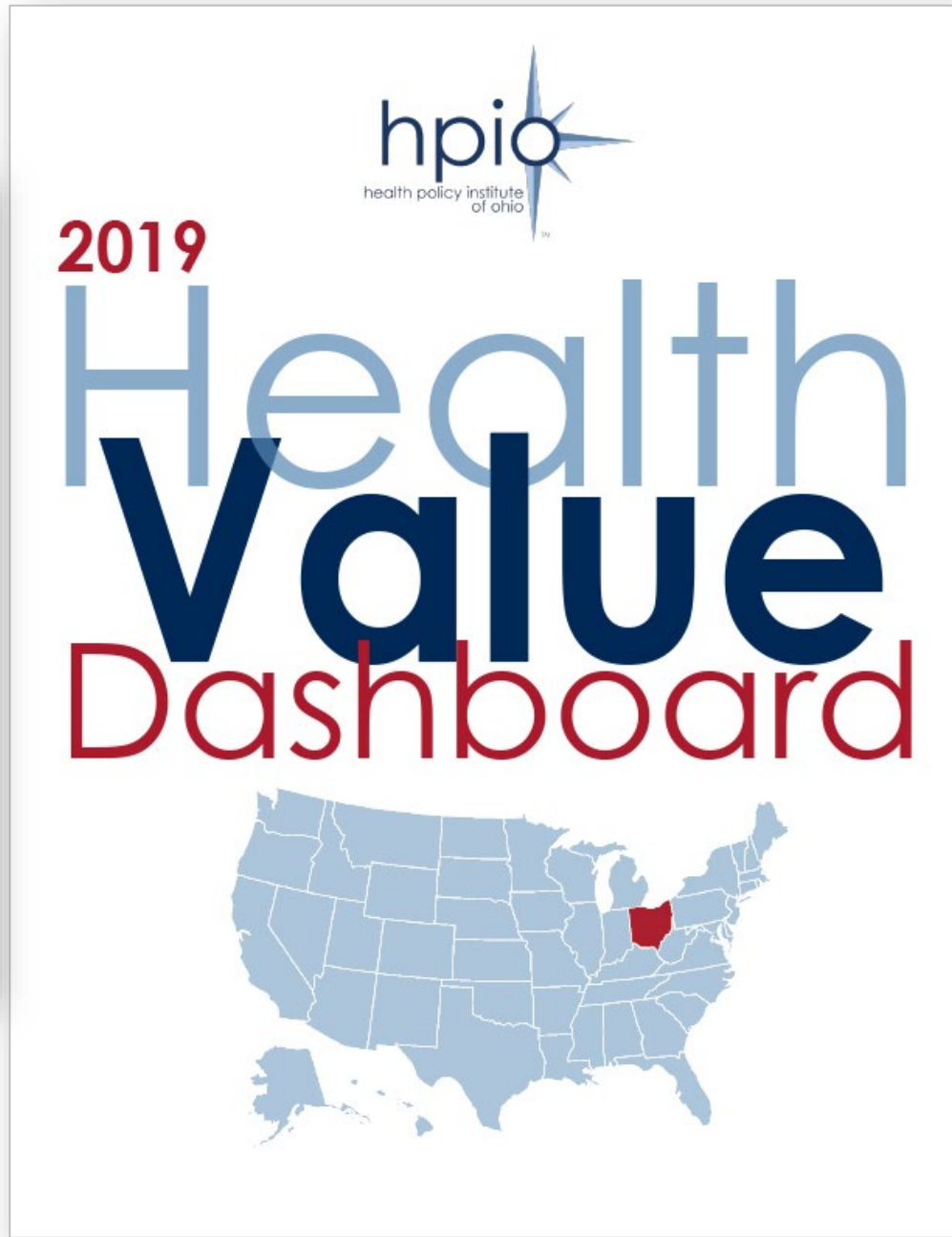
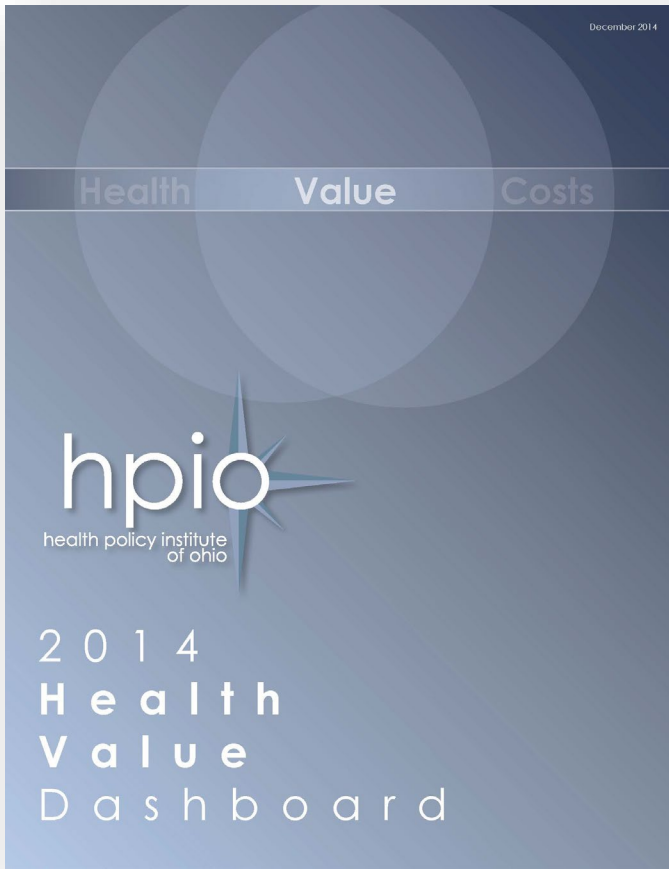


Join the conversation

Share your thoughts on twitter throughout the presentation

@HealthPolicyOH

@AmyStevensHPIO



Poll question

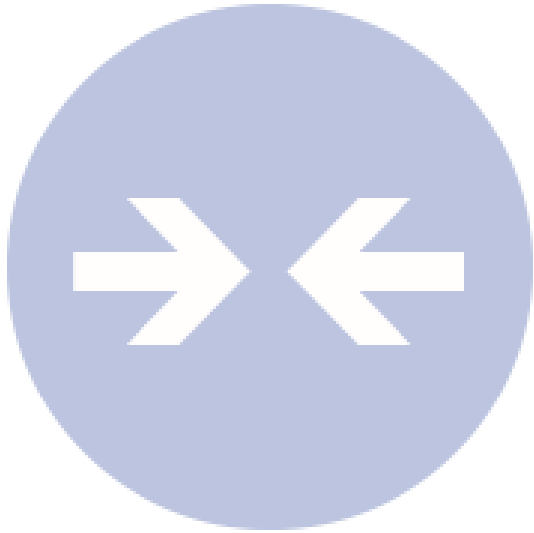


2019

Health Value Dashboard



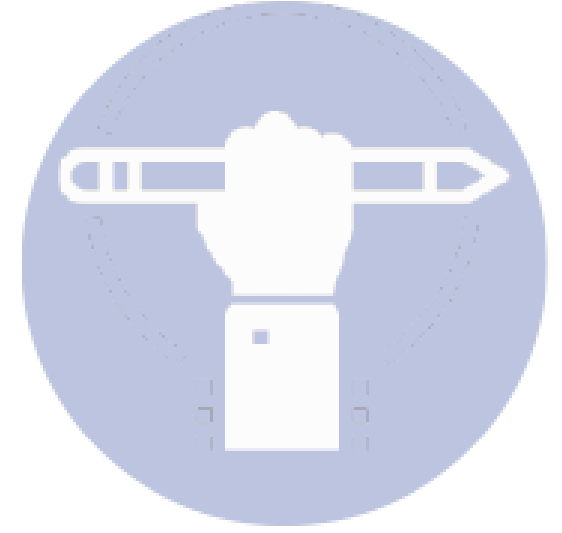




Concise



State
policymakers



Effective
narrative

Thank you

Local health commissioners	Ohio Department of Health	Ohio Department of Mental Health and Addiction Services	Philanthropy
Education and early childhood	Regional health initiatives	Provider associations	Employer associations
Ohio Hospital Association	Consumer advocacy	Managed care plans	Ohio Department of Medicaid
Academia	Ohio Commission on Minority Health	Ohio Association of Health Plans	Community-based organizations



OHIO

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Leadership and Public Affairs**

Where does Ohio rank?

A large, rectangular sign with a blue border and a tan background. The sign is mounted on a metal truss structure. The text on the sign reads "Welcome To Ohio" in a mix of red and blue fonts. The word "Welcome" is in red, "To" is in red, and "Ohio" is in blue with a red star above the 'i'.

Welcome To *Ohio*

Where does Ohio rank?

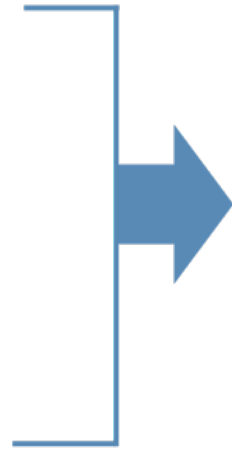


Population
health

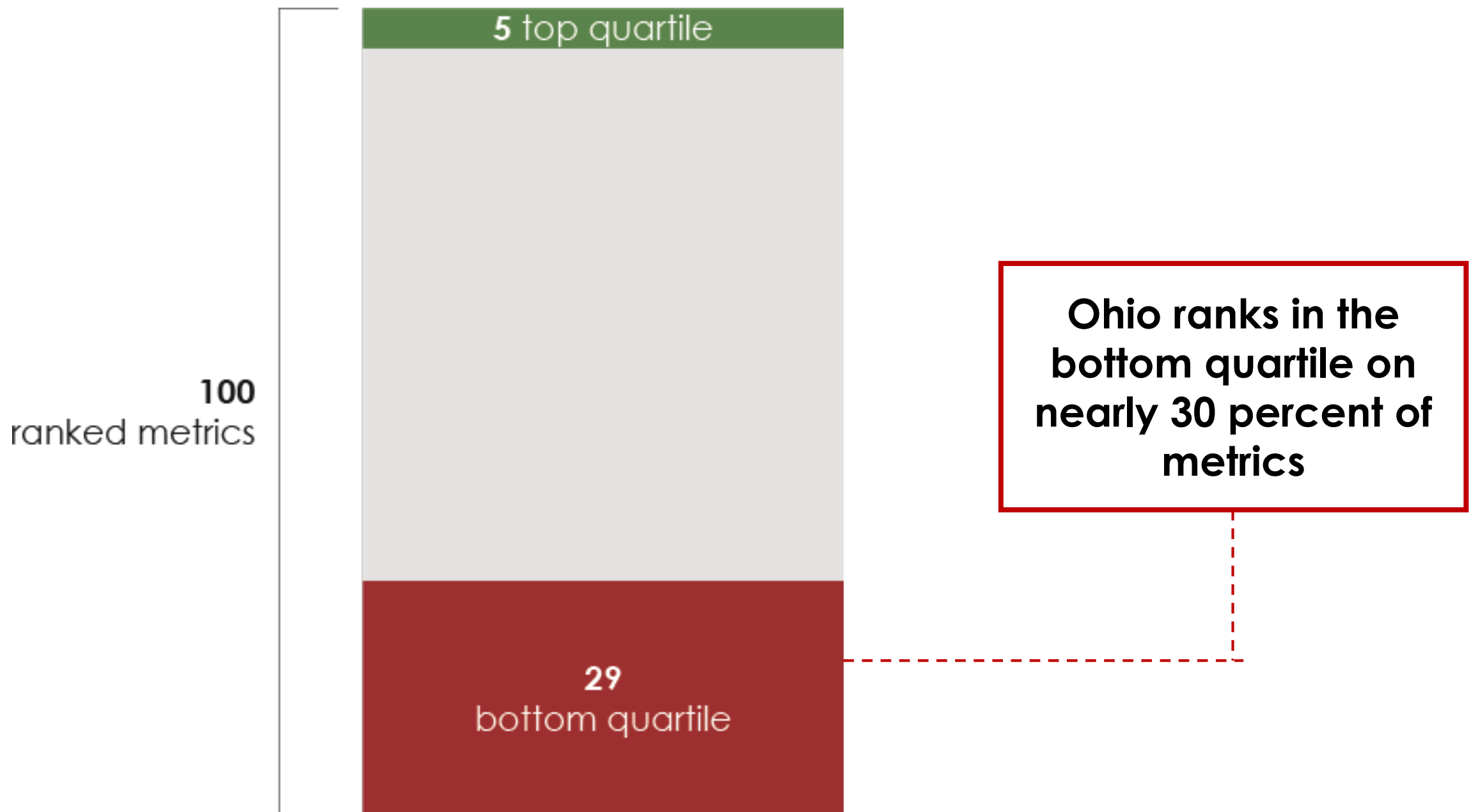
+



Healthcare
spending



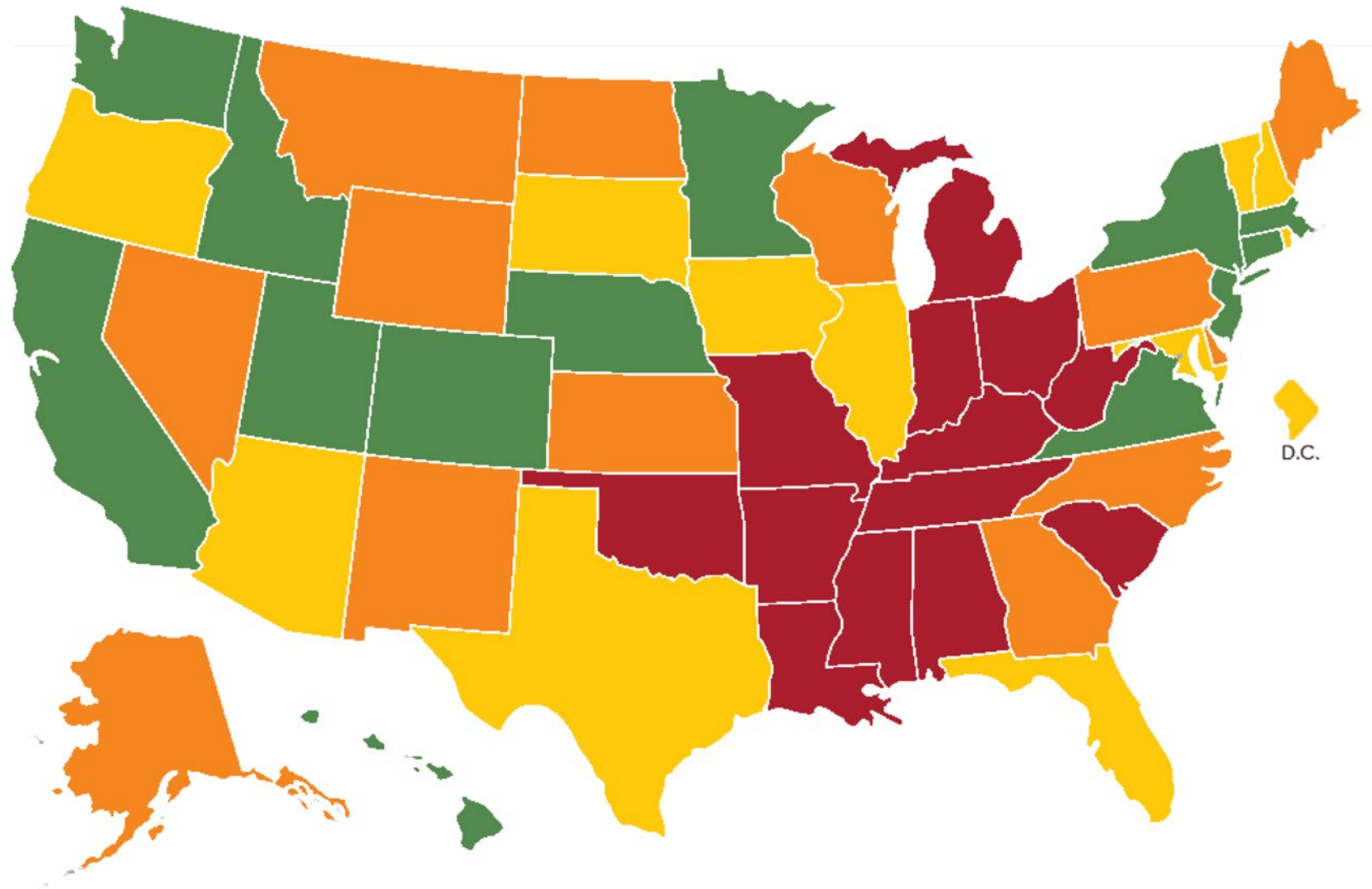
Health value
in Ohio



Where do **other states** rank?

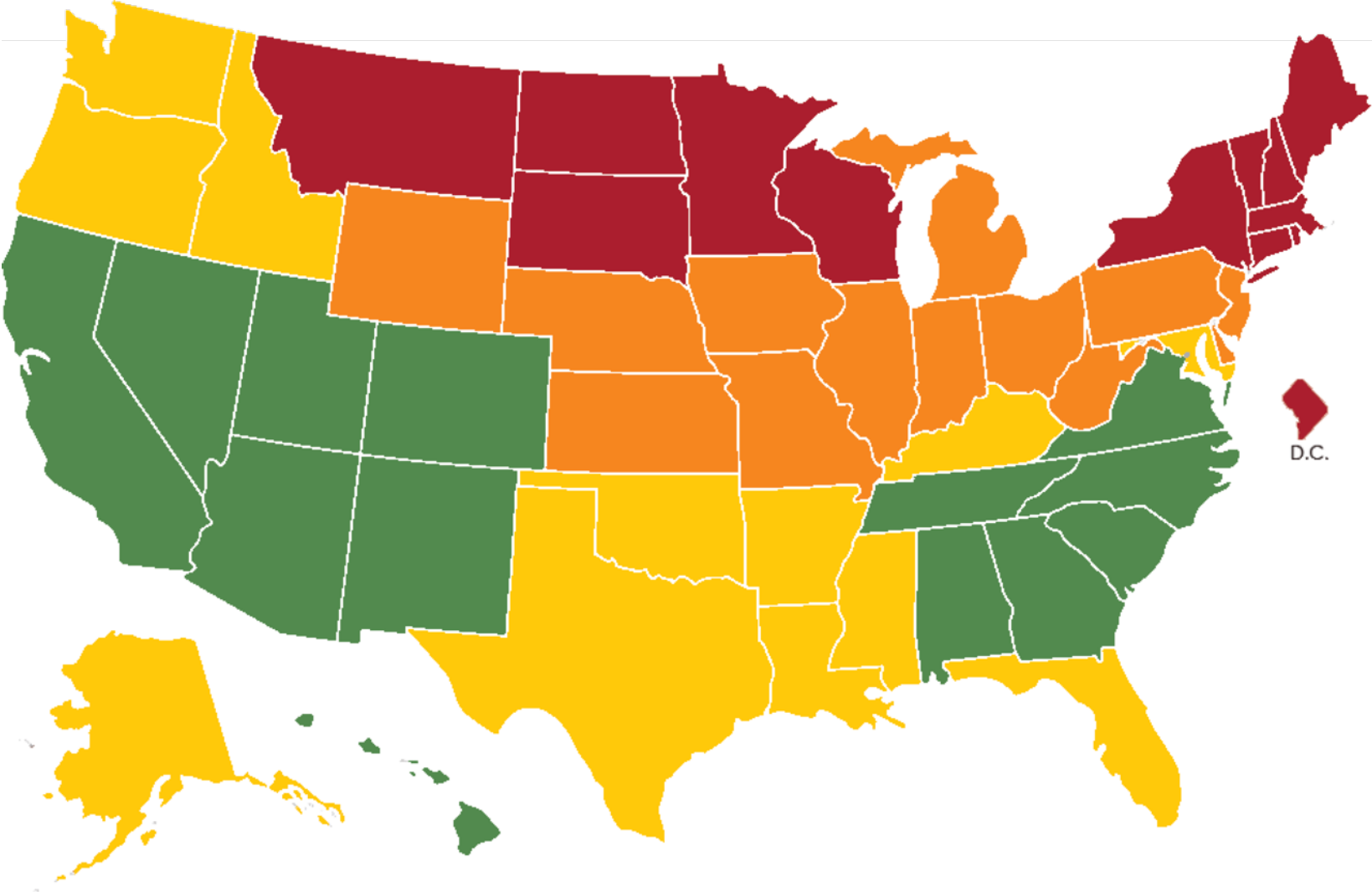


Where do other states rank on population health?



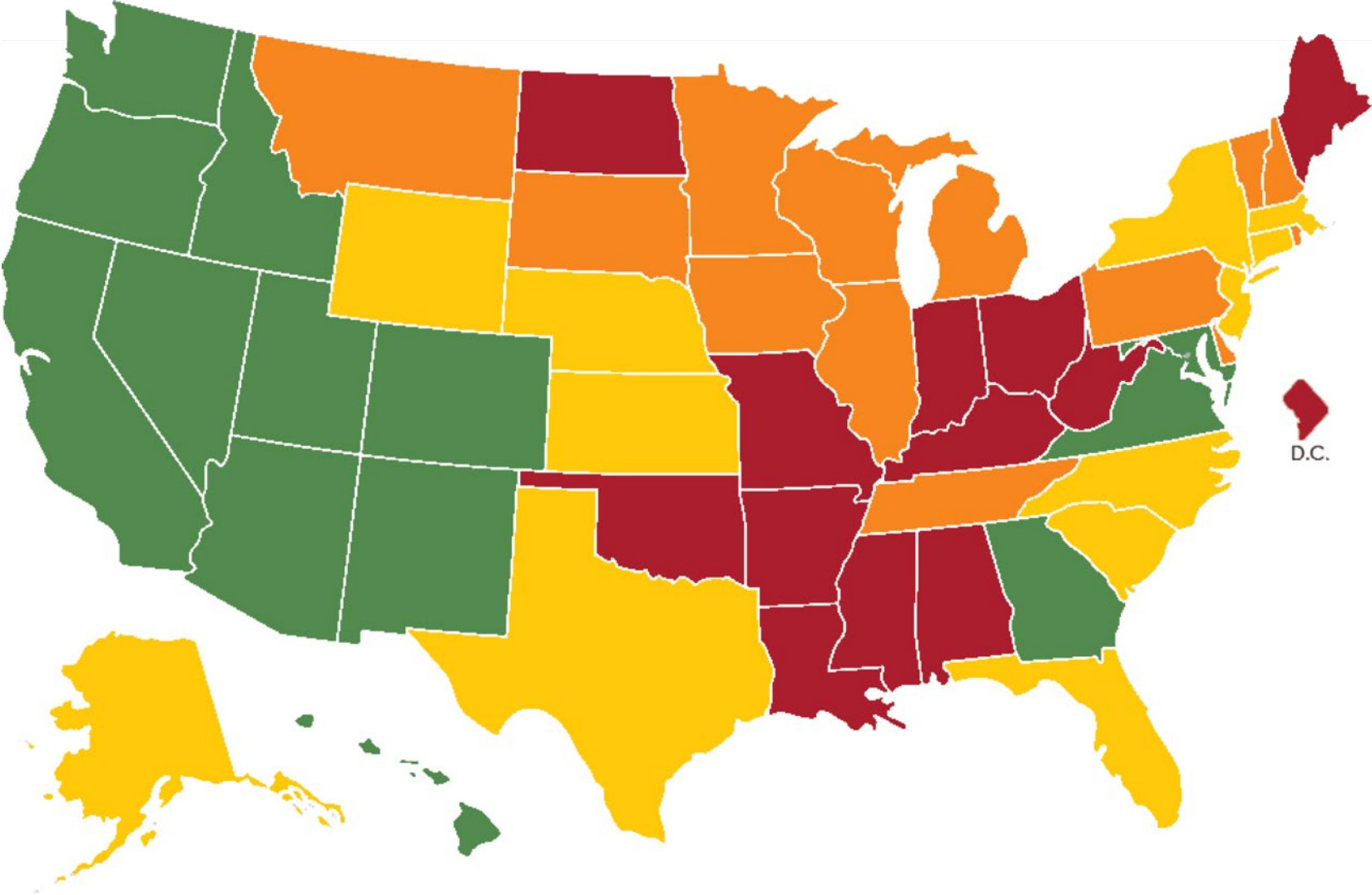
■ Top quartile ■ Second quartile ■ Third quartile ■ Bottom quartile
Of the 50 states and D.C.

Where do other states rank on healthcare spending?



■ Top quartile ■ Second quartile ■ Third quartile ■ Bottom quartile
Of the 50 states and D.C.

Where do other states rank on health value?



■ Top quartile ■ Second quartile ■ Third quartile ■ Bottom quartile
Of the 50 states and D.C.

Top and bottom states on health value rank



Top quartile states

- Hawaii
- Utah
- California
- Colorado
- Arizona
- Nevada
- Virginia
- Washington
- Georgia
- New Mexico
- Idaho
- Oregon
- Maryland

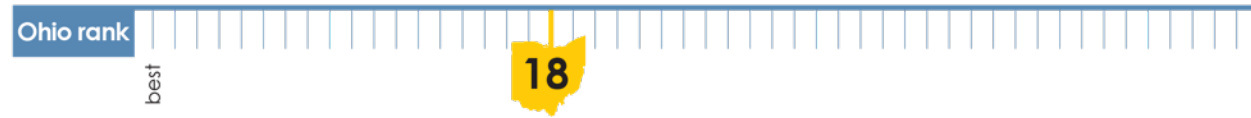


Bottom quartile states

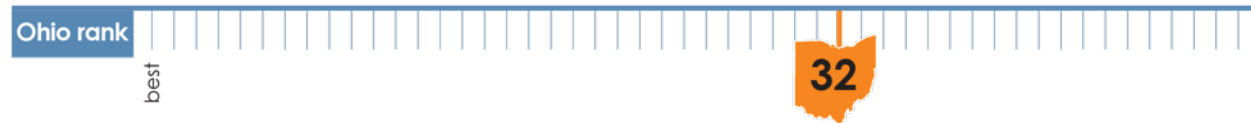
- Tennessee
- District of Columbia
- North Dakota
- Oklahoma
- Indiana
- Maine
- Alabama
- Missouri
- Ohio
- Arkansas
- Louisiana
- Mississippi
- Kentucky
- West Virginia

Why do we rank poorly?

Access to care



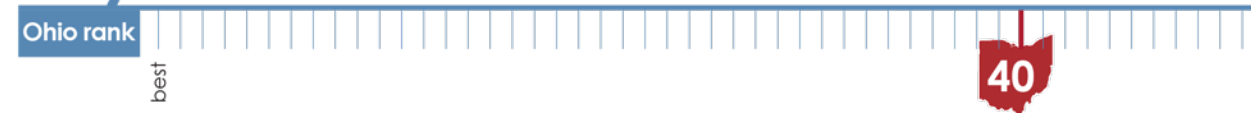
✓ Social and economic environment



Healthcare system



✓ Physical environment



✓ Public health and prevention



Why do we rank poorly on **health value**?



Too many Ohioans are left behind

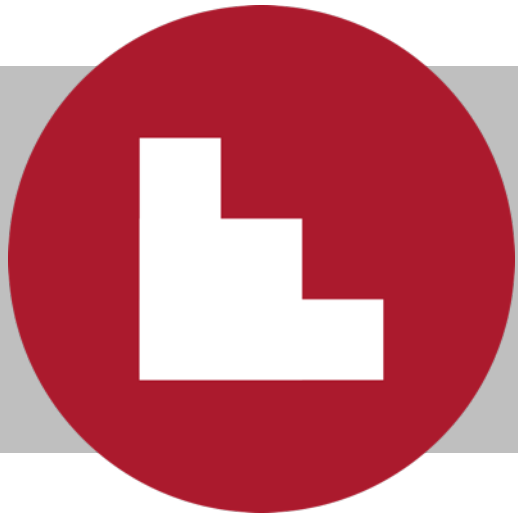


Resources are out of balance



Addiction is holding Ohioans back

Why do we rank poorly on health value?



**Too many Ohioans are
left behind**

Too many Ohioans left behind



Without a strong foundation,
not all Ohioans have the same opportunity to be healthy

Birth

Adulthood

Adverse childhood experiences*

38

Child poverty

35

Preschool enrollment

28

High school graduation

29

Some college

31

Adult incarceration

38

(out of 50)

Unemployment

43

112,873 black children in Ohio would not be living in poverty if gap between white and black children in Ohio was eliminated

11,372 Ohioans with low incomes would graduate high school if gap between low- and high-income Ohioans was eliminated

29,251 Ohioans with disabilities, ages 18-64, would be employed if gap between Ohioans with and without disabilities was eliminated



Lead Exposure Risk by County Using Poverty and Housing Data, 2013–2017



low lead exposure risk high lead exposure risk

Source: Children's Defense Fund Ohio and Groundwork Ohio

Why do we rank poorly on health value?

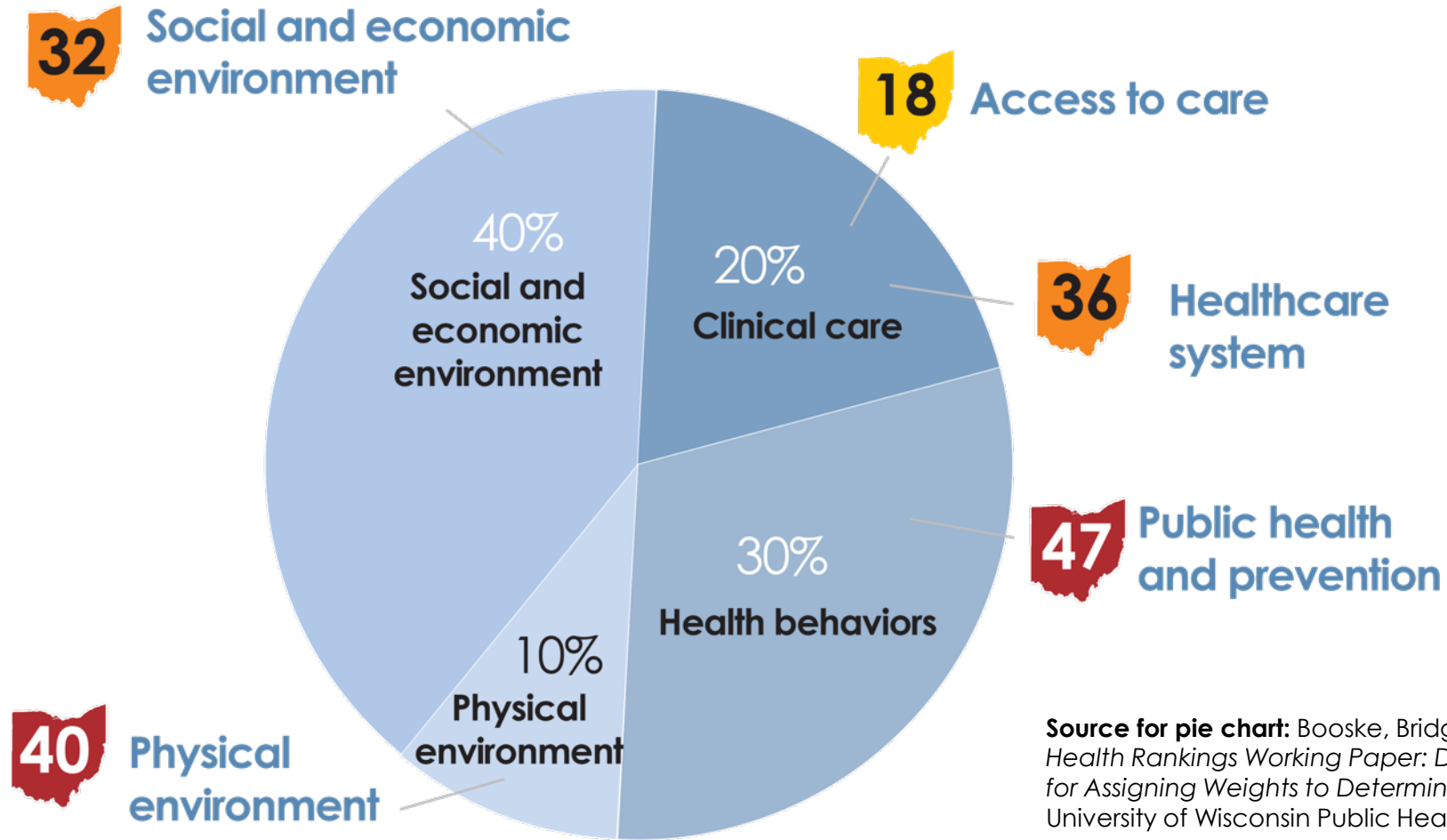


**Resources are out
of balance**

Resources are out of balance



Modifiable factors that influence health



Bottom quartile **spending** metrics

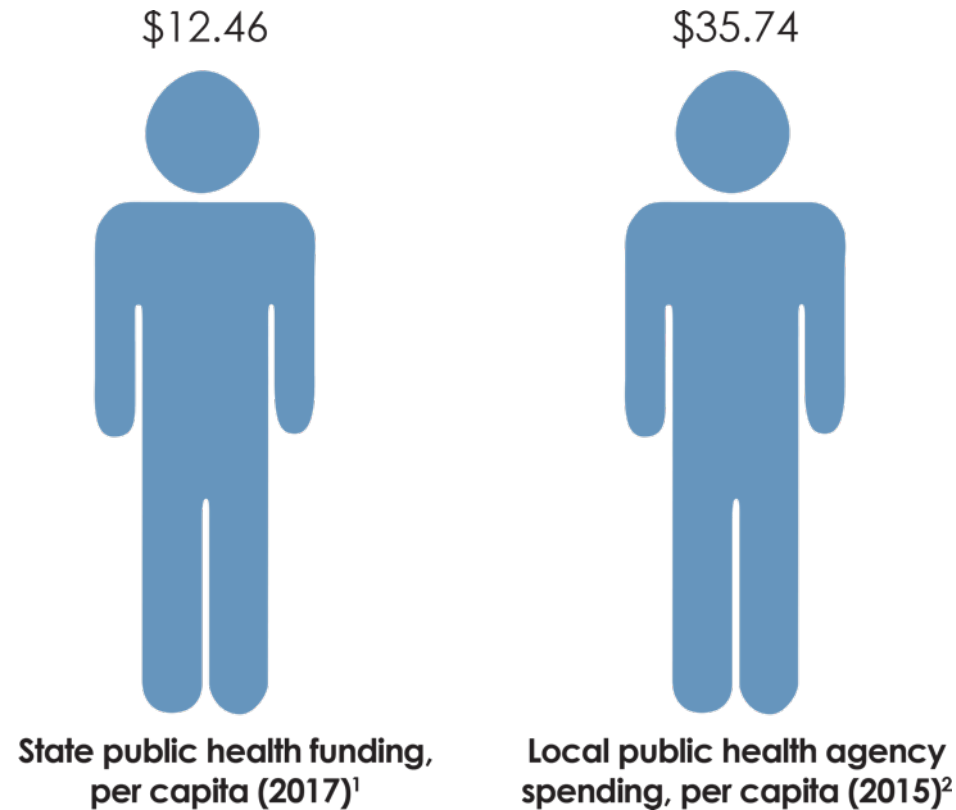
41	Nursing home care spending, per capita
41	Hospital care spending, per capita
39	Total Medicare spending, per beneficiary
39	Average total cost, per Medicare beneficiary with three or more chronic conditions

Medicaid benefit spending, per full year equivalent enrollee, aged category, 2014



Source: 2014 Medicaid Statistical Information System (MSIS) and Urban Institute estimates from CMS-64 reports, as compiled by the Kaiser Family Foundation. Includes full or partial benefit enrollees; State Health Access Data Assistance Center. "State Health Compare."

State and local public health funding in Ohio



Sources: 1. State Health Access Data Assistance Center. "State Health Compare." 2. National Association of County and City Health Officials

Why do we rank poorly on health value?



**Addiction is holding
Ohioans back**

Addiction is holding Ohioans back



Critical gaps remain in addressing Ohio's addiction crisis

50

Drug overdose deaths

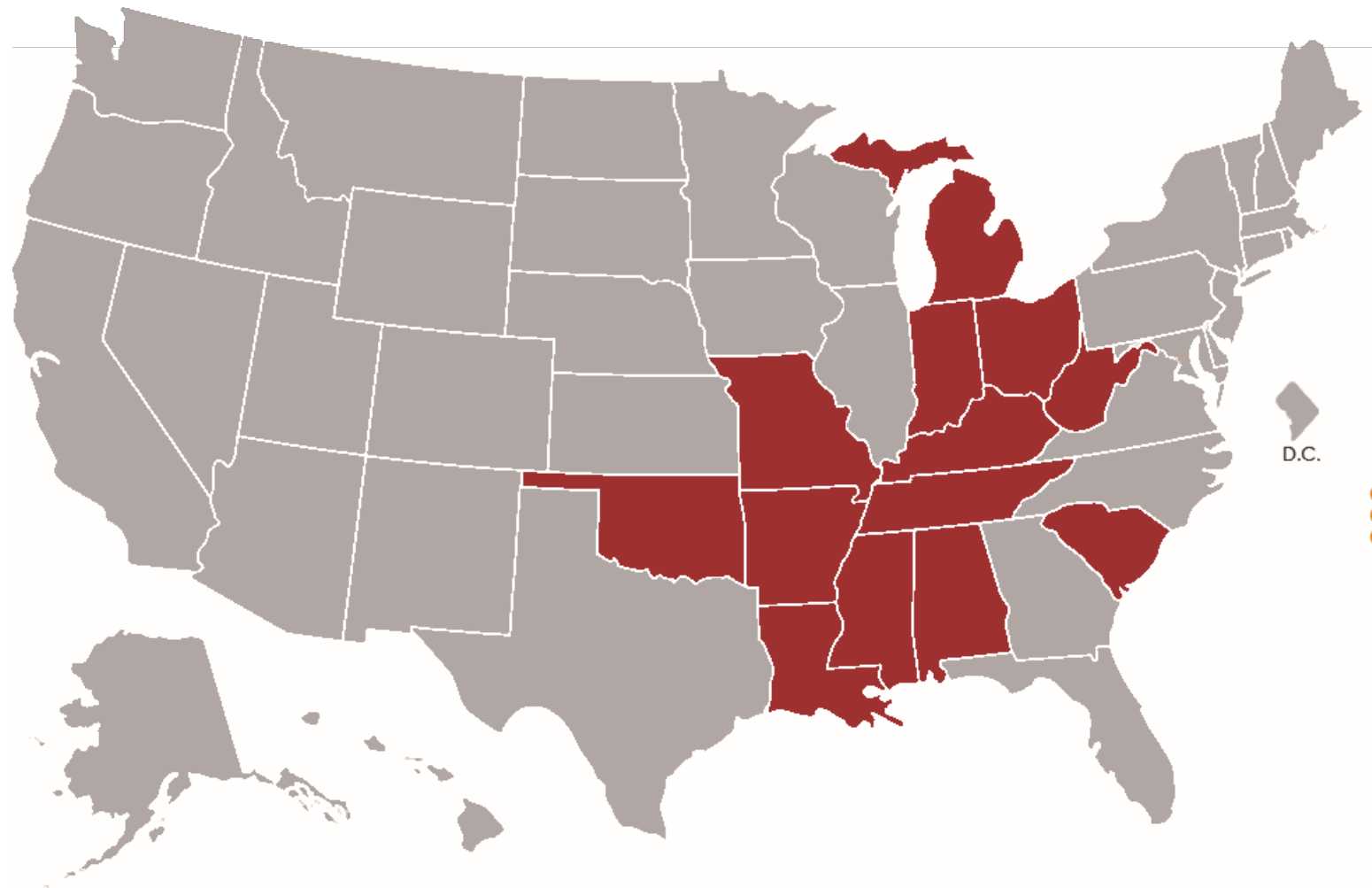
48

Child in household with a smoker

44

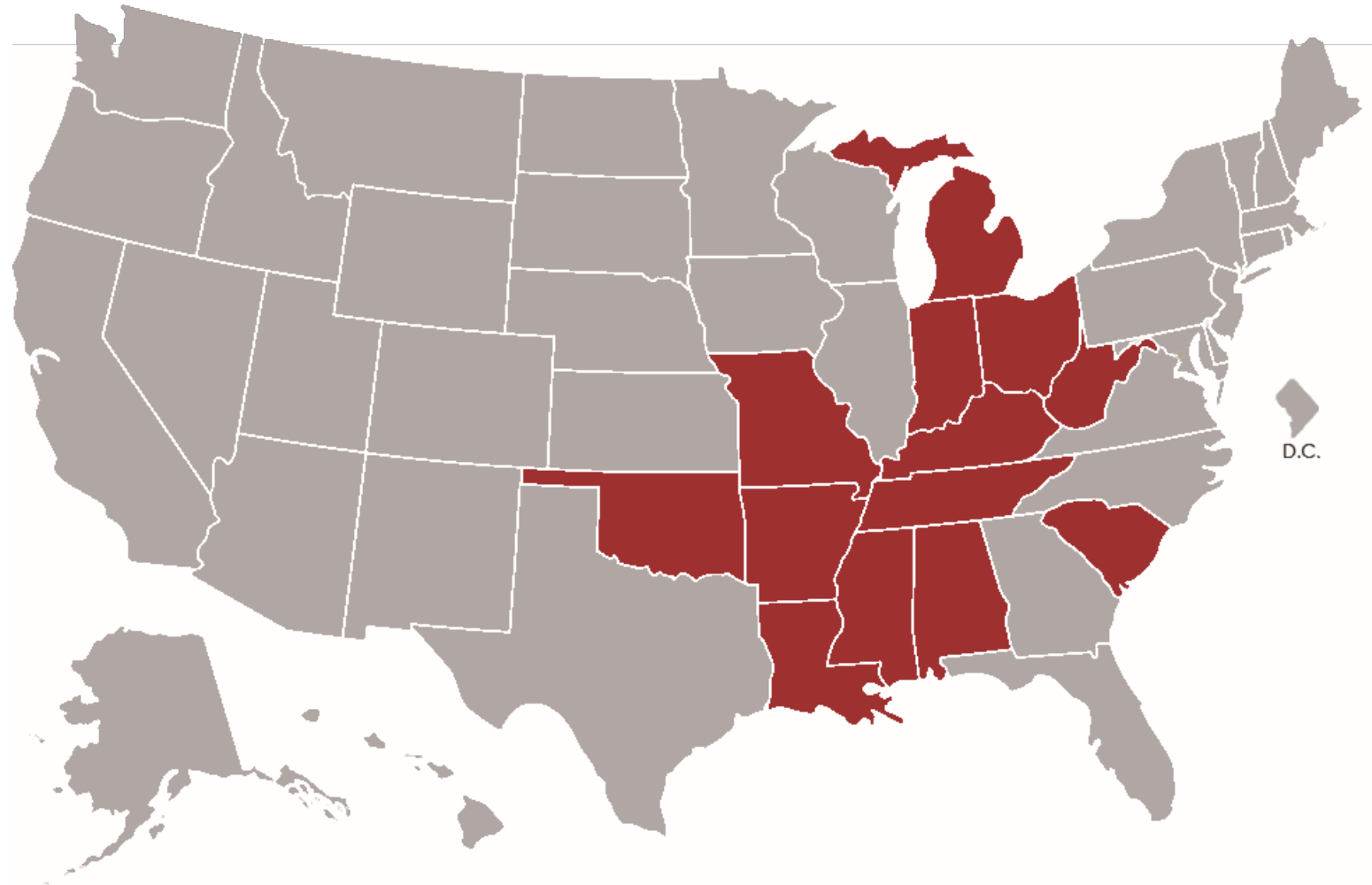
Adult smoking

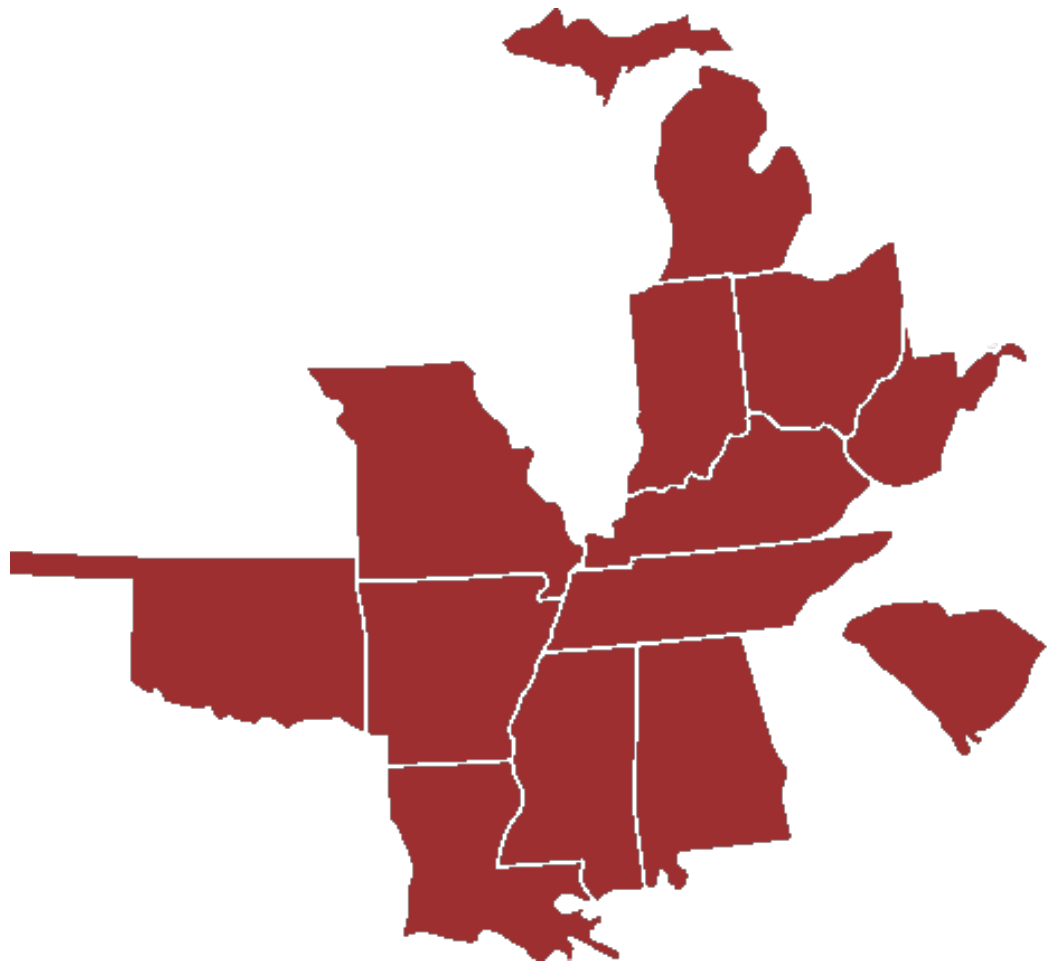
“Tobacco Nation”



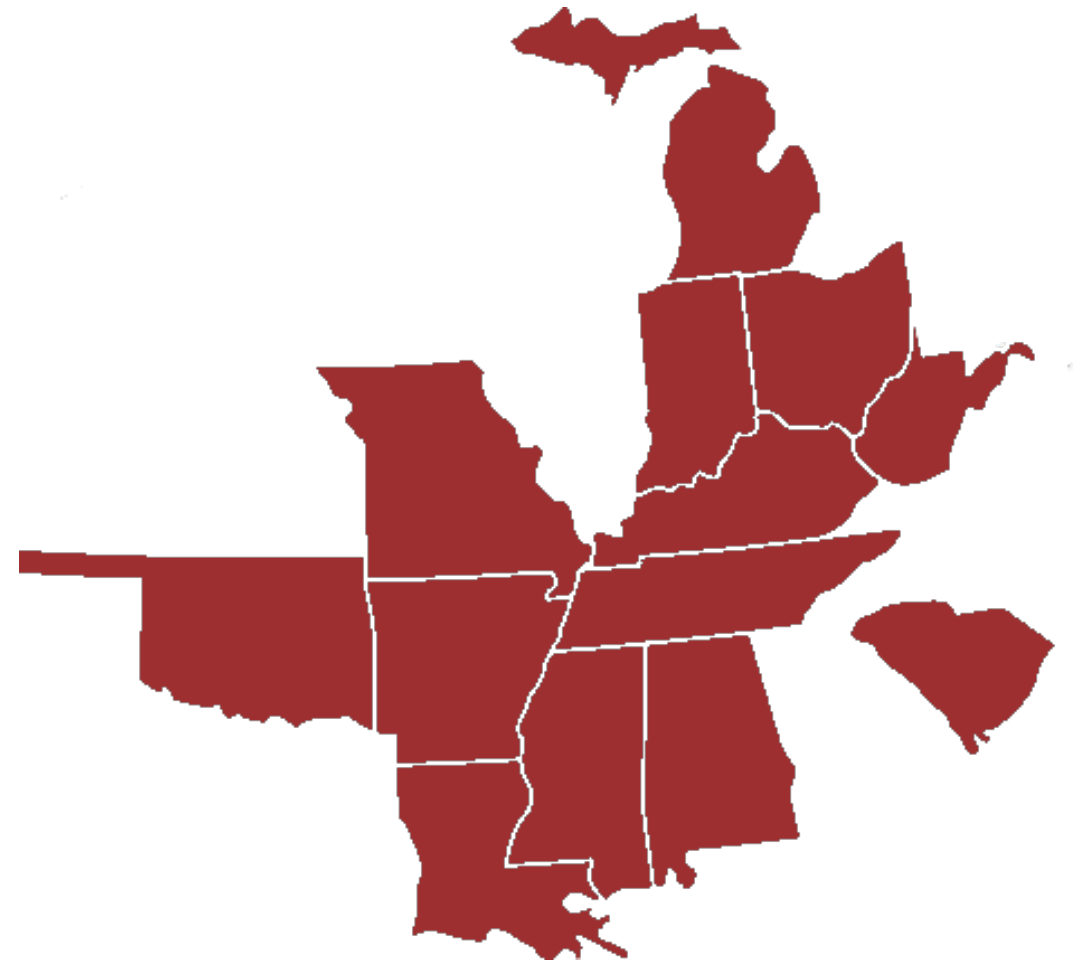
Source: Truth Initiative, “tobacco use in these 12 u.s. states is on par with a number of developing countries. why?”

Health Value Dashboard bottom quartile states for **population health**



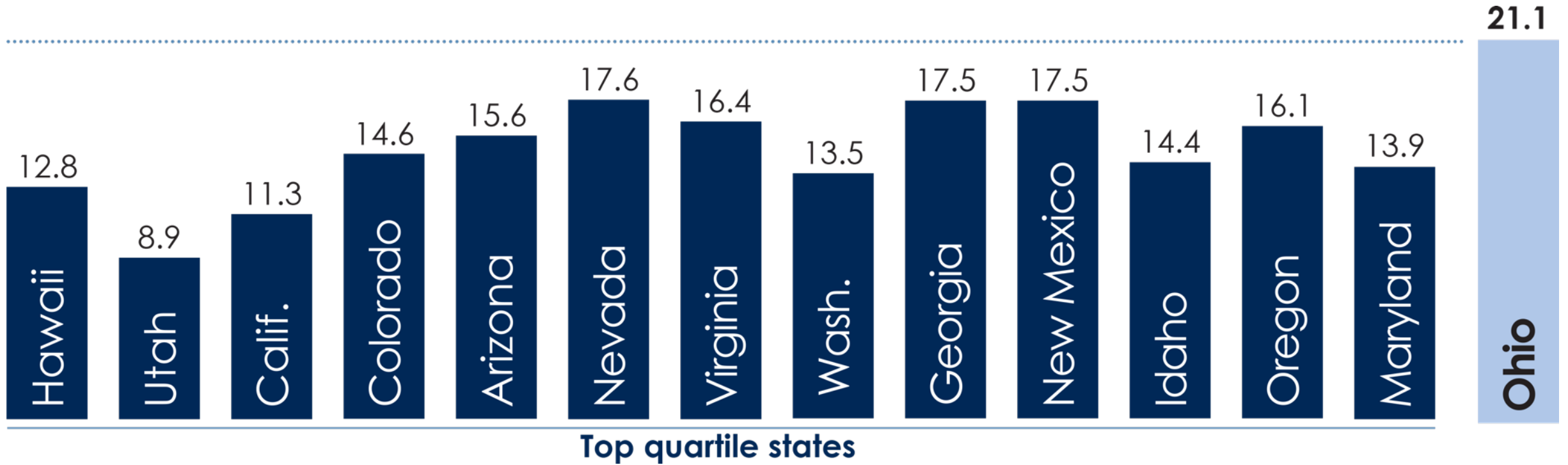


“Tobacco Nation”



Poor population
health nation

All states in the top quartile for health value have lower rates of adult smoking than Ohio



Sources: HPIO 2019 Health Value Dashboard (value rank), 2017 Behavioral Risk Factor Surveillance System (smoking)

Why do we rank poorly on **health value**?



Too many Ohioans are left behind



Resources are out of balance



Addiction is holding Ohioans back

**Improvement is
possible.**



Policy goals

Create opportunities for all Ohio children to thrive

Invest upstream in employment, housing and transportation

Build and sustain a high-quality addiction prevention, treatment and recovery system

Dashboard analysis led to 3 policy goals



**Too many Ohioans
are left behind**



**Create opportunities for all Ohio
children to thrive**



**Strategies and
resources are out
of balance**



**Invest upstream in employment,
housing and transportation**



**Addiction is holding
Ohioans back**



**Build and sustain a high-quality
addiction prevention, treatment
and recovery system**

9 strategies that work to improve health value

**Create opportunities
for all Ohio children
to thrive**

- 1. Home visiting**
- 2. Quality early childhood education and child care subsidies**
- 3. Lead screening and abatement**

**Invest upstream in
employment, housing
and transportation**

- 4. Earned income tax credit**
- 5. Safe, accessible and affordable housing**
- 6. Public transportation**

**Build and sustain a
high-quality addiction
prevention, treatment
and recovery system**

- 7. Tobacco prevention and cessation**
- 8. K-12 drug prevention and social-emotional learning**
- 9. Behavioral health workforce**

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Concerned Citizens Organized Against Lead - CCOAL

@CCOALinfo

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Write a post...



Photo/Video



Tag Friends



Check in



No Rating Yet

Community

See All



Invite your friends to like this Page



44 people like this



46 people follow this

Upcoming Events

ROI of lead poisoning prevention

Every **\$1** invested returns...



\$1.33

Removing leaded drinking water service lines

\$1.39

Eradicating lead paint hazards from older homes

\$3.10

Ensuring contactors comply with EPA lead-safe renovation rule

Source: The Pew Charitable Trusts, Robert Wood Johnson Foundation and Health Impact Project, *Ten Policies to Prevent and Respond to Childhood Lead Exposure*, 2017.

ROI of lead poisoning prevention

Based on change in number of children born in 2018 who

- Earn high school diplomas
- Become teen parents
- Are convicted of crimes
- Complete 4-year college degree

Source: The Pew Charitable Trusts, Robert Wood Johnson Foundation and Health Impact Project, *Ten Policies to Prevent and Respond to Childhood Lead Exposure*, 2017.

9 strategies that work to improve health value

Create opportunities for all Ohio children to thrive

1. Home visiting
2. Quality early childhood education and child care subsidies
3. Lead screening and abatement

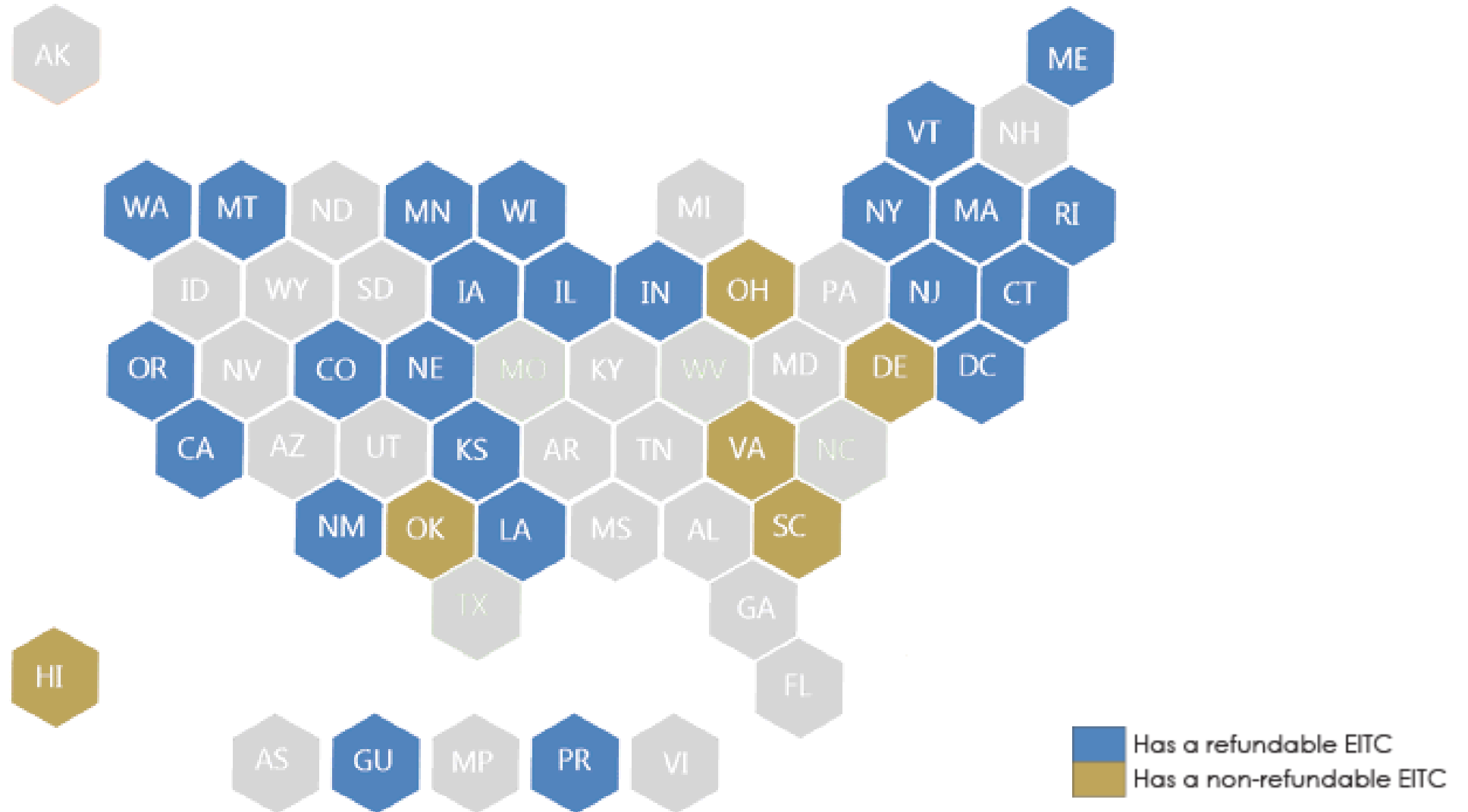
Invest upstream in employment, housing and transportation

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Build and sustain a high-quality addiction prevention, treatment and recovery system

7. Tobacco prevention and cessation
8. K-12 drug prevention and social-emotional learning
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State Earned Income Tax Credits (EITC)



Source: National Conference of State Legislatures, March 2019

9 strategies that work to improve health value

Create opportunities for all Ohio children to thrive

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Ohio addiction policy inventory and scorecard

1.

Prevention, treatment and recovery

HPIO
Addiction
Evidence
Project

April 2018



Ohio addiction policy inventory and scorecard

2.

Overdose reversal and other forms of harm reduction

HPIO
Addiction
Evidence
Project

November 2018

Recovery Ohio Advisory Council

Initial Report | **March 2019**



 **MIKE DEWINE**
GOVERNOR OF OHIO

 **JON HUSTED**
LT. GOVERNOR OF OHIO

www.Governor.Ohio.gov

Ohio's greatest health value strengths and challenges

Top and bottom quartile metrics in the domains that contribute to health value

Social and economic environment		Physical environment	
43	Unemployment	48	Child in household with a smoker
38	Adult incarceration*	46	Outdoor air quality
		40	Food insecurity

Access to care	Healthcare system	Public health and prevention
11	13	7
Medical home, children	Back pain recommended treatment	Comprehensiveness of public health system***
47	48	51
Preventive dental care, children	Cancer early stage diagnosis	Health security surveillance
	44	48
	Potentially avoidable emergency department visits for employer-insured enrollees**	Emergency preparedness funding, per capita
	43	46
	Colon and rectal cancer early stage diagnosis	Child immunization
	41	45
	30-day hospital readmissions for employer-insured enrollees**	State public health workforce*
		45
		Environmental and occupational health
		42
		Seat belt use

Top and bottom quartile metrics for health value

Population health		Healthcare spending	
50	Drug overdose deaths	3	Employee contributions to employer-sponsored insurance premiums
44	Infant mortality	41	Nursing home care spending, per capita
44	Adult smoking	41	Hospital care spending, per capita
43	Premature death	39	Total Medicare spending, per beneficiary
42	Life expectancy	39	Average total cost, per Medicare beneficiary with three or more chronic conditions
42	Poor oral health		
41	Adult obesity		
40	Adult insufficient physical activity		
39	Cardiovascular disease mortality		

* Ranking out of 50 states
 ** Ranking out of 49 states
 *** Ranking out of 48 states
 Note: Metrics in the top quartile that greatly worsened are not included. Ohio has no top quartile metrics for social and economic environment, physical environment and population health.

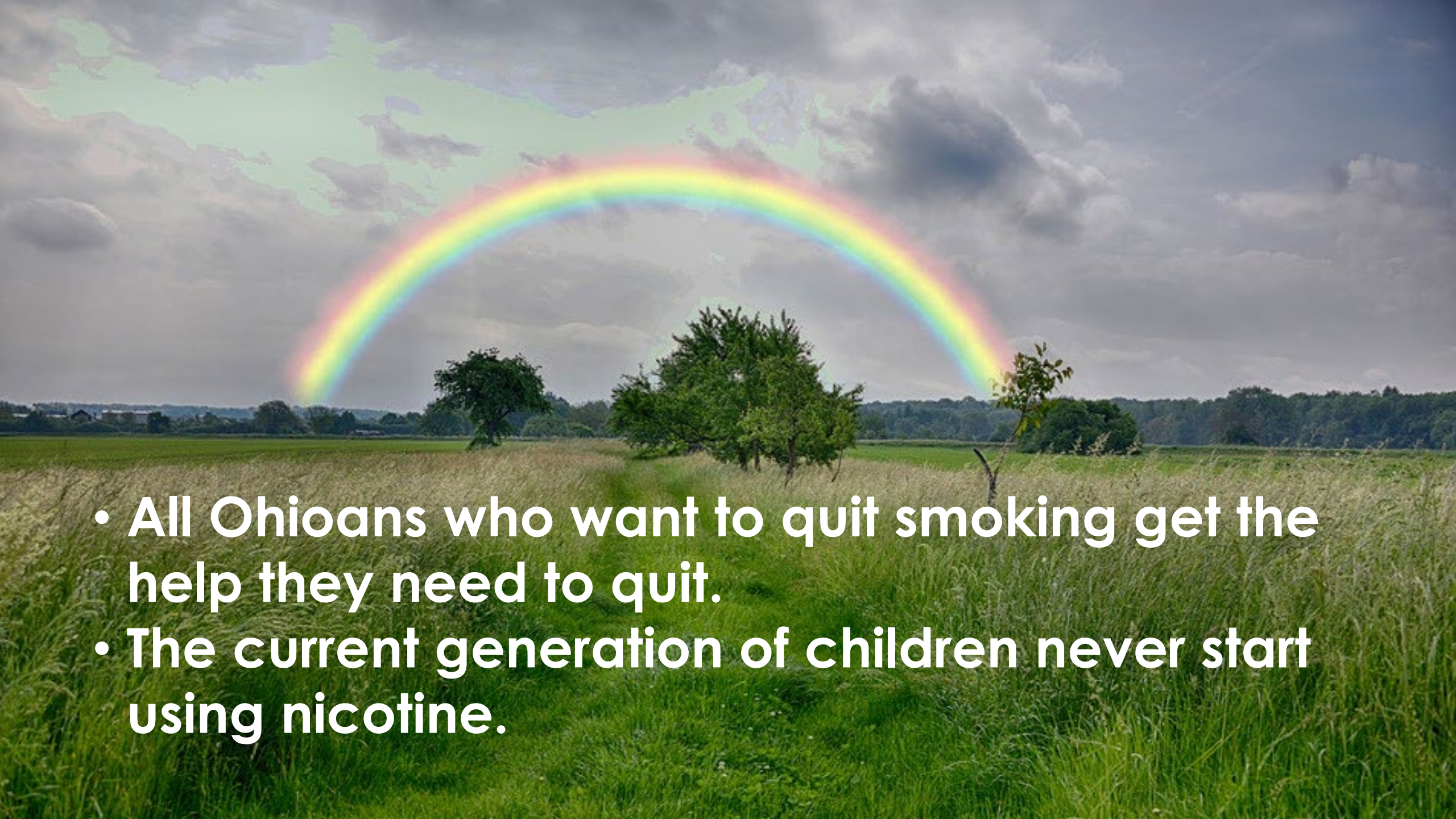


Adult smoking



Child in household with a smoker





- All Ohioans who want to quit smoking get the help they need to quit.
- The current generation of children never start using nicotine.

What would effective cessation policy look like?

- **Media campaigns** are everywhere
- **Call volume to Ohio Tobacco Quit Line** increases
- **Cessation is prioritized in Medicaid**
- **Baby and Me Tobacco Free** is available everywhere
- **Cessation services are tailored to meet the needs of Ohio's most at-risk groups**, including Ohioans living with toxic stress, mental illness and disability

Tips from former smokers



**A TIP FROM A
FORMER
SMOKER**

**Those things you
say will never happen
to you? They happen.**

Learn More 

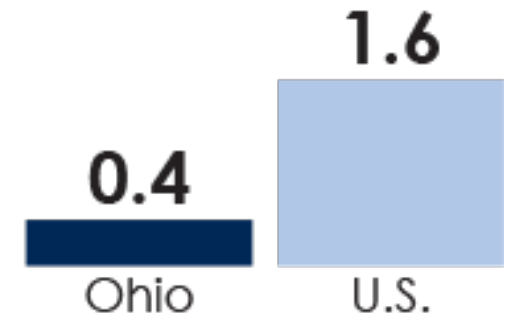
Quit Line service utilization, Ohio and U.S.

Q4 2016

Incoming calls
per 10,000 state population

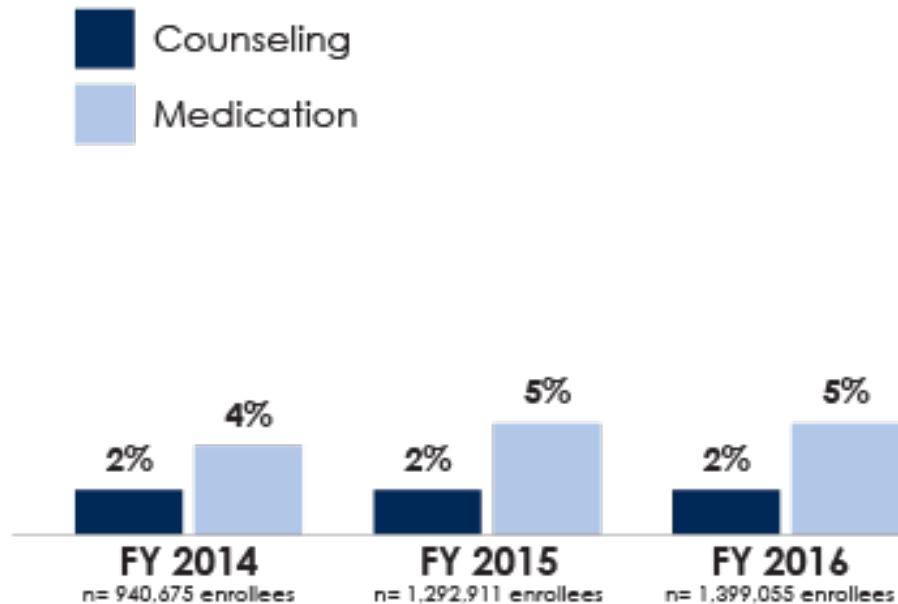


Callers who received
counseling
and/or
medication
per 1,000 tobacco users



Source: CDC State Tobacco Activities Tracking and Evaluation (STATE) System. Custom report accessed 3/29/19. 2016 Q4 is most recently-available data.

Percent of Medicaid managed care enrollees aged 18+ who received tobacco cessation counseling or medication



Percent of Medicaid enrollees age 19-64 who smoke

46%



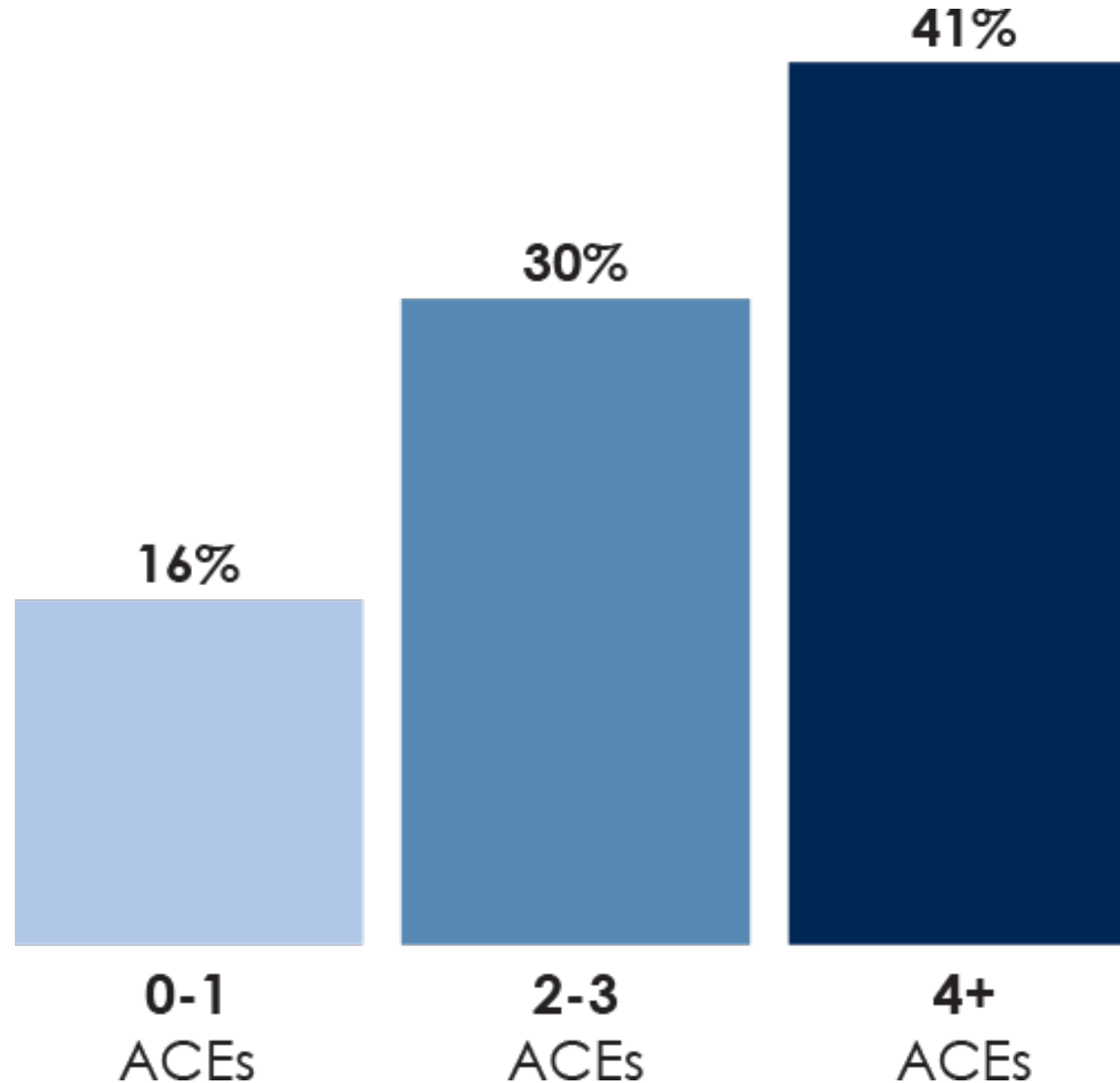
Source for counseling and medication data: Ohio Department of Medicaid, 2016

Note: Counseling refers to cessation counseling of various durations (procedures). Medication refers to smoking determinants and nicotine receptor partial agonists (DM therapeutic class)

Source for smokers in Medicaid data: Data provided by the Ohio Colleges of Medicine Government Resource Center. Ohio Medicaid Assessment Survey. Provided March 15, 2019.

Adult smoking and adverse childhood experiences in Ohio, 2015

Percent of adults who currently smoke



Source: Behavioral Risk Factor Surveillance Survey data provided by the Ohio Department of Health, 2/28/19

All of the [cessation] counseling in the world is not going to help unless your life is where you need it to be, and it has to be. Because if you have your problems and your kids, it's just going to pile up and you're just going to be like "why quit smoking?"

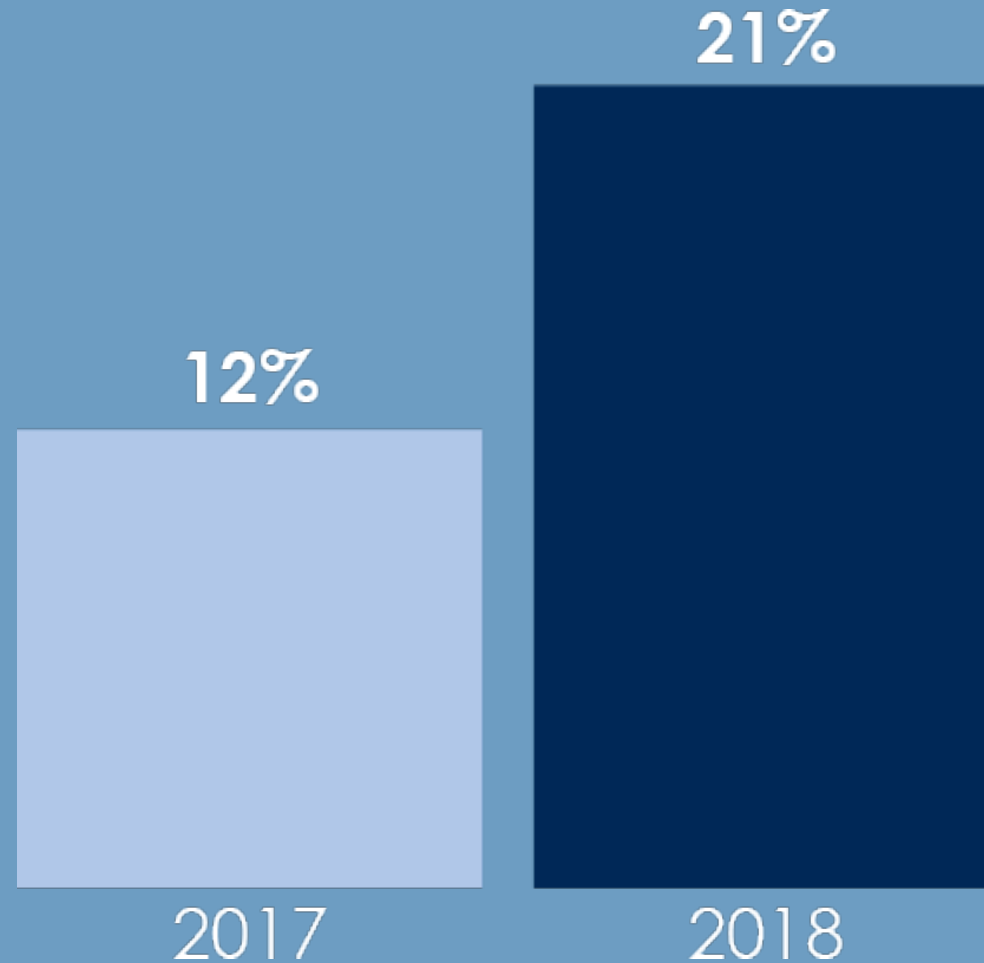
--Athens focus group participant

Dec. 18, 2018

US surgeon general warns of teen risks from e-cigarettes



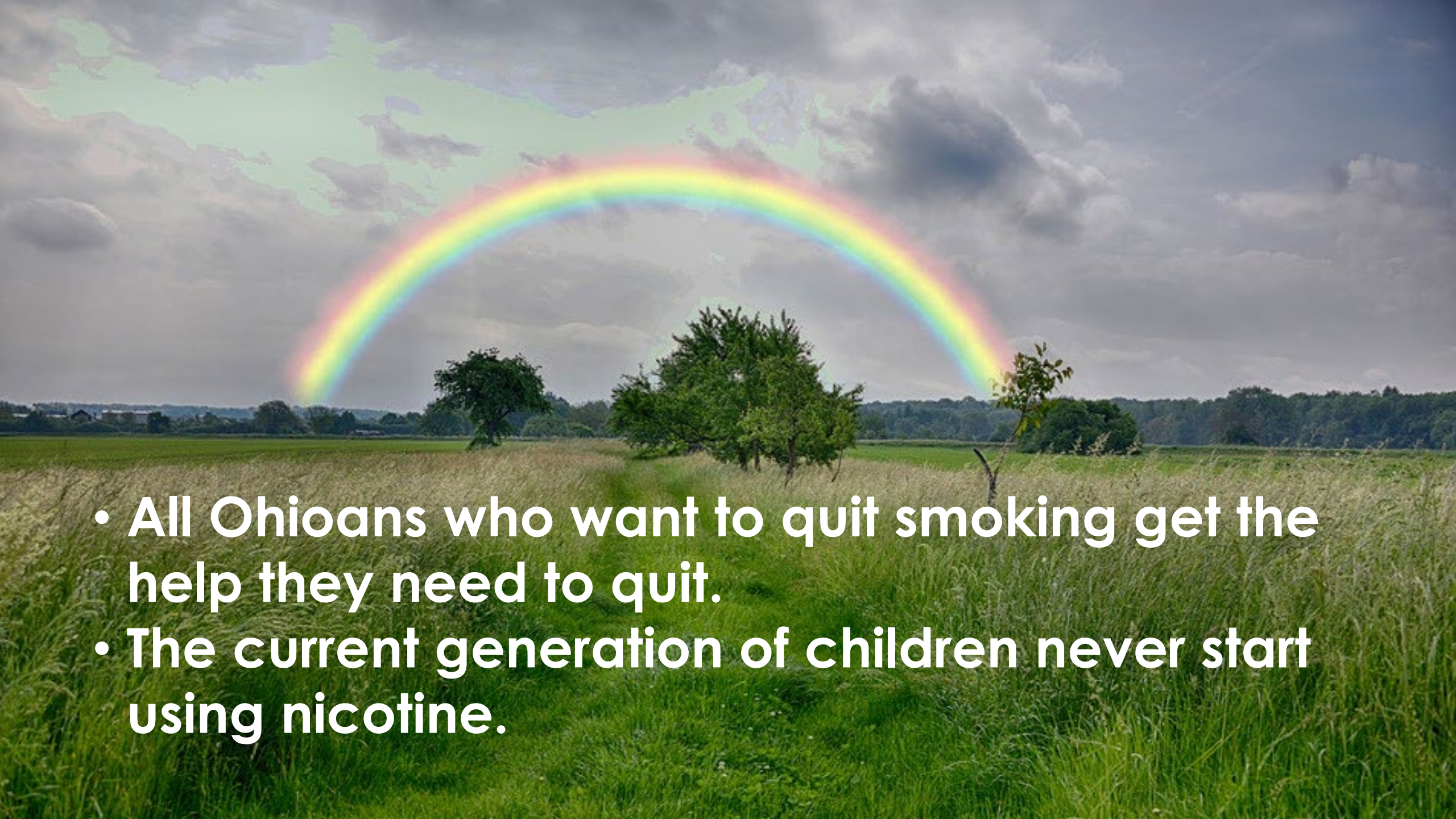
E-cigarette use among U.S. high school students



Source: CDC, Vital Signs. Tobacco use by youth is rising. Feb. 2019

What would effective youth prevention look like?

- All tobacco products, including e-cigarettes, are more expensive and harder to get
- Youth-oriented media campaigns are everywhere
- **Local communities are mobilized** to keep kids tobacco-free



- All Ohioans who want to quit smoking get the help they need to quit.
- The current generation of children never start using nicotine.

Tobacco-related provisions in 2020-2021 State Budget

- Tobacco 21
- E-cigarette tax (vapor products)
- Tobacco prevention and cessation funding

What can my organization do?

- Share the *Dashboard*
- Select one or more of the **nine strategies** and advocate
- Focus on **equity**



@HealthPolicyOH

Snapshot

What is the Health Value Dashboard?
 The Health Policy Institute of Ohio Health Value Dashboard is a tool to track Ohio's progress towards health value — a composite measure of Ohio's performance on population health outcomes and healthcare spending. The Dashboard examines Ohio's rank and trend performance relative to other states and highlights gaps in outcomes between groups for some of Ohio's most at-risk populations.

Where does Ohio rank?

- Ohio ranks 46 out of 50 states and the District of Columbia (D.C.) on health value, landing in the bottom quartile. This means that Ohioans are living less healthy lives and spending more on health care than people in most other states.
- Ohio ranks in the bottom quartile on nearly 30 percent of metrics and in the top quartile on only 5 percent of metrics, out of 100 metrics ranked in the Dashboard.

Key findings

- Access to care is necessary, but not sufficient. Ohio performs relatively well on access to care (second quartile) but poorly on the other factors that influence overall health, landing in the bottom half of states for the social and economic environment, physical environment, public health and prevention and healthcare system domains.
- Tobacco use drives poor health. Ohio ranks in the bottom quartile for adult smoking and the percent of children living in a household with a smoker. All states in the top quartile for health value have lower rates of adult smoking than Ohio.
- Ohio's per person spending for older Medicaid enrollees (aged category) is 1.4 times more than the U.S. rate; however, Ohio's overall Medicaid spending per enrollee is relatively similar to other states. This suggests Ohio's healthcare spending needs to be re-designed to provide greater support for healthy aging and prevention as a way to reduce spending on costly sick care later in life.

Why does Ohio rank poorly?

- Too many Ohioans are left behind**
 Without a strong foundation, not all Ohioans have the same opportunity to be healthy. For example, Ohioans with disabilities or Ohioans who are racial or ethnic minorities, have lower income or educational attainment, are sexual and gender minorities and/or who live in rural or Appalachian counties, are more likely to face multiple barriers to health.
- Resources are out of balance**
 Ohio's healthcare spending is mostly on costly downstream care to treat health problems that could have been prevented or better managed, leading to many missed opportunities to prevent illness and disability for thousands of Ohioans.
- Addiction is holding Ohioans back**
 Critical gaps remain in addressing Ohio's addiction crisis, including a patchwork approach to school and community-based prevention and inadequate provider capacity for medication-assisted treatment, psychosocial treatment and recovery services.

View all 2019 Health Value Dashboard material at:
www.hpio.net/2019-health-value-dashboard



Snapshot and executive summary

www.hpio.net/2019-health-value-dashboard



**Create opportunities
for all Ohio children
to thrive**

- 1. Home visiting**
- 2. Quality early childhood education and child care subsidies**
- 3. Lead screening and abatement**

**Invest upstream in
employment, housing
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- 4. Earned income tax credit**
- 5. Safe, accessible and affordable housing**
- 6. Public transportation**

**Build and sustain a
high-quality addiction
prevention, treatment
and recovery system**

- 7. Tobacco prevention and cessation**
- 8. K-12 drug prevention and social-emotional learning**
- 9. Behavioral health workforce**

Achieving health equity: Framework for action



Source: HPIO adaptation of County Health Rankings and Roadmaps Action Cycle

What can my organization do?

- Share the *Dashboard*
- Select one or more of the **nine strategies** and advocate
- Focus on **equity**

Poll question

Key takeaways



1. **Ohioans are less healthy and spend more on health care than people in most other states.**
2. **Improvement is possible.** The *Dashboard* includes nine evidence-based strategies to advance health value in Ohio.
3. **You can contribute to improving health value in Ohio.** Everyone has a role to play!



The state of Ohio's health

2019 *Health Value Dashboard* release





LeeAnne Cornyn

Director, Children's Initiatives, Office of Ohio Governor Mike DeWine



Brie Lusheck

Deputy Director, Children's Initiatives
Office of Ohio Governor Mike DeWine



MIKE DEWINE
GOVERNOR OF OHIO

WELCOME

Jon Husted, Lt. Governor



MIKE DEWINE
GOVERNOR OF OHIO

Creating Opportunities for Children to Thrive

Jon Husted, Lt. Governor

Children's Initiatives Goals



MIKE DEWINE
GOVERNOR
STATE OF OHIO

Executive Order 2019-02D

Creating the Governor's Children's Initiative

WHEREAS, Ohio's future depends on its children, yet nearly 1,000 Ohio babies did not live to see their first birthday in 2017; and

WHEREAS, more than half of all Ohio children are born into economically disadvantaged homes, and just 41 percent of children arrive at kindergarten with the essential language, social, and mathematical skills to be successful in school; and

WHEREAS, on the National Assessment of Educational Progress, just 24 percent of Ohio's economically disadvantaged fourth graders read at grade level, which research has shown to be a strong predictor of timely high school graduation and post-graduate success; and

WHEREAS, educational gaps can persist and grow over time, impacting a child's ability to live up to his or her God-given potential; and

WHEREAS, research conducted by the National Forum on Early Childhood Policy and Programs has shown that every dollar invested in high-quality early childhood programming yields up to nine dollars in future return; and

WHEREAS, Ohio's programming impacting children is split across multiple state agencies and lacks coordination and a clear point of accountability; and

WHEREAS, the Opportunity for Every Ohio Kid plan calls for a special position, reporting to the Governor, who works daily to improve the lives of Ohio's children;

NOW THEREFORE, I, Mike DeWine, Governor of the State of Ohio, by virtue of the authority vested in me by the Constitution and laws of this State do hereby order and direct that:

1. The Governor's Children's Initiative ("Initiative") is created in order to elevate the importance of children's programming in Ohio and drive improvements within the many state programs that serve children. The Initiative is charged to:

- a. Improve communication and coordination across all state agencies that provide services to Ohio's children.

Coordinate and align the state's **children's programming**

Advance **policy and innovation** in children's programming from birth to Kindergarten

Provide **support services** for all children and their families



MIKE DEWINE
GOVERNOR OF OHIO

HPIO Strategies to Improve Health Value



Create opportunities for all Ohio children to thrive

1. **Increase investment in evidence-based home visiting** to ensure Ohio's most at-risk families have access to services, including all families under 200 percent of the federal poverty level.
2. **Expand access to quality early childhood education** by fully implementing Ohio's Step Up to Quality rating system and expanding eligibility for Ohio's child care subsidy from 130 percent to at least 200 percent of the federal poverty level.
3. **Expand access to lead screening and abatement services** by increasing funding to the state's lead poisoning prevention fund, providing tax incentives for lead abatement and expanding the lead abatement workforce to reduce lead exposure for Ohio's most at-risk children, including children living in low-income families.



MIKE DEWINE
GOVERNOR OF OHIO

Increasing Investment in Home Visiting



MIKE DEWINE
GOVERNOR OF OHIO

Recommendations of the
Governor's Advisory Committee
on
Home Visitation



March 2019



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GOVERNOR OF OHIO

www.Governor.Ohio.gov



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Expand Access to Quality Early Childhood Education



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Cluster 1

2018 Market Rate Study Percentile - Centers

	Base	Closest Percentile Rate	1-Star	Closest Percentile Rate	2-Star	Closest Percentile Rate	3-Star	Closest Percentile Rate	4-Star	Closest Percentile Rate	5-Star	Closest Percentile Rate
Infant	\$143.31	50th \$143.88	\$156.49	70th \$153.00	\$175.87	90th \$176.36	\$180.34	90th \$176.36	\$192.26	95th \$200.65	\$201.20	95th \$200.65
Toddler	\$123.47	30th \$124.01	\$134.83	65th \$135.00	\$151.52	80th \$149.04	\$155.38	85th \$156.28	\$165.65	90th \$160.00	\$173.35	95th \$178.91
Pre-School	\$109.96	30th \$109.96	\$120.08	50th \$120.00	\$134.94	80th \$136.00	\$138.38	80th \$136.00	\$147.52	90th \$150.00	\$154.39	90th \$150.00
School Age	\$61.50	50th \$62.50	\$67.16	60th \$70.00	\$75.47	65th \$75.00	\$77.39	70th \$78.25	\$82.51	70th \$78.25	\$86.35	75th \$89.07

Cluster 2

2018 Market Rate Study Percentile - Centers

Infant	\$164.61	30th \$165.00	\$179.75	45th \$180.00	\$202.00	75th \$202.00	\$207.14	80th \$211.78	\$220.84	85th \$220.00	\$230.00	90th \$230.00
Toddler	\$150.51	35th \$153.00	\$164.36	50th \$165.00	\$184.71	75th \$185.49	\$189.40	80th \$190.00	\$201.92	85th \$201.92	\$211.32	90th \$208.00
Pre-School	\$131.57	30th \$130.00	\$143.67	45th \$143.00	\$161.46	70th \$160.00	\$165.56	75th \$165.00	\$176.51	85th \$176.20	\$184.72	90th \$185.00
School Age	\$75.22	25th \$75.22	\$82.14	30th \$81.00	\$92.31	40th \$90.00	\$94.66	45th \$95.00	\$100.92	55th \$100.00	\$105.61	60th \$105.00

Cluster 3

2018 Market Rate Study Percentile - Centers

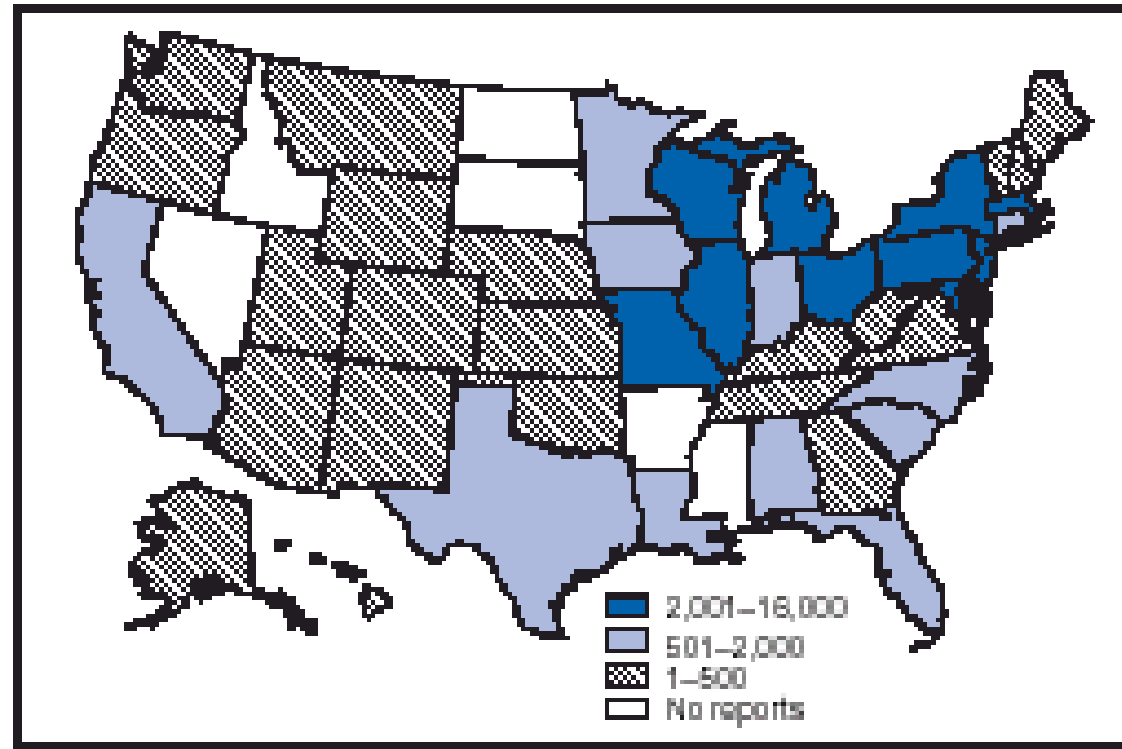
Infant	\$210.00	25th \$210.00	\$229.32	40th \$230.00	\$257.71	60th \$260.00	\$264.26	60th \$160.00	\$281.74	75th \$285.00	\$294.84	80th \$290.00
Toddler	\$188.05	25th \$188.05	\$205.35	45th \$208.42	\$230.77	55th \$228.18	\$236.64	60th \$235.00	\$252.29	75th \$255.00	\$264.02	80th \$265.00
Pre-School	\$164.51	25th \$164.51	\$179.64	40th \$180.00	\$201.89	55th \$199.00	\$207.02	60th \$205.01	\$220.71	75th \$225.00	\$230.97	80th \$232.00
School Age	\$93.46	25th \$93.46	\$102.06	35th \$100.00	\$114.69	45th \$115.00	\$117.61	50th \$120.00	\$125.39	55th \$130.00	\$131.22	55th \$130.00

Expand Access to Lead Screening & Abatement



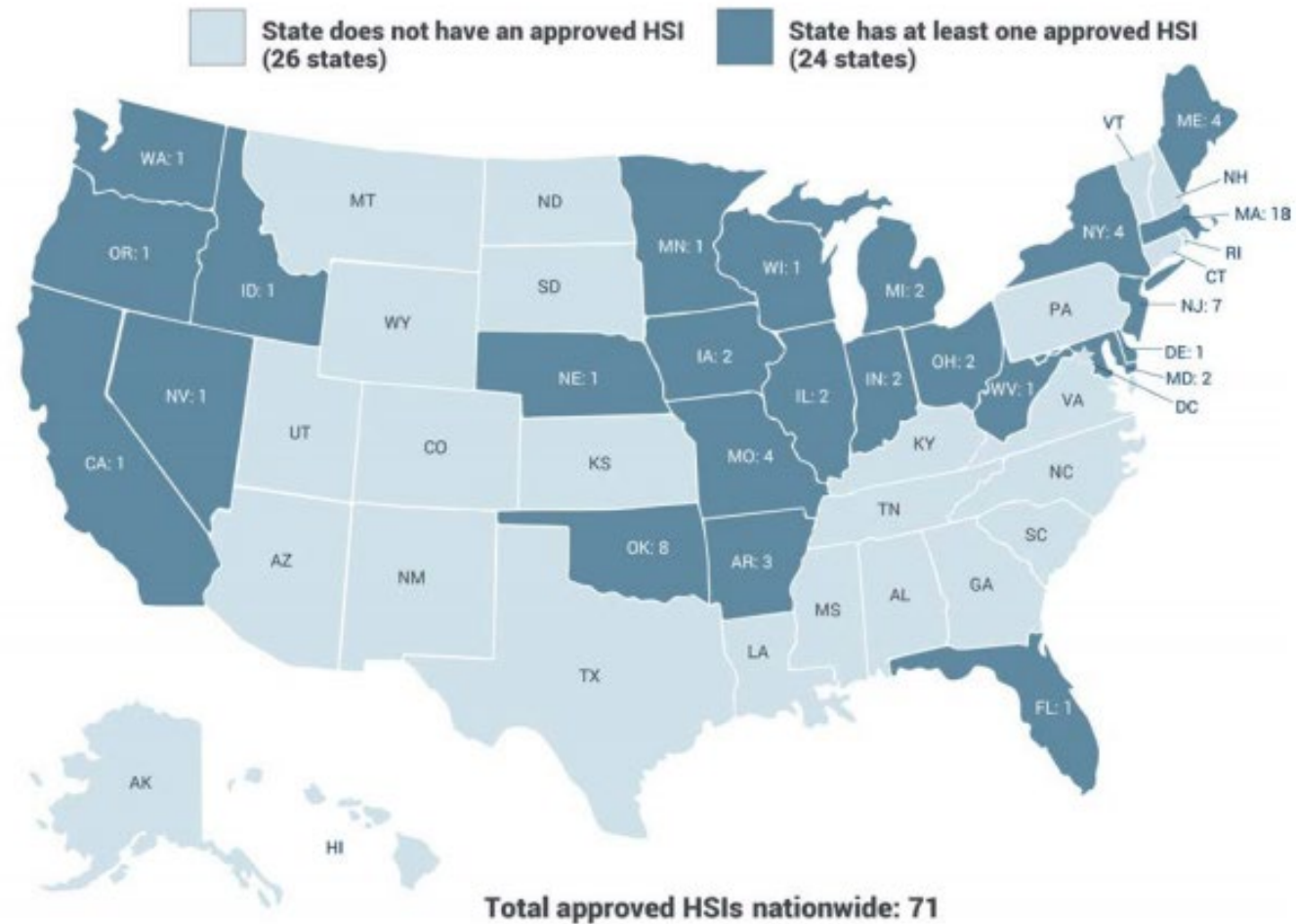
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FIGURE 5. Number of children with confirmed blood lead levels $\geq 10 \mu\text{g}/\text{dL}$ — United States, 2001



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FIGURE 1. States with Approved Health Services Initiatives and Number of Initiatives, 2019



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Activity	Number approved	States with approved HSI (number)
Poison control center services	12	Arkansas, California, Indiana, Iowa, Maryland, Michigan, Nebraska, New Jersey, New York, Oregon, Washington, Wisconsin
Parenting education services and supports	8	Arkansas, Massachusetts (3), Missouri, Oklahoma (2), Maine
School-based health services and supports	7	Florida, Idaho, Massachusetts, Maine, Missouri, New Jersey, Nevada
Behavioral health and substance use disorder services	6	Arkansas, New Jersey, New York, Oklahoma (3)
Lead testing, prevention, or abatement services and related programs	6	Indiana, Maryland, ¹ Michigan, Missouri, Ohio (2)
Family planning services	5	Massachusetts, Oklahoma (3), Maine
Preventive services	5	Massachusetts (2), Missouri, Maine, West Virginia
Services related to children with special health care needs	5	Massachusetts (3), New Jersey (2)
Violence prevention and treatment	5	Massachusetts (5)
Coverage and financial assistance for health care services	5	Illinois (2), Iowa, Minnesota, New Jersey
Nutrition services	3	Massachusetts (2), New York
Other condition-specific services	3	Delaware (vision services and supports) New York (sickle cell screening) Massachusetts (smoking cessation)
Maternal health care	1	New Jersey (expired) ²



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Jon Husted, Lt. Governor



Kelan Craig

Director, Multifamily Housing
Ohio Housing Finance Agency



OHIO HOUSING FINANCE AGENCY

We Open the Doors to an Affordable Place to Call Home



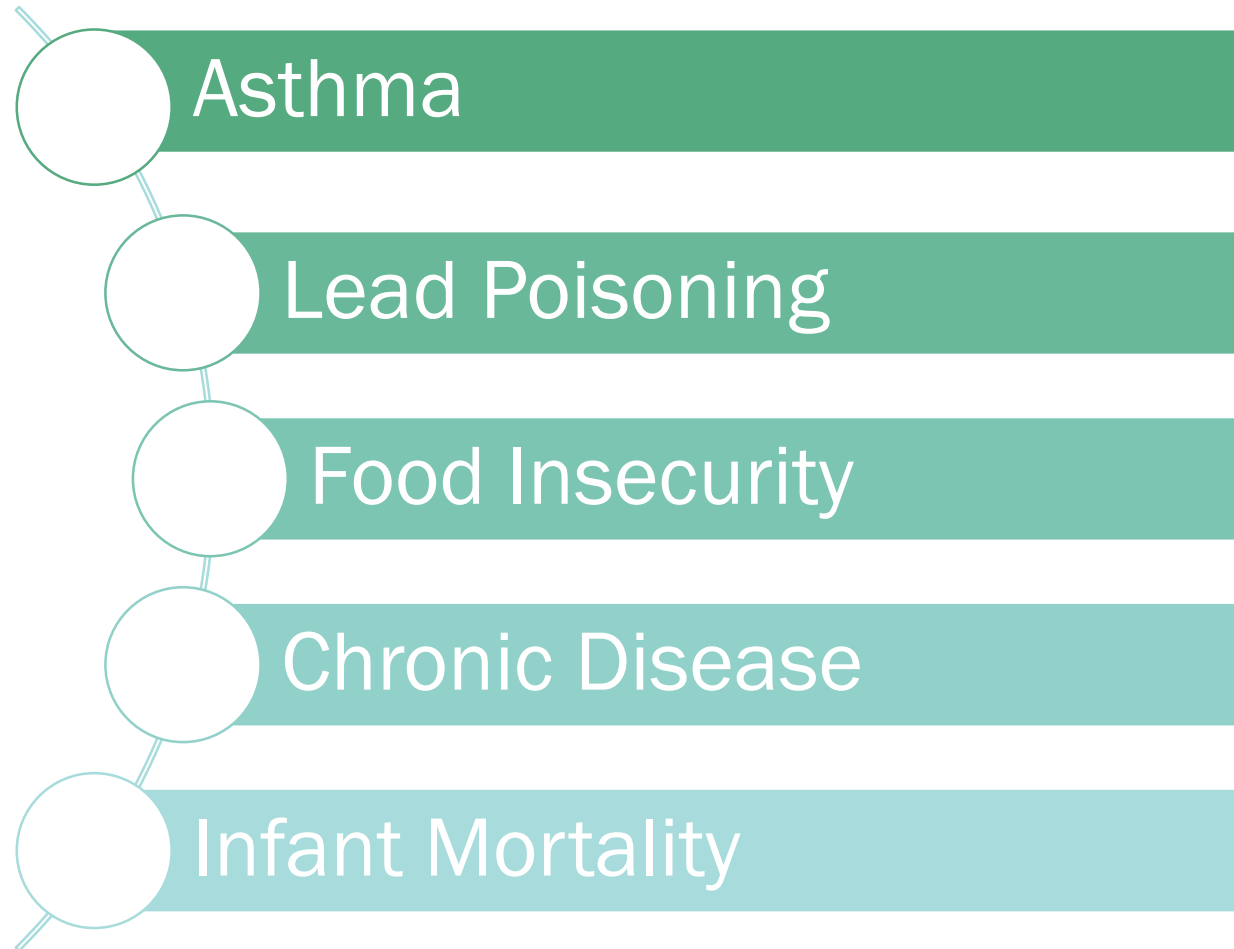
WWW.OHIOHOME.ORG
888.362.6432



Housing Affordability

- 1 in 3 households are cost-burdened, overcrowded or living in substandard conditions
- 400,000 households in Ohio spend over half of their income on rent
- Ohioans need to earn at least \$15.25/hour to afford rent for basic, two-BR apartment.
- 8/10 most common jobs don't pay more than this housing wage

Housing and Health





Targeted Investment

Provide housing opportunities for a range of incomes, family types, and vulnerable populations

Direct new unit production and rehabilitation through the use of data-driven criteria

Site development in areas that are well-connected to services, amenities, transportation, and economic activity

Incorporate comprehensive, population specific health and wellness supports into developments



2020-2021 Biennium Budget





Ohio Housing Trust Fund

- Established in 1991
- 1st budget increase for OHTF in 16 years
- Additional \$2.5 - \$3.5 million/year
- Each OHTF dollar leverages over \$8 in private and federal matching funds and generates nearly \$12 in economic activity
- New investment in housing = stronger, healthier Ohio



Ohio Housing Trust Fund

- Private homeowner rehabilitation, rental rehabilitation, home repair, tenant-based rental assistance, etc.
- Emergency shelter operations, homelessness prevention and rapid-rehousing
- New construction and rehabilitation of multifamily rental housing
- Operating and service for supportive housing



Alisha Nelson

Director, RecoveryOhio
Office of Ohio Governor Mike DeWine

RECOVERY
Ohio 



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GOVERNOR OF OHIO

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MIKE DEWINE
GOVERNOR
STATE OF OHIO

Executive Order 2019-01D

Creating the Governor's RecoveryOhio Initiative

WHEREAS, Ohio is facing the worst drug epidemic in my lifetime and is losing 13 or 14 people a day from accidental drug overdoses. Every county in Ohio and every city, town and village – urban and rural – is affected. The human toll, the increased crime, and the economic and societal damages caused by this epidemic are devastating; and

WHEREAS, the cost consequences of this epidemic reach every part of Ohio's communities: schools, jails, businesses, health care, foster care and more. One study indicates the cost of the drug epidemic is nearly 9 billion dollars a year in Ohio; and

WHEREAS, in response to the drug epidemic I released a RecoveryOhio plan to address twelve key initiatives Ohio will need to implement to combat the epidemic that fall under four topic areas: Prevention, Treatment, Criminal Justice and Recovery Supports; and

WHEREAS, Ohio's substance use and mental health treatment and prevention policy, spending and administration are split across multiple state agencies have lacked coordination and a clear point of accountability; and

WHEREAS, the RecoveryOhio Plan calls for the need for a special position reporting to the Governor, who works every day with a single-minded focus of fighting the drug epidemic;

NOW THEREFORE, I, Mike DeWine, Governor of the State of Ohio, by virtue of the authority vested in me by the Constitution and laws of this State do hereby order and direct that:

1. The Governor's RecoveryOhio Initiative ("RecoveryOhio") is hereby created in order to carry out the immediate need to address the drug epidemic in Ohio and is charged to:
 - a. Advance and coordinate substance abuse and mental health prevention, treatment and recovery support services at the local, state and federal levels.
 - b. Engage private sector partners to align efforts to do the most good for Ohioans struggling with a mental illness or substance use disorder and their families.
 - c. Initiate and guide enhancements to the behavioral health system to improve the patient's experience during treatment and treatment outcomes.
2. In order to carry out these responsibilities, I have appointed a Director of RecoveryOhio to oversee and implement all activities described above. In order to carry out these

RecoveryOhio Goals

Offer direction for the state's **prevention and education** efforts

Make **treatment** available to Ohioans in need

Provide **support services** for those in **recovery** and their families



RecoveryOhio Advisory Council Membership



Feedback from Across Ohio

Executive Order required that we **listen** and create a report of the **community needs**.

We **must** assess and **respond** to these needs.

We must also **report back** on progress.

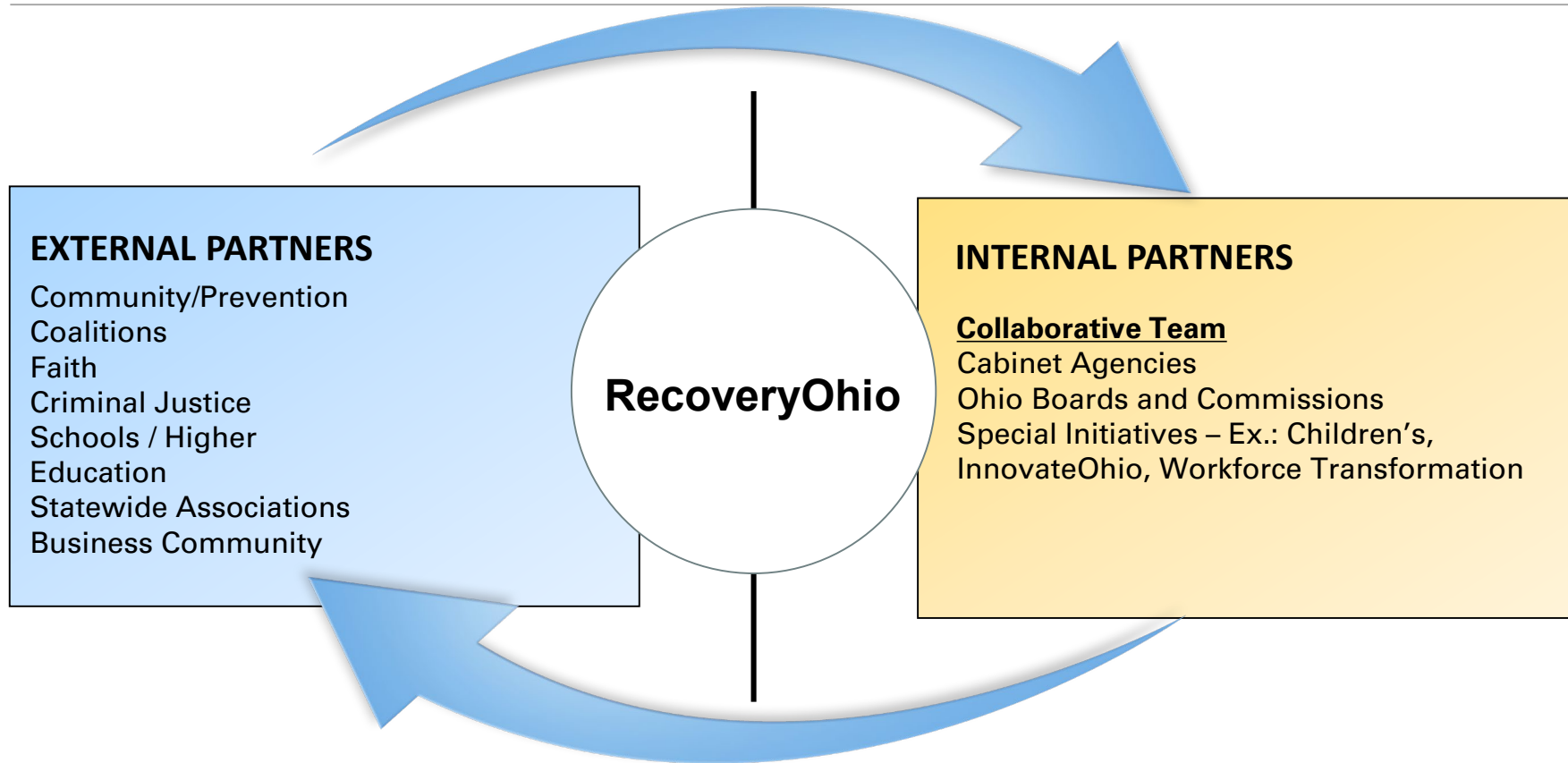


RecoveryOhio Advisory Council Report

1. Stigma and Education
2. Parity
3. Workforce Development
4. Prevention
5. Harm Reduction
6. Treatment and Recovery Supports
 - Early Intervention
 - Crisis Support
 - Treatment
7. Recovery Support
8. Specialty Populations
 - Criminal Justice
 - Youth
 - Older Adults/Other
9. Data Measurement and System Linkage



RecoveryOhio Collaborative Approach



I N V E S T I N G I N

Ohio's FUTURE



BUDGET OF THE STATE OF OHIO | FISCAL YEARS 2020 - 2021

- Investing in Public Awareness Education Campaign
- Investing provide Ohio's schools with prevention curricula and professional development for school personnel
- Increasing treatment capacity in Ohio through crisis support
- Expanding the OhioSTART program across the state
- Expanding specialized dockets in Ohio
- Ohio Narcotics Intelligence Center (ONIC)
- Drug Task Forces
- Mental Health First Aid / CIT Training
- Loan forgiveness for critical specialists
- Workforce development programs

Ohio's Health Value Findings



Addiction is holding Ohioans back

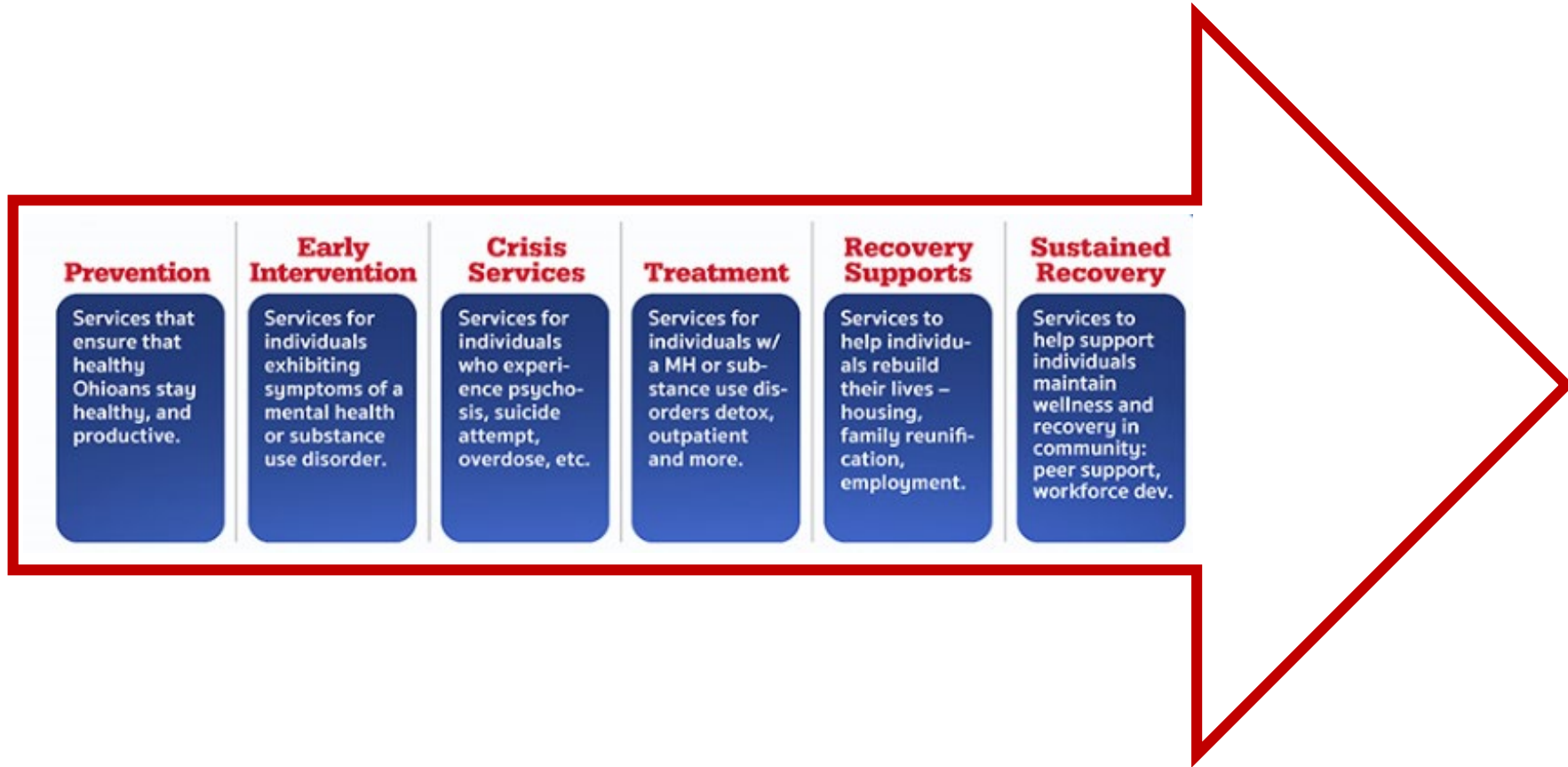
Addiction is a complex problem at the root of many of Ohio's greatest health value challenges, including drug overdose deaths, unemployment and incarceration.



Build and sustain a high-quality addiction prevention, treatment and recovery system

7. **Prioritize tobacco reduction** by increasing use of cessation counseling and medications, expanding prevention media campaigns, increasing the price of tobacco products and restricting youth access to e-cigarettes.
8. **Implement comprehensive evidence-based drug prevention programs and social-emotional learning in schools**, such as LifeSkills, PAX Good Behavior Game and Positive Behavioral Interventions and Supports (PBIS). Sustain effective programs over time through better state agency coordination and establishment of a wellness trust.
9. **Strengthen the behavioral health workforce** through increased reimbursement rates, equal insurance coverage for behavioral health services (parity), student loan repayment programs and continuing to integrate with physical health care.

Continuum of Care



Continuum of Care





Contact

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