Moving toward health value

The 2019 Health Value Dashboard

Reem Aly and Amy Bush Stevens
Health Policy Institute of Ohio

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Please type questions in the question box
Join the conversation
Share your thoughts on twitter throughout the presentation

@HealthPolicyOH
@AmyStevensHPIO
2019 Health Value Dashboard
Concise

State policymakers

Effective narrative
<table>
<thead>
<tr>
<th>Local health commissioners</th>
<th>Ohio Department of Health</th>
<th>Ohio Department of Mental Health and Addiction Services</th>
<th>Philanthropy</th>
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<tr>
<td>Education and early childhood</td>
<td>Regional health initiatives</td>
<td>Provider associations</td>
<td>Employer associations</td>
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<td>Ohio Hospital Association</td>
<td>Consumer advocacy</td>
<td>Managed care plans</td>
<td>Ohio Department of Medicaid</td>
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<td>Academia</td>
<td>Ohio Commission on Minority Health</td>
<td>Ohio Association of Health Plans</td>
<td>Community-based organizations</td>
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</table>
Where does Ohio rank?
Where does Ohio rank?

Population health: 43

Healthcare spending: 28

Health value in Ohio: 46
Ohio ranks in the bottom quartile on nearly 30 percent of metrics.
Where do other states rank?
Where do other states rank on population health?
Where do other states rank on healthcare spending?
Where do other states rank on health value?
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

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Why do we rank poorly?

Access to care

Social and economic environment

Healthcare system

Physical environment

Public health and prevention

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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

- Adverse childhood experiences*: 38
- Child poverty: 35
- Preschool enrollment: 28
- High school graduation: 29
- Some college: 31

Adulthood

- 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

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

- 32% Social and economic environment
- 18% Access to care
- 36% Healthcare system
- 47% Public health and prevention
- 40% Physical environment
- 20% Clinical care
- 30% Health behaviors

**Bottom quartile **spending metrics

<table>
<thead>
<tr>
<th>Rank</th>
<th>Description</th>
<th>Ohio</th>
<th>U.S.</th>
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<tbody>
<tr>
<td>41</td>
<td>Nursing home care spending, per capita</td>
<td>$18,218</td>
<td>$13,063</td>
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<td>41</td>
<td>Hospital care spending, per capita</td>
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<tr>
<td>39</td>
<td>Total Medicare spending, per beneficiary</td>
<td></td>
<td></td>
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<tr>
<td>39</td>
<td>Average total cost, per Medicare beneficiary with three or more chronic conditions</td>
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<td></td>
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</table>

**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.”

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State and local public health funding in Ohio

State public health funding, per capita (2017)$1$

$12.46

Local public health agency spending, per capita (2015)$2$

$35.74


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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

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>50</td>
<td>Drug overdose deaths</td>
</tr>
<tr>
<td>48</td>
<td>Child in household with a smoker</td>
</tr>
<tr>
<td>44</td>
<td>Adult smoking</td>
</tr>
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</table>
“Tobacco Nation”

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

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Health Value Dashboard bottom quartile states for population health

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“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

1. Too many Ohioans are left behind → Create opportunities for all Ohio children to thrive

2. Strategies and resources are out of balance → Invest upstream in employment, housing and transportation

3. 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

<table>
<thead>
<tr>
<th>Create opportunities for all Ohio children to thrive</th>
<th>Invest upstream in employment, housing and transportation</th>
<th>Build and sustain a high-quality addiction prevention, treatment and recovery system</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Home visiting</td>
<td>4. Earned income tax credit</td>
<td>7. Tobacco prevention and cessation</td>
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# 9 strategies that work to improve health value

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<tr>
<td>1. Home visiting</td>
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<tr>
<td>2. Quality early childhood education and child care subsidies</td>
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<td>3. Lead screening and abatement</td>
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</table>

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>4. Earned income tax credit</td>
</tr>
<tr>
<td>5. Safe, accessible and affordable housing</td>
</tr>
<tr>
<td>6. Public transportation</td>
</tr>
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<table>
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<th>Build and sustain a high-quality addiction prevention, treatment and recovery system</th>
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<tr>
<td>7. Tobacco prevention and cessation</td>
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<tr>
<td>8. K-12 drug prevention and social-emotional learning</td>
</tr>
<tr>
<td>9. Behavioral health workforce</td>
</tr>
</tbody>
</table>
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

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

# 9 strategies that work to improve health value

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<td></td>
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</tr>
</tbody>
</table>

Copyright © 2019 Health Policy Institute of Ohio. All rights reserved.
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
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
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
- 43. Unemployment
- 38. Adult incarceration

### Physical environment
- 40. Child in household with a smoker
- 46. Outdoor air quality
- 40. Food insecurity

### Access to care
- 11. Medical home, choices
- 47. Preventive dental care, children

### Healthcare system
- 12. Staff-patient recommended treatment
- 46. Cancer early stage diagnosis
- 44. Unnecessary avoidable emergency department visits for employer-insured enrollees
- 43. Colon and rectal cancer early stage diagnosis
- 41. 30-day hospital readmissions for employer-insured enrollees

### Public health and prevention
- 7. Comprehensive public health system
- 51. Health security surveillance
- 48. Emergency preparedness training, per capita
- 46. Child immunization
- 45. State public health workforce
- 46. Environmental and occupational health
- 42. Seat belt use

**Top and bottom quartile metrics for health value**

### Population health
- 50. Drug overdose death
- 41. Infant mortality
- 41. Adult smoking
- 43. Premature death
- 42. Life expectancy
- 42. Poor oral health
- 41. Adult obesity
- 40. Adult insufficient physical activity
- 40. Cardiovascular disease mortality

### Healthcare spending
- 3. Employee contributions to employer-sponsored insurance premiums
- 41. Average total cost, per capita
- 41. Hospital care spending, per capita
- 41. Total/Medicare spending, per beneficiary
- 39. Average total cost, per Medicare beneficiary with three or more chronic conditions

---

**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

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

Learn More
Quit Line service utilization, Ohio and U.S. Q4 2016

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Counseling</th>
<th>Medication</th>
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</thead>
<tbody>
<tr>
<td>FY 2014</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>FY 2015</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>FY 2016</td>
<td>2%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Percent of Medicaid enrollees age 19-64 who smoke

2017: 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 (Nicotine 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 18, 2019.
Adult smoking and adverse childhood experiences in Ohio, 2015

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

Source: Dr. Carol Carstens, OMHAS, 2017
US surgeon general warns of teen risks from e-cigarettes

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

- 2017: 12%
- 2018: 21%

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 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 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
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
WELCOME

Jon Husted, Lt. Governor
Creating Opportunities for Children to Thrive

Jon Husted, Lt. Governor
Children’s Initiatives Goals

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
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.
Increasing Investment in Home Visiting
Expand Access to Quality Early Childhood Education
### Cluster 1

<table>
<thead>
<tr>
<th></th>
<th>Base</th>
<th>Closest Percentile Rate</th>
<th>1-Star</th>
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### Cluster 2

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### Cluster 3

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<td>$252.29</td>
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<td>$120.00</td>
<td>55th</td>
<td>$130.00</td>
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### 2018 Market Rate Study Percentile - Centers

Cluster 1

Cluster 2

Cluster 3
Expand Access to Lead Screening & Abatement
FIGURE 5. Number of children with confirmed blood lead levels ≥10 µg/dL — United States, 2001
FIGURE 1. States with Approved Health Services Initiatives and Number of Initiatives, 2019

Total approved HSIs nationwide: 71

MIKE DEWINE
GOVERNOR OF OHIO
<table>
<thead>
<tr>
<th>Activity</th>
<th>Number approved</th>
<th>States with approved HSI (number)</th>
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</thead>
<tbody>
<tr>
<td>Poison control center services</td>
<td>12</td>
<td>Arkansas, California, Indiana, Iowa, Maryland, Michigan, Nebraska, New Jersey, New York, Oregon, Washington, Wisconsin</td>
</tr>
<tr>
<td>Parenting education services and supports</td>
<td>8</td>
<td>Arkansas, Massachusetts (3), Missouri, Oklahoma (2), Maine</td>
</tr>
<tr>
<td>School-based health services and supports</td>
<td>7</td>
<td>Florida, Idaho, Massachusetts, Maine, Missouri, New Jersey, Nevada</td>
</tr>
<tr>
<td>Behavioral health and substance use disorder services</td>
<td>6</td>
<td>Arkansas, New Jersey, New York, Oklahoma (3)</td>
</tr>
<tr>
<td><strong>Lead testing, prevention, or abatement services and related programs</strong></td>
<td><strong>6</strong></td>
<td>Indiana, Maryland, Michigan, Missouri, Ohio (2)</td>
</tr>
<tr>
<td>Family planning services</td>
<td>5</td>
<td>Massachusetts, Oklahoma (3), Maine</td>
</tr>
<tr>
<td>Preventive services</td>
<td>5</td>
<td>Massachusetts (2), Missouri, Maine, West Virginia</td>
</tr>
<tr>
<td>Services related to children with special health care needs</td>
<td>5</td>
<td>Massachusetts (3), New Jersey (2)</td>
</tr>
<tr>
<td>Violence prevention and treatment</td>
<td>5</td>
<td>Massachusetts (5)</td>
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<tr>
<td>Coverage and financial assistance for health care services</td>
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<td>Illinois (2), Iowa, Minnesota, New Jersey</td>
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<tr>
<td>Nutrition services</td>
<td>3</td>
<td>Massachusetts (2), New York</td>
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<tr>
<td>Other condition-specific services</td>
<td>3</td>
<td>Delaware (vision services and supports), New York (sickle cell screening)</td>
</tr>
<tr>
<td>Maternal health care</td>
<td>1</td>
<td>New Jersey (expired)</td>
</tr>
</tbody>
</table>
LeeAnne Cornyn
Director of Children’s Initiatives
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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
<table>
<thead>
<tr>
<th>Targeted Investment</th>
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<td>Provide housing opportunities for a range of incomes, family types, and vulnerable populations</td>
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<td>Direct new unit production and rehabilitation through the use of data-driven criteria</td>
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<td>Site development in areas that are well-connected to services, amenities, transportation, and economic activity</td>
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<td>Incorporate comprehensive, population specific health and wellness supports into developments</td>
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2020-2021 Biennium Budget

- Ohio Housing Trust Fund
- Youth Homelessness
- Recovery Housing
- Primary Prevention
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
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

**EXTERNAL PARTNERS**
- Community/Prevention
- Coalitions
- Faith
- Criminal Justice
- Schools / Higher Education
- Statewide Associations
- Business Community

**INTERNAL PARTNERS**
- Collaborative Team
- Cabinet Agencies
- Ohio Boards and Commissions
- Special Initiatives – Ex.: Children’s, InnovateOhio, Workforce Transformation
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

- **Prevention**: Services that ensure that healthy Ohioans stay healthy, and productive.
- **Early Intervention**: Services for individuals exhibiting symptoms of a mental health or substance use disorder.
- **Crisis Services**: Services for individuals who experience psychosis, suicide attempt, overdose, etc.
- **Treatment**: Services for individuals with a MH or substance use disorders, detox, outpatient and more.
- **Recovery Supports**: Services to help individuals rebuild their lives – housing, family reunification, employment.
- **Sustained Recovery**: Services to help support individuals maintain wellness and recovery in community, peer support, workforce dev.
Continuum of Care
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