**Support Physical and Mental Health**

Improve family physical and mental health by expanding access to treatment through maintaining Medicaid expansion. Maintaining access to Medicaid coverage for thousands of working parents and young adults, is a critical strategy to:

* Maintain parents’ ability to support families
* Prevent and treat addiction
* Reduce Infant Mortality, low birth weight and birth defects
* Treat mental health and addiction disorders in order to promote safe and nurturing family environments for children

**Build the Human Services Workforce**

Across the State, there is a shortage of professionals in human service fields. In all counties there is a shortage of pediatricians, child psychiatrists, physical, occupational and speech therapists, counselors and social workers. This results in geographic areas where services are inaccessible and are provided at far below a therapeutic level. Ohio should invest in fellowships, loan repayment, and tuition reimbursement for individuals employed in human service positions in order to incentivize them to establish and remain in practice in the State of Ohio. This investment pays for itself many times over by reducing the need for more intensive medical, social and mental health services for children and families in later life.

**Prevent Out of Home Placement**

Out of home placement for children can be, by its very nature, traumatic. In order to produce positive family outcomes, placement should be for no longer than is necessary and in a facility that is as close to the child’s home community to promote family engagement in treatment. Ohio needs additional support for services that will minimize the need for out of home placement and provide optimal treatment environments when necessary. Investment in the following initiatives will avoid or reduce the length of time necessary for placement and expedite transition back to family.

* Use of GRF funding for the Multi-System Youth in Crisis Fund while expanding the services available in the program, eliminating the low income eligibility criteria, and facilitating the approval process. Include funding for short term residential stabilization of children in crisis without mandating that parents relinquish custody to a PCSA in order to get appropriate treatment
* Invest funding in transitioning youth from residential or hospital stays to home by State investment in a program to replicate the federally funded Home Choice program for children that will end in June 2019
* Provide funding for short term “step-down” transition programs for children exiting a hospital or residential stay
* Investing in crisis response teams that can deescalate crises and link families with mental health services thereby avoiding the need for hospitalization or emergency placement
* Support recruitment of more foster caregivers to care for children in crisis, particularly those with dual diagnoses.
* Expand current programs to provide parent to parent and youth to youth mentoring for youth in crisis.

**Early Childhood Continuum of Services**

We are pleased that the Governor has identified early childhood as a priority area for his administration and specifically that he has set a goal to triple the size of the Home Visiting program. However, the companion program under the Help Me Grow umbrella, Early Intervention, has suffered cuts in funding for many years while at the same time more children are being identified with qualifying delays or disabilities. This trend will escalate with the opioid crisis resulting in an increasing in the rate of pre-term births, and children born substance addicted. The earlier a child with a disability or delay receives intervention, the greater and more quickly can be the success with the intervention. Investment in EI in addition to Home Visiting will reduce costs for education and treatment of these children later in life and as they enter school.

**FCFC Allocation**

Service Coordination for youth prenatal through 21, provided through the statewide Family and Children First Councils, significantly increases the number of children with complex challenges that can remain at home in the custody of their parents while also reducing treatment costs to all child serving systems. By developing family based teams to coordinate services rather than duplicate them saves funding while producing maximum positive outcomes for children and families. In addition, increasing family stability allows parents to work and be contributing members in their community. However, the significant underfunding of this program limits the impact that would be possible if adequate funding were available. Currently the State provides $15,750 to each county to operate their FCFC which does not cover the cost of even one full time person to be in charge of all services offered. The funding is insufficient to manage the services and provide the level of services necessary to achieve desired family outcomes

* Additional funding is necessary to assure capacity to operate programs and services of county Councils
* A Medicaid Waiver that would provide match to implement Wraparound Services statewide would reduce out of home placement and costly treatment services. This team-based intensive service would promote child and family stability by helping families navigate systems and services to meet the complex needs of their child.

**Expedited Funding Methodologies**

* Because of the complexities of State funding mechanisms, funding may not be received at the local service level for many months after the beginning of the fiscal year. This results in staff layoff or loss, program closure, disincentives for providers to seek to provide services. And most important, a gap in services to families that need services urgently. All State funding cycles should be provided on a timeline that would avoid gaps in services
* Reimbursement funding for State funded programs requires counties to access local sources to provide cash flow to pay for services rendered for several months before receiving reimbursement. It is difficult for counties without levies to provide this “up front” funding or small providers without large cash flow reserves to enter into a service provision agreement. This limits access to services from providers that have a specialty service or engagement with target populations that would make them the optimal choice for service provision. State projects that are funded on a reimbursement basis should include an “up front” allocation to eliminate cash flow barriers to providing services