



Prioritizing Children’s Health in Ohio’s Budget

Issues	Opportunities in Ohio’s 2022-2023 State Budget
<p>Telehealth and Mental Health</p> <p>Contact: Ohio Children’s Alliance</p>	<ul style="list-style-type: none"> • Create legislature-led stakeholder group to create a Mental Health Workforce Development Plan by October 2022. The plan would include plans to increase the number of qualified mental health professionals across the continuum, robust training and education, and improve workforce retention. • Establish one-time \$20M dollar grant to spur innovation in community behavioral health to be used for software and hardware infrastructure, internet connectivity, technology resources for families, and training. • Increase state investment in Broadband development and expansion.
<p>Infant and Maternal Health, Extending Medicaid Postpartum Coverage, and Voluntary Evidence-Based Home Visiting</p> <p>Contacts: Children’s Defense Fund-Ohio and Groundwork Ohio</p>	<ul style="list-style-type: none"> • Maintain and expand investment in extended postpartum coverage and pursue CMS approval of a Section 1115 waiver for continuous 12-month Medicaid eligibility for postpartum women with substance abuse disorders. Expand the scope and investment of the waiver to include 12-month continuous care for pregnant women with high risk pregnancies, chronic conditions, and mental health diagnoses. • Take steps to expand Medicaid coverage of Doula services in Ohio. • Preserve the annual state investment of \$39.3M for evidence-based home visiting through the Ohio Department of Health Help Me Grow Program. • Expand evidence-based home visiting services to serve more eligible families by increasing the state investment in the Ohio Department of Health Help Me Grow program and make it an opt out program that is offered automatically to all families with a mental health diagnosis, previous contact with the child welfare system, or previous infant mortality. • Continue supporting Ohio’s Infant Mortality Collaboratives throughout the state at existing funding levels. • Expand antiracism training, evaluation, and accountability measures in healthcare. • Ensure every pregnant person has access to the technology needed to safely access health care visits.
<p>Child Lead Poisoning</p> <p>Contact: Ohio Lead Free Kids Coalition</p>	<ul style="list-style-type: none"> • Broaden the reach and impact of the SCHIP HSI Lead Hazard Control Program by doubling the total dollars (\$20M over the biennium) and require that at least 50% of the funding support the Phase 2 primary prevention track which targets pre-1978 dwellings prior to a child having an EBLL. • Shift oversight authority for the RRP rule from the federal level to the state by designating ODH authority to enforce the program, with one-time cost of \$1.3 million.

	<ul style="list-style-type: none">• Sustain innovation and public-private partnership through local lead prevention efforts, including Cleveland’s Lead Safe Home Fund and Toledo’s program (\$2.3 million in GRF).• Create dedicated GRF funding for ODH’s Ohio Lead Poisoning Prevention Fund (\$4M). Most of the funding available for primary prevention is dependent on federal appropriations with guidelines set by the federal government. This fund, created in state law in 2003, would allow Ohio to set its own priorities for primary prevention and could be an avenue to foster public-private funding partnerships throughout the state.• Allocate one third of H2Ohio funding to the Ohio EPA for clean, safe drinking water and approximately \$15M to local governments and public utilities for lead-safe and affordable water for Ohioans.
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