

OHIO KIDS BUDGET

In Brief



Introduction

Governor John Kasich unveiled “*Building for Ohio’s Next Generation*,” his state operating budget proposal for fiscal years 2018-2019 on Monday, January 30, 2017. The budget and tax report is contained in over 800 pages of text and spreadsheets. At this time, the Ohio House of Representatives Finance Committee has begun hearing testimony and a full bill is expected within one to two weeks. The Policy Team at Voices for Ohio’s Children has spent time reviewing the documents available—paying particular attention to items in-line with our [2017 Policy Agenda](#)—and is pleased to provide this initial **Kids Budget in Brief** analysis. We will provide more in-depth information and analysis of the budget proposals as they progress through the Ohio General Assembly. The Senate should begin hearings this spring and the state budget must be approved by the General Assembly and signed by Governor Kasich by June 30th.

This analysis is organized by state department and contains only bullet-point highlights of the Governor’s proposals that we have identified as most directly impacting Ohio’s children as we await a more complete picture when the full bill is available. Further, these highlights are merely a reflection of the Governor’s proposals and do not include Voices independent opinions or positions on any policy and funding decisions. As additional information becomes available, we will provide more detailed analysis. Please feel free to contact any of us at Voices to discuss the budget proposal in greater detail.

[A Note on Sources:](#)

If you would like to review the resources utilized in this document that are available to the public, please visit the following website: <http://www.obm.ohio.gov/Budget/operating/fy18-19.aspx>

Further, Voices utilized additional policy detail provided by the Governor’s Office of Health Transformation that is also available to the public at the following website: <http://www.healthtransformation.ohio.gov/Budget/BudgetFY1819.aspx>

2018-2019 State Budget Highlights by State Departments

Ohio Department of Medicaid

Highlighted Agency Priorities

- Modernize the state's Medicaid program and ensure stability for future years through innovative and transformative approaches aimed at improving the quality of health care in Ohio, improving the health of Ohioans receiving Medicaid, and practicing best evidence medicine.
- Continue the Behavioral Health Redesign, a transformative initiative aimed at rebuilding Ohio's community behavioral health system capacity. Changes will be implemented throughout 2017, and behavioral health services will be included in managed care in January 2018.
- Improve program integrity, in collaboration with the Ohio Auditor of State and the Ohio Attorney General, to ensure that those responsible for delivering services to Medicaid managed care plans are held accountable to Ohio taxpayers.

Funding Recommendations for 2018 and 2019

- GRF: Funding for fiscal year 2018 is \$14.9 billion (or a 13.3% decrease from fiscal year 2017). Funding for fiscal year 2019 is \$15.4 billion (or a 3.0% increase from fiscal year 2018).
- All Funds: Funding for fiscal year 2018 is \$25.0 billion (or a 6.1% increase from fiscal year 2017). Funding for fiscal year 2019 is \$25.7 billion (or a 2.8% increase from fiscal year 2018).

Highlighted Objectives

- Provide Medicaid services to over 3 million low-income individuals, children, pregnant women, seniors, and individuals with disabilities.
- Administer and oversee the Medicaid program that contracts with more than 90,000 active providers and six managed care plans.
- Work with the federal Centers for Medicare and Medicaid Services (CMS) to ensure that federally set standards and requirements are maintained and met.
- Support innovative strategies that will modernize the Ohio Medicaid system and improve the quality of services and health outcomes.

Office of Health Transformation

Modernize Medicaid. *Provide high value health care coverage for very low-income Ohioans.*

- Coverage Works
 - *Maintains health coverage for very low-income Ohioans*
 - Ohio Medicaid covers children up to 200 percent of the federal poverty level, parents up to 150 percent, childless adults up to 138 percent, and individuals who are aged, blind or disabled (ABD) up to 75 percent, with some exceptions. The current income eligibility levels were requested by Ohio and approved by the Centers for Medicare and Medicaid Services in October 2013. These levels do not expire unless the state requests a change. The Executive Budget calculates the Medicaid spending that is projected to result based on current eligibility levels and incorporates that amount into the Medicaid baseline.

- *Provides access to services that reduce infant mortality and opioid abuse*
 - Several significant legislative priorities – reducing infant mortality, increasing treatment for substance abuse, and improving care coordination across physical and mental health care services – depend on preserving the Medicaid expansion. Without the resources that became available through the expansion, the state would not be able to enroll women into proper care management before they get pregnant, or sustain recent gains in access to medically-assisted treatment to fight addiction. The Executive Budget keeps these programs intact along with the expansion.
- *Positions Ohio to benefit from federal health care reform*
 - On January 18, Ohio Governor John Kasich and Lieutenant Governor Mary Taylor submitted a letter to Congressional leaders supporting a strategy to repeal and replace Obamacare. The next day, Governor Kasich joined nine Republican Governors in Washington D.C. to discuss state priorities for reform with members of the House Energy and Commerce and Senate Finance Committees. Until further details emerge, any action to anticipate what Congress might do would be premature.
- *Requires coverage first before using taxpayer dollars for health services*
- Improve Care Coordination
 - *Reduces the state share of Medicaid spending \$1.8 billion over two years*
 - Assumes premium payments for adults above 100 percent of poverty.
 - Ohio Medicaid currently requires copayments for everyone except children, pregnant women, and persons who are aged, blind or disabled (ABD). There are no premiums in the current program.
 - The Executive Budget requires childless, non-pregnant adults who have income between 100-138 percent modified adjusted gross income (MAGI) to pay a monthly premium to the Medicaid program. Under Section 1115 of the Social Security Act, CMS may grant Ohio the authority to charge premiums for this population. If approved by CMS, monthly premium amounts will be calculated using a similar methodology as used in the private sector and capped to not exceed two percent of household income.
 - The average monthly premium charge is expected to be about \$20. This provision will take effect January 1, 2018 and is estimated to save \$52.6 million (\$1.2 million state share) in 2018 and \$184.7 million (\$8.4 million state share) in 2019.
 - Provides financial incentives to improve student health.
 - Health status is an important factor in school success. For example, a child with asthma or a behavioral health condition who misses several weeks of school may not be able to recover enough to succeed academically. Medicaid managed care plans are in a strong position to

- identify student health issues that could become a barrier to academic performance and coordinate care to remove those barriers.
- The Executive Budget requires financial incentives for Medicaid health plans to improve population health outcomes for youth. Beginning January 1, 2019, Medicaid will reward health plans an amount up to 0.5 percent of their child-related capitation payments for achieving improved academic performance among their enrollees in low performing schools.
 - Specific measures of success that will be tied to the pay-for-value strategy could include absenteeism rate, Modernize Medicaid 4 kindergarten readiness assessment, third grade reading guarantee, and high school graduation rate. This provision will take effect January 1, 2019 and cost \$9.4 million (\$2.8 million state share) in 2019.
 - Requires parity in physical and behavioral health services.
 - Sets managed care rates at the lower boundary.
 - *Shifts remaining populations from fee-for-service into managed care*
 - Extends the benefits of care coordination to all remaining populations
 - Most Medicaid enrollees (children, parents, and childless adults) are already enrolled in private sector managed care plans. Ironically, the Medicaid enrollees with the most complex needs and who could benefit most from care coordination are excluded from managed care. The Executive Budget requires Ohio Medicaid to enroll these remaining populations in managed care, with the exception of individuals served through the Department of Modernize Medicaid 3 Developmental Disabilities (DODD). Individuals enrolled on DODD waiver programs (Individual Options, Level 1 and SELF) will remain in FFS for long-term care services but have the option to enroll in a health plan for acute care services.
 - *Replaces expiring sales tax revenue with a stable alternative*
 - Prioritize home and community based services
 - *Serves almost 100,000 Ohioans in home and community based settings*
 - *Increases rates for home and community based services \$61 million*
 - *Provides support for individuals who want to self-direct their care*
 - Provide choices in Ohio's developmental disabilities system
 - *Invests \$122 million on top of the historic \$286 million in the previous budget*
 - *Increases opportunities for individuals to receive services in the community*
 - *Modernizes the Intermediate Care Facility reimbursement system*
 - *Expands services for youth with complex needs*
 - Funds two pilot programs for youth with complex needs.
 - In 2016, DODD entered into a grant agreement with Oesterlen Services for Youth to address growing concerns about youth with complex needs

served by multiple state systems, and the need to improve outcomes for those youth and avoid out of state placement, institutionalization in state facilities, and custody relinquishment. This program is now operational and showing positive results.

- The Executive Budget continues funding for Oesterlen Services and allows DODD to add an additional provider to serve children with complex needs. This provision costs \$2.0 million each year of the biennium in non-Medicaid State GRF.
- Rebuild community behavioral health system capacity
 - *Integrates Medicaid-reimbursed physical and behavioral health services*
 - The BH Redesign Budget required Ohio Medicaid to move all Medicaid reimbursed behavioral health services into managed care effective January 1, 2018. Ohio Medicaid will add behavioral health services to Ohio's current Medicaid managed care plan contracts and require the health plans to provide care coordination including, when appropriate, coordination provided by qualified community behavioral health providers. Providers in the new network will include community behavioral health organizations, inpatient hospitals, clinics, and specialty practitioners. Prior to implementation, Ohio Medicaid will clarify the state's expectations for health plan performance measures, care management strategies for high risk populations, billing and coding methodologies, and benefit design.
 - Provides Medicaid reimbursement for institutions for mental diseases.
 - Reports performance on high-cost episodes of behavioral health care.
 - Improves access to comprehensive primary care.
 - *Requires benefit parity in Medicaid physical and behavioral health services*
 - Ohio is required by federal law achieve parity between physical health and behavioral health services, including provisions to ensure that coverage features like co-pays, deductibles, and visit limits are not more restrictive for mental health and substance abuse disorders benefits than they are for medical and surgical benefits. The federal requirement takes effect October 2, 2017, just three months prior to the state's "carve-in" of Medicaid behavioral health services into managed care. Subject to federal approval, Ohio Medicaid plans to implement the federal parity requirement and move the behavioral health benefit into managed care on the same day, January 1, 2018.
 - *Strengthens community mental health and addiction services and supports*
 - Assists prisoners with addiction to recover and transition back to the community.
 - Encourages community innovations to avoid unnecessary incarceration.
 - Supports addiction treatment programs for court-involved individuals.
 - Strengthens community substance abuse and addiction prevention services.
 - Reduces preschool expulsions.

- Continues support for Strong Families and Safe Communities.
 - Maintains support for crisis hotlines and creates a statewide text option.
 - Supports multiple strategies to reduce drug abuse and overdose deaths.
 - Addresses gaps in workforce capacity.
- Reform provider payments
 - *Supports performance payments for comprehensive primary care*
 - Reports performance on high-cost episodes of care.
 - Improves access to comprehensive primary care.
 - *Reduces hospital reimbursement 2.2 percent in 2018 and 5.7 percent in 2019*
 - Eliminates ICD-10 coding inflation.
 - Protects high-Medicaid hospitals from rate reductions.
 - Defaults hospital reimbursement to FFS without a managed care contract.
 - *Moves nursing facility reimbursement into managed care*
 - Resets unintended payment gains resulting a new payment methodology.
 - Increases and reforms nursing facility payments for low-acuity residents.
 - Provides specialized services in nursing facilities.
 - Creates an opportunity to negotiate better rates through managed care.
 - *Adopts a single preferred drug list for the Medicaid pharmacy benefit*
 - Adopts a single preferred drug list.
 - Enhances drug rebate collections.
 - Updates and increases pharmacy dispensing fees.
 - Copies federal discount drug pricing.
- Improve program performance
 - *Integrates all Medicaid eligibility, claims, and provider enrollment functions*
 - Protects and reforms services for children with medical handicaps.
 - The Ohio Department of Health (ODH) Bureau for Medically Handicapped Children (BCMh) pays for health care services for children with special health care needs who are uninsured, underinsured, or whose insurance does not cover the services they need. Eligibility for BCMh is determined by a complex methodology that takes into consideration family income, service level credits, maximum ability to pay calculations, and cost sharing requirements. Also, there are no limits on the number of enrollees in the program. As a consequence, BCMh consistently ran over budget, and currently has an unfunded liability of approximately \$11 million. In addition, BCMh spends taxpayer dollars twice for similar services for BCMh children who are also enrolled in Medicaid, once through Medicaid for services that Medicaid managed care plans are required to provide (e.g., care coordination), and then again through BCMh for similar services.
 - The Executive Budget preserves medically necessary services for every child currently enrolled in the BCMh program, but reforms the program

and clarifies income and benefit limits for any child applying to or entering the program after July 1, 2017.

- Approximately 20,000 children in families with income above the Medicaid limit will continue to receive services exactly as they do today. ODH will administer the existing BCMH program until these children age out, and counties will continue to support this group by contributing inside millage.
- Another 20,000 children enrolled in both BCMH and Medicaid will receive BCMH services solely through their Medicaid health plan beginning January 1, 2018. This change will reduce the cost to counties, which currently provide inside millage to pay for services purchased by the ODH program – Ohio Medicaid will cover these costs after January 1, 2018.
- Ohio Medicaid will create a new BCMH program and begin enrolling children in families with income above the Medicaid income limit beginning January 1, 2018 (Quadrant IV). Medicaid-administered BCMH services will be comparable to the current ODH program. ODH will notify anyone who applies for the BCMH program on or after July 1, 2017 that, beginning January 1, 2018, they will be enrolled in the new Medicaid BCMH program. Ohio Medicaid (not counties) will cover the cost of the new program.
- *Manages non-emergency medical transportation through a broker*
- *Coordinates efforts to fight fraud, waste and abuse*
- *Creates a new, mostly federally-funded lead abatement program*
 - The U.S. Department of Housing and Urban Development (HUD) provides some funding to assist Ohio property owners address lead hazards. However, the HUD amount is not sufficient to address unsafe levels of lead in more than 750 homes across the state that are currently under ODH lead hazard control orders or orders to vacate.
 - The Executive Budget requires ODH to partner with Ohio Medicaid to leverage up to \$5 million each year in SCHIP funding for lead abatement activities. Ohio Medicaid will file a State Plan Amendment to cover the lead abatement activities provided through the ODH program. Approximately \$4.8 million each year will be used for remediation and associated testing services for homes under lead hazard orders, and the remaining \$200,000 each Modernize Medicaid 5 year will be used to establish a Registry of Lead Safe Housing for non-owner occupied rental housing.
- Overall Medicaid budget impact
 - *Holds Department of Medicaid per member cost growth below one percent*
 - *Reduces the state share of Medicaid spending*

- Invests in primary care and home and community based services
- Replaces the Medicaid managed care sales tax with a stable alternative

Streamline Health and Human Services. *Share services across jurisdictions to improve performance.*

- Simplify eligibility determination
 - Creates an online option for determining eligibility for TANF and SNAP benefits
 - Expands opportunities for counties to share services to be more efficient
 - Accelerates the process for disability determination
- Modernize medical professional licensing boards
 - Protects medical professional licensing boards from antitrust lawsuits
 - Halves the number of medical licensing boards and appointed members
 - Aligns board activities across related professions and saves taxpayer dollars

Pay for Value. *Reset the basic rules of health care competition to reward value.*

- Increase access to comprehensive primary care
- Report performance on high-cost episodes of care
- Make health care cost and quality transparent

Improve Population Health. *Make Ohio a model of health and economic vitality.*

The Executive Budget aligns state funding to support health improvement priorities as determined in the Ohio 2017-2019 State Health Improvement Plan (SHIP). The SHIP was developed with input from state and local-level stakeholders a response to the 2016 state health assessment (SHA). It is a strategic menu of priorities, objectives and evidence based strategies to be implemented to improve population health.

- Set clear priorities for health improvement
- Improve health through economic vitality
- Strengthen public health infrastructure
- Promote student success through better health
- Reduce infant mortality
- Reduce drug abuse and overdose deaths
- Reduce the incidence of depression and suicide
- Reduce the burden of chronic disease

Ohio Department of Health

Highlighted Agency Priorities

- Continue to focus on the agency's core public health responsibilities: Infectious Disease; Public Health Preparedness; Health Improvement and Wellness; Health Equity and Access; Environmental Health; and Regulatory Compliance.
- Work with the Governor's Office of Health Transformation to improve overall health performance by promoting health care that is based on value instead of volume, coordinating programs for children, expanding workforce capabilities, and advancing efforts to better integrate health information technologies.

- Improve birth outcomes and reduce infant mortality rates by building on past initiatives. New efforts will include surging resources to high-disparity communities, funding Centering Pregnancy and Parenting, and expanding Safe Sleep efforts.
- Work with the Ohio Department of Medicaid to greatly expand efforts to perform lead abatement work in housing across the state, reducing children's exposure to this toxin.
- Reduce Ohio's smoking rate through prevention, cessation, and smoking ban enforcement efforts, which have been strengthened through the provision of disputed tobacco company payments related to the Tobacco Master Settlement Agreement.

Funding Recommendations for 2018 and 2019

- GRF: Funding for fiscal year 2018 is \$79.8 million (or a 4.0% decrease from fiscal year 2017). Funding for fiscal year 2019 is \$81.3 million (or a 1.9% increase from fiscal year 2018).
- All Funds: Funding for fiscal year 2018 is \$638.4 million (or a 1.9% increase from fiscal year 2017). Funding for fiscal year 2019 is \$639.9 million (or a 0.2% increase from fiscal year 2018).

Highlighted Objectives

- Provide approximately 234,719 individuals eligible for the Women, Infants, and Children Program (WIC) with supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.
- Provide expectant or new parents with health and child development information through a voluntary, evidence based home visiting service to approximately 10,500 families.
- Fund and administer the Ohio Dentist Loan Repayment Program to help place dentists in underserved areas.

Ohio Commission on Minority Health

Highlighted Agency Priorities

- Increase awareness of the significance of minority health disparities, their impact on the state, and the actions needed to improve health outcomes for racial and ethnic populations.
- Strengthen and broaden state leadership and the policy agenda to address health disparities at all levels.
- Improve healthcare access as well as improve health and healthcare outcomes for racial and ethnic minority populations.
- Improve cultural and linguistic competency and the diversity of the health-related workforce.
- Improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes.

Funding Recommendations for 2018 and 2019

- GRF: Funding for fiscal year 2018 is \$2.7 million (or a 2.1% increase from fiscal year 2017). Funding for fiscal year 2019 is \$2.7 million (or a 1.4% increase from fiscal year 2018).
- All Funds: Funding for fiscal year 2018 is \$2.7 million (or a 2.0% increase from fiscal year 2017). Funding for fiscal year 2019 is \$2.8 million (or a 1.4% increase from fiscal year 2018).

Highlighted Objectives

- Provide demonstration grants to community-based health groups for activities that relate to promoting health and preventing chronic disease among the minority populations, including initiatives to prevent infant mortality and type 2 diabetes. These grant programs will serve up to 1,000 Ohioans.
- Provide infant mortality expansion/replication grants for the Certified Pathways Community HUB model to community-based non-profits for activities that relate to the reduction of preterm birth rates and the provision of quality care coordination services, including pathways that connect to resources and reduce social determinants of health. These grant programs will serve up to 1,000 high risk pregnant Ohioans.

Ohio Department of Developmental Disabilities

Highlighted Agency Priorities

- Develop fair and logical payment systems that allow for seamless service delivery.
- Achieve quality outcomes through a combination of people and processes.
- Design service delivery models, in alliance with community supports, which respond to choices made by the people served.
- Continue to work with system stakeholders to refine and improve the service delivery system.
- Meet the needs of people on waiting lists.

Funding Recommendations for 2018 and 2019

- GRF: Funding for fiscal year 2018 is \$681.6 million (or a 3.3% increase from fiscal year 2017). Funding for fiscal year 2019 is \$700.7 million (or a 2.8% increase from fiscal year 2018).
- All Funds: Funding for fiscal year 2018 is \$2.9 billion (or a 5.3% increase from fiscal year 2017). Funding for fiscal year 2019 is \$3.0 billion (or a 3.9% increase from fiscal year 2018).

Highlighted Objectives

- Increase the number of total waivers over the biennium.
- Provide subsidy funds to 88 county boards of developmental disabilities, which serve approximately 94,000 individuals.
- Provide funding for residential support services, 24-hour care, behavioral supports, crisis intervention and stabilization, therapy, and medical services for individuals living in state developmental centers.
- Provide funding for the Intermediate Care Facilities for individuals with Intellectual Disabilities (ICF/IID) program, serving approximately 5,500 individuals.
- Increase wages for homemaker personal care direct support staff.

Ohio Department of Job and Family Services

Highlighted Agency Priorities

- Develop programming to achieve better outcomes for children and families, promote child safety, find adoptive homes for children in foster care, and prepare older youth in foster care for employment and independent living.

- Help low-income young people ages 16 to 24 break the cycle of poverty by providing education, training, and other supports to find employment and successfully establish and maintain career paths.
- Provide adult Ohioans receiving food and cash assistance with both immediate assistance and long-term job training and work supports and utilize the Race to the Top Early Learning Challenge Grant to improve the quality of early childhood education.
- Increase the statewide child support collection rate through new collection opportunities.
- Accept online applications for food and cash assistance through the expansion of benefits.ohio.gov, Ohio's new integrated eligibility system, and expand online career center services for Ohioans through enhancements to OhioMeansJobs.com.

Funding Recommendations for 2018 and 2019

- GRF: Funding for fiscal year 2018 is \$810.6 million (or a 0.5% increase from fiscal year 2017). Funding for fiscal year 2019 is \$761.9 million (or a 6.0% decrease from fiscal year 2018).
- All Funds: Funding for fiscal year 2018 is \$3.4 billion (or a 13.1% increase from fiscal year 2017). Funding for fiscal year 2019 is \$3.3 billion (or a 1.6% decrease from fiscal year 2018).

Highlighted Objectives

- Serve approximately 25,600 children in foster care at some point each fiscal year; provide partial federal reimbursement for placement costs incurred by approximately 16,000 children in foster care each year. This includes the H.B 50 inclusion of foster children age increasing to 21 years old.
- Provide subsidized child care to approximately 124,000 children per month in fiscal year 2018 and 126,000 children per month in fiscal year 2019.
- Ensure 60% of publicly funded child care providers are rated, and 40% of centers and large child care homes are highly rated in the Step Up to Quality program by the end of Fiscal Year 2019 in order to meet statutory requirements.
- Support more than 985,000 child support cases to collect, process, and disburse nearly \$2 billion in child support payments each fiscal year.
- Provide independent living services for more than 4,500 youth and young adults who transition out of the foster care system each year; and process more than 8,500 Kinship Permanency Incentive program applications each year.
- Annually provide approximately 2,000 training days for county child welfare workers; and annually ensure 265,000 training hours for approximately 6,800 foster parents.

Ohio Department of Education

Highlighted Agency Priorities

- Provide the basic education funding necessary to support student success and achievement.
- Promote and support quality school choice options for all students.
- Implement academic standards, which are the cornerstone of a strong educational system, and set the expectation for what all students should know and be able to do.
- Align student assessments with the academic content standards to determine that students are meeting expectations.

- Hold educators and students accountable for performance and provide data that are used to inform educational decisions.
- Initiate school improvement programs that improve the school learning environment, engage parents in the learning process, and support student intervention programs that offer those students who are performing below expectations a chance to succeed.
- Provide focused, high quality professional development for educators.

Funding Recommendations for 2018 and 2019

- GRF: Funding for fiscal year 2018 is \$8.1 billion (or a 1.8% increase from fiscal year 2017). Funding for fiscal year 2019 is \$8.2 billion (or a 1.7% increase from fiscal year 2018).
- All Funds: Funding for fiscal year 2018 is \$11.2 billion (or a 1.2% increase from fiscal year 2017). Funding for fiscal year 2019 is \$11.4 billion (or a 1.4% increase from fiscal year 2018).

Highlighted Objectives

- Funding for traditional, joint vocational, and community schools. Maintain funding for chartered nonpublic schools to support the purchase of secular services and materials as well as to reimburse nonpublic schools for mandated administrative and clerical costs.
- Provide funding for early childhood education and opportunities for economically disadvantaged students to enroll in high quality preschools. Fund early literacy activities to support schools and ensure teachers and students are prepared for the Third Grade Reading Guarantee.
- Continue the Community Connectors mentorship program to bring together families, community organizations, faith-based and value-based organizations, and businesses to support schools and mentor students.
- Continue funding the Straight A Fund allowing schools to implement innovative instructional models to inspire learning and student growth; pursue efficiencies and shared services delivery to promote effectiveness, sustainability, and scalability; and replicate other successful Straight A Fund grants.
- Support school improvement activities focusing on the state's lowest-achieving schools. Support includes assistance with improvement planning, creation of an improvement culture in schools, support for building principal and teacher development, and resources to promote effective practices.
- Continue funding adult education programs to help Ohioans earn a high school diploma, a high school equivalency program, and industry recognized credentials.
- Direct funding for technical assistance and more effective oversight of Ohio's school choice programs and community schools. Continue facilities funding for community schools and STEM schools. Increase funding for the EdChoice expansion program, allowing economically disadvantaged pupils in kindergarten through fifth grade access to additional school choice options.
- Fund professional development and outreach efforts related to the implementation of Ohio's rigorous academic content standards and model curricula. Continue Ohio's assessment system and maintain the state's accountability system and measure student success through local

report card. Increase funding for the Education Management Information System to support development, internal and external processing, and data quality.

Ohio Department of Higher Education

Highlighted Agency Priorities

- Increase Ohio's educated workforce to meet the current and future staffing needs of Ohio businesses.
- Increase degree and certificate attainment by focusing on multiple pathways, competency-based credits and enhanced career advising.
- Provide Ohioans with continued access to higher education opportunities through limits on undergraduate tuition and fee increases that are achieved through operational efficiencies and enhanced support through the State Share of Instruction.
- Continue the implementation of Ohio's performance-based funding formula to incentivize successful completion of degrees and certificates at Ohio's public colleges and universities.

Funding Recommendations for 2018 and 2019

- GRF: Funding for fiscal year 2018 is \$2.6 billion (or a 1.6% increase from fiscal year 2017). Funding for fiscal year 2019 is \$2.6 billion (or a 1.7% increase from fiscal year 2018).
- All Funds: Funding for fiscal year 2018 is \$2.7 billion (or a 1.0% increase from fiscal year 2017). Funding for fiscal year 2019 is \$2.7 billion (or a 1.8% increase from fiscal year 2018).

Highlighted Objectives

- Increase scholarship award amounts to children of deceased or disabled U.S. Armed Forces veterans through enhanced support of the War Orphans Scholarship Program.
- Continue providing access to a college education for our neediest students through financial aid that is awarded via the Ohio College Opportunity Grant.
- Maximize student opportunities for prior learning and credit transfer through continued support of the Ohio Articulation and Transfer Network.

Ohio Department of Youth Services

Highlighted Agency Priorities

- Rehabilitate youth through therapeutic, humane, and developmentally appropriate treatment that responds to their individual needs and reduces the likelihood of recidivism.
- Support positive relationships between youth and their families by strengthening relationships, helping families to address ongoing issues in the home, and empowering parents and guardians to hold youth accountable.
- Continue to use a comprehensive community-based service delivery system that is designed to provide appropriate services and supports for youth by matching risk level with the least restrictive program setting.

Funding Recommendations for 2018 and 2019

- GRF: Funding for fiscal year 2018 is \$214.6 million (or a 0.2% decrease from fiscal year 2017). Funding for fiscal year 2019 is \$218.3 million (or a 1.7% increase from fiscal year 2018).

- All Funds: Funding for fiscal year 2018 is \$231.7 million (or a 1.2% increase from fiscal year 2017). Funding for fiscal year 2019 is \$235.3 million (or a 1.6% increase from fiscal year 2018).

Highlighted Objectives

- Ensure safety and security at the three DYS facilities and 12 juvenile community corrections facilities, including meeting all statutory requirements of the American Correctional Association accreditation and the Federal Prison Rape Elimination Act.
- Operate facilities that provide behavioral health, substance abuse, and sex offender services and programming for all youth, as well as basic supervision, care, and control of youth, including holding youthful offenders accountable for their behaviors.
- Operate an accredited high school within each DYS institution, providing a quality education for all youth working toward high school graduation or GED, in compliance with the Ohio Department of Education charter, including special education programming.
- Provide a continuum of care from admission to the agency to the youth transition back into the community.
- Operate two regional parole offices in Ohio for the supervision of juvenile offenders who are released from state correctional facilities, and/or brought in through an Interstate Compact Agreement.
- Provide subsidy and grant funding to all 88 Ohio counties for county juvenile court operations and/or for courts to create local prevention and diversion programming.
- Provide funding for local operations of the 12 juvenile community correction facilities in Ohio, including programming for education, treatment, medical, mental health, and community services within those facilities.
- Provide federal pass-through grant funding to units of local government and private agencies to provide prevention and intervention programs and services for youth, including the administration of Juvenile Accountability Block Grant (JABG), Title II, and Title V block grants.

CONTACT US

CLEVELAND OFFICE:

5246 Broadway Ave, #200 Cleveland, OH 44127

COLUMBUS OFFICE:

33 N. Third Street, Ste. 420 Columbus, OH 43215

Ph. 614.221.5204 Email info@raiseyourvoiceforkids.org