STATE POLICY/LEGISLATION

1. 21st Century CURES Act Funding

The 21st Century Cures Act authorizes $1 billion in grants to states over two years—$500 million for FY2017 and another $500 million for FY2018. The FY2017 dollars were secured through a continuing budget resolution and are now available to states through the Substance Abuse and Mental Health Administration (SAMHSA). The funding for FY2018 is not yet secured and is subject to next year’s appropriations process. Ohio is slated to receive up to $26 million through these funds for FFY2017.

OhioMHAS is recognized by SAMHSA as the Single State Authority for passing through resources to the state, so they are responsible for responding to the SAMHSA request for proposals which is due in late February. MHAS expects the award notice to arrive in mid-May and plans to have the funds to local Boards by June. The majority of the allocation must be used for treatment, and it will also pay for prevention and recovery supports. MHAS received nearly 500 responses to their survey of gaps and opportunities that could benefit from Cures resources. Because these are one-time funds, MHAS plans to support investments that create training of workforce and increasing prevention, treatment, and recovery capacity. Early indications are that they plan to increase DATA 2000 waived prescribers and will invest in training prevention workforce. They will also use a small portion of the resources to support first responders experiencing secondary trauma related to the opioid crisis. Priority populations include people who are involved with the criminal justice and/or child welfare systems.

To decide how the $26 million will be dispersed in Ohio, MHAS reviewed data on counties with the highest overdose death counts and then prioritized two tiers. You can see their analysis represented in this map. Yellow counties are Tier 1, and red counties are in Tier 2. Counties in white will be eligible for any funds not planned for by the counties with the highest overdose death counts.
Starting in the last full week of January 2017, MHAS began meeting with the Boards in each of these counties to instruct them on preparing strategies for using Cures funds. Because SAMHSA requires the dollars to be at work in each state within four months of grant award, there will be no RFP processes, neither from the state nor from the Boards. We urge Ohio Council members to reach out to your ADAMH Board immediately to contribute to the planning process. 

(LC)

2. **BH Redesign – Medicare Participation and Rendering Provider Enrollment**

As we move toward the planned July 1, 2017 implementation of the new service code set and provider requirements for the BH Re-design, we wanted to re-share resources related to Medicare participation and rendering provider enrollment with Medicaid.

Ohio Medicaid will require individual providers and provider organizations to participate in the Medicare program when they are serving Medicare eligible or dual eligible (Medicare-Medicaid) individuals and delivering services that are both covered by Medicare and delivered by a Medicare eligible practitioner. When the new code set is implemented, ODM will limit Medicaid payments for services if Medicare would have paid for the service and it was delivered by a Medicare eligible provider (MD, DO, CNP, CNS, PHD, LISW). If your organization intends to serve Medicare eligible or dual eligible individuals and employees Medicare eligible staff that deliver Medicare eligible services, your organization and Medicare eligible practitioners will need to enroll with Medicare. This application process can take 2-4 months to complete. The [Ohio Council Member Brief: Medicare Enrollment Basics for Behavioral Health](https://www.medicaid.ohio.gov) provides detail information on the steps to take to enroll with Medicare. Additionally, the BH MITS Bits dated 04/22/2016, [Revised - Serving Medicare Beneficiaries? Enroll in the Federal Medicare Program](https://www.medicaid.ohio.gov) also provides relevant information.

Similarly, Ohio Medicaid is requiring certain individual practitioners to enroll in Medicaid as rendering providers. Licensed practitioners that must enroll in MITS as a rendering provider include: MD, DO, CNS, CNP, PA, PHD, LISW, LPCC, LMFT, LICDC, RN and LPN. Individuals that are also Medicare eligible practitioners will be expected to include their Medicare participating provider ID number in the MITS application file. The individual practitioner must also be affiliated with the BH provider organization’s MH provider ID (Type 84) and SUD provider ID (Type 95). The BH MITS Bits dated 07/07/2016, [Revised - Update on Rendering Practitioner Enrollment & Agency Affiliation](https://www.medicaid.ohio.gov) provides detailed information and step-by-step instructions for individual practitioner enrollment and agency affiliation. Ohio Medicaid is encouraging provider organizations to have all currently employed practitioners that must enroll as rendering providers complete the application process before April 1, 2017. This should allow all rendering provider applications to be processed prior to July 1. Ohio Medicaid has acknowledged a backlog in processing rendering provider applications that have been submitted to date. ODM is working to resolve the backlog and BH providers can send inquiries regarding the status of rendering provider applications to bh-enroll@medicaid.ohio.gov. (TL)

3. **Adult Care Facility/Adult Foster Home (ACF/AFoH) Incentive Program**

On January 17, 2017, the Ohio Department of Mental Health & Addiction Services (MHAS) sent out a [letter](https://www.medicaid.ohio.gov) and the Quarterly Reporting [Form](https://www.medicaid.ohio.gov) for state fiscal year 2017 for quarters 3 and 4 (January 1, 2017 through June 30, 2017). The ACF/AFoH Incentive Program will continue to provide resources to Home Operators to enhance the quality of care of licensed homes which provide housing and supports to individuals with mental health or substance use disorders and support their efforts towards meeting Home and Community-Based Services (HCBS) requirements. Funds are available on a first-come, first-served basis to home operators who apply and whose licensure is current and in good standing. Because of high participation this year, it is anticipated that ACF Incentive funds will be exhausted during Quarter 3 & 4 of SFY 2017. The Quarterly Reporting Form may be submitted at any time but no later than March 1, 2017. (HW)
Ohio Begins Work on Marijuana Regulations

The Ohio Medical Marijuana Control Program (OMMCP) has begun to work on regulating the production, medical recommending, and distribution of medical marijuana. To follow the work of the OMMCP, visit their website. Over all, the OMMCP is taking a cautious approach to the regulatory environment for production and dispensing medical marijuana. You can find proposed rules at this link, and the Ohio Council’s comments on the Pharmacy Board and Medical Board rules linked. The linked documents include more detail on our rationale for the following recommendations:

4731-32-02(A)(7): Increase the two hours of continuing medical education requirements to a total of three (3) hours by requiring one hour (1) of education on the signs of diversion, symptoms of substance use disorders including cannabis use disorder, techniques for substance use disorder screening, and strategies for intervention and referral identified in 4731-32-02 (A) (7) (a) and (b).

4731-32-03 (C) (5): Expand this section on informed consent requirements for recommending medical use of marijuana for minors to reflect those consent requirements for prescribing opioids to minors as found in Sec. 3719.061 of the Ohio Revised Code.

4731-32-03 (E): Expand this section to include the requirement that in addition to determining the efficacy of the medical marijuana, the follow up care provided by the physician who recommends marijuana for medical use shall include screening and assessment for substance use disorders including cannabis use disorder as defined by the ICD-10 or its successor.

4731-32-05 (C) (6): Expand this section on the requirements to request additional qualifying disorders to include evidence of the benefits and risks of using medical marijuana for the treatment of the proposed qualifying condition, including any factors related to the benefits and risks for specific populations or co-occurring conditions that may be identified as at-risk for the development of substance use disorders. We also recommend that 4731-32-05 create a mechanism for removing a qualified disorder should research emerge that documents the use of marijuana is not productive in or is counter-indicated for people with that disorder or condition.

Ohio law requires that all rules be finalized by September 8, 2017 and that the Medical Marijuana Program be fully operational by September 8, 2018. (LC)

MHAS Files Mental Health Residential Licensure Rule Revisions

MHAS filed with JCARR updated rules governing the licensure of mental health residential facilities. The new rule structure integrates licensure requirements for adult care facilities and adult foster homes into the current mental health residential licensure of Type 1, Type 2, and Type 3 facilities in OAC Chapter 5122-30. The JCARR public hearing for these rules is scheduled for February 23. Written comments on this rule package may be sent through 5:00PM on February 23 to MH-SOT-rules@mha.ohio.gov.

Providers are encouraged to review the rule package and send comments directly to MHAS. The Ohio Council will also be reviewing this rule package and submitting comments. Please share any issues, concerns, or questions you find with us so we can include your feedback in our comments too. (TL)

ODE Releases Draft Overview of the ESSA State Plan

The Ohio Department of Education (ODE) has released a draft overview of the state plan for the Every Student Succeeds Act (ESSA). The draft overview provides a framework for the final plan that Ohio will submit in April to the U.S. Department of Education. The plan will cover several important aspects of Ohio’s education system, including Academic Standards, Assessments, Accountability and School Improvement, among others. ODE gathered feedback that informed the draft state plan from approximately 3,000 individuals that participated in the ESSA webinars, 1,600 people that
attended the 10 regional meetings, and more than 11,000 responses to the ESSA online survey. The Department will continue to incorporate input throughout the development of the final Ohio plan. Major themes included in the draft plan include:

- The need for stability in the state testing system so Ohio will maintain the current testing system
- ESSA requires each state to set a time period for state-level goals; Ohio has selected 10 years. The metrics for long-term goals include: percent proficiencies in math, ELA, and science; performance index; graduation rates; chronic absenteeism; and English language proficiency.
- Reducing the threshold number of students for which a subgroup of students must be separately reported for accountability purposes (N-Size) from 30 to 15 to ensure that more student subgroups are identified in an effort to provide targeted interventions.
- Ohio proposes to use chronic absenteeism and discipline incidents as its initial indicators of school quality.
- Ohio will build on the existing School Report Card measures and weighted frameworks by reviewing and/or making revisions to several measures.
- State set asides in title funding will be redirected back to local school districts strategically.

ODE is widely distributing the draft Ohio state plan for review and comment. ODE is accepting public comment on the draft plan through March 6. Additional information, including a summary of the ESSA online survey can be found on the ODE ESSA webpage. (TL)

7. **AG DeWine Introduces Two Programs to Address Human Trafficking**

Attorney General Mike DeWine recently announced two new initiatives to combat human trafficking. One is designed to help identify potential victims and the other will help provide central Ohio victims with stable housing. Mr. DeWine has directed members of the Bureau of Criminal Investigation (BCI) to begin analyzing the Ohio Missing Children Clearinghouse in an effort to proactively identify youths at risk of being trafficked. “Oftentimes these human traffickers also look for kids who have a history of running away,” he said. “When these kids are out on their own they, of course, need shelter, they need food and they need companionship. This is something traffickers offer.” Once BCI criminal analysts determine that a child could be vulnerable to trafficking, they will alert local law enforcement. This type of initiative has proven to be effective in Dallas and other jurisdictions. Mr. DeWine also announced that his office will provide a $128,148 grant to Amethyst Inc. The grant will pay for rent and utilities at 12 apartments for victims that are referred through Franklin County Municipal Court Judge Paul Herbert’s Changing Actions to Change Habits specialized court docket. (HW)

8. **Pharmacy Board Releases Report on Opioid Prescribing**

Opioid prescribing in Ohio declined for the fourth consecutive year in 2016, according to a newly released report from the State Board of Pharmacy’s Ohio Automated Rx Reporting System (OARRS). Between 2012 and 2016, the total number of opioids dispensed to Ohio patients decreased by 162 million doses or 20.4 percent, from a peak of 793 million doses to 631 million doses. The number of opioid prescriptions provided to Ohio patients decreased by 20 percent during the same period. The report finds a 78.2 percent decrease in the amount of people engaged in the practice of doctor shopping since 2012. Additionally, the use of OARRS continued to increase, reaching an all-time high of 24.11 million requests in 2016.

Established in 2006, OARRS is the only statewide database that collects information on all prescriptions for controlled substances that are dispensed by pharmacies and personally furnished by licensed prescribers in Ohio. OARRS data is available to prescribers when they treat patients, pharmacists when presented with prescriptions from patients and law enforcement officers during active drug-related investigations. The complete 2016 OARRS Annual Report can be accessed by visiting: www.pharmacy.ohio.gov/OARRS2016. (LC)
9. **MHAS Announces Waiting List for RSS**

MHAS recently announced the anticipation of a waiting list for Residential State Supplement (RSS) Program before the end of State Fiscal Year (SFY) 2017. RSS program enrollment has reached approximately 2,300 individuals statewide. In a notification letter dated January 23, 2017, MHAS indicated they will continue to accept completed applications and will process them in the order in which they are received. Once a waiting list is established they will follow the waiting list procedures. While we are excited that the RSS program is being fully maximized, we understand RSS is a critical but limited alternative for individuals that are determined ineligible for the Specialized Recovery Services program because of where they live so they can maintain their Medicaid coverage. (TL)

10. **Update on Transition of Youth in Foster Care into Medicaid Managed Care**

The Ohio Department of Medicaid (ODM) is moving forward with implementation to transition youth in the custody of a child welfare agency into Medicaid managed care. Several counties made the transition to Medicaid managed care on January 1, the next group of counties will transition to managed care on February 1, and the remaining counties will phase into managed care through June 1. All youth in the custody of a child welfare agency will be enrolled in a managed care plan by July 1. PCSAO has drafted a brief summary of the Medicaid managed care plan implementation and transition of care expectations. While behavioral health services will continue to be reimbursed under the Medicaid community behavioral health (“carve out”) program, providers will need to work with managed care plans for foster care youth to obtain medications. Providers are encouraged to reach out to their local public children’s service organization to understand the local plan for managing this transition. (TL)

11. **New Drug Trend Report for Ohio Available**

The Ohio Substance Abuse Monitoring (OSAM) Network consists of eight regional epidemiologists (REPIs) located in the following regions of the state: Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo and Youngstown. The OSAM Network conducts focus groups and individual qualitative interviews with active and recovering drug users and community professionals (treatment providers, law enforcement officials, etc.) to produce epidemiological descriptions of local substance abuse trends. Qualitative findings are supplemented with available statistical data such as coroner’s reports and crime laboratory data. Mass media sources, such as local newspapers, are also monitored for information related to substance abuse trends. Once integrated, these valuable sources provide the Ohio Department of Mental Health and Addiction Services (OhioMHAS) with a real-time method of providing accurate epidemiological descriptions that policymakers need to plan appropriate prevention and intervention strategies. The report of Ohio’s drug trends for January to June 2016 are now available. View the Executive Summary or full report. (LC)

12. **Ohio Council Survey: MyCare Ohio Behavioral Health Provider Survey 2016**

The Ohio Council recently completed a MyCare Ohio Behavioral Health Provider Survey 2016 that describes providers’ experiences with the MyCare Ohio dual eligible program. The survey largely replicated a similar survey conducted in December 2014 that lead to the creation of the MyCare Ohio Behavioral Health Collaborative that brought providers, MyCare Ohio MCOs, and Ohio Medicaid together to address claims processing and operational issues. That partnership has resulted in improved collaboration and problem solving that addressed technical claims processing issues; however providers still report significant challenges with MCO communications, provider relations/credentialing, and claims payment. The results of the MyCare Ohio Behavioral Health Provider Survey has been shared with the MCOs, and will be shared with Ohio Medicaid and MHAS. (TL)
13. **State Medicaid report shows expansion improved health outcomes, ability to work**

Ohioans served last year by the expansion of the state's Medicaid system reported better health outcomes and access to care and fewer emergency room visits, according to a report released by the Department of Medicaid in January.

Medicaid expansion also increased the ability of enrollees to look for and obtain work by alleviating much of the burden of medical bills and debt.

In May 2016, when the survey was conducted, there were 702,000 people enrolled under the expansion, or Group VIII population.

The survey found:

- 43.3% of participants reported fewer unmet health needs since enrolling, while only 8.3% saw an increase.
- 47.7% said their overall health had improved since participating in Medicaid, compared to 3.5% who said it worsened.
- 27% were diagnosed with at least one chronic health condition after joining Medicaid.
- 44% reported better access to mental health services.
- 74.8% of expansion participants were unemployed but looking for work, but said enrollment made it easier for them to seek employment, while 52.1% of those who were already employed said the program made it easier for them to keep working.
- 58.6% of enrollees said it was easier for them to buy food, 48.1% said it was easier to pay their rent or mortgage, 43.6% said it was easier to pay off other debts, and while 55.8% had medical debt before enrollment, only 30.8% had debt at the time of the study. (GC)

14. **Ohio House of Representatives Announces Committee Chairs**

Speaker of the House Cliff Rosenberger has announced committees, chairs, and vice chairs for the 132nd General Assembly. There are 21 standing committees and seven subcommittees, including six subcommittees for the House Finance committee. The subcommittees of House Finance will be most active during the budget process. The Ohio Senate has not yet announced its committee chairs.

View the committee list to see whether your state representative will be serving in leadership. (attached) (GC)

**FEDERAL POLICY/LEGISLATION**

1. **Federal Regulatory Freeze Pending Review**

In order to ensure that the President’s appointees or designees have the opportunity to review any new or pending regulation, Reince Priebus, Assistant to the President and Chief of Staff, recently issued a memorandum to the heads of executive departments and agencies. In essence, the memorandum requires the following:

- Subject to any exceptions the Director or Acting Director of the Office of Management and Budget (OMB) allows for emergency situations or other urgent circumstances relating to health, safety, financial, or national security matters, send no regulation to the Office of the Federal Register (OFR) until a department or agency head appointed or designated by the President after noon on January 20, 2017, reviews and approves the regulation.
- With respect to regulations that have been sent to the OFR but not published in the Federal Register, immediately withdraw them from the OFR for review and approval as described above.
With respect to regulations that have been published in the OFR but have not taken effects, as permitted by applicable law, temporarily postpone their effective date for 60 days from the date of this memorandum (01/20/2017), subject to the above exceptions.

Excluded from these actions are any regulations subject to statutory or judicial deadlines. Please note that the 42 C.F.R. Final Rule was published two weeks ago, but is not yet effective. The original effective date of February 17 was delayed until at March 21 due to the Trump administration 60-day regulatory freeze. (HW)

2. **Impact of Executive Order to “ease the burden of Affordable Care Act” Remains Unclear**

During his first week in office President Trump issued an executive order instructing the secretary of Health and Human Services (HHS) to “exercise all authority and discretion available to them to waive, defer, grant exemptions from, or delay” parts of the Affordable Care Act that could place a financial burden on individuals, health care providers “to the maximum extent permitted by law”. Because the order is broad and the changes that HHS can make without Congressional action are limited, the effects of this executive order remain unclear.

One possible outcome is that HHS will stop enforcing the individual coverage mandate, granting hardship exemptions to any American without insurance coverage. Under the Obama administration, hardship exemptions were granted to Americans making less than 138% of the Federal poverty level in states that chose not to expand Medicaid.

HHS also interprets the specific requirements of the essential benefits package, so, for example, under the executive order HHS could stop enforcing private health insurers to include coverage for contraceptives, prescription medicine, or some behavioral health care services.

The order also directs HHS to “encourage the development of a free and open market in interstate commerce” and “provide greater flexibility to States,” suggesting that in the future, HHS will be more willing to grant states flexibility in altering their Medicaid programs. This could give Ohio the opportunity to pitch another waiver program like the “Healthy Ohio Plan” proposed by legislators in the previous state budget and rejected by CMS in 2016. (GC)

3. **Federal Judge Blocks Merger of Two Large Health Insurers**

Last week, U.S. District Judge John D. Bates blocked the proposed merger of health insurers Aetna Inc. and Humana Inc. on antitrust grounds. Judge Bates ruled that the U.S. Justice Department had proven its case that the merger would unlawfully threaten competition, harming seniors who buy private Medicare coverage as well as some consumers who purchase plans through an Affordable Care Act insurance exchanges. Aetna moved quickly to consider a possible appeal. With a new Justice Department antitrust team to take shape under President Donald Trump, the company could seek to open talks with the government to see if the deal could be salvaged. However, the court ruling makes that path unlikely. (HW)

4. **New 42 CFR Part 2 Regulations Finalized by SAMHSA**

On January 18, 2017, SAMHSA published the Final Rule amending 42 C.F.R. Part 2. The changes were set to be effective February 17, 2017, but the Trump Administration issued a regulatory freeze on all new rules that have been published but are yet to take effect, so the effective date has been delayed until no sooner than March 21, 2017. In their January 25, 2017 Health Care Alert, Vorys law firm provided an analysis of the notable changes in the final rule which you can read here:

- **Applicability:** In addition to applying to programs currently subject to the 42 C.F.R. Part 2 requirements and persons who receive the information from these programs, SAMHSA expanded the scope of applicability of 42 C.F.R. Part 2’s restrictions on disclosures to individuals or entities who receive patient records from “other lawful holders of patient identifying information.”
• **Consent Requirements:** One of the most restrictive aspects of the current law is that each entity/provider to whom patient-identifying was disclosed had to be specifically named on the consent (the “To Whom” provision). Significantly, the Final Rule allows a general designation in the “To Whom” section of the consent form in certain circumstances. A general consent may be provided to an entity without a treating provider relationship, such as a health information exchange (HIE), in order to permit disclosure to those participants in the HIE which do have a treating provider relationship with the patient. This change eliminates the requirement that the patient execute a new consent for each treating provider in the HIE. With respect to the “Amount and Kind” provision of the consent, the Final Rule requires the patient to “explicitly describe” the substance use disorder information to be disclosed. However, it is permissible to specify “all my substance use disorder information,” so long as more specific options are also included on the consent form.

• **Disclosure Tracking:** Upon request, patients who have included a general designation must be provided a list of entities to which their information has been disclosed, known as a “List of Disclosures.” The request must be in writing (paper or electronic), and is limited to disclosures within the past two years. The entity named on the consent form that discloses information pursuant to a general consent must respond within 30 days with a brief description of each disclosure.

• **Security Protections:** Section 2.16 has been modernized to address both paper and electronic records. Both Part 2 programs and other lawful holders of patient identifying information must have in place formal policies and procedures for the security of both paper and electronic health records. The expanded scope of this provision is consistent with the direct application of much of HIPAA to business associates. While this change is significant to the 42 C.F.R. Part 2 regulatory scheme, SAMHSA recognizes that entities already in compliance with the applicable HIPAA security requirements may not need to take any additional action.

• **Prohibition on Re-Disclosure:** The Final Rule makes two modifications to the content of the notice required to accompany all disclosures. First, the notice must provide that the prohibition applies only to information that would identify, directly or indirectly, an individual as having been diagnosed, treated, or referred for treatment for a substance use disorder. Second, it must make clear that the federal rules restrict any use of the information to criminally investigate or prosecute any patient with a substance use disorder, except as provided in sections 2.12(c)(5) (crimes on premises) and 2.65 (court orders).

• **Research:** The Final Rule permits patient identifying information to be disclosed by a Part 2 program or any other lawful holder of such data for the purpose of research to recipients in compliance with applicable protections for human subject research (such as the Common Rule and the HIPAA Privacy Rule). In addition, researchers may obtain data linkages to other data sets from a data repository subject to an Institutional Review Board (IRB) approval and other regulatory requirements.

• **Qualified Service Organization:** The Final Rule updates the definition of a qualified service organization (QSO) to include population health management in the list of examples of services a QSO may provide. In response to a large number of commenters requesting clarification of whether “population health management” should be a permitted QSO function, SAMHSA stated that permitted disclosures would be limited to the office or unit responsible for population health management in the organization (e.g., ACO, MCO), and not to the entire organization or its participants (e.g., case managers, hospitals, clinics). SAMHSA emphasized that the use of a QSO should not be used to avoid obtaining patient consent.

• We urge Ohio Council members to seek counsel in how to ensure organizational compliance with these updated federal regulations. (LC)

5. **National Association of Medicaid Directors Provides Managed Care IMD Recommendations to CMS**

This letter outlines Medicaid Directors’ ongoing concerns with CMS’s interpretation of the Medicaid managed care rule’s Institutions for Mental Diseases (IMD) provisions, and makes recommendations to enhance flexibility and streamline implementation of these provisions. Among the recommendations are:

• Allow targeted capitation rate recoupment for IMD stays beyond 15 days.
• Develop distinct stay-limits appropriate for individuals with mental health and substance use disorder diagnoses.
• Authorize exceptions to the 15-day limit.

Read the full letter here. This letter is in keeping with the NAMD’s efforts to gain clarity from CMS on the IMD exclusion, particularly as it relates to residential treatment for people with substance use disorders. Find more NAMD resources about IMD from their organization at this link. (LC)

6. **CMS Issues Clarification on EPSDT under Medicaid Managed Care**

CMS released an informational bulletin on January 5, 2017 that clarifies how states can ensure access to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for children and youth enrolled in Medicaid managed care plans. The CMS bulletin describes three ways in which states can ensure access through Medicaid managed care or in combination with FFS Medicaid coverage. (TL)

7. **CMS Releases Quality Recommendation to Improve Person and Family Engagement**

In line with the CMS Quality Strategy that is intended to shift Medicare from paying for the number of services provided to paying for better outcomes for patients, CMS has recognized that key strategy to achieving better outcomes is to meaningfully engage patients as partners in decisions about their health care. To address this issue, CMS has developed and released the CMS Person and Family Engagement Strategy, to serve as a guide for the implementation of person and family engagement principles and strategies throughout CMS programs. This strategy will expand the awareness and practice of person and family engagement by providing the following goals and objectives:

- **Goal 1**: Actively encourage person and family engagement along the continuum of care within the broader context of health and well-being in the communities in which people live.
- **Goal 2**: Promote tools and strategies that reflect person and/or family values and preferences and enable them to actively engage in directing and self-managing their care.
- **Goal 3**: Create an environment where persons and their families work in partnership with their health care providers to develop their health and wellness goals informed by sound evidence and aligned with their values and preferences.
- **Goal 4**: Develop meaningful measures and tools aimed at improving the experience and outcomes of care for persons, caregivers, and families. Also, identify person and family engagement best practices and techniques in the field that are ready for widespread scaling and national integration.

As delivery system reform efforts continue to focus on the quality of care and not the quantity of care received, person and family engagement is an essential part of a health care system that delivers high quality care, spends dollars more wisely, and improves the health of people in their communities. (TL)

8. **FDA Removes Black Box Warning on Smoking Cessation Medications**

Based on a U.S. Food and Drug Administration (FDA) review of a large clinical trial, the FDA has determined the risk of serious side effects on mood, behavior, or thinking with the stop-smoking medicines Chantix (varenicline) and Zyban (bupropion) is lower than previously suspected. The risk of these mental health side effects is still present, especially in those currently being treated for mental illnesses such as depression, anxiety disorders, or schizophrenia, or who have been treated for mental illnesses in the past. However, most people who had these side effects did not have serious consequences such as hospitalization. As a result, FDA removed the Boxed Warning, for serious mental health side effects from the Chantix drug label and Zyban drug label and recognize that benefits of smoking cessation outweigh the risks of these medicines. (TL)
ENVIRONMENTAL SCAN & TRENDS

1. Behavioral Healthcare Worker Shortage

The shortage of behavioral health care providers is projected to grow acute over the next decade, according to a recent analysis by Health and Human Services Health Resources & Services Administration (HRSA). The nation needs to add 10,000 providers to each of seven separate mental health care professions by 2025 to meet the expected growth in demand. According to an article in the January 9, 2017 issue of Modern Healthcare, the widening gap between demand and the supply of available behavioral health care providers is being driven by a greater emphasis on addressing behavioral health issues in primary care settings. While the fate of plans sold under the Affordable Care Act (ACA)—which must include mental health and substance use treatment as two of the 10 essential benefits—is up in the air, the final rules for the 2008 Mental Health Parity and Addiction Equity Act covers all plans.

The promise of comprehensive care for behavioral health has highlighted how unprepared the health care system is for meeting the increased demand. The number of newly trained physicians willing to enter psychiatry hasn’t kept pace with the growing demand for care. An analysis released last November by HRSA projected the nation will need an additional 5,000 psychiatrists by 2025 on top of the more than 45,000 already employed. The report estimates 20,470 psychiatrists will likely enter the workforce over the next decade. But the number of psychiatrists expected to leave the workforce during the same period will result in a 1% net decrease in 2025 compared to the number of psychiatrists in the workforce in 2013. Also, the report projects shortages over the next decade in professions that span the scope of the behavioral health care workforce, which includes nurse practitioners, physician assistants, psychologists, counselors, therapists and social workers. (HW)

2. Aging Nursing Workforce Confronts Health Care Changes

Today, nurses are being asked to take on new jobs. As health care payers demand greater value for their health care dollars, delivery systems must learn how to care for their patients more safely, with higher quality and in a less costly manner. That has led health system leaders to ask the nation’s 3.1 million nurses to play a greater role in coordinating care. According to an article in the January 16, 2017 issue of Modern Healthcare, the nation’s nursing workforce is growing older, with the average age approaching 50. About a quarter of current nurses are projected to retire in the next decade. Given the aging population—10,000 baby boomers are retiring every day—the government projects the nation will need to employ a million new and replacement nurses between now and the middle of the next decade. (HW)

3. Research Focuses on Suicide Rates in Middle-Aged Men

Noting a 43 percent increase in the rate of suicide among men ages 45-64, the Centers for Disease Control and Prevention (CDC) and the University of Maryland School of Social Work are beginning a new study involving the evaluation of online screening tools aimed at changing that statistic. According to an article in the 1/16/17 issue of Mental Health Weekly, the research study is being conducted in Michigan, where suicide is ranked as one of the top 10 causes of death in the state. Throughout the country, suicide is a major public health problem overall. It is the fifth leading cause of death for 35-65-year-olds. Death rates for men are higher because they tend to use more lethal means. (HW)

4. Louisiana Relies on Nursing Facilities for Mental Health Treatment

The Department of Justice (DOJ) recently released investigation findings that Louisiana unnecessarily relies on nursing facilities to provide services to people with mental health disabilities, which is in violation of the community integration mandate of the Americans with Disabilities Act (ADA) and Supreme Court’s decision in Olmstead v. L.C. The ADA and the ruling require states to make services available to people with disabilities in the most integrated setting appropriate to
their needs, regardless of the type of disability. However, many Louisianans with serious mental illness do not have a meaningful choice to receive the services they need in their own homes and communities. The state houses approximately 4,000 people with serious mental illness in nursing facilities each year. (HW)

5. **New Report on the Efficacy of Marijuana as Medicine**

The National Academies of Science, Engineering, and Medicine have pre-released their new report on the efficacy of marijuana. The summary in Chapter 2 does a nice job of laying out what the existing scientific evidence is, including the contradictions within the limited existing research. The report also calls for removing barrier to research since 28 states have now legalized medical marijuana and 8 states allow recreational use. Read the full report or the summary. (LC)

**RESOURCES & TECHNICAL ASSISTANCE**

1. **Ideas in Motion – Fighting the Drug Epidemic in Ohio**

On Tuesday, February 14th, join Ohio Attorney General Mike DeWine for a second statewide meeting of law enforcement, public safety officials, and others about the drug epidemic in our state. At this meeting, we will highlight programs that work and develop new ideas. Here are a few of the topics that will be discussed:

- How anti-drug coalitions are finding new and effective ways to collaborate with law enforcement, mental health providers, and hospitals to save lives;
- How the state and local communities are working to establish a continuum of care that will assist individuals struggling with addiction from detox to recovery, and
- How the criminal justice system is responding through law enforcement task forces, drug courts, and the prosecution of drug dealers.

Tuesday, February 14, 2017  
Meeting: 9 a.m. - 3:30 p.m.  
Fellowship Baptist Church, 4701 Winchester Pike, Columbus, OH 43232  
Register by visiting [www.OhioAttorneyGeneral.gov/OpiateCrisis](http://www.OhioAttorneyGeneral.gov/OpiateCrisis). On this site, you will also find a detailed agenda. Continuing education credits will be offered and lunch will be provided. (LC)

2. **Ohio’s Annual Recovery Housing Conference is March 1-2, 2017 in Columbus**

This conference features two days of education and networking opportunities dedicated to those who support, create, own, operate, and reside in quality recovery housing in Ohio. Learn more about building a culture of recovery, addressing trauma for residents of recovery housing, challenges and opportunities in operating recovery housing, supporting people with co-occurring disorders in recovery housing, proposal writing, building good relationships with neighbors, tenant-landlord law, health and safety tips, and more! The full program for the Ohio Recovery Housing Conference is available [here](http://conference.ohiorecoveryhousing.org)! Visit [conference.ohiorecoveryhousing.org](http://conference.ohiorecoveryhousing.org) for online registration. The deadline for the discounted hotel rate is February 7, 2017. Registration includes meals and CEUs. (LC)

3. **National Council Releases New Parity Toolkit Resources**

The National Council for Behavioral Health has released some additional resources as part of their Parity Toolkit. Of particular interest to providers is the [Tips for Providers on Negotiating Managed Care Contracts to Improve Access to Mental Health and Addiction Care](http://tipsforproviders.nationalcouncil.org). This document outlines language that providers should consider negotiating into their managed care contracts. The suggested language would enable providers to represent their clients in a streamlined appeals process. Additional resources on parity and advocacy for parity enforcement is available at the National Council’s [Parity Toolkit webpage](http://paritytoolkit.nationalcouncil.org). (TL)
4. Resource Guide on Trauma-Informed Human Services

The Administration for Children and Families, the Substance Abuse and Mental Health Services Administrations, the Administration for Community Living, the Offices of the Assistant Secretary for Health and the Assistant Secretary for Planning and Evaluation at HHS have worked together to develop a Guide to Trauma-Informed Human Services. The guide is intended to provide an introduction to the topic of trauma, a discussion of why understanding and addressing trauma is important for human services programs, and a “road map” to find relevant resources. This tool may be a valuable resource to share with community partners and communities seeking to become “trauma informed communities”.

5. Brief: Proposed Statute on State Drug Purchasing in Ohio is Unworkable

Vorys Health Care Advisors (VHCA) and Health Management Associates (HMA) have completed an independent analysis (full report) of the proposal statute on state drug purchasing and concluded it would be difficult, if not impossible, to implement it. The proposed statute, which is authored by the California-based AIDS Healthcare Foundation, is expected to appear on the November 2017 ballot. This summary brief describes the challenges with the poorly crafted legislation. Due to concerns this proposed statute is likely to significantly impact access to medications, the Ohio Council has taken a position to oppose this ballot initiative. We hope this brief can be used to educate leaders within your organization and community.

6. HPIO Brief: Connections Between Education and Health

The Health Policy Institute of Ohio (HPIO) has released a new policy brief titled, "Connections Between Education and Health." The brief states, "There is widespread agreement that factors outside of the healthcare system influence health....Research consistently shows a strong relationship between educational attainment and health, even after accounting for factors such as income, race, ethnicity and access to health care." Health and education are areas of significant focus for Ohio policymakers, representing the largest shares of Ohio’s biennial budget for state fiscal years (SFY) 2016-2017. This brief provides an overview of the relationship between education and health intended to inform policy decisions in both arenas. HPIO is also planning a series of whitepapers to be released later this year that will dive deeper into the intersection of health, education, and social determinants.

7. Ohio Council’s Upcoming Meetings

Attached is the schedule of Council committee meetings for February 2017 through April 2017. Please call the Ohio Council office for an updated list.

8. Position Announcements

Please visit the Ohio Council’s Job Bank for an up-to-date listing of Job openings. Please note: There is no charge for advertising your organization’s open positions.

9. Conferences of Interest

Please visit www.TheOhioCouncil.org and click on “Conferences & Courses of Interest” for an up-to-date listing.