April 2021 EDITION

Due to the ongoing pandemic this issue continues to primarily contain COVID-19 related policies and resources. *However, there are non-COVID related items included at the end.* Additionally, the March 2020, April 2020, May 2020, June 2020, July 2020, August 2020, September 2020, October 2020, November/December 2020, January 2021, February 2021 and March 2021 editions are available for historic references and resources.

State Budget

On April 21st, the Ohio House of Representatives passed the SFY 22-23 state budget by a vote of 70-27. The LSC Comparison document summarizes the changes passed by the House and the appropriation spreadsheet shows funding level changes by line item compared to the Governor's budget. The most significant change involves overhauling Ohio's education financing system, which we knew was under strong consideration by House leadership. In doing this, the student wellness and success funding has been repurposed, reduced, and is now included in the education funding formula as "disadvantaged pupil impact aid funding" and it wraps the allowable expenses from the student wellness and success funding in with those expenses allowed for under the economically disadvantaged student fund.   While we applaud the House in taking on school financing reform, we are concerned this proposed change will disrupt and impede gains made school-community provider partnerships and supporting social emotional develop for every student.

The Medicaid and MHAS budgets were largely unchanged in any significant ways that will impact BH providers. MHAS funding was increased by $2.7 million each year above the Governor's budget with many new amendments focused on earmarks. Additionally, we are reviewing proposed changes in the Specialized Docket program funding related to medications used for SUD withdrawal management, a pilot lock box program, require ADAMH Boards to plan with public benefits and judicial programs and comply with HIPAA as a covered entity, and proposed changes in the composition of the ADAMH Board that would reduce the number of ADAMH Board members. In Medicaid, nursing home funding policies drew the most changes.

The Ohio Council advocated for a $10 million increase over the biennium ($5 million each year) for workforce initiatives in the Community Innovation line to augment the administration's workforce efforts. The House added $5 million over the biennium ($2.5 million each year) for workforce initiative using one-time COVID funding. As we move to the Senate, we will continue advocacy to achieve the full $10 million increase using state funds.

Sub.H.B. 110: Highlights by State Department

- [Education](#):
  - Disadvantaged Pupil Impact Aid (DPIA) Funding – page 12
  - Repealing Student Wellness and Success Funding (SWSF) – Page 24
  - Note: SWSF remain in the budget but are directed to cover DPIA
- [Medicaid](#)
  - Care Innovation and Community Improvement Program; Ohio Invests in Improvement for Priority Populations
- [MHAS](#)
  - ADAMH Board Composition; ADAMH planning requirements; Reimbursement for opioid treatment in jails; OTP regulatory updates; Specialized Dockets coverage for SUD withdrawal management medications; BH workforce initiative allocation; pharmacy lockbox pilot
- [ODJFS](#)
  - TANF spending plan requirements; additional Elderly SNAP funding; additional Kinship Care funding; Foster Care training modifications
- [Health](#)
  - Removes Vapor product certification program; Requires city health districts with 50K population or less to conduct study on the efficiency and effectiveness of merging with a general health district; modifies hospital licensing requirements; modifies home health licensing requirements; eliminates the nursing home bed buy-back program; creates a front-line healthcare worker education, training, and certificate program.
- [DRC](#)
  - Removes certain firearm penalty and reporting provisions; removes provision on community control, judicial release, and 80% mechanism; T-CAP modification; re-entry employment grants
- [House of Representatives](#)
  - Creates the Joint Legislative Committee on Federal COVID-19 Relief Funds; Creates the Joint Legislative Study Committee Regarding Career Pathways and Post-secondary Workforce Training Programs

The Ohio Senate is currently holding hearings on Sub.H.B 110 and we are actively engaged in Senate advocacy.

COVID-19 Federal Policy and Resources

HHS Extends Federal Public Health Emergency

On April 15, [U.S. Department of Health and Human Services Secretary Xavier Becerra renewed the COVID-19 Public Health Emergency declaration](#). Assuming a full 90-day declaration, the PHE is expected to extend through July 14, 2021. The [Biden administration has committed to renew the PHE throughout 2021](#) and provide states with 60 days' advance notice of its expiration.

The American Rescue Plan

The latest COVID-related federal response bill, the American Rescue Plan (ARP) Act of 2021, was enacted on March 11, 2021. This is the sixth federal bill appropriating funds to respond to and recover from the pandemic. The National Conference of State Legislatures provided a [summary of the American Rescue Plan Act Provisions](#) and the impact it has on states. The summary includes, state, business, and individual level details of the act

and provides a comprehensive overview of funding allocations.   We are still awaiting detailed guidance from U.S. Treasury regarding allowable uses for the new State and Local Fiscal Recovery Funds. In general, we know the law allows the funds to be used through December 31, 2024 to:

- Respond to the public health emergency or its negative economic impacts, including assistance to households, small businesses, and nonprofits, or aid to impacted industries such as tourism, travel, and hospitality.
- Provide premium pay to essential employees or grants to employers to provide premium pay. Premium pay cannot exceed $13 per hour or $25,000 per worker.
- Provide government services affected by a revenue reduction resulting from COVID-19. The revenue reduction is relative to revenues in the fiscal year prior to the pandemic (this is the "revenue loss" provision).
- Make investments in water, sewer, or broadband infrastructure.

Counties and metro cities will receive funding directly from the U.S. Treasury, while smaller cities and villages ("non-entitlement units of local government") will receive funds through the state. The amounts to be provided to each local government will be stipulated by the U.S. Treasury. Therefore, the state will not be establishing formulas to disburse funds to local governments. The payments to local governments will be split in two – 50% within 60 days of the enactment of the law and the remaining 50% "not earlier than 12 months after" the first payment.

PPP Extension Act of 2021

The application deadline for Paycheck Protection Program (PPP) loans has been **extended to May 31, 2021**. President Biden made it official by signing the PPP Extension Act of 2021 into law. The application deadline extension applies to **both first and second draw loans**. Larger nonprofit organizations are now eligible for PPP loans as well, as part of the American Rescue Plan Act of 2021. This includes 501(c)(3) organizations that employ no more than 500 individuals per physical location and 501(c)(6) organizations that employ no more than 300 individuals per physical location. We encourage you to take advantage of this opportunity if you are newly eligible or have not done so already.

SBA Increases Lending Limit For COVID-19 Economic Injury Disaster Loans

Starting the week of April 6, 2021, the U.S. Small Business Administration raised the loan limit for the COVID-19 Economic Injury Disaster Loan (EIDL) program. Applicants can now receive a maximum loan amount of $500,000. The lending limit increased from 6-months of economic injury with a maximum loan amount of $150,000 to up to 24-months of economic injury with a maximum loan amount of $500,000.

SAMHSA Community Mental Health Center Grant

SAMHSA is accepting applications for the Community Mental Health Centers (CMHC) grant program. The purpose of this program is to enable community mental health centers to support and restore the delivery of clinical services that were impacted by the COVID-19 pandemic and effectively address the needs of individuals with serious emotional disturbance (SED), serious mental illness (SMI), and individuals with SMI or SED and substance use disorders, referred to as co-occurring disorder (COD).

The SAMHSA CMHC grant is open until May 21, 2021. Importantly, we wanted to share with you the definition of CMHCs as defined by Section 1913 (c) of the Public Health Services Act to ensure clarity about the wide array of non-profit providers that are eligible to apply.

Definition of Community Mental Health Centers per Section 1913 (c) of the Public Health Services Act:

- With respect to mental health services, the centers provide services as follows:
  - Services principally to individuals residing in a defined geographic area (hereafter in this subsection referred to as a "service area").
  - Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility.
  - 24-hour-a-day emergency care services.
  - Day treatment or other partial hospitalization services, or psychosocial rehabilitation services.
  - Screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission.
- The mental health services of the centers are provided, within the limits of the capacities of the centers, to any individual residing or employed in the service area of the center regardless of ability to pay for such services.
- The mental health services of the centers are available and accessible promptly, as appropriate and in a manner, which preserves human dignity and assures continuity and high-quality care.

In Ohio, your OhioMHAS certification as a "community mental health provider" provided under RC 5119.36 will offer your organization the documentation necessary to demonstrate your state licensure as a CMHC, the services you provide, and locations you serve. SAMHSA is going to accept this information given the absence of a standard federal CMHC definition. Additionally, if compelled, you can use your national accreditation to support your service activities and MH designation. We encourage members to consider applying for these one-time funds. There is $825 million available for this program.

SAMHSA Statement on 42 CFR Part 2 Amendment Process

SAMHSA released a statement indicating they are working with the HHS Office for Civil Rights on a Notice of Proposed Rulemaking to address the changes required by the CARES Act, to the 42 CFR part 2 regulations governing the confidentiality of substance use disorder patient records that were supposed to go into effect in March. They intend to publish these amendments later this year in the Federal Register and will be seeking comments from the public. Until new regulations are promulgated, the current 42 CFR part 2 regulations remain in effect.

Considerations for Mandatory Vaccination

The Society for Human Resource Management (SHRM), published an article with considerations for employers on mandating vaccinations. It is legal for companies to mandate vaccination. In December, the Equal Employment Opportunity Commission (EEOC) released revised pandemic guidance saying that employers generally can mandate that employees receive an FDA-authorized COVID-19 vaccine. The guidance included cautionary instructions regarding restrictions on disability-related questions and exemption protections based on medical conditions or religious beliefs. In those cases of exemption, reasonable accommodation must be made to the employee, such as working remotely or being reassigned to a non-customer-facing position.

CDC Updated Guidance for Fully Vaccinated People

On April 27th, the CDC released updated Interim Public Health Recommendations for Fully Vaccinated People that apply to non-healthcare settings. A person is considered fully vaccinated two weeks after receiving all required doses of the vaccine. The revised recommendation indicates that fully vaccinated people may visit with other fully vaccinated people indoors without wearing a mask or social distancing; visit with unvaccinated people from a single household without wearing a mask or social distancing; and participate in outdoor activities and recreation without a mask, except in certain crowded settings or venues. Additionally, these revised recommendations lift quarantine and testing requirements following a known exposure if asymptomatic. This Choosing Safer Activities chart provides a clear visual regarding risk of activities and face mask recommendations for vaccination and unvaccinated individuals.

OSHA COVID-19 FAQ – Vaccines and Worker Protection Concerns

On April 20, 2021, the Department of Labor's Occupational Safety and Health Administration (OSHA) issued FAQ guidance regarding employers' obligation to record adverse actions to the COVID-19 vaccine. The guidance, which is in the form of answers to three frequently asked questions, clarifies that if an employer adopts a mandatory vaccination policy, an adverse reaction to the COVID-19 vaccine is recordable on an employer's OSHA 300 log if the reaction is: (1) work-related; (2) a new case; and (3) meets one or more of the general recording criteria set forth in 29 C.F.R. 1904.7.

Frequently Asked Questions Related to COVID-19 for SAMHSA Grant Recipients

SAMHSA released FAQs that address general questions associated with award and management of SAMHSA discretionary grants that may arise in relation to COVID-19. This information does not apply to SABG, MHBG, PATH, or PAIMI grants. Applicants and grant recipients are strongly encouraged to continue to check for updated information and resources.

COVID-19 State Policy and Resources
ODH Coronavirus Website – Primary Source for All Ohio Information

ODH COVID-19 Vaccine Program

Johnson & Johnson Vaccine Update: On April 13th, Governor DeWine announced Ohio would temporarily pause distribution of the J&J vaccine consistent with the CDC and FDA recommendations related to extremely rare, but serious blood clotting events impacting six women in the United States. The CDC's Advisory Committee on Immunization Practices (ACIP) met, gathered additional clinical information and on April 25th, the CDC and FDA recommended resuming use of the J&J vaccine. Federal and state officials are providing updated information to healthcare providers so they are aware of treatment methods for these extremely rare but potentially life-threatening cases of thrombosis with thrombocytopenia syndrome (TTS). Additionally, the CDC and FDA have released the following resources:

- Fact Sheet for Healthcare Providers Administering Vaccine
- Fact Sheet for Recipients and Caregivers
- CDC Health Alert for Health Care Providers
- Johnson & Johnson Granting EUA Amendment (April 23, 2021)

Vaccine Eligibility: [Eligible Population Expansion](#) on 3/29/21 – anyone over age 16 became eligible.

Mass Vaccination Sites: More information on mass vaccination clinics is available [here](#).

Vaccine Scheduling: Ohioans can schedule vaccinations through [gettheshot.coronavirus.ohio.gov](#) - this includes appointments at the mass vaccination sites. Ohioans that do not use or have access to the internet should call their local health department for support in finding an appointment or call the Ohio Coronavirus hotline (1-833-427-5634) to receive help in finding an appointment.

OBM Update: Coronavirus Relief Fund Monitoring

The Office of Budget and Management, as the prime recipient of Coronavirus Relief Funds from the U.S. Treasury, is required to conduct monitoring activities of their subrecipients to ensure compliance with the federal financial assistance requirements and guidance. Members of the Ohio Grants Partnership recently began reaching out to subrecipients who were selected for a monitoring visit. This process is expected to continue through December 31, 2021 and beyond. Monitoring activities include inspecting records which may include any of the following:

- General ledger and subsidiary ledgers used to account for (a) the receipt of Coronavirus Relief Fund payments and (b) the disbursements from such payments to meet eligible expenses related to the public health emergency due to COVID-19;
- Budget records for 2019 and 2020;
- Payroll, time records, human resource records to support costs incurred for payroll expenses related to addressing the public health emergency due to COVID-19;
- Receipts of purchases made related to addressing the public health emergency due to COVID-19;
- Contracts and subcontracts entered into using Coronavirus Relief Fund payments and all documents related to such contracts;
- Grant agreements and grant subaward agreements entered into using Coronavirus Relief Fund payments and all documents related to such awards;
- All documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients;
- All documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards;
- All internal and external email/electronic communications related to use of Coronavirus Relief Fund payments; and
- All investigative files and inquiry reports involving Coronavirus Relief Fund payments.

It is important to note that OBM will not be reviewing all documentation. However, please be aware that all documentation related to Coronavirus Relief Funds must be maintained in accordance with U.S. Treasury Office of Inspector General requirements for five years after final payment is made using Coronavirus Relief Fund monies by the state. OBM will provide a monitoring assessment report once activities have concluded and will work with subrecipients to resolve any issues noted. Finally, OBM is required to review Single Audit reports of subrecipients of Coronavirus Relief Funds that originated from OBM and follow-up on any issues identified. Please feel free to reach out to the Ohio Grants Partnership at grants@obm.ohio.gov with any questions.

BWC Indoor Air Quality Assistance Program Extended to June 30

The Ohio Bureau of Workers Compensation is encouraging eligible facilities to apply for the COVID-19 Indoor Air Quality Assistance Program. The program offers up to $15,000 in reimbursement to inspect heating, ventilation, and air conditioning (HVAC) systems, assess air quality needs, and make improvements. Nursing homes, assisted living centers, and adult day centers remain eligible with the addition of intermediate care facilities, hospices, senior centers, adult care facilities, waiver settings (group homes) and substance use treatment facilities. The deadline has been extended to June 30. Click HERE for more information and to apply.

Telehealth & Billing

Medicaid Enrollment of Peer Recovery Supporters

OhioMHAS, the Ohio Chemical Dependency Board (OCDP), and Ohio Counselor, Social Worker and Marriage and Family Therapist Board (CSWMFT) have recently released guidance regarding practitioners who hold a Peer Recovery Supporter certification from OhioMHAS and a license from OCDP and/or CSWMFT boards. These statements provide general guidance regarding related considerations for practicing as a peer recovery supporter while also working as a practitioner licensed by CSWMFT and/or OCDP.

Full guidance statements can be found below:

  OCDP Board Position Statement
  CSWMFT Board - Guidance for CSWMFT Board Licenses Also Holding a Peer Supporter Certification
  Ohio Peer Recovery Supporter Webpage - can be found under the Dual Certification link (bottom of page)

Based on this guidance, the Ohio Department of Medicaid (ODM) and Managed Care Plans will allow dual Medicaid enrollment of individuals certified as Peer Recovery Supporters by OhioMHAS and also licensed by the OCDP Board and/or CSWMFT Board. Once dually enrolled, and in accordance with licensing board guidance above, individuals will be eligible to render peer recovery support services as a Peer Recovery Supporter and will be eligible to render other behavioral health services under their license when allowable within their scope of practice. Instructions for practitioners seeking to add a credential to their current Medicaid enrollment are detailed in this MITS Bits.

BH Practitioner Enrollment File Now Available on BH Website

In February 2021 the Ohio Department of Medicaid communicated a need to temporarily suspend the CBHC Practitioner Enrollment file that is posted to the Medicaid behavioral health (BH) website on a weekly basis. The CBHC Practitioner Enrollment file is once again available for BH agencies (MITS provider types 84 and 95) to view their affiliated practitioners. BH agencies can access the file on the BH website HERE under the "Enrolling Practitioners in Medicaid" section. Additionally, BH agencies are still able to access provider information via their secure MITS Portal by reviewing their "group members."

FCC Announces Round 2 for COVID-19 Telehealth Program Applications

The Federal Communications Commission (FCC) Wireline Competition Bureau announced it will begin accepting applications for Round 2 of the COVID-19 Telehealth Program on April 29. The program supports the efforts of health care providers to continue serving their patients by providing reimbursement for telecommunications services, information services, and connected devices necessary to enable telehealth during the COVID-19 pandemic. Round 2 of the COVID-19 Telehealth Program is a $250 million federal initiative that builds on the $200 million program established as part of the CARES Act. The deadline for applications is **May 6th**. **If you have specific questions regarding the Round 2 application process, please email** Round2TelehealthApplicationSupport@usac.org**.**

Accessing Supplies and Personal Protective Equipment

As COVID-19 cases continue across the country, access to PPE remains difficult in some areas, and the long terms costs for PPE supplies are challenging budgets. MHAS shared that ODH and the state emergency management agency (EMA) have been stockpiling PPE supplies. BH Providers, as essential health care providers, needing access to PPE are encouraged to reach out to your local EMA to seek access to supplies via the stockpiles. You should also connect with your local ADAMH Board, who may be able to support your request to the local EMA. Additionally, the following is the best guidance and creative problem solving available currently for obtaining supplies from reputable sources.

- Contact your local health department(s) or emergency management agency (EMA). To request access to cleaning supplies and personal protective equipment. Here's the list of Ohio County Emergency Management Directory.
- Ohio Manufacturers Retooling and Repurposing to Create PPE - alternative sources for some PPE items. Items available here include face shields, hand sanitizer, cotton (reusable) face masks, gowns, non-cotton face masks, gloves, and other items.
- JobsOhio has created a PPE Database (scroll down the page) which includes information on manufacturers, distributors, and potential contract manufacturers to connect with PPE resources.
- #GetUsPPE is a grassroots movement founded by physicians and medical researchers on the frontlines of the COVID-19 pandemic. They are working to ensure healthcare facilities have access to supplies they need. Several members have had success with this site. https://getusppe.org/request/
- A local company, Aunt Flow, is currently leveraging their network and resources to help provide PPE. Right now, they have available FDA Approved Masks. You can learn more and order HERE. Order limits are currently 2,000. If you have questions or need larger orders, please contact Claire Coder at claire@auntflow.org.
- An Ohio-based company members can contact for N95 masks is Accord Medical Staffing at (440) 205-1930 or www.accordmedstaffing.com. Please contact Ashley with questions at: ashleyg@accordmedstaffing.com.
- WB Mason. This company appears they have hand sanitizer, thermometers, and surgical masks. Shipments appear to be 2-3 weeks.
- Thermometers: Through our discussions with MHAS and OPS, they have provided us with a source to purchase no-touch thermometers. https://ihealthlabs.com/. They currently have stock and can ship supplies quickly. It is recommended to order through their website. Questions can be sent to Jeff Li at Jeff@ihealthlabs.com

- **Reduced Cost PPE Supplies - National Council Partnership with Panacea Life** - The National Council for Behavioral Health has established a partnership with [Panacea Life](#) to deliver a variety of PPE at reduced rates. To take advantage of this opportunity, [visit Panacea Life's online store](#), where you will find a variety of PPE for purchasing. For information on each item, including shipping information, please click on the item. This store will be regularly updated based on available inventory. Questions - [Contact](#) NC.
- NAMI Ohio has plastic face shields and paper gowns available from their PPE distribution. Any behavioral health provider that wants either of these items or both, NAMI Ohio will make those available. There are no limits to your request as they noted they have a significant amount in stock. Please contact Lance Cranmer at (614) 981-8045 and he will take care of distributing it to your organization at no cost.
- Report any unscrupulous vendors or price gouging to the [Attorney General](#).

COVID-19 State Orders and Guidance

The Ohio Department of Health issued a simplified health order that streamlines previous orders into a single order that underscores the most important tenants of infection prevention. The streamlined order continues the mask mandate, social distancing, hand washing, encourages outdoor events, and limits large gatherings. The revised orders are included below.

- [Director's Order for Social Distancing, Facial Coverings, and Non-Congregating](#)
- [Amended Director's Order for Social Distancing, Facial Coverings, and Non-Congregating - removes quarantine requirements for vaccinated individuals that are asymptomatic following exposure to COVID-19 in certain settings.](#)
- [Director's Order Rescinding Various Orders](#)
- [All COVID-19 Public Health Orders](#)

Non-COVID Resources

Federal Policy & Resources – Non-COVID Related

ONDCP Drug Policy Priorities

The Office of National Drug Control Policy (ONDCP) released the [Biden-Harris Statement on Drug Policy Priorities for Year One](#), outlining the administration's efforts to continue to combat the heartbreaking toll of addiction and overdose deaths experienced by too many families. The priorities provide guideposts to ensure that the federal government promotes evidence-based public health and public safety interventions. The priorities also emphasize several cross-cutting facets of the epidemic, namely by focusing on ensuring racial equity in drug policy and promoting harm-reduction efforts. The priorities are:

- Expanding access to evidence-based treatment;
- Advancing racial equity issues in our approach to drug policy;
- Enhancing evidence-based harm reduction efforts;
- Supporting evidence-based prevention efforts to reduce youth substance use;

- Reducing the supply of illicit substances;
- Advancing recovery-ready workplaces and expanding the addiction workforce; and
- Expanding access to recovery support services.

ONDCP will work closely with other White House components, agencies, and Congress to meet these priorities. ONDCP, will also work closely with state, local, and Tribal governments, especially around efforts to ensure that opioid lawsuit settlement funds are used on programs that strengthen the nation's approach to addiction.

CARA 3.0 Introduced

Senators Portman (R-OH) Whitehouse (D-RI), Capito (R-WV), Klobuchar (D-MN), and Shaheen (D-NH) introduced the Comprehensive Addiction and Recovery Act (CARA) 3.0, which would authorize $785 million toward substance use prevention, treatment, criminal justice, and recovery programs. The legislation prohibits states from requiring prior authorization for medication-assisted treatment (MAT) under Medicaid, permanently allows providers to prescribe MAT via audio-only telehealth after criteria are met, removes limits on the number of patients a physician can treat with buprenorphine and methadone, and creates a pilot program to study mobile methadone clinics in rural and underserved areas. Read the section-by-section summary for more details.

Excellence in Recovery Housing Act Introduced

Representatives Trone (D-MD), Chu (D-CA), Levin (D-CA) and McKinley (R-WV) introduced the Excellence in Recovery Housing Act (H.R. 2376), which aims to help states improve and expand access to recovery housing. Recovery housing refers to safe, healthy, alcohol and drug-free living environments that support individuals in recovery from addiction. The bill would create a set of guidelines and a grant program for states to implement those best practices. Read the bill text and a summary.

Federal Grantees May Now Use Funds to Purchase Fentanyl Test Strips

The Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) announced that federal funding may now be used to purchase rapid fentanyl test strips (FTS) in an effort to help curb the dramatic spike in drug overdose deaths largely driven by the use of strong synthetic opioids, including illicitly manufactured fentanyl.

FTS can be used to determine if drugs have been mixed or cut with fentanyl, providing people who use drugs and communities with important information about fentanyl in the illicit drug supply so they can take steps to reduce their risk of overdose. This change applies to all federal grant programs as long as the purchase of FTS is consistent with the purpose of the program. Below are the examples from the press release:

- **CDC's multiyear Overdose Data to Action** cooperative agreement began in September 2019 and funds health departments in 47 states; Washington, D.C.; two territories; and 16 cities and counties for drug overdose surveillance and prevention efforts. Funds awarded as part of this agreement support health departments in obtaining high quality, more comprehensive, and timelier data on overdose morbidity and mortality and using those data to implement prevention and response efforts.
- **SAMHSA's State Opioid Response (SOR) grant** aims to address the opioid crisis by increasing access to medication-assisted treatment, reducing unmet treatment need and reducing opioid overdose-related deaths through supporting prevention, treatment, and recovery activities for opioid use disorder. SOR

supplements current state and territory opioid-related activities and supports a comprehensive response to the opioid epidemic.

National Health Service Corps

The application cycle for three National Health Service Corps (NHSC) programs: the NHSC Loan Repayment Program (NHSC LRP), the NHSC Substance Use Disorder Workforce Loan Repayment Program (NHSC SUD Workforce LRP) and the NHSC Rural Community Loan Repayment Program (NHSC Rural Community LRP) are now open. **The application cycle closes on Thursday, May 6, 2021 at 7:30 p.m.**

This year, a historic $800 million increase in funding means we will be making more awards in a single year than ever before, and clinicians are encouraged to apply even if their organization's health professional shortage area (HPSA) score has not been competitive for awards in the past. Eligible program sites include: SAMHSA-certified outpatient treatment programs (OTPs); Office-based opioid treatment facilities (OBOTs); Non-opioid substance use disorder treatment facilities (SUD treatment facilities; Federally Qualified Health Care Centers (FQHCs); School-based clinics; Community outpatient facilities, and more. It's important to note that eligible sites must be located in a Health Professional Shortage Area (HPSA), except for the SUD Workforce Loan Repayment Program which will consider a site with a lower score. Here is a map of the current Ohio MH HSPAs as of April 2021. Additionally, the provider organization will need to become an NHSC approved site and complete a NHSC Site Agreement. Please share this information with clinicians in your organization that may be eligible and interested. This HRSA Loan Repayment Toolkit offers a number of resources to share with your staff.

As an example: Qualified health care clinicians may receive student loan repayment in return for their service at NHSC-approved sites. Find out which program is right for you and become part of the largest class of NHSC award recipients in history!

- The NHSC LRP awards up to $50,000 in exchange for a two-year commitment to provide primary medical, dental or mental/behavioral health care at approved sites in high-need, underserved areas. HRSA has removed the two-tier scoring, allowing all applicants to receive up to $50,000 in awards regardless of HPSA score. NHSC LRP recipients are eligible to extend their service and potentially pay off all of their educational debt with continuation contracts.
- The NHSC SUD Workforce LRP provides up to $75,000 in exchange for a three-year commitment to health care professionals who provide substance use disorder (SUD) treatment services at NHSC-approved SUD treatment facilities. Clinicians with DATA 2000 Waivers can receive award preference.
- Providers in rural communities may apply to the NHSC Rural Community LRP, which awards up to $100,000 for three years of service. Being employed at an NHSC-approved Rural Communities Opioid Response Program (RCORP) Consortium member facility gives a provider eligibility for award preference.

HHS Releases New Buprenorphine Practice Guidelines, Expanding Access to Treatment for Opioid Use Disorder

In an effort to get evidenced-based treatment to more Americans with opioid use disorder, the Department of Health and Human Services (HHS) released new buprenorphine practice guidelines that among other things, remove a longtime requirement tied to training, which some practitioners have cited as a barrier to treating more people.

Signed by HHS Secretary Xavier Becerra, the *Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder* exempts eligible physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists and certified nurse midwives from federal certification requirements related to training, counseling and other ancillary services that are part of the process for obtaining a waiver to treat up to 30 patients with buprenorphine.

The *Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder* provide an exemption from certain certification requirements under 21 U.S.C. § 823(g)(2)(B)(i)-(ii) of the Controlled Substances Act (CSA). Specifically, the Practice Guidelines provide that:

- With respect to the prescription of certain medications that are covered under applicable provisions of the CSA, such as buprenorphine, practitioners, defined as physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives, who are licensed under state law, and who possesses a valid DEA registration, may be exempt from the certification requirements related to training, counseling and other ancillary services.
- Practitioners utilizing the exemption are limited to treating no more than 30 patients at any one time. Time spent practicing under the exemption will not qualify the practitioner for a higher patient limit.
- Under the exemption, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives are required to be supervised by, or work in collaboration with, a DEA registered physician if required by state law to work in collaboration with, or under the supervision of, a physician when prescribing medications for the treatment of opioid use disorders. This requirement does not apply to practitioners who are employees or contractors of a department or agency of the United States acting within the scope of such employment or contract.
- Practitioners who do not wish to practice under the exemption and its attendant 30 patient limit may seek a waiver per established protocols.
- The exemption applies only to the prescription of Schedule III, IV, and V drugs or combinations of such drugs, covered under the CSA, such as buprenorphine. It does not apply to the prescribing, dispensing, or the use of Schedule II medications such as methadone for the treatment of opioid use disorders.
- Before treating patients with buprenorphine for opioid use disorders, practitioners are required to obtain a waiver under the CSA by submitting a Notice of Intent to SAMHSA under established protocols.

More information about the exemption is available in this Quick Start Guide and FAQ.

NIH Data Management for Opioid Crisis Research

The National Institutes of Health (NIH) Helping to End Addiction Long-term (HEAL) Initiative is tapping into data management and stewardship expertise to better inform research related to the opioid crisis. The NIH HEAL Initiative is an aggressive, trans-agency effort to speed scientific solutions and reduce the impact of the opioid crisis. While healthcare data has become easier to store and collect, leaders are still working to find ways to maximize the potential of this collected data. The industry is working to prepare data in a way that can make it accessible, break down storage silos while maintaining privacy, and teach researchers and policymakers how to effectively analyze big data resources. The goal is to enable HEAL researchers, other investigators, advocates, providers, and policymakers to easily find NIH HEAL research and data. The platform will also allow these stakeholders to use the data to inform their own research, practice, policies, and programs.

NIH Minority Health and Heath Disparities Strategic Plan 2021-2025

The National Institute on Minority Health and Health Disparities announced the release of the [NIH Minority Health and Health Disparities Strategic Plan 2021-2025](#). The plan's goals for advancing minority health and health disparities research are in three categories:

1. Scientific Research, such as advancing the understanding of the causes of health disparities.
2. Research-Sustaining Activities, such as strengthening the national research capacity to address minority health and health disparities, especially in minority-serving institutions.
3. Outreach, Collaboration, and Dissemination, such as cultivating and expanding the community of researchers and advocates in the areas of minority health and health disparities.

Federal Disability Rights Protections for Individuals in Recovery from OUD

The Substance Abuse and Mental Health Services Administration launched a new, five-part video series detailing federal disability rights protections for some individuals in recovery from an opioid use disorder. The series, [Civil Rights Protections for Individuals in Recovery from an Opioid Use Disorder](#), informs audiences about the application of federal disability rights laws to child welfare programs and activities, discusses protections that apply to some individuals in recovery from an opioid use disorder, provides an overview of medication-assisted treatment (MAT), and addresses common misconceptions about MAT as a treatment approach.

ASAM Criteria Survey

The American Society of Addiction Medicine (ASAM) is conducting a [survey](#) to seek comments from diverse stakeholders including treatment providers, system administrators, health plans, policy makers, and patients and families on experiences with *The ASAM Criteria* to help inform the upcoming 4th edition. Feedback is needed on what is working well, barriers to or challenges with implementation, and what can be improved in the next edition. The survey is designed to allow respondents to fill out the sections that are most relevant to their experience. Respondents are not required to fill out the entire survey in order to submit a response. The deadline to participate is **May 14.**

Guide for Future Directions for the Addiction and OUD Treatment Ecosystem

The National Academy of Medicine published a discussion paper, *[Guide for Future Directions for the Addiction and OUD Treatment Ecosystem](#)*. To best describe the needs of and solutions for the addiction treatment ecosystem, the authors of this paper propose the guidance of the "4 Cs": Capacity, Competency, Consistency, and Compensation.

Capacity refers to whether the system is correctly sized and nuanced enough to fill the needs of the community it is serving. **Competency** refers to the education, training, and evaluation of those who work within the treatment system, including but not limited to physicians, psychotherapists, administrators, and peer recovery specialists. **Consistency** refers to whether the system is delivering high-quality care. **Compensation** refers to whether the treatment system financially aligns reimbursement with best practices. Payment can be viewed through the lens of the payment amount, payment type, including whether payment is being made for evidence-based practice versus legacy treatment practices, and inclusion of carved-out versus carved-in behavioral health.

Guide to Help Consumers Fight Coverage Denials of Mental Health & Addiction Care

The Kennedy Forum and the National Alliance on Mental Illness (NAMI) released a new report titled: "The Health Insurance Appeals Guide: A Consumer Guide for Filing Mental Health and Substance Use Disorder (MH/SUD) Appeals." Individuals with mental health and substance use disorders often face barriers when seeking treatment, including health insurance denials that force them to go out-of-network and/or pay high out-of-pocket costs. In fact, a 2019 report from Milliman, Inc. found that patients had to go out of network more than five times more often for behavioral health care than for physical health care. At best, these coverage obstacles are time-consuming and expensive; at worst, they prevent people from getting potentially lifesaving care.

2021 Mental Health Month Toolkits Available for Download

To help promote May as Mental Health Month, Mental Health America (MHA) and the National Alliance on Mental Illness (NAMI) have developed toolkits to help communities generate awareness and understanding about mental health, while working to reduce stigma. MHA's Tools to Thrive kit provides practical tools that everyone can use to improve their mental health and increase resiliency regardless of their personal situation. The toolkit includes sample materials for communications and social media, as well as printable handouts on a variety of topics, including: adapting after trauma and stress; dealing with anger and frustration; getting out of thinking traps; processing big changes; taking time for yourself; and radical acceptance. NAMI's toolkit, which includes images and graphics, continues to amplify the message "You Are Not Alone."

State Policy & Resources – Non COVID Related

Senate Bills Signed into Law

Governor DeWine signed two bills that will impact Ohio's behavioral health community and OhioMHAS Director Lori Criss provided brief remarks during the Governor's virtual bill signing ceremony .

SB2 COMPETENCY EVALUATIONS-CRIMINAL CASES, sponsored by Senator Theresa Gavarone, includes requirements for competency evaluations and mental health treatment in criminal cases and prioritize state psychiatric hospital beds for patients who need the most care and provide for the least restrictive environment for their care. Additionally, it will enter Ohio into the Psychology Interjurisdictional Compact (PSYPACT).

SB57 EXEMPT CERTAIN HOUSING FROM PROPERTY TAXATION, sponsored by Senator Bob Hackett and Senator Nickie Antonio, among other provisions, codifies decades of historical practice of allowing real estate property tax exemptions for certain properties used by individuals with a mental disability or substance use disorder.

ODM Announces Six Partners to Further Next Generation of Managed Care

The Ohio Department of Medicaid (ODM) announced the selection of six healthcare organizations to lead the department's evolution of managed care services for its more than 3 million members and thousands of medical providers. Additional information about the announcement can be found in the press release and supplemental briefing document. The selection comes after more than two years of intensive stakeholder

engagement to define opportunities to strengthen the structure of Ohio's $20 billion managed care program. It addresses Governor Mike DeWine's direction at the beginning of his term to re-evaluate Ohio's managed care system with the goal of making the system more focused on individuals.

The six MCOs selected for the next generation managed care program are:

- UnitedHealthcare Community Plan of Ohio, Inc.
- Humana Health Plan of Ohio, Inc.
- Molina Healthcare of Ohio, Inc.
- AmeriHealth Caritas Ohio, Inc.
- Anthem Blue Cross and Blue Shield
- CareSource Ohio, Inc.

Ohio Medicaid is deferring for additional consideration its decision related to Buckeye Community Health Plan. Ohio Medicaid members will continue to receive services with their current managed care plans until the transition in early 2022 and will not lose coverage. Members will have the opportunity to select a new plan during the 2021 open enrollment period later this summer. If members do not select a plan, one will be automatically assigned to them, assuring continuous access to health care without interruption. Ohio Medicaid's next generation managed care selection, contingent upon the signing of contracts, is slated to go live in early 2022. Learn more about ODM's next generation managed care program by visiting managedcare.medicaid.ohio.gov.

Aetna Better Health of Ohio Selected as New OhioRISE Managed Care Organization

The Ohio Department of Medicaid (ODM) announced that it has selected Aetna Better Health of Ohio to serve as the specialized managed care organization for the state's children with the most complex behavioral health needs under the new OhioRISE (Ohio Resilience through Integrated Systems and Excellence) program. OhioRISE is a part of Governor DeWine's priority Children's Initiative. Aetna will work with ODM, the Ohio Department of Mental Health and Addiction Services (OhioMHAS), and Governor DeWine's Family and Children First Cabinet Council to implement a child and family-centric model featuring new targeted behavioral health services and intensive care coordination delivered by community partners. Aetna will also coordinate with the state's Medicaid managed care organizations and the new single pharmacy benefit manager to ensure medical and pharmaceutical services and supports are integrated in the child's comprehensive health plan. The OhioRISE program addresses gaps in Ohio's health care system that currently result in 140 Ohio kids living out of state on any given day in order to access the behavioral health services they need. The OhioRISE managed care plan will fill in these gaps by developing a network of care management entities working with Ohio's behavioral health providers to offer new intensive, coordinated services for children and families statewide. Visit the OhioRISE page on managedcare.medicaid.ohio.gov to learn more about the new OhioRISE program.

Child and Adolescent Behavioral Health COE Webinar Recording

The April 7th introductory webinar recording and PowerPoint slides highlighting Ohio's new Child and Adolescent Behavioral Health Center of Excellence (COE), are now available online. Click HERE to view the recording and HERE to download the slides. Click HERE to read a media release announcing Case Western Reserve University's Center for Innovative Practices being selected to coordinate the COE, and to review a

backgrounder document. The Ohio Council is partnering with CWRU as part of the Center of Excellence and will be providing technical assistance and training as part of the COE.

ODM Files Credentialing Rule to Implement Centralized Credentialing

The Ohio Department of Medicaid filed a [new credentialing rule](#) implementing national credentialing standards for the Medicaid program that will be required as part of Medicaid procurement and the effort towards centralized credentialing and the transition to the [Provider Network Management](#) (PNM) module. This rule provides the process and requirements ODM, or its credentialing designee, will follow for applicable providers that require credentialing for their specific provider type. This rule also identifies the required information needed to complete the credentialing process and details any additional actions necessary on behalf of the provider or facility to complete credentialing. The credentialing process will now be completed by the Department or its credentialing designee, rather than the individual Managed Care Plans.

Independently licensed practitioners and facilities will be required to go through the credentialing process through the PNM in accordance with this rule. Dependently licensed and unlicensed practitioners will not be credentialed, but will continue to enroll as providers with Medicaid as outlined in the [Provider Screening and Application Rule](#). The public hearing for this rule is scheduled for 5/27/21.

Additional SOR Funding to Help Local Communities Continue the Fight Against Opioid Addiction

Governor Mike DeWine joined RecoveryOhio and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to announce funding awards totaling more than $13 million to help communities throughout Ohio continue the fight against opioid addiction and prevent overdose deaths. These State Opioid Response (SOR) 2.0 grants come at a time when many communities are seeing increased demand for behavioral health services amid the ongoing coronavirus pandemic. The state announced a total of 57 awards, including nearly $4.9 million to 36 community organizations under the "Use of Community Partners" program, and $8.3 million to 21 recipients of the "Use of Innovation" program. Click [HERE](#) to view the media release and complete list of grantees.

LACTS User Training and Support Sessions Recordings

As part of ongoing system improvements to the OhioMHAS Licensure and Certification Tracking System (LACTS), all initial and renewal applications must be filed electronically beginning May 3. This change will help ensure timeliness in submissions, promote adherence to filing deadlines, and increase efficiency in the review process, benefiting the health and safety of all Ohioans who rely on quality mental health and addiction prevention, treatment and recovery support services. To help providers prepare for this change, OhioMHAS hosted trainings in April to provide an overview of LACTS as well as guidance on how to submit documents electronically. More information is available in [these slides](#) and the recording from the training will be available [here](#). Please contact liccert@mha.ohio.gov with questions.

OOD Inclusive Employer Toolkit

Opportunities for Ohioans with Disabilities launched the Inclusive Employer Toolkit, designed to help employers recruit, hire, and retain employees with disabilities and foster an inclusive workplace. The Inclusive Employer Toolkit was created by the OOD Business Relations team, which works throughout the state to raise awareness of OOD and its mission with Employer Partners to promote and support the hiring of individuals with disabilities. The Toolkit curates the best practices, tips, resources, and webinars that have benefitted OOD Employer Partners. Use of the Toolkit is free and open to all, and a demonstration video is available on the website. The Toolkit includes four main topics:

1. Building the Business Case – benefitting from hiring people with disabilities
2. Inclusive Workplace – making the workplace inclusive of everyone
3. Recruiting, Hiring, and Supporting Employees – getting access to a greater pool of talent
4. Workplace Accommodations – making small changes can make a big difference

Health Policy Institute of Ohio 2021 Health Value Dashboard

The Health Policy Institute of Ohio released the latest edition of the *Health Value Dashboard*. The *Dashboard* is a tool to track Ohio's progress toward health value — a composite measure of Ohio's performance on population health and healthcare spending. In ranked profiles, the *Dashboard* examines Ohio's rank and trend performance relative to other states across seven domains. In addition, through a series of equity profiles, the *Dashboard* highlights gaps in outcomes between groups for some of Ohio's most systematically disadvantaged populations.

Ohio has consistently ranked near the bottom on health value in each of the four editions of the *Dashboard*. Ohio's overall health value ranking was 47 in 2014, 46 in 2017 and 46 in 2019. The *Dashboard* found that Ohio's healthcare spending is mostly on costly downstream care to treat health problems. This is largely because of a lack of attention and effective action in the following areas:

- **Children.** Childhood adversity and trauma have long-term consequences.
- **Equity.** Ohioans with the worst outcomes face systemic disadvantages.
- **Prevention.** Sparse public health workforce leads to missed opportunities for prevention.

The *Dashboard* includes examples of nine evidence-informed policies that could be adopted by Ohio policymakers and private-sector partners to make Ohio a leader in health value.

Trainings and Conferences

Suicide Risk in Uncertain Times – May 6

As part of the Ohio Prevention Conference virtual training series, The Ohio State University College of Social Work and OhioMHAS are hosting a free Suicide Risk in Uncertain Times training on May 6 from 11 a.m.-12:15 p.m. Presented by Dr. Thomas Joiner of Florida State University, this session will review basic facts about the epidemiology and risk factors for death by suicide, including under a pandemic, review a theory of suicidal behavior, and learn about approaches to suicide risk assessment and mitigation. Click HERE to register by May 5.

Mental Health for People who are Deaf & Hard of Hearing

Deaf Services Center in Columbus and Cleveland Hearing & Speech Center have teamed up for an Ohio Department of Mental Health & Addiction Services-funded grant project to train mental health providers and frontline staff throughout the state to better serve deaf and hard of hearing patients in the mental health setting. They are offering two free training opportunities this spring and summer:

Providing Culturally Appropriate Mental Health Care to Deaf & Hard of Hearing Individuals
Live, Zoom training from 9 a.m. to 4 p.m. Five dates. 6.5 CEUs
Registration link for the full-day live training: https://conta.cc/3dwEcsH.

American Sign Language 101 for Mental Health Professionals
Live, Zoom classes. Each class is two 90-minute sessions. Thirty Dates. 3.0 CEUs
Registration link for the May start date ASL classes: https://conta.cc/3aorfiK
Registration link for the June start date ASL classes: https://conta.cc/2QJNB7h

Addiction Studies Institute

The 30th Annual Addiction Studies Institute conference, will be held virtually, June 18 - 19, 2021, and features Tia Dayton, MD as the keynote speaker. Dr. Dayton is a senior fellow at The Meadows and author of fifteen books including The Soulful Journey of Recovery, The ACoA Trauma Syndrome, Emotional Sobriety and Forgiving and Moving on. She has also been a guest expert of NBC, CNN, an MSNBC.

The Addiction Studies Institute annual conference, sponsored by The Ohio State University Wexner Medical Center and Ohio State's Talbot Hall, is one of the largest educational gatherings in the Midwest. This conference brings together leading experts to share the best tools, information and research available to help those struggling with addiction.

To learn more about the conference, continuing education credits, and early bird discount rates, please visit the registration page HERE**.**

ADAPAO Conference 2021 - May 4-6, 2021

Registration for the May 4-6, 2021, ADAPAO Conference is live! Registration information is available on the ADAPAO Events page at www.adapao.org. The conference, themed **Doing Prevention Well**, focuses on using prevention science, building effective prevention organizations and systems, and maintaining wellness while engaging in prevention practice. The ADAPAO 2021 Conference is a virtual event using the Zoom platform.

Opiate and Other Drugs Conference – May 11-13

The Ohio Association of County Behavioral Health Authorities, in partnership with the Ohio Department of Mental Health and Addiction Services and the Ohio Department of Rehabilitation and Correction, will host Ohio's 2021 Opiate and Other Drugs Conference: Exploring Better Pathways for Care on May 11-13. This will be Ohio's 11th annual Opiate Conference and its first ever virtual Opiate Conference experience. The conference will focus on opiates, stimulants, and other substance use disorders, specifically on efforts related to prevention, education, intervention, treatment, recovery, family supports, community engagement, and more. Click HERE for sponsor and exhibitor registration and HERE for participant registration information.

IHBT System of Care Best Practice Training Events

IHBT System of Care Best Practice training events are designed to support home and community-based behavioral health services across Ohio, trainings are FREE to providers and supported by OhioMHAS. **All events are virtual and require advance registration.** Additional information on training topics and dates can be found at https://ihbtohio.org/. If you have specific training needs and would like to request a topic, email Bobbi.Beale@case.edu.

Understanding the Culture of Poverty
May 11, 2021   8:45 am – 4:15 pm   6 CEUs
Register HERE for Culture of Poverty on 5/11/21

Supporting LGBTQIA+ Youth
May 18, 2021   8:45 am – 4:15 pm   6 CEUs
Register HERE for LGBTQIA Youth on 5/18/21

Experience TIC: Secondary Traumatic Stress & Provider Resilience
May 25, 2021   8:45 am – 4:15 pm   6 CEUs
Register HERE for Experience TIC: STS & PR on 5/25/21

Ethical Decision Making for Multi-System Youth and Families
May 26, 2021   8:30 am – 12 pm   3 CEUs
Register HERE for Ethical Decision Making for MSY on 5/26/21

Trauma-Informed Resiliency-Oriented Supervision
May 27, 2021   1:30 pm – 4:45 pm   3 CEUs
Register HERE for TIRO Supervision on 5/27/21

Break the Cycle: Understanding & Treating Generational Trauma
June 2, 2021   8:45 am – 4:15 pm   6 CEUs
Register HERE for Break the Cycle on 6/2/21

Trauma-Informed Family Engagement: Understanding Implicit Bias & Structural Racism June 4, 2021   8:45 am – 4:15 pm   6 CEUs
Register HERE for TIFE: Implicit Bias & Structural Racism on 6/4/21

Recovery Housing Development Guidebook Webinars

OhioMHAS and Ohio Recovery Housing have produced a new recovery housing development guidebook that outlines definitions, operational considerations, best practices and resources designed to help potential and existing recovery housing operators establish high quality environments for people in recovery. The agencies have teamed up to host a new, web-based training series that will highlight the content of the guidebook, discuss how to use its resources, and review resources available to potential and existing operators of recovery housing. The series will kick off on May 5 with a webinar focusing on administrative and operational considerations, while subsequent webinars on May 25 and June 16 will focus on recovery support activities. Click HERE to register for the series.

Bring SMART Recovery into Your Organization

SMART Recovery is a self-empowering program that helps people achieve independence from addictive behaviors. Meetings are free, guided by trained facilitators, and available online and face-to-face.

Facilitators and participants in SMART Recovery meetings support each other by using evidence-based tools and techniques that are effective for overcoming problematic addictive behaviors (smoking, drinking, eating disorders, drugs, gambling, etc.). SMART provides programs and resources for individuals, family and friends, treatment professionals, courts and corrections, veterans and first responders, and young adults.

SMART Recovery meetings and services are:

- Self-empowering, evidence-based and time-tested
- Respectful of all beliefs/non-beliefs
- Non-stigmatizing (participants are not labeled)
- Easily integrated with other pathways to recovery
- Compatible with Medication Assisted Treatment (MAT)

Special Offer on SMART Recovery for Professionals Training! For a limited time, SMART Recovery is offering a $50 discount for Ohio Council members who sign up for SMART Recovery for Professionals Training. (options include online, self-paced or instructor-led via Zoom).

To learn more about SMART Recovery, visit www.smartrecovery.org. To learn more about the online training offer, visit https://www.smartrecovery.org/the-ohio-council/

Ohio Council Staff Contact Information

The Ohio Council Staff are continuing to work remotely, but we want to make sure you can reach us. If you need help - have questions - or ideas to share, use the below emails to contact us:

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