

JULY 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](#), [March 2021](#), [April 2021](#), [May 2021](#), and [June 2021](#) editions are available for historic references and resources.

COVID-19 Federal Policy and Resources

Federal Public Health Emergency Extended

U.S. Department of Health and Human Services Secretary Xavier Becerra [extended](#) the COVID-19 Public Health Emergency (PHE) for an additional 90 days. This means that the telehealth and other waivers and flexibilities that have been implemented during the PHE will remain in effect until at least October 20, 2021. This renewal marks the sixth time the federal government has done so since the public health emergency was first declared at the start of the pandemic last year. This latest renewal is effective Tuesday, July 20, 2021, and will continue for 90 days.

As mentioned, there are several Federal waivers authorized under the Public Health Emergency, including:

- [The U.S. Department of Health and Human Services enforcement discretion](#) allowing providers to use non-HIPAA compliant platforms and allowing [verbal consent for](#) most disclosures;
- [SAMHSA guidance on 42 CFR Part 2](#) emphasizing that under medical emergency exceptions, written consent is not required for disclosures to medical personnel, and that providers make their determination whether a bona fide medical emergency exists for the purposes of providing needed treatment;
- [DEA guidance](#) to allow prescribing of controlled substances during the pandemic via telemedicine without first seeing the patient in-person when specific conditions are met;
- [CMS waiver](#) allowing telehealth by audio only for Medicare recipients;
- Additionally, Medicaid revalidations are on hold through the duration of the PHE. The waiver for revalidation with Medicaid covers individual providers and agency providers. Please reference the [ODM site listing upcoming revalidations](#), which has the [letter](#) issued by Director Corcoran posted and waives revalidations through the duration of the PHE.

The [Biden administration has committed to renew the PHE throughout 2021](#) and provide states with 60 days' advance notice of its expiration. There are currently several federal bipartisan bills related to telehealth,

mostly to expand the definition to include audio-only, but also to remove other Medicare restrictions related to location of services.

US Surgeon General Issues Advisory Confronting COVID-19 Misinformation

U.S. Surgeon General Dr. Vivek Murthy issued his first [Surgeon General's Advisory](#) of the Biden Administration to warn the American public about the urgent threat of health misinformation. Health misinformation, including disinformation, have threatened the U.S. response to COVID-19 and continue to prevent Americans from getting vaccinated, prolonging the pandemic and putting lives at risk, and the advisory encourages technology and social media companies to take more responsibility to stop online spread of health misinformation. The [full press release](#) defines health misinformation as information that is false, inaccurate, or misleading according to the best available evidence. Although health misinformation is not a recent phenomenon, in recent years it has spread at unprecedented speed and scale, especially online. Working together, Americans have the power to build a healthier information environment where we make more informed decisions about our health and the health of our loved ones and communities.

HHS Provider Relief Fund Reporting – Updated Guidance

Since the Provider Relief Fund (PRF) [reporting portal](#) opened on July 1, 2021 the Department of Health & Human Services (HHS) has released additional guidance to providers on the reporting requirements and use of funds through two recent updates to the [PRF FAQs](#) (July 6 and July 15) and the posting of [technical assistance documents](#). HHS also held three scheduled webinars to provide technical assistance on reporting requirements and answer questions previously submitted to HHS, the slides and recording from the July 8th training are available with the technical assistance documents.

Providers that received PRF payments in aggregate of \$10,000 or more between April 10 and June 30, 2020 (Period 1) must have used those funds by June 30, 2021 and must complete reporting on the use of those funds by September 30, 2021. **Compliance with this reporting deadline is critical as HHS has stressed that extensions on the deadline to report will not be granted, and the failure to report timely information may subject the PRF payments to recoupment.** In the most recent update, HHS announced that it is developing an appeal process to review and reconsider payment uses based on submitted supporting documentation, recognizing that providers may have questions regarding the accuracy of their use of PRF payments.

HRSA has developed several resources to support providers in completing the PRF reporting successfully. These include:

- [Stakeholder One-pager](#)
- [Portal User Guide](#) - [Registration Process](#) and [Submitting Reporting Information](#)
- FAQs - [Reporting Specific](#) and [Portal Specific](#)
- [Data Entry Workbook](#)
- Provider Support Line at (866) 569-3522 for TTY dial 711. Hours of operation are 8 a.m. to 10 p.m. CT, Monday – Friday

CMS ARP Funding for Health Workforce Support

The Department of Health and Human Services (HHS) and Health Resources and Services Administration (HRSA) [announced](#) the availability of \$103 million in American Rescue Plan (ARP) funding to reduce burnout and support the mental health of the health workforce. Three funding opportunities are now accepting applications:

- [Promoting Resilience and Mental Health Among Health Professional Workforce](#) - Approximately 10 awards will be made totaling approximately \$29 million over three years to health care organizations to support members of their workforce. This includes establishing, enhancing, or expanding evidence-

informed programs or protocols to adopt, promote and implement an organizational culture of wellness that includes resilience and mental health among their employees.

- [Health and Public Safety Workforce Resiliency Training Program](#) - Approximately 30 awards will be made totaling approximately \$68 million over three years for educational institutions and other appropriate state, local, Tribal, public or private nonprofit entities training those early in their health careers. This includes providing evidence-informed planning, development and training in health profession activities to reduce burnout, suicide and promote resiliency among the workforce.
- [Health and Public Safety Workforce Resiliency Technical Assistance Center](#) - One award will be made for approximately \$6 million over three years to provide tailored training and technical assistance to HRSA's workforce resiliency programs.

To apply for the Provider Resiliency Workforce Training Notice of Funding Opportunities, visit [Grants.gov](https://www.grants.gov). Applications are due August 30, 2021.

CDC Releases Updated Guidance on Mask Wearing; Guidance for Schools - America Academy of Pediatrics and ODH Follow Suit

The CDC has released [new, updated guidance for fully vaccinated individuals](#) recommending mask wearing indoors in public settings if you are in an area of substantial or high transmission. Fully vaccinated individuals are unlikely to develop significant COVID symptoms if infected with the Delta variant but can possibly spread the virus to others. Mask wearing has proven effective in reducing the transmission and spread of the virus. On Wednesday, 7/28, 23 counties identified with [substantial or high transmission rates](#), and by Friday that number jumped to 35 counties. The CDC continues to recommend all unvaccinated individuals continue to wear masks, social distance and are encouraged to talk to their health care providers about the benefits of vaccination.

Separately, the [CDC also updated their guidance for school and child care settings](#). With this update, the CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status, and children should return to full-time in-person learning in the fall with layered prevention strategies in place. This update follows recent recommendation from the [American Academy of Pediatrics COVID-19 Guidance for Safe Schools](#) that also recommended students return to in-person learning with universal indoor mask wearing. The Ohio Department of Health (ODH) also released their revised [K-12 School COVID-19 Health and Prevention Guidelines](#) to support keeping students back in school 5-days per week. It's important to note that students under age 12 do not yet have access to vaccination and only about one-third of those ages 12-19 have been vaccinated. ODH is not issuing a mandate, but rather strong recommendations that schools promote and support vaccination for those adults and students that can get vaccinated, indoor mask wearing particularly for those students, teachers, and support staff that are unvaccinated, and continuing to layer other mitigation factors such as maintain 3 feet social distancing (minimum), frequent hand sanitization, and increase ventilation. Local health departments are also reviewing these recommendations and are expected to make recommendations to local schools within their jurisdiction and address contact tracing and quarantine/isolation protocols. So, stay connected to your local health departments as well as school districts to understand expectations for the upcoming school year.

COVID-19 State Policy and Resources

[ODH Coronavirus Website](#) – Primary Source for All Ohio Information

Indoor Air Quality Grant Deadline Extended, Eligibility Expanded

The Ohio Bureau of Workers' Compensation's [COVID-19 Indoor Air Quality \(IAQ\) Assistance Program](#) recently expanded eligibility requirements and extended the application deadline. The program provides financial reimbursement for several healthcare-related businesses, including behavioral health, to help cover the costs of air quality improvements made necessary by COVID-19. Eligible entities include nursing homes, assisted living facilities, hospices, senior centers, substance use disorder residential treatment providers, and more. They must be private employers and be either licensed by the Ohio Department of Health, recognized by the Ohio Department of Aging, certified by the Ohio Department of Mental Health and Addiction services, or certified by the Ohio Department of Developmental Disabilities. IAQ will provide reimbursement specifically for inspections, assessments, maintenance and improvements to indoor heating, ventilation, and air conditioning (HVAC) systems to control the spread of the virus. It also provides funds for secondary devices designed to destroy bacteria and mold. **The extended [application](#) deadline is now Dec. 31**, and eligible expenses include air quality-related necessities that came as a response to COVID-19 from March 1, 2020 to Dec. 31. Applicants can apply for funding more than once, but total assistance can't exceed \$15,000 per entity. If an application is accepted, funds will be distributed electronically within 15 business days. Questions? Please call BWC's Division of Safety & Hygiene at 1.800.644.6292, or email grants@bwc.state.oh.us.

Governor DeWine Signs Legislation with Vaccination Limits for Schools

On July 14th, Governor DeWine signed [HB 244](#) (Reps. White and Lampton) whose original purpose is supporting technology-based educational opportunities for, and the enrollment of, military children in public schools. This legislation picked up a Senate amendment to prohibit public schools and state universities from requiring vaccinations that have not been fully approved by the FDA – including the current COVID-19 vaccinations. The vaccine provisions do not apply to academic teaching hospitals at state universities. Additionally, the amendment included provisions setting new guidelines for state quarantine and isolation powers and mandating the Ohio Department of Health cover expenses for individuals required to quarantine. This bill goes into effect October 11, 2021. Some anticipate the FDA will provide full approval of a couple of the COVID vaccines before the rule becomes effective, both Pfizer and Moderna have applied for full approval at this time.

US Department of Education Approves Ohio's Education Plan to use \$4.4 billion in Federal COVID Funds

The U.S. Department of Education announced the [approval](#) of Ohio's American Rescue Plan Elementary and Secondary School Emergency Relief (ARP ESSER) plan and distributed remaining ARP ESSER funds to them. [Ohio's plan](#) details how the state is using and plans to use ARP ESSER funds to safely reopen and sustain the safe operation of schools and equitably expand opportunity for students who need it most. Earlier this year, the Department distributed two thirds of the ARP ESSER funds, totaling \$81 billion, to 50 states and the District of Columbia. The remaining third of the funding to states will be made available once state plans are approved. Ohio is receiving more than \$4.4 billion total in ARP ESSER funds, and today's approval of their plan will result in the release of the final \$1.4 billion. Ohio's plans for these resources will prioritize trauma-informed and culturally responsive practices to meet students' academic, social, and emotional needs when they reengage in learning during the summer and the 2021-2022 school year by responding to mental health data from the Ohio Healthy Youth Environments survey. Additionally, ODE is partnering with the Governor's

office, the Ohio Department of Medicaid, and the Ohio Department of Mental Health and Addiction Services to expand school-based services and increase behavioral and physical health supports for students.

Ohio Receives \$86M in Supplemental COVID-19 Block Grant Funds to Boost Services Amid Pandemic

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) Director Lori Criss announced that Ohio is receiving a significant funding boost from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to help address the state's mental illness and substance use disorder crisis. As part of a national \$2.5 billion COVID-19 relief funding strategy, SAMHSA pledged more than \$86 million in one-time funding to supplement Ohio's Community Mental Health and Substance Abuse Prevention and Treatment Block Grant subsidies. Ohio is slated to receive just under \$60.5M in supplemental Substance Abuse Prevention and Treatment (SAPT) Block Grant funds and \$25.8M in supplemental Community Mental Health Services Block Grant funds.

Funding will be channeled to local communities via a mix of direct-funded initiatives and competitively bid projects focused on innovation, quality services through the lifespan, crisis, equity, outreach, and behavioral health integration. Read the [media release](#) for more details. Questions? Please email OhioMHAS Grants Administrator Dr. Valerie Alloy at Valerie.Alloy@mha.ohio.gov.

ODH COVID-19 Vaccination Resources – Updated

In attempts to encourage individuals to seek out scientifically sound and credible information about the safety, efficacy, and risks of the COVID-19 vaccinations, ODH has consolidated factual and updated information under the [Equity and High-Risk Groups](#) banner on the ODH Coronavirus webpage. Here you will find a [communication hub](#) with resources and various formats that can be shared with your staff, clients, and communities. There is also a [COVID-19 data and demographics](#) that explores how different groups are disproportionately impacted. Additionally, [The Myths vs. Facts COVID-19 Vaccine](#) resources have been updated with the most current scientific research on vaccine safety and efficacy. These updated resources contain the latest information available to use in both internal and external communications with your teams, client populations, and community as you determine appropriate. Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. Achieving high levels of COVID-19 vaccination across the state and in all age groups is one of the most critical strategies to returning to normal.

Telehealth & Billing

Ohio Telehealth Update

As shared previously, the CSWMFT Board and State Medical Board announced that with the lifting of the state's declared public health emergency on June 18th their telehealth rules revert to pre-pandemic requirements. The CSWMFT Board has temporarily suspended enforcement of 4757-5-13 through September 24th and the State Medicaid Board has suspended enforcement of their rules through September 17th indicating additional guidance would be forthcoming. The State Medicaid Board has since released their [telehealth FAQ](#). In that, the State Medical Board acknowledges that federal PHE and waivers remain in effect, but that the waivers also require adherence to state laws. Subsequently, individuals licensed by the State Medicaid Board will be compelled to comply with state professional licensure laws. The Ohio Council has been actively engaged in advocacy with the Governor's office and these professional boards to extend the telehealth flexibilities permitted under the federal PHE and waivers as it's been essential to sustaining behavioral health service access and capacity during the pandemic which is not yet over. Ohio has been a

pioneering leader in allowing and expanding access to services since the early days of the pandemic and has forever changed behavioral health service delivery.

Non-COVID Resources

Federal Policy & Resources – Non-COVID Related

New CCBHC Grants Announced

In early July, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded 100 grants enabling clinics to implement or expand the Certified Community Behavioral Health Clinic (CCBHC) model – an initiative designed to expand access to comprehensive mental health and substance use treatment. With this latest round of grant funding, in addition to awards announced in February of this year, there are now 431 CCBHCs across the country. Four new Ohio organizations were awarded grants in this round of funding including Southeast Community Mental Health Center, Talbert House, Zepf Center, and Northern Ohio Recovery Association, bringing Ohio's total number of CCBHCs to fifteen. We are working closely with the Ohio Department of Mental Health and Addiction Services and the National Council for Mental Wellbeing on what is necessary to ensure the CCBHC model is available and sustainable in Ohio.

CMS Releases Proposed Updates to Physician Fee Schedule

On July 13th, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that announces and solicits public comments on proposed policy changes for Medicare payments under the Physician Fee Schedule (PFS), and other Medicare Part B issues, on or after January 1, 2022. ([proposed rule](#); [fact sheet](#); [press release](#)). The calendar year (CY) 2022 PFS proposed rule is one of several proposed rules that reflect a broader Administration-wide strategy to create a health care system that results in better accessibility, quality, affordability, empowerment, and innovation. In line with President Biden's focus on promoting health equity, the PFS proposed rule would expand audio-only telehealth flexibilities, boost payments and access to Federally Qualified Health Centers (FQHCs) and Rural Health Centers, and add flexibility for opioid use disorder (OUD) and telemedicine flexibilities for opioid treatment programs (OTP).

As CMS continues to evaluate the temporary expansion of telehealth services that were added to the telehealth list during the COVID-19 PHE, CMS is proposing to allow certain services added to the Medicare telehealth list to remain on the list to the end of December 31, 2023, so that there is a glide path to evaluate whether the services should be permanently added to the telehealth list following the COVID-19 PHE.

Assistant Secretary for Mental Health and Substance Use and Administrator of the Substance Abuse and Mental Health Services Administration Sworn In

On July 14th, U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra swore in Miriam E. Delphin-Rittmon, Ph.D., as the Assistant Secretary for Mental Health and Substance Use and Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA). Delphin-Rittmon served for six years as Commissioner of the Connecticut Department of Mental Health and Addiction Services, where she promoted recovery-oriented, integrated and culturally responsive services and systems that fostered dignity, respect, and meaningful community inclusion.

In May 2014, Dr. Delphin-Rittmon completed a two-year White House appointment working as a Senior Advisor to the then-Assistant Secretary for Mental Health and Substance Use and Administrator of SAMHSA. In this role, she worked on a range of policy initiatives addressing behavioral health equity, workforce development and health care reform. [Read Miriam E. Delphin-Rittmon's biography.](#)

President Biden Chooses Former West Virginia Health Official to Serve as Drug Czar

President Biden plans to nominate [Rahul Gupta, a former West Virginia health official](#), to serve as director of the Office of National Drug Control Policy. Gupta served as the commissioner for the West Virginia Bureau for Public Health under two governors from 2015 to 2018 and is an ally of Sen. Joe Manchin (D-W.Va.). In that role, Gupta led the state's opioid crisis response efforts and spearheaded other public health initiatives, like the neonatal abstinence syndrome birth score program meant to identify children at high risk for infant mortality. Gupta is currently the chief medical and health officer and senior vice president at March of Dimes, a nonprofit that looks to improve the health of mothers and babies, and has been a practicing primary care physician for 25 years. Gupta, who served on Biden's transition team, would be the first physician to serve as the nation's drug czar and was seen as a favorite to be nominated. The office, housed in the White House, is responsible for reducing substance abuse by coordinating the nation's drug policy.

CARA 3.0 Introduced in the House

Representatives Trone (D-MD), Fitzpatrick (R-PA), Kuster (D-NH), Herrera Beutler (R-WA), Ryan (D-OH), McKinley (R-WV), Tonko (D-NY), and Joyce (R-OH) introduced the [Comprehensive Addiction and Recovery Act \(CARA\) 3.0](#). A [companion bill](#) was introduced in the Senate earlier this year. This legislation would increase funding for 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.

DEA Final Rule Allowing Mobile Narcotic Treatment Programs

The Drug Enforcement Administration (DEA) published a [final rule](#) revising existing regulations for narcotic treatment programs (NTPs) to allow a mobile component without needing a separate registration for that component. This rule intends to "make maintenance or detoxification treatments more widely available, while ensuring that safeguards are in place to reduce the likelihood of diversion." The rule will go into effect on July 28, 2021. We are working with the Ohio Department of Mental Health and Addiction Services on potential policy changes that may be required to align with this new rule.

CDC Overdose Data

The Centers for Disease Control and Prevention (CDC) recently released [data](#) that shows the increased impact of the COVID-19 pandemic on mental health and substance use. Over the last year, more than 93,000 people in the United States died from a drug overdose, a 29.4% increase from 2019 with every state seeing significant increases.

CDC Releases New ACEs Infographic

The Centers for Disease Control and Prevention (CDC) released a [new infographic](#) that shows the impact of Adverse Childhood Experiences (ACEs) and how preventing ACEs can help create neighborhoods and communities where every child thrives. The infographic showcases data from the CDC-Kaiser Permanente ACE study and recent findings to address the following questions: What are ACEs? How common are ACEs? How do

ACEs affect our lives? How do ACEs affect society? What can be done about ACEs? The infographic also details groups that are more likely to have experiences ACEs and the effect ACEs have beyond childhood.

HRSA Updates HPSAs

The Health Resources and Services Administration (HRSA) has updated its lists of all geographic areas, population groups, and facilities designated as primary medical care, dental health, and mental health professional shortage areas (HPSAs). [Explore HPSAs](#) by type, status, and state.

Biden Administration Bans Surprise Billing through HHS Regulation

The Biden administration released what is expected to be the first in a series of rules aimed at banning surprise billing. The interim final [rule](#) prohibits surprise billing for emergency services and high out-of-network cost-sharing for emergency and non-emergency services. It also prohibits out-of-network charges for ancillary services like those provided by anesthesiologists or assistant surgeons, as well as other out-of-network charges without advance notice. This regulation, which will take effect in 60 days – but most provisions won't apply until January 1, 2022, applies to providers, air ambulance providers, group health plans, health insurance issuers and Federal Employees Health Benefits Program carriers. Medicare and Medicaid already prohibit balance billing or similar practices. Under the new rule, health plans that cover emergency services cannot use prior authorization for those services and must pay for them regardless of whether the clinician is an in-network provider or emergency facility. Likewise, insurers can't charge their enrollees higher out-of-pocket costs for emergency services delivered by an out-of-network provider. They also must count beneficiaries' cost-sharing for those emergency services toward their in-network deductible and out-of-pocket maximums. Building on the passage of the No Surprises Act passed last December, providers and insurers will have 30 days to settle on a price for the service or enter dispute resolution. Disputes between insurers and providers will be resolved through a dispute resolution process like baseball-style arbitration with the final details still being worked through. Providers and insurers may submit comments on the interim rules through September 1st.

State Policy & Resources – Non COVID Related

Ohio Medicaid Procurement Update

On July 14th, Paramount sought injunctive relief to halt the ongoing overhaul of the state's Medicaid system and invalidate recently awarded contracts. As a reminder, delays in any one component of the Medicaid procurement process likely will delay the entire process because they are interconnected. We will continue to monitor the court proceedings and understand the preliminary hearing is scheduled for October. Subsequently, ODM announced a postponing of the Provider Network Management (PNM) and Centralized Credentialing Phase 1 go-live – originally scheduled for July 26, 2021. ODM restated their commitment to ensuring that the PNM and Centralized Credentialing functionality will support our goal to reduce the administrative burden on providers, allowing you to spend more time providing quality care to Ohio Medicaid members. Additional updates will be posted at [PNM / Centralized Credentialing webpage](#) on managedcare.medicaid.ohio.gov.

OhioRISE Updates

An OhioRISE advisory committee ([PPT](#)) meeting earlier this month included an overview briefing from Aetna on their Ohio team development, network contracting, and CME planning/selection as well as a state budget overview provided by the Governor's Office of Children's Initiatives. ODM summarized the 1915 Waiver

listening sessions. ODM just released an [FAQ document](#) that will be updated monthly and are carefully reviewing the many sets of comments that have been submitted on rules, policies, and rates. Additional meetings on rates and CANS are scheduled for early August. As ODM anticipates transitioning from current work to implementation planning, new implementation workgroups are being developed.

As OhioRISE policy development continues, ODM and MHAS released another set of draft rules for Psychiatric Residential Treatment Facilities (PRTF). Copies of the draft rules are linked below along with the federal CMS regulations that govern PRTFs. The MHAS Rules define the service eligibility, admission/discharge criteria, staffing, training, and adoption of youth and family driven services. ODM anticipates covering this service through OhioRISE and the rules and cost reports are modeled based on inpatient hospital services since PRTF is an inpatient level of care. ODM has indicated they are at the initial phase of cost report discussion and rate methodology considerations. ODM is looking at both a standard PRTF rate as well as individual, organizational PRTF rates – or some combination of both. The Ohio Council recently submitted [comments on draft PRTF rules](#).

- [MHAS Chapter 5122-41 – PRTF \(10 rules\)](#)
- [ODM 5160-59-03.6 Psychiatric Residential Treatment Services](#)
- [ODM 5160-59-07 Psychiatric Residential Treatment Services: Cost Report](#)
- [ODM PRTF Provider Agreement Addendum](#)

Additionally, the Ohio Council submitted [written comments on the draft OhioRISE Home and Community Based \(HCBS\) Waiver](#) rules in early July. We have also reviewed the 1915 (b)/(c) Waiver posted for public comment and [shared additional comments on the waivers](#).

Public Forum Scheduled for Stakeholder Input on Ohio's Substance Use Disorder (SUD) Waiver – Aug. 9

The Ohio Departments of Medicaid and Mental Health and Addiction Services will hold a virtual public forum on Aug. 9 to receive comments from any interested party regarding Ohio's Medicaid Substance Use Disorder 1115 Waiver. The forum will take place from 11am-12pm, immediately following the August meeting of Ohio's SUD 1115 Stakeholder Advisory Committee. Staff from both departments will open the public forum by providing a brief overview and progress report on Ohio's SUD 1115 waiver. Participants will then be invited to offer comments on any aspect of Ohio's SUD 1115 Demonstration Waiver and its progress. (Participants can offer comments by speaking at the meeting or by submitting written comments before or after the webinar.) Anyone who cannot attend or who wishes to submit their comments in writing can send them via email to MCD_SUD1115@medicaid.ohio.gov. Click [HERE](#) to register for the Stakeholder Advisory Committee meeting and public forum. Please be sure to include your name, email address, and organization. Be sure to check the appropriate box if you would like to speak during the forum. Please direct any questions regarding this meeting notice to BH-Enroll@medicaid.ohio.gov.

MHAS State Budget Overview – SFY22-23 Summary Materials

On July 1st, OhioMHAS Director Lori Criss held a brief webinar to walk through the SFY 22-23 budget highlights and key investments benefiting Ohio's mental health and addiction prevention, treatment and recovery support services system. [A recording of the webinar is now posted](#). Additionally, the DeWine Administration released the following summary materials outlining key initiatives and priorities: [Investing in Ohio's Future: Thriving Economy](#); [Investing in Ohio's Future: Healthy People](#); and [Investing in Ohio's Future: Renewed Communities](#).

MHAS Crisis Services Whitepaper

The Ohio Department of Mental Health and Addiction (OhioMHAS) is working with partners and stakeholders to develop a supported quality crisis response system to serve as a timely and appropriate alternative to arrest, incarceration, unnecessary hospitalization, or placement in a setting with insufficient resources to address the acute nature of the situation a person is experiencing. The vision is for every Ohioan to have access to a visible and accessible crisis continuum of services and supports that are person-centered, quality driven, and focused on ensuring people are stabilized and thriving in the community. With that goal in mind, OhioMHAS released a [Crisis Services Whitepaper Report](#). This report is an effort to describe not only the vision, goals, and outcomes of Ohio's desired continuum of crisis services, but also to share the current funding strategies, highlight efforts to support and expand local crisis services, offer options to achieve the stated vision and goals, and list next steps as the department develops a state crisis policy roadmap.

MHAS Prevention Office Releases Two RFPs to Build Ohio's Prevention System

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) Office of Prevention announced the release of two new funding opportunities for an **Ohio Center of Excellence (COE) for Behavioral Health Prevention & Promotion** ([MHA-FY22-Prevention-CEBHPP-02](#)) and for **Ohio Coalition Institute Development and Implementation** ([MHA-FY22-Prevention-OCIDI-01](#)).

The purpose of the Ohio COE for Behavioral Health Prevention & Promotion opportunity is to identify an Institution of Higher Education partner to serve as the lead organization in the development of the center. This COE will focus on mental, emotional, and behavioral health prevention, promotion and early intervention by building statewide capacity and infrastructure across the lifespan with an emphasis on cultural competency and equity. The selected entity will provide leadership, best practices, research, program development, training and technical assistance across multiple focus areas and settings.

The purpose of the Ohio Coalition Institute Development and Implementation initiative is to advance access to learning opportunities that support achieving excellence in evidence-based community prevention. This funding will support the establishment of a Coalition Institute for all Ohio's coalitions working to prevent mental, emotional, and behavioral health problems and community level trauma, including the social determinants of health. This professional development process offers a pathway for prevention coalitions and their activities to be built on the science of effective prevention. A statewide partner(s) will be identified to lead the development and ongoing implementation of the Ohio Coalition Institute, a critical need for Ohio's prevention infrastructure. OhioMHAS is seeking an entity(ies) to develop, formalize and deploy the Ohio Coalition Institute in partnership with the Center of Excellence for Behavioral Health Prevention & Promotion (COE) and other key statewide prevention partners.

Both RFA's can be found on the OhioMHAS Funding Opportunities web page: <https://mha.ohio.gov/Schools-and-Communities/Funding-Opportunities>.

Funding period for both opportunities: Sept. 1, 2021-March 31, 2023

Request for applications due for both opportunities: Aug. 9 at 11:59 p.m.

FY22 Mental Health Court Funding

OhioMHAS issued a [Request for Information](#) (RFI) to ADAMHS Boards in the following counties: Allen, Ashtabula, Butler, Cuyahoga, Delaware, Fairfield, Hamilton, Jefferson, Lake, Lorain, Mahoning, Marion, Medina, Montgomery, Muskingum, Ottawa, Portage, Richland, Stark, and Summit. Information is being collected for the purpose of funding Mental Health Courts in the counties listed and identifying interested certified Mental Health dockets within those counties. The total amount of Mental Health Block Grant funds for the MHCP in FY22 is \$150,000; and the one-time funding for the Mental Health Block Grant COVID Relief funds is \$700,000 for the time period of July, 2021 through March 15th, 2023. ADAMHS Boards are invited to

work with their local specialized dockets to complete the RFI, which serves as a request to participate in the MHCP for FY22. Specialized docket judges are encouraged to contact their local county ADAMHS Board to share their interest in participating in the MHCP and to assist the Board in accurately completing the RFI. If you are working with a specialized docket in one of the above counties, we recommend reaching out to your local ADAMH Board. All RFI responses must be submitted by the ADAMHS Boards via email to kathy.yocum@mha.ohio.gov by Aug. 6, 2021.

Recovery Requires a Community Funding Available

The OhioMHAS Recovery Requires a Community program has funds available and is accepting new applications. [Recovery Requires a Community](#) helps individuals with a behavioral health diagnosis by providing financial assistance for transitioning from nursing homes to sustainable community living. Program funds can be used in many ways to help an individual transition and can also be used to help recently transitioned individuals to avoid re-admission to a nursing facility. Some examples of recovery assistance include short-term housing assistance, a one-time payment of utility arrears, short-term supportive services (such as home health aide/peer support services), or other needs that will support the individual's ability to live in the community. For more information and to inquire about funds, please email Recovery@mha.ohio.gov.

\$26B Deal with Major Drug Companies that Fueled Opioid Epidemic

Ohio Attorney General Dave Yost announced a historic \$26 billion nationwide agreement with the three largest distributors of opioids and Johnson & Johnson for their roles in the far-reaching and devastating opioid epidemic. In addition to the monetary settlement, distributors Cardinal, McKesson and AmerisourceBergen and Johnson & Johnson, which manufactured and marketed opioids, must also make significant changes to help prevent a similar crisis from ever happening again.

The settlement stems from investigations by Yost and other state attorneys general into whether the three distributors fulfilled their legal duty to refuse to ship opioids to pharmacies that submitted suspicious drug orders and whether Johnson & Johnson misled patients and doctors about the addictive nature of opioid drugs. The agreement resolves the investigations and litigation related to the companies' roles in the epidemic. State negotiations were led by Attorneys General Yost, Josh Stein of North Carolina and Herbert Slatery of Tennessee as well as the attorneys general of California, Colorado, Connecticut, Delaware, Florida, Georgia, Louisiana, Massachusetts, New York, Pennsylvania, and Texas.

The agreement resolves the claims of both states and local governments throughout the country, including the nearly 4,000 that have filed lawsuits in state and federal courts. States have 30 days to sign on to the deal and local governments in the states that participate will have up to 150 days to join. Maximum payments will be made to states and their local governments if they collectively support the agreement, securing a critical mass of participating states and local governments.

Overview of the settlement funding:

- The three distributors collectively will pay up to \$21 billion over 17 years.
- Johnson & Johnson will pay up to \$5 billion over nine years with up to \$3.7 billion paid during the first three years.
- The total funding distributed will be determined by the overall participation of both litigating and non-litigating state and local governments.
- The substantial portion of the money must be spent on opioid treatment and prevention.

- Each state's share of the funding has been determined by agreement among the states using a formula that considers the impact of the crisis on the state – the number of overdose deaths, the number of residents with substance use disorder, and the number of opioids prescribed – and the population of the state.

Governor DeWine Signs Host of Legislative Measures into Law

Governor Mike DeWine signed the following bills into law:

House Bill 9: Sponsored by Rep. Kyle Koehler (R-Springfield), [H.B. 9](#) prohibits retailers from selling cough medicine containing dextromethorphan to anyone younger than 18 without a prescription. While safe if used appropriately, misuse of it has increased in recent years among adolescents and young adults.

House Bill 5: Sponsored by Rep. Gayle Manning (R-North Ridgeville), [H.B. 5](#) creates two pathways to become a Licensed Chemical Dependency Counselor II. This type of counselor works with those who have substance use disorders and will help fill the shortage of these counselors in Ohio. Read the [media release](#).

Senate Bill 3: Sponsored by Senator Kristina Roegner (Hudson), [S.B. 3](#) enters Ohio into the Nurse Licensure Compact on January 1, 2023, which allows nursing professionals to obtain from their home state a multistate license which allows the nurse to practice in other states who are members of the compact.

Senate Bill 6: Sponsored by Senator Kristina Roegner (Hudson) and Senator Steve Huffman (Tipp City), [S.B. 6](#) allows Ohio to enter into the Interstate Medical Licensure Compact to help physicians licensed in Ohio get expedited licensure in compact member states.

House Bill 110: Governor Mike DeWine signed [H.B. 110](#), the biennial budget bill for state fiscal years 2022-2023 into law on July 1, 2021. The new operating budget invests in growing a skilled workforce, expanding access to affordable childcare, addressing substance use disorders, supporting citizen mental health and wellbeing, expanding access to broadband, enhancing K-12 learning, expanding priority health programs, supporting local government, and aiding in public safety.

Trainings and Conferences

Free QPR Gatekeeper Training – Aug. 4

Envision Partnerships will host a free Question. Persuade. Refer. (QPR) Gatekeeper training on Aug. 4 from noon-2 p.m. QPR is a suicide prevention workshop. Like CPR, it can help save a life. Also, like CPR, this is for everyone. QPR is intended for adults. If you are a youth or would like to train youth, please contact Kristin Smith at ksmith@envisionpartnerships.com. Attendees have the option to choose an [in-person](#) or [virtual](#) training experience.

Culturally Responsive Leadership Series

OhioMHAS is offering this FREE four-part series on culturally responsive leadership. Pre-registration is required. Ninety Minutes Continued Education approval requested for each session for counselors, social workers, psychologists, nursing, chemical dependency professionals, and DODD.

1. Culturally Responsive Leadership Part #1 [Introduction to Culturally Responsive Leadership](#) (1.5 Supervision)

2. Culturally Responsive Leadership Part #2 Understanding Systemic Racism and Microaggressions in the Workplace (1.5 Ethics)
3. Culturally Responsive Leadership Part #3 Unpacking Implicit Bias (1.5 Ethics)
4. Culturally Responsive Leadership Part #4 Developing a Culturally Humble Supervision Framework (1.5 Supervision)

All Sessions are from 2:00pm-3:30pm

- Thursday September 9, 2021
- Thursday September 16, 2021
- Thursday September 23, 2021
- Thursday September 30, 2021

Click [HERE](#) to register and choose your sessions.

Gambling, Problem Gambling, and Ohio's Services System Summer Trainings

The Problem Gambling Network of Ohio (PGNO) will host virtual *Stage 1: Gambling, Problem Gambling, and Ohio's Services System* training on **Aug. 30-Sept. 1**. The training provides 12 continuing education hours of gambling specific education and serves as an introduction to the world of gambling and problem gambling with a focus on Ohio's current service system. Participants will hear from experts in the field of prevention and treatment, recovery advocates, and partners in regulation and operation. Cost is \$30. Click [HERE](#) for more information and to register. Questions? Please call Cory Brown, PGNO Program Manager, at 614.750.9899 or email CBrown@PGNOOhio.org.

Columbia Protocol Suicide Risk Assessment Trainings

The Ohio Suicide Prevention Foundation, in partnership with OhioMHAS and the Columbia Lighthouse Project, will host [free trainings](#) featuring the Columbia Protocol, also known as the Columbia-Suicide Severity Rating Scale (C-SSRS). The Protocol supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs. The remaining workshops, which are planned for Aug. 26 and Sept. 24, will be facilitated by Columbia University Professor Adam Lesser. Click [HERE](#) for more information, including specific training dates and times, and to register online. Questions? Please email Austin Lucas at austin.lucas@ohiospf.org.

2021 OhioMHAS Peer Recovery Support Conference – Aug. 24-25

OhioMHAS will host the *2021 Recovery Support Conference: Onward and Upward in Unity* virtually on Aug. 24-25. The purpose of the conference will be to support Peer Recovery Supporters who wish to enhance their skills and obtain new knowledge. The COVID-19 pandemic has presented challenges that exacerbate mental health symptoms, attribute to relapse of substance use, and compound the challenges of accessing services for both mental health and addiction. While rendering services to those who are striving to achieve recovery, it is essential for peers to be united, educate and uplift one another, and move onward and upward in maintaining recovery. Embracing the many pathways to recovery is core to achieving success in this endeavor. Registration information is available [HERE](#). For questions, please e-mail peerservices@mha.ohio.gov.

Recovery Housing Institute

Ohio Recovery Housing and OhioMHAS are partnering to host a [Recovery Housing Institute Series](#). Sessions begin Sept. 14 and conclude Feb. 22, 2022. The Institute is series of intensive training sessions designed to assist recovery housing operators in developing deeper knowledge of the NARR Standards and the OhioMHAS quality housing criteria. Participants will have one homework assignment per month to complete. Once all assignments are completed, the participant will have a completed packet of policies and procedures that contain all required elements described in the National Alliance of Recovery Residences Quality Standards. This series is open to anyone who wishes to attend. To receive a link to join each session, you must register for every session individually. Click the link above for more information and to register.

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:

Teresa Lampl, CEO

lampl@theohiocouncil.org

Cellphone: (740) 358-6567

Geoff Collver, Associate Director

collver@theohiocouncil.org

Cellphone: (202) 421-6033

Soley Hernandez, Associate Director

hernandez@theohiocouncil.org

Cellphone: (614) 205-7519

Brenda Cornett, Associate Director for Administrative Services

cornett@theohiocouncil.org

Brenna Whiteside, Administrative Assistant

whiteside@theohiocouncil.org