

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

## State Budget

### **H.B. 110 – The Ohio Senate Examines the Budget Bill for SFY 2022-2023**

Over the past month the Ohio Senate held a series of committee hearings to examine the fiscal and policy issues included in the H.B. 110. The Senate is expected to compile its priorities and policy decisions for the budget and release a substitute bill in early June. The Ohio Council has been actively participating in the budget process – meeting with lawmakers, administration officials, and stakeholders; and formally advocating on behalf of community behavioral health providers with testimony before Senate Committees.

We continue to advocate on the below outstanding issues and appreciate all Ohio Council member's efforts to reach out to their Senators and Representatives during this process.

- Student Wellness and Success Funding
- ADAMHS Board Amendments
- BH Workforce Initiatives
- OTP regulatory relief

#### Advocacy Documents

- [Provider Coalition Letter](#)
- [CHC Letter on Student Wellness and Success Funds](#)
- [Ohio Council Senate Education Committee Testimony](#)
- [Ohio Council Senate Health Committee Testimony](#)

Traditionally, once the Senate passes its version of the budget, the two chambers would meet in a conference committee to reconcile any differences and ultimately pass a unified budget bill to send to the Governor. The Governor has the opportunity to review the budget bill before he signs it into law and issues any line-item vetoes. The fiscal year ends on June 30, 2021.

# COVID-19 Federal Policy and Resources

## CDC Updates Guidance for Fully Vaccinated Individuals

On May 13<sup>th</sup>, the CDC released updated [Interim Public Health Recommendations for Fully Vaccinated People](#) that removed recommendations for mask wearing and social distancing in all settings except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance – and further clarified the new guidelines do not apply to health care settings, correctional facilities homeless shelters, or when using public transportation. Additionally, this update clarified that fully vaccinated people can refrain from testing following a known exposure unless they are residents or employees of a correctional or detention facility or a homeless shelter. As a reminder, an individual is considered to be fully vaccinated two weeks after receipt of the second dose of the Pfizer or Moderna vaccine or the one-dose J&J vaccine. This [Choosing Safer Activities](#) is a useful infographic describing recommendations for vaccinated and unvaccinated individuals.

## OSHA Guidance on COVID-19 in the Workplace

The Occupational Safety and Health Administration (OSHA) announced they are reviewing the [new COVID-19-related guidance](#) from the Centers for Disease Control and Prevention for fully vaccinated people and anticipates an update of its own guidance materials in the near future, the agency says on its [COVID-19 website](#). Until the review is complete, OSHA is referring employers to the CDC guidance “for information on measures appropriate to protect fully vaccinated workers.”

The CDC added to its guidance, allowing for fully vaccinated people to forgo a mask or physical distancing unless required by laws, rules or regulations – including restrictions set by workplaces or businesses. A person is considered fully vaccinated two weeks after their final required shot. The new recommendations do not apply to health care settings.

## 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.

## National Council Resilience-Oriented COVID-19 Navigation

The National Council for Mental Wellbeing [released a report](#) to help behavioral health organizations with planning considerations as we continue to navigate the pandemic. The report outlines five competing directions of the pandemic: 1) ensuring physical and psychological safety of staff and clients including recruitment and retention, 2) establishing standards for more face-to-face interaction especially for clients who were underserved during the lockdown period, 3) preparing for another surge, 4) consolidating gains from the transformation to remote and virtual treatment and 5) planning for fiscal stability in the midst of

historical economic downturns and hardship. Success at addressing these priorities will require deft, nimble, informed and transparent leadership for member organizations due to the increasing incidence of either new or exacerbation of existing psychiatric clients because of the pandemic. This document seeks to provide some guardrails for these considerations.

## **HHS Announces \$3 Billion in American Rescue Plan Funding for SAMHSA Block Grants to Address Addiction, Mental Health Crisis**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is distributing \$3 billion in American Rescue Plan funding — the largest aggregate amount of funding to date for its mental health and substance use block grant programs.

The Community Mental Health Services Block Grant (MHBG) Program and Substance Abuse Prevention and Treatment Block Grant Program (SABG) will disperse \$1.5 billion each to states and territories. This follows the March announcement of supplemental funding of nearly \$2.5 billion for these programs. SAMHSA has expedited federal funding to grantees to help communities grappling with mental health and substance use needs during the COVID-19 pandemic. Ohio has been allocated [\\$44.5 million](#) for the MHBH and [\\$52.5 million](#) for the SAPT block grant.

## **US Treasury Releases Guidance on \$350 Billion Coronavirus State and Local Fiscal Recovery Funds**

The US Treasury released guidance on the Coronavirus State and Local Fiscal Recovery Funds, established by the American Rescue Plan Act of 2021, to provide \$350 billion in emergency funding for eligible state, local, territorial, and Tribal governments. Treasury also released details on how these funds can be used to respond to acute pandemic response needs, fill revenue shortfalls among these governments, and support the communities and populations hardest-hit by the COVID-19 crisis. This [FACT SHEET](#) describes the funding amounts and how state and local governments can use these funds. The funds are intended to support urgent COVID-19 response efforts to continue to decrease spread of the virus and bring the pandemic under control, which may include:

- Replace lost revenue for eligible state, local, territorial, and Tribal governments to strengthen support for vital public services and help retain jobs
- Support immediate economic stabilization for households and businesses
- Address systemic public health and economic challenges that have contributed to the inequal impact of the pandemic

The Coronavirus State and Local Fiscal Recovery Funds provide substantial flexibility for each government to meet local needs—including support for households, small businesses, impacted industries, essential workers, and the communities hardest hit by the crisis. These funds can also be used to make necessary investments in water, sewer, and broadband infrastructure. Specifically, the guidance makes clear that Behavioral Health services are recognized as part of the Public Health response to the pandemic.

State, County, and Metropolitan Cities allocations can be found [here](#). Ohio is expected to receive \$5.368 Billion in federal COVID Rescue Funds. County allocations range from Franklin County at \$255 million to Noble County at \$2.8 million. Ohio metro cities on the list include Cleveland (\$511 million), Cincinnati (\$279 million), Columbus (\$187 million), Dayton (\$137 million) down to Kent (\$7.5 million), West Chester Township (\$6.6 million), and Mentor (\$3.9 million).

## **IRS Updates on COVID-19 Tax Credit Programs**

The IRS posted updated information on several COVID-19 Tax Credit Programs. In particular, we want to share updated information on the Employee Retention Credit and the recently released Paid Leave Credit for Vaccination.

**Employee Retention Credit:** The Taxpayer Certainty and Disaster Tax Relief Act of 2020, enacted December 27, 2020, made a number of changes to the employee retention tax credits previously made available under the CARES Act, including modifying and extending the Employee Retention Credit (ERC), for six months through June 30, 2021. Several of the changes apply only to 2021, while others apply to both 2020 and 2021. As a result, eligible employers can now claim a refundable tax credit against the employer share of Social Security tax equal to 70% of the qualified wages they pay to employees after December 31, 2020, through June 30, 2021. Qualified wages are limited to \$10,000 per employee per calendar quarter in 2021. Thus, the maximum ERC amount available is \$7,000 per employee per calendar quarter, for a total of \$14,000 in 2021. Effective January 1, 2021, employers are eligible if they operate a trade or business during January 1, 2021, through June 30, 2021, and experience either:

- A full or partial suspension of the operation of their trade or business during this period because of governmental orders limiting commerce, travel or group meetings due to COVID-19, or
- A decline in gross receipts in a calendar quarter in 2021 where the gross receipts of that calendar quarter are less than 80% of the gross receipts in the same calendar quarter in 2019 (to be eligible based on a decline in gross receipts in 2020 the gross receipts were required to be less than 50%).

Employers can access the ERC for the 1st and 2nd quarters of 2021 prior to filing their employment tax returns by reducing employment tax deposits. Small employers (i.e., employers with an average of 500 or fewer full-time employees in 2019) may request advance payment of the credit (subject to certain limits) on [Form 7200, Advance of Employer Credits Due to Covid-19](#), after reducing deposits. In 2021, advances are not available for employers larger than this.

**Paid Leave Credit for Vaccination:** The American Rescue Plan Act of 2021 (ARP) allows small and midsize employers, and certain governmental employers, to claim refundable tax credits that reimburse them for the cost of providing paid sick and family leave to their employees due to COVID-19, including leave taken by employees to receive or recover from COVID-19 vaccinations. The ARP tax credits are available to eligible employers that pay sick and family leave for leave from April 1, 2021, through September 30, 2021. In reviewing additional source and talking with auditors, it does appear that the decline in gross receipts in calendar quarter in 2021 compared to the same calendar quarter in 2019 is the primary factor being considered in applying for the ERC. Industries, such as hospitality, restaurants, entertainment, where there were clear and explicit orders limiting capacity or meetings appear to be the intended audience for the “full or partial suspension of operations” eligibility criteria. See additional resources below. We continue to encourage you to contact your accountants and auditors for further guidance based on your unique business experiences.

### **Additional Resources**

- Journal of Accountancy: <https://www.journalofaccountancy.com/news/2021/apr/how-to-claim-employee-retention-credit-2021.html>
- IRS March 2021 Guidance: <https://www.irs.gov/pub/irs-drop/n-21-20.pdf>
- IRS April 2021 Guidance: <https://www.irs.gov/pub/irs-drop/n-21-23.pdf>
- JD Supra: <https://www.jdsupra.com/legalnews/the-consolidated-appropriations-act-26934/>
- Paychex: <https://www.paychex.com/articles/compliance/employee-retention-credit>

## **CMS Data Shows Vulnerable Americans Forgoing Mental Health Care During COVID-19 Pandemic**

[The Centers for Medicare & Medicaid Services \(CMS\) released data](#) highlighting the continued impact the COVID-19 Public Health Emergency (PHE) is having on Medicaid and Children's Health Insurance Program (CHIP) beneficiaries and utilization of health services. The data show that, from March through October 2020, beneficiaries have foregone millions of primary, preventive, and mental health care visits due to the COVID-19 PHE, compared to the same time period in 2019. Although utilization rates for some treatments have rebounded to pre-pandemic levels, mental health services show the slowest rebound.

This decline in utilization is occurring at a time when preliminary evidence shows mental health conditions have worsened nationwide. The gap in service utilization due to the PHE, particularly for mental health services, may have a substantial impact on long-term health outcomes. Medicaid and CHIP-funded mental health services, in addition to primary and preventative services, cover the majority of children, people living in poverty, and those with special health care needs. Medicaid and CHIP also cover millions of racial and ethnic minorities.

To help close this gap in services, CMS is [emphasizing mental health care](#) in its recently launched Connecting Kids to Coverage National Campaign, a national outreach and enrollment initiative funded under the Children's Health Insurance Program Reauthorization Act (CHIPRA) and the Affordable Care Act, that reaches out to families with children and teens eligible for Medicaid and CHIP.

## **GAO Releases Report on Behavioral Health – Patient Access, Provider Claims Payment and the Effects of COVID-19**

The Government Accountability Office (GAO) released a report on [Behavioral Health: Patient Access, Provider Claims Payment and the Effects of COVID 19](#), that included data from the National Council for Behavioral Health as well as from hospital associations and regulators in four states. GAO found that there have been longstanding concerns about the availability of behavioral health treatment, particularly for low-income individuals. According to a review of federal data, one potential barrier to accessing treatment has been shortages of qualified behavioral health professionals, particularly in rural areas. Stakeholders also cited additional contributing factors such as provider reimbursement rates and health system capacity.

Evidence collected during the pandemic suggests the prevalence of behavioral health conditions has increased, while access to in-person behavioral health services has decreased:

- Centers for Disease Control and Prevention (CDC) survey data collected from April 2020 through February 2021 found that the percentage of adults reporting symptoms of anxiety or depression averaged 38 percent. In comparison, using similar questions, CDC found that about 11 percent of U.S. adults reported experiencing these symptoms from January to June 2019.
- An analysis of CDC data found that the share of emergency department visits for drug overdoses and suicide attempts were 36 and 26 percent higher, respectively, for the period of mid-March through mid-October 2020 compared to the same time period in 2019.
- In a February 2021 survey of its members, NCBH found that in the 3 months preceding the survey, about two-thirds of the member organizations surveyed reported demand for their services increasing and having to cancel or reschedule patient appointments or turn patients away. The survey also found that during the pandemic, 27 percent of member organizations reported laying off employees, 45 percent reported closing some programs, and 35 percent decreased the hours for staff.

Officials GAO interviewed from provider organizations offered anecdotal examples of problems with payments for behavioral health services, including examples suggesting that denials and delays were more common for these services than they were for medical/surgical services. However, most officials were not aware of published data that could confirm their concerns, and data from reports from two states on claims denials either did not support their concerns or were inconclusive. In addition, a report in one state that examined mental health parity—requirements that behavioral health benefits are not more restrictive than medical/surgical benefits—found that the rate of complaints associated with behavioral health services was notably lower than those for medical/surgical services.

The lack of available data confirming stakeholder concerns could be related to potential challenges consumers and providers face in identifying and reporting mental health parity violations, as previously reported by GAO. Specifically, in 2019, GAO found that complaints were not a reliable indicator of such violations, because consumers may not know about parity requirements or may have privacy concerns related to submitting a complaint. GAO recommended that the federal agencies involved in the oversight of mental health parity requirements evaluate the effectiveness of their oversight efforts. As of March 2021, the agencies had not yet implemented this recommendation.

## COVID-19 State Policy and Resources

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

### Updated Health Orders

On May 13<sup>th</sup>, prior to the updated CDC guidance being released, Governor DeWine announced that all health orders, except for nursing homes and assisted living facilities, will be lifted effective June 2, 2021 to give people time to get vaccinated if they have not done so already. Governor DeWine stated lifting the health orders will not prevent businesses from implementing their own requirements including social distancing and masking.

Then on May 17<sup>th</sup>, Governor announced Ohio will align the current state public health order with mask mandate and social distancing for fully vaccinated individuals with the [updated CDC guidelines](#) released on May 13<sup>th</sup>. The ODH [amended health order to conform to the new CDC guidance](#) allows those who have been vaccinated to stop wearing masks. Under the CDC's new guidance, those who have not been vaccinated should still wear a mask and socially distance. Ohio's order reflects the CDC's recommendation that everyone wear masks when in a healthcare setting, when traveling on public transportation (including airplanes), and when at a business or employer that chooses to require masks. The CDC recommendations make clear that businesses will be able to choose for themselves whether they continue to require masks in their premises. If a business chooses to require masking for employees and customers, that is permitted under the CDC guidance and Ohio's order. If a business chooses not to require masks and leave that choice to customers and employees, that is also permitted in the CDC guidance and Ohio's order. As advised by the CDC, Ohio's order also continues to require masking in congregate settings, such as nursing homes and assisted living facilities, and in settings with large numbers of unvaccinated individuals, such as schools and daycare centers.



## **COVID-19 Youth Vaccinations**

Governor Mike DeWine announced COVID-19 Pfizer vaccinations are available to Ohio's youth ages 12 years and older effective 5/13/21, following members of the CDC's Advisory Committee on Immunization Practices (ACIP) recommended the use of the Pfizer COVID-19 vaccine for this age group. The Ohio Department of Health has created a [Frequently Asked Questions document](#) to answer common questions from parents, guardians, and youth about COVID-19 vaccines. The document shares information about the safety and effectiveness of the vaccine, parental consent, where children can be vaccinated, and more. Just like adults, youth can be vaccinated at [many locations across the state](#) that are offering the Pfizer vaccine. This vaccine is available at Children's Hospitals, as well as a number of regular hospitals, local health departments, retail pharmacies, community health centers, primary care physicians, and some pediatricians. Additionally, Ohioans 17 and under who are eligible to receive a COVID-19 vaccination [can register to be entered into a drawing](#) for a full, four-year scholarship to any of Ohio's state colleges and universities, including full tuition, room and board, and books. A total of five weekly drawings for a full, four-year scholarship will take place, with the first winner being announced on May 26.

## **Vax-a-Million**

To incentivize vaccinations, the Governor announced two new programs that are a collaboration between the Department of Health and Ohio Lottery Commission. For those in the 12-17 year old age groups, the Governor announced that starting 5/26/21, for 5 weeks, one student each week will be selected and will win a full 4 year scholarship to any state university including full tuition, books, room, and board. Separately, there will be a drawing, the "Vax-a-Million" lottery, for adults that have received at least their first dose with the winner receiving \$1M. The money to fund these incentives is from federal COVID relief funds. Winners will be announced during the Ohio Lotto drawings weekly on Wednesdays at 7:29PM beginning 5/26 for five weeks.

The Ohio Vax-a-Million drawing will be an opt-in program. ODH Director Stephanie McCloud and Ohio Lottery Commission Director Pat McDonald announced details for Ohio Vax-a-Million that is summarized in this [press release](#). Ohioans will be asked to register for the drawings – both the \$1 million drawing for adults receiving at least one dose of the vaccine and the four-year, full ride scholarships for those 12-17 years old - by visiting [OhioVaxaMillion.com](#) or by calling the Ohio Department of Health at 1-833-4-ASK-ODH.

## **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.

## **License Renewal Reminder – House Bill 404 Extension Expires 7/1/21**

On November 23, 2020, Governor DeWine signed into law [HB 404](#). The legislation applies to "any license, permit, certificate, commission, charter, registration, card, or other similar authority that is issued or conferred by a state agency, a political subdivision of this state, or an official of a political subdivision of this state". The legislation stipulates that no license or registration with an expiration date between **March 9, 2020** and **April 1, 2021** can be considered expired prior to **July 1, 2021**. This applies broadly to professional

licenses as well as driver's licenses. Please be sure to check with your staff on the status of their various licenses and encourage them to renew as soon as possible.

The CSWMFT Board has reported that over 4,000 licensees and the Ohio Chemical Dependency Professional Board reported almost 1,800 licensees need to update their license prior to 7/1/21. They stated that if a licensee fails to renew their license by 7/1/2021, their license will revert to its original expiration date, in other words, the date it was scheduled to renew prior to the extension. For example, if the license was originally due for renewal on 6/30/2020, and it is not renewed on 7/1/2021, the license will be considered lapsed as of 6/30/2020. In effect, that person will be considered as if they worked on a lapsed (non-active) license for twelve months. This could impact employment and billing agreements. The Board will not be able to adjust licensure dates for persons who renew their license after 7/1/2021. All late fees will apply.

## Telehealth & Billing

### **Nationally Telehealth Utilization Falls; Behavioral Health Telehealth Utilization Remains Strong**

According to FAIR Health's [Monthly Telehealth Regional Tracker](#), telehealth claim lines fell 15.7 percent nationally, decreasing from 7 percent of medical claim lines in January 2021 to 5.9 percent in February. It was the first month-to-month drop in national telehealth utilization since September 2020. Telehealth usage also declined in all four US census regions, with the greatest drop in the West, where the decrease was 18.3 percent. The data represents the privately insured population, excluding Medicare and Medicaid.

Another change from January to February 2021 was the disappearance of COVID-19 from the top five telehealth diagnoses. In January, COVID-19 had been on that list nationally and in all regions except the Midwest, but in February, it was absent from the list nationally and in every region. The change may have been related to the national drop in COVID-19 cases reported to the CDC in February.

In the Midwest, substance use disorders joined the list of top five telehealth diagnoses in February 2021; the same diagnosis had been on the list in the Northeast since January. Also in February, developmental disorders joined the top five telehealth diagnoses in the South, and diabetes mellitus, as well as endocrine and metabolic disorders, joined the top five in the West.

Mental health conditions continued to be the number one telehealth diagnosis nationally and in every region. It accounted for 68% of all telehealth visits in the Midwest and 54% nationally. Within that category, there was one change of note in February 2021: Post-traumatic stress disorder, previously absent from the list of top five mental health diagnoses nationally and in every region, became the fifth most common mental health diagnosis in the Midwest, displacing bipolar disorder.



## **CareSource Utilization Management Update**

CareSource released a [network notification](#) informing providers of a new policy related to utilization management. This notice outlines their Utilization Management Department's processes and expectations. Effective July 2, 2021, CareSource's Utilization Management department will no longer accept emailed requests for authorization. The processes outlined in the attachments include:

- Administrative denials
- Inpatient initial and concurrent review
- Standard and urgent prior authorizations
- Post service review
- <https://www.caresource.com/documents/multi-multi-p-616301-um-policy-and-process/>

## **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 Second Amended Order for Social Distancing, Facial Coverings and Non-Congregating](#)
- [All COVID-19 Public Health Orders](#)

## **Non-COVID Resources**

### **Federal Policy & Resources – Non-COVID Related**

#### **U.S. Senator Encourages DEA Action on Telehealth & Prescribing**

Earlier this month U.S. Senator Mark Warner (D-VA) [sent a letter](#) to Attorney General Merrick Garland regarding the long-delayed regulations from the Drug Enforcement Agency (DEA) for a telehealth registry to prescribe controlled substances. In the letter, Senator Warner expressed great concern for the delay and that "the DEA's failure to address this issue means that a vast majority of health care providers that use telehealth to prescribe controlled substances to and otherwise treat their patients have been deterred in getting them the quality care they need."

The [Ryan Haight Act of 2008](#) allowed for certain exemptions to the use of telehealth to provide controlled substances without the telehealth provider having seen the patient in-person first, however these exemptions are narrowly tailored. Two such exemptions are:

1. when a public health emergency (PHE) is declared, and
2. if a provider is registered on a telehealth registry that the DEA will create.

Due to the current COVID-19 PHE, providers now are able to prescribe a controlled substance without an in-person visit, but the exemption will disappear once the PHE is declared over.

In 2018 under [the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment \(SUPPORT\) for Patients and Communities Act](#), Congress directed the DEA to promulgate final regulations for the registry by the end of 2019. Although a December 2019 regulatory posting indicated the DEA's intent to publish the rule, the deadline came and went without even draft regulations being released for public comments. In March 2020, a PHE for COVID-19 was declared allowing one of the exceptions for prescribing to be activated. However, the PHE is not slated to last indefinitely and many, including Senator Warner, are looking for a more lasting change. Senator Warner also sent inquiries to the previous administration regarding the status of the registry regulations that went unanswered.

## **Litigation Prompting State and Local Correctional Systems to Change Opioid Use Disorder Treatment Policies**

Recent court decisions mandating access to medications for opioid use disorder (MOUD) for people who are incarcerated have contributed to [emerging state policy reforms](#).

State prisons and local jails are expanding access to such services to avoid running afoul of the Americans with Disabilities Act (ADA) and other federal law. Over the past several years, individuals in treatment for opioid use disorder (OUD) facing jail or prison time have brought lawsuits against local jails, state departments of corrections (DOC), and the Federal Bureau of Prisons to ensure access to treatment while incarcerated. Successful lawsuits primarily allege violations of the ADA (failure to accommodate a person's disability; disparate treatment based on disability) and the Eighth Amendment of the Constitution that prohibits cruel and unusual punishment.

While many states have begun facilitating the provision of MOUD in state and local corrections facilities, a growing body of case law on the delivery of MOUD in correctional facilities is emerging.

**Prohibitions/limitations on the use of MOUD:** In 2018, an individual with a pending 40-day jail sentence who had been taking buprenorphine for OUD sued the Aroostook County Jail in Maine, alleging that its policy banning MOUD violated her right to reasonable accommodation under the ADA. The First Circuit Court of Appeals upheld the lower court's ruling, finding that the defendant was likely to succeed on her ADA discrimination claim. That same year, both the county jail and the state's Department of Corrections were sued due to failure to provide MOUD, with similar results.

**Limiting services to medically supervised withdrawal and non-MOUD treatment:** In 2018, an individual facing incarceration sued Essex County Jail in Massachusetts for its OUD treatment policies; the jail provided medically supervised withdrawal and other services, but not MOUD. The court compelled the jail to provide methadone to the plaintiff. The following year, the state's DOC faced a similar lawsuit alleging inadequate access to treatment for incarcerated individuals based on a policy of tapering prescribed buprenorphine. The settlement agreement reached with the DOC required the department to provide the plaintiffs with MOUD consistent with individual treatment plans.

**Limiting MOUD access to pregnant women:** In 2018, a class action lawsuit was brought against Whatcom County Jail in Washington State, which provided MOUD only to pregnant people within the facility. Whatcom County ultimately agreed to provide MOUD to all eligible individuals, including maintaining existing prescribed medication and starting individuals on MOUD treatment as medically necessary.

As [NASHP's State Map](#) of MOUD Provided in State Prisons shows, many states are providing MOUD to individuals who are incarcerated through state departments of corrections, and many local jails are doing the same across states. Lawsuits, often brought against local jails, are spurring states to develop policies that provide standards for OUD treatment at the state and local levels. These programs are associated with saving taxpayer dollars, decreasing crime-related and drug-related incarceration costs, and curbing costs associated with lost productivity. For more information about innovative actions states are taking to increase access to treatment across the criminal legal system, see [NASHP's Toolkit](#) – State Approaches to OUD Treatment Across the Correctional Continuum.

## **State Policy & Resources – Non COVID Related**

### **ODM Shared Update on Centralized Credentialing and New Provider Network Management System**

On 5/7/21, ODM hosted a webinar and shared a [PowerPoint](#) that describes the new provider network management (PNM) system, the updated features, shared an overview of centralized credentialing and timeline for implementation. Phase 1 implementation is currently scheduled for 7/26/21. Independently licensed practitioners and facilities will be required to go through the credentialing process through the PNM. Dependently licensed and unlicensed practitioners will not be credentialed but will continue to enroll as providers with Medicaid. ODM announced the Credentialing Committee, which includes providers with experience in integrated care, behavioral health, addiction medicine, and child psychiatry.

Additional information may be found at [PNM & Centralized Credentialing](#). Questions may be sent to the following e-mail boxes: Centralized Credentialing – [credentialing@medicaid.ohio.gov](mailto:credentialing@medicaid.ohio.gov) and PNM Module – [PNMCommunications@medicaid.ohio.gov](mailto:PNMCommunications@medicaid.ohio.gov).

### **Governor Signs Ohio Residential Broadband Expansion Grant Bill**

Governor DeWine joined by Lt. Governor Husted, Representative Rick Carfagna, Ohio Development Services Agency Director Lydia Mihalik, and Ohio Department of Education Superintendent Paolo DeMaria at Amanda Elementary in Middletown, Ohio, to sign [House Bill 2](#), sponsored by Representative Rick Carfagna and Representative Brian Stewart. This legislation creates the Ohio Residential Broadband Expansion Grant Program under the Ohio Development Services Agency to support the financing of broadband expansion projects in communities across the state.

### **ODH SUD Loan Repayment Program Application Cycle Now Open**

The Ohio Department of Health announced that the Substance Use Disorder Professional Loan Repayment Program (SUDLRP) application cycle is open and accepting complete applications from eligible applicants. The deadline to submit a completed application is *July 6, 2021 by 11:59pm*. The application and guidance can be found on their website: [Ohio Substance Use Disorder Professional Loan Repayment Program](#).

Please complete the application and/or encourage eligible clinicians in your agency to complete the application and submit on or before the due date. If you have any questions regarding the application, requirements or process, do not hesitate to contact our office for assistance, [PCRH@odh.ohio.gov](mailto:PCRH@odh.ohio.gov) or call 614-644-8508.

## **RFP: Ohio Mobile Response and Stabilization Service (MHA-FY21-MRSS)**

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has issued a request for proposals for funds through the Ohio Mobile Response and Stabilization Service (MRSS) Preplanning, Infrastructure and Implementation initiative ([MHA-FY21-MRSS](#)). The Department has implemented MRSS with a grant from the Substance Abuse and Mental Health Services Administration for the past three years in two regions: Northwest (Lucas, Wood, Hancock, Allen, Auglaize, Hardin, Putnam, and Paulding counties); and Southwest (Butler, Warren, Clinton, Preble, and Clermont counties). Through this opportunity, OhioMHAS seeks to fund another round of counties for infrastructure development and implementation. This opportunity is open to either individual or multiple county ADAMH boards from July 1, 2021 through March 31, 2022. The total amount available is \$1.5 million with individual awards capped at \$250,000. Awards will be announced June 28. Proposals must be submitted to [BCYFGRANTS@mha.ohio.gov](mailto:BCYFGRANTS@mha.ohio.gov) by 11:59 p.m. on June 14. All questions must be submitted to [BCYFGRANTS@mha.ohio.gov](mailto:BCYFGRANTS@mha.ohio.gov) by 11:59 p.m. on June 4. Responses to frequently asked questions will be posted the [OhioMHAS Funding Opportunities webpage](#).

- [View RFP](#)
- [2021 OhioMHAS Agreements and Assurances](#)
- [Budget Expenditure Form](#)

If you are interested in this RFP, we recommend reaching out to your local ADAMH board.

## **PsychHub Access through Medicaid Managed Care Organizations**

[Molina members and participating providers now have access to PsychHub](#) via [Molina's Provider Website](#). PsychHub is an online platform for digital mental health education, including a library with more than 180 consumer-facing, animated videos focused on improving mental health literacy and reducing stigma about seeking care. Providers can sign up for free to access content and videos as well as have access to behavioral health focused learning hubs. Some courses have Continuing Education Credits available for Clinical Psychologists, Clinical Social Workers and Licensed Professional Counselors. With the successful completion of courses, the provider will unlock industry recognized certificates delivered electronically. If a participating Molina provider wants to enroll in one of the online courses on the PsychHub Learning Hub, they can enter the Molina defined coupon code instead of paying the fee for the course. For more information, please reach out to the Molina Provider Services Team at [BHProviderServices@MolinaHealthcare.com](mailto:BHProviderServices@MolinaHealthcare.com).

UHC also provides access to PsychHub for providers. Access is limited to 500 providers so be sure to share information with interested staff soon.

- [UHC PsychHub Announcement](#)
- [PsychHub Overview](#)
- [PsychHub CEU Information](#)

# Trainings and Conferences

## **Peer Recovery Supporter Training & Field Experience**

Ohio University is offering a [Peer Recovery Supporter \(PRS\) training and apprenticeship program](#) funded, in part, by the U.S. Health Resources and Services Administration. This program includes the OhioMHAS PRS training and certification plus 130 hours field experience hours at a partnering behavioral health agency. Once a trainee is certified, he or she will be enrolled into an apprenticeship program for 2,000 hours at a partnering behavioral health agency. During the apprenticeship, trainees will have an opportunity to refine the skills gained during training and make community connections. A stipend will be provided to all participants for time spent in the program. Stipends will be paid out at various steps in the program. Participants must be able to travel regularly to one of the following cities for field experience and an apprenticeship: Chillicothe, Hillsboro, Lexington, St. Clairsville. Upcoming training dates include **June 7-11** and **June 14-18**. Click the link above for registration information. Questions? Please email Sasha Collins: [collinss1@ohio.edu](mailto:collinss1@ohio.edu).

## **New Trainings Support Recovery-Friendly Workplace Policies and Practices**

With the launch of [three new online trainings](#), both employers and employees now have new tools at their disposal to help them prevent and respond to substance misuse within the workplace. The trainings, available at [RecoveryOhio.Gov](http://RecoveryOhio.Gov), were developed by the Ohio Department of Job and Family Services (ODJFS), the Governor's Office of Workforce Transformation, RecoveryOhio, the Ohio Chamber of Commerce, and the training and consulting firm Working Partners®. They join a suite of training modules in an "Opioid Toolkit" first launched by the Ohio Chamber of Commerce in 2017. The trainings focus on a science-based explanation of substance use disorder to reduce stigma and develop effective strategies for managing it. These trainings guide employers in developing a business approach to preventing and responding to substance misuse, including hiring and retaining employees in recovery. For employees, the trainings can help them navigate workplace policies, practices, and overall company culture to ensure that they have the tools necessary to maintain lifelong recovery. Click [HERE](#) to view the Ohio Department of Job and Family Services media announcement.

## **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 workshops, which are planned for June 23, July 21, 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](mailto:austin.lucas@ohiospf.org).

## **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](#).

## **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](http://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](mailto:lampl@theohiocouncil.org)

Cellphone: (740) 358-6567

**Geoff Collver, Associate Director**

[collver@theohiocouncil.org](mailto:collver@theohiocouncil.org)

Cellphone: (202) 421-6033

**Soley Hernandez, Associate Director**

[hernandez@theohiocouncil.org](mailto:hernandez@theohiocouncil.org)

Cellphone: (614) 205-7519

**Brenda Cornett, Associate Director for Administrative Services**

[cornett@theohiocouncil.org](mailto:cornett@theohiocouncil.org)

**Brenna Whiteside, Administrative Assistant**

[whiteside@theohiocouncil.org](mailto:whiteside@theohiocouncil.org)