



*The Ohio Council
Insight Newsletter*

AUGUST 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](#), [June 2021](#), and [July 2021](#) editions are available for historic references and resources.

COVID-19 Federal Policy and Resources

OSHA Issues Updated Mask Guidance to Align with CDC Recommendations

On August 13, the Occupational Safety and Health Administration (OSHA) [issued updated guidance](#) to align with [recent Centers for Disease Control and Prevention \(CDC\) changes](#) to masking and testing recommendations for fully vaccinated individuals. Due to rising case numbers and the increased transmissibility of the Delta variant, the CDC and OSHA recommend that vaccinated individuals wear masks indoors in areas where COVID-19 spread is [classified as substantial or high transmission](#), which currently includes all of Ohio's 88 counties.

While this guidance is a recommendation, rather than a requirement, it is likely that OSHA will strongly consider compliance with these recommendations in determining whether an employer has violated its General Duty Clause obligation to provide a workplace free from recognized hazards likely to cause death or serious physical harm to employees. More broadly, OSHA recommends that employers implement multi-layered interventions to protect workers and mitigate the spread of COVID-19, including facilitating employee vaccination, enforcing policies for workers in close contact with someone who tested positive for COVID-19, and require properly worn face-covering for employees working in indoor areas.

Joint Statement from HHS Public Health and Medical Experts on COVID-19 Booster Shots

On August 18th, public health and medical experts from the U.S. Department of Health and Human Services (HHS) [released a statement on the Administration's plan for COVID-19 booster shots](#). The statement was developed by staff representing the CDC, FDA, NIH, NIAID, and the U.S. Surgeon General provided an update on a plan to begin offering booster shots of the Pfizer and Moderna mRNA vaccines beginning the week of

September 20, 2021 and starting with individuals who had their second mRNA dose 8 months ago. A second booster shot of the J&J vaccine is also anticipated, however since the J&J vaccine was not administered until March 2021, there is a lag in data and updates will be provided when data is available.

FDA Issues Full Authorization and Approval for the Pfizer Vaccine

On August 23rd, the [FDA issued full authorization and approval for the Pfizer-BioNTech COVID-19 Vaccine](#), which will now be marketed as Comirnaty, for individuals 16 years of age and older. The vaccine also continues to be available under emergency use authorization for individuals 12 through 15 years of age and for the administration of a third dose in certain immunocompromised individuals. Having been safely administered to millions of individuals worldwide and in the US, this was a pivotal moment in the fight against the coronavirus pandemic and the public can be confident that this vaccine meets the FDA's gold standard for safety, effectiveness and manufacturing quality that is required for an approved product. With full FDA approval, it is hoped this change in status will address concerns that the vaccine is “experimental” and encourage more people to become vaccinated. It is also expected to accelerate the debate around employer and business vaccination requirements.

Federal Eviction Moratorium

On August 3rd, the Centers for Disease Control and Prevention [extended the moratorium on evictions](#) until October 3rd in counties at high risk of COVID transmission. As anticipated the extension faced legal challenges, after a June Supreme Court ruling stated that only congressional action could extend the eviction moratorium past the July 31st end date. A coalition of landlords and real estate trade groups in Alabama and Georgia challenged the extension and on August 26th, the [U.S. Supreme Court issued an opinion](#) stating the CDC did not have the power to order such a ban and an extension of the eviction moratorium would need to be authorized by Congress.

COVID-19 State Policy and Resources

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

Delta Variant in Ohio

The Delta variant is proving to be much more contagious, easily spread, and results in more significant illness than earlier versions of COVID-19. The number of new COVID-19 cases in Ohio continue to surge, with the average number of cases being [reported](#) rising to over 3,300 last week and hospitalizations increasing as well. On a [per capita basis](#), Ohio's number of new cases has risen from 77 per 100,000 population on 7/29/21 to 338 cases per 100,000 population on 8/28/21. Ohio hospitals continue to use the 3 regional zones to manage hospital bed capacity as cases increase.

The current vaccines continue to provide protection from developing serious or life threatening COVID symptoms, which is what these vaccines were designed to do. With previous COVID-variants, these vaccines also prevented the spread of the virus. It now appears vaccinated individuals are contracting the virus with mostly mild symptoms and may be able to spread the virus to others.

Vaccination remains the best available intervention to protect individuals for serious infection, hospitalization, and death from COVID. [Vaccination rates](#) in Ohio are increasing with 60% of Ohioans ages 12 and over having received at least one dose and 55% in that age range are fully vaccinated. The Governor and ODH Director encouraged school to make vaccinations available to youth between the ages of 12-18 as presently only 35% are vaccinated as they head back to class this fall. Relying on trauma informed strategies and creating space for individuals to make informed decisions, including changing their minds on getting vaccinated is best. Below are some updated resources you may want to share with staff and patients.

- [NIH 7 Questions and Answers about COVID-19 Variants](#)
- [NIH: Vaccine infographic, videos, social media posts](#)
- [ODH COVID-19 Communications Hub](#) – Material for minority communities, non-English speakers, deaf and hard of hearing, older adults, individual living in rural areas, farm workers, and materials created in plain language.
- [ODH COVID-19 and Vaccination Myth vs. Fact](#) – Addresses common misinformation about COVID-19 and the COVID-19 vaccinations.

Additionally, the Medicaid MCOs are partnering with Behavioral Health organizations to offer vaccination events for Medicaid recipients. Organizations can choose the date/time, provide the space, which will require electrical outlets, and promote and encourage participation among clients for the event. The MCOs will provide the vaccine providers and \$100 gift cards for Medicaid members. If you are interested in hosting the MCOs for a vaccination event or have additional questions, please contact BHProviderServices@MolinaHealthcare.com.

ODH Guidance for Schools

[ODH released guidance for schools](#) which strongly encourages indoor masking for children and adults returning to school that are unvaccinated. Local public health departments may also have local recommendations on mask wearing for the general public and/or schools.

Telehealth & Billing

Ohio Medical & CSWMFT Board Telehealth Rules

The Ohio Council has been actively engaged with the DeWine administration to address concerns with the CSWMFT Board and State Medical Board rules that would reduce the flexible use of a wide range of telehealth services currently permitted under the federal public health emergency (PHE) and waivers from multiple federal agencies in mid-September. Both the CSWMFT Board and State Medical Board issued notices in June that each Board would not enforce the impacted rules (4757-5-13 and 4731-11-09) for 90 days. On August 11th, the [State Medical Board took action to extend the non-enforcement of their rule through 12/31/21](#). As a result, the State Medical Board published an approved and updated [Telehealth FAQ](#) that addresses the delayed enforcement through the end of the year.

On August 27th, the CSWMFT board announced they will consider extending the flexibility of their rule for an additional 120 days at their September 16th meeting. During the time the teletherapy flexibility is extended, the Board is requesting feedback regarding possible permanent changes to the telehealth rule. The Board recognizes that the current lessons being learned now could be translated into possible rule changes. The Board is particularly interested in feedback regarding how the flexibility permitted during the pandemic can be included in the Rule in ways that ensure ethical standards of care while increasing access to services. Licensees and stakeholders with substantive recommendations

regarding [Ohio Administrative Code Rule 4757-5-13](#) can submit comments to CWSWMFT Board Executive Director Brian Carnahan by email at brian.carnahan@cswb.ohio.gov.

Biden-Harris Administration Invests over \$19 Million to Expand Telehealth

The Biden-Harris Administration announced key investments that will strengthen telehealth services in rural and underserved communities and expand telehealth innovation and quality nationwide. These investments—totaling over \$19 million—are being distributed to 36 award recipients through the Health Resources and Services Administration (HRSA) at the U.S. Department of Health and Human Services (HHS).

HRSA is making these key investments through the following telehealth programs:

- [Telehealth Technology-Enabled Learning Program \(TTELP\)](#): Approximately \$4.28 million is being awarded to 9 health organizations to build sustainable tele-mentoring programs and networks in rural and medically underserved communities. The funding will help specialists at academic medical centers provide training and support to primary care providers in rural, frontier, and other underserved areas to help treat patients with complex conditions ranging from long COVID to substance use disorders in their communities.
- [Telehealth Resource Centers \(TRCs\)](#): \$4.55 million is being awarded to 12 regional and 2 national Telehealth Resource Centers. TRCs provide information, assistance, and education on telehealth to organizations and individuals who are actively providing or want to provide telehealth services to patients. Each regional TRC will offer a wide range of assistance targeted to local community needs. The two national TRCs will provide expert resources on telehealth policy (such as reimbursement, licensing, and privacy) and telehealth technology (such as equipment, cybersecurity, and integration with other systems).
- [Evidence-Based Direct to Consumer Telehealth Network Program \(EB TNP\)](#): Approximately \$3.85 million is being awarded to 11 organizations to help health networks increase access to telehealth services and to assess the effectiveness of telehealth care for patients, providers, and payers. The EB TNP program will expand access to health services in primary care, acute care, and behavioral health care.
- [Telehealth Centers of Excellence \(COE\) program](#): \$6.5 million is being awarded to 2 organizations to assess telehealth strategies and services to improve health care in rural medically underserved areas that have high chronic disease prevalence and high poverty rates. The Telehealth COEs will be located in academic medical centers and will serve as telehealth incubators to pilot new telehealth services, track outcomes, and publish telehealth research. The COEs will establish an evidence-base for telehealth programs and a framework for future telehealth programs.

For more information about telehealth, visit [HHS's Telehealth website](#), HRSA's [Office for the Advancement of Telehealth](#) and the [Telehealth Resource Centers](#) website.

New Substance Use Disorder (SUD) Services Prior Authorization Request Form

On July 29th, ODM and OhioMHAS held a webinar training session regarding the new Substance Use Disorder Services Prior Authorization Request form for SUD residential and Partial Hospitalization services. The form is now ready for use by providers in an electronic “fill in” form available on the ODM Web site [here](#).

The Substance Use Disorder Services Prior Authorization Request form was developed earlier this year by a subcommittee of the SUD 1115 Waiver Stakeholder Advisory Committee in partnership with representatives

of Ohio's Medicaid managed care organizations (MCOs) and MyCare Ohio Plans (MCOPs). **Use of the new form is optional for providers, but highly recommended.**

For those unable to attend the July 29th training, the [slides](#) and [recording](#) are posted under the "Provider>Training Opportunities" tabs at [BH.Medicaid.Ohio.Gov](https://www.bhmedicaid.ohio.gov). Questions may be submitted to BH-Enroll@Medicaid.Ohio.Gov.

Non-COVID Resources

Federal Policy & Resources – Non-COVID Related

Legislation to exempt QRTPs from the Medicaid IMD Exclusion Introduced

Earlier this month, bipartisan legislation, [S. 2689](#), the Ensuring Medicaid Continuity for Children in Foster Care Act of 2021 was introduced by Senators Burr (R-NC) and Feinstein (D-CA). The purpose of this legislation is to create a narrow exemption from the IMD exclusion to ensure children in foster care receiving care in QRTPs can continue to receive care provided in these settings without losing their federal Medicaid coverage.

In the [press release](#), Senators Burr (R-NC) and Feinstein (D-CA) underscored the importance of federal Medicaid to support children's health and the potential challenges created by the Family First Prevention Service Act with residential programs that have more than 16 beds. The Senators also highlighted the sign-on letter circulated to a large coalition of federal and state advocacy organizations and child-serving providers that made the difference in demonstrating the broad nationwide support for this legislative fix. The latest version of the [letter including the almost 550](#) local, state, and national organizations that have joined in this effort so far. **Any organization that has not signed on and would like to demonstrate support can still sign on [HERE](#) until October 1st, 2021.**

Legislation to expand CCBHC demonstration grants introduced in both U.S. House and Senate

This summer [the Excellence in Mental Health and Addiction Treatment Act of 2021](#) was introduced in both the House (H.R. 4323) and Senate (S. 2069). If passed, the bipartisan legislation would allow every state the option of joining the innovative [Certified Community Behavioral Health Clinic](#) (CCBHC) demonstration and authorize investments in the model for current and prospective CCBHCs. Key provisions of the bill include authority to:

- Allow any state or territory to participate in the CCBHC Medicaid Demonstration program (currently, only 10 states are in the demonstration)
- Provide resources to support the SAMHSA CCBHC Expansion Grants
- Establishes and funds a technical assistance center for current and prospective CCBHCs

Please contact your [U.S. Representative and Senator](#) to encourage them to co-sponsor this bill.

CDC Releases Provisional Drug Overdose Death Counts

The Centers for Disease Control and Prevention (CDC) [released provisional data](#) finding the U.S. had at least 94,134 overdose deaths between January 2020 and January 2021 – a 31% increase compared to the previous year.

SAMHSA Resource: Updated Tip 63: Medications for Opioid Use Disorder

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released an updated version of [Treatment Improvement Protocol \(TIP\) 63: Medications for Opioid Use Disorder](#), which reviews the use of the three Food and Drug Administration-approved medications used to treat Opioid Use Disorder (OUD) — methadone, naltrexone, and buprenorphine — and other strategies and services needed to support recovery for people with OUD.

In May 2021, SAMSHA revised certain areas of all five parts of this TIP to bring the content up to date and make it as useful to readers as possible. These changes will help provide readers with the latest information needed to understand medications for opioid use disorder. These changes include the following:

- Updating statistics from SAMHSA, the Centers for Disease Control and Prevention, and other health authorities on opioid-related deaths, overdoses, accidents, and hospitalizations.
- Updating the qualifications of practitioners who are eligible to apply for a waiver to prescribe buprenorphine (i.e., clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives) to include exceptions under the latest buprenorphine practice guidelines on obtaining a waiver.
- Where needed, clarifying whether references to naltrexone refer to the oral formulation or the extended-release injectable formulation.
- Adding recent citations that support induction onto extended-release naltrexone of people with positive urine tests for opioids so long as they pass the naloxone challenge.
- Clarifying that naltrexone can result in decreased opioid cravings.
- Removing or replacing broken hyperlinks to online resources.

SAMHSA Back to School Resources

As children go back to school, SAMHSA is providing resources for supporting students and staffs that address mental health and resiliency in school settings:

- The [Back to School After COVID-19: Supporting Student and Staff Mental Health Toolkit](#) helps guide conversations to include a trauma-informed, equitable, and compassionate lens to providing mental health supports to every member of the school community.
- [Behavioral Health Impacts During & After COVID-19: What to Expect and Ways to Prepare for the Return to In-Person Learning](#) presents information on the impact of COVID-19, what to expect as students return to school, and ways to prepare at the staff, building, and district levels.
- [Strengthening School Communities for a Safe, Supportive Return: Part 2 covers](#) strategies and best practices for school systems to promote student and staff resilience, wellbeing, and success, following COVID-related school closures. It also promotes cross-state networking and shared learning about best practices, successes, and challenges during learning modality transitions.

National Council's Hill Day at Home – Registration Now Open

[Register today!](#) We are just months away from Hill Day 2021, the annual advocacy event where you can learn from policy leaders, hear from peers and advocate for mental health and substance use treatment issues that matter to you. Last year, the National Council partnered with 29 national advocacy organizations to help 2,000+ people from all 50 states raise their voice online, resulting in 5,273 advocacy actions being taken and 416 members of Congress reached. Mark your calendar for [Hill Day on Tuesday, October 19!](#)

State Policy & Resources – Non COVID Related

Ohio Medicaid Procurement Go Live Date Changed to July 2022

On August 25th, the Ohio Department of Medicaid [announced](#) that the “go live” date for the newly procured Next Generation of Medicaid managed care program has been moved to July 2022. Medicaid’s Next Generation program introduces five new components to Ohio’s program: managed care, single pharmacy benefit manager (SPBM), centralized credentialing, fiscal intermediary, and OhioRISE.

The July 2022 Next Generation launch provides Ohio Medicaid, the managed care entities, and providers the time needed to test and validate systems and processes to ensure readiness prior to going live. Several components of the new program are designed to reduce the administrative burden on providers and streamline access to care. However, ODM is not waiting until July to make improvements. The work on OhioRISE continues and additional information is forthcoming on implementation and operational planning efforts. Additionally, ODM is supporting pharmacists through the transition to a single Unified Preferred Drug List (UPDL), inclusion of pharmacists as providers, and implementing a supplemental tiered dispensing fee.

The [Medicaid Procurement FAQ](#) provides details on the process and timeline for member transition to the Next Generation program. If you have any questions, please let us know or feel encouraged reach out to MCPProcurement@medicaid.ohio.gov.

OhioRISE Updated Rates & Rules

Earlier this month, ODM held a meeting with OhioRISE Advisory Council and Workgroup members to provide an [OhioRISE Service Rate Update](#). Overall, the rates were significantly improved across the board. And, it is clear that the Ohio Council’s advocacy and efforts to gather detailed data and information on the various components of the initial rate modeling from you, our members, were incorporated into the updated rates. Below are some summary highlights:

- Provider/practitioner groupings were expanded, updated to reflect current workforce composition and wages increased to either 66th percentile or 75th percentile.
- Benefits were adjusted to increase PTO utilization, initial training hours, retirement investments, and turnover rates based on the Ohio Council’s 2020 Salary and Benefits Survey.
- Transportation allowances were increased to 20 minutes per one way trip and 35 mile/hour.
- ICC/MCC: assumptions reduced caseload assumptions, lowered supervisor ratio, increased administrative costs to adjust for fidelity assumptions, and blend of professionals within the monthly case rate. Additional feedback is sought on whether to maintain a monthly blended case rate or use a practitioner focused monthly case rate (one rate based on assigned primary care coordinator level). Initial discussion supported the blended case rate which offers provider flexibility with an understanding the blending assumptions may need to be adjusted in the future.

- Assessments: Administrative/overhead costs were increased, and peers were removed as eligible providers due to scope of practice concerns. Additional information will be made available soon on the in-home assessment. ODM is considering use of the [Family Assessment of Needs and Strengths](#) (NJ Version linked) developed by the Praed Foundation for the in-home assessment. During the discussion it was clarified that the in-home assessment is focused on identifying family/youth strengths, existing supports, as well as service needs. It is not intended to duplicate or supplant the behavioral health diagnostic assessment but could result in referral for a behavioral health (or other service) assessment.
- IHBT: MST caseload assumptions were adjusted to 5; FFT time spent in community was increased; administrative costs were increased; and direct time for each level of IHBT was adjusted.
- MRSS: an on-call stipend was added (\$500 per episode/7 episodes per week) in the mobile response assumption; productivity assumptions were reduced; admin/overhead costs were increased to adjust for fidelity and response times. It was clarified that MRSS mobile response and mobile follow-up may be billed by multiple team members at the same time on the same day; additionally, other non-crisis services may be billed on the same day as MRSS. Additional feedback is sought on whether a blended rate may be appropriate.

ODM and MHAS shared updates on the previous OhioRISE rule package as well as summarized feedback received on the OhioRISE 1915 (b) and (c) Waiver and Waiver rules. Additionally, MHAS provided a summary of rule changes for IHBT and MRSS. The PPT presentation summarizing the rule changes as well as the updated draft rules are included below.

- [OhioRISE Advisory Council PPT](#) (Summarizing Rules)
- [ODM OhioRISE Rule Package One – Updated with Revisions](#)
- MHAS Rules for [IHBT](#) and [MRSS](#) – Updated with Revisions

CMS Withdraws Ohio’s Medicaid Work Requirement Waiver

On August 10th, the Centers for Medicare & Medicaid Services (CMS) notified the Ohio Department of Medicaid approval of the work waiver demonstration approved in March 2019 has been withdrawn. The plan, also known as the “community engagement requirement” required new adult Medicaid beneficiaries under 50 years of age to complete 80 hours per month of employment, education, or job training skills. However, the plan had not yet become effective and was delayed further due to COVID and the state’s acceptance of the enhanced FMAP rate which requires continued eligibility for Medicaid recipients. CMS stated “in light of the ongoing disruptions caused by the COVID-19 pandemic, Ohio’s community engagement requirement risks significant coverage losses and harm to beneficiaries,” in a [letter](#) earlier this month to Director Corcoran.

LACTS iPortal update

OhioMHAS recently conducted upgrades to the iPortal functionality of LACTS. Provider organizations will receive a communication from OhioMHAS announcing and explaining these new changes. The new iPortal functionality should result in Providers being able to change their address, DBA name, and governing structure without submitting a Help Desk ticket. Below is the content of the communication to be sent from OhioMHAS:

Message:

You are receiving this email as you have been identified as the Organization Administrator within your organization. This is to notify you that with our latest iPortal software release, you now have the ability to edit your existing organization’s demographics for the identified fields below. Changes made in iPortal will be

made in LACTS automatically. To login into your iPortal account, please use <https://apps.mha.ohio.gov/iPortal/User/LoginTiles>

The fields you can edit via iPortal are:

- Address
- Doing business as (DBA) name
- Governing structure

An OhioMHAS Helpdesk email request at MHAhelpdesk@mha.ohio.gov will need to be made if you wish to make changes to the fields identified below.

- Legal Name
- FTID

Ohio Set to Observe Inaugural Overdose Awareness Day Aug. 31

With a goal of raising awareness, supporting communities in the fight against drug addiction, and remembering loved ones lost to the epidemic, the state will observe its inaugural “Ohio Overdose Awareness Day” on Tuesday, Aug. 31. The observance was officially sanctioned on June 8 when Ohio Governor Mike DeWine signed [Senate Bill 30](#), sponsored by Sen. Matt Dolan (R-Chagrin Falls), into law. Flags across the state will be lowered to half-staff in honor of the lives lost to addiction and to continue to raise awareness around addiction.

In support of Ohio Overdose Awareness Day and Recovery Month in September – RecoveryOhio, the Ohio Department of Health (ODH), and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) are partnering to distribute more than 120,000 additional doses of the lifesaving overdose reversal drug naloxone to communities across the state. The agencies also partnered to create a [partner toolkit](#) and award stipends to local communities to facilitate overdose awareness and naloxone distribution events. Click [HERE](#) for a list of Ohio communities that received stipends. Additionally, Governor Mike DeWine, RecoveryOhio, ODH, and OhioMHAS are encouraging all Ohioans to consider carrying naloxone.

Ohio’s Overdose Awareness Day activities build on previous efforts to help communities address mounting overdoses. In May, state officials prioritized \$2.5 million to rapidly deploy 60,000 doses of naloxone to 23 counties demonstrating a higher burden of overdoses. Last year, the Project DAWN network distributed more than 90,000 naloxone kits and received reports of more than 15,000 lives saved.

OhioMHAS SFY 2021 Annual Report Available

OhioMHAS released its [SFY21 Annual Report](#). Innovation drove efforts in the past year to maintain and improve the behavioral health services so vital to the community. The report highlights a few examples of ingenuity including: rapidly expanding the use and availability of telehealth; increasing access to naloxone and other medication-assisted treatment; quickly mobilizing to vaccinate patients and staff at the six State Regional Psychiatric Hospitals and make private beds available when COVID-19 paused state hospital admissions; introducing new mental health supports for students and education professionals; expanding the Ohio CareLine to provide Ohioans with 24/7 emotional support and referrals; and streamlining and modernizing services we provide to the behavioral healthcare field.

OhioMHAS Crisis Services Funding Guidance

OhioMHAS released [FY 22/23 Crisis Services Funding Guidance](#) to the ADAMH Boards describing the funding allocation methodology, which include resources for the regional MH and SUD crisis collaboratives. OhioMHAS will issue \$32 million in crisis funding in state fiscal years 22/23 to directly support developing standardized and quality crisis access in communities to act as an appropriate alternative to arrest or emergency room visits and to help meet the needs of individuals and families to prevent or stabilize a substance use or mental health crisis. These funds will help ensure crisis services are a part of an integrated care continuum focused on managing individuals' behavioral health and medical needs. The guidance document walks through the three different funding streams, expectations for each stream, and outcomes reporting. Regional collaboratives will be expected to [submit a plan](#) for how funds will be disbursed across counties within the collaborative.

Recovery Requires a Community Funds Available

Recovery Requires a Community is an Ohio Department of Mental Health and Addiction Services (OhioMHAS) program that helps individuals with a behavioral health diagnosis by providing financial assistance for transitioning from nursing homes to sustainable community living. Recovery Requires a Community 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: goods and services, transportation, utility or housing arrears, and other needs that will support the individual's ability to live in the community. Program information is available at www.mha.ohio.gov/rrac. Questions? Community Transitions staff can be reached at recovery@mha.ohio.gov.

OhioMHAS Crisis Consultants Selected

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) and its partners are working to develop a supported quality crisis response system to serve as a timely and appropriate alternative to arrest, incarceration, unnecessary hospitalization or placement in too restrictive a setting with insufficient resources to address the acute nature of the situation a person is experiencing. To assist the Department with moving this work forward, OhioMHAS has partnered with [HealthCare Perspective](#) and [Zia Partners](#) to deliver technical assistance and recommendations on enhancements to Ohio's crisis continuum of care and its six regional crisis response systems. The department has established six regional crisis stabilization hubs that provide services to all Ohioans. The crisis consultants will work with each region to plan and make recommendations for developing their crisis response systems. The Ohio Council is also working with these consultants to ensure provider feedback is included in the planning process. Additionally, the consultants will work directly with OhioMHAS leadership to make recommendations that advance Ohio's statewide crisis continuum of care. Click [HERE](#) to learn more about what Ohio is doing to promote crisis services, and [HERE](#) to view the department's crisis policy paper.

Ohio Behavioral Health Information System (OBHIS) Support

The [Ohio Behavioral Health Information System](#) (OBHIS) is the Department of Mental Health and Addiction Services' upgrade to the OHBH, a client-level episode of care information and outcomes reporting system that went live in October 2020. This data collection system is used to comply with the requirements of the Substance Abuse Prevention and Treatment (SAPT) and Mental Health Block grants the state receives from SAMHSA.

OhioMHAS shared that 129 provider organizations have submitted data into OBHIS. As a reminder, providers certified or licensed by OhioMHAS to provide behavioral health services are **required** under [ORC 5119.61](#) and [OAC 5122-28-04](#) to report Information on:

- all clients treated for a mental health or substance use disorder, when
- services are covered in whole or part by public funding through:
 - Medicaid
 - ADAMH Board
 - OhioMHAS

If you are new to reporting in OHBIS, please create an OH|ID account (<https://ohid.ohio.gov/wps/portal/gov/ohid/>) and request access to OBHIS through OhioMHAS. The [OBHIS webpage](#) contains helpful training and information. For help with IT-related issues, please email MHAHelpDesk@mha.ohio.gov. For help with training or other issues, contact OBHIS system administrators at OBHISadmin@mha.ohio.gov.

Updated Affidavit of Mental Illness Form Available on OhioMHAS Website

[Senate Bill 2](#) sponsored by Sen. Theresa Gavarone (R-Bowling Green) took effect on August 3, 2021. The bill helps to ensure that beds at Ohio's six state regional psychiatric hospitals are available to Ohioans with the most critical needs and provides flexibility in the criminal justice system to allow Ohioans charged with non-violent misdemeanors to be restored to competency in outpatient settings. The bill also modified the [Affidavit of Mental Illness](#) form used to initiate involuntary treatment for mental illness to include a space for a trial court or prosecutor to indicate that the subject of the affidavit is a patient-defendant.

MACC, Inc. Cultural Competence Certification

Multiethnic Advocates for Cultural Competence ([MACC](#)), Inc., with support from OhioMHAS and the Substance Abuse and Mental Health Services Administration (SAMHSA), has announced a FREE Cultural Competence Certification program for behavioral health providers, addiction and recovery organizations, and peer recovery supporters. Services include training and CEUs, a cultural competency assessment, environmental scan, organizational coaching, and mentoring. The certification program aims to: better equip behavioral health professionals to address the social determinants of health; improve outcomes for marginalized populations through culturally competent care; provide tools and resources in alignment with National CLAS standards; and increase access to resources for improved sustainability and collaboration along the continuum of care. Slots are limited. To participate, send an email to maccadmin@maccinc.net or call 614.221.7841.

Mental Health America Releases New Toolkit to Support Student Mental Health

Mental Health America (MHA) has released its annual Back to School Toolkit to give parents, teachers, and school personnel the tools and resources they need to support their children's mental health. The [Facing Fears, Supporting Students toolkit](#) includes: fact sheets for parents/teachers/children/teens; key messages and statistics; a drop-in newsletter article; sample social media posts; worksheets and more.

Trainings and Conferences

Ohio Mobile Response and Stabilization Services (MRSS) Conference

Registration is now open for the virtual Ohio Mobile Response and Stabilization Services (MRSS) Conference on Sept. 21-22. Please join us for two days of keynotes and workshops focused on strategies to implement MRSS in your community, lessons learned from pilot projects, best practices for working with youth and families, and more. Click the links below for more information and to register.

Sept. 21 | [Day One](#)

Sept. 22 | [Day Two](#)

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.

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 a 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.

Evidence-Based Interventions to Improve Access to Mental Health Services for LGBTQ+ Youth – Sept. 21

The National Institute of Mental Health (NIMH) is hosting a virtual [Advancing Evidence-Based Interventions to Improve Access to Mental Health Services for LGBTQ+ Youth](#) on Sept. 21 from 2-3:30 p.m. This webinar will provide an overview of a NIMH-sponsored study that adapts an evidence-based mental health intervention for LGBTQ+ youth of color and their families. It will also showcase potential mechanisms that can be used to adapt the intervention to address mental health disparities faced by sexual and gender minority youth of color.

Bring SMART Recovery into Your Organization

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

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

SMART Recovery meetings and services are:

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

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

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

Ohio Council Staff Contact Information

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

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