Webinar Instructions

If you have dialed in using a telephone, be sure to mute the sound on your computer to avoid feedback.

If you are using sound via your computer, make sure sound is turned ON.

All participants, except members of the Stakeholder Advisory Committee and State staff, will have their microphones muted. However, anyone may enter comments or questions using the question box feature in the webinar control panel.

Stakeholder Advisory Committee members will have their microphones unmuted and can speak during the webinar. Please remember to mute your microphone whenever you are not speaking.
Meeting Agenda

1. Opening remarks from Directors Criss and Corcoran
2. Presentation on Ohio Health Equity Strikeforce & Discussion – Director Alisha Nelson
3. Review 2020 Highlights & Preview Activities for 2021
3. Upcoming Meetings and Closing Remarks
MINORITY HEALTH STRIKE FORCE
BLUEPRINT

WELCOME

MORE THAN A MASK
ALISHA NELSON

Director, Governor’s Office of Recovery Ohio
Co-Chair, COVID-19 Minority Health Strike Force
MINORITY HEALTH STRIKE FORCE BLUEPRINT

How did we get here?

MORE THAN A MASK®
COVID-19

We are all in the same storm, but not in the same boat.
COVID-19 BEHAVIORAL HEALTH SURGE
Psychological & Behavioral Responses to Disasters and Pandemics

Distress Reactions
- Sleep difficulties
- Decreased sense of safety
- Physical (Somatic) symptoms
- Irritability, Anger
- Distraction, Isolation

Psychiatric Disorders
- Depression
- Anxiety
- PTSD
- Complex Grief

Health Risk Behaviors
- Alcohol, Tobacco, Rx meds
- Family Distress
- Interpersonal Conflict/Violence
- Disrupted Work/Life Balance
- Restricted Activities/Travel

Resilience

Psychiatric Disorders

Distress Reactions

Health Risk Behaviors

COVID-19 cases, hospitalizations, and death in Ohio by race and ethnicity as reported through December 16, 2020

<table>
<thead>
<tr>
<th>Race*</th>
<th>Percent of Ohio Population</th>
<th>Cases (% of total)</th>
<th>Cases in June</th>
<th>Hospitalization (% of total)</th>
<th>Hospitalizations in June</th>
<th>Deaths (% of total)</th>
<th>Deaths in June</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>82%</td>
<td>325,584 (57%)</td>
<td>23,208 (50%)</td>
<td>21,699 (66%)</td>
<td>4,104 (55%)</td>
<td>5,960 (78%)</td>
<td>2,150 (78%)</td>
</tr>
<tr>
<td>Black</td>
<td>14%</td>
<td>62,427 (11%)</td>
<td>11,285 (26%)</td>
<td>6,479 (20%)</td>
<td>2,313 (31%)</td>
<td>1,028 (14%)</td>
<td>510 (19%)</td>
</tr>
<tr>
<td>Multiracial</td>
<td>2%</td>
<td>5,217 (1%)</td>
<td>1,800 (4%)</td>
<td>522 (2%)</td>
<td>279 (4%)</td>
<td>73 (1%)</td>
<td>33 (1%)</td>
</tr>
<tr>
<td>Asian</td>
<td>3%</td>
<td>4,009 (2%)</td>
<td>1,503 (3%)</td>
<td>345 (2%)</td>
<td>178 (2%)</td>
<td>50 (1%)</td>
<td>29 (1%)</td>
</tr>
<tr>
<td>Hawaiian Native-</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>3 (0%)</td>
<td>1 (0%)</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian-</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Alaskan Native</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>45,726 (8%)</td>
<td>3,599 (8%)</td>
<td>2,216 (7%)</td>
<td>347 (5%)</td>
<td>198 (3%)</td>
<td>16 (1%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>-</td>
<td>130,254 (23%)</td>
<td>4,511 (10%)</td>
<td>1,987 (6%)</td>
<td>192 (3%)</td>
<td>390 (5%)</td>
<td>15 (1%)</td>
</tr>
<tr>
<td>Refused to Answer</td>
<td>-</td>
<td>None reported</td>
<td>None reported</td>
<td>None reported</td>
<td>None reported</td>
<td>None reported</td>
<td>None reported</td>
</tr>
</tbody>
</table>

| Ethnicity              |                           |                    |               |                             |                         |                    |                |
| Non-Hispanic or Latin  | 96%                       | 345,467 (60%)      | 32,987 (71%)  | 26,989 (82%)                | 6,337 (85%)             | 6,774 (89%)        | 2,673 (97%)    |
| Hispanic or Latino     | 4%                        | 19,278 (3%)        | 3,810 (8%)    | 1,304 (4%)                  | 508 (7%)                | 149 (2%)           | 58 (2%)        |
| Unknown                | -                         | 209,147 (36%)      | 9,962 (21%)   | 4,655 (14%)                 | 594 (8%)                | 716 (9%)           | 24 (1%)        |
| Refused to Answer      | -                         | None reported      | None reported | None reported               | None reported           | None reported      | None reported   |

*Labels for racial and ethnic groups in this table from the source.  
• When people don’t have their basic needs met, how can they actively protect themselves from COVID-19
COVID-19
Resiliency, Risk, and Equity

- Your personal background and history
- Physical and emotional health
- Race and ethnicity
- Social support from family and friends
- Financial situation
- Community lived in
COVID-19
Resiliency, Risk, and Equity

- Your personal background and history
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Governor Mike DeWine

“It is my job is to serve all the people of Ohio. It is my job to bring people together, to seek out opinions and ideas, and to find solutions to the problems that are holding this state, and too many of our citizens, back.”

Ohio’s Executive Response: A Plan of Action to Advance Equity
August 2020
Figure C.1. Which of the following healthcare access and quality factors are the most important to prioritize for the final Minority Health Strike Force report? (N=31)

<table>
<thead>
<tr>
<th>Healthcare access and quality factors</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implicit bias, discrimination and lack of diversity in healthcare workforce</td>
<td>87% (N=27)</td>
</tr>
<tr>
<td>Limited access to testing, treatment, personal protective equipment (PPE) and vaccine</td>
<td>65% (N=20)</td>
</tr>
<tr>
<td>Lack of trust of medical professionals</td>
<td>52% (N=16)</td>
</tr>
<tr>
<td>Limited access to health insurance coverage</td>
<td>48% (N=15)</td>
</tr>
<tr>
<td>Language barriers</td>
<td>26% (N=8)</td>
</tr>
<tr>
<td>Lack of health literacy</td>
<td>19% (N=6)</td>
</tr>
</tbody>
</table>
MINORITY HEALTH STRIKE FORCE REPORTS
MINORITY HEALTH STRIKE FORCE
COMMUNITY INPUT

More than 1,000 – Phone calls, letters, and emails

8 – Full Minority Health Strike Force Meetings

More than 20 – Subcommittee meetings of the Strike Force

1 – Virtual townhall meeting, open to the public

3 – Focus groups to gain community insight
COVID-19 MINORITY HEALTH STRIKE FORCE REPORTS

Reports can be found at:
coronavirus.ohio.gov/More-Than-A-Mask
## Ohio’s BH Surge Reduction Strategies Underway

| Telehealth for continued access to care for new and existing clients |
| Wellness campaigns to promote mental wellness, reduce stigma, and highlight availability of care |
| Increased screenings, brief intervention, and referral to treatment |
| Easy “on-ramps” to care like the Ohio CareLine and the Crisis Text Line |
Community Values and Strategies for Engagement

**Extended Family** – Racial and ethnic minorities often come from a culture where grandparents, aunts, and other family are thought of as a part of their family.

**Faith** – In some communities, faith is the center of family and community.

**Respect** – Minority populations often place a strong emphasis on showing respect to elders and authority figures.

**Trusting Relationships** – Many cultures prefer a personal relationship over a formal relationship and are more satisfied with their service when they trust the provider.

**Food** – As in all cultures, food plays an important role in minority communities and is often central to social interactions.

**Fatalism** – Many minority communities believe that life events are guided by outside forces and may lead many to believe that illness, disease, and death are out of their control.
SUD 1115 Waiver Activities and Accomplishments, 2020

Dec 2019
• Formation and first meeting of the Stakeholder Advisory Committee
• Introduction of waiver goals and milestones
  ➢ Service Coverage
  ➢ Evidence based Placement criteria
  ➢ SUD program standards for residential
  ➢ Network Capacity
  ➢ Treatment of Opioid Disorders/Prescription /Drug Monitoring system
  ➢ Coordination and transitions between levels of care

Jan 2020
• Introduction of waiver monitoring and evaluation
  ➢ Government Resource Center
  ➢ Quantitative and Qualitative Measures
  ➢ Reviewed Ohio’s Prescription Drug Monitoring System with Ohio Pharmacy Board
February 2020

- Began reviewing ASAM criteria and levels of care for SUD residential
  - Special populations; Co-Occurring conditions; Clinicians, staffing; differentiation between levels of SUD Residential Care

March 2020

- COVID-19 in Ohio & our world changed
- Cancelled SUD Waiver public forum

April 2020

- Began meeting only via webinar
- Initiated BH services delivery via telehealth
- Sought input from Committee members and providers re: impact of COVID 19 on SUD treatment
SUD 1115 Waiver Activities and Accomplishments, 2020

May 2020
• Continued review of ASAM levels of care for SUD Residential Treatment

June 2020
• Focused on Milestone 2 and Utilization Management policy; Data review of SUD residential services
  ➢ Formation of subcommittee on UM policy and processes
• Reviewed of Milestone 3 discussions on SUD Residential
• Formed four subcommittees to focus on:
  ➢ ASAM LOC 3.1 and Recovery Housing
  ➢ Medication access
  ➢ Staffing needs and challenges
  ➢ Adult and adolescent specific considerations of ASAM
SUD 1115 Waiver Activities and Accomplishments, 2020

July 2020
• Held Waiver Public Forum
• Began Subcommittee meetings

August 2020
• Continued meetings of Targeted Workgroups
• Reviewed:
  ➢ Plans for Qualitative Research, Key Informant Interviews and Focus Groups
  ➢ Reviewed public forum testimony
  ➢ Reviewed ASAM Level 4 Inpatient Hospital policy
  ➢ Updated timeline for Waiver Milestones
SUD 1115 Waiver Activities and Accomplishments, 2020

Sept 2020
• Continued meetings of targeted workgroups
• Reviewed:
  ➢ Transitional programs for justice involved individuals
  ➢ Preliminary provider scan location & service data
  ➢ Availability of Medication Assisted Treatment
  ➢ Monitoring of opioid overdoses

October 2020
• Targeted Workgroups continued meeting
• Reviewed Arnold Foundation project – focus on MAT quality
• Reviewed Medicaid provider data
  ➢ Began identifying areas in Ohio with potential access problems for Medicaid Consumers – OUD & MAT
  ➢ Reviewed data on BH services delivered via telehealth
SUD 1115 Waiver Activities and Accomplishments, 2020

November 2020
• Reviewed summaries and recommendations of Targeted Work Groups
• Reviewed recommendations for provider capacity assessment
• Announced Committee meeting schedule for 2021
• Announced Ohio participation in CMS Learning Community on housing supports for individuals with SUD

December 2020
• Begin discussions on Health Equity in SUD treatment
SUD 1115 Waiver – What Is Anticipated for 2021?

• Pursue provider standards changes recommended by Targeted Workgroups
  ➢ OAC rule changes in ODM and MHAS code sections
• Continue work on Utilization Management policy and protocols
  ➢ Pilot uniform UM request form & gather feedback for statewide launch
• Plan and implement site visits for all Ohio SUD Residential Treatment providers
• Continue data analysis to inform Access to Services/Provider Capacity
• Begin reporting on Federally required monitoring metrics
• Continue discussions on Health Equity & develop possible recommendations
• Continue GRC waiver evaluation and Initiate stakeholder/consumer focus groups
Upcoming Meetings

Next Meeting of Stakeholder Advisory Committee
• February 8, 2021
• 10am-12pm
• Registration here:
  https://register.gotowebinar.com/rt/2454628234498996236
Wishing you a healthy and happy holiday season!