Calls with ADAMHS Boards and Stakeholder Associations
March 10, 2020

Department Recommendations:

- Use a trusted source of information: coronavirus.ohio.gov – updates are done throughout the day
- Direct people to call 1-833-4ASKODH for specific questions about their health or health of their family members
- Emergency order issued yesterday by Governor DeWine is primarily to help the state procure necessary resources
- The Governor also issued a memo to state employees limiting their travel to in-state, mission critical operations
- Videoconference, phone calls, and email should be used as much as possible to conduct state business
- OhioMHAS are determining next steps around meetings and conferences and will communicate soon
- Our six regional psychiatric hospitals are screening all outside visitors, including volunteers
- Hospital staff are focused on preventative measures and monitoring of supplies
- Hospitals are in contact with local public health departments
- OhioMHAS will send out communication to stakeholders at the end of the day regarding our hospital pandemic procedures
- Status: Trigger 2 in the hospitals (pandemic outbreak in state), all hospital pandemic plans have been implemented. Two triggers remaining – community/hospital or group homes and final is more than 3 cases in these areas
- The Department wants to support efforts to ease the public’s anxiety, ensure access to care and medications, and we will continue to send out resources as more information becomes available
- Email COVID19BH@mha.ohio.gov for questions and concerns related to behavioral health access or emerging trends in the behavioral health system related to coronavirus
Questions from Board Directors:

Wood County ADAMHS Board: Does the Department have any suggestions or specific resources on housing – especially group homes and ACFs: what do they do if they have someone exposed or infected? MHAS: Boards should reach out to those facilities in your communities to ensure they are connected to the public health department to confirm local response. We will be adding a resource to our webpage under the emergency preparedness section on guidance for homeless assistance providers.

Steve Stone, Ashland: Requests prevention fact sheet that was referenced in the letter shared yesterday via eNews – Nicole Marx will email it out after the call to boards and stakeholder associations.

Cheri Walter, OACBHA: Peer services – any specific recommendations? MHAS: We are calling them at noon and will listen to their concerns. We want to support boards as boards support their local continuum of care.

Scott Sylak, Lucas: Re: Peer-run organizations – the Board will be reaching out for technical assistance onsite from local health departments so areas of concern and potential risk can be identified. Can department share contact information -specifically email addresses re: group home operators? They struggle with direct contacts and this would speed up contact. Also, re: state of emergency being declared – is there any plan for the Governor to waive the public meetings restriction so that board operations can continue without having to hold a public meeting and not have our trustees in the room? Mircea Handru, Seneca-Sandusky-Wyandot: Sunshine laws state that decisions must be made in person, suggests that Governor’s office could make exceptions/waivers for telephone voting. MHAS: we will reach out and give you ACF email addresses. RE: waiving public meetings – we will ask that question to the Governor’s office. The Governor did not declare a state of emergency – he issued an emergency order. Check in with your own legal counsel and county prosecutor on their interpretation.

Delaware/Morrow: Any discussion/consideration on certain services that cannot be billed by telephone – could this be changed at some point? MHAS: we will be talking with Director Corcoran about telehealth and teledicine specifically. Boards finance many services as well, and crisis services flex funds could be used for this purpose.

John Aller, Stark: Is there a central place at the department that boards should notify for outbreaks, lessons learned or actions they take with local health department? MHAS: ODH epidemiologists are notifying us of confirmed cases and potential cases spreading, and email COVID19BH@mha.ohio.gov with local issues related to behavioral health access and needs.

Scott Sylak, Lucas: Re: other calls happening can they join those, too? MHAS: We are hoping that associations will share information, and we have scheduled a separate call on Thursday
with OTPs due to large numbers of people gathering for dosing. We will schedule regular check in calls with Boards and with other stakeholders and share notes from these calls.

Cuyahoga: Can the state share contact information regarding the Emergency Operations Center? Eric Wandersleben (Eric.Wandersleben@mha.ohio.gov) is our communications representative.

Questions from Stakeholder Associations:

Telehealth information:

Many behavioral health services are allowed through the use of real-time, interactive videoconferencing by certified community behavioral health agencies. The Ohio Department of Mental Health and Addiction Services Administrative Code for Interactive Videoconferencing is 5122-29-31. There are a number of safety and quality requirements in this rule that you will want to review and comply with prior to performing services including but not limited to patient consent, confidentiality and emergency plans and policies.

Services that may be provided through the use of real-time, interactive videoconferencing as a certified community behavioral health agency are:

General Services as defined in rule 5122-29-03:
- Assessment as defined in General Services rule 5122-29-03
- Counseling and therapy including groups up to 12, as defined in General Services rule 5122-29-03
- Medical Activities including prescribing as allowed by the State of Ohio Medical Board and practitioner’s licensure and as defined in General Services rule 5122-29-03
- CPST Services as defined in rule 5122-29-17
- Therapeutic behavioral services and psychosocial rehabilitation services as defined in rule 5122-29-18

These services must be provided using interactive, secure, real-time audiovisual communications of such quality to permit accurate and meaningful interaction between at least two persons, one of which is a certified provider of the service being provided pursuant to Chapter 5122-25 of the Administrative Code. This expressly excludes telephone calls, images transmitted via facsimile machine, and text messages with visualization of the other person.

As a provider utilizing interactive videoconferencing you will want to ensure that you continue to provide quality professional services in compliance with all federal, state and local laws including the respective licensing boards in Ohio. If you have questions about scope of practice please consult directly with your licensing board.

As of today, many payers have realized the advantages of telemedicine but each payer may have differences in coverage and payment policies. For persons who may be enrolled in a
private insurance plan or in the Ohio Medicaid Managed Care Plans you will need to check directly with that payer. More guidance on policies, payments, and technology options will be provided.

Teresa Lampl, Ohio Council of Behavioral Health and Family Services Providers: Is there any policy consideration for individual counseling via telephone if participants are not interested in secure videoconferencing? Also for workforce working from home? MHAS: We are looking at technology options such as for providers that have not used telehealth before and for low cost easy to use telehealth options and we will share this information. We will talk with ODM about allowable technology.

Sarah Thompson, Ohio Citizen Advocates for Addiction Recovery: What, if anything, is the protocol for someone receiving MAT (specifically methadone) and contingency plans to ensure they have access to medication and are not dropping off our radar? MHAS: We have a call set up Thursday for OTPs to walk through continuity of care support for patients, especially high-risk patients congregating at sites with high volumes of dosing.

Terry Russell, NAMI Ohio: Questions from ACFs – they don’t have resources to purchase cleaning supplies, and there are approximately 6,500 people living in these spaces together. MHAS: We are concerned about ACFs and this came up on board call, too. There needs to be connection at the local levels to build the network of what is needed. Connect with local health departments to strategize. We will be sharing emails of ACF owners with Boards and our housing team is putting together resources specific to ACFs that we will share. We need to be aware of emerging issues, so please email COVID19BH@mha.ohio.gov so we can track them.

Teresa Lampl: We are starting to hear about a lack of access to supplies such as wipes and hand sanitizers. Will there be a centralized location that organizations can obtain these supplies? MHAS: This is a statewide strategy issue and we will pass along to the EOC.

Teresa Lampl: If this worsens and people start to work from home what should providers do about initial face-to-face visits for new MAT and psychiatry patients. The DEA was supposed to release their definition of specialty clinics in November to avoid the first face to face provider visit – is there any movement to do this now? MHAS: We will share this with the Governor’s DC office to see if this is a known issue and can be accelerated.

Bill Faith, COHHIO: We are beginning to get reports from homeless service providers re: basic cleaning supplies being unavailable from normal vendors and info about positive tests for individuals in homeless shelters and there being no way to isolate them. Some agencies have facilities to accommodate quarantines but many do not. Their strategy is to send them to area hospitals, which may not be the best option. MHAS: All emergency shelters should connect with local health departments because they are the first line of response for anyone showing
symptoms. We will also reach out to DSA and JFS about how to support and coordinate the needs of homeless families, adults, and transition age youth.

Bill Faith: What is the best strategy for a conference that is a month out? MHAS: At the state we are looking 30 days out to see what is scheduled or what we have invested in and how to manage each event. That timeline can be used locally as well but there may be financial implications and you may want to go further out than 30 days. We want to support the learning objectives of the event even if the gathering cannot take place. The administration is not giving advice on private events and information is changing hourly. Terry Russell: We decided to cancel our May 14 and 15 conference because of the financial penalty and we received several declines for state and federal employees. MHAS: We will push information out through eNews as we receive it on any decisions or directives of the State.

Sarah Thompson: They have encouraged RCOs to develop contingency plans for alternative ways for people to get support (e.g. webinars) to keep recovery work going. MHAS: Let us know what you need to support these efforts and what trends you are seeing.