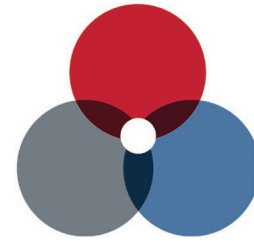


Behavioral Health, Developmental Disabilities, Multi-System Youth and the Pandemic

June 5, 2020



THE CENTER FOR EST. 1913
COMMUNITY SOLUTIONS
RESEARCH • ANALYSIS • ACTION



The Center for Community Solutions

We are a non-partisan, nonprofit that aims to improve health, social and economic conditions through nonpartisan research, policy analysis, communications and advocacy.

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Our Priorities



Advancing Wellbeing of
Older Adults



Enhancing Behavioral Health
Access



Improving Maternal and
Infant Health



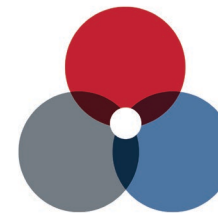
Promoting Comprehensive
Reproductive Health
Education



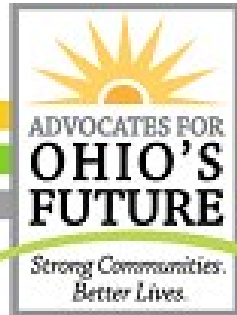
Strengthening Health and
Human Services Safety Net



Supporting Sound Medicaid
Policy



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Advocates for Ohio's Future

Advocates for Ohio's Future (AOF) is a nonpartisan coalition of over 500 Ohio organizations that promotes health and human service budget and policy solutions so that all Ohioans live better lives.

Our coalition believes in investing in our state's most valuable resource—our people—to ensure that they are safe, healthy, and can access pathways to prosperity for themselves and their families.

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The Impact of COVID-19 on Behavioral
Health Services in Ohio



- The Ohio Council is a statewide trade and advocacy association that represents approximately 160 private behavioral health providers across the state of Ohio.
- Our member organizations provide a broad range of services to treat mental health and substance use disorders , in a variety of setting, to people of all ages.



Behavioral Health is Essential Healthcare

- Behavioral health workers are often invisible first responders and front-line workers that get people into treatment, keep them in recovery, and prevent people from going to the Emergency Room.
- BH businesses have remained open, and continue to provide care at clinics, in the community, and by telehealth since the outbreak of COVID-19 in Ohio.
- We anticipate a surge in demand for mental health and addiction treatment in the coming months, as is typical following natural disasters and traumatic events.



COVID-19 Behavioral Health Provider Impact

- 100% of providers have maintained some level of services, including providing services by telehealth.
- 80% of providers continue accepting all new admissions
- 40% have maintained regular office hours and continue providing community-based services
- Yet, revenue has declined 20-50% each week due to missed/cancelled/shortened appointments and staffing changes.
- 1,200 behavioral health employees have been laid-off or furloughed since March
- BH Providers have had continued difficulty accessing PPE and cleaning supplies in order to safely resume in-person services.

Important State and Federal Actions

- Ohio Departments of Medicaid and Mental Health & Addiction Services acted quickly to enact regulatory changes to rapidly expand access to services via telehealth, telephone, and other electronic means.
 - The current emergency rules expire 7/19/2020 and we have recommended continuation of the rules in their current form given the continued concerns caused by COVID-19.
- US Department of Health and Human Services has relaxed Medicaid, HIPAA, and other regulatory requirements to enable rapid expansion of telehealth services in response to the crisis.
- Centers for Medicare & Medicaid Services (CMS) implemented waivers and flexibilities for telehealth services, including telephone only services and verbal consents.
- DEA allowed prescribing via telehealth without a first face to face appointment.

Advocacy

- FY 2021 State Budget Recommendations:
 - Sustain Medicaid BH service funding and benefit limits and move forward with planned service enhancements under 1115 waiver and BHCC. (No rate cuts)
 - Sustain all emergency rules expanding telehealth into the foreseeable future.
 - Sustain GRF funding for MHAS to support a full continuum of care with provider direct funding opportunities.
- Sustain all federal waivers and flexibilities related to telehealth expansion into the foreseeable future.

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Mental Health & Addiction Advocacy Coalition

Kelly Smith
State Program and Policy
Director



COVID-19 Impact on Behavioral Health of Ohioans



- ❑ The COVID-19 pandemic impacts more than your physical health, it impacts your mental health
- ❑ Stay-at-home order issued on March 23 forcing nonessential businesses to close temporarily
 - ❑ Unemployment is at 16.8%, approximately 1 million have filed for benefits
 - ❑ Social/Physical Distancing
- ❑ New or intensified stressors from loss of routine, separation from friends and family, loss of employment, financial hardship, and fear of the virus
 - ❑ Increased fear and anxiety
 - ❑ Increased stress due to financial problems
 - ❑ Increased loneliness and depression
- ❑ Impacts people who never experienced issues with mental health before
- ❑ Disproportionately impacts people in recovery and people with mental health disorders

Mental Health and Addiction Disorders during the Pandemic

- The Ohio Department of Mental Health and Addiction Services reported that 10-11% of Ohioans have some indicators of problem gambling. With casinos and many sports shut down due to the COVID-19 pandemic, gamblers have resorted to playing online.
- Numbers from the Ohio Department of Commerce shows alcohol sales surged in Ohio during March and April, in spite of the shutdown of state restaurants and bars. Ohioans bought 1.1 million gallons of alcohol in February, including both retail store sales to consumers and wholesale sales to bars and restaurants. That jumped to 1.4 million gallons in March and 1.3 million gallons in April.
- It's expected that the pandemic will also increase the rate of adverse childhood experiences (ACEs) such as food insecurity and exposure to abuse.

Behavioral Health and COVID-19



- Experts believe that the virus's mental health toll will be determined by the suicide rate this year and in the years to come. Since 2000 suicide rates have been rising in the United States. Rates have risen 35% across most age groups, but the increase almost doubled after the 2008 economic downturn.
- According to The Columbus Dispatch, restrictions on visitors and movement within Ohio's long-term care facilities have made it a challenge to preserve the mental health of residents. Even though Ohio is opening up, nursing homes and other skilled nursing facilities likely won't be changing their practices any time soon because of the need to prevent more infection and deaths. However, the longer the restrictions on visitors and general movement inside the facilities are in place, the more challenging mental health care will become.

Epidemic Rages on during the Pandemic



- The Cuyahoga County Medical Examiner issued a public health alert as Cuyahoga County experienced an increase in overdose deaths. Nine people died by overdose within the 48 hours after Ohio eased coronavirus restrictions. There were at least 45 suspected fatal overdoses reported this month in Cuyahoga County through May 18.
- The Akron Beacon Journal reported that overdoses at emergency rooms in Summit County are the lowest they have been in several years, but overdose deaths have not seen the same decline. Summit County Public Health reported 318 visits to emergency departments throughout the county for overdoses by the end of April this year. That's about 100 less visits than the same period last year and less than half the amount reported by this time in 2017.
- In Franklin County, 62 people died by overdose in April. There were a dozen overdose deaths from May 15 to 17, and nine more over the Memorial Day weekend. Montgomery County Alcohol Drug Addiction and Mental Health Services says there's been a 58% increase in fatal OD's compared to a year ago.

SILVER LINING



Telehealth

- OhioGuidestone survey results show that 95% of their clients are satisfied with Telehealth Services 85-89% of the time.
- Recognition by lawmakers that internet access should be accessible to everyone.
- Understanding the need for data, minutes, and devices.
- Greater Cincinnati Behavioral Health, conducted an access survey for over 6,000 clients, and found that over 40% of clients did not have access to audio-visual telehealth, often because of lack of access to data plans, technology, wifi, etc. And found that about 5% of clients didn't have consistent access to a phone.

Mental Health Awareness

- Governor frequently acknowledges mental health during press conferences
- More Ohioans are talking about their mental health
- More chain stores are providing mental health benefits for employees and their family

Thank You for Participating!



*Changing minds,
changing lives*

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COVID-19 IMPACT ON OHIOAN'S WITH DISABILITIES

Jordan Ballinger,
Policy Analyst



We have the
legal right of way.

WHAT WILL BE COVERED



- Protection and Advocacy System
- System Capacity in Ohio
 - DD and MH
- COVID-19 Impact
 - DD and MH
- Rationing Care

PROTECTION AND ADVOCACY SYSTEM



- State designated and federally authorized
- Advocate for the human, civil, and legal rights of people with disabilities
- Willowbrook State School
- Deinstitutionalization

OHIO'S SYSTEM CAPACITY – DEVELOPMENTAL DISABILITIES



- Institutional/Congregate Care Settings
 - ICFs, NFs, DCs
- Community-based Services and Supports
- Home and Community Based Service (HCBS) Waivers
 - Waiting lists
 - Local, state, and federal funding
 - Access to DSPs
- Medicaid Institutional Bias
 - 1915c waiver
- State obligation to establish these systems

OHIO'S SYSTEM CAPACITY – MENTAL HEALTH



- Institutional/Congregate Care Settings
 - NFs, Psychiatric Hospitals
- Community-based Services and Supports
 - Current system capacity
 - Lack of providers, services, and housing
- Mental Health Act of 1988
 - Building out community-based services
 - Local, state, and federal funding
- Medicaid and Private Insurance
 - No HCBS waiver like DD
 - Parity lacking
- State obligation to establish these systems

COVID-19 IMPACT – DEVELOPMENTAL DISABILITIES



- System capacity being exacerbated
 - Lack of access to DSPs and other providers
- Access to PPE
 - DSPs need access to PPE and other protective equipment, especially those that provide care to multiple individuals
- Access to HCBS waivers
 - With congregate care being highest risk for individuals, additional support is needed to move people off waiting lists and out of institutions into their communities
 - Increasing transitions under the HOME Choice program
 - Increases to provider rates
- Risk of Institutionalization
 - Identifying those most at-risk of placements in congregate care settings
 - Expanding the scope and services under HCBS waivers to ensure individuals stay in their community
- DRO advocacy
 - Letters to DODD, ODM, Congress, and the GA

COVID-19 IMPACT – MENTAL HEALTH



- System capacity being exacerbated
 - MH has no 1915c HCBS waiver that would build out large scale HCBS services; system relies on Medicaid and private insurance
 - Providers have been adapting but access is still an issue
 - Need for OMHAS and/or ODM to provide additional support to providers and individuals to ensure access which would include the use of flexible federal dollars
- Access to services
 - As telehealth expands there is a need to ensure individuals without access to technology are provided that technology
 - Those unable to use technology can still access in-person services
 - Access to housing including rental assistance and preventing foreclosures and evictions
- Risk of institutionalization
 - There is a need to identify those most at-risk of hospitalization, nursing home placement, or homelessness and provide intensive wrap-around services, specifically in person
 - Expanding access to community-based services is necessary to prevent placement in dangerous congregate care settings
- DRO advocacy
 - Letters to OMHAS, Congress, and the GA

RATIONING CARE



- No Guidance from the Ohio Department of Health
- Ohio Hospital Association Guidance
- DODD, ODM, and ODH follow-up guidance
- Planning for potential second surge
- National advocacy and action taken by other states
- DRO Advocacy
 - Organizing a coalition of organizations advocating for statewide guidance; letter to ODH

SUMMARY



- COVID-19 exposing gaps in our service systems
- Systems will need additional funding and support (through Medicaid, federal grants, state funding, and local tax levies)
- Any cuts to these systems will place individuals at greater risk of being placed in dangerous congregate care settings

Multi-System Youth

Applications Received to Date	Youth Funded	Technical Assistance Only	Total Authorized Funding	Counties Served to Date
236	157	38	\$3,507,104.34	57

Multi-System Youth

County Funded	Youth Funded
Allen	1
Ashtabula	1
Ashland	3
Athens	4
Auglaize	2
Belmont	1
Butler	1
Carroll	2
Champaign	2
Clermont	2
Columbiana	1
Crawford	2
Darke	1
Defiance	1

Delaware	2
Erie	2
Fairfield	4
Fayette	2
Franklin	12
Gallia	2
Geauga	1
Greene	5
Guernsey	1
Hancock	5
Hardin	1
Hocking	1
Jackson	2
Jefferson	2

Lake	3
Licking	4
Logan	1
Madison	2
Mahoning	2
Marion	1
Meigs	1
Miami	1
Montgomery	3
Morgan	4
Noble	2
Ottawa	2
Paulding	1
Perry	2

Pickaway	2
Preble	2
Richland	6
Sandusky	1
Scioto	2
Seneca	7
Shelby	3
Stark	7
Summit	13
Tuscarawas	4
Union	4
Washington	4
Wayne	5
Wood	1
Wyandot	1
Total	157

Questions?



Jordan Ballinger
Disability Rights Ohio



**Gayle Channing-
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The Center for
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Soley Hernandez
The Ohio Council of
Behavioral Health and Family
Service Providers



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Coalition