



Promoting wellness and recovery

Mike DeWine, Governor , Lori Criss, Director • 30 E. Broad St. , Columbus, OH 43215 , (614)466-2596 , mha.ohio.gov

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Dear Community Partners,

We are grateful for the leadership of Governor DeWine and Ohio Department of Health (ODH) Director Dr. Acton's in guiding Ohio's response to COVID-19. Their efforts are ensuring coordination of state and local strategies to manage this international crisis' potential impact on Ohio. OhioMHAS is working to ensure continuity of care for Ohioans with mental illness and addiction, many of whom have co-occurring health conditions that may make contracting a virus more dangerous for them.

We are also concerned about health anxiety and know that accurate education is important to reduce such stress. A trusted source of information is imperative in times of uncertainty like this, and we urge you to visit coronavirus.ohio.gov for the latest information specific to Ohio and from the Centers for Disease Control and Prevention. Also, we urge you to use the OOH call center to get answers to specific questions regarding COVID-19. The call center is now open 7 days a week from 9 a.m. to 8 p.m. call 1-833-4-ASK-ODH (1-833-427-5634).

Right now, the priority for all of us is preventing community spread. Here is a [prevention fact sheet](#) for behavioral health provider staff and client education. Please share it with your constituents. Wash your hands. Don't touch your face. Cover your cough. Increase cleaning frequency. Stay home if you are sick.

With Governor DeWine's leadership, each Cabinet Agency is actively working through approaches to prevent illness and to help people get the proper care if the illness is contracted. OhioMHAS has been working on several strategies, including walking through our business continuity plans to support access to care through our regional psychiatric hospitals, an adequate supply of medications through our pharmacy, and business support for our community partners. Here are some examples of our efforts:

- Increased cleaning at regional psychiatric hospitals;
- Increased prevention and screening of patients being admitted to state psychiatric hospitals began in late January;
- Increased staff and patient education related to COVID-19;
- Increasing volume of targeted medication supplies from two weeks to two months; and
- Updating our business continuity plan to ensure continued resources and support for constituents.

We are also preparing for any scenario that might limit mobility, due to quarantine or isolation, to prevent community spread. The stress of such a situation will fall squarely on the shoulders of providers and boards, and our priority is supporting your needs in meeting the challenge. To this end, we are providing opportunities to share information and listen to questions and concerns from our partners. Specifically, we are:

1. On Tuesday, March 10th, hosting a 30-minute call with ADAMH Boards to check in on coordination with local health departments and other local partners, and to identify opportunities to support the ADAMH Boards during this time. Invitation will be sent separately.
2. On Tuesday, March 10th, hosting a 30-minute call with associations (Ohio Council, OARP, OCA, OACBHA, NAMI, OACFA, ORH, COHHIO, PAA, OSPF, OCAAR, OhioPRO, MHAC}. Invitation will be sent separately.
3. On Tuesday, March 10th, hosting a 30-minute call for Opioid Treatment Programs. Invitation will be sent separately.
4. Creating a specific email box COVID19BH@mha.ohio.gov **for our partners to submit behavioral health specific questions** related to this outbreak. This email will be monitored throughout the day to help shape our planning and communication for continuity of care issues related to addiction and mental health treatment and recovery. **All non-behavioral health specific COVID-19 questions should be directed to ODH at 1-833-4-ASK-ODH {1-833-427-5634}.**

Our focus right now is implementing OhioMHAS' emergency management plans and shoring up relationships that may be needed if an outbreak occurs in Ohio. These relationships are with our federal partners, other states, and local health departments. Our efforts at planning are aimed at supporting community providers and boards in meeting the needs of local families, adults, and communities. **We urge you to look at your own organizational and community planning and to partner with your local health departments to ensure that you are connected to local information and strategies to support the Ohioans that you serve.** As you consider your own business continuity plans, here are some helpful questions to guide your planning:

- Update or create an emergency operations plan with a specific coordinator or team.
- Consider all staffing, systems, programs, and services and plan for various possible scenarios.

Chief among our concerns is access to medications and care for Ohioans receiving outpatient services and home visiting.

- *What strategies do you have in place to help clients access psychiatric medications, Medication-Assisted Treatment (MAT) for opioid use disorder, and overdose reversal drugs?*
- *Aiding providers and patients in using technology for counseling and other supports?*

- *If you offer afterschool programming that families rely on for childcare and for nutrition, what plans are in place to ensure families get the help they need if these programs are temporarily unavailable?*
- Plan for worker absences by cross training others in critical roles. Plan for ways to limit non-essential operations/services if needed. Consider alterations of work hours.
- Partner with other organizations and agencies in the community, including the local health department and other local agencies, businesses, and other community and faith-based groups.
- Develop flexible sick-leave policies, allowing workers to stay home if they or someone in their home is sick.
- Develop a plan to increase distance between people working or congregating to at least 3 feet whenever possible.
- Develop a plan to separate people exhibiting respiratory symptoms from others and help them get home or to medical care as soon as possible.
- Plan for the possible cancelling of nonessential travel. Consider telework options, staggered schedules, web-based seminars and postponing meetings or holding them remotely.
- Create or update emergency communication plans.
- Plan for ways to reach people with language, cultural or disability barriers. Translate pertinent documents into languages in your community.
- Create a necessities bank to collect prevention and care items for people who may need them.
- Plan for ways to continue essential services using methods that eliminate or reduce congregating.
- Plan for modifying or canceling large community events, programs, and non-essential services if necessary.

These are decisions and plans best made before they need to be implemented, so proceed with urgency. These actions give our organizations a chance to strengthen relationships and consider alternatives to our usual ways of accomplishing our responsibilities. Our system will be better because of the actions we take now.

Stay well,



Lori Criss
Director

