



April 14, 2020

Lori Criss, Director  
Ohio Department of Mental Health and Addiction Services  
30 E Broad St.  
Columbus OH, 43215

Re: Mental Health Services during COVID-19 Pandemic

Director Criss:

Disability Rights Ohio (DRO) appreciates the opportunity to provide input on issues impacting individuals with psychiatric disabilities throughout the COVID-19 pandemic.

As you know, DRO is the state's designated and federally authorized protection and advocacy system with the mission to advocate for the human, legal, and civil rights of people with disabilities. We recognize this is a challenging time that is having a severe impact on Ohio's systems of care, and we appreciate the efforts your department has taken to respond to this crisis.

The Ohio Department of Health and the Centers for Disease Control and Prevention anticipate this crisis will worsen in the coming weeks. Because of this, DRO would like to address four (4) issues for you to take under consideration during this tumultuous time to ensure services for people with mental health labels continue:

- 1) Maintaining current capacity and using flexible funding to ensure access to services and supports as the system faces disruptions during this crisis;
- 2) Ensure access to housing programs and prevent evictions, especially for those most at-risk of institutionalization;
- 3) Identifying those most at-risk of institutionalization ensuring alternatives are available during this crisis especially as congregate care settings become the highest risk areas for the most vulnerable; and
- 4) Ensuring access to information, services, and hygiene supplies.

#### **I. MENTAL HEALTH SYSTEM CAPACITY**

As this crisis continues, it is essential for the Ohio Department of Mental Health and Addiction Services (OMHAS) to find ways to stabilize an already fractured community mental health system. The COVID-19 pandemic "will make treatment more challenging and potentially less

effective.”<sup>1</sup> Finding flexible ways to provide quality services that are person-centered, self-directed, and recovery-oriented in the community is urgently needed to ensure services remain effective.

Already, the Governor, OMHAS, and the Department of Medicaid (ODM), have amended their rules to allow providers to use alternative methods of communication with their clients.<sup>2</sup> However, concerns remain regarding access to technology, especially for those labeled with severe and persistent diagnoses, and what the system will look like once the COVID-19 pandemic ends.

Since the General Assembly passed the Mental Health Act of 1988, the investments needed to adequately fund the system have not been made. Effective services that are person-centered and self-directed lack in the system, especially for those labeled with severe and persistent diagnoses. Specifically, Assertive Community Treatment makes up only 9.8%, peer support services account for only 13.5%, and intensive case management is 21.5% of supportive services in Ohio.<sup>3</sup> This crisis exacerbates those problems and provides a unique challenge to ensure access to these services.

We applaud OMHAS’s decision to implement a temporary expansion of the Recovery Requires a Community program (RRC) to support people at risk of institutionalization during the COVID-19 pandemic. Programs like RRC and intensive case management are critically needed throughout this crisis. As systems are disrupted it becomes necessary to ensure individuals receive their needed services and supports without disruption.

With these compounding issues, the Ohio Department of Mental Health and Addiction Services should consider the following to ensure Ohio’s mental health system can still provide services during the COVID-19 pandemic:

- Allowing flexible use of Block Grant and Crisis Flex Funding to be used to purchase devices for individuals who would not otherwise have access to technology;
- Allowing those labeled with severe and persistent diagnoses to maintain person to person services especially where their ability to navigate new technology is impacted;
- Allow this funding to be used for services like assertive community treatment, peer support services, and community-based case management and outreach services;
- Applying for Emergency Grants to Address Mental and Substance Use Disorders During COVID-19 and leveraging this funding to help individuals maintain access to needed services and supports that are recovery-oriented in their communities;

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<sup>1</sup> The Lancet Psychiatry. *Patients with mental health disorders in the COVID-19 epidemic*. April 2020. <https://www.thelancet.com/action/showPdf?pii=S2215-0366%2820%2930090-0>

<sup>2</sup> OAC § 5160-1-21. Telehealth during a state of emergency

<sup>3</sup> Substance Abuse and Mental Health Services Administration’s National Mental Health Services Survey (N-MHSS). 2018 Ohio profile. [https://www.samhsa.gov/data/sites/default/files/reports/rpt23233/2018\\_NMHSS\\_StPro\\_combined.pdf](https://www.samhsa.gov/data/sites/default/files/reports/rpt23233/2018_NMHSS_StPro_combined.pdf)

- Develop a process to identify the most vulnerable, those most at risk of institutionalization and harm during this crisis and ensuring person-to-person services and supports are continued to be provided; and
- Take action to address increases in provider workforce shortages, while not avoiding actions that would impact people’s health and safety, autonomy, and self-determination.

## II. COMMUNITY HOUSING

Housing poses a large barrier for people with mental health labels. If individuals are unable to access housing along with necessary services and supports, people could be forced into homelessness or nursing facilities especially those labeled with severe and persistent diagnoses.

**The department should consider using current services, supports, and funding opportunities to ensure people are connected to housing programs and maintain their current housing placements without risk of eviction, especially those with histories of homelessness.**

In Ohio, access to safe, decent, affordable accessible housing remains limited with a shortage of over 262,000 affordable units. Further, for individuals seeking permanent supportive housing there are only 4,199 units with half located in Franklin County.<sup>4</sup> Much like the mental health system, Ohio’s housing problems are profound and the COVID-19 pandemic is exacerbating those issues.

## III. PLACEMENT IN INSTITUTIONAL SETTINGS

As illustrated in this letter, the COVID-19 pandemic is stressing Ohio’s fragile systems of care. Issues already faced by many in these systems have become worse. The lack of access to housing and community-based services and support can lead individuals to hospitalization and placement in nursing facilities. However, these settings pose the greatest risk to individuals with mental health labels. Therefore, **the department should consider taking steps to ensure alternatives to institutional care in nursing facilities.**

The state should be identifying individuals most at risk of institutionalization and work with them to prevent such placement by identifying and coordinating community-based supports, home-based services and viable housing options. Nursing facilities pose a unique risk during the COVID-19 pandemic due to their congregate setting. When individuals lose access to their services and housing in the community, they are put at even greater danger of contracting the coronavirus. The state should consider leveraging resources to ensure individuals do not end up in these institutional settings and can access their needed services in the community.

DRO understands the imperative to make available hospital beds throughout the state, but we do have concerns about waiving PASRR requirements, even temporarily. Providing the option of

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<sup>4</sup> Ohio Housing Finance Agency. 2019 Ohio Housing Needs Assessment. <https://ohiohome.org/news/documents/2019-HousingNeedsAssessment.pdf>

and redirecting existing funding to community-based services is even more critical at this time. We encourage the state to prioritize maintaining and expanding community services, as alternatives to institutional care in nursing facilities.

#### **IV. ENSURING ACCESS TO SERVICES, INFORMATION, AND HYGIENE SUPPLIES**

This crisis has disrupted the lives of people with mental health labels and especially those with severe and persistent diagnoses. The Department has a role to play ensuring access to real-time, easy-to-understand and accurate information. Recognizing not everyone has internet access, case management providers, and local behavioral health boards should **take affirmative steps to ensure individuals and families have access to up-to-date information and resources.**

We are encouraged that OMHAS will permit RRC funds temporarily to assist people by providing financial support to purchase cleaning and hygiene supplies. During this crisis it is essential for individuals to be able to access those basic hygiene supplies. People with mental health labels, especially those labeled with severe and persistent mental diagnoses, may be on several benefit programs like the Supplemental Nutrition Assistance Program (SNAP) which doesn't allow for the purchasing of hygiene supplies. However, these items are critically needed especially in this crisis. **In addition to expanding the use of RRC funds, the department should consider allowing flexibility within its crisis funding to be used for the purchasing of these products by the local behavioral health boards, local providers, and state psychiatric hospitals.**

DRO understands that many issues impacting people with mental health labels are outside the authority of the Department. Because of this we encourage you to continue working with the Department of Medicaid to ensure continuation of coverage and expansion of benefits to ensure all the needs of people are met during the COVID-19 pandemic, and access to home and community based services for those at risk of or in institutions.

Disability Rights Ohio appreciates the opportunity to discuss issues impacting people with psychiatric disabilities during the COVID-19 pandemic and provide information on steps the state can take to ensure access to services and supports in the community that are recovery-based. DRO appreciates the work your agency has already taken to respond to this public health emergency and looks forward to working with you throughout this crisis. If you have any questions or wish to discuss these issues further feel free to reach out to me or my staff.

Sincerely,

Kerstin Sjoberg  
Executive Director