JULY 2020 COVID-19 EDITION

Due to the ongoing pandemic this issue continues to contain primarily COVID-19 related policies and resources. However, there are non-COVID related items included at the beginning and end. Additionally, the March 2020, April 2020, May 2020, and June 2020 editions are available for historic references and resources.

Ohio Council COVID-19 BH Provider Impact Survey Results

The Ohio Council finalized the results from the most recent COVID-19 BH Provider Impact Survey. We received responses from 74 provider organizations - and we are grateful for your continued active participation in these surveys! Your support allows us to continue to accurately describe the impact of COVID-19 on service access and capacity, workforce, and business operations and we have shared this information with the Directors of Medicaid and Mental Health and Addiction Services. Here are a few highlights from this survey:

- 69% of behavioral health organizations report that the majority of their services continue to be provided via telehealth. Nearly 60% of organizations report they plan to continue providing as many services through telehealth as possible.

- 95% of organizations reported a decrease in weekly revenue and the majority of organizations (58%) report a decrease in weekly revenue of 21% or more.

- BH Providers have successfully accessed federal coronavirus funds to sustain service access, workforce, and operations.

  - 78% of organizations responding to this survey received forgivable loans through the Paycheck Protection Program (PPP). However, 15% of organizations were ineligible to even apply for the PPP due to organizational size.

  - 73% of organizations reported receipt of HHS Provider Relief Funds at the time of the survey. 18% were in the process of applying for the Targeted Medicaid distribution.

- PPP loans and other one-time federal funding has temporarily improved providers financial position with 66% of BH provider organizations reporting more than 90 days cash on hand.

- 38 organizations reported furloughing or laying off 915 FTEs due to the pandemic. Access to the federal PPP loans have enabled organizations to re-hire 324.25 FTEs or 35% of those furloughed/laid off.

- Access to Personal Protective Equipment has improved; however, BH providers continue to experience challenges in obtaining disinfecting/antibacterial cleaning wipes, disinfecting cleaning sprays and products, and hand sanitizer.

In summary: The latest Ohio Council BH Provider Survey documents the significant use of telehealth services to sustain service access during the pandemic. However, overall revenue has decreased by more than 20% for most BH provider organizations in a mostly telehealth environment. BH Providers have successfully accessed federal loan programs and other one-time resources to offset these losses, sustain workforce, and ensure access to critical behavioral health services. Moving forward, additional longer-term strategies and federal/state investment will be needed to cover the added expenses associated with COVID-19 in order to sustain the existing behavioral health infrastructure and respond to the expected surge in demand for mental health and addiction services.

MHAS Licensure and Certification Renewals

MHAS encourages all providers to be sure to submit their licensure and certification renewals through the new Licensure and Certification Tracking System (LACTS). MHAS certification rules require providers to submit renewal applications at least 90 days prior to the expiration date of their current certification. MHAS has been working to contact providers with late and/or expired licensure and certification that may have lapsed during the COVID-19 to renew their licensure and/or certification in the LACTS system. Currently, MHAS reports more than 120 provider organizations have not submitted renewals. MHAS will be reaching out to these providers via certified mail in the next few days with a strong reminder to submit their renewal or face revocation of their licensure or certification.

The LACTS system is fully operational. MHAS has posted user friendly resources, including instructional videos, to support providers in registering your organization's account in the system and submitting your applications.

- [LACTS User Accounts](#) – Register for New Accounts and Access Existing Account
- [LACTS Updates and Training Resources](#)

COVID-19 Federal Policy and Financial Resources

HHS Renews Public Health Emergency Declaration

On 7/23/2020, Department of Health and Human Services (HHS) Secretary Alex Azar officially renewed the declaration that a Public Health Emergency (PHE) exists in connection with COVID-19. The [PHE declaration](#), previously renewed on April 21 and set to expire July 25, is now expected to continue through Friday, October 23, unless HHS determines sooner that the conditions giving rise to the PHE declaration are no longer present. Many key legal flexibilities granted during the COVID-19 pandemic are available only as the PHE declaration is in effect, [this renewal](#) is significant for behavioral health providers especially in relation to telehealth. In particular, the renewal of the PHE declaration has effectively extended:

- All waivers granted by the Centers for Medicare & Medicaid Services (CMS) under Section 1135 of the Social Security Act, including those expanding Medicare reimbursement for telehealth services.

- Blanket waivers granted under the Stark law and Anti-Kickback Statute by the HHS Secretary and Office of Inspector General, respectively.
- Various flexibilities granted by the Drug Enforcement Administration (DEA) with respect to the remote prescribing of controlled substances; and
- The policy of enforcement discretion announced by the HHS Office of Civil Right under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Federal Economic Stimulus Legislation

While the U.S. House passed the HEROS Act in May, the U.S. Senate expressed concerns with the $3 trillion price tag and took a wait and see approach in hopes that the economy would improve as states re-opened. However, with many of the earlier corona relief protections expiring and economic data indicating a sluggish recovery, the U.S. Senate was forced to turn its attention on the development and introduction of its own COVID-19 economic stimulus and relief package. Indeed, after days of intensive talks with the Trump administration that delayed a planned release last week, Senate Majority Leader Mitch McConnell outlined legislation called the Health, Economic Assistance, Liability Protection and Schools (HEALS) Act that will serve as the GOP's opening bid in negotiations with Democrats. Leaders are hoping to get a final deal passed by the end of next week before the scheduled August recess. Highlights of the Senate's $1 trillion coronavirus aid package, include a limited extension of federal unemployment benefits, another round of direct financial payments, expanded employment tax credits, liability protections for businesses, revised PPP and funding to various agencies to support corona response efforts.

Of note for BH providers, the bill would extend existing Medicare telehealth waivers through the duration of the public health emergency or December 31, 2021 with a report to congress on the impact of telehealth before this expiration date. The bill also provides a $4.5 billion supplemental appropriate for SAMHSA, including $2 billion for the MH Block Grant with requirements that 50% be directed to community mental health centers and $1.5 billion investment in SAPT block grants. The bill will also supply an additional $25 billion for the HHS Provider Relief Fund. And as expected the Senate bill does not include an increase to the Medicaid FMAP, something we anticipate the House will negotiate in the compromise discussions.

Portman and Whitehouse Introduce Bipartisan Legislation to Increase Access to SUD Services via Telehealth

In early July, Senator Rob Portman (R-OH) and Sheldon Whitehouse (D -RI) introduced the *Telehealth Response for E-prescribing Addiction Therapy Services* (TREATS) Act to support the expansion of telehealth services for substance use disorder treatment. The bill would build upon the Trump Administration's action to waive regulatory restrictions for accessing care in the wake of the COVID-19 pandemic. While the temporary waivers provide a necessary reprieve for patients so that they may continue their treatments and counseling virtually, they are time limited and will ultimately expire at the conclusion of the National Public Health Emergency. The TREATS Act would extend these telehealth flexibilities by making permanent key waivers, including the ability to prescribe Medication Assisted Therapies (MAT) and other necessary drugs without needing a prior in-person visit and the ability to bill Medicare for audio-only telehealth services. By taking these steps, the TREATS Act will increase overall access to MAT and support telehealth needs in rural communities where broadband may be limited. The Ohio Council has been in regular conversations with Senator Portman on this legislation to support continued access to medications via telehealth.

Paycheck Protection Program

The Treasury Department and Small Business Administration (SBA) disclosed the names of businesses, by state, to whom they have lent more than $150,000 as part of the Paycheck Protection Program. According to the SBA website, $4.8 million in loans were approved with the average loan being $106,772 while the program is authorized to release $521 billion. Those loans disclosed represent nearly three-fourths of total loan dollars approved, but a far smaller proportion of the number of actual loans. Click here to access the SBA loan data.

The PPP loan forgiveness process is being managed by financial institutions. However, lenders are stating they are not ready to accept these forgiveness applications at this time. Long-expected FAQs to clarify many PPP-related issues are still awaited from the U.S. Small Business Administration (SBA) and Treasury. In addition, the loan forgiveness application has not been updated to reflect the recent five-week extension of the program's deadline to Aug. 8. A big reason for these delays is that Congress is debating a new round of COVID-19 relief, which is expected to include a second PPP initiative more targeted than the first one. Those discussions also may include major changes relaxing the forgiveness requirements for the smallest loans, possibly those up to $100,000 or $150,000. Our recommendation to organizations who received PPP funds and plan to apply for loan forgiveness is to maintain contact with your financial institution and wait to file the forgiveness application until the guidance is released.

SBA Closes the EIDL Advance Loan Program

On 7/10/2020, the SBA announced the conclusion and success of the Economic Injury Disaster Loan (EIDL) Advance program, which provided U.S. small businesses, non-profits, and agricultural businesses a total of $20 billion in emergency funding. The EIDL Advance provided small businesses with $1,000 per employee up to a maximum of $10,000. Recipients did not have to be approved for a loan to receive the Advance, which does not require repayment, and was intended to support small businesses while a decision on their EIDL loan application was made. EIDL loan applications will still be processed even though the Advance is no longer available. As a reminder, the loan portion of the EIDL program continues to have funds available at very affordable terms, including a 3.75% interest rate for small businesses and 2.75% for non-profit organizations, a 30-year maturity, and an automatic deferment of one year before monthly payments begin.

Main Street Lending Program Fully Operational and Expanded to Include Non-Profit Organizations

On 7/6/2020, the Federal Reserve Bank of Boston announced that the Main Street Lending Program was fully operational and encouraged lenders to begin submitting qualifying loans. The Main Street Lending Program offers five-year loans to help credit flow to small and medium-sized businesses that were in sound financial condition prior to the COVID-19 pandemic. A state-by-state listing of lenders accepting new business customers under the Main Street program is available HERE. As required by the program, lenders will assess a borrower for a MSLP loan based on meeting the terms of the program and the lenders' own underwriting standards, as part of evaluating financial condition and creditworthiness. Lenders' loan approvals are contingent on those factors.

On July 17, 2020, the Federal Reserve modified the Main Street Lending Program to support greater access to credit for nonprofit organizations such as educational institutions, hospitals, and human service organizations. Providers can review the characteristics of the two Main Street nonprofit organizations loan types on their Information for Nonprofit Borrowers page. These low interest loans are available to non-profit organizations with at least 10 employees that non-donation revenue equal to or greater than 60% of expenses

for 2017-2019; a 2019 operating margin of 2%, 60 days cash on hand, and a current debt repayment capacity of 55%.   Under the terms of the loan, principle payments are deferred for 2 years and interest payments are deferred for a year. If interested, Subscribe for updates on the latest information related to the Main Street Lending Program.

HHS Provider Relief Fund Updates

Extension of Medicaid/CHIP Deadline: HHS announced the extension of the Medicaid and CHIP Provider Relief Fund distribution provider application deadline to apply from July 20th to **August 3, 2020**. As a reminder, the Medicaid/CHIP Provider Relief Fund distribution sets aside $15 billion to eligible providers that participate in state Medicaid and CHIP programs who had not yet received a payment from the $50 billion General Distribution. Remember, this categorization of the eligible providers is NOT linked to Medicaid as a funding stream, rather is intended to capture a subset of providers that never bill Medicare and did not receive the General Distribution funds available earlier. A fact sheet explaining the application process has also been created to address frequently asked questions.

General Distribution Advocacy to Re-open: The National Council and several other national associations had a call with Deputy Secretary Hargan from the Department of Health and Human Services (HHS) at the beginning of July after submitting a letter to advocate for continued distribution of the provider relief funds from the General distribution to eligible behavioral health providers. Deputy Secretary Hargan stated the intention of the previously released Provider Relief Fund distributions - to "true-up" both Medicare and Medicaid providers, and acknowledged that a number of provider types have experienced issues and confusion in engaging in the portals and accessing needed relief funds. Additionally, during a webinar hosted by HRSA it was stated that recipients of funds from the general distribution "may be eligible" for further payments from the Provider Relief Fund. If advocacy efforts are successful, we do not anticipate HHS would open the general distribution portal back up until after the current Medicaid distribution portal closes on 8/3/2020. We will continue to provide updates as we learn more.

Reporting Requirements: On 7/20/2020, HHS posted a Notice of Reporting Requirements, applicable to Provider Relief Fund recipients that received one or more payments exceeding $10,000. Detailed instructions regarding reports will be released by 8/17/2020 and the reporting portal will become available on 10/1/2020.

Update on the FCC COVID-19 Telehealth Program

At the end of June, the Federal Communications Commission closed its application window for the COVID-19 Telehealth Program. The COVID-19 Telehealth Program has now distributed $200 million to assist eligible providers to purchase telecommunications services, information services, and devices necessary to provide connected care services, both for the treatment of coronavirus as well as other conditions that occur over the course of the pandemic. The FCC first started accepting applications for the program in early June and issued awards on a rolling basis until the fund was exhausted. The final list of COVID-19 Telehealth Awardees is available HERE.

COVID-19 State Policy and Resources

[ODH Coronavirus Website](#) – Primary Source for All Ohio Information

Ohio Public Health Advisory System

On 7/2/2020, Governor DeWine announced a new public health advisory alert system to provide local health departments, community leaders, and the administration with data and information so additional safety measures can be implemented, as necessary.

The public health advisory alert system is a color-coded system that will allow local health departments and authorities to take necessary steps when there is increased spread in a county. There are seven data indicators that are being monitored in this system over a three-week period.

1. New Cases Per Capita - when the average number of new cases is 50 per 100,000 people over a 2-week period this indicator is flagged
2. Sustained Increase in New Cases - if the number of cases consistently increase over a period of 5 days this indicator is flagged
3. Proportion of Cases that are Not Congregate Cases - when more than 50% of new cases are from non-congregate settings over the past 3-weeks this indicator is flagged
4. Sustained Increase in Emergency Room Visits - when the number of ED visits for symptoms of COVID19 increases over a 5-day period this indicator is flagged
5. Sustained Increase in Outpatient Visits - when the number of outpatient/telehealth visits for symptoms of COVID-19 increases over a 5-day period this indicator is flagged
6. Sustained Increase in New COVID-19 Hospital Admissions - when there is 5 days of sustained growth in the number of county residents admitted for symptoms of COVID-19 this indicator is flagged
7. Intensive Care Unit (ICU) Bed Occupancy - when ICU occupancy is above 80% for at least 3 of that last 7 days this indicator is flagged

The data is available on [coronavirus.ohio.gov](#) and updated weekly. The levels are based on the following:

Level 1 - yellow (0-1 indicators)
Level 2 - orange (2-3 indicators)
Level 3 - red (4-5 indicators)
Level 4 - purple (6-7 indicators)

On 7/7/2020, Governor DeWine announced a public health order mandating use of masks in public places in any county reaching Alert Level 3 or 4 on the Public Health Advisory System. Then, on 7/22/2020, he announced statewide mask requirement, travel advisory, caution about informal gatherings and updated economic indicators.

Statewide Mask Mandate: Effective Thursday, July 23, at 6:00 p.m., a [statewide mask mandate](#) went into effect in all 88 Ohio counties. This effectively extended the current mask order applied to counties in the Red Level 3 Alert Level and requires: All individuals in Ohio must wear facial coverings in public at all times when: 1) At an indoor location that is not a residence; 2) Outdoors, but unable to maintain six-foot social distance from people who are not household members; and 3) Waiting for, riding, driving, or operating public transportation, such as a taxi, a car service, or a private car used for ride-sharing. The order applies to individuals ages 10 years old or older. Additional exclusions include: Those with a medical condition or a

disability or those communicating with someone with a disability; Those who are actively exercising or playing sports; Those who are officiants at religious services; Those who are actively involved in public safety; or Those who are actively eating or drinking.   Schools and employers should continue to follow the guidance previously issued pertaining to masks.

Travel Advisory: Governor DeWine announced a [travel advisory](#) effective 7/22/2020 for all individuals coming into or returning to Ohio from states reporting positive COVID-19 testing rates of 15 percent or higher. Those traveling from or returning to Ohio from one of the following states should self-quarantine for 14 days at home or in a hotel: Alabama, Arizona, Florida, Idaho, Kansas, Mississippi, and South Carolina. The travel advisory map will be updated weekly and will look at the positivity rate on a rolling 7-day average. This is a travel advisory, not a public health order. However, employers are encouraged to consult with their local health department regarding recommendations for employee travel and/or use of personal time off where travel involved these states. Additionally, the [CDC has general guidance](#) for people to consider when traveling that would be helpful to share with staff, and [Employer Specific Guidance](#) that may be beneficial in organization policy development related to travel.

Informal Gathering Caution: Governor DeWine continues to urge caution for all Ohioans attending and hosting informal gatherings. "We are seeing serious exposures to the virus that are arising from everyday events like church services, small house parties, neighborhood get-togethers, children's sleepovers, weddings, and even bridal showers," said DeWine.

Business Liability Protection

Lt. Governor Husted announced that Governor DeWine has signed onto [a letter to Congressional leadership](#) with 20 other Governors from across the country, calling for reasonable limited liability protections for businesses, schools, healthcare workers, and governments as they reopen during the COVID-19 global pandemic. The letter calls for predictable, timely, targeted liability protections to shield employers from legal risks associated with the spread of the novel coronavirus, so long as they are following the appropriate standards of care to protect their employees, customers, and students. The letter specifically requests that the protections be drawn in a narrow fashion as to not give license for gross negligence, misconduct, or recklessness. Similar calls for liability protection have been made by Ohio's leading business organizations. This letter was co-signed by the Governors of Alabama, Alaska, Arizona, Arkansas, Idaho, Indiana, Iowa, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, North Dakota, Oklahoma, South Carolina, Tennessee, Texas, Utah, West Virginia, and Wyoming. And Senate Majority Leader Mitch McConnell included [liability protections](#) for businesses in the Senate's most recent COVID-19 economic stimulus package.

Unemployment

Lt. Governor Husted highlighted Ohio's strengthening economy as the state responsibly restarts amid the pandemic. Ohio's unemployment rate dropped three percentage points in the last month to 10.9% and is considerably below the 17% rate recorded in April. While jobs are returning, unemployment remains an important family and community support as we continue to battle the pandemic. Extending the expanded [federal unemployment compensation program](#) will be a significant issue for Congressional leaders to resolve in this next round of COVID stimulus legislation. The House passed HEROS bill extends the additional $600 per month of federal compensation while the Senate bill reduces the amount to $200.

Ohio Broadband Access

Lt. Governor Husted reviewed the next steps in [Ohio's Broadband plans](#) to expand broadband access across the state and support to return to school this year. In an effort to provide schools with the ability to search, review and compare prices for purchasing hotspots and equipment, a [Request for Information (RFI)](#) will be issued to internet providers for everything from hotspots to laptops to tablets.

Respondents to the RFI will need to provide the specific equipment they have available, number of units available, price, and amount of time it would take to implement an order. This RFI will be specific to K-12 plans and will be housed in a single location, giving every school district a chance to compare what is available and make the best decision for their district and their students. Additionally, the Controlling Board approved funding for a 1-1 match schools will be able to apply for through a $50 million matching grant program from CARES Act funding to purchase hotspots, in-home internet, and internet-enabled devices to students. Schools will have the flexibility to use the funding through a connectivity plan that makes the most sense for their student population and district.

COVID-19 Testing Guidelines and Testing Sites

Access to testing has been limited in many areas of the state even with the expansion to allow any individual to obtain a test, some testing sites are still requiring doctor's orders. Additionally, access to test results is very slow and some facilities are not sharing test results with providers and citing HIPAA. One-way organizations have been able to obtain test results is by having an agency medical director/physician order tests for clients/staff or get an ROI. Testing locations, including pop-up sites, continue to be updated on the ODH Coronavirus interactive Testing and Community Health Centers map. Individuals are encouraged to call their healthcare provider or these testing sites to seek instructions for obtaining a test.   Updated testing information and locations can be found on the [ODH Coronavirus Testing webpage.](#)

There are several COVID-19 antibody tests being widely marketed. If you are using antibody testing, please be sure to validate the tests are FDA approved and make sure you research the products reliability. If you have COVID-19 testing questions, please contact your local health department.

Responsible RestartOhio – School Specific Guidance

On 7/2/2020, Governor DeWine announced the [state's guidance for reopening schools](#) which allows districts significant flexibility in planning for return. The administration consulted with superintendents, teachers, parents, and medical experts across the state to develop the guidelines for schools. Governor DeWine stated through these conversations there was consensus that children need to be in the classroom to facilitate effective and consistent learning opportunities.

The American Academy of Pediatrics has recommended students should be in school as much as possible because of the physical and social benefits of being physically present in schools. The President of the Ohio Chapter of the AAP provided additional details on the benefits of children being physically present in school compared to the risks and specifically discussed the increased risk for behavioral health issues when children are not in school. Governor DeWine stated he is committed to continuing the School Wellness and Success Funds and that these funds can and should be used to fund mental health services.

The state developed a set of guidelines that each district should follow when developing their re-opening plan to ensure an environment that protects staff and students from COVID-19. Governor DeWine outlined the main components of the school re-opening guidance and indicated more detail is available in the full plan.

- Vigilantly Assess for Symptoms
- Wash and Sanitize Hands to Prevent Spread
- Thoroughly Clean and Sanitize the School Environment to Limit Spread on Shared Surfaces
- Practice Social Distancing
- Face Covering Policy
    - Staff are required
    - Strongly recommended for 3rd grade and up

On 7/9/2020, a plan for higher education was announced. This plan was developed by the Ohio Department of Higher Education, in consultation with Ohio colleges, universities, the Ohio Department of Health, developed guidance to help campuses safely reopen. The Responsible RestartOhio guidance for Institutions of Higher Education includes minimum operating standards for all campuses, as well as best practices to further enhance those standards. These include best practices to increase access to mental health services to reduce stress, depression, and anxiety related to social isolation. New Guidance for COVID-19 Testing at Institutions of Higher Education was also released to help institutions tailor their required COVID-19 testing plan to their community and develop policies related to the isolation of symptomatic students, faculty, and staff members.

Child Care Centers – Return to Normal Class Ratios

Governor DeWine announced that childcare providers may return to their normal, pre-COVID ratios and class sizes beginning on August 9, 2020.   Under this approach, childcare providers have a choice to increase the number of children and staff members to the normal pre-COVID ratios or to maintain their current, lower ratios to help slow the spread of COVID-19. ODJFS is structuring a financial incentive to providers that maintain smaller ratios and classroom sizes. Regardless of which choice the childcare provider selects, all childcare providers must comply with stringent health and safety requirements including face coverings for all staff and children over age ten, temperature checking, increased hand washing, and frequent cleaning protocols.

COVID-19 Guidance for Ohio Public Transit and Human Service Transportation Agencies

The Ohio Public Transit Association released, COVID-19 Guidance for Ohio Public Transit and Human Service Transportation Agencies, that offers best practice recommendations for organizations offering transportation services. While not directly targeted to community behavioral health organizations, this may be a good resource to support provider policy and practice change efforts to re-engage in offering limited transportation services.

ODM Releases Notice Suspending Episode of Care Program for Calendar Year 2020 and 2021

On 7/16/2020, ODM posted a letter to all Ohio Medicaid Providers announcing a suspension of the Episodes of Care program for calendar year 2020 and 2021 due to the COVID-19 pandemic. As of calendar year 2019 ODM provides reports on 32-episode types, 18 of which are tied to incentives under the Payment Innovation initiative. A few examples include Asthma, ADHD, COPD and oppositional defiant disorder (reporting only). **ODM will not conduct reporting or assess positive and negative incentive payments during this time**. ODM intends to restart episodes of care for calendar year 2022. Please visit https://medicaid.ohio.gov/PROVIDER/PaymentInnovation/Episodes for more information and updates. Providers may also sign up for the listserv to receive email updates.

OBM Releases Guidance to State Agencies for FY 2022-2023 Planning

The Office of Budget and Management (OBM) posted information for state agencies to begin planning for SFY 2022-2023 state budget. Under the posted guidance, state agencies are to develop two budget scenarios. Reduction Request - Operating Plan A calls for a 10% GRF reduction that encourages agencies to be creative and move funds between existing line items. Continuing Priorities Request Operating Plan B will request the amount of appropriation needed to maintain services provided during the current fiscal year (i.e., accounting for inflationary costs to payroll and other expenses) and are encouraging agencies to rethink operations, organizational structure, and outcomes to become more efficient and effective. Each state agency is also expected to submit a strategic IT budget. State agencies must submit their initial budget requests to OBM by October 14, 2020 for consideration. The SFY 2022-2023 Budget is expected to be introduced on or around February 9, 2021.

OBM Releases Information for BH Providers to Access Coronavirus Relief Funds

On 7/22/2020, the Office of Budget and Management (OBM) released official communication to select groups of Ohio Medicaid healthcare providers that are eligible to access federal CARES Act funds made available to states for costs incurred due to COVID-19 response. Specific to Medicaid community behavioral health providers (Provider Types 84 & 95), the Ohio Controlling Board authorized distribution of $22.5 million in provider relief funding on July 13th and a second request for an additional $22.5 million was approved at the July 27th meeting. In total, $45 million is expected to be distributed to behavioral health providers through this state provider relief funding opportunity to essential Medicaid providers to offset some of the added cost of the COVID-19 pandemic and support the continuation of services through this emergency for the individuals they serve. OBM will work to distribute these funds quickly but asks for patience as this is an unprecedented distribution to a very large number of providers.

To calculate the distributions for providers, directors and agency leadership from ODM, ODA, OMHAS and DODD worked collaboratively to assess the impacts and needs for critical access provider classes by surveying providers and analyzing existing cost reports or other available information to arrive at a data-driven dollar amount for each group of providers to access from this fund. The methodologies are described in more detail in the FAQ document on the OBM portal. The reporting requirements are outlined on page 5 of the FAQ, basic cost tracking of COVID-19 related expenses at this time but could be more detailed depending on the Federal requirements.

NEXT STEPS:

- **Providers will need to register to receive the funds through the OBM portal**. *Select the CARES Act-Coronavirus Relief Fund - Provider Relief Payment section and scroll down to the bottom of the page and click "register".*
- The Ohio Grant Partnership Application is available here and is currently due by 9/30/2020.
- A webinar was held on July 27, 2020 to review the use of the portal and to answer questions. The recording of the webinar and slides will be available on the OBM website. The slides are available under *CARES Act - Coronavirus Relief Fund - Provider Relief Payments* then scroll down to the attachments section to find CRF Provider Relief Training 7.27.20 Final Rev
- Additional contact information: crfprovider@obm.ohio.gov

Please note - The CARES Act was a $3 Trillion bill that authorized multiple Billion-dollar funds and programs to support healthcare providers and businesses in the wake of COVID-19. Receipt of any other Federal Coronavirus CARES Act relief does not preclude you from eligibility for these funds being distributed by the state. However, you cannot use the funds for the same exact expense as other CARES Act funds (like PPP or HHS Provider Relief Funds). Make sure CARES Act funds from different federal sources are tracked separately. For example, if you used PPP funds to cover Hazard Pay for staff in April-June 2020, you cannot use these state distributed funds to cover the same expense. However, you could use the state distributed funds to cover hazard pay for July-December 2020, assuming you are not using other Federal funds for this Purpose. Additionally, check the Treasury criteria for allowable hazard pay when using CARES Act funds. REMEMBER, *you must register through the process above to receive these funds*.

MHAS FY21 Allocation

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) released the State Fiscal Year 2021 Allocation Guidelines. These guidelines are the Department's guidance for the disbursement of certain allocations to local ADAMH boards and the accompanying programmatic and reporting requirements associated with the funds. The Grant Information for Applicants (GIFA) document for State Fiscal Year 2021 is also available. This document provides a list of grants and funding opportunities listed by Board area. Other funding opportunities, disbursements and budget updates will be announced throughout the year as they become available.

MHAS Released Guidance on SFY21 Crisis Service Funding

MHAS recently communicated with county ADAMH Boards regarding the continuing investment in crisis funding in SFY21 to directly support developing standardized and quality crisis access in communities to act as an appropriate alternative to arrest or emergency room visits and to help meet the needs of individuals and families to prevent or stabilize a substance use or mental health crisis. These federal and state funds will help ensure crisis services are a part of an integrated care continuum focused on managing the behavioral health and medical needs of Ohio's youth and adults. The attached documents were sent to local ADAMH Boards to highlight the Departments SFY 21 Crisis Funding plan. The Department has the opportunity to target pending federal resources to support continued infrastructure and service development of the crisis continuum.

- SFY21 Letter to the Boards
- SFY 21 Crisis Flex Funds
- SFY 21 Crisis Infrastructure Distribution Calculations
- HB 166 SFY21 Spreadsheet for Crisis Regional Funds

State COVID Related Legislation

Prior to breaking for the summer recess and campaign activities both chambers were pursuing several legislative measures aimed at responding to COVID-19 issues, including funding, telehealth services, price gouging and civil immunity. Ohio Council staff diligently monitored the legislation measures that would extend liability immunity to healthcare providers and other businesses from COVID-19 related harms. Indeed, SB 308 (M. Huffman) and HB 606 (D. Grendell) were both passed by their respective chambers but did not advance in the opposite chamber prior to the summer break. There was hope that the two-chambers would reach a consensus on a compromise measure during the summer months but the upheaval in the Ohio House has dampened that perspective.

- HB 197 COVID-19 Omnibus Measure (J. Powell, D. Merrin): To continue essential operations of state government and maintain the continuity of tax code and other essential health services in response to the declared health emergency related to COVID-19, to make appropriations, signed into law by Gov. and effective on 3/27/20.
- SB 308 Civil Immunity (M. Huffman): To revise the law governing immunity from civil liability and professional discipline for health care providers and healthcare workers during disasters or emergencies, to provide qualified civil immunity to service providers providing services during and after a government-declared disaster.
- HB 606 Civil Immunity (D. Grendell): To grant civil immunity to a person who provides services for essential businesses and operations for injury, death, or loss that was caused by the transmission of COVID-19 during the period of emergency declared by Executive Order 2020-01D, issued on March 9, 2020, and to declare an emergency.
- HB 590 Price Gouging (Crossman, Rodgers): To prohibit price gouging after a declaration of an emergency and to declare an emergency.
- HB 580 Telehealth (Liston, T. Patton): To require health plan issuers to cover telemedicine services during a state of emergency, and to declare an emergency.
- HB 481 (Frazier): Authorizes conveyance of state-owned real property was signed by Governor DeWine on June 19th. In its final version, HB 481 became the final vehicle for capital re-appropriations totaling $1.28 billion in addition to CARES Act funding for local governments totaling $350 million.
- HB 679 Telehealth (Frazier, Holmes): To establish and modify provisions to provide coverage for telehealth service. This bill looks to codify emergency telehealth rules filed by ODM and MHAS, modify state professional healthcare licensing boards to permit telehealth, and address insurance coverage.

Telehealth & Billing

Telehealth Executive Order Filed to Extend Telehealth

On 7/16/2020, the Governor announced the executive order of the emergency filing of the ODM rule 5160-1-18 and an emergency amendment of MHAS Rule 5122-29-31 to extend access to telehealth services. The emergency filed ODM Telehealth Rule OAC 5160-1-18, Appendix A (covered codes) was revised and replaces the previous "emergency telehealth" 5160-1-21. In the emergency filed ODM Telehealth rule, community behavioral health providers are deemed eligible telehealth providers in (B)(2)(o), payment for eligible services are covered under (D)(21) and payment schedule is defined in (E)(9).   The MHAS rule 5122-29-31 was amended and renamed "telehealth". The updated rules allow providers to continue providing all services under telehealth as they were available under the previous emergency rules. The emergency rules will be in effect for 120 days and both ODM and MHAS are expected to file these rules with JCARR making these

changes permanent. We are grateful to Governor DeWine, Director Corcoran, and Director Criss for their leadership in expanding telehealth services to sustain access to behavioral health services.

ODM and MHAS released a [BH MITS Bits](#) providing additional information on the updated emergency filed telehealth rules. As you are looking at the updated rules and appendix, please be sure to read all the way through the rules and appendix. The ODM rules incorporate BH providers more fully into the broader Medicaid telehealth rule while maintaining the expanded access to telehealth services as defined under the MHAS telehealth rule, formerly known as interactive video conferencing, and community behavioral health FFS payments. The updated MHAS rule clearly includes all asynchronous communications to be considered telehealth and therefore are covered. We also want to note that the SUD drug screening code H0048 is temporarily being expanded to include drug screens conducted through cheek swabs/saliva collection effective for dates of service on or after April 10, 2020.

MHAS Releases Telehealth Whitepaper

MHAS has created a new "[key issues](#)" webpage and posted a position paper on the [Future of Behavioral Telehealth in Ohio](#). The whitepaper covers background on Ohio's telehealth policy, the emergency rules filed to respond to the COVID-19 pandemic, the stakeholder feedback process, key challenges and drivers, and discusses the desired state for telehealth as we move forward. Telehealth is expected to remain a valuable tool for service delivery that support client choice and offers new opportunities for engagement in services now and into the future.

Accessing Supplies and Personal Protective Equipment

As COVID-19 cases are again spiking across the country, access to PPE is becoming more difficult to access again and the long terms costs for PPE supplies are challenging budgets. MHAS shared that ODH and the state emergency management agency (EMA) have been stockpiling PPE supplies. BH Providers, as essential health care providers, needing access to PPE are encouraged to reach out to your local EMA to seek access to supplies via the stockpiles. You should also connect with your local ADAMH Board, who may be able to support your request to the local EMA.   Additionally, the following is the best guidance and creative problem solving available currently for obtaining supplies from reputable sources.

- Contact your local health department(s) or emergency management agency (EMA). To request access to cleaning supplies and personal protective equipment. Here's the list of [Ohio County Emergency Management Directory](#).
- Reach out to local schools (K-12, colleges/universities, cosmetology), restaurants, bars, salons, specialty medicine (dentists, veterinarians, etc.), and through your organization's social media account(s) to inquire about availability of supplies for purchase or donation.
- The State of Ohio is asking residents and businesses who can donate PPE, or any other essential service or resource, to email together@governor.ohio.gov. Please share on your websites and via social media.
- [Ohio Manufacturers Retooling and Repurposing to Create PPE](#) - alternative sources for some PPE items. Items available here include face shields, hand sanitizer, cotton (reusable) face masks, gowns, non-cotton face masks, gloves, and other items.
- [JobsOhio has created a PPE Database](#) (scroll down the page) which includes information on manufacturers, distributors, and potential contract manufacturers to connect with PPE resources.

- #GetUsPPE is a grassroots movement founded by physicians and medical researchers on the frontlines of the COVID-19 pandemic. They are working to ensure healthcare facilities have access to supplies they need. Several members have had success with this site. https://getusppe.org/request/
- A local company, Aunt Flow, is currently leveraging their network and resources to help provide PPE.   Right now, they have available FDA Approved Masks. You can learn more and order HERE. Order limits are currently 2,000. If you have questions or need larger orders, please contact Claire Coder at claire@auntflow.org.
- An Ohio-based company members can contact for N95 masks is Accord Medical Staffing at (440) 205-1930 or www.accordmedstaffing.com. Please contact Ashley with questions at: ashleyg@accordmedstaffing.com.
- WB Mason. This company appears they have hand sanitizer, thermometers, and surgical masks. Shipments appear to be 2-3 weeks.
- Thermometers: Through our discussions with MHAS and OPS, they have provided us with a source to purchase no-touch thermometers. https://ihealthlabs.com/. They currently have stock and can ship supplies quickly. It is recommended to order through their website. Questions can be sent to Jeff Li at Jeff@ihealthlabs.com
- A grassroots effort is underway to assist medical facilities, health care providers (including behavioral health care settings, ACFs, etc.), and first responders who do not have face masks available. Operation Face Mask, launched by Air Force veteran and nurse Jenn Andrade and local partners, is recruiting individuals with sewing skills to donate homemade masks to be distributed. The group encourages donors to follow the recommended guidance from the CDC for sewing a homemade face mask. The group cannot pay for material, sewing supplies, shipping, or time, but welcomes any contributions. Masks may be mailed to Jennifer Andrade, P.O. Box 141415, Columbus, OH 43214. Click HERE to request masks.
- Report any unscrupulous vendors or price gouging to the Attorney General.

COVID-19 State Orders and Guidance

Orders

- All Public Health Orders related to COVID-19
- Director's Order Extending the Expiration of Various Orders (Business and Sector Specific Requirements) – expires when the State of Emergency ends or when rescinded by the Director of Health
- Executive Order Extending Access to Telehealth – expires 11/14/2020
- Director's Order for Facial Coverings throughout the State of Ohio - expires when the State of Emergency ends or when rescinded by the Director of Health

Non-COVID Policy Resources

SAMHSA 42 CRF Part 2 Revised Rule

On 7/13/2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced the adoption of revised Confidentiality of Substance Use Disorder Patient Records regulation, otherwise known as 42 CFR Part 2. While the change in this rule has been controversial, ultimately, the rule will help advance the

integration of healthcare for people with substance use disorders while maintaining privacy and confidentiality. It is important to note that this revised rule is being described by SAMHSA as transitional. There will be additional changes made to Part 2 before March 2021 because of requirements within the CARES Act that was passed earlier this year.

The revised rule does not alter the basic framework for confidentiality protection of substance use disorder patient records. The changes to 42 CFR Part 2 closely align with the Health insurance Portability and Accountability Act of 1996, (HIPAA). The rule will continue to prohibit law enforcement's use of SUD patient records in criminal prosecutions against patients without a court order. Also, the rule maintains restrictions on the disclosure of SUD treatment records without patient consent, unless it is a bona fide national medical emergency, an audit, scientific research, or program evaluation, or appropriate court order. SAMHSA created a [fact sheet](#) outlining all the changes in the revised rule. The revised 42 CFR Part 2 rule will become [effective August 14. 2020](#).

FCC Designates '988' for National Suicide Prevention Hotline

On 7/16/2020, the Federal Communications Commission adopted rules to establish 988 as the new, nationwide, 3-digit phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors. The rules require all phone service providers to direct all 988 calls to the existing National Suicide Prevention Lifeline by July 16, 2022. During the transition to 988, Americans who need help should continue to contact the National Suicide Prevention Lifeline by calling 1-800-273-8255 (1-800-273-TALK) and through online chats. Veterans and Service members may reach the Veterans Crisis Line by pressing 1 after dialing, chatting online at https://www.veteranscrisisline.net/, or texting 838255.

State Resources – Non COVID Related

House Speaker Indictment

On 7/21/2020, the FBI and Perry County Sheriff's Department conducted a raid on House Speaker Larry Householder's farm in Perry County in advance of an announcement by the US Attorney's Office for the Southern District of Ohio about a $60 million federal racketeering case. The investigation and charges were in connection to passage of HB 6, which provided a $1 billion taxpayer funded bailout of two nuclear power plants owned by First Energy that Speaker Householder supported. Speaker Householder was arrested and arraigned on these charges and four others have been arrested including Matt Borges - former Ohio Republican Party Chair, Neil Clark - a prominent lobbyist, Juan Cespedes - a First Energy lobbyist, and Jeff Longstreth - a Householder aide. US Attorney DeVillers indicated he has briefed the US Attorney Northern District office, AG Dave Yost and Franklin County Prosecutor Ron O'Brien on the complaint as there will be additional investigations and potentially charges under federal or state laws, specifically state campaign finance.

This latest upheaval in the Ohio House of Representatives is expected to overshadow all other legislative activities for the foreseeable future. This first set of charges is likely the "tip of the iceberg" and it is unclear how far reaching the investigation is within the Ohio General Assembly at this point. This creates more uncertainty and instability within the already highly political and polarized Ohio General Assembly as we head into the general election. The Ohio House is currently in recess until at least mid-September, unless there is a call for a special session, and maybe longer given the pending election cycle.

Ohio General Assembly Update

As most know, Ohio's state government and political environment experienced a seismic event this past week as Larry Householder, Speaker of the Ohio House of Representatives was indicted on federal bribery charges, along with a host of other individuals. As a result, on Thursday morning, July 30, the Ohio House convened in Columbus where they voted to remove Larry Householder from his position as Speaker. The motion to remove Householder as Speaker passed 90-0. Householder is the first Ohio House Speaker ever to be removed by the chamber, according to the Ohio History Connection. With Householder no longer leading the House GOP, multiple representatives entered their name for consideration to become the next House Speaker. A move that would require 50 votes on the House Floor – Republicans currently hold a 61-38 supermajority. After a brief round of jockeying, the original list of five candidates has been narrowed to two. The remaining candidates to replace Householder as Speaker are Representative Jim Butler of Oakwood and Representative Bob Cupp of Lima. Rep. Butler's term expires at the end of this year while Rep. Cupp is up for re-election in November.

ODM Single Pharmacy Benefit Manager (SPBM)

On 7/24/2020, ODM released a Request for Proposal (RFP) for a SPBM as required under HB 166. The goal of the SPBM is to develop and implement a single system to improve management and administration of pharmacy benefits for Ohio Medicaid managed care recipients while decreasing costs to the state. By contracting with a single PBM for the entire managed care program, ODM and the State will be equipped with the tools, resources, and partners to achieve these goals.

Features for Medicaid Managed Care Members:
- Provide more choice in selecting pharmacies due to fewer out-of-network restrictions
- Members will no longer need to consider pharmacy benefits as a decision-making factor when selecting a managed care plan
- Incentivized member-valued services and benefits like home delivery, 90-day refills, and adherence programs

Features for Pharmacists and Providers:
- Simplified and improved information exchange between pharmacies, providers, and MCOs to drive improved member care management opportunities
- Streamlined and consolidated processes currently provided by multiple, individually contracted PBMs
- Pharmacists can streamline inventory based on the Unified Preferred Drug List (UPDL) and a single set of guidelines
- Implementation of a single set of clinical and prior authorization policies, claims process, a standard point of contact – reducing administrative burden on providers.

The RFP and additional details about the SPBM procurement process can be found on the Request for Proposal page of ODM's website.   Also, available is an infographic that provides insights on the overall SPBM procurement process. The release of this RFP is another step in the procurement process. We anticipate this could imply the managed care request for applicants (RFA) will be released soon.

ODM Update on SUD Inpatient Care Managed Care Requirements

ODM provided a policy update to hospitals regarding recently changed Medicaid managed care contract requirements as they related to authorization of SUD Inpatient care (LOC 4.0). On July 1, 2020 the managed care plan (MCP) provider agreement was amended to include the use of ASAM Criteria® for when approving the admission of an inpatient substance use disorder (SUD) treatment stays, including those occurring in general hospitals and psychiatric hospitals. The ODM issued guidance to all MCPs to implement this change and the MCPs have 90 days to implement the change. Inpatient hospital services must be authorized if either of the following apply: 1. The request for admission or continued stay meets inpatient level of care criteria using the MCP's clinical guidelines for hospital services (i.e. MCG or InterQual), or: 2. The request for admission or continued stay meets ASAM level 4 criteria. It's an option for hospitals to ensure members are receiving care they need using another clinical criteria for assessment for SUD treatment level of care.

Ohio Crisis Academy – June Training Materials and August Registration

The training PowerPoint and recording from The Ohio Crisis Academy: Crisis Stabilization & Residential Services webinar on June 25, 2020 is now available on the OhioMHAS' Crisis Services webpage. The training materials can be found under the June 25th Crisis Stabilization accordion at the bottom of the page.

Registration is open for the next Crisis Academy on August 5th, focusing on mobile teams for adults and youth. This 3.5 hour Zoom webinar will focus on crisis response systems-from models, to the individual components and how they can work in partnership. Speakers will also discuss Mobile Response and Stabilization Services (MRSS) within a Children's Crisis Continuum.

Register here: https://zoom.us/webinar/register/WN_4tVVlnF2TB2uwZscju9-eg

Crisis Call Centers - Gateway to an Integrated Care System

The Ohio Suicide Prevention Foundation provided a webinar Crisis Call Centers: Gateway to an Integrated Crisis System by Sue Ann O'Brein, LPC, MBA. The webinar recording is also available. As Ohio continues to reimagine our continuum of crisis services, crisis call centers offer unique opportunities to consider. Questions may be sent to Tony Coder, Executive Director of the Ohio Suicide Prevention Foundation tony.coder@ohiospf.org.

Free Virtual QPR Gatekeeper Training for Groups

The Ohio Suicide Prevention Foundation is offering a free, virtual Question, Persuade, Refer (QPR) Gatekeeper Training for organizations or groups of 15 people or more. This training is an evidence-based educational program designed to teach lay and professional "gatekeepers" the warning signs of a suicide crisis and how to respond. Gatekeepers can include anyone who is strategically positioned to recognize and refer someone at risk of suicide. For more information, or to schedule a training, contact Austin Lucas, OSPF Program Director at austin.lucas@ohiospf.org.

OhioMHAS Guide to Financial Literacy and Education Resources

In response to a request from Ohio's behavioral health provider community, OhioMHAS has compiled a new [Guide to Financial Literacy and Education Resources](#). This resource contains links to information, coaching sessions, and training on a variety of topics, including budgeting, money management, financial planning, understanding benefits, credit counseling, debt reduction, and more.

Ohio Department of Aging - Staying Healthy Program

The Ohio Department of Aging announced a new partnership with local area agencies on aging and restaurants throughout Ohio to provide free meals to older Ohioans who are unable to prepare meals and lack meal support at home or in their communities. The department developed the Staying Healthy program with funding from the CARES Act. Local restaurants participating in the program receive reimbursement from these funds for the meals they provide to eligible participants. Participating restaurants must have 50 or fewer employees, be able to produce meals that meet industry-standard nutritional guidelines, and deliver meals to participants, either directly or through community partners. Meals may be hot, cold, or frozen entrees and are available for breakfast, lunch, or dinner.

The short-term program is designed to serve older adults with the greatest economic and social need. It places special emphasis on low-income older adults. It also focuses on older Ohioans living in rural areas; those with severe disabilities; those with limited English-speaking ability; and those with Alzheimer's disease or related disorders.   For more information about the Staying Healthy program or nutrition services for older adults, contact your area agency on aging. Call 1-866-243-5678 to be connected to the agency serving your community or visit www.aging.ohio.gov/findservices to look up agency contact information.

Other Resources – Non COVID Related

Self-Care and Wellness Resources

Behavioral health professionals are notorious for taking care of others at the expense of their own health and well-being, and the challenges and stresses in today's COVID-19 world are taking their toll. Finding new ways to support staff, create connection and community, and generally have fun together as a team is challenging in our new virtual meeting world. Yet, we know self-care, connection, and personal mental wellness is essential to having a healthy and productive workforce. Some providers have reached out to their EAPs or Insurance Companies to obtain access to trainings, support services, and other resources to support their staff.

The Health Policy Institute of Ohio (HPIO) recently hosted a webinar on this topic, the slides and recorded presentation are available toward the bottom of the page [HERE](#). Below are some of the resources from that presentation that may be beneficial.

- [OSU Wellness Webinars](#)
- [OSU Clinician Distress Resources](#)
- [MHAS Coronavirus Resources](#)
- [Psychological Effects of Quarantine for Providers](#)
- [Sustaining the Well-Being of Healthcare Professionals](#)

Additionally, here are some other sites that may be beneficial:

- [University at Buffalo School of Social Work](#) has a lot of great resources for self-care, including self-assessments and activities.
- [Compassionate Fatigue and Self Care: For Helping Professionals Working with Opioid Related Disorders](#)
- [COVID-19 SELF CARE RESOURCES FOR HEALTHCARE PROFESSIONALS](#)
- [Useful Wellness and Mental Health Apps](#)

Kaiser Family Foundation (KFF) National & State Fact Sheets on Mental Health and Substance Use

The COVID-19 pandemic and resulting economic downturn are taking a toll on mental health for many Americans, with large shares of the public saying that related worry and stress is having a negative effect on their mental health. A [KFF analysis and series of state fact sheets](#) examine mental health and substance use disorder needs in the states and capacity to meet residents' needs prior to the pandemic, which is expected to place additional strains on the system. Average weekly data for June 2020 found that 36.5% of adults in the U.S. report symptoms of anxiety or depressive disorder, up from 11.0% in 2019. Ohio reports 21.1% of all residents report any mental health condition and continues to rank in the top 5 states for drug overdose deaths at 35.9 per 100,000.

2020 Suicide Prevention Summit - Registration Open

The American Association of Suicidology in partnership with the Mental Health Academy and the American Mental Health Counselors Association will host the 2020 Suicide Prevention Summit on Aug. 29-30. The Summit will be delivered via 10, free, live webinar sessions. The sessions will be available on-demand (i.e. you can watch recorded versions of the live sessions) through Sept. 20. Certificates of completion containing about 10 Continuing Education hours for the program will be provided. Learn more and register [HERE](#).

Housing Insecurity Grows During Pandemic

The [Out of Reach](#) report jointly released by the Coalition on Homelessness and Housing in Ohio (COHHIO) and the National Low Income Housing Coalition (NLIHC) found that Ohio's Housing Wage – the hourly amount renters need to earn to afford a basic, two-bedroom apartment – increased this year to $15.99. Minimum wage employees would need to work 74 hours a week year-round to afford a 2 BR unit. [Click HERE](#) for the Ohio state fact sheet and county by county data on housing affordability.

Ohio Council Staff Contact Information

The Ohio Council Staff are continuing to work remotely, but we want to make sure you can reach us. If you need help - have questions - or ideas to share, use the below emails to contact us:

Teresa Lampl, CEO
lampl@theohiocouncil.org
Cellphone: (740) 358-6567

Geoff Collver, Associate Director
collver@theohiocouncil.org
Cellphone: (202) 421-6033

Soley Hernandez, Associate Director
hernandez@theohiocouncil.org
Cellphone: (614) 205-7519

Brenda Cornett, Association Director for Administrative Services
cornett@theohiocouncil.org
Cellphone: (740) 225-5398

Brenna Whiteside, Administrative Assistant
whiteside@theohiocouncil.org