MEMORANDUM

TO: Adult Mental Health State Program Standing Committee
FROM: Sarah Squirrell, Commissioner, Department of Mental Health
DATE: April 17, 2020
SUBJECT: Department of Mental Health | Response to Committee Concerns About COVID-19

AMH SPSC COVID-19 Recommendations	Department of Mental Health Response to Committee Concerns about COVID-19
Issue an immediate moratorium on involuntary admissions Immediately stop the use of seclusion, restraints, and non-consensual medication.	1. DMH will not be issuing a moratorium on involuntary admissions. a. If someone in the community engages in dangerous behavior that could harm themselves or others, it is due to their mental illness, and it meets the statutory definition, it is our legal responsibility to provide involuntary psychiatric treatment. We appreciate the desire for all individuals to engage in voluntary treatment, but as of now some individuals continue to need involuntary treatment. b. There are many checks and balances built into a person being involuntarily hospitalized. Involuntary hospitalization begins with a three-part clinical assessment by qualified clinicians. An individual is also not admitted to an inpatient unit without an assessment by an admitting physician. There is a 72-hour paper court review and each patient is appointed an attorney. Each patient has a path to contest the clinical necessity of the hospitalization as well as request an independent evaluation. 2. DMH will not be issuing a moratorium on the use of involuntary medications. a. If a treating psychiatrist believes, based on their clinical judgement, that someone involuntarily hospitalized needs medications and is not willing to accept them voluntarily, there is a court process for DMH to petition the court. As with an involuntary hospitalization, there are checks and balances built into the process including the ability of the patient's attorney to request an independent evaluation. 3. DMH will not be issuing a moratorium on the use of seclusion and restraints. a. Emergency involuntary procedures (EIPs) in Vermont on inpatient units must comply with an administrative rule[1] which was created with the input of both hospital and advocates. EIPs may only be used when necessary to protect the patient, staff, or others from imminent harm and less restrictive interventions were first considered. DMH and designated hospitals have the responsibility to assure safety on their inpatient units and while the last option, there are times when emergency involuntary procedures are necessary.

[1] https://mentalhealth.vermont.gov/sites/dmh/files/documents/Committees/EIP/EIP_Rule_FINAL_2016.pdf

Patients who wish to leave the facility and have a place to go to should be immediately released.
 	
Patients who wish to leave the facility and do not have a place to go to should be provided with a safe emergency living placement.
	• Inpatient psychiatric units, residential treatment programs, and group homes have worked diligently to discharge patients/residents who no longer require the level of care those institutions provide and who have an alternate place to go that will meet any ongoing safety and care needs.
	• DMH is working closely with the Department of Children and Families, the Department of Disabilities, Aging, and Independent Living, and other state departments/agencies to provide alternate safe living arrangements for those who lack adequate or appropriate housing and are clinically able to discharge into the community safely.
	• The below chart illustrates that Designated Hospital inpatient censuses are down. This is likely for a variety of reasons:
	  ○ Hospitals have been trying to discharge individuals who are clinically ready and can be safely discharged
	  ○ Fewer people are presenting with the need for inpatient hospitalization. Our numbers of people waiting per day is significantly down. Possible explanations for this include:
	  ▪ Individuals do not want to go to the emergency department for fear of contracting COVID-19
	  ▪ Individuals are quarantining and not in public as much, so not coming to the attention of service providers and law enforcement
	  ▪ Less face-to-face time with service providers might be impacting their awareness of the need for inpatient treatment of those they are serving
	  ▪ More housing support for homeless, which includes a high proportion of people with mental illness and substance use issues, has led to a lower need for higher levels of mental health services
	For chart- See Addendum 1

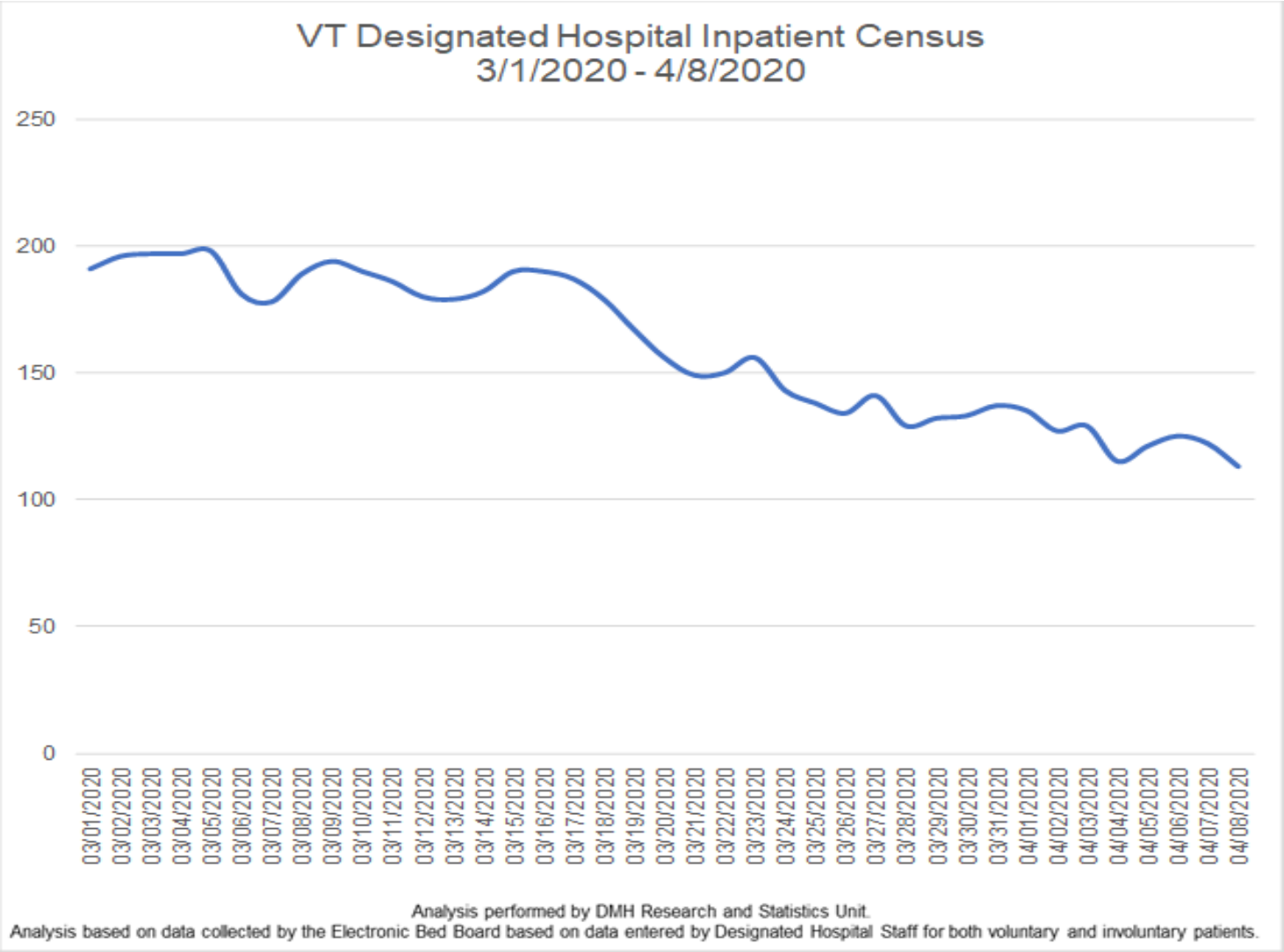
All patients who wish to remain in facilities should be able to do so, with patient numbers per facility/unit small enough to follow CDC recommendations on maximum numbers, including numbers of staff. Facilities/units that are most spacious should be prioritized for remaining open while facilities/units that would force people in close proximity should be closed first, if any.	• DMH has worked with Designated Hospitals and Designated Agencies (DAs)to prevent the spread of the virus in congregate living situations such as hospital units and residential programs. This includes reducing the census on such units when it could be done safely as well as moving patients to more spacious environments to reduce the chance of COVID-19 transmission when possible. • Examples of this include the Howard Center and other DAs opening their own alternate residential homes in order to create more space and increase social distancing for their clients.

Work with the Vermont Department of Health to develop a plan for and give providers guidance on how to respond should an outbreak occur in a facility	• DMH has worked closely with the Vermont Department of Health (VDH) to develop provider guidance on how to screen and monitor for COVID-19 symptoms in staff and patients as well as how to respond should an outbreak occur in a facility. These documents, amongst others, were shared with the service providers, and are also available on our website: https://mentalhealth.vermont.gov/coronavirus-covid-19-information-specific-groups/service-providers under the section "Technical Guidance from DMH for Providers".
Staff people who are at low risk of serious illness will provide coverage in the facilities, following proper precautions both at and outside of work, while more vulnerable staff are reassigned to working from home.	• Each facility is responsible for their own staffing and is taking precautions to protect staff and patients/residents. For example, at both VPCH and MTCR staff are asked a series of questions and have their temperature taken before being allowed in a patient care area.
For the safety of patients who remain in congregate settings, please implement the following: • Test all patients and staff for COVID-19 immediately and upon admission for new patients • Monitor the availability of necessary personal protective equipment (PPE) and disinfecting supplies in order to provide systems-level support in ensuring adequate supply. • Ensure staff receive instruction on how to use PPE's effectively to prevent the spread of disease.	• VDH currently recommends COVID-19 testing for individuals who exhibit symptoms of this illness. Additionally, VDH has been testing all residents/patients and staff in congregate living (such as psychiatric hospitals) when someone at the facility tests positive for COVID-19. • DMH Commissioner Squirrel personally submitted a request to the State Emergency Operations Center for PPE last week for the Designated Hospitals and the Designated Agencies. and instructions have been provided on the proper use of PPE in these settings. • VPCH, for example, has retrained all their staff on the use of PPE, has a detailed infection control plan, and will continue to follow guidelines for testing.
• Ensure patients have access to fresh air and sunshine • Ensure that bathrooms are sanitized after each use but are not locked • Ensure patients have the freedom to move about and socialize while also following social distancing protocols. • For patients who wish to remain in their rooms, ensure alternative	• Inpatient treatment units have reviewed their cleaning protocols and updated them to account for COVID-19 transmission, including increasing of sanitation processes and frequency as well as access to hand washing. • Within the limits of social distancing and treatment unit design, treatment units are providing access to fresh air and sunshine as best as they are able. This includes options to move about on units and to remain in their rooms, if preferred. • Hospitals have different policies about access to personal devices and communication, as well as surveillance policies. Given the pandemic, treatment units are assessing the safe use and availability of various communication devices.

means of connection, such as through video conferencing are offered. • Ensure that patients are provided with the means to communicate via phone, email, text, and video without limitations and without surveillance. • Ensure that patients have access to the latest information about COVID-19 • Ensure advocates (such as Protection and Advocacy, Adult Protective Services, or Vermont Psychiatric Survivors' Patient Representatives) have private video check-ins at a minimum of once a week with all people in hospitals, residential programs, and SLP placements to monitor for and respond to incidents of abuse, neglect, or exploitation.	• Treatment units have individual policies to educate patients about COVID-19 based on what they think is clinically appropriate. These policies differ between units and may also differ between individual patients based on clinical needs. ○ VPCH, for instance, has their psychology team doing regular patient updates for posting and for review at community meetings, patients have access to the internet and news, patients have been provided with cloth masks and are encouraged to adhere to recommendations for use, and staff are providing education and encouragement for social distancing and other universal precautions such as hand washing, cough etiquette etc. • DMH continues to encourage advocates to connect with people in hospitals, residential programs, and SLP placements.
Additionally, for the system of care in general, we ask that DMH:	
Encourage or require Designated Hospitals and Designated Agencies to provide Hazard Pay for all essential workers who are continuing to provide in-person services	• Please see document "Department of Mental Health | Priorities and Actions COVID-19" dated April 13, 2020, for information on the implementation of fiscal assistance and strategies within available resources for DAs and Specialized Service Agencies (SSA) with the goal of ensuring fiscal solvency and stability and for providers to continue services and retain key health care staffing. • DMH and DAIL are working with the DAs and SSAs to provide what is considered "hazard pay" for essential workers who are continuing to provide in-person services.
Ensure access to psychiatric drugs during the COVID-19 outbreak for those who want them. Consider utilizing the doctors who are normally used for second certifications to	• The Designated Agencies are utilizing telehealth and telephonic appointments to provide mental health services, including visits for psychiatric medications.

provide prescription coverage for people who may otherwise not have access to a prescriber.	
Consult with and actively involve people receiving services in Vermont's mental health system of care and the groups which represent them, including the State Program Standing Committees, Disability Rights, Vermont Center for Independent Living, NAMI VT and Vermont Psychiatric Survivors, in decision-making regarding DMH's response to the COVID-19 pandemic.	• For decisions impacting Vermonters' mental health regarding the response to the COVID-19 pandemic, DMH has actively pursued input from peer service organizations, including the State Program Standing Committees, Disability Rights, Vermont Center for Independent Living, NAMI VT and Vermont Psychiatric Survivors. This has included decisions around supporting DAs/SSAs, moving patients from MTCR to VPCH, use of Woodside and now the Windham Center as COVID+ temporary inpatient facilities, as well as other decisions. • Dr. Trish Singer has been speaking with the leadership at peer organizations that receive DMH funding through the grants she manages, including Gloria van den Berg at Alyssum, Santina (Sunny) Leporati at Another Way, Hilary Melton and Rebeka Lawrence-Gomez at Pathways Vermont, Jane Winterling at the Copeland Center, Peter Espenshade at VAMHAR, as well as Laurie Emerson at NAMI and Topher Woods at Vermont Psychiatric Survivors. These conversations have centered on how best to continue to offer services to the populations they serve - whether remotely or by altering/augmenting their usual services to meet the current need of folks during this pandemic.
DMH must appeal to legislators for emergency funding, in order to adequately meet the needs outlined in this letter.	• DMH has applied for and was just awarded a $2 million grant to Substance Abuse and Mental Health Services Administration (SAMHSA) grant to be awarded to DMH and ADAP.

Addendum 1:


VT Designated Hospital Inpatient Census
3/1/2020 - 4/8/2020
250
200
150
100
50
0
03/01/2020
03/02/2020
03/03/2020
03/04/2020
03/05/2020
03/06/2020
03/07/2020
03/08/2020
03/09/2020
03/10/2020
03/11/2020
03/12/2020
03/13/2020
03/14/2020
03/15/2020
03/16/2020
03/17/2020
03/18/2020
03/19/2020
03/20/2020
03/21/2020
03/22/2020
03/23/2020
03/24/2020
03/25/2020
03/26/2020
03/27/2020
03/28/2020
03/29/2020
03/30/2020
03/31/2020
04/01/2020
04/02/2020
04/03/2020
04/04/2020
04/05/2020
04/06/2020
04/07/2020
04/08/2020
Analysis performed by DMH Research and Statistics Unit.
Analysis based on data collected by the Electronic Bed Board based on data entered by Designated Hospital Staff for both voluntary and involuntary patients.