

SCDMH COVID-19 UPDATE

July 27, 2020

SCDMH clinical and administrative programs continue to address the difficult challenges posed by the pandemic. The Department's highest priority remains the safety and wellbeing of its patients, residents and staff.

For the initial two months of the crisis, the agency's treatment facilities, clinical programs and its support services made substantial efforts to reduce the density of staff in the workplace for the safety of all. The goal was to enable as many staff as possible to work remotely, while still getting the necessary work of the Department accomplished. Since then, the various agency components have brought an increasing number of employees back into the workplace in a manner which prioritizes safety. By way of comparison, the Department reported the following employee numbers on **April 10, 2020**:

- At work: 1428 (32%)
- Working Remotely 2381 (52%)
- Leave/Scheduled Off 719 (16%)

And recently, on **July 15, 2020**, these were the Department's reported employee numbers:

- At work: 2161 (49%)
- Working Remotely 1256 (28%)
- Leave/Scheduled Off 1001 (23%)

Staff who can perform their duties in a productive manner working remotely are continuing to do so. Staff whose job duties cannot be performed remotely, or whose productivity was reduced when working remotely, have been returning to the workplace, though in most cases their work environment has undergone significant change.

The agency requires all staff – administrative as well as clinical – to be screened for symptoms of illness when reporting to work, and to wear a face mask when not in a private office or work space. SCDMH facilities display multiple signs and other employee reminders about the importance of personal hygiene and adhering to public health guidelines to keep employees, their patients, families and others they work with safe. Environmental services staff have also increased the frequency of cleaning commonly touched surfaces such as door handles, sinks and toilets. Additional safety related measures to limit the density of staff at work include avoiding in-person meetings, and in some areas utilizing A/B schedules for those staff who work in common spaces.

The SCDMH Administration building still remains closed to almost all visitors, and most meetings are arranged so employees may participate via Skype, even if present in the building.

The State Mental Health Commission's monthly meetings have been held via Zoom the past two months, and that is expected to continue during the pandemic.

Hospitals and Nursing Home

The significant increase in the community spread of the virus in South Carolina, combined with the unique aspect of this this novel coronavirus which enables infected individuals without symptoms to nevertheless be capable of infecting others, has made it an extremely difficult challenge to prevent the inadvertent introduction of the virus in any hospital or nursing home, including SCDMH operated hospitals and nursing homes.

Screening of staff reporting to work, to include temperature checks, prior to entry to the hospitals or nursing homes continues. All staff in SCDMH hospitals and nursing homes are required to wear face masks while working to further reduce the risk of inadvertently spreading the infection from a staff person who may have become infected but who is still showing no symptoms. Management and staff of the hospitals and nursing homes have also been diligent in implementing other recommended precautions to prevent the introduction and spread of the virus within SCDMH facilities, such as eliminating most visitation and increasing the frequency of cleaning and disinfecting common areas.

Nevertheless, the longer the pandemic continues, and the greater the prevalence of the virus in the State, the more difficult it is for SCDMH to prevent the introduction of the virus into its inpatient facilities. In particular, due to the ability of the virus to be spread by staff who are unaware they have become infected and who are showing no symptoms, it is not possible to completely prevent the occurrence of some cases of infection among patients and residents. Almost all SCDMH hospitals and nursing homes have now experienced one or more diagnosed cases among their patients or residents, as well as their staff.

All SCDMH inpatient facilities have created areas within which to isolate and care for patients or residents confirmed or suspected to be infected, and infection control staff additionally respond in such situations by identifying, isolating and testing other patients/residents who may have been in close contact with that patient/resident to contain any further spread. Staff infected or exposed are placed on leave and not allowed to return to work until it has been determined they are not contagious.

Admissions to SCDMH hospitals have continued, but on a significantly reduced basis. Psychiatric hospitals differ from community hospitals in that patients do not have private rooms, and move about and interact with other patients and staff on their hospital units during the day. Therefore, the risk on a psychiatric hospital unit of the virus spreading rapidly is much greater should an infected patient be admitted. Proposed hospital admissions must undergo prior screening, including requiring testing for COVID-19. Following admission, new patients are

treated initially on an isolation unit for a period of time to ensure they do not develop symptoms, before they are moved to one of the regular units. This time consuming process, together with the fact that some patient units have been taken off-line and repurposed as isolation units, means that SCDMH hospitals' capacity to admit new patients has been significantly reduced during the pandemic.

One of the hospital programs seriously impacted by COVID-19 has been the agency's secure forensic units at the Department's Bryan Psychiatric Hospital. A number of patients have been infected and are currently quarantined and isolated from other patients. Given the number of beds currently in use for patient isolation, the forensic program is presently unable to admit new patients, and the agency's forensic waiting list has significantly increased. Agency management has been working to develop a new secure "alternate care site" in order to create the capacity to admit new forensic patients. The alternate care site under development will be very costly, but leadership recognizes as a critical priority the need to timely admit those criminal defendants who have been found to lack capacity to stand trial due to mental illness. SCDMH is also seeking additional statutory flexibility to pursue the development of jail-based restoration treatment programs for the subset of defendants who don't require hospital-level of care.

In keeping with guidance from SC DHEC, and given the tremendous vulnerability of nursing home residents, admissions to all SCDMH nursing homes, including its 3 State Veterans Nursing Homes, were frozen beginning March 13th to avoid the admission of individuals from the community who may have the virus. Effective July 15th, the SCDMH Division of Inpatient Services, using criteria recommended by the Centers for Disease Control (CDC) and SC DHEC, began the process of again admitting new residents, but with significant limitations. The admission criteria and steps are similar to the measures being required by SCDMH hospitals, but even more elaborate:

The prospective resident must:

- a. Currently be residing in a COVID free environment for 14 days when coming from home or another nursing facility;
- b. Be tested within 48 hours prior to admission with a negative test result;
- c. Be able to understand and follow quarantine procedures including staying in their room and wearing a mask if coming out of the room;
- d. Have been afebrile for 72 hours without fever reducing medication;
- e. Does not require a secure unit.

Admission Process includes:

- f. The resident and family will be made aware that the resident will be in a quarantine room for 14 days. This will not be the permanent room.
- g. Resident belongings brought to facility should be limited to essentials. All clothing will be laundered in the facility prior to be placed in the resident's room and other items wiped with appropriate disinfectant wipe.

New resident limitations include:

- h. The new resident will be in quarantine separate from other residents for 14 days;

- i. The new resident must remain in their room as much as possible and if leaving the room must wear a face mask;
- j. Resident will be tested on day 11 and day 12 of admission, not counting day of admission. These tests will be completed at least 24 hours apart.
- k. If both tests are negative, resident can be moved to permanent room after the results have been received;
- l. At that time, the resident may receive additional belongings that will go through disinfecting process.

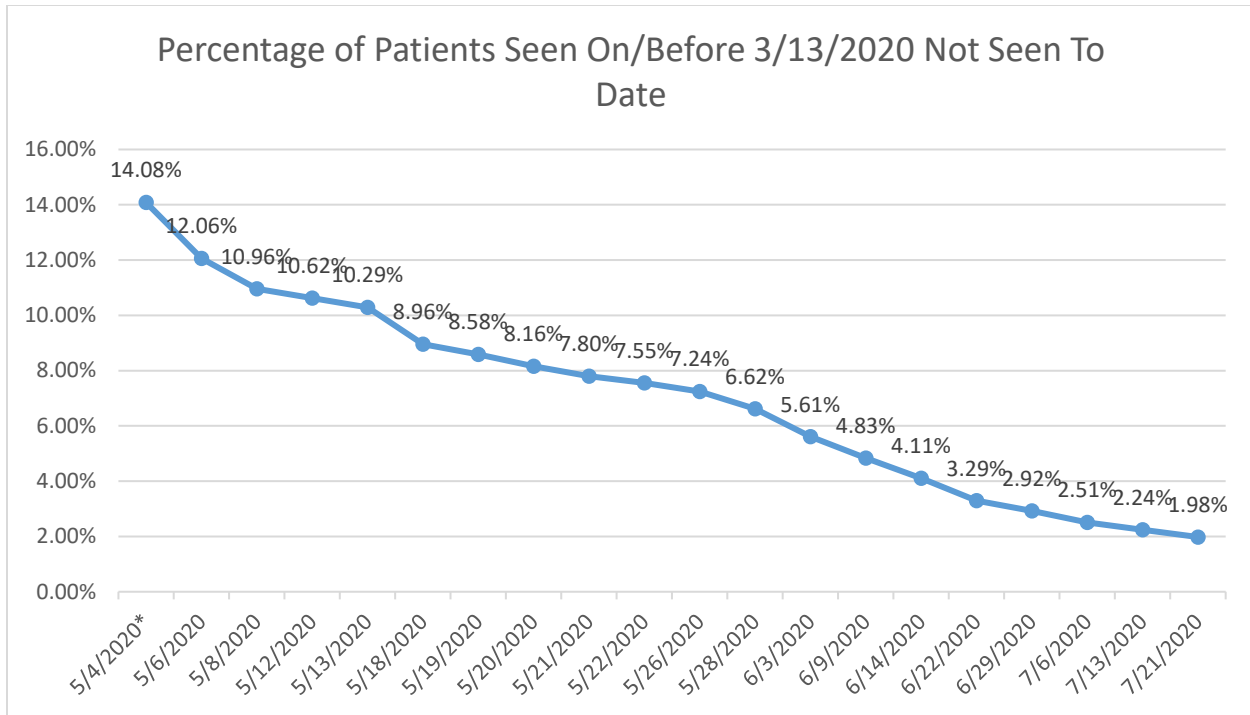
As a result of the earlier freeze on admissions, all SCDMH nursing homes have the needed space for isolating new admissions. However, like its hospitals, the available bed capacity of the nursing homes has been reduced in order to both maintain separate individual rooms for newly admitted residents, as well as some vacant, separate rooms for isolating residents who may subsequently be confirmed or suspected of being infected. For that reason the Department's nursing home revenue will continue to remain below pre-COVID levels, without any corresponding decrease in their operating expense.

Community Mental Health Centers (CMHCs)

As reported previously, all SCDMH Mental Health Centers have the majority of their clinical staff, and many of their support staff, equipped to work from home.

The Centers and clinics also continue to remain open to see new patients and walk-ins with urgent/emergent circumstances, with a nurse on-site when needed for those patients who receive injectable medication. Some of the smaller clinics have reduced hours of operation, with most existing patients receiving virtual care. For those patients who are still seen in a Center, the clinical setting is arranged to maintain a safe distance between the patient and therapist.

While providing services virtually is proving to be successful for many patients and clinical staff, there are significant exceptions. A percentage of mental health center patients are not able to be consistently and reliably reached by telephonic or telehealth means, for a variety of reasons. Several weeks into the pandemic, SCDMH Community Mental Health Services management began to focus on how many of the patients which the Mental Health Centers were serving prior to March 13th had still not received any services. Centers were asked to identify those patients and began making concerted efforts to reach them. The preceding graph shows the impressive progress which the agency's Mental Health Centers have made over the past 10 weeks, lowering the "not seen" percentage from 14.8% in early May to less than 2% this week.



Community Support

Studies of past pandemics and natural disasters establish that the incidence of mental health and substance use disorders increases dramatically during an emergency. The same measures urged to prevent the spread of the virus -- staying at home, closing schools and businesses, canceling events and transitioning in-person meetings to on-line-only platforms, as well as the advice to “socially distance” – all increase individuals isolation. Isolation often aggravates underlying behavioral health conditions, and brings about anxiety and depression even in persons who were previously mentally healthy. Individuals being directly affected by the trauma of the virus, such as those sickened by the virus or their families, and healthcare workers treating those who are infected, and who are themselves also having to face their own anxieties and fears of becoming infected, are at increased risk for mental health and substance use disorders.

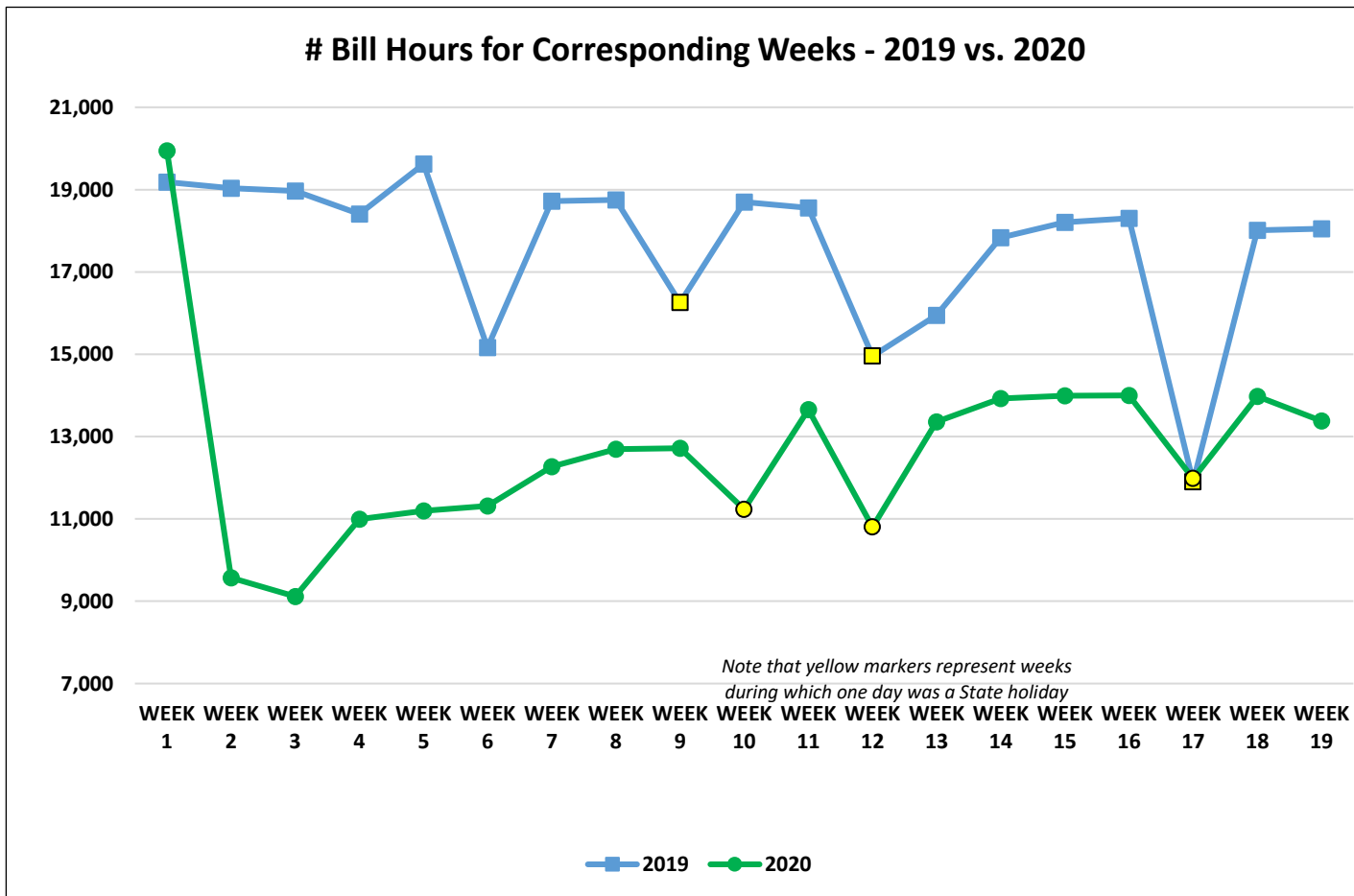
Because of the general fear of contracting the virus, the numbers of new patients coming in to SCDMH Mental Health Centers is not significant. However, calls to the agency’s mobile crisis program have increased, as have calls to the Suicide Prevention Lifeline. The Department of Alcohol and Other Drug Abuse Services (DAODAS) is reporting dramatic increases in overdoses since March.

A new statewide support line for individuals in need of mental health or substance use services is now up and available to help those struggling who otherwise and provide guidance on available treatment. The support line is a partnership between SCDMH and DAODAS, is toll-free, and is answered 24/7, at **1 (844) SC-HOPES (724-6737)**. The individuals answering the calls can

connect callers to trained clinicians who can address their specific needs. There is also a companion website <https://sc-hopes.org/> to further assist citizens needing mental health assistance or addictions support. To increase the awareness of this resource, the agencies have started running a commercial about SC HOPES on NBC and CBS affiliates across South Carolina. This is a link to the commercial on YouTube: <https://youtu.be/2fBTZEcz8Gc> The agencies have also developed a Healthcare Outreach Team to respond directly to healthcare workers who call and are in need of support or treatment.

Financial Impact

The significant loss of earned revenue from the SCDMH Mental Health Centers and nursing homes since early March has continued. The agency continues to incur increased expenditures for protective equipment, the creation of isolation areas in its hospitals and nursing homes, as well as increased costs related to additional leave and overtime use. As mentioned above, the Department is also in the process of incurring a substantial additional cost for the creation of an alternate care site for forensic patients.



The Department's added expenditures have been minimally offset at this point by some federal stimulus funds. Other stimulus funding from the CARES Act is expected as the General Assembly has allocated \$270 Million to a Coronavirus Relief Fund, which will be managed by a private contractor Guidehouse, which in conjunction with the State's Department of Administration has established a "portal" to electronically receive documentation of eligible expenditures from State and local government agencies. In contrast to the manner in which State funds are usually allocated, each eligible expenditure must be submitted individually, which has necessitated substantial time and effort by agency staff. While the amount the Department may receive from this reimbursement process remains unknown, what is known is that the Department's lost revenue and many of its additional personnel related expenditures are not eligible for reimbursement from the Relief Fund.

It is also clear that the spread of the virus in South Carolina has substantially increased. It is therefore likely that the combination of lower agency earned revenue and increased agency expenditures will continue for the foreseeable future. The adverse impact of the coronavirus on the State's economy, and by extension, on State government revenues, is also expected to continue for quite some time. Agency management remains concerned about the possibility that all State agencies may face reductions in their State appropriations in the current fiscal year, and has begun to implement some preliminary austerity measures, as well as measures to increase earned revenue.

Conclusion

There is still much that is unknown as the employees of the Department of Mental Health continue to strive to provide care to patients and residents in need of mental health and nursing care services:

- How long will the threat of COVID-19 impact the delivery of the Department's services?
- Will the pandemic result in a substantial increase in the number of South Carolinians needing and seeking mental health services from SCDMH?
- Will the economic effects of the pandemic impair the agency's ability to provide needed services in the coming months?

The agency's staff are as impacted as any citizen by the current national crisis. The threat of infection to themselves and their families, the uncertain economic outlook, divisive politics and the ongoing demonstrations and dialog about racial and economic disparities have an effect on employees' mental health. But whatever the future holds, the staff of SCDMH, no matter their specific role in the agency, are working to ensure that mental health and nursing care services are provided to those currently in the Department's care, and are available for those who will need care tomorrow. They are all true professionals, and in addition to supporting their patients,

SCDMH staff also support and care for each other, because we all work as a team. Working together, we will get through this crisis.