

## **SCDMH COVID-19 UPDATE**

June 1, 2020

SCDMH clinical and administrative programs continue to adapt to the challenges posed by the pandemic. The Department's highest priority continues to be 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 dramatic changes to reduce the density of staff in the workplace for the safety of all. The goal has been to enable as many staff as possible to work remotely, while still getting the necessary work of the Department accomplished.

Among management's current concerns have been that some staff did not have jobs which were capable of being performed remotely, and those employees were having to use their leave time. Additionally, management has found that some staff working remotely have not been as productive as they had been previously. Therefore agency management was already discussing how to safely bring some employees back into the workplace, when the Governor and the State Department of Administration issued guidance directing State agencies to begin a phased approach to do just that.

In addition to emphasizing to employees the need for them to pay close attention to hand washing and personal hygiene, policies are now in place for staff working in SCDMH buildings to wear face masks when in the presence of other staff or patients. The agency will be supplying face masks for employees who need them. Environmental services staff have also increased the frequency of cleaning commonly touched surfaces such as door handles, sinks and toilets. Other measures being employed include continuing to minimize in-person meetings and utilizing A/B schedules so that density is reduced for some staff who work in common spaces.

### **Administration**

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 end of the current fiscal year is almost here, which is always a very busy period for financial services staff and management. The coronavirus impact is making this period even more challenging and stressful this year. The significant loss of earned revenue in Centers, nursing homes and hospitals since early March due the impact of the coronavirus, and the substantial increase in expenditures for protective measures and additional leave and overtime use, has only been minimally offset at this point by some federal stimulus funds. Other stimulus funding remains possible or even likely as the General Assembly takes up consideration of allocating almost \$2 billion in CARES Act funding received by the Governor's office. How much the Department may receive, however, remains unknown.

A necessary task related to requesting reimbursement from the available federal programs is the coding and tracking of all of the potentially eligible reimbursable COVID-19 expenses – protective equipment, screening and additional protective measures, increased overtime and leave usage, costs of renovation within inpatient facilities to create new isolation areas for

patients with confirmed or suspected infection. Yet that also adds significantly to the workload of financial services staff.

### **Hospitals and Nursing Homes**

All visitation in the SCDMH hospitals, nursing homes and CRCFs ended March 13<sup>th</sup>. Screening of staff reporting to work, including support staff such as Public Safety and Physical Plant Services, prior to entry to the hospitals or nursing homes continues.

Admissions to all SCDMH nursing homes, including its Veterans Nursing Homes, have been frozen since March 13<sup>th</sup> to avoid the admission of an individual from the community who may have the virus. All staff in DMH 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.

While such measures successfully enabled all four (4) DMH nursing homes to report as late as May 20<sup>th</sup> that no residents had contracted the virus, two residents of the Stone Veterans Pavilion recently tested positive. Those residents have been isolated. They remain asymptomatic and are being closely monitored. Testing of other residents and staff is ongoing to contain any further spread. While disappointing, given how diligent management and staff of the nursing homes have been in taking all recommended precautions, this development highlights how difficult it is to prevent the introduction of COVID-19 to an inpatient environment when it is both widespread in the community and can be transmitted by staff who are not themselves showing any symptoms of the infection.

In addition to the two residents of Stone, several patients in the agency's forensic units of Bryan Psychiatric Hospital have also become infected, and are currently quarantined and isolated from other patients. Given the limited isolation capacity of the hospitals – all of which was only recently created – this development has further limited the ability of the hospital to admit new forensic patients. One consequence is that the agency's forensic waiting list has significantly increased since mid-March. Management is actively working on measures to increase secure patient isolation capacity to again enable the forensic hospital to begin taking additional admissions. However, those efforts will take time and be costly.

On a positive note, both the availability of testing for COVID-19 and the availability of adequate supplies of Personal Protective Equipment (PPE) [masks, gloves, gowns and face-shields] have significantly improved. Both Bryan Hospital and Harris Hospital are generally now requiring a negative COVID-19 test result prior to admitting a new patient. Staff have always had access to the PPE which was required, although in some cases not always what an individual staff person may have wanted. With the increased availability, there is less cause for worry among management and staff about adequate supplies of protective equipment.

### **Community Mental Health Centers (CMHCs)**

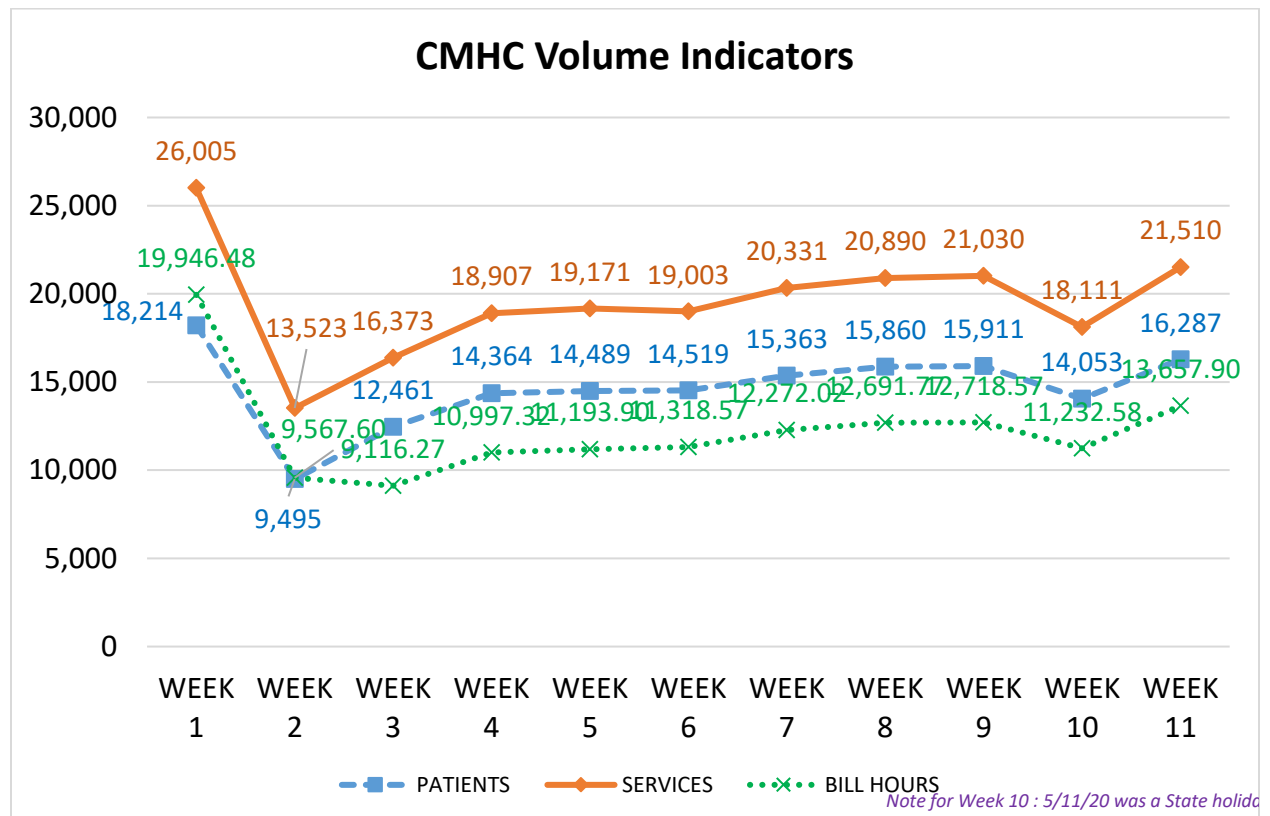
As reported previously, all SCDMH Mental Health Centers have the majority of their clinical staff, and many of their support staff, equipped to work from home.

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 patients are not able to be consistently and reliably reached by telephonic or telehealth means. Centers have identified those patients and are making efforts to again serve them in person. And because providing therapy services virtually is a new experience for most staff, not all employees have made the transition successfully. Centers have been working with all staff who need support, but in planning for returning employees to the workplace, management will be prioritizing those who have shown the most difficulty working remotely.

**Financial Impact**

As already mentioned, the agency is now into its third month of substantially lower earned revenue than expected. While the Centers have done a remarkable job of transitioning to providing most of their clinical services by telehealth it is still the case that the number of patients seen and the quantity of community mental health services provided remains below pre-Emergency levels:



Because the protective measures implemented in the Department's hospitals and nursing homes had the effect of reducing census while increasing costs, the agency has been forced to utilize a significant amount of its limited one-time funds to finish the year in balance.

It is unknown how long the coronavirus will remain an ongoing threat, so there is uncertainty about when the agency will see its earned revenue begin to return to normal levels, and how long DMH will continue to incur increased costs for PPE and other protective measures. It also remains unclear what amount of federal stimulus funds the agency may receive to offset its increased costs and decreased revenues. Additionally, there is concern about the possibility that all State agencies may face reductions in State recurring appropriations in the upcoming fiscal year. Senior Management has therefore begun to discuss potential actions to reduce agency expenditures.

### **Community Support Line**

By the time you read this, a new statewide support line for individuals in need of mental health or substance use services will be operational. Funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the support line is a partnership between DMH and the Department of Alcohol and Other Drug Abuse Services (DAODAS). The support line, which can be reached 24/7, statewide, toll-free, at **1 (844) SC-HOPES (724-6737)**, will connect callers to trained clinicians who can address their specific needs.