

SCDMH COVID-19 UPDATE

April 20, 2020

SCDMH has made good progress adapting to the extremely unusual situation that all of us in South Carolina and the nation are facing. The Department's highest priority continues to be the safety and wellbeing of its patients, residents and staff.

The agency's many treatment facilities, clinical programs and its support services have been working to reduce the density of staff while continuing to get the important and necessary work done. In common with other State agencies, SCDMH daily reports to the State Department of Administration the numbers of its employees physically on-the-job, working from home, on-leave or scheduled-off, and any whose absence is known to be the result of a COVID-19 infection or presumed infection. This is the report from last Friday, April 17th.

Physically present:	1347
Telecommuting:	2434
Scheduled-off/Sick/Annual:	721
COVID related absence	29

The goal has been to enable as many staff as possible to work remotely, while still getting the necessary work of the Department accomplished. It has taken additional resources and technology to get to the telecommuting number reflected above, but the effort to increase that number continues.

Administration

The SCDMH Administration building remains closed to almost all visitors. 75% of the employees who work in the Administration building are either working from home or on leave. Of the staff who are still coming to work in the building, a number are splitting time working from home, or staggering their hours to reduce the density of staff working in the building at any given time.

Because a number of unique issues related to the virus arise every day, Senior Management continues to meet daily. More than half of the senior staff are now participating in the meeting by phone or Skype. Policies, procedures or memoranda to address the issues raised are discussed, initiated and revised on a continuing basis as additional information and new guidance from public health and other governmental officials is received.

Hospitals and Nursing Homes

All visitation in the SCDMH hospitals and nursing homes ended March 13th. Patients and residents have been able to maintain contact with family by telephone. However, because the prohibition on visitors has gone on for over a month, the Department is working on measures for residents of its nursing homes to be able to visit with their family via social media platforms such as FaceTime.

Staff, including support staff such as Public Safety and Physical Plant Services, are screened prior to entry to the hospitals or nursing homes. They are asked a series of questions about their health and the health of those with whom they reside, and their temperature is taken. If the employee

appears ill, verbally indicates the likelihood of exposure to a contagious disease or has a high temperature they are sent home. HR works with those employees regarding being placed on sick leave. In addition, admissions to all SCDMH nursing homes, including its Veterans Nursing Homes, have been frozen since March 13th to avoid the admission of an individual from the community who may have the virus. Thankfully, to date, all of these precautions have resulted in no residents contracting the virus, but all SCDMH nursing homes continue to remain vigilant because nursing home residents are at the greatest risk should they become infected with the virus.

One challenge for SCDMH inpatient hospitals and nursing homes, in common with hospitals and nursing homes throughout the State and nation, has been having adequate supplies of Personal Protective Equipment (PPE) [masks, gloves, gowns and face-shields] available for staff. 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. The shortage has been a significant source of anxiety and stress for both management and staff. This past week increased amounts of PPE began to be delivered. There are hopeful signs that the nation's supply chain for these critical safety items is beginning to catch up to demand.

SCDMH hospitals are still admitting and discharging patients. However, because of the extremely limited ability of all three hospitals to isolate infected patients from other patients, as well as increased staffing challenges during the emergency, all three hospitals are being extremely cautious in admitting new patients.

A tremendous challenge for any psychiatric hospital is to create an appropriate separate treatment area for isolating patients who are suspected or confirmed to be infectious with a respiratory virus. Unlike a typical community hospital, however, many psychiatric hospitals, including the Department's Bryan Psychiatric Hospital (BPH) and Morris Village (MV) in Columbia, and Harris Psychiatric Hospital (HPH) in Anderson, do not have separate rooms for patients. Patients in SCDMH hospitals sleep in rooms with up to four patients per room. With few exceptions, all patients are ambulatory and move about and mingle throughout the day with other patients and staff going to groups, treatment teams, and receiving medication. Hence the challenges for BPH, MV and HPH to create separate areas for isolation of a patient are far greater than the same challenge for a typical hospital.

SCDMH hospitals have temporarily designated vacant patient space which may be used to isolate patients with confirmed or suspected COVID-19, while working on a plan with the Department's Physical Plant Services (PPS) to renovate office space at Morris Village – space which originally designed as an Infirmary – to house patients requiring isolation.

Community Mental Health Centers (CMHCs)

All of the SCDMH Mental Health Centers now have the majority of their clinical staff, and many of their support staff, equipped to work from home. Each day has seen progress in increasing the number of staff working from home as tablets and laptops have arrived.

The majority of the existing patients – adults, as well as children/families -- are receiving services virtually, either by telehealth or phone, depending on the technology available to the

patient. Because providing therapy services virtually is a new experience for most staff, management is ensuring that staff working from home have continued access to supervision. Centers additionally are supporting clinical staff working remotely by having designated lead clinicians available for consultation during the day.

The Centers and clinics do remain open both 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 begun to reduce their hours of operation, with most existing patients receiving virtual care. For those patients who do need to be seen in person, Centers have now procured tents which have been placed in their parking lots. Tents are used for screening patients and staff are screened before entering the building and also to enable patients needing injections to receive it without entering the Center. 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.

Because some Center staff are still physically working in mental health centers and/or doing outreach to patients in the community, having adequate supplies of Personal Protective Equipment (PPE) is also an issue for the Mental Health Centers. Centers, like the hospitals and nursing homes, have also had to get creative in finding suitable supplies.

Community Crisis Line

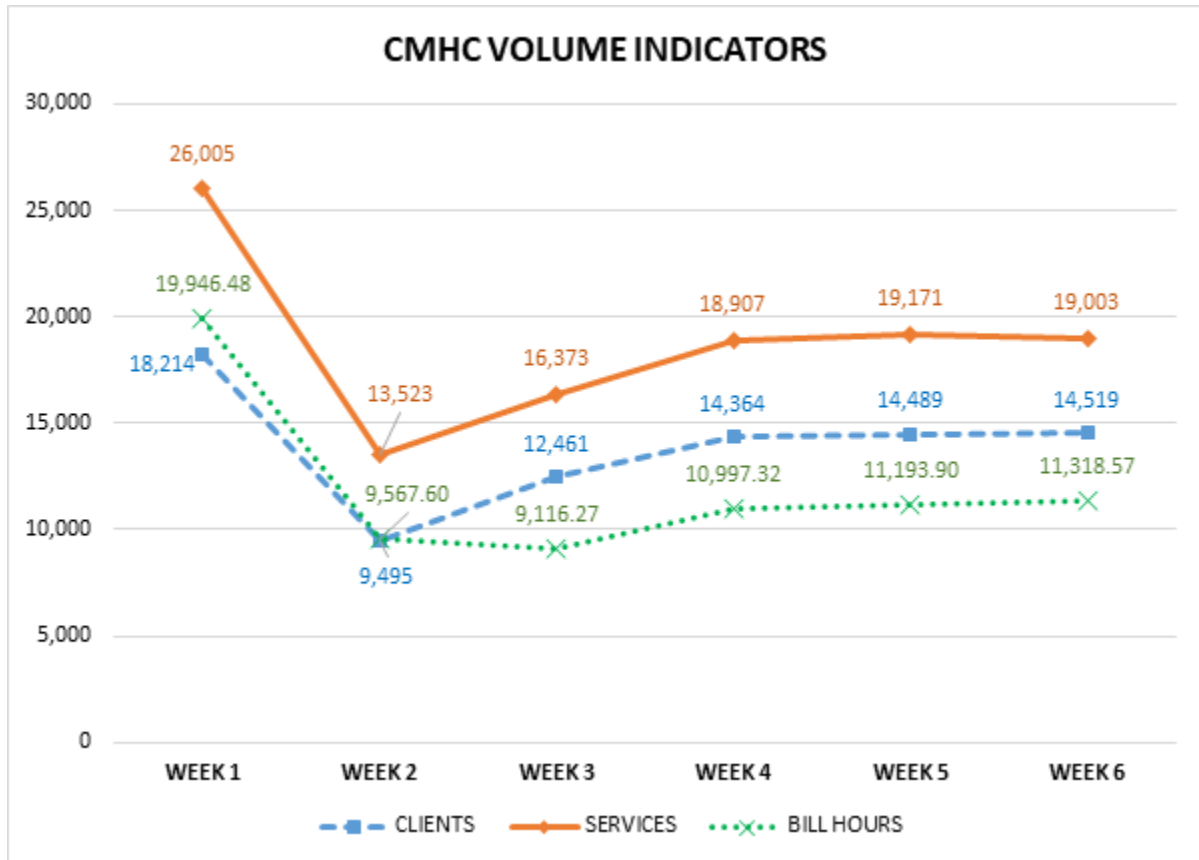
Even as SCDMH continues to adapt its traditional services to safely treat the mental health and nursing care needs of its own patients and residents, the agency is making plans to reach out to all citizens in South Carolina who may well be struggling emotionally because of this Emergency. Being stripped of normal routines, workspaces, procedures and familiar faces takes a hefty toll on our wellbeing, but you are not alone. Many have lost jobs; many have financial worries; many are struggling to adjust to disruptions in their lives caused by the closure of schools and non-essential businesses; and many, including health care workers, are suffering from the trauma of dealing with the serious consequences of caring for those stricken by the virus.

SCDMH, in conjunction with the Department of Alcohol and Other Drug Abuse Services (DAODAS) is in the process of starting a state-wide Crisis Counseling help line. It will be available to any citizen who is anxious, depressed or struggling and needs help. Those taking calls will not only be a sympathetic ear but will be able to link callers to whatever level of behavioral health service they may need. Staff will have the capacity to patch callers through to their nearest community mental health center, or to a substance use treatment program. Those having a serious crisis will be patched to the Department's 24/7 Community Crisis Response and Intervention program. This Crisis Counseling line partnership with DAODAS is being funded with a grant the agencies have received from the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

Financial Impact

Management and staff of the Mental Health Centers have done a remarkable job of transitioning to providing most of their clinical services by telehealth or telephone. Nevertheless, while

increasing each week, it still remains the case that the number of patients seen and the quantity of community mental health services provided still remains below pre-Emergency levels:



In addition to laptops, smart phones and tablets to enable more staff to telecommute, the Department has incurred additional expense for greater internet bandwidth and license costs for the software needed for staff working remotely to access the SCDMH network. The agency also continues to incur significant additional expense for PPE and cleaning products, as well as renovation costs as the agency’s Physical Plant Services staff work to create suitable space for patient isolation in SCDMH inpatient facilities.

On the revenue side, the Department expects to benefit from several of the stimulus programs which are part of the Cares Act, the almost \$2 Trillion package of aid passed by Congress and signed into law by the President. As noted above, the agency along with DAODAS has already been awarded an Emergency grant of almost \$2 million from SAMHSA to establish a Crisis Counseling line. SCDMH in common with all State agencies has also been coding and tracking all of its direct costs related to the Emergency, information which is included in the State’s accounting system, known as SCEIS, for purchasing and paying for supplies and services. The Cares Act includes significant amounts of direct aid to State and local governments to cover such expenses.

There have been a number of delays, including weather at both sites. Florence has been delayed by changes affecting the electrical cable installation (DHEC related) and most recently by the

positive COVID-19 worker. Both projects current contract substantial completion date is prior to March 2021. We told Legislators that we expected to open both facilities in the summer of 2021 so the construction schedules continue to support that.

Most significant risks going forward are potential COVID-19 impacts and award of Operator contract in sufficient time to procure necessary long lead time equipment and to conduct other licensing critical activities.

The legislation designates \$339.8 billion for programs that will go to state and local governments. It is divided up to put \$274 billion toward specific COVID-19 response efforts, including \$150 billion in direct aid for those state and local governments running out of cash because of a high number of cases.

It also includes \$5 billion for Community Development Block Grants, \$13 billion for K-12 schools, \$14 billion for higher education and \$5.3 billion for programs for children and families, including immediate assistance to child care centers.