

Tom Chard

Chief Executive Officer

Alaska Behavioral Health Association (ABHA)

P.O. Box 32917 Juneau, Alaska 99803

907-321-5778

tom@alaskabha.org



June 29, 2020

Mr. Scott York

Director, Alaska Psychiatric Institute (API)

3700 Piper St., Anchorage, AK 99508-4677

BY EMAIL: scott.york@alaska.gov

Mr. York –

Coronavirus poses a serious threat, but not one that should justify denying an individual who is experiencing a psychiatric emergency the care they need. Behavioral healthcare is an essential service.¹ ABHA is Alaska’s network of mental health and substance abuse treatment providers and we view accessibility to the critical services API offers as an important part of a continuum of behavioral health care that absolutely cannot be limited for those in crisis.

API is Alaska’s only psychiatric hospital. People needing treatment at API cannot be helped by outpatient, intensive outpatient, or residential treatment options; they are having the psychiatric equivalent of a heart attack. While we must take appropriate precautions to prevent the spread of coronavirus, hospitals across the world are figuring out how to deliver good clinical care while maintaining infection control and safety.

There has been some debate over how best to limit exposing patients and staff at API to coronavirus and, at the moment, the policy seems to be that individuals will not be admitted into the hospital unless they test negative for COVID-19 within 72-hours of admission. This policy creates a barrier to psychiatric care.

COVID-19 may be extraordinary in its scale, but effectively creating infection control processes while providing emergency psychiatric care cannot be outside API’s planning and policy. Protocol to ensure good care for persons under investigation or with confirmed cases of COVID-19 should be included in API’s Infection Control, Disaster, and Emergency Operations plans. ABHA stands ready to support API in addressing this issue and helping to ensure Alaskans are safely getting the care they need.

¹ Alaska Essential Services and Critical Workforce Infrastructure Order Formerly “Attachment A” - Issued March 27, 2020 Amended April 10, 2020 Amended May 5, 2020. Sec. II(e)(i)(1). <https://gov.alaska.gov/wp-content/uploads/sites/2/041320202-COVID-19-Health-Mandate-010-Attachment-A.pdf>

Admission

All incoming patients should be tested for COVID-19 whenever possible. There are a variety of options to test incoming patients for COVID-19 and, while the State of Alaska and DHSS should support testing whenever possible, API should not limit admission because the individual has not been tested. DHSS can help facilitate and support testing by identifying testing locations in communities, prioritizing Alaskans who require inpatient/residential treatment, ensuring that those requiring testing (even if asymptomatic) are able to get tested immediately and at no charge to the individual, and enabling sharing of test results with appropriate personnel to help facilitate care for the individual's psychiatric emergency. Ideally, individuals will be tested within 72-hours of admission; however, risk analysis and appropriate precautionary measures should allow for flexibility.

If someone requiring admission has a recent negative test for COVID-19, less stringent safety precautions can be used to effectively limit the risk of contagion. Those precautions should include examining staff sick leave policy, workforce surge support (assisted by resources from Federal and Local COVID relief), staff screening policies, visitor policies, and signage as controls to prevent transmission and transfer of COVID-19.^{2, 3, 4}

General precautions should incorporate patient preventative efforts whenever possible. Those experiencing a psychiatric crisis are not categorically beyond recognizing the ongoing concern and assisting in preventative measures. Anxiety, paranoia and other psychiatric concerns exacerbated by COVID, and potentially triggered by prevention activities, must also be acknowledged and incorporated for a therapeutic environment.⁵

Quarantine for Individuals Whose COVID-19 Status is Unknown for Prevention of Possible Contagion

Governor Dunleavy's Health Mandate 15 instructs healthcare providers to use rigorous screening procedures and treat suspicious patients as if they are positive for COVID-19 if they are unable to test patients.⁶ While every effort should be made to test individuals for COVID-19, an individual lacking test results should not be denied admission into API.

SAMHSA recommends segregating new or symptomatic patients based on stratified risk.⁷ API should convert some of its capacity to space that allows for emergency psychiatric care of individuals with unknown COVID-19 status. API currently has 30 beds available. With proper precautions, psychiatric care can be delivered to individuals who need it while safeguarding staff and other patients from acquiring the virus. Federal funding, such as CARES Act funding, can help provide staffing, staff incentives, personal protective equipment, and other necessary resources to help setup a quarantine unit.

² CMS Guidance on restricting visitors is available at: <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>

³ Governor Mike Dunleavy. *COVID-19 Health Mandate (1.1)* suspending visitation at API. Mar. 13, 2020. <https://gov.alaska.gov/wp-content/uploads/sites/2/03132020-COVID-19-Health-Mandate-001.pdf>

⁴ CDC Guidance on signage is available at: <https://www.cdc.gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf>

⁵ Center for the Study of Traumatic Stress. *Caring for Patients' Mental Well-Being During Coronavirus and Other Emerging Infectious Diseases: A Guide for Clinicians*. www.cstsonline.org/assets/media/documents/CSTS_FS_Caring_for_Patients_Mental_WellBeing_during_Coronavirus.pdf

⁶ Governor Mike Dunleavy. *COVID-19 Health Mandate (15): Services by Health Care Providers*. Issued Apr. 21, 2020. Updated Jun. 3, 2020. <https://covid19.alaska.gov/health-mandates/>

⁷ Substance Abuse and Mental Health Services Administration (SAMHSA). *Covid19: Interim Considerations for State Psychiatric Hospitals*. May 8, 2020. <https://www.samhsa.gov/sites/default/files/covid19-interim-considerations-for-state-psychiatric-hospitals.pdf>

If more than the current space available at API is needed, the State should explore alternative sites to provide the necessary level of care, not delay care. CMS' Hospitals Without Walls initiative allows hospitals to provide care in temporary expansion sites and at other healthcare facilities and locations. This authority was provided specifically to help separate patients with COVID-19 from patients without it and to help preserve resources such as personal protective equipment.⁸

Planning for Inpatient Psychiatric Delivery for Individuals Who Have Tested Positive for COVID-19

Most COVID-19 cases do not require medical hospitalization. If an individual has tested positive for COVID-19, a clinical decision could determine that acute medical hospitalization is needed and the patient may need to be transferred to an appropriate hospital for care. Discharging based on COVID status and/or refusing admission prevents Alaskans from receiving court ordered, urgent, involuntary psychiatric treatment.

Similar to the recommendation above to consider creating space for psychiatric care under enhanced quarantine and monitoring for individuals with unknown status, ABHA recommends creating space for individuals whose co-occurring psychiatric and COVID treatment needs are best served in a primarily psychiatric care setting. Again, ABHA encourages the State to consider available space at API as well as alternate care sites permitted under CMS' Hospitals Without Walls initiative and Alaska's approved 1135 waiver. Additionally, the State should work closely with its DET facilities (Fairbanks Memorial Hospital and Bartlett Regional Hospital in Juneau) to determine whether those sites can offer the best care option for the patient and ensure resources are available to provide that care.

Aside from establishing a safe environment for continued psychiatric care for individuals who have tested positive for COVID-19, additional protocol must be instituted to safeguard patient and staff safety, health, and wellbeing.⁹ Researchers at UCLA's Neuropsychiatric Hospital along with Yale-New Haven Psychiatric Hospital in Connecticut provided eight principles and critical decision points that can help inpatient units plan for the safe care of COVID-19-positive patients.¹⁰

1. Clear criteria for admission, discharge, and medical transfer
2. Establishing safe social distancing and PPE standards
3. Medical monitoring and consultation
4. Identification of emergency (medical and psychiatric) and response (including PPE required)
5. Staffing (including staff incentives, support, use of telehealth, and workplace safety)
6. Response to agitated patients
7. Patient Rights

Finally, success in stabilizing the individual's behavioral health emergency, addressing their medical needs, and preventing contagion of COVID-19 will involve both medical partners and behavioral health partners in the community. Not surprisingly, guidance highlights that good communication and planning are the keys to success.¹¹

⁸ CMS. *Hospitals: CMS Flexibilities to Fight COVID-19*. June 12, 2020. <https://www.cms.gov/files/document/covid-hospitals.pdf>

⁹ Centers for Disease Control and Prevention (CDC). *Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings*. Updated May 18, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

¹⁰ Eric H. Cheung, MD, Thomas B. Strouse, MD, and Luming Li, MD. *Planning for a Psychiatric COVID-19-Positive Unit*. Medscape. May 17, 2020. https://www.medscape.com/viewarticle/930659_print

¹¹ American Society of Addiction Medicine (ASAM). *Caring for Patients During the COVID-19 Pandemic*. May 22, 2020. https://www.asam.org/docs/default-source/covid-19/acute-care_052220.pdf

The Alaska Behavioral Health Association (ABHA) appreciates the dedication of all those providing care at API. We also recognize that API plays a critical role in restoring the health and wellbeing of many Alaskans and is an essential part of our behavioral health continuum of care.

The recommendations included here are by no means comprehensive. Moreover, we recognize that more planning and preparation will be required to make these changes and ensure all Alaskans have access to the care they need. We are heartened by the experience of psychiatric care hospitals that have taken up this challenge and offer our partnership to assist API in thinking about doing the same.¹²

Sincerely,

A handwritten signature in blue ink that reads "Tom Chard". The signature is fluid and cursive, with the first name "Tom" and last name "Chard" clearly legible.

Tom Chard
Alaska Behavioral Health Association (ABHA)

Cc: AK DHSS Commissioner Adam Crum; AK DHSS Deputy Commissioner Al Wall; AK DHSS Deputy Commissioner Clinton Lasley; AK DBH Director Gennifer Moreau-Johnson; AMHB/ABADA Director Bev Schoonover; AMHTA CEO Mike Abbott.

¹² Vlessides, Michael. *Cautionary Tale Spurs 'World's First' COVID-19 Psychiatric Ward*. Apr. 17, 2020. https://www.medscape.com/viewarticle/928880#vp_1