Maryland
DEPARTMENT OF HEALTH
Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

April 30, 2020

Dan Martin
Maryland Behavioral Health Coalition
1301 York Rd, Suite 505
Lutherville, MD 21093-6008

Dear Mr. Martin:

Thank you for your correspondence dated April 14, 2020 to Governor Larry Hogan regarding the Maryland Behavioral Health Coalition's suggestions to help prevent the spread of COVID-19. The Governor's Office has reviewed your correspondence and has asked the Maryland Department of Health (MDH) to respond.

MDH appreciates the Coalition's recommendations that are in line with our current COVID-19 response efforts. The MDH Behavioral Health Administration (BHA) is in continuous discussions with stakeholders across the state, regarding guidance for the behavioral health community and residential and congregate facility settings. This guidance is posted on the BHA COVID-19 webpage and linked within the FAQs-BHA Partners document.

- Interim Guidance on Procedures to Prevent and Respond to COVID-19 in Small Group Home or Congregate Facility Settings
- Guidance for Recovery Residences and Residential Rehabilitation Programs
- Guidance for ASAM Residential SUD Treatment Providers During the COVID-19 Outbreak
- Telehealth Guidance for SUD Residential Treatment Services During the COVID-19 Outbreak

MDH offers the following information in response to the Maryland Behavioral Health Coalition's correspondence:

1) TARGETED TESTING AND OBSERVATION Individuals entering or being transferred or discharged from congregate settings – whether as residents, arrestees or otherwise – must be tested for coronavirus before they are allowed to mix with the broader population. For those already living in these settings, facilities should identify people at particular risk for infection and develop plans to reduce the risk. This includes individuals at risk due to age, pre-existing health conditions, and those unwilling, unlikely or unable to comply with appropriate precautionary policies. All congregate care facilities should have a process for monitoring symptoms of staff and those receiving services. Further, your directive related to nursing homes should be expanded to require that all congregate settings have separate areas, to the extent possible, where newly admitted and readmitted individuals are observed for signs and symptoms of the disease, and designated areas to care for individuals with known or suspected COVID-19.

MDH is following federal guidelines for implementing precautionary measures. All of MDH's facilities have National Incident Management System plans that address isolation and quarantine procedures. These procedures have been updated to address specific issues raised by COVID-19, and its particular transmission precautions. MDH's facilities have implemented universal masking for all employees and the use of personal protective equipment (PPE) by all staff in accordance with the infection control plans.

MDH's Office of Human Resources also has implemented specific screening criteria and procedures to assess any staff or individual who enters the grounds of a State Facility.

Each of the 11 MDH facilities has a written infection control plan monitored by clinical leadership that includes a facility-based infection control preventionist and medical director. These plans were in place long before COVID-19 and outline evidence-based practices around infection surveillance, prevention and control. Plans and actions taken in response to any finding of an infectious outbreak are monitored by the local county health department and MDH's Environmental Health Bureau.

2) STRATEGIES TO REDUCE UNNECESSARY USE OF CONGREGATE SETTINGS We agree with recommendations offered by faculty of the Johns Hopkins Bloomberg School of Public Health for reducing spread of coronavirus in jails and prisons, including limiting pretrial detention when possible and expediting parole for older incarcerated individuals and those with chronic conditions predisposing them to severe COVID-19. Further, state psychiatric facilities should identify and expedite discharge of individuals who are voluntary, not dangerous, competent and/or non-restorable, and who are able to be served in the community, by family or otherwise. In cases where family members are willing to care for loved ones but lack the necessary resources, the state should provide those families with financial support in line with the costs of providing care in an institution or community setting. Importantly, individuals discharged from facilities to home or another temporary setting should not lose priority status for residential rehabilitation, DDA-funded residential services, subsidized housing, or any other benefit that prioritizes support to folks moving from an institution to the community. Additionally, the Maryland Court of Appeals should be encouraged to issue standards and guidance that ensures the safety of staff and patients while maintaining due process rights for individuals with psychiatric conditions. Competency hearings, psychiatric evaluations and uncontested hearings related to criminal responsibility are being held with less frequency in courts across the state, forcing many to remain in congregate settings for much longer than necessary. Criminal competency hearings should be held remotely whenever possible or disposed of without a hearing in uncontested cases. Discretion to postpone in-person court-ordered evaluations should be limited and used primarily in situations where there is inadequate personal protective equipment (PPE) for evaluators or when the individual remains symptomatic from known or presumed COVID-19.

MDH facilities continue discharge planning during this State of Emergency; however, precautions related to COVID-19 may delay a community provider's ability to accept a new admission from a MDH facility. In addition to the individual's clinical best interest, any discharge planning is subject to whether a community provider is available and willing to admit an individual into their services. The current State of Emergency may complicate a provider's ability to admit an individual as the provider needs to ensure the health and safety of its current participants as well as the potential new admission.

For court-involved residents who require an administrative hearing to approve a plan for conditional release prior to discharge, these hearings are conducted remotely via video-teleconferencing set up by the Maryland Office of Administrative Hearings (OAH).

3) SUPPORT FOR STAFF Residents in congregate settings are not the only ones at risk. Frontline staff at these institutions put themselves at risk every day to ensure vulnerable Marylanders have the health and support services they need to lead safe and fulfilling lives. We must ensure these essential caregivers are protected with the resources and supports they deserve. The trauma and emotional toll of working in these settings during the crisis cannot be overstated. As more residents and the staff themselves become sick, those left to carry the weight are faced not just with overly burdensome workloads but also with fear and concern for their own health, safety and well-being. Congregate settings across the state should be encouraged to provide emotional support, therapy and trauma training for their employees. A recent funding opportunity announced by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) anticipates this need, requiring at least 10% of any direct services provided under the grant to be used for workers who need mental health treatment as a result of COVID-19. Staff working in congregate care settings are often among the lowest paid employees of health care organizations. The state should look to leverage federal funding to support salary increases for frontline workers. The Families First Coronavirus Response Act includes a temporary 6.2% increase in federal matching rates for Medicaid programs. Consideration should be given as to whether that funding increase could be used to provide 'hazard pay' for staff in congregate settings. Additionally, Maryland should increase options for staff reluctant to go home during the crisis for fear of potentially spreading illness to their families. Initiatives at hotels and universities across the country are providing rooms and lodging for medical professionals who need a place to sleep, recharge, or isolate from their families. The state should encourage Maryland institutions to provide this service for all staff working in congregate settings. Lastly, while we are aware of the widespread shortage of PPE nationwide, these materials are essential for staff in congregate settings. Maryland must prioritize distribution of PPE to folks working in these facilities.

On April 5, 2020, Governor Larry Hogan issued Executive Order 20-04-05-01, authorizing aggressive action to protect congregate housing residents and staff amid the COVID-19 outbreaks. The Executive Order requires that all nursing homes be in full compliance with federal and state COVID-19 guidance. Facilities are required to:

- Direct all staff who interact with residents to use appropriate personal protective equipment (PPE)
- Designate a unit of staff who are assigned to care for known or suspected COVID-19 residents.
- Designate a room, unit, or floor of the home as a separate observation area where newly admitted and readmitted residents are kept for 14 days on contact while being observed every shift for signs and symptoms of COVID-19; and designate a room, unit, or floor of the nursing home to care for residents with known or suspected COVID-19.

For additional information, please see MDH's accompanying congregate housing guidance regarding workforce protection, prevention, environmental cleaning and disinfection, detection and care of suspected COVID-19 patients, social distancing practices,and mental health guidance.

Facilities that do not have adequate supplies of Personal Protective Equipment (PPE) for employees who interact with patients in home or other settings should attempt to purchase webthrough their normal channels. MDH is working closely with the Maryland Emergency Management Agency (MEMA) to organize emergency suppliers of equipment and services that will help respond to the COVID-19 crisis. Emergency Medical Materials can be requested through this form and appropriate contact from the local health departments.

The MDH BHA continue to provide Mental Health supports during the COVID-19 crisis to providers across the state:

- Trainings/Webinars - Providers
- Trainings/Webinars - General Public
- Archived Trainings/Webinars - Providers
- Archived Trainings/Webinars - General Public
- Support Groups
- Information Guides for Providers
- Information Guides for General Public

4) OPTIONS FOR FAMILIES The challenges of congregate living in this time of crisis extend not just to the residents themselves, but also to the families who have seen restricted access to relatives during the state of emergency. There is no shortage of heartbreaking stories detailing tragic situations in which family members have been prevented from remaining with their loved ones during their final days and hours. Maryland should take the steps necessary to facilitate connections between family/friends and loved ones living in congregate settings. Socially distanced outdoor meetings and virtual visits should be allowed where feasible. Additionally, liability waivers should be considered when family members or close friends are willing to assume the risk of entering congregate settings (with PPE) to visit with relatives.

MDH appreciates the recommendations and considers the health and safety of all parties involved including the patients, staff and families. MDH continues to support and promote the importance of communication with families and loved ones of patients in the MDH facilities. MDH has also purchased additional phones and other IT devices specifically to facilitate video contact with families.

5) INCREASE OVERSIGHT OF POTENTIAL ABUSE AND NEGLECT Sadly, mistreatment of individuals in congregate settings does not vanish during a state of emergency. Stressful work environments and competing priorities may actually lead to more instances of abuse and neglect. Maryland should issue directives to congregate facilities to decrease the likelihood of such occurrences, including orders limiting the use of segregation and seclusion among non-exposed/healthy individuals and guidance to ensure people confined to their rooms are not isolated without activities or other stimulating opportunities. Congregate care settings should be required to utilize video monitoring and recording where such systems are available, and to store digital recordings for future review, as necessary. Further, the state should publicize how individuals in congregate settings, staff and others can report instances of abuse or neglect.

MDH has not received any notice of a finding of probable cause to suspect abuse or neglect at any state facility.

6) PURSUE ALL FEDERAL HEALTH FUNDING OPPORTUNITIES We appreciate your attention to these recommendations. We believe they are essential to ensuring the safety of those living and working in the settings most at-risk during the COVID-19 emergency. We understand these suggestions are not without cost. However, as you are undoubtedly aware, the federal Coronavirus Aid, Relief and Economic Security (CARES) Act provides the state with a variety of funding options that could be used to offset some of the expenses. These include:

➢ ***$425 million for behavioral health services, including $100 million for emergency response spending that can target support to where it is needed most;***
➢ ***$17.4 billion in housing resources, including $15 million for Section 811 housing for persons with disabilities, $1.25 billion to preserve Section 8 vouchers for seniors, the disabled and low-income working families, and $5 billion that can be used flexibly to address COVID-19 housing challenges;***
➢ ***$19.6 billion for veterans' services, including resources to expand mental health services delivered via telehealth; and***
➢ ***$1 billion for criminal justice-related needs, including medical care, tests and supplies for prisons, jails and detention centers***

MDH has received a number of these requests from providers during this State of Emergency, including hospitals, nursing homes, and congregate care facilities. MDH acknowledges receipt of your recommendations and assures you that we will share with the Maryland Department of Budget and Management (DBM).

MDH continues to host weekly webinars for Maryland providers to address concerns and provide updated guidance to prevent the spread of the virus. In addition, MDH continues to provide updated guidance in the Frequently Asked Questions located at coronavirus.maryland.gov. We are sensitive to the pressures our providers are facing during these challenging times. On behalf of MDH, thank you for your continued advocacy on behalf of Maryland citizens, and continued partnership with the state.

We appreciate the ongoing efforts and support during the response of the COVID-19 pandemic. We ask that you continue to keep the dialogue open and if you have any questions, do not hesitate to contact me or the Deputy Secretary of the Behavioral Health Administrations, Dr. Aliya Jones at 410-402-8452 or aliya.jones@maryland.gov.

Sincerely,

Robert R. Neall
Secretary