



COVID-19 GUIDANCE FOR INPATIENT PSYCHIATRIC FACILITIES

23 APRIL 2020

These materials were prepared as part of the Rapid Response Network, a joint initiative between the **California Mental Health Services Oversight and Accountability Commission** (MHSOAC) and **Social Finance, Inc.** to support jurisdictions in fast-paced research and decision making driven by COVID-19.

The network aims to **facilitate connections** among jurisdictions facing similar challenges, and to supplement that shared experience with **support from external experts**—in order to deliver fast, customized, digestible research and analysis that strengthens local capacity.

We recognize that the pace of these responses means that they are likely to be both incomplete and imperfect. If you have suggestions for improvement or questions about these materials, we would love to hear from you. Please email Jake Segal (jsegal@socialfinance.org) or Sean Burpoe (sburpoe@socialfinance.org).

With gratitude for the support of the Robert Wood Johnson Foundation and invaluable in-kind support from GLG, which supports the RRN through access to their expert network.

▶ EXECUTIVE SUMMARY

- **The most complete resource issuing guidance specifically for inpatient psychiatric facilities we found was developed by New York State’s Office of Mental Health.** Among other items, OMH advised:¹
 - *Maintaining hospital-wide standards related to COVID-19*
 - *Discontinuing group therapy*
 - *Lessening documentation requirements*
 - *Upon discharge, foregoing outpatient appointment requirements if they are unavailable within 7 days*
- Where it exists, other state-level guidance – including from California, Colorado, and North Carolina – is limited and **primarily related to discharge, telehealth waivers, and billing.**²
- As of April 20, federal guidance for inpatient psychiatric care specifically is limited to a two-page set of **interim considerations from SAMHSA,**³ and some, including leaders from the American Psychiatric Association, have called for more extensive guidance.⁴
- Most other guidance, including for engaging with non-directable clients, is **generic and/or extrapolated** from that for residential treatment facilities, homeless service providers, and detention centers.

1. Thomas Smith, “[Treatment Planning and Documentation Standards for Article 28/31 Hospital Psychiatry Providers During Emergency Period](#),” New York State Office of Mental Health, 25 March 2020.

2. See slide 6 of this resource for more information on state-level responses.

3. “[Covid19: Interim Considerations for State Psychiatric Hospitals](#),” Substance Abuse and Mental Health Services Admin., 18 March 2020.

4. Jeffrey L. Geller and Margarita Abi Zeid Daou, “[Patients With SMI in the Age of COVID-19: What Psychiatrists Need to Know](#),” American Psychiatric Association, 7 April 2020.

▶ CONTEXT

COVID-19 guidance has been limited for inpatient psychiatric facilities, which face stark challenges due to the pandemic

- **Those with mental health disorders are at higher risk for COVID-19** for several reasons, including:¹
 - *Difficulty to ensure personal protection due to environment or awareness of risk*
 - *Confined psychiatric facilities*
 - *Barriers to accessing timely health services (including mental health-related discrimination)*
 - *Mental health disorder comorbidities, including high susceptibility to stress*
 - *Regular interaction with outpatient clinics, which are largely closed*
- **COVID-19 guidance for inpatient psychiatric care facilities has been less prominent** than that for long-term care facilities, hospitals, and in jails and prisons.
- **Inpatient psychiatric care facilities face unique challenges** in the face of COVID-19, such as determining who to admit and what is a genuine emergency as well as in practicing social distancing among inpatients in an environment in which treatment can include group activities.^{2, 3}
- Quarantine, isolation, and concern, all factors in the response to COVID-19, can lead to and/or **exacerbate serious mental illness.**⁴

1. Hao Yao, Jin-Hua Chen, and Yi-Feng Xu, "Patients with Mental Health Disorders in the COVID-19 Epidemic," *Lancet Psychiatry*, April 2020.

2. "Hospitalization," *Mental Health America*, 2020.

3. EJ Dickson, "The Coronavirus Crisis in the Psychiatric Ward," *Rolling Stone*, 13 April 2020.

4. Jeffrey L. Geller and Margarita Abi Zeid Daou, "Patients With SMI in the Age of COVID-19: What Psychiatrists Need to Know," *American Psychiatric Association*, 7 April 2020.

▶ FEDERAL GUIDANCE FOR INPATIENT PSYCHIATRIC CARE

While more limited than for long-term care facilities, for example, some guidance has been issued from federal entities for inpatient psychiatric care

SAMHSA

- The Substance Abuse and Mental Health Services Administration issued limited “initial considerations,” cited by CMS and others, alongside brief considerations for mental health care.^{1, 2} This guidance primarily mirrors that for all healthcare facilities.
- Considerations include maintaining awareness of **psychosocial group treatment**, partnering with paraprofessional staff to meet **staff ratios**, and **increasing cleaning**.

CMS

- The Centers for Medicare & Medicaid Services extended some hospital guidance to psychiatric hospitals, including **enabling inpatients to be relocated** to expand bed capacity.³
- The guidance advised **special consideration before those with psychiatric or cognitive disabilities are discharged** to home if they have mild COVID-19 symptoms.

Joint Commission

- A webinar for behavioral health organizations offers methods for **minimizing exposure in community settings with overnight stays**, including providing clear signage, increasing cleaning, avoiding crowded food distribution, relying on telehealth if possible, and **following CDC guidance for institutions of higher education**.⁴
- Separate guidance issued for COVID-19 patients at risk of suicide advises that 1:1 observation be conducted while **maintaining view of the patient** in a closed room.⁵



AS OF APRIL 20, FEDERAL GUIDANCE FOR INPATIENT PSYCHIATRIC CARE SPECIFICALLY IS LIMITED TO A TWO-PAGE SET OF INTERIM CONSIDERATIONS FROM SAMHSA.

1. “Covid19: Interim Considerations for State Psychiatric Hospitals,” Substance Abuse and Mental Health Services Admin., 18 March 2020.
2. “Considerations for the Care and Treatment of Mental and Substance Use Disorders in the COVID-19 Epidemic: March 20, 2020,” Substance Abuse and Mental Health Services Admin., 20 March 2020.
3. “Guidance for Infection Control and Prevention of Coronavirus Disease (COVID-19) in Hospitals, Psychiatric Hospitals, and Critical Access Hospitals,” Centers for Medicare and Medicaid Services, 30 March 2020.
4. Sylvia Garcia-Houchins, Peter A. Vance, and Kathryn Petrovic, “Preparing Behavioral Health Organizations for Coronavirus,” National Center for Behavioral Health and the Joint Commission, 23 March 2020.
5. “Monitoring High Risk Patients with Known or Suspected COVID-19,” The Joint Commission, 9 April 2020.

▶ **SPOTLIGHT: INSIGHTS FROM THE AMERICAN PSYCHIATRIC ASSOC.**
Leaders from the APA offered insights on how providers assisting those with serious mental illness (SMI) might operate in the face of COVID-19¹

- COVID-19's existence can lead to **increased paranoia, delusions, hallucinations, cognitive deficits, disorganization, and anxiety** among those with SMI.
- **Symptoms will likely not abate** if those with SMI have COVID-19.
- Crowding, lack of movement and disrupted patterns can lead to **increased outbursts** and, accordingly, increased staff exposure.
- Steps taken by inpatient hospitals:
 - *Restricting visitors*
 - *Limiting the movement of patients and/or restrict patients to their own unit*
 - *Moving off-unit activities onto the unit*
 - *Having adequate PPE on hand*
 - *Consolidating coronavirus-positive patients*
- By the authors' assessment, **additional guidance for inpatient facilities** is necessary.

1. Jeffrey L. Geller and Margarita Abi Zeid Daou, "Patients With SMI in the Age of COVID-19: What Psychiatrists Need to Know," American Psychiatric Association, 7 April 2020.

▶ STATE-LEVEL GUIDANCE

With some exceptions (including NYS), state-level guidance is limited and primarily related to discharge, telehealth waivers, and billing

New York State Office of Mental Health

- Maintain hospital-wide standards related to COVID-19.
- Discontinue group therapy.
- Lessen documentation requirements.
- Upon discharge, forego outpatient appointment requirements if they are unavailable within 7 days.

Colorado Office of Behavioral Health

- Enable verbal consent to treatment.
- Expand telemedicine, including to those isolated in their rooms.
- Modify emergency licenses to enable behavioral health service provision in a statewide emergency.
- *OBH advises consulting a guide developed by Signal Behavioral Health.*

California Department of Health Care Services

- If a patient exhibits symptoms, contact the local public health department and isolate the patient in a room.
- Patients with COVID-19 may be admitted in the absence of severe symptoms.
- Report staff diagnoses or investigations to DHCS.

North Carolina Dept. of Health and Human Services

- As relevant, encourage ambulances to redirect patients without COVID-19 symptoms and with behavioral health systems from an emergency department to alternative sites of care.
- Consider converting local behavioral health facilities into crisis and assessment centers.
- Consider adopting policies for emergency forced medication.

- Many states have issued guidance **contextualizing telehealth and in-state licensure waivers**,^{1, 2} as well as detailing billing instructions for telehealth.³

1. “States Modifying In-State Licensure Requirements for Telehealth in Response to COVID-19,” Federation of State Medical Boards, 15 April 2020.

2. “Medicaid State Plan Fee-for-Service Payments for Services Delivered Via Telehealth,” Centers for Medicare & Medicaid Services, 2020.

3. Daniel Tsai, “MassHealth Coverage and Reimbursement Policy for Services Related to Coronavirus Disease 2019 (COVID-19),” MassHealth, March 2020.

▶ GUIDANCE ON ENGAGING WITH NON-DIRECTABLE PATIENTS

Resources for residential treatment facilities, homeless service providers, and detention centers offered guidance that may be applicable

- Writing for intermediate care and residential treatment facilities, CMS advised having clients **in their room with the door closed**, and if that is not possible, having clients wear masks and maintain six-foot social distancing. CMS also advised helping clients by adhering to CDC infection prevention and control practices and **maintaining some daily routines** to the extent possible.¹
- Several resources, for example one for homeless service providers,² identify mental health as a factor in leading an individual to have opposition to quarantine, pointing readers to **generic guidance from the CDC about mental health and coping**.³ In guidance for professionals interacting with individuals experiencing unsheltered homelessness, the CDC advised **contacting local health authorities** if individuals do not comply with facility isolation requirements.⁴
- Acknowledging that psychiatric facilities are not jails and prisons, APA president-elect Jeffrey Geller and Margarita Abi Zeid Daou point to CDC guidance for correctional facilities as applicable to inpatient psychiatric hospitals.⁵ Among other elements, the extensive CDC guidance advises **regular verbal screening and temperature checks** for incarcerated/detained persons to counteract potential hesitance to report symptoms.⁶

1. [“Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\) in Intermediate Care Facilities for Individuals with Intellectual Disabilities \(ICF/IIDs\) and Psychiatric Residential Treatment Facilities \(PRTFs\),”](#) CMS, 30 March 2020.

2. [“Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\),”](#) CDC, 14 April 2020.

3. [“Stress and Coping,”](#) CDC, 1 April 2020.

4. [“Responding to Coronavirus Disease 2019 \(COVID-19\) among People Experiencing Unsheltered Homelessness,”](#) CDC, 22 March 2020.

5. Jeffrey L. Geller and Margarita Abi Zeid Daou, [“Patients With SMI in the Age of COVID-19: What Psychiatrists Need to Know,”](#) American Psychiatric Association, 7 April 2020.

6. [“Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities,”](#) CDC, 9 April 2020.

▶ USEFUL RESOURCES

If you only have a few minutes or are looking for something specific

- **New York State's guidance for hospital psychiatry providers.** Thomas Smith, "Treatment Planning and Documentation Standards for Article 28/31 Hospital Psychiatry Providers During Emergency Period," New York State Office of Mental Health, 25 March 2020.
- **Limited "interim considerations" for psychiatric hospitals from SAMHSA.** "Covid19: Interim Considerations for State Psychiatric Hospitals," Substance Abuse and Mental Health Services Administration, 18 March 2020.
- **Considerations for healthcare professionals providing care to those with serious mental illness, including inpatient facilities.** Jeffrey L. Geller and Margarita Abi Zeid Daou, "Patients With SMI in the Age of COVID-19: What Psychiatrists Need to Know," American Psychiatric Association, 7 April 2020.
- **Thorough guidance for residential facilities, including for handling clients with symptoms and for facility staff who are sick and/or facing staffing shortages.** National Council for Behavioral Health, "COVID-19 Guidance for Behavioral Health Residential Facilities," 25 March 2020.