



April 1, 2020

The Honorable Mike Pence  
The Vice President of the United States  
Eisenhower Executive Office Building  
Washington, DC 20501-0005

Dear Mr. Vice President:

Thank you for your efforts to support our nation's healthcare professionals in meeting the urgent needs the COVID-19 (coronavirus) pandemic has placed upon our nation. On behalf of the individuals and families directly affected by mental health conditions, the professionals treating patients, and the nation's community mental health and addiction treatment organizations, we are writing today to ask for dedicated resources to ensure access to personal protective equipment (PPE) for staff on the frontlines of the crisis.

Mental health and addiction treatment professionals serving persons with serious mental illness (SMI) and substance use disorders (SUD) desperately need better access to PPE to protect their patients, themselves and the public.

This need is particularly acute in residential treatment facilities for SMI, SUD and crisis stabilization. These are 24-hour facilities that are often locked, in which patients may stay from days to months. They are not hospitals and have very limited nurse or physician staffing. These facilities are the major community resource for getting individuals with SMI or SUD out of general hospital emergency departments (EDs) and inpatient units into safe and effective treatment when they cannot be discharged to the community.

These residential facilities have never had experience, training, or supplies to implement quarantines; yet, the populations they serve are at particularly high risk for infection and fatalities. As one facility medical director pointed out, "many of our residential facility patients (50%) are in the high case fatality group, meaning that an outbreak will be devastating, as witnessed in Kirkland, Washington." This is because persons with SMI or SUD have 2-3 times the rate of chronic medical conditions as the general population and poorer outcomes following treatment for their medical conditions.

Residential treatment facilities have been made lower priority for supplies of PPE than hospitals or nursing homes. As one facility director put it—echoing concerns from across the field—"we have almost NO PPE in our residential treatment facilities for patients or care givers. No thermometers, no gowns, very limited masks." This is despite having many patients that are just as medically frail and high risk in the COVID-19 epidemic as their counterparts such as nursing homes.

Due to the cognitive difficulties and psychological challenges that accompany their SMI and SUD conditions, it is often more difficult for these patients to understand and cooperate with social distancing and quarantine protocols. People experiencing suicidal thoughts cannot be left alone isolated in a room. Staff in these facilities are reporting that:

- “Patients will not confine themselves to rooms, or socially distance reliably, or wear masks.”
- “For this patient population, it is not realistic to assume that new patients can be successfully quarantined for 14 days post intake.”

The lack of PPE is making their staff so fearful of being infected that medical directors report up to 40% of their staff are calling in sick. The National Council is receiving reports such as:

- “Staff are very concerned about an outbreak, and we have 30% reduction in workforce already due to school closures. We fear mass walk-outs or call-offs if we have a COVID-19 positive patient in the residential units.”
- “Lack of PPE puts our healthcare workers in jeopardy. Without proper protection, should they contact COVID-19, we lose staff and then have to reduce the number of clients we can serve. We have already had to put a limit on [number of clients served] due to lack of PPE and not wanting to put healthcare workers at risk. This results in more folks going to the EDs and hospitals.”

Maintaining staffing and access to residential treatment facilities is becomes more vital if state psychiatric hospitals close admissions (as has occurred in California) and if general hospitals convert their psychiatric units to medical beds to respond to a surge of COVID-19 admissions. Without adequate access to residential treatment units, persons needing 24-hour treatment for SMI, SUD, suicide and violence risk will land in EDs or jails or be left on the streets in their communities—potentially contributing to the spread of the virus.

To keep people with SMI and SUD out of hospitals and EDs where beds are needed to care for those experiencing complications from COVID-19, we must adequately equip residential treatment facilities to care for this high-risk population. We respectfully urge you to ensure that residential treatment facilities receive the same priority for vital PPE supplies as hospitals and nursing homes.

Sincerely,



Charles Ingoglia  
President and CEO  
National Council for Behavioral Health



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CEO and Medical Director  
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Dan Gillison, Jr.  
Chief Executive Officer  
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CC:

Secretary Alex Azar  
Secretary of Health and Human Services

Assistant Secretary Robert Kadlec  
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Administrator Peter Gaynor  
Administrator of the Federal Emergency Management Agency

Assistant Secretary Elinore McCance-Katz  
Assistant Secretary for Mental Health and Substance Use

Surgeon General Jerome Adams  
Surgeon General of the United States

Director Robert Redfield  
Director of the Centers for Disease Control and Prevention