Conference Call Convened at 9:00 a.m. Eastern Daylight Time

✓ **Present**

Jonathan Ballard	✓ Katja Fox	✓ Deborah Pendergast
✓ Carl Cooley	✓ Lucy Hodder	✓ Carole Totzkay
✓ James Culhane	✓ Ken Norton	✓ Joan Widmer

Conference Call Agenda

1. Discuss impact of COVID-19 on persons with Mental Health and/or SUD
2. What recommendations do we want to present to the SDMAC?

Carole Totzkay: Good morning. I am Carole Totzkay, Public Health Emergency Planner for the NH Department of Health and Human Services, note taker and support person for the CSC subcommittees. Ken Norton will be leading the call. We will open the phone lines to the public later during this meeting. For those present on the call, please state your name and agency:

Carl Cooley: Developmental Pediatrician

James Culhane: NH Home Care, Hospice & Palliative Care Alliance, President

Katja Fox: NH DHHS, Director, Division for Behavioral Health

Lucy Hodder: UNH Health Law Program

Ken Norton: National Alliance on Mental Illness (NAMI) – NH Chapter, Director

Deborah Pendergast: NH DOS, Director, Division of Fire Standards and Training and Emergency Medical Services (EMS)

Joan Widmer: NH Chapter, American Nurses Association, Nurse Executive Director

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Norton:

- Per Dr. Ballard, non-SDMAC members can participate but only SDMAC members have a vote.
- As a subcommittee, we can redraft the *NH CSC Plan's* section on mental health guidelines.
- I see at least three categories we might address:

    1. Psycho-social health of the public at large
    2. Psycho-social health of first responders and healthcare workers
    3. Psycho-social Health of the mentally ill & SUD populations

- Upon review of other states CSC plans most look at marginalized populations, racial diversity, refugees, homeless, etc.

Cooley:

- Perhaps we should include individuals with disabilities: physical and mental disabilities, this population does not seem to be covered under another sub-committee.

Norton:

- The NH Disabilities Rights Center had concerns that we didn't have disabilities appropriately addressed.
- New Mexico's (NM) CSC Plan states universal access to emergency mental healthcare (critical access and functional needs) and defined as:

> "Individuals who have physical, sensory, behavioral and mental health, intellectual and cognitive disabilities, including:
>
> - individuals who live in the community and individuals who are institutionalized;
> - older adults with and without disabilities;
> - individuals who are from diverse cultures, races, and nations of origin, individuals who don't read, have limited English proficiency or are non-English speaking;
> - children with and without disabilities and their parents;
> - individuals who are economically or transportation disadvantaged;
> - women who are pregnant;
> - individuals who have chronic medical conditions;
> - those with pharmacological dependency, including those with a chemical dependency/addiction;
> - other individuals who are often underrepresented or excluded and the social, advocacy and service organizations that serve individuals and communities."

Facilitator's Comment: The NM definition is recognized by both the federal Health and Human Services Department and the Homeland Security Department's Federal Emergency Management Agency (FEMA).

Hodder:

- In the State's *NH CSC Plan* the mental health section starts on page 29.

Widmer:

- The Arizona's (AZ) CSC Mental Behavioral Health section outlines peer-to-peer support, counseling and other behavioral health support services. This is consistent with current recommendations within the nursing community to care for frontline health care workers.
- In a study by Lai J et al, *Factors Associated with Mental Health Care Workers Exposed to Coronavirus Disease 2019*, the researchers looked at mental health outcomes among

Chinese health workers responding to COVID-19 found that a considerable proportion of participants had symptoms of:

- depression (50%)
- anxiety (44%)
- insomnia (34%)
- distress (71%)

Hodder:

- We can relook at ours and determine what we need to include and what needs to be addressed in times of scarcity of services.

Culhane:

- The bulk of CSC focus is primarily facility and location specific, rather than population focused. NM's broader definition of this population can augment the existing NH CSC document. This will help to address key shortages.

Hodder:

- Good point.

Totzkay:

- NM's definition seems to cover all the anticipated population groups. During activation of CSC, the goal is to focus on what is best for the whole population. We need to look at the community populations in the State.
  - How do we define these vulnerable populations?
  - How can we better understand their needs and address them during this pandemic?
- Katja, can you elaborate more on the NH SUD population and how they are impacted by this current health crisis?

Fox:

- Thank you. At this point in time, we don't really know how this population is being impacted. We don't have an overarching guide on how to address this population.
- This is an opportunity to put some real definitions and guidance in dealing with these populations.
- The existing NH CSC document is fairly hospital specific.

Hodder

- What exists now is what we should move from. Yes, it is fairly hospital specific, but it does have some goals for addressing behavioral and mental health patients.

Pendergast:

- We should also look to the needs of our immigrant communities, many of these folks come from traumatic experiences.

Norton:

- Perhaps we should include a focus on trauma experiences, including our frontline workers, individuals in long-term care both patients and staff, short and long-term effects on children, etc. Population-based crisis management.
- We could see a disaster that actually needs to create an increase in the availability of in-patient beds, rather than a reduction in admissions.
- We may have little information on the NH SUD population but have seen a decrease in overdoses. One reason may be increased use of Narcan.
- We also might want to consider the definition of institutions, beyond just hospitals but to include long-term care facilities, residential treatment centers and possibly our prisons.

Totzkay:

- "Fighting the virus bring unintended consequences, including a mental health crisis." May 14, 2020 NY Times article. Devora Kestel, the head of the W.H.O's mental health department, said that the world could expect to see a surge in the severity of mental health illness, notably in children and health care workers.

Hodder:

- The NH CSC subcommittee on De-Escalation and Recovery is struggling with the same issue. What to put in the CSC plan to address these issues?
- Challenging us not to just look at any needed changes in the existing CSC document, but also look at what we need to develop now to address current issues.

Fox:

- I didn't know this *NH CSC Plan* existed until recently. I don't think most providers in the mental health community are aware of the plan either. [Norton agreed]

Cooley:

- I am not sure how much the Area Community Agencies are familiar with it.
- The document needs to be circulated.

Culhane:

- At Home Care & Hospice Alliance, some knowledge at higher levels, but suspects information has not drifted down to the community-based organizations.

Hodder:

- According to the Governor's Executive Order (EO) for CSC, the SDMAC and STC are to issue guidance on what to do within a crisis. Many of the hospitals are not in the crisis standards mode, but engaging in the state of emergency.
- We can certainly issue some guidance at this time.

Norton:

- Calls are down on the NAMI line. NH call volume line is down as well as crisis visits to emergency rooms. The one hard piece of data I have seen are the alcohol sales, which are up forty-three percent (43%) and not coming from out-of-state sales.
- Hard to point to the mental health crisis. Front-line, direct support personnel, and LTC are operating on a crisis model.

Widmer:

- I am hearing concerns from nurses caring for patients in acute care centers, "caring for dead patients". One nurse stated that she is concerned we are moving from the "honeymoon phase" to the "disillusionment phase" typical in the cycle of a crisis.

Pendergast:

- Compared to 2019 data, the NH EMS data pull on pre-hospital incident reports' chief complaints January 1 thru April 30, 2020:
  - 1st was anxiety up 400%,
  - 2nd was depression up 21%, and
  - 3rd was suicide up 18%. The suicide can be a bit skewed based on a recent statement from the NH Office of Chief Medical Examiner (OCME) stating that the rate of suicides has been flat compared to last year.

Norton:

- The 400% for anxiety is staggering.
- Seeing patients dying without family being present can take a toll on frontline healthcare workers, especially those working in the intensive care units.

Widmer:

- Healthcare workers are also experiencing an increase in the numbers of patients experiencing death within their care.

Fox:

- Not only seeing existing mental health populations being impacted by this crisis, but also new populations, such as healthcare workers.

Norton:

- We will be in a heightened level of stress for the near future. We didn't see the surge. The new normal is the heightened stress and level of anxiety and the consequences over time.

Hodder:

- UNH survey data is indicating an exponentially high level of anxiety in the NH population.
- The CSC states that guidelines need to be developed for the various groups we have just spoke to.

Widmer:

- The CSC document should recommend that health care organizations implement peer-to-peer support capability and resiliency training for their workforce.

Totzkay:

- EMS has units that have training on Crisis Incident Stress Management (CISM) and they find peer-to-peer support a very effective tool.

Fox:

- We are tracking data relative to current clients and have seen an immediate drop in services. Since implementation of telemedicine, the numbers have come back up to pre-pandemic levels. Also tracking prescriptions of psychotropic medications.

Norton:

- Great suggestions about crisis management debrief and peer-to-peer support recommendations.
- The NH DHHS Disaster Behavioral Health Response (DBHR) Coordinator has a healthcare worker call-in line.
- Law enforcement has trained peer-to-peer.

Pendergast:

- The Granite State CISM Team has had more calls. The 911 dispatchers now have peer-to-peer support resources.

Widmer:

- There are many resources around the state that can meet this need. The issue is more the knowledge that the resources exist.
- Many larger healthcare organizations have Employee Assistance Program (EAP) groups, but small ones might not have this function. We need to provide some communication on the programs.

Hodder:

- The CSC De-escalation and Recovery subcommittee is also focusing on the mental health care organizations. The telehealth process may need further expansion.
- The role of this body is to make recommendations and create awareness of existing resources. One such recommendation we might consider is:
    - *We encourage all organizations with frontline workers to have peer-to-peer support groups. If you need assistance with developing a group, here are some resources that may help.*
- Many of the organizations are financially strapped. We need to provide existing resources.

Fox:

- What can we do to speak to building the capacity for providing resiliency training and to build peer-to-peer networks?
- We can assume that by putting out guidelines this will happen. We need to make some recommendations on what needs to happen, but also how to create the capacity for this.

Totzkay:

- There may be existing and even online resources to provide these needs. I will inquire with the DHHS DBHR Coordinator about resources.
- We need to have evidence behind these recommendations.

Norton:

- We have had some rich discussions, now how should we proceed relative to specific recommendations for the next SDMAC meeting?

Hodder:

- With a review of notes, we can likely pull together some broad recommendations for the SDMAC committee meeting next week.

Culhane:

- Focus on behavior health/SUD: what are our guidelines for dealing with this crisis:
    - Criteria for inpatient facilities and outpatient teams to deal with the anticipated surge, and
    - How will we address the long-term aspects of this particular crisis?

Cooley:

- Education and awareness for public needs to be in the plan.
- We have touched on hospitals and their staff.
- The in-between areas, the direct care providers, there seems to be a need for them – target education and awareness – online training.

Norton:

- There has been some thought about renaming the section that begins on page 29 of the *NH CSC Plan*. Title suggestions: the "populations' mental health in crisis" or "mental health of populations in crisis" or "mental health and substance use disorder"
- Do we need to make a population-based statement on the continuum between hospitals and community mental health sectors as we determine the mental health and SUD impact?

Cooley:

- I agree. Look at NM guidelines. We need a broader range of populations statement for NH.

Norton:

- Are we good with NM guidelines to broaden the scope? [There was group consensus on this point.]

Fox:

- The terms 'vulnerable population' I am not against, just not sure it encompasses what we want.

Norton:

- The terms 'behavioral health' can be confusing – some use it when they mean SUD, mental health or both.
- It brings up stereotypes. Some families of children find particularly stigmatizing.
- We all use it, for short hand, but it doesn't capture what we are looking at.

Hodder:

- I think we are seeing an increase in mental health and SUD with COVID-19.

Totzkay:

- We can ask for additional subject matter experts (SMEs) be added to this subcommittee.

Norton:

- Who are other SMEs we want to consider?

Lucy:

- Polly Campion should be considered.

Widmer:

- Dr. Seddon Savage works in SUD and chronic pain management care.

Cooley:

- Seddon is a Dartmouth-Hitchcock medical physician specializing in SUD addition medicine, chronic pain management, and Chairs one of Governor Sununu's committees on SUD.
- She is also my wife and sitting here with me on this call.

Totzkay:

- Carl, if she is agreement to join, please forward an email to Dr. Ballard requesting her for the subcommittee.
- We will also recommend Polly be added to the subcommittee.

Norton:

- Carole, you had earlier stated your concern about children.

Totzkay:

- Yes. With child care centers slated to open and the potential for K1-12 schools re-opening in the Fall, we need to make this population's mental health care a recommendation to the STC. [Carl Cooley agreed]
- Children's needs may require a subcommittee all its own. Something for the STC to consider.

Hodder:

- Seems that the crisis is not at the stage where it is moving out of the acute care setting and into the community, new guidance needs to be developed for addressing issues within certain populations as they arise.

Totzkay:

- We need to acknowledge the cascading elements involved here.

Norton:

- What do we think about Deb's data and the recommendation to be informed by that data?
- We need to be data driven in our approach and uses evidence-based approaches to address these issues as they arise.

Pendergast and Fox agreed that data could be obtain from their respected departments.

Norton:

- Should we make a statement about trauma and/or grief and loss?

Totzkay:

- There have been some recent media articles looking at the impact of COVID-19 on mortuary workers (aka death care industry). They are often the forgotten first responders.

The National Funeral Directors Association has a behavioral health guidance and resources page on their website. https://www.nfda.org/covid-19/supporting-you-and-your-family

- Another group to consider is our military troops (National Guard) responding to various COVID-19 missions. We just produced a resource list for the troops working with DHHS/DPHS in missions across the State.

Norton:

- Does the team think we have covered all the needed areas? [There was group consensus with this point.]

Cooley:

- Issue of visitations at various facilities, in particular, adults with developmental disabilities, not having their caregiver's present. Not sure if this is still an ongoing issue.

Totzkay:

- Visitation at health care facilities is being discussed in the De-escalation subcommittee
- I will summarize the notes in draft and it out to you for review before sending it to Dr. Ballard.
- Look for a Doodle poll in your email for schedule availability to reconvene in two weeks.

Call ended at 10:50 a.m.

Resources:

- *Factors Associated with Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019* by Lai, J, Ma, S, Wang, Y, Cai Z, et al.
- *A Second Pandemic: Mental Heath Spillover from the Novel Coronavirus*, Choi, KR, Heileman, MV, Fauer, A. & Mead, M.
- *Clinician Mental Health and Well-Being During Global Healthcare Crisis: Evidence Learned from Prior Epidemics for COVID-19 Pandemic*, Jun, J, Tucker, S. & Melnyk, B.
- *Psychiatric and Neuropsychiatric Presentations Associated with Severe Coronavirus Infections: A Systematic Review and Meta-Analysis with Comparison to the COVID-19 Pandemic*, Rogers, JP et al. Lancet Psychiatry 2020.
- *US 'Deaths of Despair' From COVID-19 Could Top 75,000, Experts Warn.* https://www.medscape.com/viewarticle/930183 accessed May 22, 2020.

Respectfully submitted by Carole Totzkay and Joan Widmer