



VIA EMAIL: barbara.bazron@dc.gov; laquandra.nesbitt@dc.gov

January 28, 2021

Dr. Barbara Bazron, Director
Department of Behavioral Health
64 New York Avenue NE, 3rd Floor
Washington, DC 20002

Dr. LaQuandra Nesbitt, Director
DC Health
899 North Capitol Street NE
Washington, DC 20002

Re: COVID-19 Vaccine Distribution Plan Implementation

Dear Dr. Bazron and Dr. Nesbitt,

As you know, Disability Rights DC (DRDC) at University Legal Services is the federally-designated protection and advocacy program for individuals with disabilities in the District of Columbia. As the District works toward implementation of distribution of the COVID-19 vaccination into our community, we understand that the District is facing significant challenges due to the fact that the demand for the vaccine far exceeds the supply. DRDC writes to address the specific needs of the population in which the Department of Behavioral Health (DBH) serves and to urge DBH to coordinate with DC Health and other sister agencies to ensure DC residents living with severe and persistent mental illness are experiencing equitable access to the vaccination.¹

DRDC appreciates that the District has undertaken an effort to distribute the vaccine to individuals who are among the most vulnerable, including those who are living in long-term care facilities, those with high-risk conditions and comorbidities, individuals living in other congregate care settings, and individuals aged 65 and older.² In addition, we appreciate that frontline public health workers have been included in early stages of the vaccine distribution plan, as this includes frontline behavioral health workers who have access to the Districts' most vulnerable residents living with mental illness, as well as those who are working in psychiatric facilities.

¹ On January 26, 2021, DRDC submitted a letter to Deputy Mayor Turnage, Dr. LaQuandra Nesbitt of DC Health, and Melisa Byrd of the Department of Health Care Finance, similarly urging them to coordinate with sister agencies.

² DC Health, "Vaccination Program Phases With Tiers", Jan. 11, 2021, https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/Vaccination-Program-Phases-with-Tiers.pdf.

Although we are encouraged to see the above populations included in early phases of the vaccine distribution plan, it does not include much direct reference to the behavioral health population that DBH serves. For example, although we know that patients at St. Elizabeths Hospital have been included in phase 1-A, the plan itself does not make clear what constitutes being a “long-term care resident” and whether psychiatric inpatients are included in this category. A group of leading national mental health organizations recently published a statement urging state authorities to include those experiencing longer-term psychiatric inpatient stays in this first phase of distribution.³ Similarly, the group urged state authorities to give those individuals experiencing short-term psychiatric inpatient stays a similar priority.⁴ DRDC is pleased to see that St. Elizabeths patients have been provided with opportunities thus far to receive the vaccine. However, less is clear regarding where short-term psychiatric inpatients fall, specifically those who are admitted to the Psychiatric Institute of Washington (PIW) and to the psychiatric units at both United Medical Center and Washington Hospital Center. Although patients admitted to these facilities are transient in comparison, there are still at-risk patients, particularly at PIW, whose length of stay surpasses 30 days, and thus should also be prioritized in phase 1-A.

In addition to the lack of clarity as to where individuals experiencing chronic and persistent mental illness fit into the District’s plan, the current vaccine appointment request process, which is on a first-come, first-served track, does not ensure equitable distribution of the vaccine to the disability community in the District, who are disproportionately at risk of severe effects or death from COVID-19.⁵ The District acknowledged that vaccine appointments continue to fill quickly and recently responded to DC leaders’ concerns that the vaccine is not being equitably distributed to majority-black DC wards by creating a new registration process in which residents will be placed on a waiting list and will be notified when it is their turn to sign up.^{6,7} Although this plan appropriately acknowledges that age, health status, and neighborhood are factors to consider, it will still leave vulnerable District residents waiting and will still require them to have assistance navigating this process.⁹

³ National Association of State Mental Health Program Directors, American Psychological Association, Judge David L. Bazelon Center for Mental Health Law, Mental Health America, National Alliance on Mental Illness, “Leading Mental Health Organizations Call on States to Prioritize Individuals in Psychiatric Hospitals for Vaccination”, Jan. 13, 2021, <https://secureservercdn.net/198.71.233.254/d25.2ac.myftpupload.com/wp-content/uploads/2021/01/psych-patient-priority-statement-pdf>.

⁴ *Id.*

⁵ The Centers for Disease Control, “COVID-19: People with Disabilities”, last updated Jan. 20, 2021, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>.

⁶ “D.C. Leaders Spar Over Coronavirus Vaccine Access for Poorer Residents”, The Washington Post, Jan. 13, 2021, https://www.washingtonpost.com/local/coronavirus-vaccine-virginia-maryland-dc/2021/01/13/96ac06fa-559c-11eb-a08b-f1381ef3d207_story.html.

⁷ “Black DC Residents Say They Want the COVID-19 Vaccine. But the Barriers to Access are Many”, DCist, Jan. 27, 2021, <https://dcist.com/story/21/01/27/black-dc-residents-want-coronavirus-vaccine-but-lack-access/>.

⁸ “Virginia, DC Make Vaccine Distribution Changes as Residents Scramble to find Doses”, The Washington Post, Jan. 27, 2021, https://www.washingtonpost.com/local/coronavirus-virginia-maryland-dc/2021/01/27/18669dbc-609d-11eb-9430-e7c77b5b0297_story.html.

⁹ *Id.*

Lastly, there has been a demonstrated hesitancy toward taking the COVID-19 vaccination, due to a historical mistrust of the medical system, systemic racism and discrimination in health care, and misinformation that has been promulgated.¹⁰ Individuals living with mental illness may experience symptomatology that further exacerbates these fears. DBH has specialized expertise in serving individuals who are experiencing challenging thoughts and emotions, and thus, is uniquely situated to use this expertise to proactively address these fears in the community and to encourage its provider network to do the same.

As a result of the factors discussed above, we request that the District and DBH take the following steps to support vaccine access to District residents living with severe and persistent mental illness in the following ways:

- The District should include individuals experiencing psychiatric inpatient stays at PIW, United Medical Center, and Washington Hospital Center in phase 1-A along with individuals admitted to St. Elizabeths Hospital;
- DBH should issue guidance to PIW, as well as to United Medical Center's and Washington Hospital Center's psychiatric units, to identify within hospital discharge plans how the second dose of the vaccine will be administered if it is not done so by the time of discharge;
- DBH, in partnership with its providers and DC Health, should prioritize communication, outreach, and assistance with registration and making vaccine appointments as necessary to DBH consumers living in the community, particularly including those consumers who are homeless, as well as to those who are living in Chapter 38 MHCRFs;
- DBH should issue guidance to its provider network and consumers to provide specificity on who is included among adults 16-64 with high-risk conditions;
- DBH should issue a provider bulletin or other directive, requiring community support workers, ACT teams, day program staff, CRF operators and staff, and SUD provider staff to provide education, outreach, and assistance with registration and making vaccine appointments as needed to DBH consumers to facilitate their access to the vaccine;
- DBH should ensure that both the information and education about the administration of the vaccine are accessible to consumers and in plain language and alternate formats;
- DBH, in partnership with DHCF, should ensure equitable access to vaccines for consumers who cannot leave their homes, including allowance for contracted nurses to vaccinate individuals who cannot leave their homes and require the provision of other reasonable accommodations to people with disabilities to facilitate access.

The above protections are necessary to ensure the equitable inclusion of individuals with disabilities in the COVID-19 vaccination process, as the District's current plan fails to account for the specific challenges they face. First, the digital appointment process is often not accessible for individuals with disabilities and fails to account for those who lack internet access or who are unhoused. Indeed, approximately 6,200 of DBH consumers are homeless and thus are likely to fall through the cracks.¹¹ DBH has a large network and possesses the ability to reach those

¹⁰ See "Most Nursing Home Workers Don't Want the Vaccine. Here's What Facilities are Doing About It", The Washington Post, Jan. 27, 2021, https://www.washingtonpost.com/local/nursing-homes-vaccine-decline/2021/01/27/22a602f6-5fe2-11eb-afbe-9a11a127d146_story.html.

¹¹ In an email to DRDC dated October 22, 2020, DBH General Counsel stated that although the data in iCAMS "is not perfect," 6,281 people, which is roughly 22 percent of DBH consumers, were homeless at that time.

individuals in the community who may be most at risk of COVID-19 infection, particularly those who are isolated and who have little access to information. In fact, the sheer nature of services provided by DBH, such as ACT services, are designed to reach those individuals in the community who are often disconnected from others. Second, many individuals with disabilities are unable to leave their homes for various reasons, including due to psychiatric symptoms. For example, it is not uncommon for individuals living with Posttraumatic Stress Disorder (PTSD) to report having significant discomfort being around others and with leaving home. Third, as was previously described, many District residents with disabilities, including those with severe and persistent mental illness, may be rightfully hesitant to take the vaccine. These barriers further support the need for robust outreach, education, and assistance with requesting appointments.

We urge DBH to partner with DC Health and other sister agencies to take immediate action to address these issues. Please respond to this letter by February 4, 2021 describing how the District and DBH will implement its COVID-19 vaccination plan for DBH consumers living in psychiatric facilities, MHCRFs, and in the community, including those consumers who are homeless. We also ask that you respond to the following questions:

1. How is DBH and its providers addressing the recommendations outlined in this letter, including:
 - a. What specific steps is DBH taking to ensure consumers have access to information about the COVID-19 vaccine and to successful appointment assignments at accessible vaccination sites, including affordable, accessible transportation?
 - b. What is DBH's role in helping overcome vaccine hesitancy in the behavioral health and disability community?
 - c. What is the role of Core Service Agencies and other MHRS providers regarding communication and outreach about the vaccine to consumers?
 - d. What specific steps are Core Service Agencies and other MHRS providers taking to provide information about the vaccine to consumers, what information are these agencies providing, and in what format(s)?
 - e. For DBH consumers who have legal guardians who must consent to administration of the vaccine, how is DBH ensuring that the consumer is also directly being provided with accessible information and education on the vaccine?
2. How many St. Elizabeths staff and patients received their first dose of the vaccine to date? How many St. Elizabeths staff and patients received their second dose of the vaccine to date?
3. When does DBH expect St. Elizabeths staff and patients to be fully vaccinated?
4. What percentage of St. Elizabeths staff and patients have been vaccinated, including those that have received their first dose, to date?
5. How many PIW staff and patients received their first dose of the vaccine to date? How many PIW staff and patients received their second dose of the vaccine to date?
6. When does DBH expect all PIW staff and patients to be fully vaccinated?
7. What percentage of PIW staff and patients have been vaccinated, including those that received their first dose, to date?
8. How many MHCRF staff and residents received their first dose of the vaccine to date? How many MHCRF staff and residents received their second dose of the vaccine to date?
9. When does DBH expect all MHCRF staff and residents to be fully vaccinated?

10. What percentage of MHCRF staff and residents have been vaccinated, including those that have received their first dose, to date?
11. What role are MHCRF staff and operators expected to take in ensuring residents are being provided with access to information about the COVID-19 vaccine and to successful appointment assignments at accessible vaccination sites, including affordable, accessible transportation, for those residents who still wish to receive the vaccination outside of the home, rather than by DC Health staff who are entering their home?
12. When does DBH expect all of its consumers living in the community to be fully vaccinated?
13. How many Core Service Agency staff have received their first dose of the vaccine to date? How many Core Service Agency staff have received their second dose to date?
14. What percentage of Core Service Agency staff have been vaccinated, including those that have received their first dose, to date?

We acknowledge the novelty of the COVID-19 pandemic and the unique challenges that it has raised. We appreciate your time and attention to this urgent matter.

Sincerely,

/s/ Jaclyn Verner
Jaclyn Verner
Staff Attorney