



# COVID-19 Health Equity Task Force

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## Mental and Behavioral Health Subcommittee Interim Recommendations

April 30, 2021

# Thank you to our Subject Matter Experts – (SMEs) for engaging with the Task Force on Vaccine Access & Acceptance!

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# Thank you to our Subject Matter Experts – (SMEs) for engaging with the Task Force on Mental & Behavioral Health!

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# Subcommittees and Task Force mission

This Task Force under the Executive Order ---- is responsible to make recommendations for mitigating the health inequities caused or exacerbated by the COVID-19 pandemic and for preventing such inequities in the future.

The four sub-subcommittees work intensely and effectively to provide:

- A. Recommendations for how agencies and State, local, Tribal, and territorial officials can best allocate COVID-19 resources, in light of disproportionately high rates of COVID-19 infection, hospitalization, and mortality in certain communities and disparities in COVID-19 outcomes by race, ethnicity, and other factors, to the extent permitted by law;
- B. Recommendations for agencies with responsibility for disbursing COVID-19 relief funding regarding how to disburse funds in a manner that advances equity; and
- C. Recommendations for agencies regarding effective, culturally aligned communication, messaging, and outreach to communities of color and other underserved populations - In addition to addressing equity data shortfalls.

# Interim Recommendations by Theme

## Mandate Data Collection, Harmonization, and Integrity

- Mandate comprehensive, standardized data related to mental health and substance use disorders
- Ensure robust analysis of the impact of COVID-19 on the mental health of all communities, especially marginalized, minoritized, and underserved communities
- Incentive programs to improve surveillance through data collection, sharing and analytics for equity

## Increase access to Mental Health services in marginalized communities

- Increase access to quality clinical treatment, interventions and resources during pandemic to address crises and related behavioral health needs
- Increase funding to Medicaid and Medicare providers in marginalized populations;
- Increase diversity of behavioral health providers/clinicians to increase trusting relationships

# Interim Recommendations by Theme (cont.)

## Engage Communities

- Build Public awareness and develop campaign on mental health and substance use disorders aspects of the pandemic
- Partner with community-based organizations and healthcare entities to address the mental health and substance use disorder needs across life span, including for children and youths
- Maximize access through training and development, use of technology to increase access and address broadband access

## Protect working families

- Address syndemic of social drivers of behavioral health inequities related to COVID 19 pandemic, e.g.
  - Housing assistance
  - Food and nutrition security
  - Job security
- Develop a racially, ethnically, and culturally diverse workforce to address mental health and substance misuse inequities
- Pass the American Jobs plan to create good jobs with family sustaining wages, benefits and a choice to join a union

# Structural Drivers and Xenophobia Subcommittee

- Chair: Haeyoung Yoon
- Attendees: Mayra Alvarez, Sara Bleich, Jessica Cardincho, Angela Hanks, Victor Joseph, Octavio Martinez, Eric Nguyen, Mary Turner, Bobby Watts
- Staff: Josephine Nguyen, Martha Okafor, Catie Pennington, Minh Wendt

# Problem Statements

## PROBLEM STATEMENT 1

Alarming rates of hate crimes and acts of racial discrimination and bias against the diverse community of AAPI (Asians, Asian Americans, Pacific Islanders) and Native Hawaiians are adversely affecting their mental health.

## PROBLEM STATEMENT 2

Economic insecurity due to job losses or reduced work hours, working under hazardous conditions, and/or lack of immigration status have all contributed to increased stress and anxiety, affecting the mental health of workers and their families.

## PROBLEM STATEMENT 3

Housing insecurity in urban and rural America had negative mental health impact such as stress about eviction, sheltering in a home with poor conditions, and inability to isolate from other household members if infected –particularly in multigenerational housing.

# Problem Statements

**PROBLEM  
STATEMENT 4**

**COVID-19 pandemic has exacerbated racial and ethnic inequities that contribute to mental health and behavioral health system.**

**PROBLEM  
STATEMENT 5**

**In our current system, those struggling with substance use disorders or mental illness too often face criminal or disciplinary consequences when they should have better access to treatment.**

**PROBLEM  
STATEMENT 6**

**Food and Nutrition insecurity remains a significant problem made worse by the COVID-19 pandemic.**

**PROBLEM  
STATEMENT 1**

**Alarming rates of hate crimes and acts of racial discrimination and bias against the diverse community of AAPI (Asians, Asian Americans, Pacific Islanders) and Native Hawaiians are adversely affecting their mental health.**

- 1. The federal government should increase federal funding to support local governments, community and health organizations that work directly with survivors of violence and groups that create community-driven solutions.**
- 2. The federal government should strengthen anti-discrimination protections for AAPI and NH communities; and support investigation and prosecution of hate crimes, including COVID-19 Hate Crimes Act.**
- 3. The federal government should promote inclusion of histories, cultures and experiences of diverse AAPI and NH communities in elementary and secondary school curricula, and development of ethnic studies programs in tertiary education levels.**

## **PROBLEM STATEMENT 2**

**Economic insecurity due to job losses or reduced work hours, working under hazardous conditions, and/or lack of immigration status have all contributed to increased stress and anxiety, affecting the mental health of workers and their families.**

- 1. The federal government should work to pass jobs and economic recovery legislation to ensure that all working families can earn family sustaining wages, have access to benefits (health insurance, paid time off), strong worker protections in order that they have a real shot at economic security and opportunity.**
- 2. The federal government should must the emergency temporary health and safety standards to protect workers from hazardous COVID related working conditions.**
- 3. The federal government should increase funding for worker protections in order that federal labor and employment agencies have sufficient resources to protect workers from hazardous and substandard working conditions.**

**PROBLEM  
STATEMENT 3**

**Housing insecurity in urban and rural America had negative mental health impact such as stress about eviction, sheltering in a home with poor conditions, and inability to isolate from other household members if infected –particularly in multigenerational housing.**

- 1. The federal government should fund housing assistance, including renewal of eviction moratorium.**
- 2. The federal government should continue to support quarantine shelters to prevent the spread of COVID-19 for people living in congregate housing, or those that need shelter (e.g., homeless or multigenerational housing).**
- 3. The federal government should prohibit local housing authorities from disqualifying individuals from eligibility for HUD vouchers funded under the American Rescue Plan or CARES Act on the basis of criminal drug history.**

**PROBLEM  
STATEMENT 4**

**COVID-19 pandemic has exacerbated racial and ethnic inequities that contribute to mental health and behavioral health system.**

- 1. Invest federal funding in the development of racially, ethnically, and culturally diverse mental health workforce that includes a full range of licensed health care professionals, and acknowledge structural urbanism and establish programs, policies, and funding to support thriving rural community that includes clinics, treatment centers, rural hospitals, and mobile health vans to transport licensed health care professionals where needed.**
- 2. Develop broad public awareness campaign focused on increasing knowledge of mental health and substance use disorders among children, youth and adults; partner with schools districts, IHEs, and CBOs to implement in order to reduce the stigma of mental health.**
- 3. Invest in expanding affordable broadband internet access to low income and rural communities; and invest in people, processes, support, and regulations for telehealth/tele-psychiatry and education.**
- 4. Increase funding for tribal early childhood programs with culturally and linguistically responsive needed for their wellbeing.**

**PROBLEM  
STATEMENT 5**

**In our current system, those struggling with substance use disorders or mental illness too often face criminal or disciplinary consequences when they should have better access to treatment.**

- 1. Shift response to mental health crisis from disciplinary responses and law enforcement to community driven and health orientated crisis response teams.**
- 2. Enact health insurance payment policies for substance abuse treatment.**
- 3. Alternative to police response to apparent mental health conditions and crises.**
- 4. Both psychological and medical issues must be assessed by a licensed health professional.**

**PROBLEM  
STATEMENT 6**

**Food and Nutrition insecurity remains a significant problem made worse by the COVID-19 pandemic.**

- 1. Build an even stronger, more resilient nutrition safety net that is responsive to the co-occurrence of food insecurity and diet-related illness and better prepared to protect our most vulnerable citizens generally and against future pandemics and other unforeseen circumstances.**
- 2. Leverage technology to maximize participation, retention, and streamline onboarding federal nutrition assistance programs to create a hassle-free system that provides more convenient access.**
- 3. Expand access to healthier food and beverage choices across the nutrition assistance programs and apply the latest nutrition science.**

**PROBLEM  
STATEMENT 6**

**Food and Nutrition insecurity remains a significant problem made worse by the COVID-19 pandemic.**

**(continued)**

- 4. Expand access to online grocery shopping, especially for program participants in areas with limited access to healthy foods.**
- 5. Strengthen local and regional food production by providing flexibility of production and distribution– a shift that will open new revenue streams for farmers and help with the nation’s food assistance response.**
- 6. Coordinate with DOI, Wildlife and Parks to authorize hunting and fishing openings to compensate for hardships brought on by the impact of a pandemic i.e., increased cost of merchandise and freight.**

# Discussion

# Data, Analytics, and Research

- Chair: Joneigh Khaldun
- Attendees: James Hildreth, Andy Imparato, Victor Joseph, Homer Venters
- Staff: Josephine Nguyen, Martha Okafor, Catie Pennington, Minh Wendt

# Problem Statements

**PROBLEM STATEMENT 1** There are limited data on the scope and drivers of the disproportionate impact of COVID-19 on mental health and SUD in all communities, particularly those who are marginalized, minoritized, or medically underserved.

**PROBLEM STATEMENT 2** There are limited data on COVID-19's impact on co-occurring disorders, substance use disorders and overdose, and how COVID-19 may have widened disparities.

**PROBLEM STATEMENT 3** There are limited data on the impact of the multiple policy changes related to expanded access to services and other structural and economic policy changes that occurred during COVID-19.

**PROBLEM  
STATEMENT 1**

**There are limited data on the scope and drivers of the disproportionate impact of COVID-19 on mental health and SUD in all communities, particularly those who are marginalized, minoritized, or medically underserved.**

- 1. The federal government should collect, integrate, and share data related to mental health and substance use disorders.**
  - Data should be collected as it relates to COVID-19, including testing, hospitalizations, prescriptions, utilization of community-based therapy, ICU admissions, and fatalities, and disaggregate this data by age, race, ethnicity, sexual orientation and gender identity, primary language spoken at home, disability status, and income level at the local, state, national, and tribal/territorial level to help understand the impact of COVID-19 on local communities and guide improvement and expansion of resources for mental health and substance use disorders.

**PROBLEM  
STATEMENT 1**

**There are limited data on the scope and drivers of the disproportionate impact of COVID-19 on the mental health of all communities, particularly those who are marginalized, minoritized, or medically underserved.**

**(continued)**

- 2. A robust analysis of the drivers of depression, increased substance use and suicidality and the widening disparities identified during COVID-19, should be conducted.**
- 3. The federal government should provide guidance to support research efforts that engage community members.**
  - Those with lived experience with mental health and substance use disorders should be involved in defining problems, gathering and interpreting data, and developing solutions
- 4. The federal government should expand the sample size and conduct targeted over-sampling within the National Health Interview Survey and other public health data systems that provide mental health substance abuse and suicidal information.**

**PROBLEM  
STATEMENT 1**

**There are limited data on the scope and drivers of the disproportionate impact of COVID-19 on the mental health of all communities, particularly those who are marginalized, minoritized, or medically underserved.**

**(continued)**

- 5. The federal government should convene an interagency group that promotes and aligns the collection, reporting, and sharing of data to understand and drive responses to prevent and treat substance use disorders and support the health and well-being of people living with mental health or substance use disorders.**
- 6. The federal government should implement a robust analysis of the impact of COVID-19 on the mental health of all communities.**
  - This analysis should include specifically how COVID-19 has impacted youth, healthcare workers, elderly, Black, Indigenous People of Color, LGBTQ+, religious minorities, people with disabilities, people who are incarcerated and other minoritized, marginalized, and medically underserved communities.
  - The analysis should address the intersectionality across different groups.

## **PROBLEM STATEMENT 1**

**There are limited data on the scope and drivers of the disproportionate impact of COVID-19 on the mental health of all communities, particularly those who are marginalized, minoritized, or medically underserved.**

**(continued)**

- 7. The federal government should issue guidelines and provide resources to implement widespread mental health, substance use disorder and interpersonal violence screening, including screening of children, healthcare workers, LGBTQ+, native and tribal populations, remote and or rural communities, people with disabilities, those living in congregate settings (including skilled nursing facilities, group homes, rehabilitation facilities, intermediate care facilities, homeless shelters, state hospitals , jails, and prisons), and the elderly.**
  - 8. The federal government should expand incentive programs to improve surveillance and the collection of data in public and private Behavioral Health services, psychiatric hospitals and carceral settings.**
  - 9. The government should improve the collection of data on the AAPI and Native Hawaiian communities, included disaggregated data where feasible, to ensure a more accurate understanding and depiction of mental health in the AAPI community.**
  - 10. Stringent measures must be taken to ensure the security and privacy of all data.**
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## **PROBLEM STATEMENT 2**

**There are limited data on COVID-19's impact on co-occurring disorders, substance use disorders and overdose, and how COVID-19 may have widened disparities. There is limited data around the issue of polysubstance use and the challenges faced by many communities around the use of stimulants.**

- 1. The federal government should incentivize research that analyzes the impacts of COVID-19 on all substance use disorders and co-occurring disorders, including the disparate impact on minoritized, marginalized, and medically underserved communities.**

**PROBLEM  
STATEMENT 3**

**There are limited data on the impact of the multiple policy changes related to expanded access to services and other structural and economic policy changes that occurred during COVID-19.**

- 1. The federal government should evaluate policy changes during the pandemic that expanded access to mental health care and substance use disorder treatment.**
- 2. The federal government should evaluate the efficacy and accessibility of expanded telehealth services in the context of the pandemic.**
- 3. The federal government should evaluate the impact of the many structural and economic policy changes that were made during the pandemic, including those involving housing, criminal justice, and Medicaid.**

# Discussion

# Communications and Collaborations Subcommittee

- Chair: Mayra E Alvarez
- Members: Andy Imparato, Octavio Martinez, Vincent Toranzo
- Staff: Josephine Nguyen, Martha Okafor, Catie Pennington, Minh Wendt

# Problem Statements

**PROBLEM STATEMENT 1** Americans are facing a confluence of crises that negatively impact their mental health and well-being and worsened an already existing mental health crisis in the country.

**PROBLEM STATEMENT 2** COVID-19 intensified a pre-existing mental health crisis for children and our child-serving workforce (teachers, early learning and care professionals, and more) who are not fully prepared to respond to the mental health impacts on children and youth.

**PROBLEM STATEMENT 3** Systemic racism is a root cause of mental health inequities and the pervasive impacts of white supremacy has limited the ability to care for the wellbeing of all Americans.

**PROBLEM STATEMENT 4** Social isolation, as a result of the impact of physical distancing and stay-at-home orders, has increased the presence of mental health challenges for many Americans.

## PROBLEM STATEMENT 1

Americans are facing a confluence of crises that negatively impact their mental health and well-being and worsened an already existing mental health crisis in the country.

1. **The White House should identify opportunities to draw public attention to the mental health impacts of the pandemic emergency**, such as: inclusion of mental health and COVID related information and coping mechanisms in the President's weekly address; a weekly fireside chat between the President and various mental health leaders (both within the government and with state and community leaders); and a Cabinet-wide meeting on the mental health implications of the public health emergency and opportunities to respond.
2. **The federal government should support a robust collaboration between HHS and DOJ to invest in alternatives to policing**, including mobile crisis teams; release guidance on such alternatives; and require appropriate input from individuals with lived experience to determine how funds should be utilized in the community.
3. **The Federal Government should lead a multi-pronged public-private mental health awareness, education, and communications campaign**, centering equity and the unique impacts of the multiple pandemics on minoritized, marginalized, and medically-underserved populations who have been disproportionately harmed by COVID-19.

## PROBLEM STATEMENT 2

COVID-19 intensified a pre-existing mental health crisis for children and our child-serving workforce (teachers, early learning and care professionals, and more) who are not fully prepared to respond to the mental health impacts on children and youth.

1. **The White House should launch a comprehensive initiative to support the children of parents who have died from COVID - deaths that have disproportionately impacted Black and brown children.** The initiative will partner with local and national leaders in philanthropy, business, government, faith communities, and media and will include the creation of an Interagency Task Force to work across executive departments and agencies to address the broad and multidimensional challenges facing these children.
  2. **The federal government, through a robust collaboration between the Department of Education and HHS, should offer guidance to school districts to inform the development of a comprehensive plan to address the potential mental health needs of their students, particularly through uplifting community schools and other systems of care approaches that center equity.**
  3. **The federal government should invest in school-based health centers and strengthen its commitment to ensuring such centers are open to both students and families.**
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## **PROBLEM STATEMENT 2**

**COVID-19 intensified a pre-existing mental health crisis for children and our child-serving workforce (teachers, early learning and care professionals, and more) who are not fully prepared to respond to the mental health impacts on children and youth.**

**(Continued)**

- 4. The federal government should fund a technical assistance collaborative and professional learning network to support early childhood learning, care and development staff working with young children.**
  - 5. The federal government should invest in building states' capacity to support the hiring of more counselors and training of teachers and administrators on social-emotional learning techniques.**
  - 6. The federal government should invest in the availability of dyadic care models to strengthen access to whole child and family-centered mental health care services.**
  - 7. The federal government should invest in youth-led movements through grants for the integration of mental health into the programming of youth-led national organizations as well as support for existing youth-focused networks in states across the country.**
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## PROBLEM STATEMENT 2

COVID-19 intensified a pre-existing mental health crisis for children and our child-serving workforce (teachers, early learning and care professionals, and more) who are not fully prepared to respond to the mental health impacts on children and youth.

### (Continued)

8. **The federal government should require states to have a youth mental health board, similar to requirements included in SAMHSA Block Grants.** This requirement would allow young people to influence decision-making on the delivery of mental health services in respond to the pandemic and also other child-serving systems.
9. **The federal government should launch a national outreach and education campaign focused on young people, particularly Generation Z and younger populations, and include listening sessions across the country.** The campaign should utilize social media and other channels where youth are connected, as well as leverage existing peer-based programs.
10. **The federal government should create the position of a “Youth Health Liaison” to work alongside the U.S. Surgeon General in shared efforts to uplift the mental health impacts of the pandemic and ways to support young people.**

**PROBLEM  
STATEMENT 3**

**Systemic racism is a root cause of mental health inequities and the pervasive impacts of white supremacy has limited the ability to care for the wellbeing of all Americans.**

- 1. The White House should host a Syndemic (racism, mental health, COVID-19) symposium (multiple crises) to draw attention to the multiple challenges and offer opportunity for dialogue and solutions.**
- 2. Federal departments should strengthen collaboration with community-based organizations by providing robust funding for community-based organizations to celebrate and build cultural identity in order to prevent mental illness and help address mental health impacts of the pandemic. Organizations will have a demonstrated record of working with and for communities of color, people with disabilities, rural communities, immigrants, LGBTQ+, and other marginalized communities with lived experience.**

**PROBLEM  
STATEMENT 3**

**Systemic racism is a root cause of mental health inequities and the pervasive impacts of white supremacy has limited the ability to care for the wellbeing of all Americans.**

**(Continued)**

- 3. In the short term, federal departments should provide clear standards on best practices for reaching marginalized communities with mental health supports and services, including ways to eliminate structural barriers, and do so in partnership with trusted national partners with state and local reach.**
- 4. The federal government should require the creation of community advisory boards for mental health as part of receiving funding for mental health interventions.**
- 5. Departments should engage in a coordinated effort to fund peer support specialists (community health workers), including youth, to address the mental health impacts of COVID-19 and assist the public in accessing care and support. When necessary, peer support programs should supplement mental health and substance use treatment by licensed professionals, not supplant it.**

## **PROBLEM STATEMENT 4**

**Social isolation, as a result of the impact of physical distancing and stay-at-home orders, has increased the presence of mental health challenges for many Americans.**

- 1. In alignment with recommendations in response to Problem 1, the issue of social isolation should be integrated into a federally-led, multi-pronged public-private mental health awareness, education, and communications campaign, centering equity and the unique impacts of the multiple pandemics on minoritized, marginalized, and medically-underserved populations who have been disproportionately harmed by COVID-19.**
- 2. The federal government should launch a robust communications campaign around the availability, security, and quality of telehealth and its connection to the importance of accessing mental health services.**
- 3. In the short term, the federal government should strengthen access to broadband internet through President Biden's infrastructure plan in order to minimize structural barriers to accessing mental health services via telehealth.**

# Discussion

# Healthcare Access and Quality Subcommittee

- Chair: Tim Putnam
- Members: Mayra Alvarez, James Hildreth, Vincent Toranzo, Mary Turner, Homer Venters, Bobby Watts
- Staff: Josephine Nguyen, Martha Okafor, Catie Pennington, Minh Wendt

# Problem Statements

## PROBLEM STATEMENT 1

Access to mental healthcare was limited in marginalized populations pre-pandemic and was exacerbated during COVID-19 due to structural barriers that exist for these groups. Chronic underfunding and the lack of payment parity for mental health services has further exacerbated this inequity in access to care.

## PROBLEM STATEMENT 2

There is a mental healthcare professional shortage in the United States. Among mental healthcare professionals, there are lower numbers of people of color.

## PROBLEM STATEMENT 3

Youth have faced significant disruption during the pandemic at a key developmental time in their lives. The impact on the mental health of our youth, if not addressed, will have long-term impacts and long-lasting effects.

# Problem Statements

**PROBLEM STATEMENT 4** Healthcare workers have experienced significant trauma, high levels of anxiety, stress, depression, and emotional exhaustion (burnout) due to the pandemic, which has impacted their mental health.

**PROBLEM STATEMENT 5** Substance use disorders (SUD) and overdose deaths have increased due to the pandemic, and many people with SUD have been cut off from their regular points-of-care.

**PROBLEM STATEMENT 6** The lack of recognition that healthcare is a human right has exacerbated the mental health impact of this pandemic.

**PROBLEM  
STATEMENT 1**

**Access to mental healthcare was limited in marginalized populations pre-pandemic and was exacerbated during COVID-19 due to structural barriers that exist for these groups. Chronic underfunding and the lack of payment parity for mental health services has further exacerbated this inequity in access to care.**

- 1. The federal government should assess this payment system from a perspective of equity and create a process to resolve this discrepancy that leads to inequity of care. Enforce the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).**
- 2. The federal government should target funding to programs in marginalized communities that recognize mental health care needs to be culturally responsive and appropriate with consideration of the nuances of systemic racism, discrimination, and other institutionalized biases.**
- 3. OIG to create an Indian health care provider (IHCP) Safe Harbor akin to the FQHC Safe Harbor that allows Tribal health providers to provide devices for telehealth.**

## PROBLEM STATEMENT 1

Access to mental healthcare was limited in marginalized populations pre-pandemic and was exacerbated during COVID-19 due to structural barriers that exist for these groups. Chronic underfunding and the lack of payment parity for mental health services has further exacerbated this inequity in access to care.

**(continued)**

- 4. Expansion of Self Governance replacing competitive behavioral health grant funding mechanism to contract and or compacts.**
  - Request the HHS Secretary as authorized by the Indian Self Determination Education Assistant Act (ISDEAA) to examine the feasibility of applying Title 5 to other agencies across HHS
- 5. Increase access to clinical treatment during behavioral health crises, especially in communities and settings where a law enforcement or corrections officer response predominates.**
- 6. Increase immediate funding to Medicaid and Medicare providers in marginalized populations along the pathways of licensed health care professionals' reimbursement rates, peer support programs, and social determinants of mental health.**
  - Peer support programs should supplement mental health and substance use treatment by licensed professionals, not supplant it

**PROBLEM  
STATEMENT 1**

**Access to mental healthcare was limited in marginalized populations pre-pandemic and was exacerbated during COVID-19 due to structural barriers that exist for these groups. Chronic underfunding and the lack of payment parity for mental health services has further exacerbated this inequity in access to care.**

**(continued)**

- 8. CMS to authorize telehealth in Medicaid; particularly telephonic delivery and reimbursement for audio-only Medicaid behavioral health services when dependable and effective video-based telehealth is unavailable.**
  - Address barriers and disruptions to mental health services during the COVID-19 pandemic through telehealth and with the expansion of healthcare coverage and access amongst others.
  - Increase access to in-person mental health treatment with mental health professionals by ensuring sufficient PPE, ventilation, and other protections to mitigate potential exposure to COVID-19.
- 9. Increase funding to domestic violence shelters that primarily serve marginalized communities.**
- 10. Expand supportive housing and housing-first type programs.**

## PROBLEM STATEMENT 1

Access to mental healthcare was limited in marginalized populations pre-pandemic and was exacerbated during COVID-19 due to structural barriers that exist for these groups. Chronic underfunding and the lack of payment parity for mental health services has further exacerbated this inequity in access to care.

(continued)

11. **Increase funding for mental health research specific to marginalized communities, youth and healthcare workers through all applicable federal programs.**
12. **Increase the availability of mental health resources greatly reduces suicide risk among *marginalized populations, specifically youth.***
  - Federal government to increase funding for suicide interventions through faith-based and community organizations.
  - Increase access to on-demand tele-health and in person care for suicide assessment, intervention, and prevention in hospital emergency departments, community centers and schools
13. **Target mental health care funding based on need, including education of culturally responsive licensed mental health professionals, and medical offices, clinics, and psychiatric beds.**

**PROBLEM  
STATEMENT 2**

**There is a mental healthcare professional shortage in the United States. Among mental healthcare professionals, there are lower numbers of people of color.**

- 1. Fast track immigrant health care professionals who face significant barriers to practicing their profession.**
- 2. Offer marginalized community members grants, scholarships, federal loan repayment programs, and clinical training to increase the number of culturally licensed mental health professionals.**
- 3. Expand role of peer navigator and support programs designed to increase mental healthcare capacity.**
  - Peer support programs should supplement mental health and substance use treatment by licensed professionals, not supplant it.

**PROBLEM  
STATEMENT 2**

**There is a mental healthcare professional shortage in the United States. Among mental healthcare professionals, there are lower numbers of people of color.**

**(continued)**

- 4. Given the success of the integrated care - Collaborative Management (CM) program for expanding psychiatric support to primary care providers, the Federal Government should:**
  - Develop a nationwide service to provide resources to primary care providers and psychiatric medical professionals to support CM and similar mental health/behavioral health and primary care collaborations.
- 5. Federal funding should be targeted toward a system that corrects inequities and supports youth in marginalized communities.**
  - This system should also include support for parents in marginalized communities.
  - Federal government should increase investment in programs with documented success in increasing numbers of underrepresented communities, like minority serving institutions (MSI), Tribal Colleges, and Historical Black Colleges and Universities (HBCUs).

**PROBLEM  
STATEMENT 3**

**Youth have faced significant disruption during the pandemic at a key developmental time in their lives. The impact on the mental health of our youth, if not addressed, will have long-term impacts and long-lasting effects.**

- 1. Ensure young people have access to comprehensive mental health services and grief counseling from licensed health care professionals to deal with the mental health effects of the pandemic.**
- 2. Formalized guided peer support programs should be part of the federal response for Youth.**
- 3. Programs to treat more severe mental illness should be operated and distributed through federally funded health centers and rural health clinics, primary care and pediatricians' offices, and schools, to increase support for screening, education, and referrals.**

**PROBLEM  
STATEMENT 4**

**Healthcare workers have experienced significant trauma, high levels of anxiety, stress, depression, and emotional exhaustion (burnout) due to the pandemic, which has impacted their mental health.**

- 1. Formalized guided peer support programs should be part of the federal response for healthcare workers.**
- 2. Protect frontline workers' health and safety at workplace through:**
  - Issuance of an OSHA Emergency Temporary Standard on Covid-19 to create standard guidelines for protecting ALL workers from Covid-19
- 3. Ban the reuse of single-use PPE and ramp up PPE production with the DPA.**

**PROBLEM  
STATEMENT 5**

**Substance use disorders (SUD) and overdose deaths have increased due to the pandemic, and many people with SUD have been cut off from their regular points-of-care.**

- 1. Encourage states to adopt DEA guidance authorizing physicians to start buprenorphine treatment via telephone evaluation.**
- 2. Allow states to get blanket exemptions from SAMHSA to allow patients to receive take-home doses of medication for opioid use disorder.**
- 3. Remove requirements of 1:1 exchange at needle exchange during COVID-19 emergency.**
- 4. Pilot and fund harm-reduction initiatives, with community involvement and health equity in mind**
- 5. Explore empirical implications of drug decriminalization and regulation as part of an end to the war on drugs, the promotion of a safer drug supply, and reduction in mass incarceration**
- 6. Massive scaling up of the federal financial investment into substance use treatment, prevention, and harm reduction services and pass legislation like the CARES Act of 2020**

**PROBLEM  
STATEMENT 6**

**The lack of recognition that healthcare is a human right has exacerbated the mental health impact of this pandemic.**

- 1. Declare healthcare access and coverage a human right.**
- 2. Align federal policies and funding to secure this right.**

# Discussion