



January 27, 2021

The Honorable Joseph R. Biden, Jr.
President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Biden,

As leaders of organizations dedicated to improving our nation's mental health, we stand behind you in the fight against COVID-19. Vaccinating the American population and achieving herd immunity must be our country's top priority.

Yet, as you know, widespread grief, job loss, isolation, and education disruptions are causing unprecedented mental health and addiction struggles across the country. Defeating COVID-19 without also taking aggressive steps to tackle the mental health consequences of the pandemic will weaken our nation's long-term recovery, resulting in additional deaths of despair that reach far beyond the pandemic.

We are grateful for the \$4 billion in emergency funding you have proposed for the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) to address this crisis. In addition, we ask your Administration to prioritize the following steps to integrate our nation's mental health and addiction response into our fight against COVID-19:

- **Mental Health and Substance Use Screenings**—As mass vaccination sites are set up in communities across the country, an important opportunity exists to screen individuals for mental health and substance use challenges. While nothing should be allowed to slow down vaccinations, the 15 minutes after a vaccination is administered, when individuals are being monitored for (rare) adverse reactions, could be used to screen for mental health and substance use challenges. Screening tools such as the PHQ-2 for depression and SBIRT (Screening, Brief Intervention, and Referral to Treatment for Substance Use) can be administered quickly and help to identify individuals who may be in need of treatment. Similarly, individuals waiting for COVID-19 tests could be given mental health and substance use screens, and follow up reminder appointments for second shots could also direct people to mental health education, online screening and other resources. Where in-person screening is not possible, online screening programs could be made available. For example, over seven million people have been provided screening, education and support at mhascreening.org.
- **U.S. Public Health Jobs Corps**—We applaud your commitment to public health and your call to add 100,000 COVID-19 contract tracers, community health workers, and public health nurses. However, explicitly integrating training for screening of mental

health and substance use challenges into the U.S. Public Health Jobs Corps would ensure that these patriotic Americans are also prepared to help address potential long-term consequences of the pandemic. The workforce program should specifically include certified peer support specialists to meet the mental health and addiction needs in communities and ensure that community health workers are representative of their communities specifically with respect to *mental health and substance use conditions*, race, ethnicity, language, disability, sexual orientation, gender identity and other important demographics. Finally, the training program for all community health workers should include behavioral health training, given the high needs in communities.

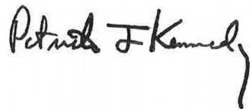
- **Reopening Schools**—The disruption in children’s education is a disaster in its own right. Without sacrificing the safety of students and teachers, we must get students back in classrooms as soon as possible. However, students with unmet mental health needs will not be prepared to learn simply because school doors are open. The federal government must take aggressive steps to help states and school districts identify and assist students experiencing trauma and other mental health challenges. In the longer term, this means ensuring that every public school in the country has a K-12 mental health curriculum, embeds social-emotional learning (SEL) in the classroom, trains all school staff, and has set up Multi-Tiered Systems of Supports with adequate school mental health staff.
- **Data Collection**—We welcome your recognition of the critical importance of improving data collection to help guide the nation’s COVID-19 response. There is also an urgent need to improve data collection relating to mental health and substance use challenges, including but not limited to overdoses and suicide attempts, with data broken down by race, ethnicity, sexual orientation, gender identity, geography, income, and employment status. The lack of near real-time data in this realm makes it nearly impossible to target responses that could—like with infectious diseases—prevent small increases from rapidly growing.
- **Suicide Prevention and Crisis Response**—For generations, our country’s response to individuals having a mental health crisis has been to send law enforcement, who are usually ill-equipped to respond, through the 9-1-1 system. Too often, needless arrests, confinement, and even deaths have resulted, particularly for Black Americans. With recent designation of the new 9-8-8 Suicide Prevention and Mental Health Crisis Hotline, we have a historic opportunity to build a real mental health crisis response system where clinicians, rather than police officers, respond to stabilize crises, deploy mobile crisis teams, and connect individuals with longer-term treatment, supportive housing, supported employment, and other services necessary to advance recovery. We will not be able to create this new, more equitable system, however, without aggressive federal action to help states create the necessary continuum of services. Therefore, we urge your Administration to establish a federal 9-8-8 office and an interagency workgroup to coordinate efforts and to work with Senator Wyden to enact his CAHOOTS Act (S. 4441), which would provide a 95% federal match for mobile crisis response services, a critical component in reducing law enforcement involvement.

We believe waiting on any of these areas will mean missed opportunities, not only to address our nation’s collective well-being, but also to address the mental health and substance use challenges that we know will disproportionately affect Black, Latinx, Native American/American Indian,

LGBTBQ+, and other underserved communities. COVID-19 is an unprecedented crisis, which is why it demands an unprecedented, comprehensive response. There is no health without mental health.

Thank you for your leadership. We stand ready to assist you in any way we can.

Sincerely,



Patrick J. Kennedy
Former U.S. Representative (D-RI)
Founder, The Kennedy Forum



Paul Gionfriddo
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Daniel H. Gillison, Jr.
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