



March 3, 2021

Via Email: COVID19VaccineOutreach@cdph.ca.gov

Attention:

Tomás J. Aragón, MD, Dr.P.H., Director and State Health Officer, CDPH
Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair
Erica Pan, MD, MPH, California State Epidemiologist

Subject: State Vaccine Guidelines and Consideration of Behavioral Health Providers and Clients

Dear Dr. Aragon & Dr. Burke Harris:

On behalf of the undersigned organizations, including the County Behavioral Health Directors Association (CBHDA), National Alliance on Mental Illness, California (NAMI California), the California Council of Community Behavioral Health Agencies (CBHA), the California Alliance of Child and Family Services (Alliance), Disability Rights California (DRC), and the California Association of Alcohol and Drug Program Executives, Inc (CAADPE), we write to you with an urgent request for the state of California to provide additional specificity in published state guidelines and public messaging regarding the prioritization for the distribution of the COVID-19 vaccine to clarify the status of individuals diagnosed with a severe mental illness (SMI) and substance use disorder (SUD) as included in the state's Provider Bulletin guidance to providers and local health departments, given that research has found these individuals to be among those at highest risk for contracting COVID-19 and COVID-19 related mortality.

Multiple studies have identified a concerning link between COVID-19 and brain health. Specifically, researchers have documented a bidirectional association between psychiatric conditions and COVID-19. These studies have found that individuals with a with a diagnosed psychiatric disorder had a higher risk of COVID-19 infection, and that COVID-19 is associated with an increase in new psychiatric diagnoses

after infection.¹ Research published in January 2021 also found that individuals diagnosed with schizophrenia spectrum disorders are nearly three times more likely to die due to COVID-19, with these diagnoses being the second highest risk factor for COVID-19 related mortality, second only to age.² Additional research supports these findings, identifying that individuals with any SMI and no additional underlying conditions experienced a three-fold increased risk of dying due to COVID-19.³ Furthermore, individuals diagnosed with an SUD, had a 30% increased rate of death due to COVID-19, compared to those without a diagnosed SUD, and experienced significantly higher rates of hospitalization, ventilator use, and mortality within 21 days of COVID-19 diagnosis.^{4,5}

Despite the growing body of evidence, the existing state vaccine guidelines call out groups of individuals with other conditions, such as individuals with specified physical health conditions, as well as developmental disabilities, but not those with behavioral health conditions with significant science backing their high-risk status and disproportionate COVID-19 associated mortality risk.

In addition to the research supporting associations between COVID-19 and negative infection-associated outcomes, prior to the pandemic, individuals with serious mental illness and SUDs also had significantly worse access to primary care and physical health services, due in large part to the stigma and discrimination these individuals face in accessing health care through traditional health care settings, which also contributes to these worse overall health outcomes and structural barriers to accessing care through traditional insurance or health care settings. In particular, factors which may contribute to their negative COVID-19 outcomes include concomitant medications, in particular, psychiatric medications which have as a side-effect weight gain, as well as premorbid overall health, physical comorbidities, lower socioeconomic status, congregate living settings, and worse access to medical care.

It was well documented, prior to the advent of the COVID-19 pandemic, that individuals with diagnosed serious mental illness already had a mortality rate which was two to three times greater than the general population and die approximately 20 years earlier due to comorbid *physical health conditions* not related to their psychiatric condition. In response to these mortality-related disparities, the National Association of State Mental Health Program Directors recommended that states should “Prioritize the public health problem of morbidity and mortality and designate the population with SMI as a priority health disparities population.”⁶

¹ Taquet, M., Luciano, S., Geddes, J. R., & Harrison, P. J. (2021). Bidirectional associations between COVID-19 and psychiatric disorder: retrospective cohort studies of 62 354 COVID-19 cases in the USA. *The Lancet Psychiatry*, 8(2), 130-140.

² Nemani K, Li C, Olfson M, et al. Association of Psychiatric Disorders with Mortality Among Patients With COVID-19. *JAMA Psychiatry*. Published online January 27, 2021. doi:10.1001/jamapsychiatry.2020.4442

³ Maripuu M, Bendix M, Öhlund L, Widerström M and Werneke U (2021) Death Associated with Coronavirus (COVID-19) Infection in Individuals with Severe Mental Disorders in Sweden During the Early Months of the Outbreak—An Exploratory Cross-Sectional Analysis of a Population-Based Register Study. *Front. Psychiatry* 11:609579. doi: 10.3389/fpsy.2020.609579

⁴ Wang QQ, Kaelber DC, Xu R, Volkow ND. COVID-19 risk and outcomes in patients with substance use disorders: analyses from electronic health records in the United States. *Mol Psychiatry*. 14:1–10. (2020) doi: 10.1038/s41380-020-00880-7

⁵ Baillargeon, J., Polychronopoulou, E., Kuo, Y. F., & Raji, M. A. (2020). The Impact of Substance Use Disorder on COVID-19 Outcomes. *Psychiatric Services*, appi-ps.

⁶ NASMHPD (2006), NASMHPD Medical Directors NASMHPD Medical Directors Council Technical Report: Morbidity and Mortality in Council Technical Report: Morbidity and Mortality in People with Serious Mental Illness People with Serious Mental Illness (Editors: Parks, J.; (Editors: Parks, J.; Svendsen Svendsen, D.; Singer, P.; , D.; Singer, P.; Foti, M.) Alexandria, VA: , M.) Alexandria, VA: NASMHPD, October 2006 NASMHPD, October 2006

Request to Amend the Provider Bulletin Revision of Allocation Guidelines for COVID-19 Vaccine, Updated February 12, 2021, to Explicitly Include Individuals with Mental and Substance Use Disorders

Beginning March 15, healthcare providers and local health departments may use their clinical judgement to vaccinate individuals aged 16-64 who are deemed to be at the very highest risk for COVID-19 morbidity and mortality because they have any of the listed severe health conditions *or* if, as a result of a developmental or other severe high-risk disability, one or more of the following applies:

- The individual is likely to develop severe life-threatening illness or death from COVID-19 infection
- Acquiring COVID-19 will limit the individual's ability to receive ongoing care or services vital to their well-being and survival
- Providing adequate and timely COVID care will be particularly challenging as a result of the individual's disability.

In light of the extensive research outlined herein documenting the significantly higher risk of mortality, and the challenges that individuals with serious emotional disturbance, SMI and SUD conditions face in both continuing to receive ongoing behavioral health and physical health services vital to their well-being and survival and the challenges in accessing integrated physical and behavioral health services for COVID-19 positive individuals in California, we strongly believe that individuals with SMI and SUD diagnoses currently meet *all* of the above criteria prioritizing individuals with a severe high-risk disability. However, because these guidelines are left to the interpretation and discretion of the provider, we are concerned that longstanding stigma and misunderstanding of behavioral health conditions, as well as the general lack of clarity in the existing guidance, will disproportionately and negatively affect the ability of these individuals to be prioritized for vaccines in a timely manner, consistent with state guidance.

We urge the Department and the Workgroup to consider an additional update to the February 12, 2021 guidelines to clarify that individuals with mental illness and substance use disorder diagnoses are considered at high risk for COVID-19 related morbidity and mortality by explicitly including these conditions in the criteria listed for vaccine prioritization. We believe the documented evidence of higher rates of infection, hospitalizations, and mortality, along with the longstanding discrimination and associated health disparities faced by these individuals meet the state's criteria for prioritization based on evidence, risk, as well as equity criteria. The naming of individuals with serious mental illness, serious emotional disturbance, or substance use disorders in this Provider Bulletin will ensure more rapid access to vaccines for this already vulnerable population, which often must live in congregate or residential settings in order to access and sustain medically necessary and appropriate behavioral health services.

Thank you, in advance, for your consideration of this requested update and for your tireless dedication to the people of California during these extraordinary circumstances. Please do not hesitate to contact us directly if we can provide any additional information to clarify any of our requests.

Sincerely,

Dr. Veronica Kelley, San Bernardino County Behavioral Health Director
President, County Behavioral Health Directors Association
Member, Community Vaccine Advisory Committee

Michelle Doty Cabrera, Executive Director
County Behavioral Health Directors Association

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Christine Stoner-Mertz, LCSW, Chief Executive Officer
California Alliance of Child and Family Services

Cc: Dr. Mark Ghaly, Secretary, Health and Human Services Agency
Members, Community Vaccine Advisory Committee
Members, Drafting Guidelines Workgroup
Yolanda Richardson, Secretary, California Business Operations Agency
Kim McCoy Wade, Director, California Department of Aging
Michelle Baass, HHS
Stephanie Welch, HHS
Marko Mijic, HHS
Richard Figueroa, Office of Governor Newsom
Tam Ma, Office of Governor Newsom
Dr. Kelly Pfeifer, Department of Health Care Services
Farrah McDaid-Ting, CSAC
Michelle Gibbons, CHEAC