A PATH FORWARD:

Mental Health and the United States Pandemic Response

NYC

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EXECUTIVE SUMMARY

The COVID-19 pandemic presents a public health crisis in the United States on a scale not seen for over a century. Not only a crisis of infectious disease, with deaths and infections increasing steadily across the nation, the pandemic brings a crisis of mental health. Our best defenses against the virus, social distancing and isolation, are primary risk factors for a range of poor mental health outcomes. Addressing the pandemic compassionately in a way that keeps our communities and families safe from harm means urgently preparing to meet the current and future mental health needs that will come with COVID-19.

Meeting demand for care requires the collaboration of a range of sectors. Government is positioned to lead through policy and regulation, setting standards, and advancing funding priorities. Advocates and providers are essential to ensure that policies meet the needs of our nation's most vulnerable and that mental health care is delivered equitably. And philanthropy and civic-minded private funders are poised to support innovations in care. Mitigating the mental health effects of COVID-19 is possible but will take all of us together under a united, cross-sector approach.

To focus our efforts across such a broad scope, this report offers three priority goals under which we have organized strategies to improve the mental health of our communities:

1. **Ensure that effective mental health care is accessible for all, regardless of ability to pay, area of residence, or citizenship status**
2. **Support the mental health of young people as an upstream investment in long-term prevention, since children and youth will experience the residual mental health effects of the pandemic across their lifetimes, and a majority of mental health disorders become apparent during the teen and young adult years**
3. **Eliminate inequities in mental health care access and outcomes that will be exacerbated by the pandemic and use public policy as a vehicle for racial equity and social justice**

To successfully meet the nation's mental health needs as part of a pandemic response, it is paramount that we achieve these priority goals. Improving our nation's mental health is a long-term investment in our future, and the strategies outlined in this report are necessary steps in the wake of the pandemic.

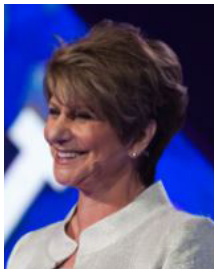
We can draw from local-level mental health policies as a template for this work. This report highlights the work of New York City through ThriveNYC, the nation's largest municipal mental health policy portfolio, and the Cities Thrive Coalition, a consortium of over 220 municipal and county governments that have pledged to elevate mental health as a central policy issue in their jurisdictions. Through ThriveNYC, New York City has taken clear steps to improve population-level mental health in ways that meet the priority goals listed above. To expand access to mental health care, we have launched NYC Care, a health insurance access program for low-income, uninsured, and underinsured New Yorkers. To intervene early and prioritize children and youth, we have integrated a social-emotional learning curriculum into every public school from kindergarten through 12th grade. And to eliminate inequities in mental health care access and outcomes, we have established the Brothers Thrive, Sisters Thrive, and Latinx Thrive initiatives to build out community-based supports and reduce mental health stigma in Black and Latinx communities.

Outside of New York City, the strategies in this report draw from the successes in Seattle, Boston, and Los Angeles. Seattle has been a national leader in crisis intervention and response, with robust and innovative supports for people with serious mental illness who may have co-occurring substance use disorders or housing instability. This emergency preparedness has left the City of Seattle capable to protect its most vulnerable from

the mental health effects of COVID-19. Boston has been a national leader in the use of school-based interventions and early childhood mental health screening, preparing them to identify and support children with mental health concerns stemming from COVID-19 at the earliest possible opportunity. And Los Angeles has modeled a community-oriented approach to building mental health equity that has laid the groundwork for needed mental health care associated with COVID-19.

Guided by these innovative local policies to promote population-level mental health at home in New York City and across the county, this report outlines a series of empirically grounded strategies for federal and state policymakers to promote mental health equity in the wake of COVID-19. Our intention is to build on and extend the successes of the Affordable Care Act and the Mental Health Parity and Addiction Equity Act. Using a population-level approach to policymaking, these strategies aim to promote mental health broadly and equitably for vulnerable community members with serious mental illness, for the children and youth who are our future, and for Black and Brown communities that historically have had inequitable access to mental health care. Policymakers and advocates must act as a unified front to improve mental health care and keep our communities safe and healthy. As the pandemic progresses, there is not time to waste. We invite readers to take up our call to action as we all do our part to help one another stay safe during these harrowing times.

Chirlane I. McCray, ScD (Hon)
First Lady of New York City
Founder, ThriveNYC



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INTRODUCTION

The Urgent Need for a National Mental Health Response to COVID-19

The COVID-19 pandemic has changed the world in a matter of months. No community in the United States remains untouched by the virus. As infections and deaths continue to rise, COVID-19 presents a public health crisis on a scale that has not been seen in the last 100 years.

In addition to the physical health harms posed by COVID-19, the social distancing that is our best defense against community spread increases the potential for population and individual mental health distress. Isolation is associated with a host of physical and mental health conditions and may be compounded by the economic strain that the shutdowns precipitated and the collective and individual grief that come with such a profound loss of life.[1] For individuals living with mental illness, these harms may be more acute.[2] Taken together, the pandemic and its ripple effects affect the safety of our communities. As mental health advocates and professionals, we know that when one person suffers, we all suffer.

To alleviate ongoing and prevent future suffering, our nation has a responsibility to treat the pandemic as a crisis of mental health alongside a crisis of infectious disease and use our current moment as an opportunity to rethink mental health policy at all levels of government and across the private and civil sector. The scope of the pandemic demands that our integrated and collective responses achieve three interlocking priority goals.

1. **We must ensure that effective mental health care is accessible for all, regardless of ability to pay, area of residence, or citizenship status.**
2. **We must support the mental health of young people as an upstream investment in long-term prevention, since children and youth will experience the residual mental health effects of the pandemic across their lifetimes.**
3. **We must eliminate inequities in mental health care access and outcomes and use public policy as a vehicle for equity and racial justice.**

Meeting these goals will require all of us whose work touches mental health to come together across government, the private sector, and civil society. We each have a distinct and important role to play, and the urgency with which we must come together to meet the challenges of COVID-19 cannot be understated. While federal and state governments

can lead through policy, implementing policies on the ground and in communities at the local or neighborhood level requires the robust support of leaders across advocacy, service provision, business, technology, and philanthropy, each of whom are poised to act. The mental health of the nation depends on all of us.

COVID-19 Compounds Existing Mental Health Inequities

The pandemic has brought health inequities to the forefront of our national health policy conversation. Black, Indigenous, and other people of color (BIPOC) have experienced disproportionate rates of COVID-19 mortality and hospitalizations.[3] Racial inequities in environmental and social factors like air pollution, household overcrowding, and limited access to effective health care are associated with elevated rates of COVID-19 among BIPOC individuals.[4] Likewise, the BIPOC communities most affected by COVID-19 are among the nation's poorest.[2]

The disparities in access to mental health care were apparent long before COVID-19 and the pandemic has only increased the emotional burden.

While the effects of COVID-19 on population-level mental health are not yet fully understood, early reports suggest that the collective shock and social isolation used to protect against the virus are detrimental to mental health.[5] The racial and economic inequities in COVID-19 morbidity and mortality were exacerbated by underlying health and social inequities, and the inequities in mental health access and outcomes that predate the pandemic are certain to influence the distribution of mental health harm in communities across the United States.[6]

Despite reporting higher rates of psychological distress, Black and Latinx individuals receive care and diagnoses at lower rates than white individuals.[7] When care is available, Black and Latinx individuals are at greater likelihood of hospitalization and institutionalization compared to white individuals, who more frequently receive community-based treatment.[8] With regard to pediatric mental health, Black children and youth are less likely than white children to receive quality care in a range of settings. Black justice-involved youth are less likely than their white peers to receive access to mental health care.[9] Among families engaged with the child welfare system, Black children are less likely than white children to receive mental health treatment.[10] These inequities in access to care are far reaching; suicide rates among Black teens and young adults have increased over the last several decades.[11]

Researchers only have begun to quantify the mental health inequities associated with COVID-19. Holding these past inequities in mind, however, we can reassess the disproportionate burden of COVID-19 mortality on BIPOC communities as a collective trauma for which treatment is less available than for white communities. When treating this trauma as policymakers, advocates, and mental health providers, it is imperative that mental health services are delivered in ways that work to eliminate underlying inequities and do no additional harm. We must look forward, considering how the pandemic will reshape mental health care, and backward, considering the historical legacy of injustice in mental health, as we develop a COVID-19 recovery.

For a successful COVID-19 recovery, we must consider how the pandemic will reshape mental health care as well as address the historical inequities and structural racism.

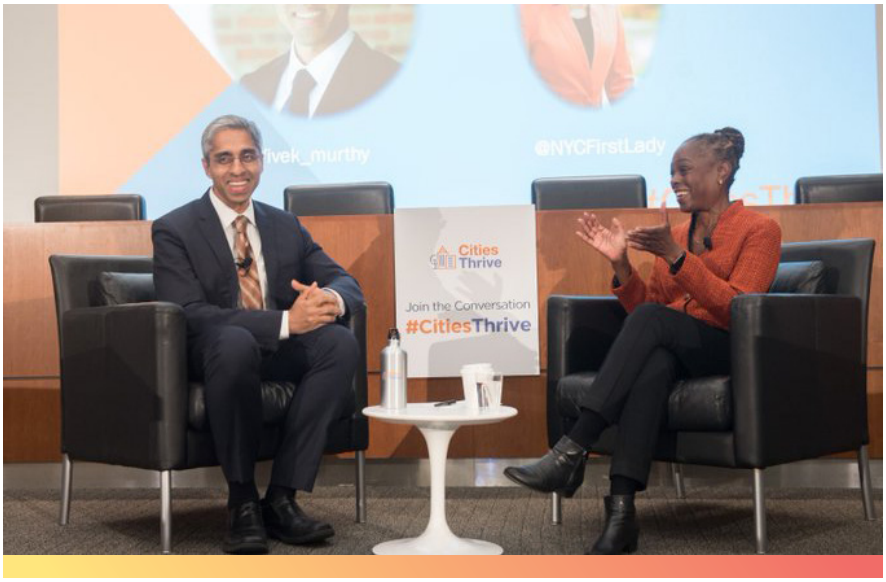
PUBLIC POLICY TO PROMOTE POPULATION-LEVEL MENTAL HEALTH

The confluence of structural racism and preexisting health inequities with COVID-19 has disproportionately affected marginalized populations. As the nation reckons with the toll of the pandemic—trauma, loss, anxiety, and depression—policymakers and advocates have an opportunity to address longstanding racial inequities. Similar to the transformative policies to reduce inequity made possible by the Great Depression, the COVID-19 pandemic presents an opportunity for us to reimagine mental health care in the United States and build on the successes of the Affordable Care Act and the Mental Health Parity and Addiction Equity Act. In recent years, local governments have actively and innovatively modeled the use of public policy for population mental health promotion. This report highlights several local-level successes to illustrate the potential of coordinated cross-sector mental health policy to improve population-level mental health in ways that are scalable and meet the demands of the pandemic.

Local governments are leading the way on mental health reform and actively collaborating to make mental health a priority in their communities.

Leading by Example: New York City, ThriveNYC, and the Cities Thrive Coalition

In 2015, New York City (NYC) launched ThriveNYC, a mental health policy platform that positioned mental health equity at the center of urban governance and established a portfolio of initiatives to expand access to preventive and direct mental health care. In parallel to ThriveNYC, a consortium of over 220 municipal and county governments, led by NYC, have formed the Cities Thrive Coalition and pledged to elevate mental health as a central policy issue in their jurisdictions. Through the Coalition, cities worldwide have built out municipal mental health policy in the model of ThriveNYC, notably ThriveLDN in London and Mind Shift in Stockholm.[12] The goals and programs that guide and comprise ThriveNYC and the Cities Thrive Coalition are described in detail elsewhere, and the full list of ThriveNYC initiatives is available in Appendix B of this report.[13,14]



Collaboration between the public, private and advocate sector improves our neighborhoods in ways government can't do alone. Pictured: Former United States Surgeon General Vivek Murthy and First Lady of New York City Chirlane McCray during the 2019 Cities Thrive Conference

To ensure that mental health care is accessible for all, New York City implemented NYC Care in 2019, a no- or low-cost health care program for undocumented, low-income, and uninsured individuals.[15] Lack of coverage and high costs are established barriers to accessing mental health care and are associated with poor mental health outcomes, particularly among undocumented individuals[16]; NYC Care eliminates those barriers. While federal insurance coverage expansion models remain debated, states such as Washington and New Mexico have begun to expand coverage below the federal level,[17] a promising model to address challenges posed by COVID-19.

To promote lifelong mental health for young people, early intervention is crucial.[18] To deliver support early and often in a child's life, NYC introduced a social-emotional learning (SEL) curriculum into all public schools for students from pre-kindergarten through 12th grade.[16] The curriculum includes didactic and experiential components to develop social, emotional, and behavioral regulation skills. Supports for parents and caregivers are emphasized to break cycles of intergenerational mental health stigma and trauma. The use of SEL curricula in other jurisdictions is associated with improved mental health outcomes, academic performance, and school attendance, as well as reduced disciplinary incidents.[19] In the context of COVID-19, from which children and youth are under acute emotional duress,[20] building mental health promotion into education can equip young people to cope with distress caused by the pandemic.

Local, state and federal governments across the United States need to lean on and learn from one another.

Finally, to reduce mental health inequities, NYC established the Sisters Thrive, Brothers Thrive, and Latinx Thrive initiatives in 2017 and 2018.[16] These initiatives brought together historically Black- and Latinx-led community, educational, professional, and advocacy organizations to train Black and Latinx individuals in Mental Health First Aid (MHFA), a curriculum for laypersons to identify and respond to mental health crises in their communities. MHFA training is associated with increased bystander intervention and reduced stigma toward mental health care.[21] By focusing MHFA expansion in Black and LatinX communities, NYC has promoted supportive community-based care for historically underserved populations.[22]

Mental Health Successes Nationwide: Seattle, Boston, Los Angeles

Local governments across the United States have followed NYC's lead and centered mental health in local governance. King County, Washington, for which Seattle is the county seat, announced a sweeping mental health crisis care plan in 2016 that enhanced the county's services for acute mental illness and expanded access to care for individuals who need it most.[23] The plan expands access to services for individuals with serious mental illness, homeless individuals, and persons with substance use disorders. As part of this expansion, first responders are better equipped to address mental health crises through de-escalation, avoiding criminal justice involvement for persons with mental illness. King County expanded this portfolio in response to COVID-19 to integrate mental health care with primary care to maximize reach for populations in need.

Prioritizing the mental health of children and youth in its jurisdiction, Boston, Massachusetts incorporated universal mental health screening and SEL curricula into public schools through its Comprehensive Behavioral Health Model (CBHM).[24] Launched in select schools in 2012, the CBHM has expanded gradually since then, with the intention to introduce the model and SEL curricula into all schools citywide. By building mental health screening and SEL into the structure of public schools, Boston educators and providers will identify and treat mental health concerns among youth at the earliest possible opportunity and equip students to manage their own mental health and support their peers to prevent future harms. Establishing the CBHM long before COVID-19 has positioned Boston to support youth and families through and beyond the pandemic.

Los Angeles County, for which Los Angeles is the county seat, has worked to eliminate mental health inequities through its Health Neighborhoods program, a countywide initiative to develop integrated networks of collaborative mental health care launched in 2018.[25] Through the development of coalitions of diverse stakeholders across Los Angeles County representing physical and mental health, social services, community-based organizations, and individual community leaders, the Health Neighborhoods initiative aims to increase access to services and care coordination in the neighborhoods where individuals with complex mental health needs live. By building these community-based networks of care, Los Angeles is positioned to connect its most vulnerable residents with necessary mental health supports during and after the pandemic.

STRATEGIES TO BUILD MENTAL HEALTH EQUITY IN THE WAKE OF COVID-19

The COVID-19 pandemic has placed public health at the forefront of federal, state, and local policy, and it remains crucial to prioritize mental health to mitigate negative outcomes stemming from the crisis. As demonstrated in local jurisdictions across the country, public policy is a key tool to improve population-level mental health and wellness. As such, we present here a range of strategies for mental health recovery after COVID-19 that leverage public policy to build a framework for cross-sector collaboration and innovation. The full list of strategies is available in Appendix A.

Public policy is a key tool to improve population-level mental health and wellness.

Priority goal 1: Ensure access to mental health care for all

Policymakers have a responsibility to guarantee mental health coverage for all as they develop and implement a long-term COVID-19 recovery. The Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act include provisions to extend universal testing and services for COVID-19 without cost-sharing.[26] It is imperative that future enhancements in coverage extend to mental health, as the mental

health effects of the pandemic are likely to be long-term and may not yet be realized. The following strategies will ensure that access to mental health care is available for all.

Eliminate cost-sharing requirements for mental health and substance use disorder services

- The Centers for Medicare and Medicaid Services (CMS) could use regulatory authority to eliminate cost-sharing requirements for furnished mental health and substance use disorder services and increase Medicaid reimbursement rates for mental health care. While parity remains essential, increased cost-sharing can make care unaffordable for individuals with dual diagnosis.[27]

Increase Medicaid reimbursement rates for mental health care, with designated allocations for mental health resources in Medicaid enhancements

- Low Medicaid reimbursement rates place strain on mental health providers.[28] Eliminating cost-sharing requirements while increasing reimbursement rates could expand access among low-income and underinsured populations and increase provider ability to deliver quality care.

Enhance enforcement authority to financially sanction payers and providers not adhering to federal parity requirements

- The US Department of Labor (DOL) could leverage its enforcement authority to sanction states and payors that do not adhere to federal parity requirements. Parity requirements are not universally honored, which limits the necessary care that consumers can access.[29] At the federal level, DOL retains the authority to levy financial sanctions as incentive to increase parity and could use this authority to guarantee access in line with the law. In the context of the pandemic, policymakers must ensure that insurance costs and regulatory barriers do not hamper access to care.

Expand access to Certified Community Behavioral Health Clinics nationwide

- Federal and state authorities could work together to expand the reach of Certified Community Behavioral Health Clinics (CCBHCs), which consolidate mental health and substance use disorder services for people with serious mental illness and addictive disorders while adhering to stringent federal reporting requirements.[30] Federal criteria for CCBHCs were established as part of the 2014 Excellence in Mental Health Act. While the use of these facilities has expanded in many states,

most communities are left without access to CCBHCs, despite evidence indicating that CCBHCs are associated with increased service utilization and preventive screening, as well as reduced costs.[31] Congress could increase funding and priority for CCBHCs, with appropriations administered by the Department of Health and Human Services (HHS) to incentivize states to adopt CCBHCs as a core component of Medicaid expansion. As a response to COVID-19, CCBHCs are useful for rural or low-resourced jurisdictions that require additional support to scale mental health services.

Authorize the use of and reimbursement for mobile apps and other tech tools to engage individuals in therapy (e.g., text therapy)

- Maintaining rigorous social distancing practices is crucial to prevent and mitigate community spread of COVID-19. To ensure that individuals can access therapy and supportive resources while reducing their own and their community's risk of COVID-19 transmission, policymakers and payors can increase the availability technology-based therapy and other supportive mental health tools through apps and the internet. Policymakers and payors can change regulations to authorize the use of and reimbursement for these technologies for care. This is particularly crucial for rural and low-resourced jurisdictions and jurisdictions with high rates of COVID-19 infection. Philanthropic partners could be engaged to support the dissemination of tech-based tools that may have high upstart costs.

Integrate mental health services with primary care

- State and local governments can partner to increase collaborative mental health treatment and access to screening in primary care. In 2016, CMS approved reimbursement for collaborative mental health services delivered in primary care, with expanded reimbursement criteria for rural settings and Federally Qualified Health Centers (FQHCs). However, provider uptake has been slow.[32] An expanded mental health workforce, as described below, can facilitate the integration of onsite case managers to support primary care providers (PCPs). The use of telehealth can expand access to psychiatric consultation in primary care. Notably, primary care integration is an effective means to reach older adults, who otherwise may not access mental health care.[33]

Allocate state, local, and private funding for mental health care through ballot initiatives or philanthropic partnerships to fund direct service

- In the absence of additional federal recovery packages, state and local governments are positioned to expand mental health coverage through ballot initiatives or by funding direct service.[34] Denver, Colorado passed the Caring for Denver ballot initiative in 2018 to levy a $0.25 sales tax to generate revenue dedicated toward mental health care. California increased funding for mental health care through the Mental Health Services Act, which levies a 1% income tax on income in excess of $1 million. In addition to increasing revenue to fund coverage expansion, all levels of government can utilize regulatory authorities to increase access to existing services and function as coordinating bodies to streamline care.

- Likewise, philanthropic institutions are well positioned to step in to fund increased community-level mental health services in the absence of adequate government resources. The increased mental health need stemming from COVID-19 requires policymakers and advocates to look toward new sources to build a mental health infrastructure through innovate partnerships with government and communities.

Support community-level mental health care integration and engagement across types of service

- To increase patient retention in and continuity of care, which are linked to improved mental health outcomes,[35] state and local governments can support engagement and outreach by established providers to promote cohesion across different types of services. Facilitating connections between hospital-based psychiatric services, community-based medical providers, outpatient mental health care, substance use disorder treatment services, and supportive social service agencies is crucial to engage individuals in care at any point and assure that care is delivered in ways that promote holistic wellbeing. By threading together the providers that care for the mental health of individuals in our communities, state and local governments can ensure that there is no wrong door to services for people in need.

Priority goal 2: Support the mental health of young people

Children's collective and individual trauma from COVID-19, including witnessing mass death and engaging in long-term social isolation, present an urgent need for mental health care as the current generation grows up under and after the pandemic. As the primary touchpoint between government and youth, education must adapt to meet this need. Although state and local governments control the operations of US public education, the US Department of Education (DOE) has considerable influence as a funding and standard-setting body to promote and support the integration of mental health care into education nationwide. The following strategies will help the nation prioritize youth and support the mental health of young people as a preventive investment in the future.

Social and Emotional Learning is teaching every New York City student how to process their emotions and grow into happy, healthy adults.

Provide universal, school-based mental health screening from kindergarten through 12th grade

- Social and emotional development is as important as physical development; screening for mental health must be routinized as part of human development. To do this, schools can offer education-based universal mental health screening and access to mental health services from kindergarten through 12th grade. By identifying childhood mental health issues early and referring children to necessary support, the education system can prevent future mental health challenges.

Ensure that mental health counseling for students is available in every school

- A screening program without school ability to provide access to mental health services will not improve children's mental health outcomes. Successful screening thus requires in tandem funding for sufficient access to mental health care, such as counselors in schools, telemental health, or other digital mental health care, such as text-based counseling. In particular, building a mental health safety net into education creates a lifeline for young people who lack support in the home or are housing unstable. Prioritizing funding for screening and concomitant services is an opportunity for DOE to model best practices for states and build out private sector partnerships to integrate digital tools into schools.

Implement curricular and in-school trainings for students in every school: Social-Emotional Learning and Youth and Teen Mental Health First Aid

- School curricula and in-school trainings can promote pediatric mental health. Social-Emotional Learning and Youth and Teen Mental Health First Aid are associated with improved mental health awareness and reduced stigma among youth.[21,36] The Substance Abuse and Mental Health Services Administration (SAMHSA) has released standards for the use of SEL in schools, but this guidance remains voluntary.[37] DOE could require that implementation of SEL in schools meets SAMHSA standards. While several localities have integrated SEL and MHFA into schools system-wide, scaling these interventions nationally would require federal incentives and partnerships with organized labor groups like the American Federation of Teachers and National Education Association, as well as non-governmental bodies like the Common Core State Standards Initiative, National Governors Association, and National Council for Behavioral Health.

Equip teachers to address student mental health with healing-informed trauma training

- The primary link between schools and children and families, teachers have a key role in improving student mental health. An investment in the nation's teachers is an investment in the nation's children. When children return to school after COVID-19 closures are lifted, teachers must be equipped to identify and address the signs and symptoms of poor mental health and trauma among students. Healing-informed training can equip teachers to address the residual trauma of COVID-19 in the classroom in a therapeutic and non-judgmental manner. SAMHSA has issued guidance for trauma-informed practices in the workplace, which have been adapted successfully to educational settings.[38] To expand the reach

of these programs, DOE and philanthropic partners could support states to fund healing-informed training in school districts. Partnerships with professional organizations and state certification bodies could be used to increase the reach of healing-informed training for educators.

New York City rapidly expanded NYC Care to all five boroughs, providing another opportunity for people to connect to mental health services during the pandemic.

Priority goal 3: Eliminate inequities in mental health care access and outcomes

COVID-19 has exacerbated the racial and economic inequities endemic to the US health care system.[6] Undoing these inequities can be accomplished through a combination of robust federal regulatory and legislative action. While led by the federal government, many of these strategies would engage state and local governments as part of implementation and service delivery. Intergovernmental collaboration has been instrumental in our nation's health and social policy successes, such as reducing veteran homelessness,[39] and collaboration is critical as we move to eliminate inequities in mental health.

By training providers to better engage patients from different cultural backgrounds, we can fundamentally improve mental health care nationwide.

Establish a HRSA funding program for fast-tracked cultural competency training for mental health providers as an immediate response to COVID-19

- The Health Resources and Services Administration (HRSA) could establish grant funding mechanisms for rapid and widespread cultural and clinical competency training for health care professionals as a short-term response to COVID-19. Such trainings, which teach providers to recognize the social determinants of health as an aspect of care and engage patients from cultural backgrounds that are not their own, are effective in improving patient satisfaction and provider engagement.[40] The delivery of these trainings could be accomplished in partnership with professional medical, nursing, psychological, and social work bodies.

Support SAMHSA, HRSA, and DOL grants to build out the mental health clinical workforce in underserved and understaffed settings

- Competency training alone is not enough to reduce inequities. Estimates suggest that only 5% of physicians are Black, a gross underrepresentation in the health care workforce.[41] While a range of pipeline programs for BIPOC health care workforce development exist, the federal government has not invested in BIPOC mental health workforce development at the scale necessary to respond to COVID-19. Training BIPOC individuals as clinical mental health professionals is essential to eliminate inequities in care.[42]

Support tuition remission to incentivize young people of color to enter the mental health professions as part of a BIPOC mental health clinical workforce development program

- As part of a BIPOC mental health workforce development program, the federal government could leverage tuition remission and educational incentive programs that have been implemented successfully in other fields (e.g., public service, law, and the military). A time-limited service component (e.g., three or five years) with structured career pathways to nursing schools or four-year colleges would promote advancement within the field. Such a program could build out collaborate care staffing in low-resource, high-need settings (e.g., FQHCs or rural health systems) to help alleviate the burden faced by PCPs to deliver mental health care.

Establish a Communities of Color Mental Health Corps to develop a community-based mental health workforce in high-need areas

- In parallel to training BIPOC clinical mental health professionals, the federal government could establish a Communities of Color Mental Health Corps to leverage the ability of peers, family members with firsthand experience of a loved one's mental health concerns, and empathic community members to deliver community-based care. Peer and lay mental health models, which integrate people with lived or firsthand experience into professionalized treatment teams and leverage the trust between these individuals and patients to deliver care, are associated with improved mental health and social outcomes and are an effective means to engage individuals who have faced discrimination within or exclusion from the health care system.[43] Investing in the widespread use of community-driven models would fill gaps in care and establish an employment pathway for individuals with histories of or experience with mental illness. This Corps could be deployed to the communities with the least provider coverage and the greatest inequities in access and outcomes.

Institute a scoring system for SAMHSA and HRSA grants that prioritizes community-based programs in communities of color

- To ensure the fidelity of investments in BIPOC mental health promotion through SAMHSA and HRSA, the federal government could revise agency grant systems to prioritize BIPOC communities. Geographic areas with high rates of COVID-19 infection and death, as well as areas with limited access to existing mental health services could be prioritized as part of such a scoring system.

Require federal SAMHSA and HRSA grantees to engage task-sharing as part of program development

- Federal grants could stipulate the incorporation of evidence-based, community-oriented strategies to reduce inequities in mental health, such as task-sharing, a strategy to engage laypersons and non-professional care workers in community-based mental health care and is associated with improved access to care and reduced costs.[44]

Incentivize the philanthropic sector to partner with government to fund mental health interventions with high upstart costs

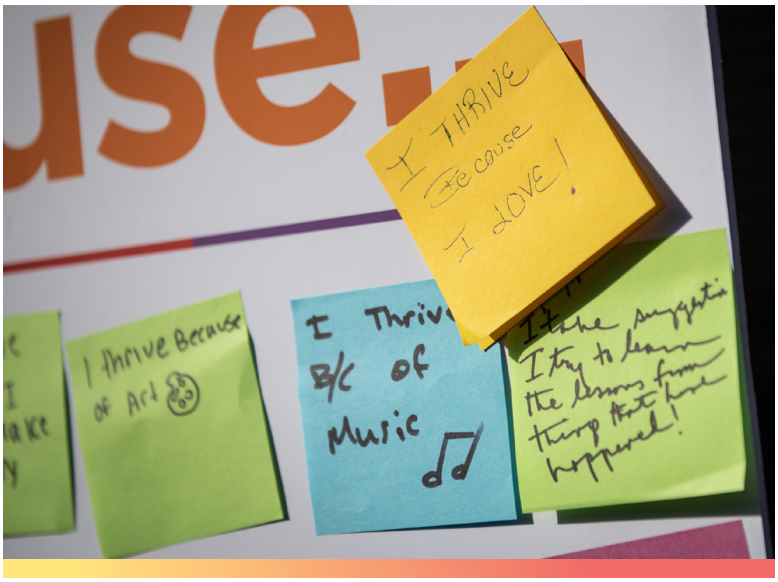
- In addition to federal grants, the philanthropic sector could be engaged to target donations toward mental health, a historically underfunded area.[45] Philanthropy is well positioned to supplement funding toward technology-based care or other services with high upstart costs, with operations costs later shared with government through innovative mental health partnerships.

Prioritize funding mental health crisis response systems that do not rely on justice system actors

- It is important that new strategies build a network of support outside of the justice system, which remains the largest provider of mental health services in the US.[46] While public safety remains an important component of promoting population-level mental health, new investments in crisis response must be made to engage community-based support without increasing individual-level justice involvement. Alternatives to policing through the use of trained mental health professionals for de-escalation and connection to care are important to promote BIPOC health and safety. Several successful models exist and could be brought to scale nationally through adequate federal investments.[47]

CONCLUSION AND CALL TO ACTION

As the epidemiologic and clinical scope of the COVID-19 pandemic evolves, policymakers and advocates must formulate an unwavering response grounded in health equity and racial justice to mitigate associated mental health harms. We must make sure all individuals are safe from harm, never forgetting that BIPOC communities are on the front lines of the pandemic. The scale of the crisis demands that we take action toward a national mental health recovery now.



Mental health care is a human right — and Thrive is positioned to play a critical role in helping NYC emerge from this crisis stronger.

We have offered a series of empirically grounded strategies for federal, state, and local policymakers to work toward such a recovery. These strategies build on best practices across the nation and are organized across three priority goals. First, guaranteeing access to mental health care for all. Second, supporting the mental health of young people as a preventive investment in our future. And third, eliminating the inequities that leave the hardest hit communities to bear the majority of harm. The necessary pieces to implement this agenda are available; only required are the will and political leadership to put them together.

Fundamentally, we believe mental health care is a human right. With this axiom as our starting and ending points, we call on policymakers and advocates to come together to deliver the care we need and deserve. There is no time to waste, but if we act now and we act boldly, mental health equity in the US is within reach.

APPENDIX A: STRATEGIES TO IMPROVE THE NATION'S MENTAL HEALTH AFTER COVID-19

Priority goal 1: Ensure access to mental health care for all

Proposal	Administration
Eliminate cost-sharing requirements for mental health and substance use disorder services	Federal government
Nationwide expansion of Certified Community Behavioral Health Clinics	Federal government
Enhanced enforcement authority to financially sanction payers and providers not adhering to federal parity requirements	Federal and state governments
Increased Medicaid reimbursement rates for mental health care, with designated allocations for mental health resources in Medicaid enhancements	Federal and state governments
Integrate mental health services with primary care	State and local governments
Allocate state, local, and private funding for mental health care through ballot initiatives or philanthropic partnerships to fund direct service	State and local governments
Change regulations to authorize use of and reimbursement for mobile apps and other tech tools to engage individuals in therapy (e.g., text therapy)	State governments
Support community mental health care integration and engagement across types of service	State and local governments

Priority goal 2: Support the mental health of young people

Proposal	Administration
Universal mental health school screening from kindergarten through 12th grade	State governments
Mental health counseling available in every school	State and local governments
Social-emotional learning curriculum in every school implemented to SAMHSA standards	State and local governments
Equip teachers to address student mental health with healing-informed trauma training	State and local governments; professional organizations
Expansion of Youth and Teen Mental Health First Aid	Federal and state governments

Priority goal 3: Eliminate inequities in mental health care access and outcomes

Proposal	Administration
Support SAMHSA, HRSA, and DOL grants to build out the mental health workforce in underserved and understaffed settings	Federal government
Establish a Communities of Color Mental Health Corps to develop a community-based mental health workforce in high-need areas	Federal government
Support tuition remission to incentivize young people of color to enter the mental health professions	Federal government
Institute a scoring system for SAMHSA and HRSA grants that prioritizes community-based programs in communities of color	Federal government
Require federal SAMHSA and HRSA grantees to engage task-sharing as part of program development	Federal government
Incentivize the philanthropic sector to partner with government to fund mental health interventions with high upstart costs	Federal, state, and local governments
Prioritize funding mental health crisis response systems that do not rely on justice system actors	Federal government
Establish a HRSA funding program for fast-tracked cultural competency training for mental health providers as an immediate response to COVID-19	Federal government

APPENDIX B: THRIVENYC INITIATIVES

Goal 1: Promote Mental Health for the Youngest New Yorkers

New York City Partner Agency	Program
Administration for Children's Services	Attachment and Bio-Behavioral Catch-Up (ABC)
Department of Education / Department of Health and Mental Hygiene	School Response Clinicians
Department of Education / Department of Health and Mental Hygiene	Mental Health Services for High-Need Schools
Department of Education / Department of Health and Mental Hygiene	Social-Emotional Learning: Universal Pre-K, Trauma Smart, and Early Childhood Mental Health Network
Department of Education / Department of Health and Mental Hygiene	School Mental Health Consultants: Capacity Building and Technical Assistance
Department of Health and Mental Hygiene	Kognito: Online Mental Health Training for Classroom and School Staff

Goal 2: Eliminate Barriers to Care

New York City Partner Agency	Program
Department of Health and Mental Hygiene	NYC Well
Department of Health and Mental Hygiene	Mental Health First Aid Training
Department of Health and Mental Hygiene	Public Education Campaigns and Educational Resources
Human Resources Administration	Connections to Care: JobsPlus
Mayor's Office for Economic Opportunity	Connections to Care: Mental Health Integration in Community-Based Organizations
Office of Labor Relations	Be Well: Mental Health Supports for City Employees

Goal 3: Reach People with the Highest Need

New York City Partner Agency	Program
Department for the Aging	Clinicians in Senior Centers
Department for the Aging	Visiting Program for Homebound Older Adults
Department of Homeless Services	Mental Health Services in Family Shelters
Department of Health and Mental Hygiene	Newborn Home Visiting Program in Shelters
Department of Veteran's Services	Mental Health Outreach and Support for Veterans (VetsThriveNYC)
Department of Veteran's Services	Non-Traditional Mental Health Services for Veterans
Department of Youth and Community Development	Mental Health Services in Runaway and Homeless Youth Residences and Drop-In Centers
Mayor's Office to End Domestic and Gender-Based Violence	Mental Health Services in All Family Justice Centers
Health + Hospitals	Mental Health Service Corps
Health + Hospitals / Correctional Health Services	Behavioral Health Assessment and Support for Youth in Detention
New York Police Department	Crime Victim Assistance Program

Goal 4: Strengthen Crisis Prevention and Response

New York City Partner Agency	Program
Department of Health and Mental Hygiene	Assisted Outpatient Treatment Coordination
Department of Health and Mental Hygiene	Intensive Mobile Treatment (IMT) Teams
Department of Health and Mental Hygiene	Assertive Community Treatment (ACT) Teams
Department of Health and Mental Hygiene	Forensic Assertive Community Treatment (FACT) Teams
Department of Health and Mental Hygiene	Support and Connection Centers
Department of Health and Mental Hygiene / New York Police Department	Co-Response Teams
Department of Health and Mental Hygiene / New York Police Department	Crisis Prevention and Response Task Force
New York Police Department	Crisis Intervention Training

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