



COVID-19 VACCINE GUIDANCE FOR BEHAVIORAL HEALTH PROVIDERS: Frequently Asked Questions

DATE: March 11, 2021 (updated since March 9, 2021 guidance)

1. How can individuals with behavioral health conditions (mental health and/or substance use disorder) be prioritized for receipt of the COVID-19 vaccine?

People with certain significant, high-risk medical conditions or disabilities will become eligible for COVID-19 vaccination statewide on March 15, 2021. The California Department of Public Health (CDPH) requests that providers reach out to clients meeting the eligibility requirements listed below about their vaccination eligibility to help save the lives of those who are at high-risk of death and severe complications from COVID-19.

The national supply of the vaccine remains limited, so appointments for the estimated 4.4 million Californians with these conditions or disabilities will not immediately be available to all who are eligible. Providers should use their best judgment in identifying and prioritizing those who meet the eligibility requirements.

People ages 16-64 can be eligible if they are deemed to be at the very highest risk to get very sick from COVID-19:

EITHER because they have one or more of the following severe health conditions:

- **Cancer**, current with weakened immune system
- **Chronic kidney disease**, stage 4 or above
- **Chronic pulmonary disease**, oxygen dependent
- **Down syndrome**
- **Solid organ transplant**, leading to a weakened immune system
- **Pregnancy**
- **Sickle cell disease**
- **Heart conditions**, such as heart failure, coronary artery disease, or cardiomyopathies (but not hypertension)
- **Severe obesity** (Body Mass Index ≥ 40 kg/m²)
- **Type 2 diabetes mellitus** with hemoglobin A1c level greater than 7.5%

OR if, as a result of a developmental or other significant, high-risk disability, one or more of the following criteria applies:

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

These three criteria include people with a range of significant physical or behavioral disabilities. Examples include:

- (a) People with serious mental illness (SMI) or serious substance use disorder (SUD)
- (b) Enrolled consumers of the following:
 - Regional Centers
 - Independent Living Centers
 - In Home Supportive Services
 - Community Based Adult Services/Adult Day Health Centers
 - Medi-Cal HIV/AIDS Waiver
 - Medi-Cal Home and Community-Based Alternatives Waiver
 - Medi-Cal Assisted Living Waiver
 - Program of All-Inclusive Care for the Elderly
 - California Children's Services Program (if the child is 16-21 years old)
 - California Genetically Handicapped Persons Program.

To protect confidentiality, verification documentation of the diagnosis or type of disability is not required but instead anyone meeting the eligibility requirements will be asked to sign a self-attestation that they meet the criteria for high-risk medical conditions or disabilities.

For more information on how and where these patients can access vaccine, please California's COVID-19 webpage [Questions and Answers](#).

See CDPH's [Provider Bulletin](#) from February 12 for details on the eligibility policy.

2. What is the evidence that individuals with serious mental illness and/or substance use disorders have increased morbidity and mortality from COVID-19?

Many studies have demonstrated that people with serious mental illness (SMI) or serious substance use disorder (SUD) are at much higher risk of COVID-19 infection, severe illness, and death:

1. People with severe mental disorders on average die 10-25 years earlier than the general population; the vast majority of these deaths are due to diabetes, heart disease, chronic lung disease and infectious disease. ⁱ

2. People with a recent diagnosis of serious mental illness had almost double the death rate from COVID-19 compared to someone with no mental illness. ⁱⁱ
3. People with schizophrenia were found study to be two to three times more likely to die of COVID-19 than the general population; ⁱⁱⁱ a Swedish study of almost 8 million patients found those with SMI without other medical risk factors were three times more likely to die of COVID-19 compared to persons without SMI. ^{iv}
4. A study of 73 million patients found people with a diagnosis of SUD to be 8.7 times more likely to contract COVID-19 compared to those without SUD. Those with SUD had almost a 50% increased risk of death from COVID-19. ^v
5. Analysis of electronic medical record (EMR) data from 35 health care organizations diagnosed with COVID-19 found persons with SUD had higher rates of hospitalization (2.3X), ventilator use (2.0X), and mortality (1.8X) within 21 days of COVID-19 diagnosis versus non-substance use disorder cohorts. ^{vi}

3. How do behavioral health providers and their staff get vaccinated?

All health care providers, including behavioral health providers, are included in Tier 1a (see [CDPH guidelines](#)) and should be offered COVID-19 vaccination. The following options are available for providers and staff to obtain vaccine:

1. Contact the local public health department
2. Go to the website My Turn (www.myturn.ca.gov) to schedule an appointment
3. Go to the website of a participating pharmacy to schedule an appointment.
4. Contact your county's behavioral health department for more assistance.

Sincerely,

Kelly Pfeifer, M.D.
Deputy Director
Behavioral Health

ⁱ [WHO Premature Death Among People with Severe Mental Disorders](#)

ⁱⁱ Wang, Q., et al., (2021). Increased risk of COVID-19 infection and mortality in people with mental disorders: analysis from electronic health records in the United States. *World Psychiatry*, 20(1), 124-130.

ⁱⁱⁱ Nemani, K., et al., (2021). Association of psychiatric disorders with mortality among patients with COVID-19. *JAMA psychiatry*.

^{iv} Maripuu, M., et al., (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. *Frontiers in psychiatry*, 11, 1538.

^v Wang, Q., et al., (2021). COVID-19 risk and outcomes in patients with substance use disorders: analyses from electronic health records in the United States. *Molecular psychiatry*, 26(1), 30-39.

^{vi} Baillargeon, J., et al., (2020). The Impact of Substance Use Disorder on COVID-19 Outcomes. *Psychiatric Services*, appi-ps.