

Scaling Access to Affordable, Safe, & Effective PAT for Marginalized Communities

A PROMISING PATHWAY TO ADDRESS THE MENTAL HEALTH CRISIS

The promising field of psychedelic-assisted mental health care is on the cusp of a transformative breakthrough with the imminent FDA approval of MDMA-assisted therapy for the treatment of Post-Traumatic Stress Disorder (PTSD). Three decades of meticulous research and advocacy, showcasing MDMA's efficacy in addressing PTSD, has paved the way for the subsequent emerging investigations of MDMA-AT for substance use disorders and a range of stress-related ailments. This development arrives at a critical juncture for American society, currently grappling with a multifaceted mental health crisis exacerbated by a devastating opioid epidemic, rampant substance use, growing incidence of suicide, and staggering societal impacts of COVID-19 isolation.

The crises at hand have far-reaching implications for the nation's social fabric, economic stability, and health and well-being. A recent study estimates the cost of untreated mental illness at [\\$4.2 billion](#) a year in direct, indirect and non-health care costs for the State of Indiana alone. Assuming other states follow a similar pattern, that means untreated mental illness is costing the US over \$210B annually. In addition, according to Forbes Magazine, severe mental health conditions cost the U.S. economy. [\\$193.2 billion](#) in lost revenue. Every single American is financially affected by the mental healthcare crisis.

The consequences of untreated mental health in the US runs throughout the fabric of our society and costs us all, however, the impact disproportionately burdens people from marginalized communities.¹ Studies reveal that: Black Americans are [20%](#) more likely to have mental health needs, but [30%](#) less likely to receive care; rural overdose rates [quadrupled](#) between 1999 and 2019, while the distance to care jumped [9X](#); American Indians/Alaskan Natives are [3.4X](#) more likely to commit suicide than other groups, and are less likely to have a mental health diagnosis. People in the LGBTQ+ community are [twice](#) as likely to have a mental health disorder in their lifetime compared to the general population. To unpack a bit more about the intersection of mental health disparities and marginalized communities we have prepared this brief [presentation](#).

Recognizing the urgency of these challenges, there is a growing consensus on the imperative to make effective interventions like MDMA-assisted therapy widely accessible to those most in need. The Psychedelic Health Equity Initiative (PHEI) stands at the forefront of this movement, championing the cause to ensure that psychedelic-assisted therapies are not only available but are also safe, effective, equitable, and accessible by those most in need and least likely to have access.

In light of the acute need for such interventions, PHEI's plan emphasizes a robust Medicaid strategy as a vital conduit to extend psychedelic-assisted therapeutic advances to the over 84 million undeserved people covered by Medicaid². This strategic approach is predicated on a synergistic

¹ The term 'marginalized' refers to the additional challenges in accessing mental healthcare due to factors like race, economic status, gender identity, sexual orientation, veterans, disabilities, geographic location, immigration status and cultural background. While there is much individual variation in and among different marginalized affinity groups, what ties them together is high levels of adverse life experiences (e.g. poverty, racism, discrimination based on gender, sexual orientation or disability, war, rape, natural disaster).

² According to [Forbes](#) Magazine, Medicaid pays for ¼ of all US behavioral health spending

relationship with the established health equity field, aimed at enhancing the delivery and efficacy of psychedelic-assisted therapy through community-based support services.

As we forge ahead, the philanthropic sector's role in galvanizing this initiative cannot be overstated. With a dedicated 10-year strategy, PHEI's goal is to secure Medicaid coverage for psychedelic-assisted therapy in at least 20 states by 2034. This ambitious goal underscores our collective commitment to confronting the mental health crisis for all people with innovative, effective solutions. At this pivotal moment, the call to action is clear: to mobilize support and resources right now to realize the vision of a more inclusive, equitable mental healthcare landscape.

EXECUTIVE SUMMARY

Mission

PHEI is an emerging field catalyst with the mission to improve the lives of people who have been marginalized in US society by ensuring equitable access to affordable, safe, and effective psychedelic-assisted therapy and wellness.

Strategy

Our four key strategies moving us towards this vision are:

- 1) Secure prompt Medicaid funding for PAT and necessary support services. We will provide compelling evidence to the multiple health care decision makers who determine what services are available to the underserved population through the Medicaid program.³ Our success depends on creating, demonstrating, and documenting supportive care models that amplify the benefits of PAT through improved health outcomes, value, and equity. (see appendix A for detailed strategy)
- 2) Enhance PAT care delivery models with care methodologies and community-based support services that are equitable, accessible, affordable, cost-effective, scalable, and safe (physically, mentally, and culturally) for marginalized populations. A range of marginalized communities universally grapple with the impact of trauma, disconnection, and resource insecurity when engaging with mainstream society and its systems, including the mental healthcare system.⁴ We will enhance provider readiness to deliver effective PAT for marginalized populations by establishing supportive frameworks that prioritize patient empowerment. This includes emphasizing community based solutions to baseline barriers to care, patient choice, providing education, offering mindfulness training, and ensuring ongoing integration support.
- 3) Ensure Workforce Readiness & Training for Supporting Marginalized Populations. We will support the cultivation of a diverse workforce adept at addressing unique needs of marginalized communities. By supporting the creation of comprehensive culturally sensitive training tools, therapists and facilitators from all backgrounds will be equipped to navigate

³ The analogy for Medicaid expansion is to services like acupuncture; eventually there was enough evidence that the service had enough client benefit in terms of patient outcomes for CMS to make it an allowable expense that states could choose to cover.

⁴ What ties the different marginalized groups together is high levels of adverse life experiences (e.g. poverty, racism, discrimination based on gender, sexual orientation or disability, war, rape, natural disaster).

diverse client needs, enhancing therapeutic impact. We will do field-wide assessments, then create effective learning tools, and finally partnering with existing and developing training programs across the nation to disseminate and train with our tools.

- 4) Develop replicable infrastructures that enable healthcare fields to 'pull' PAT into existing health systems. Health equity organizations are looking for new and different ways of treating depression, PTSD, substance use, and the many mental health challenges their clients disproportionately face. We will create the PAT infrastructure by merging best practices in the health equity field with those in the psychedelic field to help existing community health hubs address the behavioral health challenges that so many of their clients experience. Improving mental health outcomes is expected to improve the results of all the services and care coordination these health hubs provide.

COLLABORATIVE & SUPPORT ORGANIZATIONS

Confirmed

Psychedelic Science Funders Collaborative
Camden Coalition
Healing Breakthrough
Brain Futures
Panorama Global (Fiscal Sponsor)

In Development/Discussion

Lykos Therapeutics
MAPS
University of California, Berkeley Collaborative for the Economics of Psychedelics (CEP)
University of New Mexico Health Sciences Center
Rocky Mount Opportunities Industrialization Center/OIC Medical
Access to Doorways
Center for Health Care Strategies
Hackensack-Meridian
Cooper University Hospital

THE TEAM

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APPENDIXES

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2. [Medicaid Specific Strategy](#)
3. [3-year budget](#)
4. [Outputs & Outcomes](#)
5. [Meet the Team](#)