



CITY, COUNTY, AND STATE NEWS

CHARLESTON, WV: *City of Charleston to hire first mental health coordinator:* The City of Charleston announced it will hire its first mental health coordinator. The position will be funded with Community Development Block Grant funds, according to a news release from the city. The coordinator will work as a part of Mayor Amy Goodwin's CARE Office and will be responsible for coordinating the work of a mental health response team comprised of the city of Charleston's staff, mental health experts, homeless shelters and social service providers, the release said. The CARE Office will reach out to up to 30 individuals or families each month and address mental health and social service needs.

GENESEE COUNTY, MI: *Genesee County won't ask voters for mental health tax:* County commissioners say additional funding for mental health services is needed but aren't ready to ask voters for a new millage that would cost property owners more than \$90 million over the next 10 years. Commissioners took no action on a request from Genesee Health System to ask voters for a 0.94-mill property tax in November, a proposal that would pay for a new around-the-clock mental health crisis center and increased funding for county police departments. The proposed property tax would have funded a stand-alone crisis center and the creation of a crisis intervention team to staff it. The GHS millage would have set aside 70 percent of raised revenue -- estimated at \$9.1 million in the first year -- for mental health crisis, stabilization and prevention, reducing the burden on the county jail and improving care, Russell said. Twenty percent of the tax would have been allocated to the county Sheriff's Office and 10 percent allocated to villages, cities and townships that maintain their own police departments.

GRAND RAPIDS, MI: *Grand Rapids expands mental health partnerships:* The Grand Rapids Police Department is exploring options to improve mental health response. Grand Rapids City Manager Mark Washington announced his intent to expand mental health partnerships as part of the city's ongoing efforts to improve public safety outcomes. Washington, Police Chief Eric Payne and Fire Chief John Lehman intend to leverage a combination of nonsworn behavioral and mental health professionals within the organization and partnerships with behavioral and mental health professionals from other governments, authorities and nonprofit organizations. Washington said he hopes to pilot the expanded partnerships by focusing on responses to those experiencing homelessness, building on the early success of the city's Homeless Outreach Team. The goal is to integrate police, fire and mental health professionals to connect individuals more effectively with the services and support that can lead to transitional and/or permanent supportive housing.

CHARLES COUNTY, MO: *St. Charles County firefighters create mental health initiative for trauma survivors:* Firefighters came together to create a nonprofit mental health initiative for bystanders of traumatic events after seeing the effects of post-traumatic stress disorder firsthand. Through the new Central County Fire and Rescue Community Crisis Assistance Program (CCAP), people can receive free counseling with licensed professionals in the aftermath of physical and mental trauma, according to a release from the department. Training is underway to teach volunteers to identify situations that could cause post-traumatic stress and how to refer someone for assistance. Every CCFR employee can activate the program in the aftermath of an emergency incident. CCFR said that firefighters came up with the idea after bystanders rescued two people

from a burning home in June. Realizing that the bystanders were at risk of post-traumatic stress from the experience, the firefighters spent days brainstorming how to help them recognize symptoms and begin the healing process. From that, CCAP was born. Since it launched on June 27, it already has helped six local residents who stepped into traumatic events to help their neighbors. The program is funded by donations and helps families in need, conducts community education and outreach efforts and supports local community organizations.

CONTRA COSTA COUNTY, CA: *Awarded grant to integrate EMS into long-term opioid use disorder care:* A California county has received a two-year, \$450,000 grant to evaluate a pilot program that partners EMS providers with outreach workers to improve care for those with opioid use disorder (OUD). The CARESTAR Foundation awarded the grant for Contra Costa County's CA Bridge Program at the Public Health Institute, which formed an alliance between the California Department of Public Health, Contra Costa County EMS, American Medical Response, the Contra Costa County Department of Public Health and UCLA to tackle the opioid crisis. This is the first county-wide pilot in California where EMS responders start buprenorphine treatment for OUD directly from the ambulance, and then outreach workers connect with patients within the community to provide longer-term resources," said CA Bridge EMS Director Dr. Gene Hern. "Improvement in this area of care is critical right now, given that the number of deadly opioid overdoses in many California counties is rising drastically."

MISSOULA COUNTY, MT: *Mobile Crisis Team Underway:* The Missoula County Criminal Justice Coordinating Council received a \$125,000 grant from the state Department of Health and Human Services to fund a mobile crisis team to respond to calls for people in mental health crisis, which currently fall on the shoulders of law enforcement. The grant will help fund a 10-month pilot crisis team, which will consist of two mental health professionals with basic medical training to assess and assist a person in crisis, and a peer-support specialist and/or case manager to ensure the person receives follow-up treatment and mental health services. Missoula County and the City of Missoula approved matching funding for the project, which, coupled with other grant funds received earlier this year, totals \$380,000. Data from the pilot project will be used to inform future funding decisions. When the mobile crisis team is up and running, people will be able to call 911 and have a mental health team dispatched to the scene. Depending on the situation, the dispatcher may send both police and the mental health team, or just the police if they need to go out and secure the scene first. A case manager will then follow up with the person after the phone call. The county is aiming to have the mobile crisis team active by September, and will contract with a mental health provider to deliver mobile crisis services through an RFP process expected to start next week.

SANTA BARBARA COUNTY, CA: *State Grant Will Expand Mental Health Services For At-Risk Kids In Santa Barbara County Schools:* A state grant is going to fund the expansion of mental health services in Santa Barbara County's schools. The \$4 million dollar grant will be used by the Santa Barbara County Education Office and the county's 20 school districts to help kids in crisis. There will be a special focus on aid for students who identify as LGBTQ, students who have been suspended or expelled, and foster youth. The four-year program will include having mental health experts available to help children and their families. The funding from a state commission will also pay for what's known as Mental Health First Aid training for teachers and school staff.

ALABAMA: *Alabama officials launch 'Stop Judging, Start Healing' campaign to address mental health:* A new resource is available to support the Alabama Department of Mental Health and Public Health's "Stop Judging, Start Healing" campaign. An informational PowerPoint brings awareness and exposure to ending the stigmas of opioid use disorder, HIV, viral Hepatitis, substance use disorder and mental illness. The program is also designed to give supporting information to enhance the healing process for the people experiencing these stigmas, as well as the people who support them. The "Stop Judging, Start Healing" campaign was created to

educate and bring awareness to create a state of mind where people with mental health disorders are valued and treated with dignity and where stigma and barriers to treatment and recovery are eliminated.

ILLINOIS: *State launches new mental health initiatives:* The Illinois Department of Human Services announced three new mental health programs designed to provide additional support for Illinois residents. These new resources will be provided by community organizations through the Living Room Program, Transitional Living Centers and the Transitional Community Care and Support Programs. To achieve successful transition of individuals leaving the IDHS state-operated psychiatric hospitals, IDHS is contracting with community mental health centers and non-traditional service providers to develop capacity and to deliver clinical services and non-traditional supports. The initiatives include:

Living Room Program: This program is for those in need of services and supports designed to divert crises and break the cycle of psychiatric hospitalization. The program provides a safe, inviting, home-like atmosphere where individuals can calmly process a crisis event, as well as learn and apply wellness strategies to prevent future crises. It is staffed by recovery support specialists. Individuals seeking services are screened for safety by qualified mental health professionals upon entry and exit. Individuals experiencing psychiatric crises may self-refer or may be referred by police, fire, emergency departments, or other organizations with which an individual experiencing such a crisis may come into contact. *Transitional Living Centers:* These centers are a housing resource for individuals who have mental illnesses and need a place to stay while they work with a community mental health center to find permanent housing. Priority is given to individuals who are ready for discharge from an state-operated psychiatric hospital, but need housing. This is not residential treatment, but truly housing, with services and supports being provided through traditional avenues. *Transitional Community Care and Support Programs:* Eligible individuals are those who are in a state-operated psychiatric hospital and preparing to be discharged. The hallmark of the program is the development of engagement specialists who work in recovery support specialist roles within community mental health centers and who will be coming to state-operated psychiatric hospitals for face-to-face engagement with individuals while they are hospitalized. This will facilitate linkage and establish a trusting relationship with a provider of community-based services for state-operated psychiatric hospital patients during their inpatient stay. The program will include funding for non-traditional supports, such as cellphones, food, clothing, transportation, and other resources necessary for individuals to succeed as they transition to communities. In addition, agencies will provide clinical consultation to the state-operated psychiatric hospital treatment team during treatment and discharge planning to ensure treatment needs are anticipated and addressed prior to discharge

MICHIGAN: *Michigan picked for CCBHC pilot project funding community mental health services:* Michigan has been picked to partake in a federal pilot program that funds mental health and addiction services in community health clinics — an approach that's helped to keep those needing treatment out of jails, hospitals and off the streets. The pilot is tied to legislation enacted in 2014 from Sens. Debbie Stabenow, D-Lansing, and Roy Blunt, R-Missouri, to offer reimbursement for community-based mental health treatment. The program established new federal criteria for participating clinics to meet quality standards and offer a broad range of services, including 24-hour crisis psychiatric care, counseling and integrated help to treat substance abuse, and physical and mental health issues. Michigan was not selected for the initial round of eight states for the pilot project in 2016 but has now been selected, along with Kentucky, for an expansion authorized under the federal coronavirus relief or CARES Act. Twelve centers included in Michigan's proposal will be part of the demonstration, Stabenow said, and receive funding for two years through Medicaid, the government health program for mostly low-income individuals.

MINNESOTA: *Minnesota launches pioneering Medicaid program to combat homelessness:* Minnesota officials this week launched an innovative program that aims to help thousands of people who are poor or have disabilities to find their own homes and avoid living on the streets. The program breaks ground in that it uses funds from Medicaid, the state-federal health insurance program for the poor, to pay for a wide range of

housing-related services for people at risk of becoming homeless. It will help people search and apply for housing, negotiate leases and ultimately prevent evictions by identifying tenant problems before they become crises, among other services. State officials said they expect the benefits package — called Housing Stabilization Services — will help about 7,000 people on Medicaid find and retain housing within the program's first three years. The initiative took several years to prepare and reflects a shift in the way policymakers and state agencies are approaching the problem of homelessness. Health and housing programs historically served many of the same people, but they have been administered separately by a patchwork of nonprofits and government agencies with different funding sources. Yet a growing body of research shows a link between health and housing: that a person's overall health improves once they find a stable place to live. Other states are pursuing a similar model, but Minnesota is the first to receive federal approval to offer housing support services in its basic publicly funded Medicaid program. The new benefit comes as state and local officials struggle to find practical solutions to the affordable housing crisis, which has become more visible during the coronavirus pandemic. On Monday, police cleared a sprawling homeless encampment at Minneapolis' Powderhorn Park, which had swelled to several hundred people, citing increasing crime and health concerns. In Hennepin County alone, officials estimate there are about 80 homeless camps, most with just a few tents. The camps have grown in size and number, outreach workers say, because many homeless people fear catching the coronavirus in a shelter. In response, Hennepin and Ramsey County officials launched an unprecedented effort to move hundreds of homeless people at risk for the coronavirus to hotels, but they are still struggling to bring social services to a hard-to-reach population of people sleeping outside who have mental illness and substance abuse issues. The process for creating the new benefits package was set in motion five years ago, when the federal Centers for Medicare and Medicaid Services issued a critical bulletin outlining how Medicaid could cover housing-related services. Those who qualify for the new services would get help finding a place to live, making sure a home is safe and ready for move-in, as well as assistance negotiating with potential landlords. But unlike many short-term housing programs, the support does not end once a person moves into a home. The program also pays for a variety of tenant services, such as early identification of behavioral problems and tenant training designed to prevent evictions. The new Medicaid benefit does not cover the cost of rent, but it would help cover tenant services that are provided by a patchwork of organizations across the state.

NEW HAMPSHIRE: *Safe Station program goes mobile to connect homeless with addiction, mental health services:* With the original services of the once-innovative Safe Station program now available through the Catholic Medical Center, the Manchester Fire Department has begun a new phase of Safe Station. It's gone mobile. Three times a week, a team that includes firefighters, mental health workers and shelter managers has been visiting homeless camps in the city. Fire Chief Dan Goonan said the effort is to get some 175 homeless camp residents more connected with the help they need to fight problems such as substance abuse or mental illness. And they try to convince them to move to shelters, an effort that he acknowledged is not going so well during the summer. The demand for the service may be increasing. Experts predict a 40% rise in homelessness nationwide, much of that due to economic problems associated with the COVID-19 pandemic. In 2016, the Manchester Fire Department created Safe Station, making every fire station an access point for drug users to be linked to treatment, services and medical care. It was replicated in locations nationwide, and Goonan hosted President Donald Trump and other top officials to showcase the program. But Safe Station notoriety has been fading. Gov. Chris Sununu's Doorways program leaned away from fire stations as entry points for services. And earlier this year, Catholic Medical Center assumed the formal Doorway function. Goonan said he created the mobile response team with federal CARES Act money and \$265,000 annually provided by Sununu to address homeless issues. After a few visits, the people in camps realized the crisis team was there to help, he said. Conversations started. Nurses helped people with injuries. At least eight were hospitalized for psychiatric problems. At least 16 applied for government benefits. On July 1, a headcount found 173 people in 31 camps, including the four camps where officials had been supplying toilets, sinks, food deliveries, police coverage and trash pickup. The city discontinued those services late last month. The goal is

to encourage camp residents to move to the shelter, but on July 1, the shelter was hosting only 18 people who came from the camps. Goonan said four out of every five people in camps are suffering from mental health problems.

EXECUTIVE

Trump Administration Renews Covid-19 Public Health Emergency

- Trump Administration extended the Covid-19 public health emergency which ensures that critical resources to fight the pandemic will continue
- Public health emergencies last for 90 days, meaning the latest renewal will expire in late October — close to Election Day — without another extension

FDA Requiring Label Changes to Include Information about Naloxone

- The FDA is requiring changes to opioid drug labels so that they include information on the opioid overdose antidote naloxone
- The agency is looking for ways to prevent overdose deaths amid the opioid crisis. More recently, there were 70,980 reported deaths from overdoses in 2019, which was an all-time annual high, and a White House analysis this month showed an 11.4 percent year-over-year increase in fatalities for the first four months of 2020
- Providers should discuss the availability of naloxone with all patients when prescribing an opioid or a medicine to treat opioid use disorder, the agency added
- Public health and government officials will be closely monitoring whether the labeling change and other recent actions on naloxone can reduce opioid overdose deaths

CONGRESS

Bipartisan Committee Leaders Request Information on COVID-19's Impact on Addiction & Overdose Crisis

- Bipartisan Energy and Commerce Committee leaders sent a [letter](#) to Health and Human Services (HHS) Secretary Alex Azar addressing concerns that the COVID-19 pandemic has exacerbated the ongoing substance use disorder (SUD) and overdose crisis in the United States, which the country has been battling for decades. The bipartisan leaders requested a briefing on the latest trends in substance use and overdoses, how those trends are affected by the COVID-19 pandemic, and what more the federal government needs to do to address this growing crisis
- The letter to Azar was signed by Energy and Commerce Chairman Frank Pallone, Jr. (D-NJ), Ranking Member Greg Walden (R-OR), Health Subcommittee Chairwoman Anna G. Eshoo (D-CA), Ranking Member Michael C. Burgess, M.D. (R-TX), Oversight and Investigations Subcommittee Chair Diana DeGette (D-CO), and Oversight and Investigations Subcommittee Ranking Member Brett Guthrie (R-KY)
- In 2018, the number of fatal drug overdoses decreased for the first time in over two decades, but last year, overdose deaths increased to an all-time high. Now, recently reported increases in overdose deaths during the COVID-19 pandemic threaten to exacerbate these trends. According to the

[Washington Post](#), data indicate that, compared to the year before, suspected overdoses nationwide increased 18 percent in March, 29 percent in April, and 42 percent in May. The COVID-19 pandemic has led to more Americans suffering from depression and economic hardship, as people continue to isolate and often are unable to seek the necessary treatment. Dr. Nora Volkow, Director of the National Institute on Drug Abuse at the National Institutes of Health, recently stated, “that the support systems that were there to actually help them achieve recovery are no longer present. At the same time, access to some of the treatment programs has become much harder to get by and that actually includes emergency departments.”

- To read the full letter, click [HERE](#)

IN OTHER NEWS

National Governor’s Association (NGA) Releases Strategies To Address Social Isolation And Loneliness During COVID-19

- The NGA released a best practices guide for governor’s across the country on how to combat social isolation, along with examples of policies states have implemented so far
- You can view the memo [here](#)

New Analysis Shows Suicide-related Calls Involving Over-the-Counter Painkillers are Rising

- An [analysis](#) of suicide-related calls to poison centers shows common painkillers found in household medicine cabinets — ibuprofen, acetaminophen, and aspirin — are being used more frequently in suicide attempts and are more often leading to serious medical problems than they were 20 years ago
- Children and teenagers accounted for half the cases from 2000 to 2018; the 57% increase in overall cases was driven mostly by girls and women, who accounted for nearly three-quarters of all cases
- Calls resulting in a serious medical outcome or hospital admission rose by almost two-thirds over the study period

National Survey of LGBTQ Youth Mental Health Shows Increase in Suicide Ideation

- A national [survey](#) of LGBTQ youth mental health from the Trevor Project found that 40 percent of LGBTQ respondents “seriously considered attempting suicide” in the past 12 months

New Research Shows Limiting Handgun Sales to those 21 and over May Help Decrease Suicides Among Adolescents

- According to [new research](#) states that restrict the sales of handguns to those aged 21 and older may have lower suicide rates among adolescents
- Scientists looked at suicide data between 2001-2017, and found that each state that limited handgun sales to those 18 and older had an additional 344 suicides among 18-20-year-olds compared to states with a 21-and-over policy

- In contrast, states that limited handguns to those 21 or older had around two fewer suicides per 100,000 adolescents in the 18-20 age group
- Two states — Missouri and South Carolina — lowered the age limits for handgun purchases from 21 to 18 during the study period, and saw an increase in adolescent suicide rates
- At the same time, Wyoming and West Virginia raised their age limits to 21 in 2010 and didn't see a significant change in their suicide rates

New Research Shows Follow-up Soon After Leaving Hospital Could Help Reduce Suicide Risk

- New research shows mental health specialists following-up in a timely fashion with those who were discharged from psychiatric wards has shown to be a way to reduce suicide risk
- Scientists looked at data from nearly 140,000 children and adolescents who are Medicaid recipients, around 57% of whom had a follow-up within a week of being discharged from a psychiatric ward. These patients had a nearly 55% lower risk of dying by suicide between 8-180 days following discharge. Twenty-two youths — most of whom were white and male — died by suicide within six months of being discharged. Black adolescents, those who were medically ill, or were older were less likely to have a mental health expert check-in with them soon after being discharged

Mental Health America Announces More than 250k People Screened Positive for Depression Since Pandemic Began

- Tens of thousands of people experienced serious mental health symptoms in July as the COVID-19 pandemic continued to take a huge toll on the mental health of the nation, according to new data released by Mental Health America (MHA)
- MHA, which has been using its online mental health screening program – www.mhascreening.org – to track the real-time impact of the pandemic on mental health conditions, reported that more than a quarter million people took a mental health screening in July. This was the largest monthly number in the six years of the program, which has now reached more than 5.5 million people with tools and resources to learn more about their mental health conditions and improve or maintain their mental health
- “In July, more than 72,000 of our screeners indicated moderate to severe symptoms of depression, more than 39,000 had moderate to severe systems of anxiety, and more than 19,000 had symptoms of psychosis – the highest numbers we have ever seen,” commented MHA President and CEO, Paul Gionfriddo. Collectively, since the end of February more than 263,000 people over and above what we would have expected have screened moderate to severe for depression or anxiety,” he added. “This reflects how pervasive mental health conditions are becoming in the general population as a result of the pandemic. In addition to hundreds of thousands experiencing depression or anxiety, more than 42,000 people have also now experienced symptoms related to emerging psychosis,” Gionfriddo added. This suggests that stress from the pandemic is also playing a role in the development of these symptoms. Most worrisome are the 90,000 plus people who report regularly thinking of suicide or self-harm – more than 30,000 in the month of July alone”

- Screening respondents cite loneliness and isolation, relationship problems, current events, and, increasingly, financial problems as reasons for their mental health conditions at the present time. While young people continue to be disproportionately affected by both anxiety and depression, different populations cite different reasons for their concerns. Severe mental health conditions also appear to be on the rise

WEEKEND READING

WALL STREET JOURNAL: A Growing Push to Treat Racisms Impact on Mental Health

FORBES: How Mental Health Metrics Can Protect Employees in an Uncertain World

ASPEN INSTITUTE: How We Can Address Mental Health Inequities in the Time of Covid-19

THE WASHINGTON POST: Black Psychiatrists Are Few, They've Never Been More Needed

ED TECH MAGAZINE: How Schools Are Taking SEL and Mental Health Online

USA TODAY: Young People Struggle with Finding Mental Health Support Amid COVID-19 Pandemic

DALLAS MAGAZINE: For Mental Health 911 Calls, Dallas Found Success In Social Workers

The information compiled in this email originated from various news sources including: Axios, Politico, Vox, Kaiser Health News