

MENTAL HEALTH WEEKLY

Essential information for decision-makers

Volume 34 Number 9

February 26, 2024

Online ISSN 1556-7583

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Several mental health groups in California remain uneasy about the possible implications of the Proposition 1 ballot measure that state voters will consider next month. Opponents of the housing- and facility-focused measure say that if it is approved, it will siphon much-needed dollars from community-based mental health care.

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Some California mental health groups remain fearful over state ballot measure

With California voters just over a week away from deciding on a ballot measure that would represent a major transformation of the state's mental health service delivery system, a striking number of mental health advocates remain either lukewarm about the proposal or bitterly opposed.

Still, there remains a sense that voters on March 5 will likely give the OK to Proposition 1, a complex proposal with numerous components

Bottom Line...

Next month's Proposition 1 on the California state ballot is widely expected to pass, leaving some mental health advocates fearing a loss of critical community-based and locally driven mental health services.

but one where the state's attempt to reduce highly visible homelessness in communities has dominated the public discussion.

Mental Health America (MHA) of California has stood as one of the most vocal opponents of Proposition 1. Leaders of the advocacy organization believe the state's attempt to reshape spending priorities under the landmark Mental Health Services Act (which state voters approved in 2004) would virtually decimate vital community-based mental health services overseen by California counties. Proposition 1 would expand the reach of the Mental Health Services Act to include substance use treatment services and to require more county-level funding

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Toxic stresses at community level highlight a public health need

Having a background in both climate action and counseling psychology, Bob Doppelt could clearly make the connection between episodic or ongoing stressors in people's lives and adverse mental health outcomes. Establishing an international coalition devoted to strengthening community resilience, created in the aftermath of 2012's Superstorm Sandy, Doppelt recalls his assessment of populations' need at the time: "This is going to get far, far worse," he thought.

More than a decade later, Doppelt's prediction rings true. There is a constant barrage of headlines about the effects of disaster events, some linked to climate change, on communities. "But the greater mental health struggles are those from

Bottom Line...

Community-focused initiatives to build mental wellness and resilience are gaining momentum nationally, but leaders believe an infusion of federal support would make a huge difference in sustaining their progress.

toxic stresses," said Doppelt, founder and coordinator of the International Transformational Resilience Coalition (ITRC).

These stresses are the ongoing, sometimes insidious disruptions to the systems that people rely on for basic needs, he said. People often fail to pick up on these important associations, he said, as in when

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to be set aside for development of housing.

“We’re changing the landscape in California, and not in the right direction,” Karen A. Vicari, J.D., director of public policy at MHA of California, told *MHW*. “We’re forcing people into higher levels of care.”

Meanwhile, the state association representing the provider organizations that contract with California counties to deliver behavioral health services has chosen to maintain a neutral stance on the ballot measure. Leaders of the California Council of Community Behavioral Health Agencies (CBHA) have expressed reservations about making dramatic changes to mental health service delivery at a time when providers are still adjusting to recently enacted payment changes under the state’s Medicaid waiver (see “All eyes will be on California as voters weigh MH transformation,” *MHW*, Jan. 1, 2024; <https://doi.org/10.1002/mhw.33894>).

CBHA chief executive Le Ondra Clark Harvey, Ph.D., confirmed to *MHW* this month that the association has decided not to make a formal recommendation to voters on Proposition 1. She has said that the administration of California Gov. Gavin Newsom and state legislative leaders had not gone far enough to protect community-based services that could be in jeopardy if Proposition 1 passes.

Proposition 1 combines two legislative measures advanced by Newsom last fall. One bill calls for the issuance of \$6.38 billion in general obligation bonds to create more than 11,000 new treatment beds and supportive housing units. The other measure would incorporate new priorities, including substance use treatment and behavioral health workforce development, into the Mental Health Services Act, which is funded by a 1% state tax on personal incomes in excess of \$1 million.

Opponents’ concerns

MHA’s Vicari said the ballot measure’s proposed changes to the

She said the state’s Behavioral Health Continuum Infrastructure Program, which issues grant funds for behavioral health facility projects, lists numerous inpatient and outpatient projects that \$4.4 billion of the \$6.38 billion in Proposition 1 bonds would be slated to finance. But if outpatient services at the local level are being cut, she said, the bond funding would largely end up supporting inpatient facilities.

That leaves advocates worried about losing services that help stabilized patients remain out of higher levels of mental health care. “We’d be cutting all of these upstream services,” Vicari said.

“We’re changing the landscape in California, and not in the right direction.”

Karen A. Vicari, J.D.

Mental Health Services Act would divert funding from much-needed community-based services that have no other viable funding source. Crisis care services and culturally responsive care would be among the first to be cut at the local level, she said. In her home area, that would mean losing services tailored to local Hmong and Slavic populations. Peer-run services and mobile care teams would also be in jeopardy, Vicari said.

MHA of California has contended that much of Proposition 1 is based on a faulty notion about the root causes of homelessness. State leaders believe they will make a major dent in homelessness by getting individuals with serious mental illness off the streets and into housing and other programs, but MHA states on its website that “California’s high number of people without homes is primarily a housing affordability

MENTAL HEALTH WEEKLY

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Mental Health Weekly (Online ISSN 1556-7583) is an independent newsletter meeting the information needs of all mental health professionals, providing timely reports on national trends and developments in funding, policy, prevention, treatment and research in mental health, and also covering issues on certification, reimbursement and other news of importance to public, private nonprofit and for-profit treatment agencies. Published every week except for the first Monday in April, the second Monday in July, the first Monday in September, and the first and last Mondays in December. The yearly subscription rates for **Mental Health Weekly** are: Online only: \$672 (personal, U.S./Can./Mex.), £348 (personal,

U.K.), €438 (personal, Europe), \$672 (personal, rest of world), \$8,717 (institutional, U.S./Can./Mex.), £4,456 (institutional, U.K.), €5,627 (institutional, Europe), \$8,717 (institutional, rest of world). For special subscription rates for the National Council for Mental Wellbeing, USFRA, The College for Behavioral Health Leadership, NACBHDD and Magellan Behavioral Health members, go to [http://ordering.onlinelibrary.wiley.com/subs.asp?ref=1556-7583&doi=10.1002/\(ISSN\)1556-7583](http://ordering.onlinelibrary.wiley.com/subs.asp?ref=1556-7583&doi=10.1002/(ISSN)1556-7583). **Mental Health Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Customer Service at +1 877 762 2974; email: cs-journals@wiley.com. © 2024 Wiley Periodicals LLC, a Wiley Company. All rights reserved. Reproduction in any form without the consent of the publisher is strictly forbidden.

Mental Health Weekly is indexed in: Academic Search (EBSCO), Academic Search Elite (EBSCO), Academic Search Premier (EBSCO), Current Abstracts (EBSCO), EBSCO Masterfile Elite (EBSCO), EBSCO MasterFILE Premier (EBSCO), EBSCO MasterFILE Select (EBSCO), Expanded Academic ASAP (Thomson Gale), Health Source Nursing/Academic, InfoTrac, Student Resource Center Bronze, Student Resource Center College, Student Resource Center Gold and Student Resource Center Silver.

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and access issue, not a behavioral health crisis.”

Opponents of Proposition 1 point out that homelessness in California has worsened despite the state's having already spent billions of dollars on promised solutions that have missed the mark. The ballot measure would require California counties to earmark 30% of their Mental Health Services Act funding for housing.

“The measure is being marketed as the latest panacea to address homelessness, but it will fail to do so,” Clare Cortright, policy director at Sacramento-based mental health advocacy organization Cal Voices, wrote in a commentary published this month on the CalMatters news site. “Last year, a comprehensive [University of California, San Francisco] study found that homelessness is not caused by serious mental illness or substance use disorders but by high rents, low incomes and sudden loss of incomes. The research

offered different solutions: small amounts of rental assistance to help keep people housed.”

Vicari said research has suggested that 60% of Californians are rent-burdened, meaning they are one unexpected household bill away from joining the ranks of the state's unhoused population.

Supporters may carry the day

Despite reservations about the ballot measure among some mental health groups, other organizations, including the California affiliate of the National Alliance on Mental Illness and several human-services groups, are backing Proposition 1. MHA's Vicari pointed out that some state legislators also were uneasy about the measure at the time it was, she said, “jammed through” for passage last year to go on the March 2024 ballot.

There is also concern that the influence of measure supporters

such as health insurance companies, public safety workers and unions working in the building industry will carry the day in March. Conservative columnist Susan Shelley harshly criticized Newsom this month in a *Los Angeles Daily News* commentary, citing donations of \$1 million each to the governor's ballot measure committee from a variety of groups that include the California Correctional Peace Officers Association and the Kaiser Foundation Health Plan and Hospitals.

“The measure is terrible, but the collecting business is going very well,” Shelley wrote.

She added with regard to how bond funding would be used, “About \$4.4 billion would be spent building unspecified ‘places’ for mental health or addiction treatment. All decisions about what to build and where to build it will be made by the state sometime in the future. It's a blank check.” •

Silver Hill opens outpatient ketamine program

Leaders at Silver Hill Hospital in Connecticut expect their newly launched outpatient ketamine treatment program to be able to serve 20 to 30 patients a week at the outset and to become a desired referral destination for those seeking an alternative option for treatment-resistant depression.

William Prueitt, M.D., director of the Ketamine Treatment Program at the nationally prominent psychiatric and addiction treatment facility, told *MHW* that the program fits well with the hospital's overall mission of delivering high-quality care for complex behavioral health conditions. The program will accept adults with moderate to severe depression who have not adequately responded to at least two antidepressant medication treatment regimens.

Bottom Line...

Silver Hill Hospital has established a specialized treatment program featuring use of ketamine, a fast-growing treatment option for treatment-resistant depression.

“This has been a rollout process, which we started back in August with patients who were already in our inpatient program,” Prueitt said. “We have done about 100 infusions by now.”

The evidence base for use of the dissociative anesthetic in mental health treatment continues to grow, with treatment-resistant depression the primary but not sole target. Last fall, two prominent national nursing associations issued a statement supporting ketamine's use in appropriate cases and endorsing a multidisciplinary approach to administering the therapy (see “APNA, AANA issue statement on ketamine

infusion therapy,” *MHW*, Nov. 13, 2023; <https://doi.org/10.1002/mhw.33857>).

Maximizing the patient experience

Prueitt said much thought and planning have gone into the design of the program setting, with an emphasis on having not only the proper clinical equipment but also “not a sterile clinical space.” The campus site for the program was formerly used as an overflow inpatient unit and office space.

A team made up of a physician and at least one nurse will administer the infusions, as patients sit in reclining chairs in the remodeled treatment setting with soft lighting. They can use blindfolds and listen to a selection of music over noise-canceling headphones during the treatment. “We encourage an internally directed journey,” Prueitt said.

Over the first eight weeks of
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treatment, the protocol typically consists of two infusions per week in the first four weeks and one per week in the next four weeks. The schedule becomes more variable after that, depending on patient response, Prueitt said.

The drug is given in weight-based dosing strengths. Patients will receive an initial consultation at which clinicians outline the potential benefits and risks of ketamine treatment.

Patients in the program will receive therapeutic support but not a full course of psychotherapy, Prueitt said. “This is something that we hope to create in the future,” he said.

Prueitt was hired at Silver Hill last year. His past experience included work in ketamine treatment at the Yale School of Medicine, which has conducted a great deal of research examining ketamine’s antidepressant effects.

“Medically supervised intravenous ketamine infusion is an efficient and cost-effective way for patients with treatment-resistant depression to get help,” Silver Hill Hospital President and Medical Director Andrew J. Gerber, M.D., Ph.D., told *MHW*. “Though there are other providers offering ketamine, we are the only one in the region that combines this level of safety

and medical supervision with a beautiful setting and comprehensive expertise. We have already gotten a great deal of interest from prospective patients and local referrers.”

Candidates for treatment

Prueitt said numerous factors go into the decision on whether ketamine might be a desirable alternative for a particular patient. Based on the scientific evidence, ketamine would not be the treatment of choice for a patient with psychotic symptoms, current mania or a substance use disorder, he said.

“We have already gotten a great deal of interest from prospective patients and local referrers.”

Andrew J. Gerber, M.D., Ph.D.

The decision over what treatment to consider for treatment-resistant depression might ultimately come down to patient preference. Among the various options available when standard antidepressants have

fallen short for a patient, Silver Hill also uses electroconvulsive therapy (ECT) in some cases but does not use transcranial magnetic stimulation.

Ketamine has shown comparable efficacy to ECT in recent clinical research. Around 30% of patients with major depressive disorder experience treatment-resistant depression, based on the definition of not responding well to at least two standard treatment regimens.

It is too early to tell how some of the emerging psychedelic therapies for depression will compare to treatments such as ketamine, said Prueitt, who formerly led the Yale Psychedelic Science Group. It also will be interesting to see the results of an ongoing study that is comparing ketamine infusion with esketamine nasal spray, he said.

Asked how Silver Hill will evaluate the success of the new outpatient program, Prueitt said, “We will use standardized symptom measures to monitor improvement in depression, anxiety and quality of life as well as the patients’ reports of how they feel the treatment has impacted their lives and symptoms.”

He said of this option for treatment-resistant depression, “There is a lot of interest in this. A number of providers out there want to learn more about it.” •

Mental health awareness initiative to support Black males

Creating new, psychologically safe opportunities for Black men and boys to normalize seeking out mental health care when they need it is the objective behind a new initiative announced Feb. 15 that supports their mental health — at a time when suicide rates for Black males aged 10 to 19 have risen faster than any other racial group in the past two decades, according to the American Psychiatric Association Foundation (APAF).

My Brother’s Keeper aims to build on the APAF’s Mental Health Care Works public awareness campaign (www.mentalhealthcareworks.org) to

specifically reach this demographic with tools, tips and resources to build resilience and stress management techniques.

Although the initiative was intentionally launched during Black History Month, it is part of the APAF’s multiyear awareness and literacy effort to show that mental health care works, said Rawle Andrews Jr., Esq., APAF executive director.

“The American Psychiatric Association Foundation’s My Brother’s Keeper Project is a multicultural mental health awareness and literacy initiative under the APAF Mental

Health Care Works Campaign that seeks to demonstrate seeking help when needed is a sign of strength, not weakness,” Andrews told *MHW* via email.

“The overarching goal of the initiative is to help prevent the alarming rise of suicidality among young African American/Black men and boys, which is twice the national average, due to the adverse impacts of “John Henryism” (or high-impact coping), and untreated conditions like anxiety, depression and substance use disorders,” said Andrews.

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Now is the time to advance mental health, addiction reform



by Patrick J. Kennedy

In the complex patchwork of American health care, the rise in mental health illness affects millions of lives. With over 50 million Americans grappling with diagnosable mental health conditions, the urgency to address it cannot be overstated. Shockingly, this equates to more than one in five Americans navigating the often-challenging terrain of mental illness. Among these, young adults find themselves particularly vulnerable, bearing a disproportionate burden of these challenges. However, the statistics become even more sobering when considering minority populations — a staggering 36% of multiracial Americans face mental health hurdles, underscoring the critical need for equitable access to care across all demographics.

Compounding this issue is the challenging reality that the majority of individuals suffering from these conditions have limited access to affordable care options. Despite the clear need, a significant portion of the population finds itself unable to access the treatment it requires. In 2023 alone, a striking 42% of U.S. adults with diagnosable mental health conditions reported financial barriers preventing them from accessing necessary treatment. Furthermore, the vast majority of adults grappling with substance use disorders did not receive the treatment they needed in 2022, highlighting a glaring gap in care that cannot be ignored.

Driven by an unwavering commitment to effect change, since leaving Congress my journey has been guided by a singular mission: to ensure every American has access to mental health and addiction treatment without facing insurmountable financial barriers. This commitment led to the establishment of The Kennedy Forum, a pioneering force in reshaping mental health and substance use disorder treatment within our health care system. Its vision extends beyond mere treatment, encompassing critical issues such as brain health, fitness and youth mental wellness, recognizing the interconnected nature of mental health and overall well-being.

I am proud to return to Washington, D.C., as a partner at Healthsperien, LLC, a leading national consulting firm dedicated to advancing transformative changes in health care. By joining Healthsperien, my passion has come full circle as I translate my federal policy leadership into concrete action. No doubt, bipartisan efforts in Congress and across agencies are gaining momentum, and we now have a unique opportunity to forge ahead by leveraging our collective expertise and experience to amplify voices to deliver evidence-based recommendations to policymakers.

Our focus at Healthsperien spans critical areas of reform, each playing a pivotal role in reshaping the landscape of mental health and addiction care:

- **Advancing payment reform.** We advocate a fair and sustainable payment structure for mental health and addiction services that integrates with the broad health care system and builds on the foundation established by the Affordable Care Act. Our goal is not only to ensure access to care but also to align payment models with positive health outcomes, prioritizing evidence-based practices for all.
- **Promoting integration of care.** We champion value-based care models that seamlessly integrate behavioral health and addiction care into the broader health care landscape. By breaking down silos and fostering collaboration across diverse health care entities, we aim to provide comprehensive support to patients to address their holistic needs and improve outcomes.
- **Incorporating health information technology.** We recognize the crucial role of health information technology in ensuring continuity of care. Prioritizing interoperability and security, we advocate systems that empower health care providers with comprehensive patient insights, facilitating informed decision-making and ultimately driving better outcomes.
- **Establishing parity 2.0.** Building upon the foundation laid by the Mental Health Parity and Addiction Equity Act of 2008, we are committed to advancing a new standard of parity. Our focus is on guaranteeing equitable access to mental health and addiction services for all individuals, irrespective of socioeconomic status or background.
- **Addressing workforce issues.** Recognizing the critical shortage of health care professionals, we advocate comprehensive strategies aimed at recruitment, retention and development. By incentivizing careers in mental health and addiction care, improving working conditions and fostering partnerships with educational institutions and industry stakeholders, we aim to cultivate a robust and sustainable workforce equipped to meet the evolving needs of our health care system.

Through relentless advocacy, strategic collaboration and a steadfast commitment to change, we are poised to usher in a new era of mental health and addiction care in the United States. Our vision is

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one of inclusivity, equity and compassion, where all individuals have access to the care and support they need to thrive. It is a vision that demands our collective action and unwavering dedication, but also one that holds the promise of a brighter, healthier future for all Americans.

Former U.S. Rep. Patrick J. Kennedy is a leading advocate for higher-quality mental health care in the United States and is a partner at Healthspieren, where he leads the firmwide Mental Health and Addiction Policy Practice.

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In order to encourage young Black men to seek mental health support, “This initiative will rely heavily on ‘relatable doctors and persons with lived experience’ nationally and locally to underscore: (1) there is no health without mental health; (2) mental health conditions are treatable; and (3) seeking help when needed is a sign of strength, not weakness,” Andrews said.

A collaboration

The APAF is collaborating in this work with allied organizations, including the APA Caucus for Black Psychiatrists, the American Foundation for Suicide Prevention, the Black Psychiatrists of America, the Huntsman Family Foundation, the HOPE (Healing On Purpose and Evolving) Center Harlem and The Thurgood Marshall Center Trust.

“A key driver of this APAF initiative and our collaborating organizations is that we are featuring, amplifying or expanding ‘ongoing work’ that often is underfunded or under-reported,” Andrews stated.

Notably, representatives from the White House and the U.S. Department of Health & Human Services attended the APAF’s Executive Leadership Forum on Feb. 7 that included featured remarks by the Substance Abuse and Mental Health Services Administration’s branch chief for suicide prevention, said Andrews.

Similarly, the HOPE Center Harlem’s Healing Conversations: Men and Mental Health for African American/Black men and boys at the First Corinthian Baptist Church of New York on Feb. 8 included mental health professionals and peer counselors on-site to support

attendees in need in real time and at no cost, he added.

Outcomes of the My Brother’s Keeper initiative will include a new Mental Health Care Works campaign that chronicles the mental health journey of a young Black male as well as featured sessions at the Black

commemorate Black History Month included sponsorship of the Black Youth Mental Health Clinical Case Conference series; the Concerned Citizens Network of Alexandria’s Community Stakeholders Breakfast on Feb. 13; the S.M.I.L.E. (Smart Men in Leadership Excellence) Foundation

“A key driver of this APAF initiative and our collaborating organizations is that we are featuring, amplifying or expanding ‘ongoing work’ that often is underfunded or under-reported.”

Rawle Andrews Jr., Esq.

Psychiatrists of America’s spring conference this March, the APA’s annual meeting in May and the Mental Health Services Conference in October, said Andrews.

Apart from the launch of My Brother’s Keeper, the APAF’s work to

Black History Month Awards Dinner on Feb. 24; and an APA Diversity at Work presentation, featuring Victor Armstrong, M.S.W., vice president for health equity and engagement for the American Foundation for Suicide Prevention, on Feb. 27. •

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drought conditions in a region lead to skyrocketing food prices for consumers at the local market.

These stressors can activate new mental health problems or aggravate existing ones, said Doppelt, whose organization seeks to identify methods to prevent the mental health problems generated by the climate crisis and other adversities. Some individuals facing these threats will retreat into survival mode, while others may lash out in aggressive behavior or cope via harmful use of substances.

The ITRC emphasizes a broad-based, public health-focused approach to building communities’ capacity to deal with these traumas as they emerge, because on an individual resident basis, “we cannot keep up with the mental health issues we see now,” Doppelt said.

The issue of building community resilience is now on the radar in several state and local jurisdictions across the country. Doppelt cited among the exemplary efforts the North Carolina Healthy and Resilient Communities Initiative, which seeks to reduce individual, organizational

and community adversities and build protective factors for children and families, and San Francisco's Neighborhood Empowerment Network, a cohort of public and private entities deploying tools to help local communities achieve self-identified resilience goals.

"Clearly everyone realizes we've got to expand these efforts," Doppelt said. "We need prevention first. This requires a public health approach."

Call for federal action

Because state and local initiatives to build community resilience can take a good three to five years to become self-sustaining financially, Doppelt said, supporters of this prevention-focused approach are looking to leaders in Congress to help.

Advocates are placing hope in the Community Mental Wellness and Resilience Act, a bill that would create a competitive grant program to fund community-based efforts to build mental wellness and resilience. The bill was originally introduced in the waning days of the previous session of Congress in late 2022 and then reintroduced in the current session last year.

Under the proposal, the Centers for Disease Control and Prevention (CDC) would oversee the program and award individual grants of up to \$500,000 a year for no more than four years. The bill calls for a 20% funding set-aside for wellness and resilience programs in rural communities.

The bill numbers in the respective chambers of Congress are H.R. 3073 and S. 1452. Chief sponsors are Reps. Paul Tonko (D-N.Y.) and Brian Fitzpatrick (R-Pa.) in the House and Sen. Ed Markey (D-Mass.) in the Senate.

Doppelt said the House proposal has two dozen co-sponsors, including three from the House's Republican majority. It also has the support of more than 160 national, state and local organizations, including national mental health-focused groups such as the National Alliance on Mental Illness, the National

Association of State Mental Health Program Directors, the National Association of Social Workers and the National Association for Children's Behavioral Health.

But significant stumbling blocks to advancing the bill remain. While preventive and public health approaches have gained steam in many states and localities, some members of the House GOP majority are not fond of the term "public health" these days in the aftermath of lingering controversy over the government's response to the COVID-19 pandemic, Doppelt said.

He said supporters of the legislation have tried to emphasize that the approaches that would be funded under this initiative would be bottom-up solutions devised at the local level, not top-down edicts from the federal

"We need prevention first. This requires a public health approach."

Bob Doppelt

bureaucracy. Even groups such as farming communities, which support actions to build resilience against the damaging weather events that consistently threaten farmers' livelihood, do not want these initiatives dictated by outside experts, Doppelt said.

He said the CDC is the proposed oversight agency for the grant program because it is the only federal agency that is primarily public health-focused.

Supporters of the bill are pushing to get a formal hearing scheduled before the House Energy and Commerce Committee. The Republican chair of that committee, Cathy McMorris Rodgers, is not running for re-election this year.

The body of research that documents the link between disaster

events and mental health crises continues to grow. A study from Emory University public health researchers that was published this month in the journal *Nature Mental Health* found that events in which wildfires became the main source of ambient pollution within a region in the West were associated with a 6.3% increase in mental health-related emergency department visits in that area, Medical Xpress reported.

Other research has suggested that disaster events can result in trauma reactions for more than 40% of the directly affected population and around 10 to 20% of disaster response workers.

Broad-based approaches

Doppelt directed the Climate Leadership Initiative at the University of Oregon before establishing the ITRC; that initiative helped government agencies devise climate action plans. The global climate crisis is at the heart of the coalition's concerns and agenda, but its mission in encouraging resilience-building initiatives is broader.

"We need to do much more than reduce greenhouse gas emissions," as critical as that is, Doppelt said.

It became clear several years ago that members of the coalition also wanted to advance a different approach from simply addressing individual mental health needs. This resulted in a greater focus on population-level strategies emphasizing a preventive approach that builds protective factors in the community.

Doppelt said that at the local level, these resilience-building efforts tend to start as a response to a community's experience of a major crisis, such as a violent event or a natural disaster. "But organizers often realize that they have to expand the focus and get out in front of this," he said. •

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BRIEFLY NOTED

SAMHSA expands technology services partnership

The Substance Abuse and Mental Health Services Administration (SAMHSA) has expanded its long-standing partnership with ICF, a global consulting and technology services provider, with five new sub-contracts to support mental health programs, including evaluation and communications support for the agency's 988 Suicide & Crisis Lifeline. The agreements have a combined value of \$24 million, an ICF news release stated. "These new agreements expand our long-standing partnership with SAMHSA to help the agency better evaluate the impact of and raise awareness for mental health programs that change and save lives," said Jennifer Welham, ICF senior vice president for health, people and human services. For three of the five service agreements, ICF will deliver a variety of behavioral health and technology-based support services, totaling \$16.1 million. Each has a term of five years, including a one-year base and four one-year options. Services will help address the nation's suicide crisis and include communications and data visualization support for the 988 Lifeline program (which was awarded in the second quarter of 2023) and the evaluation of the Zero Suicide Program, including building a large cloud-based data collection and reporting system for both on Amazon Web Services.

STATE NEWS

HHS approves New Mexico's community-based care expansion

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services, has approved a proposal from New Mexico for community-based mobile crisis intervention teams to provide Medicaid crisis services, a

Coming up...

The **International Association of Eating Disorder Professionals** is holding its annual global symposium **March 21–24** in **Orlando, Florida**. For more information, visit <https://iaedpfoundation.org>.

The **New Jersey Association of Mental Health and Addiction Agencies** is holding its annual spring conference, "Advancing Opportunities, Improving Lives," **April 9–10** in **Somerset, New Jersey**. Visit <https://web.cvent.com/event/174eb79e-c916-4279-bf59-7a5f64186863/regProcessStep1:fa8700dc-6be3-470c-a096-4a77cbb0f1ef> for more information.

The **American Psychiatric Association** is holding its Annual Meeting **May 4–8** in **New York**. The meeting will be held in-person and virtually. (Registration for the virtual meeting opens in February.) Visit <https://www.psychiatry.org/psychiatrists/meetings/annual-meeting/registration> for more information.

The **National Alliance on Mental Illness** is holding its annual conference, NAMICON, "Elevating Mental Health," **June 4–6** in **Denver**. For more information, visit <https://convention.nami.org>.

The **American Mental Health Counselors Association** is holding its annual conference **June 10–12** in **Charlotte, N.C.** Visit <https://www.amhca.org/conference> for more information.

cms.gov news release stated. The Feb. 6 announcement is the latest in HHS' ongoing efforts to support President Biden's whole-of-government strategy to transform mental health services for all Americans — a key part of the President's Unity Agenda, the news release stated. New Mexico is the 15th state to expand access to community-based mental health and substance use crisis care through President Biden's American Rescue Plan. With this approval, the state will be able to provide Medicaid services through

mobile crisis teams by connecting eligible individuals in crisis to a behavioral health provider 24 hours per day, 365 days a year. This work builds on HHS' broader work to expand dramatically the full continuum of mental health crisis services, including through the nationwide launch of the 988 Suicide & Crisis Lifeline and expansion of Certified Community Behavioral Health Clinics under the Bipartisan Safer Communities Act, providing crisis services 24 hours a day, 7 days a week, regardless of a person's ability to pay.

In Case You Haven't Heard...

Eleventh-graders at a western Massachusetts high school have created their own lesson in mental health advocacy. An assignment from Pioneer Valley Performing Arts School history teacher Gary Huggett has grown into an effort to convince Massachusetts state legislators to pass a bill establishing a mandatory mental health staffing ratio serving grades K–12, Spectrum News 1 reported. Students in Huggett's civic action class reported seeing themselves and their peers dealing with issues of anxiety and depression, and they are backing a Senate bill that would require Massachusetts schools to employ at least one mental health expert for every 250 enrolled students. "They all had somewhat personal stakes that drew them to the topic, so they thought, 'What can we do to address mental health awareness in schools that will actually live beyond our little project?'" Huggett said of his students.