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Dear Governor, Mr. President and Mr. Speaker:

The City of Charleston, like many cities throughout West Virginia and throughout our country, is experiencing an increased number of challenges resulting from mental health disorders, substance use and homelessness. While this problem existed long before the COVID-19 pandemic, it has only gotten exponentially worse over the last 18-months and we fear it will only continue to get worse throughout our State and Nation over the next several years.

We are doing everything we can—here in our Capital City—to combat this increasingly complicated problem. The City of Charleston's Coordinated Addiction Response Effort (CARE) Office was established in 2019 to coordinate, enhance, and expand efforts—through a data driven approach—to address the impact of substance use disorder (SUD) on individuals, families, and our community.

It did not take long for us to realize we could not effectively address the addiction issues our community was and is facing without an equally strong effort to address mental health and homelessness. That is why the CARE Office now includes the Quick Response Team (QRT), a Homeless Outreach Coordinator and a Mental Health Coordinator. Together, they are connecting those who need mental health and/or SUD services and those experiencing homelessness with the care they need while also working collaboratively with our Police and Fire Departments and social service agencies—all part of an aggressive outreach strategy.

Our efforts include more than creating the CARE Office and hiring a compassionate and knowledgeable team. We also:

- Launched joint efforts between the CARE Office and Building Commission to connect individuals staying in abandoned houses with housing and/or SUD resources;
- Created partnerships with area hospitals to ensure individuals can receive SUD or mental health services in the emergency room and are paired with peer support or addiction specialist upon entry and provided a coordinated discharge plan upon exit;
- Secured two years of funding to hire the City's first Mental Health Coordinator;
- Started weekly Coordinated Street Outreach effort with local service providers to work with our unsheltered and vulnerable populations;

- Conducted field outreach with the Charleston Police Department (CPD), Charleston Fire Department (CFD), social workers, and peer support specialists five (5) days per week;
- Provided additional funding to CPD for trainings to help work with those experiencing mental health issues as well as those with exceptionalities.
- Provided funding to organizations for boots-on-the-ground resources to combat homelessness;
- Reached out to 200+ individuals who either overdosed or asked for help with SUD in 2020;
- Placed 80+ people in SUD treatment in 2021 through our QRT efforts;
- Created a new approach to data aggregation efforts;
- Created a three (3) year Strategic Plan with actionable steps.
- Partnered with the Human Resource Development Foundation to host a National Health Emergency Grant participant – in the position of peer support specialist – within the CARE Office;
- Partnered with recovery coaches from First Choice Services;
- Partnered with UC School of Pharmacy to distribute naloxone to 300+ individuals;
- Partnered with Prestera to restart and restructure the Law Enforcement Assisted Diversion (LEAD) Program;
- Partnered with United Way, Kanawha Valley Collective, Salvation Army, and other providers on Warming Centers and Cooling Stations;
- Incorporated volunteers into our outreach efforts;
- Organized an Emergency Operations Center call with all service providers to coordinate COVID-19 response efforts for our unsheltered and vulnerable populations;
- Assisted with contact tracing and emergency shelter for COVID-19 positive clients;
- Increased funding for food and health services to agencies during the COVID-19 pandemic;
- Worked on job training programs to assist individuals in finding employment;
- Partnered with and provided funding to pilot a program to help those experiencing homelessness gain critical job skills and earn a daily wage;
- Provided identification services through securing birth certificates, social security cards and state identification or driver's licenses;

- Connected 300+ individuals with their loved ones through the Family Reunification Program (2019-present);
- Secured a contract with Uber to provide transportation to help connect people to services.

We have proven that people focused solutions work—that proof is in the numbers. However, people-focused solutions without robust system focused solutions are not sufficient to address the complex issues our communities are facing. While we are working hard—and continue to be creative in new approaches, Charleston cannot do this alone. This is a serious issue affecting cities throughout West Virginia and requiring a coordinated, comprehensive statewide approach.

To address the increasingly complicated challenges our communities are facing, we request a Special Session of the Legislature be called immediately to provide solutions and support to our West Virginia Cities and consider seven (7) separate actionable items which have the ability to provide an excellent starting point to turn the tide and address mental health directly.

1.) Establish the West Virginia Behavioral Health Reform Council (draft Legislation attached).

This Council can be modeled after the Georgia Behavioral Health Reform and Innovation Commission established in 2019. The Council should include state representatives, county officials, mayors and members of city councils, mental health professionals, homeless service providers, substance use service providers, faith-based leaders, and school counselors. The City of Charleston is willing to host the 1st meeting.

The Commission should be charged with conducting a comprehensive review of the behavioral health system of care in West Virginia—with a specific focus on: 1.) facility and service availability and access, 2.) the impacts the behavioral health system has on public safety, 3.) emergency services, 4.) the court system, 5.) the correctional system, 6.) barriers and challenges of the mental hygiene process, 7.) workforce shortages in mental health fields, 8.) the impact untreated behavioral health issues can have on children into adulthood, and 9.) the impact behavioral health issues have on substance use and unsheltered and vulnerable populations.

2.) Pass the Jim Ramstad Model State Parity Legislation (draft Legislation attached).

According to Mental Health America, West Virginia ranks 30th in the nation in overall access to mental health care. This ranking is driven in part by the 26 percent of West Virginians with a cognitive disability who did not see a doctor due to the cost. It is imperative we identify ways to reduce barriers to mental health care and encourage parity in mental and physical health benefits. This model legislation holds health insurers accountable for discriminating against those with mental health and substance use disorders by wrongly denying coverage of care and requires all insurers fellow generally accepted standards of behavioral health care when making medically necessary decisions.

While West Virginia does have similar language from Senate Bill 401 (2018) and Senate Bill 291 (2020), we believe this legislation, championed by the Kennedy Forum and supported by over two dozen national organizations who are leaders in the field of mental health, will send a strong message to all insurance companies: they must begin addressing both access and cost disparities as it relates to mental health services.

3.) Provide funding for 25 additional Mental Health Courts throughout the State.

In a memo dated November 13, 2019, the West Virginia State Advisory Committee to the U.S. Commission on Civil Rights outlined the importance of increasing the number of Mental Health Courts in West Virginia. The Advisory Committee found the criminal justice system is not an adequate vehicle for providing services to individuals with mental health issues. The memo stated, "Once individuals with mental health issues enter the criminal justice system, those individuals tend to remain in jail longer (18 percent longer than the average inmate) and have a higher risk of re-incarceration. As the lock-them-up mentality has become widespread, funds were diverted from programs that could better serve mentally ill individuals to large prisons. This caused the prison population to skyrocket, leaving mentally ill individuals without needed treatment."

The memo goes on to state, "The State of West Virginia will continue to struggle to solve its mental health crisis without establishing more mental health courts. In West Virginia, one in every five people suffer from some form of mental illness. 182,000 West Virginians with mental illness have been in the prison system. Except for the first judicial circuit, jurisdictions in West Virginia utilize their criminal justice system to process individuals with mental health issues, which is neither cost efficient nor effective insofar as it does not lower recidivism rates."

Issues arising from mental health and substance use disorders are clogging up our criminal justice system. While serious criminal issues must be dealt with by law enforcement and the courts, jail is not always the answer. Currently, our law enforcement officers are being asked to be social workers and our jail system is acting as the leading mental health service provider. These are not the right answers to this sizable problem. A Mental Health Court system could 1.) help get those individuals who want and need assistance treatment, and 2.) make a significant impact toward helping cities curb the increase in petty crimes facing our communities.

4.) Pilot a program to cover the cost of college tuition or student loans for 100 individuals willing to work in West Virginia in the mental health field, with a focus on a psychiatric mental health nurse practitioner fellowship pilot program.

In their 2021 data, Mental Health America reports: "the rate of mental health providers has improved in nearly every state since last year's report. However, the need for mental

health care will greatly outpace these additions to the workforce, especially as rates of depression, anxiety and other mental health concerns increase in response to the coronavirus pandemic and increased awareness of ongoing racial injustice in 2020." That same report ranks West Virginia 49th in the nation in mental health workforce availability.

As we have seen during the COVID-19 pandemic, health care professionals are in high demand throughout the country—with the demand for mental health professionally being significantly higher. The Mental Health America report showed the state rate of mental health workforce ranges from 160:1 in Massachusetts to 990:1 in Alabama (West Virginia's rate is 770:1 according to the report). Even though Massachusetts ranks first on the report, they are working feverously to attract mental health professional to their state. The Massachusetts Senate unanimously passed the Mental Health ABA Act (Senate Bill 2519) which contained a heavy focus on workforce readiness.

West Virginia is working quickly on this issue as well. We were thrilled to see the Bureau for Behavioral Health awarded $425,000 in grant funding to the Marshall University Research Corporation to pilot the West Virginia Behavioral Health Workforce and Health Equity Training Center. This is an important step forward, but we need to do more and quickly to ensure all West Virginians have access to address their health concerns, whether physical or mental. We have seen similar programs work for teachers, law enforcement officers and other professionals. We believe a strong push to attract mental health workers to West Virginia is an important and necessary step in addressing this growing problem.

5.) Establish a pilot program to increase student access to telebehavioral health services in schools, libraries, and community centers.

Like health care, prevention is the best tool to address mental health issues. By taking the steps necessary to take care of our children's mental health, we can minimize the likelihood of issues becoming increasingly worse in adulthood. According to the 2021 Mental Health America statistics, 59 percent of West Virginia youth who experienced at least one major depressive episode in the past year did not receive any mental health services. According to that same report, over 7 percent of West Virginia children have private insurance that did not cover mental or emotional problems. This is another reason it is so important to pass the Jim Ramstad Model State Parity Legislation.

During the COVID-19 pandemic we have seen a tremendous increase in the use of telemedicine. We need to use this model to provide telebehavioral health services in our schools. With many children throughout West Virginia having access to the internet only during school hours, it is critical these services be made available during the times in which they have access to the internet. That is why there is no better place—than our schools—to pilot this program. We would also be interested in determining if these services could be offered in libraries and community centers. Charleston would be happy to pilot this program in our community centers.

6.) Expand funding for Quick Response Teams (QRT) to allow for the QRT model to be expanded to address real time mental health issues

Charleston is extremely fortunate to receive funding from the West Virginia Department of Health and Human Resources for our Quick Response Team. As noted in the statistics provided above, this funding has allowed us to help hundreds of individuals experiencing SUD to receive the much-needed access to care they need. In Charleston, we are attempting to replicate the QRT model to address mental health calls. We have hired a Mental Health Coordinator in our CARE Office to work closely with first responders to provide services and referrals to treatment for those experiencing mental health crises.

We, along with other cities throughout West Virginia, see as many, if not more, 911 calls for mental health crises as we do for substance use. We need to take the QRT model, that has proven effective throughout the state, and apply it to mental health calls. The mental health portion of our CARE Office is relatively new, but we are seeing fast results by just adding one person to our team. Additional funding is needed to expand our team and prove this model can work in West Virginia.

7.) Utilize the 9-8-8 Crisis Hotline Center to operate State and locally funded Mobile Crisis Teams (draft Legislation attached).

The creation of the national 9-8-8 suicide prevention hotline can change how we as a state assist and respond to individuals dealing with mental health crises. For the hotline to be truly effective, it must be more than a hotline. We believe this hotline provides an excellent opportunity for real-time, onsite response services to crisis calls. West Virginia should create and fund Mobile Crisis Teams that are jurisdiction-based behavioral health teams that include licensed behavioral health professionals who are embedded in Emergency Medical Services.

These Mobile Crisis Teams need to be designed in partnership with community members, including people with lived experiences utilizing crisis services and should be staffed by individuals who reflect the demographics of the community served. These teams should include law enforcement as co-responders when responding to high-risk situations that cannot be managed without law enforcement.

We understand these are not inexpensive endeavors. However, the cost of action on this issue pales in comparison to the cost of inaction. These efforts will undoubtedly save the state millions and millions of dollars in the future. In addition, we also have a once in a lifetime opportunity to help fund solutions to these problems with the funding provided by the American Rescue Plan (ARP) to cities, counties, and the state. We can address this problem head on today.

The City of Charleston is not asking the state to fund these efforts alone. We will be using a portion of our ARP funding, in addition to seeking millions in additional federal funding, to address the problems of mental health, substance use and homelessness. Charleston, alone, cannot solve these problems. The lack of mental health services throughout the state, especially in the southern part of West Virginia, has placed a tremendous burden on our local resources and services. The City of Charleston stands ready to assist in these efforts in any way possible.

Please do not hesitate to contact me directly at Amy.Goodwin@cityofcharleston.org or 304.348.8174 to discuss in greater detail.

Sincerely,

Amy Shuler Goodwin
Mayor of Charleston

Enclosures: Draft Legislation – West Virginia Behavioral Health Reform Council
Draft Legislation – Jim Ramstad Model State Parity
Draft Legislation – State and locally funded Mobile Crisis Teams

CC: Secretary Bill Crouch, DHHR