

# MENTAL HEALTH WEEKLY

Essential information for decision-makers

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With 988 contacts climbing to record highs, call centers face mounting strain as many states still lack long-term funding plans, the American Foundation for Suicide Prevention warns. AFSP described 988 as essential to the crisis-care system and said rising use — particularly among families — shows growing public awareness. Resolving 988's funding challenges demands a sustained, structural fix, with reliable funding — such as telecom fees — seen as a key solution.  
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## States lag on funding as demand for 988 crisis line reaches record highs

As the 988 Suicide & Crisis Lifeline experiences record demand, many states still lack a plan for its long-term funding, leaving call centers struggling to keep up with the rising volume, according to the American Foundation for Suicide Prevention (AFSP), which points to 19 million contacts, including 13 million calls since the program's 2022 launch.

"That is extremely significant," Laurel Stine, J.D., M.A., executive vice president and chief policy and advocacy officer for AFSP, told *MHW*. "That volume makes clear that demand is there and awareness is growing. There is still some momentum. More people are calling, texting, and chatting."

Stine described 988 as one of the most significant advances in crisis care in recent years, offering

### Bottom Line...

*Without sustainable state funding, the 988 Lifeline risks falling behind even as demand for its services surges and as public awareness of the service expands.*

immediate support for people who are struggling. "It is the cornerstone of our mental health safety net," she said. Stine also emphasizes that 2024 brought a notable increase in use among families, reflecting a broader understanding that 988 is a resource for anyone seeking help, whether for themselves or a loved one.

### Telecom fees

A major question now is how states can fund the system  
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## California governor cites laggard, champions in CARE Court progress

California Gov. Gavin Newsom has doubled down on his view that the state's counties must do more to implement a signature effort to refer individuals with serious mental illness to court-mandated treatment. A broad-based announcement this month from the governor's office calls out counties that the administration says have underperformed in offering the

services of the CARE (Community Assistance, Recovery and Empowerment) Court to residents in need.

The 10 counties that the governor's office has dubbed "ICU" (Improvement and Coordination Unit) counties comprise some of the state's most prominent units of local government, including Los Angeles, San Francisco, Orange and Riverside counties. These counties have the lowest per capita rates of CARE Court petitions based on calendar year 2025 data, and according to the governor's March 2 announcement they will receive enhanced technical assistance from

### Bottom Line...

*Significant differences of opinion remain over how best to measure success in implementing California's ambitious and struggling CARE Court initiative.*

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sustainably. Advocates say solving 988's funding challenges will require a sustained, structural approach. "A key policy solution is long-term, stable funding through telecom fees," Stine said, pointing out that this model has already been successful for 911. It's a viable and proven approach, she added.

Stine emphasized that AFSP's policy priority is advancing monthly telecom fees as a long-term, reliable source of support for the 988 Suicide & Crisis Lifeline.

To date, 12 states and the U.S. Virgin Islands have established permanent crisis call funding through telecommunications fees, said Stine. Those states are California, Colorado, Delaware, Illinois, Maryland, Minnesota, Nevada, New Mexico, Oregon, Vermont, Virginia, and Washington. She added that monthly telecom fees supporting those crisis lines can range from 8 cents to 60 cents.

Stine said the emergence of permanent crisis call funding is "no doubt a move in the right direction," offering states a more stable and predictable funding source for 988. She noted that several states have made progress this year, with numerous telecom fee proposals pending — if not already enacted — as lawmakers work to establish ongoing support for crisis services. Advocates, including AFSP, are

**“AFSP recognizes that a strong and sustainable workforce is essential to the success of 988. Our advocacy supports efforts to ensure crisis centers have the resources they need to recruit, train, and retain qualified counselors who can respond to people in suicidal and mental health crises.”**

Laurel Stine, J.D., M.A.

working hard to support these measures, she added.

New Jersey lawmakers are currently advancing Bill S-3013, which would establish a \$0.40-per-month fee per phone line to sustainably fund the state's 988 Suicide & Crisis Lifeline. Maine and South Carolina are also considering 988 funding legislation through telecom surcharges, Stine noted.

Continued investment in the 988

infrastructure is essential, Stine noted. "If states do not invest in this infrastructure, they will struggle to keep up," she said. Stine cautioned that without reliable, sustained funding, the system could fall behind demand, Stine indicated, adding that inadequate staffing or unstable funding would undermine the progress states have made.

**Workforce issues**

Through AFSP's volunteer network, Stine said they regularly hear about burnout among crisis counselors. Ensuring that states have enough trained crisis counselors to safely de-escalate calls — and enough crisis stabilization options so people have somewhere safe to go — remains a core concern.

Even with recent progress, Stine said "we still have a lot of work to do" — particularly in reducing wait times, expanding the number of crisis counselors, ensuring adequate crisis stabilization resources and strengthening follow-up and referral pathways after a crisis contact.

She also underscored AFSP's commitment to suicide-specific intervention within the crisis system, making sure that when a call related to suicide comes in, the response involves trained crisis personnel who can provide suicide-focused support. Building out the full crisis continuum, she said, requires ongoing investment in 988 and in the

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broader crisis counseling and stabilization network that surrounds it.

Stine said workforce strain remains one of the most persistent challenges facing crisis services. AFSP's nationwide volunteer network regularly reports burnouts, underscoring the need for an adequate number of crisis counselors to meet rising demand. "We have a mental health workforce shortage. There are not enough Certified Community Behavioral Health Clinics (CCBHCs), she said, noting AFSP's strong support for expanding and strengthening CCBHCs and integrating them more fully within the 988 system.

"CCBHCs play a critical role in providing accessible, community-based behavioral health care, so strong connections with 988 help ensure people in crisis can move quickly from a call or text to appropriate, in-person support when needed," Stine added. AFSP supports this work in several ways:

1. **Advocacy:** Working at federal and state levels to secure policies and funding that expand the CCBHC model and enhance coordination with 988, including

bipartisan legislation such as the Ensuring Excellence in Mental Health Act (S. 3402) to strengthen CCBHCs.

2. **Systems collaboration:** Partnering across the behavioral health system to promote best practices in crisis response, continuity of care and follow-up support.

3. **Community engagement:** Mobilizing AFSP's volunteer network to help communities build comprehensive crisis systems that integrate both 988 and CCBHCs.

"Together, these efforts help ensure that more communities have a well-connected crisis response system where people can easily get help through 988 and be linked to ongoing, high-quality care through local providers like CCBHCs," Stine said.

Research shows that evidence-based suicide prevention strategies — such as safety planning, collaborative assessment of suicide risk and follow-up support — can significantly reduce the risk of future suicide attempts, explained Stine. "We want to ensure these types of approaches are consistently integrated across the 988 network to help improve outcomes for people

reaching out in suicidal crisis," she said.

AFSP is currently working to help reintroduce bipartisan legislation, The Stabilization to Prevent (STOP) Suicide Act, to expand access to evidence-based stabilization care (scaling up suicide-specific interventions) for individuals with serious thoughts of suicide. The Mental Health Liaison Group — of which AFSP is a member — supported the bill in the 118th Congress, Stine noted.

"We also work with policymakers, federal agencies, national coalitions and other partners across the behavioral health field to strengthen the 988 crisis response systems," she said. This includes supporting legislation and policies that improve 988 infrastructure, workforce capacity and quality of care.

"AFSP recognizes that a strong and sustainable workforce is essential to the success of 988," said Stine. "Our advocacy supports efforts to ensure crisis centers have the resources they need to recruit, train, and retain qualified counselors who can respond to people in suicidal and mental health crises." •

## NAMI spotlights state reforms to improve MH in justice system

The National Alliance on Mental Illness' (NAMI's) latest issue brief surveys 2025 legislative activity aimed at addressing gaps in care, reducing harmful encounters and supporting people with mental illness who find themselves navigating courts, jails and prisons.

NAMI stresses that the ultimate goal is to prevent these encounters entirely through robust community systems, but the brief focuses on the reality facing individuals already involved with the justice system. The document tracks state-level reforms that seek to expand treatment pathways, improve conditions in correctional facilities, and build stronger bridges between community services and justice settings.

### **Bottom Line...**

*As states confront rising concerns about mental health care within the criminal justice system, new policy trends are beginning to take shape.*

In its issue brief, "Trends in Mental Health and Criminal Justice State Policy," released last week, NAMI said it believes people with mental illness should be diverted from the justice system and connected to mental health care at every possible opportunity.

Although mental illness is not a criminal offense, individuals living with these conditions are far more likely to encounter the criminal

justice system and to make up an outsized share of those in jails and prisons. About two in five incarcerated people report a history of mental illness, the issue brief stated.

### **Methodology**

The content of the NAMI brief focused on mental health legislation that was enacted in 2025. The research was conducted primarily using legislative tracking software (Quorum). Additionally, NAMI National collected NAMI State Organizations' (NSO) 2025 state legislative summaries (when available) to inform their analysis of major legislation and surveyed NSOs on their 2025 legislative activity.

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## Diversion programs

Recognizing that many encounters could be safely redirected away from the justice system, NAMI's study points to diversion programs as a critical tool for connecting people with mental illness to care instead of custody.

Diversion programs can include giving law enforcement discretion to refer people to treatment instead of arrest, to prosecutor-led diversion and to problem-solving courts such as mental health courts, the issue brief states. Communities should invest in policies and solutions that are evidence-based and help people with mental illness to a path of recovery.

The brief states that in 2025, many states worked to expand diversion initiatives: for example, Florida, which passed the Tristin Murphy Act, and Oklahoma, which expanded services and funding for mental health and substance use screening opportunities and re-entry programs.

Another example of recent diversion-focused legislation is Florida's CS/CS/SB 168, which supports crisis intervention training and authorizing treatment-based alternatives to incarceration following mental health screening.

These policies promote collaboration between the state and the mental health system, prioritize access to mental health care, and ultimately strengthen communities as well as improve outcomes for people with mental illness, according to the issue brief.

## Treatment gaps

NAMI's director of state affairs, Stephanie Pasternak, noted that disruptions in care — both in the community and after someone is incarcerated — remain major drivers of unnecessary justice involvement for people with mental illness.

"Disruptions in access to medications is a big problem that we regularly hear about at NAMI and,

**"Until comprehensive mental health care is more widely available, we also have to address the reality that people with mental illness will come into contact with law enforcement and our legal system."**

Stephanie Pasternak

unfortunately, that lack of access can lead to a mental health crisis that then turns into involvement with the criminal justice system," Pasternak told *MHW*. The disruption in care continues once someone becomes incarcerated, which can further the crisis, she stated. "That's why laws like what Minnesota passed last year — to help make sure people who enter jail are able to stay on medications they were taking before incarceration — are critical," Pasternak noted.

Lack of efficient competency restoration services is a big problem that doesn't get enough attention, she added. "Data show that when someone is found incompetent to stand trial, they may actually spend more time incarcerated waiting for those competency restoration services than they would have if they had pleaded guilty and served the expected sentence for the crime in question," she said.

## Critical challenges

Pasternak noted that adding capacity through community-based providers is key to helping fix states' backlogs and prevent extended, unnecessary incarceration.

In its issue brief, NAMI outlines several critical challenges driving

justice involvement for people with mental illness:

- There is a crisis of people with mental illness being warehoused in jails and prisons;
- 44% of adults who are incarcerated in jails and 35% of adults incarcerated in state and federal prison have a history of mental illness and 70% of incarcerated youth have a diagnosable mental health condition;
- The cycle of incarceration harms individuals and families, prevents people from getting onto a path of recovery and is expensive and ineffective for state governments and;
- State legislators recognize this crisis, and there is bipartisan interest in every region of the country to develop strategies to divert people with mental illness away from the justice system and into treatment in the community.

## Policy priorities

NAMI's top priority is to ensure mental health care is accessible and affordable for everyone and that mental health crises are met with a mental health response, and not a law enforcement response, said Pasternak.

"Until comprehensive mental health care is more widely available, we also have to address the reality that people with mental illness will come into contact with law enforcement and our legal system," she said. "That's why the policies highlighted in this brief are so important. Without these measure, fewer individuals with mental illness and justice-system involvement will have a true opportunity for connection to care and successful reentry."

Pasternak added, "It's NAMI's priority that anyone with mental illness who encounters the criminal justice system be afforded every possible opportunity for diversion and connection to care — before arrest, after arrest, and at all points within the justice system." •

## Amid escalating needs, social workers press for policy action

As communities confront sharp increases in housing instability, mental health crises and child welfare cases, social workers say the nation's safety nets are failing to keep pace. Practitioners report higher case-loads, fewer resources and growing burnout as public systems strain under escalating need.

During National Social Work Month, the National Association of Social Workers (NASW) is using the moment to draw attention to those pressures and push for stronger policy support. The organization says that without renewed investment in the behavioral health workforce and community services, the gaps in care will continue to widen.

With its new theme, "Uplift. Defend. Transform.," NASW, considered the nation's largest membership organization of professional social workers, with more than 810,000 social workers nationwide, is centering attention on growing community demands and renewing its call for policy changes that strengthen equity and improve conditions for the workforce and those who rely on their services.

"At NASW, we see social workers uniquely positioned to lead this work because of the lens they bring to systems, communities, and policy," Anthony Estreet, Ph.D., MBA, LCSW-C, CEO of the National Association of Social Workers, told *MHW*. "Social workers understand that health outcomes are not determined solely in hospitals or clinics; they are shaped by housing stability, economic opportunity, access to education, community safety, and structural inequities that disproportionately impact communities of color and other historically marginalized populations."

Estreet noted that in 2025, NASW "passionately advocated" in opposition to the One Big, Beautiful Bill Act that resulted in the largest cuts to social safety net programs, such as Medicaid and the Supplemental

Nutrition Assistance Program (SNAP). "These actions are now resulting in strains on the healthcare system and community resources that traditionally help marginalized communities live and thrive," he said. "However, this is not the case given the turbulent economic environment, where the costs of healthcare and living expenses continue to rise."

**"Social workers have long been leaders in advancing health equity, addressing racial injustice, and improving conditions for marginalized communities across the country."**

Anthony Estreet, Ph.D., MBA, LCSW-C

Estreet's concerns reflect broader national trends. Data released in recent months indicate sharp increases in community need and service backlogs — numbers that advocates say highlight the risks of weakening already overburdened safety net programs. This month's theme underscores how social workers are responding to escalating needs, such as:

- 6.1 million people among the "working poor" (those who have spent at least 27 weeks working or looking for work but have incomes below the national poverty line);
- massive cuts to social safety nets, including Medicaid and SNAP;
- more than one in five U.S. adults experiencing a mental illness each year;
- an average of one person every 11 minutes who dies by

suicide; suicide was also the second-leading cause of death among individuals between the ages of 10 and 34; and

- more than 3.5 million referrals made annually to child welfare agencies involving the safety and well-being of children.

### Policy leadership, partnerships

"From a national standpoint, NASW continues to elevate this work through our advocacy agenda, policy leadership, and partnerships with organizations that share our commitment to justice and human dignity," said Estreet. "We are actively engaged in federal and state policy conversations around workforce development, mental health access, and social determinants of health, all of which are essential to improving outcomes in underserved communities."

One example, Estreet said, is the Integrating Social Workers Across Health Care Settings Act, which expands the scope of services that clinical social workers can provide under Medicare. The measure allows social workers to offer any services they are authorized to deliver under state law, rather than limiting them to mental health diagnosis or treatment. "Increasing the utilization of social workers in the mental health space ensures everyone can access care," he stated.

"We wholeheartedly support the Connecting Students with Mental Health Services Act, which affords everyone — from children who need behavioral health supports in schools to older adults requiring inpatient or aging at home services — the ability to receive care when and where they need it."

Estreet added that these policy

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efforts are rooted in NASW's long-standing commitment to equity. "It is foundational to who we are as a profession and to the values embedded in the social work code of ethics," he said. "Social workers have long been leaders in advancing health equity, addressing racial

injustice, and improving conditions for marginalized communities across the country."

Social workers bring a systems perspective, a commitment to dignity and worth, and the ability to bridge policy and practice, Estreet added. "Those strengths position the profession to play a critical

leadership role in building healthier, more equitable communities."

As part of Social Work Month, NASW will observe World Social Work Day on March 17, and Social Work Day on Capitol Hill on March 25, in partnership with the Congressional Research Institute for Social Work and Policy. •

## Survey finds perimenopause mental strain largely overlooked

Perimenopause is widely recognized as a major biological transition, but its mental and emotional fallout remains largely overlooked in routine care, according to a new national survey that sheds light on just how significant that lack is. The survey highlights the need for better support for women going through this life change.

While most midlife women know the term perimenopause, far fewer are getting meaningful guidance about the psychological symptoms that often accompany it — such as mood swings, anxiety, irritability and cognitive changes, the survey, "The state of perimenopause: Uncovering the silent mental load," indicated.

Grow Therapy, an online therapy platform that connects patients with licensed, in-person or virtual therapists and psychiatric providers, published the new survey on Feb. 3.

"Perimenopause can bring significant shifts in mood, anxiety, sleep, and focus due to hormonal fluctuations, and many people assume these changes are simply something they have to endure," said Rugiatu Bahr, PMHNP, a Grow Therapy provider, in a statement. "Talking with a clinician isn't a sign of weakness, but a meaningful step toward better understanding what's happening in your body and finding the right support during this transition."

Bahr added, "While many people expect physical symptoms, the emotional and cognitive shifts that come with perimenopause deserve just as much care. Even if symptoms

feel manageable, a thoughtful plan can include practical coping strategies, support for sleep and stress management, and collaborative approaches that address the whole person, not just the hormones. With the right support, women can feel empowered rather than left to navigate this transition alone."

### Methodology

The survey was conducted by SurveyMonkey Audience for Grow Therapy. It was fielded Nov. 20–21, 2025, and included 1,007 completed responses from U.S. female adults.

### Care barriers

Among the respondents surveyed who did not seek help for their perimenopause symptoms, 62% believed their symptoms were simply a "normal, expected part of life." Others felt they could not justify the visit, with 29% feeling their symptoms were "not severe enough" for a professional.

This mindset keeps some people from accessing support that could improve their daily lives, the survey indicated, adding that it prevents many from accessing tools — like therapy — that help with major life changes, not just in emergencies.

Bahr asserted that "struggling in silence is not a requirement," explaining that "normal doesn't mean you have to suffer." Bahr notes that seeking support is not about weakness but rather about "giving yourself tools, understanding, and care during a real and meaningful life transition."

Because of this, many women do not seek the help they need. "About 29% of our survey respondents said they navigate these symptoms without seeing a health care professional. Shifting this perspective is key to making sure that 'normal' doesn't have to mean 'unsupported,'" the Grow Therapy team study indicated.

### Findings

The findings point to what researchers call a "silence gap": a disconnect between awareness and action within the health care system. Although 94% of respondents said they are familiar with perimenopause, more than half of women ages 45–60 — the group most likely to be experiencing symptoms — reported that their health care providers have never discussed what to expect during the transition, the survey found.

This absence of conversation not only delays care but leaves many women navigating significant mental health shifts without professional guidance or support, according to the survey.

Without clear advice from a doctor, many women have to figure out sudden physical and emotional changes alone, the survey noted.

Other key takeaways:

- Respondents recognize the mental toll, with 74% citing mood swings as a symptom and 51% citing anxiety.
- 55% of respondents searched online for answers about symptoms, but only 11%

discussed them with a mental health therapist.

- Beliefs that symptoms are “normal” or “not severe enough” prevent many respondents (62% and 29%, respectively) from consulting a doctor or therapist.

The consequences of this disconnect are clear in how few patients actually reach out. The data reveal that less than half (45%) of the women surveyed who have experienced symptoms consulted a primary care doctor or OB-GYN. And only 13%

discussed symptoms with a mental health professional.

These numbers reveal a critical breakdown in the health care pipeline, leaving many patients to manage their symptoms without a professional safety net, the survey indicated. •

### CARE from page 1

the state in order to invigorate their implementation efforts.

CARE Court, a legislatively approved initiative that began in seven counties in 2023 and has now had statewide reach for more than a year, is one component of a comprehensive state effort to move individuals struggling with behavioral health disorders and lack of housing into treatment and greater stability overall.

“Local leaders have a moral and legal obligation to deliver this transformational tool for those who need it most,” Gov. Newsom said in this month’s announcement. “We will not accept failure and excuses when lives are on the line.”

In contrast, the governor’s announcement mentions by name the 10 counties with the highest per capita rates of CARE Court petitions. The counties that the state has labeled “CARE Champions” include Santa Barbara, San Mateo, Alameda and Marin counties.

Under CARE Court, petitions for treatment can be initiated by the individual in need of services, a family member, a mental health professional or a first responder. Analyses have suggested that CARE Court has had a limited impact across the state thus far (see “Lagging numbers in CARE Court continue to stoke California debate,” *MHW*, Sept. 22, 2025; <https://doi.org/10.1002/mhw.34590>).

In reaction to the administration’s announcement targeting individual counties, the statewide association representing the behavioral health administrations of all California counties delivered a statement to *MHW*. “All 58 counties are focused on making CARE Court a success;

**“Housing without services isn’t enough, but housing with behavioral health support is transformative.”**

Le Ondra Clark Harvey, Ph.D.

we must remember that a petition for CARE Court is a cry for help,” the statement from the County Behavioral Health Directors Association of California (CBHDA) reads in part.

The statement continues, “The idea of measuring success on the numbers of people who are in need in any given community fails to account for those counties who may have already done an excellent job of connecting individuals with care that prevented them from falling into crisis.”

### Big-picture view

Entities on both sides of the CARE Court debate point out that the initiative should be examined in the broader context of other efforts to expand behavioral health treatment and housing options for some of the most difficult-to-reach individuals. These other measures include services funded under Proposition 1, the voter-approved bond issue that is expected ultimately to create 6,800 residential treatment beds and 26,700 outpatient care slots across the state.

Newsom’s office this month announced the awarding of \$131.8 million in affordable housing funds under the Homekey initiative. This

money will fund eight housing developments with on-site managers, offering expanded options for military veterans and other individuals who are experiencing behavioral health challenges and/or homelessness.

California Behavioral Health Association (CBHA) CEO Le Ondra Clark Harvey, Ph.D., told *MHW*, regarding the housing funds announcement, “Housing without services isn’t enough, but housing *with* behavioral health support is transformative. Our community-based providers stand ready to ensure these Homekey sites include the clinical and wraparound services people need to stay housed long-term. If we want lasting impact, we must align housing dollars with sustained behavioral health funding.”

Among the various state initiatives, it is clear that the Newsom administration has a great deal of political capital invested in CARE Court, despite the sensitive nature of the national debate over involuntary treatment and mixed research evidence regarding the benefits of mandated treatment relative to voluntary services.

“The CARE Act reflects California’s belief that compassion and accountability must go hand in hand,” state Health and Human Services Agency Secretary Kim Johnson said in this month’s announcement from Newsom’s office. “It offers people living with severe mental illness a real path to treatment and stability, while making clear that every county has a responsibility to deliver.”

Newsom announced this month that updated information about each California county’s progress in

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implementing CARE Court and other behavioral health and housing initiatives is publicly available online via [accountability.ca.gov](http://accountability.ca.gov).

Clark Harvey said the uneven performance on CARE Court implementation among the state's counties should not be seen as surprising, given what she called a "patchwork system of cultures" in the county units of government. "Infrastructure differences and readiness to implement is a reality that we cannot ignore, but one we need to prioritize as we move forward and in order to realize the promise of the CARE Act," she said.

CBHA pointed out that an evaluation of counties based on numbers of petitions does not "recognize the time needed to build trust with individuals in need of services. We will work with the administration to do everything we can to spread the word and bring those in need into services which is our true north."

The governor's announcement specifically cited work in Alameda County as a "shining example" of proactive implementation of CARE Court. The provider agency Bay Area Community Services, which offers both permanent supportive housing and transitional housing with behavioral health support in Alameda County, is currently expanding its menu of services on its main campus to include medical respite care, a wellness center and substance use detoxification and residential treatment. •

## BRIEFLY NOTED

### SAMHSA announces \$69M for SMI and suicide prevention grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) on March 6 announced \$69.1 million in funding opportunities for three grant programs: the Children's Mental Health Initiative (CMHI), Implementing Zero Suicide in Health Systems (Zero Suicide) and Assisted

## Coming up...

The **New Jersey Association of Mental Health and Addiction Agencies, Inc.**, is holding its annual conference, "Evolving Behavioral Health, Advancing Together for 75 Years," **April 14–15 in Iselin, N.J.** For more information, visit <http://www.njamhaa.org>.

The **National Council for Mental Wellbeing** is holding its annual conference, NatCon, **April 27–29 in Denver, Colo.** For more information, visit <https://thenationalcouncil.org>.

The **American Psychiatric Association** is holding its 2026 annual meeting, "Empowering the Psychiatric Workforce: Taking Control of Our Practices One Step at a Time," **May 16–20 in San Francisco.** For more information, visit <https://www.psychiatry.org/psychiatrists/meetings/annual-meeting>.

Outpatient Treatment (AOT), a SAMHSA news release stated.

The SAMHSA grants announced earlier this month are:

- \$43 million for CMHI, a program that provides comprehensive community mental health services to children, youth and young adults from birth through age 21 with serious emotional disturbances, which may include efforts to identify and serve children at risk and their families.
- \$16.1 million for Zero Suicide, a program that provides resources for health care systems to implement the Zero Suicide framework for adults

who are at risk of suicide. The Zero Suicide framework is an evidence-based, comprehensive, multi-setting approach grounded in the belief that suicide deaths within care systems can be preventable.

- \$10 million funding opportunity for AOT, a program to facilitate the implementation of AOT for adults with serious mental illness. AOT leverages civil commitment to ensure participation in community-based mental health treatment for people with serious mental issues who meet civil commitment criteria in their state. •

## In case you haven't heard...

A University of Toronto research team has found a link between early childhood consumption of ultra-processed foods and later behavioral and emotional difficulties. The study, published in *JAMA Network Open*, reports that higher intake of these foods at age 3 was associated with signs of anxiety, fearfulness, aggression and hyperactivity by age 5. Lead investigator Kozeta Miliku, an assistant professor of nutritional sciences at the University of Toronto's Temerty Faculty of Medicine, said the preschool years are a critical period for both development and the formation of eating habits. She noted that the findings point to the need for early-life interventions, from guidance for parents and caregivers to public health campaigns and stronger nutrition standards in child care settings. The *JAMA* study is the first to assess ultra-processed food intake alongside standardized behavioral assessments in young children using detailed, prospective data. Researchers analyzed dietary information from more than 2,000 participants in the CHILD Cohort Study — a Canadian national project tracking children from before birth through adolescence. Ultra-processed foods — industrial products made primarily from refined ingredients and additives — currently comprise nearly half of Canadian preschoolers' calories.