

The United States Conference of Mayors

The Mental Health Crisis in America's Cities and Their Responses to It

A 117-City Survey

June, 2023



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CONFERENCE OF MAYORS



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Foreword

The United States is facing an unprecedented mental health crisis, with staggering increases in stress, depression, isolation, loneliness, and accompanying mental health hurdles faced by Americans of all ages. Addressing this surging mental health crisis is one of the most pressing issues facing America's cities. In many of its national meetings, the U.S. Conference of Mayors has examined mental health issues, adopted a considerable body of policy relating to the mental health crisis, and called for an adequate federal, state and local response to it. Leading Conference efforts on the issue is our Vice President, Reno Mayor Hillary Schieve, who chairs our recently formed Task Force on Mental Health.

Following up on discussions on mental health during our Leadership Meeting in March, we asked mayors to respond to a survey to help inform the work of the new Task Force, further development of the Conference's mental health policy, and our advocacy efforts in this area. The survey sought to collect information on mental and behavioral health needs in cities and the ability of local agencies to meet residents' service needs; mental health problems affecting young people and the services available to meet their needs; the relationship between homelessness and mental health problems; emergency response initiatives; police officer health and wellness; and behavioral health worker shortages.

Survey responses received from 117 cities in 36 states provide a wealth of information about mental health needs in our cities, how local officials are working to address them, the problems they are facing in doing this adequately, and what they need to better serve those with mental and behavioral health problems. This information is contained in this publication. We are discussing the survey's findings during our 91st Annual Meeting in Columbus, June 2-5, and will use them under Mayor Schieve's leadership to inform the work of our Task Force and in advocacy efforts aimed at meeting cities' needs in this area and expanding access to mental and behavioral health services.



Tom Cochran
CEO and Executive Director
June 2023

Executive Summary

In response to the unprecedented mental health crisis faced by Americans of all ages, the U.S. Conference of Mayors asked mayors to provide information on mental and behavioral health needs in cities and the ability of local agencies to meet residents' service needs, mental health problems affecting young people and the services available to meet their needs, the relationship between homelessness and mental health problems, emergency response initiatives, police officer mental health and wellness, and behavioral health worker shortages. Survey responses were received from 117 cities in 36 states and the findings from those cities are contained in this report. Here is a summary of key findings for the survey cities:

- 97 percent said requests for mental health services increased in their city over the last two years.
- 88 percent said they do not have adequate access to the mental health resources needed to address this crisis.
- 71 percent reported that their residents do not have access to the mental health services they need.
- Substance abuse was identified most frequently as the main cause of the increased need for services, in 85 percent of the cities. Other causes in rank order are: COVID-19, in 75 percent of the cities; homelessness, in 74 percent; economic concerns and/or uncertainty, in 72 percent; and the shortage of affordable housing, in 67 percent.
- The top mental and behavioral health problems are:
 - Substance use disorders, identified by 65 percent of the cities;
 - Homelessness stemming from mental illness, identified by 56 percent;
 - Mental and behavioral health worker shortages (including school counselors), by 56 percent; and
 - Lack of access to behavioral health services, by 56 percent.
- 82 percent of the cities reported that they have developed new initiatives or programs and/or increased funding to established programs to address growing needs for mental health services within specific groups in the community.
- Depression leads the list of the primary mental health problems exhibited by young people, with 89 percent of the cities identifying it. Loneliness was next, identified by 55 percent of the cities, followed by low self-esteem, identified by 54 percent. Self-harm and alienation were each identified by 43 percent of the cities.
- 43.5 percent of the cities said teen suicide is a significant problem.
- 81 percent of the cities have found that programs that provide stable housing of a year or more for people with mental illness helps to improve mental health outcomes.
- 93 percent of the cities reported that they had improved their emergency response to people experiencing a behavioral health crisis.
- 94 percent of the cities reported that their police department provides officers mental health and wellness programs.
- 14 percent of the cities have a specific program to address their mental and behavioral healthcare worker shortages.

Findings

Data were collected from the 117 survey cities between April 18 and May 16, 2023. In no case do the percentages reported for a survey question response include a city unable to respond to that question.

Mental Health Needs Assessment

The vast majority of survey cities (97 percent) reported an increase in requests for mental health services over the last two years. Four cities said they have not.

Eighty-eight percent (102) of the cities said they do not have adequate access to the mental health resources needed to address this crisis; 12 percent (14) of the cities said their residents do have adequate access to mental health resources.

Those that said they did not have adequate access to mental health resources were asked in an open-ended question what is needed to provide adequate mental health services to their community.

- Most frequently they called for more mental and behavioral health workers (40 cities) and the availability of more agencies providing these services and an array of kinds of services (39 cities).
- Nineteen cities indicated that more funding is needed to pay for services and service providers, and several of these highlighted the fact that most funding goes to county, not city, governments.
- Fourteen cities called for better coordination among services and service providers and better case management.
- Nine cities called for better insurance coverage, and most of these specified the need for Medicaid expansion.
- Seven cities specifically called for more and better outreach services.
- Six cities called for more funding for substance abuse services.
- Four cities called for conservatorship reform.
- Four cities called for services to be available 24/7.
- Three called for services to be more culturally appropriate or provided in different languages.
- Three cities each called for more funding for law enforcement and more funding for homeless services.

Seventy-one percent (82) of the cities reported that their residents do not have access to the mental health services they need; 29 percent (33) said they do.

The cities that experienced an increase in mental health problems were asked to identify the main causes of that increase. Leading the list was substance abuse, with 85 percent of the cities identifying it. This was followed by:

- COVID-19, listed by three-fourths of the cities;
- Homelessness, by 74 percent;
- Economic concerns and/or uncertainty, by 72 percent;
- Affordable housing shortage, by two-thirds; and
- Unemployment, by 27 percent.

The cities reported that their top mental and behavioral health problems are:

- Substance use disorders, in 65 percent of the cities;
- Homelessness stemming from mental illness, in 56 percent;
- Mental and behavioral health worker shortages (including school counselors), in 56 percent;
- Access to behavioral health services, in 56 percent;
- Mental illness among young people, in half of the cities;
- First responder and other municipal employees' mental health needs, in six percent.

Other mental and behavioral health problems listed by individual cities were depression, loneliness and isolation, lack of mandatory long-term mental health care, and parent and family mental health and wellness resources.

Eighty-two percent (96) of the cities reported that they have developed new initiatives or programs and/or increased funding to established programs to address growing needs for mental health services within specific groups in the community.

The remaining 21 cities (18 percent) said they had not.

City Mental Health Initiatives

The cities that have developed new initiatives or increased funding to established programs were asked to briefly describe these actions and their impact on the community. Among their responses, as submitted:

Montgomery, AL: The City of Montgomery has allocated funding to build the first Mental Health Crisis Center in the region.

Mesa, AZ: Mesa PD built a strong relationship with the non-profit crisis line and system and organized policies to transfer people in crisis (including suicidal callers and other social/mental health issues). Since 2018, we have strengthened that relationship and increased the types of calls that can be sent to the crisis line – children with behavioral issues, 2nd hand suicide reports, and other issues such as dementia, psychosis, anxiety, PTSD, and basic problem-solving help that have traditionally been forced upon police.

Mesa invested in co-location with a member of the crisis system to significantly increase the number of calls transferred to the crisis line and build trust and collaboration with the crisis system. In 2022 alone, over 3,500 911 calls have been sent directly to crisis, away from PD and Fire. Mesa and PD leadership responded to the rapidly changing social environment and to residents' feedback by creating and investing in mobile crisis teams managed through that same crisis system, which completely removes first responders from mental health and social work response in the community – saving money and providing a higher level of care with trained specialists. This program is groundbreaking and the first of its kind. This investment has resulted in a 50 percent response time reduction for additional crisis support to arrive on scene for the residents and officers. Since the deployment of the Mesa crisis teams in July 2022, the teams have spent over 600 hours on calls, responding most often to family fights, welfare checks, suicide/self-harm, agency assist, and subjects' disturbing call types. Mesa's procedures, practices, and new investments are already being replicated across the country.

Phoenix, AZ: We have launched an alternative response program through which social workers respond to calls that used to go to the police.

Tempe, AZ: We have a funded partnership with schools for a youth specialists program.

Tucson, AZ: We have created and staffed a Wellness Division in the Tucson Police Department and give employees the opportunity to attend a 5-day Struggle Well course. We have created a Community Safety, Health and Wellness Program to put the right work in the right hands by diverting calls from 911 to a 311 line and to help fill gaps and help residents navigate existing services. We have contracted to embed crisis counselors within our 911 Communications Center to help address mental health crises.

Alameda, CA: The Alameda CARE Team (Community Assessment Response & Engagement), led by the Alameda Fire Department, provides a 24/7 alternative response to a nonviolent individual facing a mental health crisis.

Beverly Hills, CA: The City has implemented a 24/7 hotline to respond to residents' concerns regarding the unhoused. This pilot program is supported by various City teams and contractors.

Fontana, CA: The City of Fontana created the Community Outreach And Support Team (COAST) to provide multi-discipline, immediate triage care to those in mental health crisis or need. The team is comprised of a police officer, a social worker and a firefighter with his emotional support dog, "Scout." They respond to calls for service as well as offer support to the community's needs.

Fremont, CA: We have increased partnerships and connections to our city, local healthcare and nonprofits through informational Zoom sessions, hotlines, and program sessions like parenting, student, elderly, healthcare and caregiver groups.

Fresno, CA: We have purchased five motels and partnered on four others, refurbished them and outsourced services to those who are sheltered, including substance abuse and mental health services.

Irvine, CA: We partnered with several nonprofits and service providers to provide resources and services for our culturally diverse communities. We also partnered with Be Well OC, a mental health provider, to start a mobile unit that responds to mental health emergencies and are supporting Be Well OC by building a campus in our city.

Long Beach, CA: We have established mobile homeless services and behavioral health, to meet people where they are. We have also created teams with mental health clinicians to do homeless outreach. REACH Teams provide alternative response to calls for service for people experiencing homelessness, operating weekdays from 7 a.m. Residents are told to contact 911 for immediate medical response if needed.

Modesto, CA: We have established an initiative called Camp2Home. We work with individuals to move them from being unhoused to a shelter. Then our Downtown Streets Team assists with vouchers, obtaining necessary documents and many other support services including job training. This all leads to permanent housing and employment.

Petaluma, CA: Sonoma County Measure O increased funding for the County and cities.

Pleasanton, CA: The City provided seed funding for the Axis Bridge Urgent Mental Health Care Program. The City has two clinicians and two officers who respond to calls together. Officers respond in plain clothes and an unmarked vehicle with the clinician. The City has a service agreement with Axis Community Health (\$35,000 annually) to provide behavioral health services to students in Pleasanton in the schools as well as in the office.

San Diego, CA: The City and County have a Community Harm Reduction Team (C-HRT) facility for unsheltered residents who struggle with substance abuse and often co-occurring mental illness.

San Luis Obispo, CA: We have created a Mobile Crisis Unit, expanded our Community Action Teams, and provided funding to increase services at our local homeless services center by 25 percent.

Bridgeport, CT: We have 1. homeless outreach and IDs; 2. Lighthouse for youth; 3. a social services pilot program with police; 4. a homeless prevention program under the Health Department; 5. The MIRA program; 6. Southwest Community Health Care; 7. Optimus Health Care; 8. The Child and Family Guidance Center; and 9. LifeBridge Community Services.

Hartford, CT: In 2022, the City of Hartford launched its Hartford Emergency Assistance Response Team (HEARTeam) initiative, a civilian crisis intervention program that offers an alternative response to emergency 911 calls involving Hartford residents in emotional and mental health crisis. HEARTeam responders assist in situations where specialized non-law enforcement intervention is most effective. Each provider offers a different response, including support for adults with acute mental health issues, as well as de-escalation techniques and linkage to care.

Coral Springs, FL: CSPD has a Crisis Intervention Team of 18 officers trained in crisis intervention and able to respond since these 18 are assigned to road patrol. In addition, there are two civilian victim/family advocates for cases that require a higher degree of intervention. Also, the City is partnering with Charter School USA (Coral Springs Charter School) to create a behavioral health access program for their employees and students, the development of which is currently ongoing.

Hallandale Beach, FL: We are hiring a Community Resource Officer in the Police Department.

Miami, FL: The City has a Functional Zero Plan to eradicate homelessness in Miami.

Miramar, FL: Thrive groups were developed to teach coping skills and address mental health in high school students, group counseling is also held with seniors over 60.

Orlando, FL: The City has a Community Response Team.

Pembroke Pines, FL: the City has an in-house student assistance program (SAP).

Tampa, FL: The City is partnering with Catholic Charities to provide a housing solution for homeless individuals that includes wraparound services. We have placed over 20 percent in housing and 25 percent in jobs.

Atlanta, GA: The City invested \$20,000 with the Black Emotional and Mental Health Collective (BEAM) to provide up to 25 scholarships to Atlanta's trans and gender expansive youth to receive Black Mental Health and Healing Justice Peer Support Training. The goal of training is to increase Black communities' (and allies') capacity to identify mental health symptoms, respond to mental health crises in Black communities with dignity, and to cultivate everyday liberation centered wellness. BEAM is a national training, movement building, and grant making institution that is dedicated to the healing, wellness, and liberation of Black and marginalized communities.

Lihue, HI: We have partnered with nonprofit organizations to provide support services for residents of permanent supportive housing projects. This has put houseless families under roofs and provided life skills to transition families into market and workforce housing.

Des Moines, IA: The CARE Team within the police department triages crisis calls. The City has put targeted funding into social determinants of health (food security, housing, education, basic income).

Hoffman Estates, IL: In the past year, the Village has added a full-time bilingual staff psychologist to the HHS department. In addition, the Village received a grant for Behavioral Health through the Health Communities Initiative through Cook County, which will provide additional funding for mental health services over the next four years.

Moline, IL: The City has social workers embedded in the police department and is working on embedding more for a different agency.

Niles, IL: The City is constantly striving to bring in the proper people to help its citizens. It is looking at expanding its programs right now.

Carmel, IN: The police department hired professionally trained psychologists for welfare checks, mental health and domestic violence calls. The focus is on triage and then connecting the person in need of services to the proper provider.

Indianapolis, IN: The City funded a Mobile Health Clinic to provide triage, wound and mental health care; funded a mental health tool kit to place advisors in homeless shelters to identify behavioral health needs; and established the Assessment and Intervention Center (AIC) to provide shelter and short-term acute care to those with mental health and substance use disorders. It is now launching a pilot program for a Clinician-Led Community Response Team through which clinicians will be responding to non-violent mental health calls instead of law enforcement.

Baton Rouge, LA: The City has Hot Teams to address homelessness and substance abuse.

New Orleans, LA: The Mobile Crisis Intervention Unit, launching June 2023, will provide acute crisis response via 911 for individuals in mental health crisis and support new programming with comprehensive mental health supports in the school system using ARPA funding and preparing to utilize opioid settlement funds for increased substance abuse resources and services.

New Bedford, MA: Most initiatives have been centered around addressing housing needs and homelessness. The most recent Housing Plan established by the Mitchell administration intends to stimulate new development, reactivate underutilized properties, and relieve housing instability and affordability concerns. Mayor Mitchell has also allocated over \$3 million of HOME-ARP funding to reduce homelessness and increase housing stability.

Revere, MA: The City hired a social worker for city municipal work, started a warming center for homeless individuals, and started a Behavioral Health Unit at the Revere Police Department.

Baltimore, MD: In June 2021, Baltimore launched the Behavioral Health 9-1-1 Diversion Pilot Program with the goal of diverting certain behavioral health-related 9-1-1 calls from law enforcement to experienced mental health professionals through the Here2Help hotline.

Rockville, MD: The City has expanded its youth development services. Also, through intergovernmental relations with the county and funding from the county, the City has increased its mental health services. The county also funds other community nonprofit providers who serve our city residents, specifically students and their families.

Dearborn, MI: The City established a governmental health department to address the increasing mental health needs of our community.

Detroit, MI: Many individuals facing repeated mental health crises and/or chronic homelessness in Detroit make extensive use of emergency services. To address this, the Mental Health Co-Response Program, a partnership between the Detroit Police Department (DPD), Detroit Wayne Integrated Health Network (DWIHN), and the City of Detroit's Housing and Revitalization Department (HRD), was established in 2020. Utilizing a three-pronged approach, the goal of the Mental Health Co-Response Partnership is to improve the city's response to individuals experiencing mental health crises and to prevent future crises by connecting them to supportive services. The three prongs of the program are:

- Crisis Intervention Team (CIT) Co-Response Units aim to improve law enforcement's response to individuals experiencing a mental health crisis. These units consist of one behavioral health specialist and two CIT-trained officers, who co-respond on mental health-related calls for service. The Co-Response Units also patrol hot-spot locations to provide wraparound support.
- 911 Integrated Response Behavioral Health Specialists are embedded in Detroit's 911 Call Center, as part of the Integrated Response, and directly connect callers to supportive services and, when appropriate, assign calls to the Co-Response Units. When not responding to incoming crisis calls, the embedded clinicians make follow-up calls to callers identified as high utilizers of 911 and connect them to respective services.
- The Detroit Homeless Outreach Team (DHOT) connects individuals experiencing homelessness to available services, aiming to reduce unnecessary law enforcement response. DHOT teams consist of a behavioral health specialist and a street outreach provider, who connects individuals to shelter and housing, mental health, and supportive services. Neighborhood Police Officers (NPOs) patrol hotspot locations and connect unsheltered individuals to DHOT for further action and support.
- The goal of the Mental Health Co-Response Partnership is to follow a crisis continuum of care that results in the reduction of harm, the use of emergency services, and arrests for individuals experiencing mental health and/or substance use disorder issues by providing and coordinating linkages to quality mental health and substance use disorder treatment, healthcare, and housing.

Overall, the Mental Health Co-Response Partnership aims to: 1) reduce volume of calls to 911 for mental health-related emergencies; 2) increase mental health awareness and understanding among first responders; and 3) improve access and utilization of proactive care services amongst mental health and unsheltered individuals.

Orion, MI: We are working with Oakland County and three non-profits to expand access.

Burnsville, MN: The Burnsville Police Department created a Behavioral Health Unit (BHU) to provide a more intentional response to those in our community suffering with mental illness and mental health issues. Our coordinated response model is a collaborative effort with Dakota County Social Services which includes a part time embedded social worker. Specialized responses, training, and inclusive collaboration between law enforcement and community-based resources drive our work. We seek to increase safe interactions between police and those suffering from mental health crisis/illness, increase access to social services, increase officer awareness and education, increase community engagement and public trust, decrease community impact of untreated mental health crisis/illness, and decrease repeat calls involving people with mental health crisis/illness. We have had much success with individuals and families with this approach. We are still learning but are achieving our mission of working together to make a difference through excellence in policing.

Edina, MN: We have embedded a social worker in the police department.

Kansas City, MO: Mayor Lucas's Administration advocated for the renewal of Kansas City's 22-cent Health Levy, a safety net for the poor and uninsured that makes sure everyone has access to emergency and preventative services. The Administration has created the largest investment in affordable housing in Kansas City's history. The Housing Trust Fund was created with proceeds from ARPA, and then added \$50 million in bond financing to that fund balance, through a measure approved by voters. This will create 2,000 new units of affordable housing. Another initiative started by the Mayor is Partners for Peace, which brings together social service providers and local law enforcement to reduce Kansas City's violent crime rate.

St. Louis, MO: The City established a new bureau for behavioral health and increased visibility around prioritization.

Charlotte, NC: The City of Charlotte launched the Community Assistance: Respond, Engage, Support (CARES) Team for mental health, substance abuse, and homelessness 911 calls for services. The City was awarded \$330,000 by the State to support administration and evaluation of the CARES Team, but has struggled with hiring and retaining mental health professionals.

Jacksonville, NC: The City Council is actively developing partnerships with local organizations to provide assistance for homelessness, substance abuse, and entrance back into the community after incarceration.

Fargo, ND: The City has an Engagement Center Mobile One.

Lincoln, NE: Three items in progress are a permanent supportive housing facility, BETA training for police department/crisis intervention training, and a co-responder model with the police department.

Hamilton, NJ: We are training additional workers in Teen Mental Health First Aid and offering aid to High Schools to ensure continued access to after-prom/graduation programming.

Newark, NJ: The City's local health department has hired two Behavioral Health APN's for its clinical team. Also, through the Office of Violence Prevention, licensed clinical social workers are working closely with Public Safety to address trauma and PTSD amongst victims and perpetrators of violence.

Las Cruces, NM: We have non-operational monies we use: monies derived from drug company settlements and from Cannabis revenues.

Henderson, NV: As COSSUP grant recipient, the city is implementing a co-responder team (clinicians paired with law enforcement) to respond to behavioral health crises that involve substance use to ensure safety, dignity, and connection to the appropriate level of care for persons in crisis. The goal is to reduce unnecessary arrests and involuntary commitments. We have a newly developed Community Health Coordinator position to support and advocate for community health program creation.

Las Vegas, NV: Street Medicine Outreach provides triage for the homeless to divert them from emergency rooms into appropriate treatment. The Crisis Response Team and "second responder" programs work with the fire department to deescalate non-emergency mental health issues. Case management and system navigation for the elderly and persons experiencing homelessness assist with connecting people to resources, keeping them housed, or acting as ombudsman to problem solve.

Reno, NV: The community crisis center we are opening later this year started as Mayor Schieve's vision four years ago when we met with state leaders to find a solution for our local mental health crisis that worsened after the COVID pandemic started. What has evolved is a partnership with the state to use ARPA funds to repurpose a vacant portion of the state hospital that we will operate under the license of a local private health system, Renown Health, that we joined two years ago. The crisis center will operate 24/7, treat adults with mental health and/or substance use issues, and serve as a walk-in center as well as a location to divert individuals from emergency rooms and jails. We are in the process of looking for a site in the community to do something similar for children and adolescents.

Albany, NY: We are partnering with the county to send a clinician, case manager, and homeless prevention specialist into a specific area of the city that is seeing high numbers of individuals who are substance abusers, unhoused, and/or mentally ill to identify more effective strategies for connecting them with resources/treatment.

Hempstead, NY: We are forming a task force made up of public and nonprofit organizations that offer services and share information with our police officers.

Syracuse, NY: We have a gang violence task force, Mobile crisis unit, and a 911 Pilot Diversion Program through which 911 operators work alongside mental health crisis workers to divert mental health related calls to mental health professionals.

Cincinnati, OH: In 2022 Cincinnati launched the Alternative Response to Crisis (ARC) team that sends a team that includes a mental health professional and a paramedic to 911 calls that call takers determine do not pose a physical risk. The majority of these calls include some component of mental health needs. In just three months of the pilot ARC had responded to over 1000 calls and never required police back up due to safety concerns.

Cleveland, OH: City of Cleveland schools each have a counselor. All our rec centers have a social worker. Our police department has a co-response program through which a mental health clinician is paired with a police officer.

Dayton, OH: The City of Dayton has received state funding to create three crisis response teams that will respond to 911 mental health calls for service. The teams will be comprised of mental health clinicians who will connect individuals in crisis to the proper social services, diverting them away from the criminal justice system when appropriate.

Findlay, OH: The Administration is actively involved in the local Opiate Task Force. The Service Safety Director is on the local behavioral health resource center board. The Administration created an unhoused coalition in 2022 to work with key stakeholders to combat the homeless situation. All police officers are CIT trained to manage a behavior crisis.

Reynoldsburg, OH: We have hired two certified social workers for the City of Reynoldsburg to help with the issues all communities are facing. We hope to grow this program to five total over the next two to three years.

Toledo, OH: We are working with the Mental Health and Recovery Services Board of Lucas County and provided ARPA funding for community groups to increase prevention efforts, a treatment access app, a community wellness response team, grief support groups, reestablish prevention services in Latino community, and support the development of short term mental health residential services. We also established a NARCAN leave behind program with the Fire and Rescue Department. The impact on the community is to be evaluated.

Youngstown, OH: We are implementing a social service navigator to focus on coordinating services and assessing the needs of the community.

Oklahoma City, OK: Mayor Holt's MAPS 4 initiative includes funding for Mental Health Crisis Centers; a Family Justice Center for victims of domestic violence; a Diversion Hub for those caught in the justice system; and affordable housing with wraparound services.

Gresham, OR: We have crisis response and case workers.

Portland, OR: We have the Behavioral Health Resource Center Project.

Allentown, PA: we developed a community intervention specialist program to accompany police in mental health situations.

Scranton, PA: We have grants for mental health providers; are supporting grant applications by providers for federal funding; and have increased mental health care options for public safety employees.

Providence, RI: Our PAIRED (Providence Alternative Integrated Response and Emergency Diversion) team integrates behavioral health clinicians with our Fire/EMS service to provide non-police response to behavioral health/social service/substance use related 911 calls.

Austin, TX: There has been increased effort and funding surrounding homelessness and mental health needs for those experiencing homelessness. Utilizing American Rescue Plan Act (ARPA) funds, our community has vastly increased investments in homeless street outreach, supportive services and mainstream benefits enrollment, rapid rehousing, and targeted homelessness prevention. Many of these programs have begun operating this fiscal year and early outputs are promising but limited. The City of Austin sought and received additional federal funding to increase harm reduction support and services in the community. Additionally, the City of Austin and other partners have been working on a targeted campaign to address children's mental health needs and expand access to Mental Health First Aid training.

Houston, TX: We have secured more stable funding for peer support to address mental health among youth and grant funding for opioid surveillance, outreach, education and recovery services.

San Antonio, TX: The City of San Antonio has used a significant portion of ARPA funding to address mental health concerns in our community. The City started the SA-CORE (San Antonio Community Outreach and Resiliency Effort) Team as a response to the increase in mental health related 911 calls. The SA-CORE team follows a multidisciplinary response team model and is comprised of a mental health

clinician, a SAFD-EMS Mobile Integrated Healthcare paramedic, and a SAPD Mental Health Unit officer. This team is deployed in the Central Substation, an area of the city with a high equity score and high volume of mental health 911 calls and responds seven days a week from 7am-11pm. The team just completed its first year; two more teams will be added by 2024.

The City funded \$19.3M to non-profit agencies to address the increased social isolation, anxiety, and depression for youth and older adults and the increased homeless population with mental health and substance abuse issues. These two-year contracts went to 28 different agencies and started in March 2023. The City currently has \$4.6 million in funding being evaluated to address increased mental health needs of at-risk youth and youth in foster care, the increase in family violence 911 calls, and increased substance use and overdose. Pending City Council approval, these two-year contracts will start July 2023.

Salt Lake City, UT: We are working on a collaboration with county, state, and service providers to better serve people experiencing chronic homelessness and mental and behavioral health and substance use problems.

Richmond, VA: We established the first-ever Health Equity Trust Fund, partnering with our state department of health. We prioritized mental/behavioral health, substance use disorder, and COVID-19 as the top priorities.

Issaquah, WA: The City of Issaquah created a Homeless Outreach program, focused on connecting unhoused community members to resources, and a Behavioral Health Program, focused on helping community members with behavioral health needs who call 911.

Redmond, WA: We are adding support for our outreach program called Thrive.

Spokane, WA: The Mayor's Mental Health Task Force has brought together over 40 different players in this service industry for the purpose of increasing access and number of services, and advocating on the state level for the necessary changes. The state made improvements that we were advocating for during the legislative session, and a marketing and awareness campaign of the available resources is going to be rolled out soon. It is also helpful having most of the voices in our community working on this topic in the same room to develop strategies and network.

Tukwila, WA: We initiated a mental health professional with our law enforcement agency and expanded the number of employees doing the same.

Racine, WI: We are trying to establish a Federally Qualified Health Center.

Wausau, WI: We are working specifically to address mental health services for our emergency responders.

Huntington, WV: We created a first responder mental and physical wellness program - COMPASS (initially funded by Bloomberg Philanthropies). We have established a Crisis Intervention Team within our Police Dept to de-escalate individuals experiencing mental health crises. We created a Quick Response Team to assist individuals who recently overdosed to get into treatment.

Youth Mental Health

The cities were asked to identify the primary reported mental health problems exhibited by their young people. Depression led the list, identified by 89 percent (101) of the cities. Loneliness, identified by 55 percent (62) of the cities, was next, followed by low self-esteem, identified by 54 percent (61). Self-harm and alienation were each identified by 3 percent (49) of the cities.

Teen suicide was identified as a significant problem by 43.5 percent (47) of the cities; 56.5 percent (61) did not cite it as a significant problem.

The cities were asked to describe a successful program targeting the mental health needs of their young people. Among their responses:

Beverly Hill, CA: Our City provides support to the Beverly Hills Education Fund that provides partial assistance to Mental Wellness Programs at the Beverly Hills Unified School District.

Fontana, CA: We encourage our young people to start a peer support program in their schools. It is rough because so many of their influences come from social media. So, this allows their peers to share firsthand, face to face, how they really are.

Fremont, CA: For the past six years our city has hosted a citywide Youth Mental Health Art Awareness contest for art - graphic design, paint, and poetry - to express their vision and creativity while encouraging art appreciation in our student community.

Fresno, CA: We have a private entity called the resiliency center which is a spin off from the police chaplain program.

Irvine, CA: The City has a Youth Action Team program for middle and high school students that provides team building and community service options to engage our youth. We are trying to set a screen-free effort that we hope will launch in September.

Modesto, CA: Our schools provide student assistant specialists who are on every high school campus to help students who are in need of mental health support. They are staffed through the Center for Human Services, a local nonprofit. We have also re-established a City Youth Commission made up of high school students who discuss the needs of our youth.

Pleasanton, CA: The Police Department Alternate Response Unit has seen some initial success. It is the primary point of contact for the School District and students in crisis, proactively responding and initiating follow-up from previous calls. ARU diverted 190 calls from patrol officers, co-responded on 139 patrol calls, and made 120 proactive contacts. Mental Health holds for youth have declined from four per month to less than one per month.

San Luis Obispo, CA: We work closely with Transitions Mental Health Association, Family Care Network, the schools, GALA Pride and Diversity center, and San Luis Obispo County Community Foundation.

Hartford, CT: The Village's Rapid Response program works with children, birth through 17 years of age, who live in the City of Hartford and who have been the victims of a crime or who have witnessed a crime within the last 90 days. Examples of such events include child abuse/neglect, child sexual assault, domestic violence exposure, survivors of homicide, and community violence. There is no cost for Rapid Response services. Rapid Response provides a licensed mental health professional who can provide the following in-home services: crisis intervention and stabilization; brief assessment of trauma symptoms; work with parent/caregiver to increase their capacity to respond to child's needs following victimization; referral to other clinical and non-clinical services, supports and resources; advocacy; and services in English and/or Spanish. Response to the home occurs within 48 business hours from the referral. Services are provided in 5-6 sessions within a 6-week period.

Boca Raton, FL: We partner with a nonprofit to provide counseling at high schools.

Miramar, FL: Grant funding facilitates use of a licensed therapist to address coping skills and trauma in high school-aged youth. The program includes a nutrition component.

Atlanta, GA: The Office of Immigrant and International Affairs, The Office of Sustainability and Resilience, the Department of Parks and Recreation and the UGA College of Public Health have taken on a project on mental health for the youth of our City with the University of Georgia College of Public Health. More information is here.

Lihue, HI: Our skatepark initiative and the Kauai Police Activities League have provided much needed support. We have also provided grants for a number of recreational activities.

Waterloo, IA: The Waterloo Youth City Council developed a QR code on the back of student school IDs that will provide resources for mental health support.

Hoffman Estates, IL: We have seen increases in attempts of suicide and reported suicidal ideation among youth. Accessible therapy services have been a vital source of prevention and early intervention to prevent suicide. HHS partners with SD54 through the CAP program to provide five free sessions to youth referred through the school social worker or teacher. Clients can then remain for further services (no limit to number of sessions) on a sliding fee scale to make services accessible to those who are uninsured or experiencing financial hardship.

Moline, IL: The Grey Matters Collective has started chapters in our high school and other local high schools.

Carmel, IN: The youth assistance program matches young people to a mentor.

New Orleans, LA: We are supporting mental health programming in schools, expanding trauma-informed care, providing comprehensive mental health first aid training.

Revere, MA: Our curriculum targets substance use and overdose awareness.

Baltimore, MD: We have the Black Mental Health Alliance.

Rockville, MD: Suicidal ideations and self-harm are a significant problem. The County Crisis Center, city mental health providers, school counselors, and community nonprofit providers are inundated with youth who have high degrees of hopelessness such that self-harm or threats of suicide occur frequently. Death by suicide does occur but not frequently.

Dearborn, MI: We are working on establishing programs devoted to mental health in our city focused first on empowered educators and administrators in our schools to identify mental health crises when they happen. More importantly, we are in the planning stages of a mental health first aid kit to empower students themselves to identify mental health emergencies among their peers.

Detroit, MI: We have violence prevention programs to address the root causes of mental health issues among Detroit's youth.

Burnsville, MN: The Behavioral Health Unit would be responsive to youth in our community. We are also piloting an embedded EMS partner part-time to help with mental health response and follow up care. ISD191 has youth mental health services. The Burnsville-Eagan-Savage School District 191 provides unique health individual and family therapy, and crisis management. The Police Department has a Blue in the School Initiative where police officers partner with elementary schools and take time to visit, have lunch, hang out with kids and teachers to help build trust and relationships, which in some cases can help with youth mental health. We also have two SROs in the senior high and those officers create critical partnerships and help connect youth to services and school services. Our SROs went to visit students throughout the summer with mental health issues during COVID times to just keep a connection.

Columbia, MO: There is a countywide children's services sales tax that is overseen by the Children's Services Board. This has greatly increased the availability of services to youth under 19 years in our city and throughout the county. An example of a program funded through the Children's Services Fund is the Family Access Center of Excellence.

St. Louis, MO: Places for People, a federally qualified health center, offers an equity-based program for young people in minoritized communities with a focus on early intervention, prevention and support.

Lincoln, NE: We have a Lincoln/Lancaster County Suicide Prevention Coalition that includes members of the public and private sectors, as well as those from many aspects of our community, including physical and mental health, suicide survivors, law enforcement, educators, and community agencies.

Hamilton, NJ: We have in-school programming.

Newark, NJ: Believe in Health Newark has been working on an initiative which focuses on building resilience in children and families by addressing adverse childhood events and the impact of untreated trauma.

Albuquerque, NM: While youth suicide rates appear to be trending downward, provisional data on adult suicide rates in 2021 are showing an increase from 2020. Several factors have likely contributed to the lower child suicide rates, including: Concerted efforts across the state to educate residents about mental health wellness, suicide risk awareness, and training in suicide prevention by the Department of Health's Office of Injury Prevention and Office of School and Adolescent Health. DOH oversight of the New Mexico Suicide Prevention Coalition meets four times a year to network, receive suicide data and trend updates, and share resources for preventing suicide. This information is then brought back to local communities. The Coalition has an active Native American workgroup advocating for services and resources for indigenous populations, including the Honoring Native Life program which provides culturally appropriate suicide prevention assistance to New Mexico's nations, tribes, and pueblos. Partnerships among the Department of Health, the New Mexico Crisis and Access Line, and the Human Services Department's Behavioral Health Services Division's Behavioral Health Collaborative have included a focus on youth suicide prevention. DOH supported efforts by HSD's Behavioral Health Services Division to establish the 988 three-digit dialing for mental health crises, a part of a larger systems change to improve care for New Mexico residents with mental, behavioral, and substance use challenges. DOH and HSD have also collaborated on suicide prevention workgroups to secure funding for various projects related to suicide prevention as part of the New Mexico Suicide Prevention Coalition. For example, the coalition's Faith Communities Workgroup has developed a draft Suicide Prevention Resource Guide for Faith Communities with sections by Faith leaders and for congregants that is under review. This group has received a small grant award for design and printing for review prior to publication and dissemination to various religious affiliations. The City of Albuquerque has created the Albuquerque Community Safety Department, which is an alternative behavioral health response department that is supporting the 988 calls and other behavioral health emergency calls away from police response in our city. The City of Albuquerque has partnered with the DOH to offer free QPR (Question Persuade Refer) suicide gatekeeper trainings to the community.

Las Cruces, NM: We have a Suicide Prevention Task Force.

Henderson, NV: We have a HopeSquad Suicide Prevention Program; Invo's IMPACT Program, which is a behavior support program in elementary schools; One Hill Resilience Project: a partnership with Google to build resilience among students; and Preschool Enhancements, which provides facility upgrades, updated curriculum, and assessments.

Las Vegas, NV: Batteries Included is designed to ensure Las Vegas teens reach their greatest potential by providing after-school educational activities focused on leadership, health and wellness, community service, career planning and preparing for college.

Hempstead, NY: We are partnering with our school district's counselors and mental health providers.

Akron, OH: Our county ADM Board offers funding to agencies in all of Summit County; Akron is the county seat.

Cleveland, OH: We have robust school wrap-around services.

Columbus, OH: Nationwide Children's Hospital leads the On Our Sleeves national campaign for youth mental health awareness in the Columbus Region. This continues to raise awareness and coincides with the opening of NCH's Big Lots Behavioral Health Pavilion, the largest facility in the nation dedicated exclusively to child and adolescent behavioral and mental health.

Findlay, OH: We have the Children's Mentoring Connection; The Loft, which is an inclusive teen community center; and the National Alliance on Mental Illness's Youth MOVE (Motivating Others through Voices of Experience).

Toledo, OH: We have school-based prevention services.

Youngstown, OH: The school system provides mental health services to students who have had traumatic experiences.

Oklahoma City, OK: Embrace OKC is a partnership between the OKC Public Schools, City of Oklahoma City, Oklahoma City Chamber of Commerce, OKC Public Schools Foundation and the United Way. It provides a school-based system of supports for OKCPS students and families that involves community partnerships, high-quality tiered academic and behavioral strategies, and mental health services that range from prevention to treatment.

Gresham, OR: We have youth services programs and are developing programs that have increased the connectedness of our young people and their mental health. We just need more resources to expand these services.

Scranton, PA: A perceived lack of economic options seems to be an issue, but it doesn't match the reality that we have dozens of pathways and other programs that could help. We have a Youth Activities Committee that puts on job fairs and encourages participation in the arts as outlets for wellbeing.

Chattanooga, TN: We have a Family Intervention Specialist in some local public schools.

Houston, TX: Many programs have integrated suicide prevention activities from education and training into their specified services.

Redmond, WA: We have good non-profit support, including YES and NAMI Eastside.

Spokane, WA: The Spokane Public School system, in partnership with various providers, has set up a pilot program of an in-school mental health clinic that students can access. The plan is for this to be rolled out in other schools in the district, and the city is looking to partner in that through the use of ARPA dollars and the Mental Health Task Force.

Housing and Homelessness

Eighty-one percent (85) of the cities have found that programs providing stable housing of a year or more for people with mental illness helps to improve mental health outcomes, while 19 percent (20) of the cities have not. Many of the cities that responded indicated that providing wrap-around services, a continuum of care and public/private partnerships were essential to people being able to remain housed. Among their explanations:

Montgomery, AL: Stable housing is definitely key to providing essential services to mental health clients. They are able to be monitored and receive the support they need to maintain their stability.

Mesa, AZ: When people are unhoused, they are less likely to consistently engage in a treatment plan and case managers typically have a harder time finding and engaging clients that are unhoused. When people are on court-ordered treatment and housed, they are far more stable than unhoused clients and require fewer law enforcement interventions when compared with court-ordered unhoused clients.

Tucson, AZ: We have created a Housing First Program that helps move people into stable shelter and wraparound services, including mental health support services. Once stabilized, the goal is to move them into more permanent housing and retain services. We have hired housing first navigators, care coordinators and people working in the Housing First locations. We have found that once we provide housing stability and access to services, many of the residents stay in housing, stabilize, and move into long term or permanent housing.

Alameda, CA: We have found a direct correlation between providing housing and how it reduces the mental health and substance abuse problems these residents' experience. The city is focused on finding solutions to assist those in need of housing through our Homeless Initiatives and Efforts. Other local programs include The Village of Love, Dignity Village, and Alameda Point Cooperative.

Beverly Hill, CA: We have contracted for five shelter beds with PATH. The people who have been served by this program tend to remain housed and transition into permanent supportive housing or find other long-term housing solutions. Stable housing allows people to obtain documentation, public benefits, and mental health treatment with the support of a case manager.

Fontana, CA: Hiding someone away in an apartment or hotel room does not cure them from mental illness. Housing first without mental health support DOES NOT WORK.

We also must provide wraparound services. Then, we can transition folks back into mainstream living with support the entire time.

Long Beach, CA: Access to housing, especially with supportive wrap-around services, is a key to supporting people experiencing homelessness who also have mental illness.

Modesto, CA: We work with a local nonprofit, Center for Human Services, which has a Youth Navigation Center that provides housing for 18–25-year-olds. We are currently expanding the program to provide more housing for this age group. It has given them the support they need to be successful in their future lives. We have several other housing projects specifically for the seriously mentally ill that contribute to their wellbeing.

San Luis Obispo, CA: We partner with local nonprofits, including Transitions Mental Health Association's Bishop Street Studios, to identify wraparound services.

Bridgeport, CT: Housing and shelter programs can help address the root causes of homelessness through a range of essential recovery support services, including mental and substance use disorder treatment, employment, and mainstream benefits.

Orlando, FL: The City of Orlando fully supports the "Housing First" model - mental health challenges are far easier to address when individuals are housed and feel secure in a home.

Hoffman Estates, IL: We have partnered with other agencies to help set up stable housing for individuals and families. HHS provides mental health counseling during that period. We have seen significant improvement in the mental health of individuals who have been able to access housing, employment, and food security.

Indianapolis, IN: Indianapolis has two programs, the Housing to Recover (HTR) Fund and a SAMHSA funded program that each provide wraparound services, flexible funding, and access to mental/behavioral health services to

keep people housed. Both programs have demonstrated that this type of funding and keeping people sheltered encourages long-term mental health stability, permanent housing, and continued access to health care providers.

Rockville, MD: Supportive housing providers in the city provide support through case management for those who suffer with mental illness. There is a marked increase in the number of those who suffer with significant mental illness in the homeless shelters that serve the City of Rockville and the county. It typically takes longer to house those who suffer with significant mental illness. Some who suffer with significant mental illness may be waiting for care or choose not to seek care.

Kansas City, MO: People living with homelessness and mental health conditions have unique barriers to long term health. If an individual with a mental health condition enters shelter with an existing prescription for the condition, they have a high likelihood of being placed and staying in permanent housing. Individuals who do not have a prescription are placed on a waiting list that ranges from 12 to 18 months. As a result they typically leave the shelter within 11 days.

Albuquerque, NM: The city has made huge investments in providing housing vouchers with supportive/wrap-around services. We continue to see progress in housing stability past 12 months for those who have received this support. We continue to also look at data around the increased use of emergency services for mental health, however, a reduction of use on these services often correlates with housing stability with the wraparound services attached.

Albany, NY: We have worked with 300 people through our Law Enforcement Assisted Diversion (LEAD) program and our case managers have found that housing is a key indicator of success for those experiencing mental illness or substance use disorders.

Charlotte, NC: Our CARES Team has seen early success. There was an individual who has been experiencing homelessness in the Uptown area for a few years, generating many 911 calls for service per week, often several in one day. He was initially resistant to assistance from CMPD officers, and had no housing plan, no ID documents, and his disability check had been cut off. In December 2022 the CARES Team began proactively engaging with him and responding to the 911 calls for service involving him while on shift. Through their rapport and work with him, he is now receiving his SSI check again, is working on obtaining his ID documents, and

received the assessments needed to be on the prioritization list for a permanent supportive housing voucher. He has been matched to a housing program and will shortly begin working with his new caseworker on obtaining a voucher and a unit, which will eliminate most, if not all, 911 calls for service involving him.

Toledo, OH: The Toledo Lucas County Homelessness Board, City of Toledo and MHR SB of Lucas County partner to provide housing stability services, rapid rehousing services, and short-term financial support. People that reside in housing longer also tend to remain in treatment longer.

Oklahoma City, OK: MAPS 4 includes funds for permanent supportive housing and affordable housing.

Austin, TX: The local mental health authority has a permanent supportive housing complex housing persons that were experiencing homelessness. They have seen a significant return on investment at one year post-move in. There have been significant community cost savings on ER visits, psychiatric hospitalization visits and jail stays. These results have been supported across the community in other similar programs.

San Antonio, TX: While local data analysis is limited, programs that provide stable housing for people experiencing homelessness do appear to promote improved mental health outcomes. National evidence suggests this to be the case. The City of San Antonio has joined with local agencies and governments to promote a goal of developing 1,000 new units of Permanent Supportive Housing (PSH). PSH is an intervention to provide long-term stable housing coupled with optional supportive services and case management to those who have experienced chronic homelessness and are living with a disabling condition. In April 2023, the City funded two PSH developments to build what will meet over a quarter of that goal, with the support of a voter-approved local housing bond program.

Issaquah, WA: Stable housing must be coupled with other intensive support services. Housing alone does not improve mental health outcomes. People are isolated if they are placed in housing in areas that they do not know and tend to fall back into homelessness. Also, for people with chronic homelessness, adjusting to living indoors is often underestimated and if housing is not accompanied by extra supports to help with the transition, people are more likely to fall back into homelessness.

The cities were asked to list the three most important things to focus on when addressing behavioral health and homelessness. In response to this open-ended question:

- 84 cities identified affordable housing and homelessness as a top concern.
- 77 cities cited access to mental health care that provides an ongoing continuum of care.
- 26 identified the lack of a trained, skilled behavioral health workforce.
- 25 cited the need for additional regional coordination and mental health resources directed to cities.
- 21 saw the need for more education and outreach to communities to eliminate the mental health stigma.

Emergency Response and Policing

Ninety-three percent (99) of the cities reported that they had improved their emergency response to people experiencing a behavioral health crisis. When asked how they had done that:

- 92 percent said they provided crisis intervention training to first responders.
- 79 percent are using co-responder teams composed of police officers and mental health or social workers.
- 69 percent are improving how 911 dispatchers respond to and direct behavioral crisis calls.
- 65 percent are referring and/or transporting people with behavioral health crises to facilities not in the criminal justice system that can meet their needs.
- 43 percent are routing calls only to mental health or social workers in certain situations.

Ninety-four percent (99) of the cities reported that their police department provides mental health and wellness programs to their officers. Of these:

- 96 percent are providing counseling as needed and particularly after critical incidents.
- 89 percent are encouraging physical fitness and other wellness activities.
- 75 percent are providing officers training in the academy in mental wellness areas such as resiliency and self-care.
- 73 percent are providing prevention and/or early intervention services.

Mental Health and the Workplace

Fourteen percent (15) of the cities have a specific program to address their mental and behavioral healthcare worker shortages; 86 percent (93) do not. Those that do provided a brief description of their program. Among these:

Phoenix, AZ: We are making peer support credentials part of city workforce programs that we support financially and paying community college tuition for behavioral health professionals.

Fremont, CA: Our human services department is working with local educational entities to partner in delivering mental health youth services to our local schools.

San Diego, CA: The County in partnership with our local workforce board developed a plan to address this issue.

Las Vegas, NV: The Community Health Worker Training Program has trained 200 people to build health literacy in vulnerable populations by engaging FQHCs/WCs leadership and staff, and Community Health Workers (CHWs) so that: health literacy is integral to its mission, structure, and operations; integrating Culturally and Linguistically Appropriate Services (CLAS) into strategic and actionable steps; preparing healthcare staff to address health literacy issues and monitor progress; and building trust through effective health communications using the community health worker model.

Fargo, ND: We are working with our providers on a long-term plan.

Youngstown, OH: We have begun working with our mental health professionals to create roundtable discussions with multiple departments and stakeholders to assess needs and staffing.

Austin, TX: The City is working with other community partners to train staff in Mental Health First Aid.

Huntington, WV: We utilize the local university social worker program and medical school. We provide support from our medical school and local churches every Saturday to provide medical care and examinations for the homeless and working poor.

Survey Cities

Montgomery	AL	Chicago	IL	Hempstead	NY
Mesa	AZ	Hoffman Estates	IL	Mount Vernon	NY
Phoenix	AZ	Moline	IL	Syracuse	NY
Tempe	AZ	Niles	IL	Akron	OH
Tucson	AZ	Carmel	IN	Cincinnati	OH
Alameda	CA	Indianapolis	IN	Cleveland	OH
Anaheim	CA	Baton Rouge	LA	Columbus	OH
Beverly Hills	CA	New Orleans	LA	Dayton	OH
Fontana	CA	New Bedford	MA	Lima	OH
Fremont	CA	Revere	MA	Reynoldsburg	OH
Fresno	CA	Baltimore	MD	Toledo	OH
Irvine	CA	Rockville	MD	Youngstown	OH
Long Beach	CA	Somerset	MD	Findlay	OK
Modesto	CA	Dearborn	MI	Oklahoma City	OK
Petaluma	CA	Detroit	MI	Gresham	OR
Pleasanton	CA	Lansing	MI	Portland	OR
Riverside	CA	Orion	MI	Tigard	OR
San Diego	CA	Rochester Hills	MI	Allentown	PA
San Luis Obispo	CA	Burnsville	MN	Lancaster	PA
Yorba Linda	CA	Edina	MN	Pittsburgh	PA
Bridgeport	CT	Rochester	MN	Scranton	PA
Hartford	CT	Kansas City	MO	Providence	RI
Boca Raton	FL	Columbia	MO	Chattanooga	TN
Coral Springs	FL	St. Louis	MO	Knoxville	TN
Deltona	FL	Charlotte	NC	Arlington	TX
Hallandale Beach	FL	Jacksonville	NC	Austin	TX
Miami	FL	Fargo	ND	Denton	TX
Miramar	FL	Lincoln	NE	Houston	TX
North Miami	FL	Hamilton	NJ	San Antonio	TX
Orlando	FL	Newark	NJ	Salt Lake City	UT
Pembroke Pines	FL	Piscataway	NJ	Richmond	VA
Tampa	FL	Albuquerque	NM	Issaquah	WA
Atlanta	GA	Las Cruces	NM	Redmond	WA
Brookhaven	GA	Santa Fe	NM	Seattle	WA
Lihue	HI	Henderson	NV	Spokane	WA
Des Moines	IA	Las Vegas	NV	Tukwila	WA
Waterloo	IA	Reno	NV	Racine	WI
Boise	ID	Albany	NY	Wausau	WI
Aurora	IL	Freeport	NY	Huntington	WV



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