



OFFICE OF RACIAL EQUITY AND SOCIAL JUSTICE


Marc Elrich
County Executive

Tiffany Ward
Director and Chief Equity Officer

MEMORANDUM

December 13, 2021

To: Jennifer Bryant, Director
Office of Racial Equity and Social Justice

From: Tiffany Ward, Director
Office of Racial Equity and Social Justice 

Re: Racial Equity Impact Assessment (REIA) for Supplemental Appropriation #22-43
Crisis 2 Connection

- I. **FINDING:** The Office of Racial Equity and Social Justice (ORESJ) findings are inconclusive regarding Supplemental Appropriation #22-43. While strengthening community mental health centers is a necessary strategy for improving mental health outcomes and reducing unnecessary involvement with criminal legal systems in the County, it is unclear how the design and approaches employed in this effort will consider the experiences and structural barriers faced by communities of color in the County. It is for this reason that ORESJ's findings are inconclusive.
- II. **BACKGROUND:** The purpose of Supplemental Appropriation #22-43 is to use Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Crisis 2 Connection funding to strengthen community mental health centers. The funding will be used to support interventions services that were interrupted during the COVID-19 pandemic, helping to divert people, including children and adolescents, in distress from emergency rooms or jails to appropriate care facilities and services. Prior to the onset of the Covid-19 pandemic, indicators of substance use and mental illness among adults 18 years and older in the US were trending in an alarming direction. In 2019, the percentage of adults reporting Any Mental Illness (AMI) in the prior year was 20.6%; in 2018 the percentage was 19.1¹. For the same measurement period, the

¹ SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018 and 2019. Table 8.2b and table 8.5b. Available at:

percentage of adults with Serious Mental Illness (SMI) was 5.2%, up from 4.6%². According to the Health and Human Services Office of Minority Health, Black adults are more likely than White adults to report persistent symptoms of emotional distress such as sadness, hopelessness, and feeling like everything is an effort³. Among Black youth ages 15-24, suicide was the second leading cause of death in 2019 and Black females, grades 9-12, were 60 percent more likely to attempt suicide in 2019, as compared to non-Hispanic White females of the same age⁴. SMI among the Hispanic population continues to rise as have suicidal thoughts and behaviors among Hispanic adults aged 18 to 49 between 2009 and 2019⁵. Major Depressive Episodes have steadily risen among both Hispanic and African American youth ages 12-17⁶.

As with other racial inequities, there are notable differences in mental illness when dimensions of poverty and historical trauma are considered. Related to employment and poverty, larger percentages of part-time and unemployed individuals report AMI and SMI than employed individuals⁷ and larger percentages of uninsured and those with incomes less than 100% of the federal poverty level report SMI⁸. At the time of this analysis, there weren't local data available on prevalence of mental illness by these economic indicators, but given racial inequities in employment, household income, and health insurance coverage in the County, it is likely that any links between economic indicators and mental illness will disproportionately burden Black and Latino children and families.

<https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabs8-2,5,9,11,13pe2019.pdf>.

² Measures of AMI and SMI in The National Survey on Drug Use and Health (NSDUH) are based on a predictive model and are not direct measures of diagnostic status. While the data is a nationally representative sample, the survey excludes individuals with no fixed address (e.g., people who are homeless and not in shelters), military personnel on active duty, and residents of institutional group quarters, such as jails, nursing homes, mental institutions, and long-term care hospitals. Given these limitations, we looked at other sources of information to understand racial and ethnic differences in prevalence of mental illness.

³ US Department of Health and Human Services. Office of Minority Health. "Mental and Behavioral Health - African Americans". Available at: <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=24>.

⁴ US Department of Health and Human Services. Office of Minority Health.

⁵ Substance Abuse and Mental Health Services Administration. U.S. Department of Health and Human Services. "2019 National Survey on Drug Use and Health: Hispanics". September 2020. Available at:

<https://www.samhsa.gov/data/sites/default/files/reports/rpt31101/2019NSDUH-Hispanic/Hispanic%202019%20NSDUH.pdf>.

⁶ "2019 National Survey on Drug Use and Health: Hispanics" and "2019 National Survey on Drug Use and Health: African Americans". <https://www.samhsa.gov/data/sites/default/files/reports/rpt31099/2019NSDUH-AA/AfricanAmerican%202019%20NSDUH.pdf>.

⁷ SAMHSA, Table 8.2b.

⁸ Substance Abuse and Mental Health Services Administration. Behavioral Health Equity Report 2021. Substance Use and Mental Health Indicators Measured from the National Survey on Drug Use and Health (NSDUH), 2015-2019. Available at: <https://www.samhsa.gov/data/sites/default/files/reports/rpt35328/2021NSDUHBHEReport.pdf>.

Additionally, systemic racism dating back to the founding of the US has created race-based exclusion from health, educational, social, and economic resources for Black, Indigenous, and other People of Color. Historical and current experiences of mistreatment across systems impacts access to care, psychological stress, and the social determinants of health that influence mental illness⁹. These same systems and the racial inequities they create have resulted in a disproportionate number of people who have a current or past mental health problem being incarcerated¹⁰. For example, Mental Health America reports that states with less access to mental health care have more adults who are in the criminal justice system¹¹. It's also important to recognize that the relationship between racial inequities, historical trauma and mental illness are often worsened by other forms of oppression that impact women, LGBTQIA individuals, and people with disabilities.

During the pandemic all groups experienced challenges to mental wellness¹², but based on the disproportionate economic and health impacts of the pandemic on communities of color and preexisting social determinants of health, disparities in mental health indicators such as depression, suicidal thoughts/ideation, and substance use increase or initiation are likely to have emerged or increased¹³. For example, Kaiser Family Foundation reported that that share of adults reporting symptoms of anxiety and/or depressive disorder during the pandemic is highest among Black, Latino, and other non-Hispanic people¹⁴. *For more information on the ways in which the pandemic has affected the mental and behavioral health of children and adolescents, please see ORESJ Racial Equity Impact Assessment of Supplemental Appropriation #22-16.*

As with other aspects of healthcare in the US, there are stark racial disparities in access to and receipt of mental health services. The National Alliance on Mental Illness (NAMI) reports that Black adults are less likely to receive guideline-consistent care, less frequently included in research, and more likely to use emergency rooms or primary care (rather

⁹ McKnight-Eily LR, Okoro CA, Strine TW, et al. Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic — United States, April, and May 2020. MMWR Morb Mortal Wkly Rep 2021; 70:162–166. DOI: <http://dx.doi.org/10.15585/mmwr.mm7005a3>.

¹⁰ Prison Policy Initiative. “Mental Health: policies and practices surrounding mental health”. November 16, 2021. Available at: https://www.prisonpolicy.org/research/mental_health/.

¹¹ Mental Health America. Access to Mental Health Care and Incarceration. 2021. Available at: <https://www.mhanational.org/issues/access-mental-health-care-and-incarceration>.

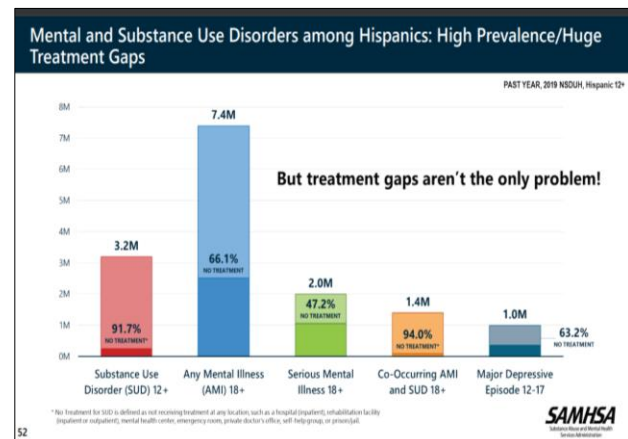
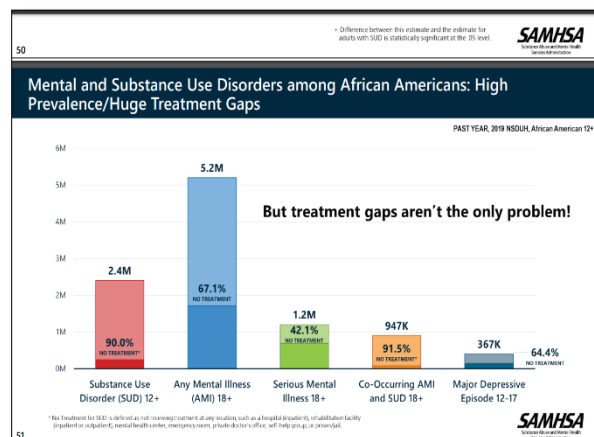
¹² Mayo Clinic Staff. Mayo Clinic. “COVID-19 and your mental health”. November 23, 2021. Available at: <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/mental-health-covid-19/art-20482731> and Mental Health America. “How Race Matters: What we can learn from Mental Health America’s Screening in 2020”. Available at: <https://mhanational.org/mental-health-data-2020>.

¹³ McKnight-Eily LR, Okoro CA, Strine TW, et al. and Mental Health America. “How Race Matters”.

¹⁴ Nirmita Panchal, Rabah Kamal, Cynthia Cox, and Rachel Garfield. Kaiser Family Foundation. “The Implications of COVID-19 for Mental Health and Substance Use”. February 10, 2021. Available at: <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

than a mental health specialist)¹⁵. Similarly, NAMI reports that approximately 34% of Hispanic/Latinx adults with mental illness receive treatment each year compared the US average of 45%¹⁶. More than half of Hispanic and African American young adults with SMI did not receive treatment in 2019¹⁷.

These data are echoed in 2021 SAMHSA report, *Racial/Ethnic Differences in Mental Health Service Use among Adults and Adolescents (2015-2019)*, which highlights lower mental health care and prescription psychiatric medication use among Black and Latino communities compared to the White population. Patterns for adolescents are similar to adults¹⁸. Looking at 2015-2019 annual averages in receipt of mental health services in specialty settings in the previous year, 17.2% of White adolescents used mental health services compared to 11.8% of Black adolescents and 13.2% of Hispanic or Latino adolescents¹⁹. SAMHSA provides the following graphs, which show large gaps in treatment by race, particularly when AMI is occurring with a Substance Use Disorder.



These gaps are rooted in long-standing inequities affecting other aspects of healthcare such as access to insurance or distrust of the systems providing care. It's important to note that these inequities have also spurred stigma and misperception of need among many communities of color (though it's important not to overemphasize this as a cause,

¹⁵ National Alliance on Mental Illness. "Identity and Cultural Dimensions. Black/African American". Available at: <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Black-African-American>.

¹⁶ National Alliance on Mental Illness. "Identity and Cultural Dimensions. Hispanic/Latinx". Available at: <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx>.

¹⁷ "2019 National Survey on Drug Use and Health: Hispanics". <https://www.samhsa.gov/data/sites/default/files/reports/rpt31101/2019NSDUH-Hispanic/Hispanic%202019%20NSDUH.pdf> and "2019 National Survey on Drug Use and Health: African Americans".

¹⁸ Center for Behavioral Health Statistics and Quality. 2021. Racial/ethnic differences in mental health service use among adults and adolescents (2015-2019) (Publication No. PEP21-07-01-002). Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at:

<https://www.samhsa.gov/data/sites/default/files/reports/rpt35327/2021NSDUHMHChartbook.pdf>

¹⁹ Center for Behavioral Health Statistics and Quality.

discussed later). The American Psychiatric Association compiled the following list of barriers to mental care for people of color:

- Lack of insurance, underinsurance
- Mental illness stigma, often greater among minority populations
- Lack of diversity among mental health care providers
- Lack of culturally competent providers
- Language barriers
- Distrust in the health care system
- Inadequate support for mental health service in safety net settings (uninsured, Medicaid, Health Insurance Coverage other vulnerable patients)

According to *Racial/Ethnic Differences in Mental Health Service Use among Adults and Adolescents (2015-2019)*, the mostly commonly cited reasons for not using mental health services (among adults with unmet need) were cost or insurance and structural barriers like not having enough time or information about where to go. Among Black adults with unmet need, 39% reported cost or insurance and 37% reported structural barriers. For Hispanic or Latino adults, 45% reported cost or insurance and 42.6% reported structural barriers. The lowest ranking reason for both Black and Latino adults was “Did not think mental health services would help”, with 7% and 10.3% respectively.

In response to mental healthcare disparities, researchers and policy advocates explain the importance of systems-level changes, examination, and prevention of police-involved crises responses, and diverting individuals with mental illness away from incarceration towards appropriate community-based services and supportive housing.

Related to the structural barriers in accessing treatment services, advocates encourage universal coverage of mental health care, while enhancing screening efforts to appropriately identify disorders and strengthen the mental healthcare workforce²⁰ so that it is more responsive to the unique experiences of people of color. Addressing these and other systems-level issues can begin to shrink the vast gap between prevalence and treatment of mental illness among Black and Latino populations, as illustrated in the SAMHSA charts included in this analysis.

Much focus has also been given to decoupling mental health crisis response from policing²¹. A 2021 article in the New England Journal of Medicine explains many of the

²⁰ Thomas G. McGuire and Jeanne Miranda. “Racial and Ethnic Disparities in Mental Health Care: Evidence and Policy Implications”. 2014. PMID: PMC3928067. U.S. National Library of Medicine. National Institutes of Health. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928067/>.

²¹ Eric Rafla-Yuan, M.D., Divya K. Chhabra, M.D., and Michael O. Mensah, M.D., M.P.H. The New England Journal of Medicine. 384:18. “Decoupling Crisis Response from Policing—A step Toward Equitable Psychiatric Emergency Services.” May 6, 2021. <https://www.nejm.org/doi/pdf/10.1056/NEJMms2035710?articleTools=true>.

tragically common statistics related the criminalization of race and mental health by police. Quantifying the risk of harm for individuals with untreated mental illness, authors explain, “In the United States, a police encounter with a civilian is 16 times as likely to result in that person’s death if they have an untreated mental illness as if they do not” and that risk is exacerbated by structural racism, resulting in Black men with mental illness facing significant risks of dying from police violence²².

Relatedly, advocates also urge the end of practices that criminalize mental illness and instead encourage diverting people away from jail or other carceral solutions to mental illness or substance use disorders. An American Civil Liberties Union brief outlines major concerns with existing rates of incarceration among people with mental illness, explaining how inhumane, expensive, and ineffective incarceration is in preventing recidivism and improving outcomes for those with mental illness²³.

In September 2021, the National Council for Mental Wellbeing produced a report documenting the approaches and early results of a mental health and substance use treatment service delivery model called Certified Community Behavioral Health Clinics (CCBHCs). The approach is centered around coordination with community partners such as law enforcement courts and other justice setting and expanded access to care through a 24/7/365 crisis response system, all with the aim of diverting individuals in crisis from costly and oppressive settings not designed to provide mental health and substance use treatment. Among clients served by programs involved with this model there have been reduced emergency department visits, hospitalization, incarceration, and homelessness²⁴. Further, shifting mental health responses away from law enforcement to clinical teams would advance equity and outcomes for all patients, particularly Black patients²⁵.

cc: Ken Hartman, Director, Office of Strategic Partnerships, Office of the County Executive

²² Eric Rafla-Yuan, et al.

²³ Sarah Liebowitz, Peter J. Eliasberg, Ira A. Burnim, and Emily R. Read. The ACLU of Southern California and the Bazelon Center for Mental Health Law. “A Way Forward: Diverting people with mental illness from Inhumane and Expensive Jails into Community-Based Treatment that Works”. July 2014. Available at: <https://www.prisonlegalnews.org/media/publications/A%20Way%20Forward%20-%20Diverting%20People%20with%20Mental%20Illness%20from%20Inhumane%20and%20Expensive%20Jails%20into%20Community-Based%20Treatment%20that%20Works%2C%20ACLU%20%26%20Bazelon%2C%202014.pdf>.

²⁴ National Council for Mental Wellbeing for the National Center for State Courts’ National Judicial Task Force to Examine State Courts’ Response to Mental Illness. “Certified Community Behavioral Health Clinics and the Justice Systems”. September 2021. Available at: <https://www.thenationalcouncil.org/wp-content/uploads/2021/08/2021-CCBHC-and-Justice-Systems-Report.pdf?dof=375ateTbd56>.

²⁵ Eric Rafla-Yuan, et al.