



OFFICE OF RACIAL EQUITY AND SOCIAL JUSTICE

Marc Elrich
County Executive


Tiffany Ward
Director

MEMORANDUM

July 19, 2022

To: Jennifer Bryant, Director
Office of Management and Budget

cc: Gabe Albornoz, President
County Council

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

Re: Racial Equity Impact Assessment (REIA) for Supplemental Appropriation (SA) #23-02
988 Lifeline Call Center

1. **FINDING:** The Office of Racial Equity and Social Justice (ORESJ) finds that Supplemental Appropriation #23-02 988 Lifeline Call Center is likely to support universal suicide prevention efforts in the County, but available information does not indicate to what extent existing suicide statistics and those most impacted by suicide risk factors will be centered in the outreach, communications, or supportive services related to the hotline. Therefore, ORESJ's finding is inconclusive.
2. **BACKGROUND:** The purpose of Supplemental Appropriation #23-02 988 Lifeline Call Center is to fund the Montgomery County, MD Crisis Hotline and Online Emotional Support as it transitions to 988. Funding will be used to enhance call capability during the transition, and services will be carried out by EveryMind. The 988 hotline provides free intervention services to those experiencing mental health, suicidal ideation, and/or substance use emergencies. In the third quarter of FY22, the hotline completed 3,112 suicide screenings via phone, text, or chat. According to information accompany this request, 86% of hotline users reported feeling better after communicating with someone at the Hotline.

In December 2021, ORESJ conducted two Racial Equity Impact Assessments (REIAs) that explored the systemic factors producing disparate mental health outcomes by race, ethnicity, and other demographic groups. These two REIA's highlighted persistent treatment gaps for mental illness as well as the criminalization of mental illness that disproportionately impacts Black, Indigenous, and People of Color (BIPOC) communities. Therefore, ORESJ recommends those considering Supplemental Appropriation #23-02 do so by first reviewing the following:

- I. REIA of Supplemental Appropriation #22-36 SAMHSA Community Block Grant:
<https://www.montgomerycountymd.gov/ore/Resources/Files/22-36.pdf>
- II. REIA of Supplemental Appropriation #22-43 Crisis 2 Connection:
<https://www.montgomerycountymd.gov/ore/Resources/Files/22-43.pdf>

Because Supplemental Appropriation #23-02 relates specifically to suicide prevention, ORESJ looked at national and local statistics to understand who is most impacted and to what extent there are gaps in care or suicide prevention interventions. The Centers for Disease Control and Prevention (CDC) reports that suicide rates differ by a number of demographic factors in the US¹. The following are data points reported by the CDC. Where possible, we have provided local Montgomery County, MD data:

- Suicide is the third leading cause of death for young people, among youth ages 10-14 suicide is the second leading cause of death.
- Older adults, age 75+ have the highest suicide rate, though they account for the smallest proportion of suicides in the US.
 - In Montgomery County, the suicide related mortality rate highest among ages 18 to 34, followed by 65+²
- Among high school students, the suicide rate is four times higher among students who identify as lesbian, gay, or bisexual.
 - The percent of high school students who report seriously considering attempting suicide in Montgomery County was 30 percentages points higher for Lesbian, Gay, and Bisexual students than heterosexual students in 2018³.
- People who have previously served in the military have an adjusted suicide rate that is 52.3% greater than the non-veteran US population.
- Age-adjusted suicide rates are highest among Non-Hispanic American Indian/Alaska Native people.

¹ The following data points are from The Centers for Disease Control and Prevention "Disparities in Suicide" page. Available at: <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>

² Health in Montgomery County. 2010-2019. A Surveillance Report on Public Health. Figure 138.

<https://www.montgomerycountymd.gov/HHS/Resources/Files/Health%20in%20Montgomery%20County%202010-19.pdf>

³ Health in Montgomery County. 2010-2019. A Surveillance Report on Public Health. Table 30 B.

<https://www.montgomerycountymd.gov/HHS/Resources/Files/Health%20in%20Montgomery%20County%202010-19.pdf>

- Suicide is the 12th leading cause of death for both Hispanic and non-Hispanic people of all races. However, between 2019 and 2020 the age adjusted suicide rate decreased 4.5% among non-Hispanic White people while the rate increased 4.0% among non-Hispanic Black people and 6.2% among non-Hispanic American Indian/Alaska Native.
 - In Montgomery County, the suicide related age-adjusted mortality rate was higher among males than females. The rate was highest for non-Hispanic White people at 11.3, followed by 6.1 for non-Hispanic Black people and 5.7 for Asian/Pacific Islander populations. The rate was lowest among the Hispanic population at 3.7⁴.
 - Suicide related ER visits were highest among non-Hispanic Black people at 546.7, followed by Hispanic people at 367.9 and Non-Hispanic White people at 364.4; ER visits were lowest among Asian/Pacific Islander populations at 134.4.
 - Gaps in the suicide related hospitalization age-adjusted rates are much smaller. The rate among non-Hispanic White people is 57; for non-Hispanic Black people the rate is 50 and for Hispanic people the rate is 31.1. The rate for Asian/Pacific Islander populations is 16.8.
- In a 2021 survey, adults with disabilities were three times more likely to report suicidal ideation in the past month compared to non-disabled people.
- Suicide rates differ by industry and occupation. For example, the Mining, Quarrying, and Oil and Gas Extraction industry and occupations in construction and extraction had the highest suicide rates.
- Suicide rates tend to increase as population density decreases.

Research suggests (as demonstrated above) that suicide mortality is not the only measure of harm associated with suicide and that a number of factors influence depression, serious mental illness, or attempted suicide⁵. A 2017 report from the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention highlights several risk and preventative factors along with strategies to support prevention:

- Strengthen economic supports;
- Strengthen access and delivery of suicide care;
- Create protective environments—reduced access to lethal means, community-based policies to reduce excessive alcohol use;
- Promote connectedness;
- Teach coping and problem solving;

⁴ Health in Montgomery County. 2010-2019. A Surveillance Report on Public Health. Figure 137

<https://www.montgomerycountymd.gov/HHS/Resources/Files/Health%20in%20Montgomery%20County%202010-19.pdf>

⁵ Deb Stone, ScD, MSW, MPH Kristin Holland, PhD, MPH Brad Bartholow, PhD Alex Crosby, MD, MPH Shane Davis, PhD Natalie Wilkins, PhD. The Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. Division of Violence Prevention. Preventing Suicide: A Technical Package of Policy, Programs, and Practices.2017.

<https://www.cdc.gov/suicide/pdf/suicideTechnicalPackage.pdf>

- Identify and support people at risk; and
- Lessen harms and prevent future risk.

A deeper analysis—beyond the scope of this REIA—is necessary to uncover the specific factors in Montgomery County resulting in higher rates of suicide related ER visits among Black and Hispanic populations, and higher rates of suicide related mortality among White populations. Looking more closely at these factors will help providers and policymakers understand where different kinds of interventions or systems changes may be necessary to reach and provide care, particularly for those disproportionately impacted by suicide risk factors. Using a racial equity lens in this analysis, will help identify strategies with the greatest potential of addressing underlying health and economic inequities affecting suicide risk factors for all residents in Montgomery County.

cc: Raymond Crowel, Director, Department of Health and Human Services
Amena Johnson, Community Outreach Manager, Office of Community Partnerships
Ken Hartman, Director, Office of Strategic Partnership, Office of the County Executive