

# Positioning Equity, Appealing to Communities and Transforming Systems

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June 16, 2022

2022 NOFSW Conference - NOLA

# Workshop Objectives

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- Learn about racial and ethnic disproportionality and disparities within the intersection of Criminal Justice and Behavioral Health.
- Begin developing a common language for discussing racial and ethnic equity and inclusion issues.
- Examine the continuum of treatment and support services for this population.
- Explore access and cultural responsiveness issues related to available services.
- Document disproportionality, disparities, and/or gaps in culturally responsive services and/or access to those services.

# Positioning Equity while Participating with Communities Creates System Transformation

Poised to go deeper on eliminating racial and ethnic inequities of the criminal justice system.

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# Definitions

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- Race
- Ethnicity
- Structural inequities
- Racialization
- Racial hierarchy
- Color-blindness

# STRUCTURAL RACISM

Structural Racism in the U.S. is the normalization and legitimization of an array of dynamics – historical, cultural, institutional and interpersonal – that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color.



# Leadership at Different Levels

Investing in local justice systems that advance racial equity and justice by providing accessible and culturally competent behavioral health services within communities, produces accountability when treating persons of color.

# Leadership at Different Levels

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Advance racial and ethnic equity and justice by centering the voices and lived experiences of the people most impacted by the criminal justice system.

# Leadership at Different Levels

Center the voices of BIPOC community leaders, organizers, and activists who have been championing criminal justice reform and calling for action to stop continued police violence.

- What has the last year has been like for their communities
- What types of reforms they feel have had or will have the most impact locally
- What changes they'd like to see implemented over the next year

# Leadership at Different Levels

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- Community Engagement

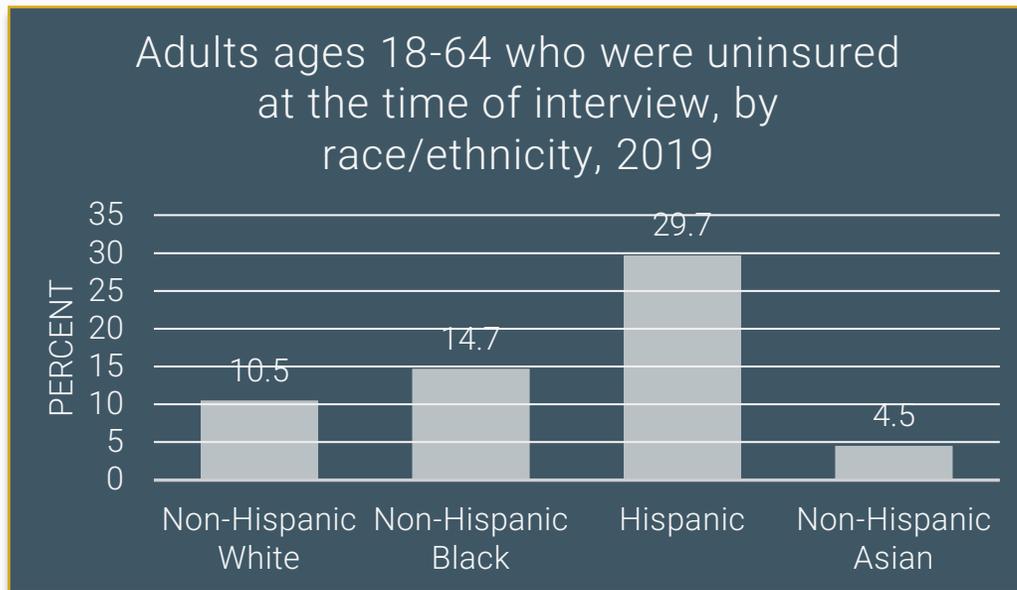
Communities engage in this pursuit of transformational change from a cross-systems perspective, confronting our nation's history of systemic racism and oppression to better understand the current implications on those disparately impacted by the justice sector.

# The Power of Political Engagement and Elections

Voter engagement, advocacy and holding our elected leaders accountable changes across systems:

- Economics
- Justice
- Education
- Political

# Racial & Ethnic Disparities and Community Mental Health

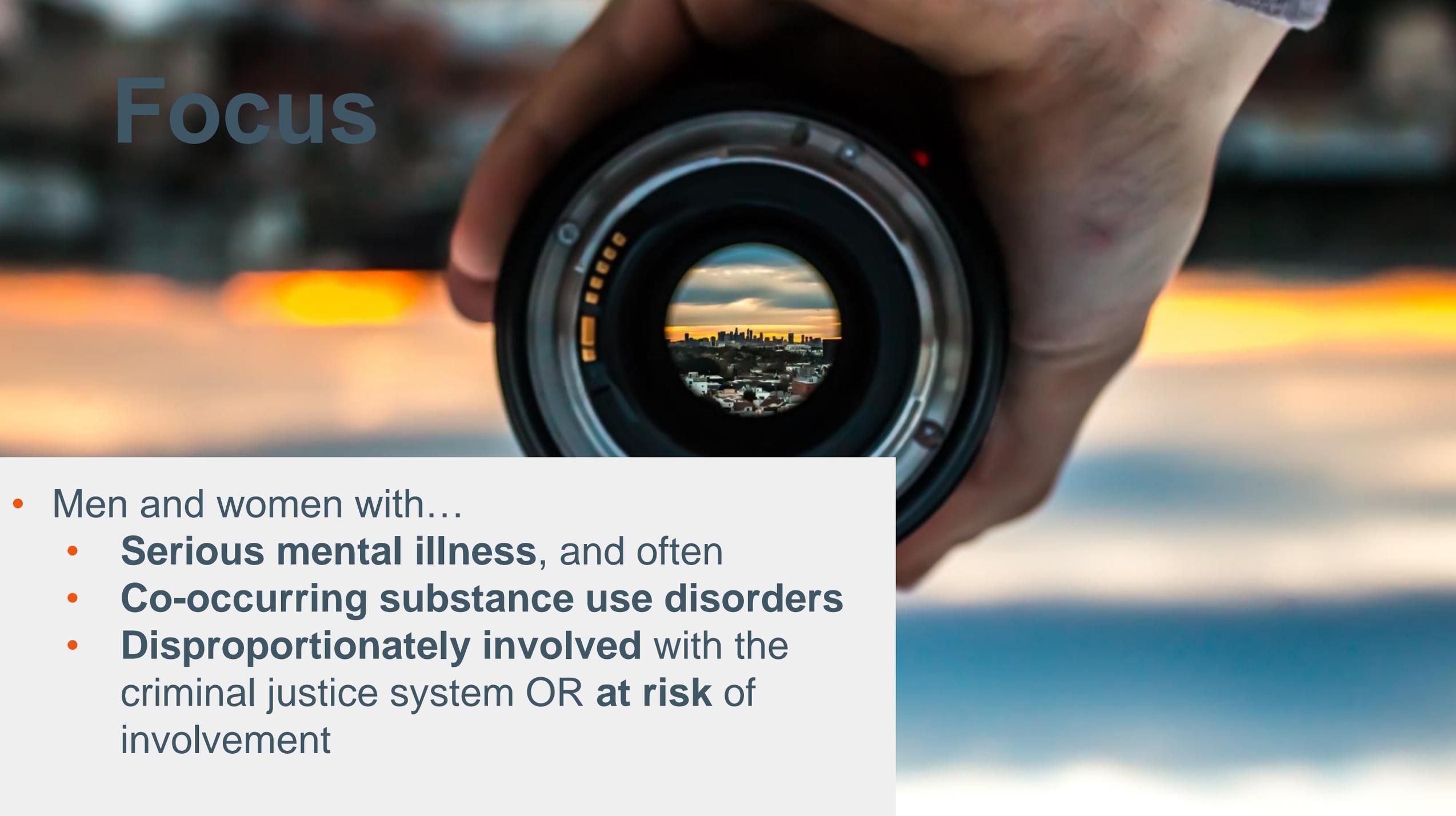


(Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey Early Release Program, 2020)

Middle class black people are less likely to be offered appointments by mental health clinicians, when reaching out by phone to schedule an appointment, than middle class white people (Kugelmass, 2016).

Black individuals with low education and high social need (having a case manager) receive significantly fewer positive responses from mental health providers when seeking an appointment (Kugelmass, 2019).

# Focus

A close-up photograph of a hand holding a camera lens. The lens is the central focus, and through its circular opening, a city skyline is visible against a sunset or sunrise sky. The background is blurred, showing warm orange and yellow light.

- Men and women with...
  - **Serious mental illness**, and often
  - **Co-occurring substance use disorders**
  - **Disproportionately involved** with the criminal justice system OR **at risk** of involvement

# Mental Illness among Incarcerated People

- 13% of people incarcerated in state and federal prisons reported symptoms that met threshold for serious psychological distress (SPD) in past 30 days.
  - White people were more likely to report SPD than other racial or ethnic groups, except people that identify as bi-racial.
- 41% of people incarcerated in state and federal prisons reported a history of mental health problems.
  - White people were more likely to report a history of mental health problems.

# Racial Disparities exist within the intersection of Criminal Justice and Behavioral Health.

- Within the intersection of Criminal Justice and Behavioral Health., racism is a serious threat to the public's health:
  - Disparities in receipt of mental health services, treatment access, and availability of culturally-competent treatment
  - Disparate arrest rates and disparities in referrals to diversion programs
  - Disparities in of pretrial incarceration and higher bail amounts
  - Lower rates of admission to drug courts; lower graduation from drug court for certain people of color
  - Disparities in probation revocations
  - And more...

# Racial Disproportionalities Exist in the Criminal Justice & Behavioral Health Systems

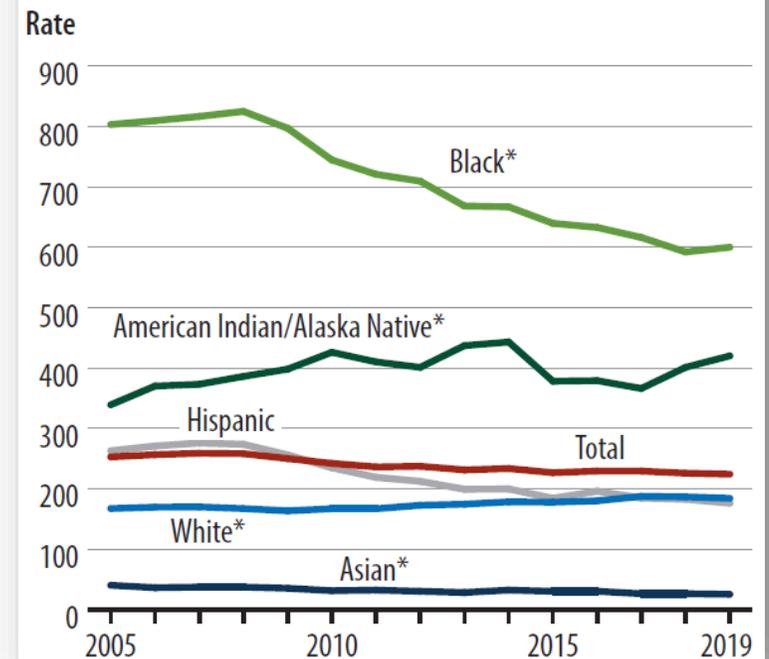
- Two examples...

Ever received treatment or counseling for your use of alcohol or any drug (asked of people incarcerated in state/federal prisons) 2016		
Race/ethnicity	Yes	No
White (Not Hispanic)	56%	43%
Black (Not Hispanic)	39%	61%
Hispanic	39%	61%
Alaska Native/American Native	63%	37%
Asian/Pacific Islander	44%	56%
Two+ Races	52%	48%

Source: US BJS, Survey of Prison Inmates, 2016.

**FIGURE 1**

Jail incarceration rates at midyear, by race or ethnicity, 2005-2019



Source: <https://bjs.ojp.gov/content/pub/pdf/ji19.pdf>

# Racial Disparities and Law Enforcement

- Black, Indigenous, Latinx, and other people of color have been overpoliced, criminalized, and effectively silenced by our current criminal justice system.

# Racial Disparities and Law Enforcement

## Traffic Stops

Proportionately, Black drivers are stopped more often than white drivers. “Veil-of-darkness” statistical tests show a drop in Black drivers stopped, suggesting bias or discrimination in stop decisions. The bar for searching the cars of Black or Hispanic drivers is found to be lower than the bar for searching cars of white drivers. (Pierson, et al., 2020)

	Black Individuals	White Individuals
U.S. Population (Census, 2019 est)	13.4%	76.3%
Total Arrests (FBI UCR, 2019)	26.6%	69.4%
Arrests for Drug Abuse Violations (FBI UCR, 2019)	26.1%	71.2%

Data from the 2019 National Survey on Drug Use and Health indicate that Black and white individuals use substances at similar rates (47% and 56%, respectively).

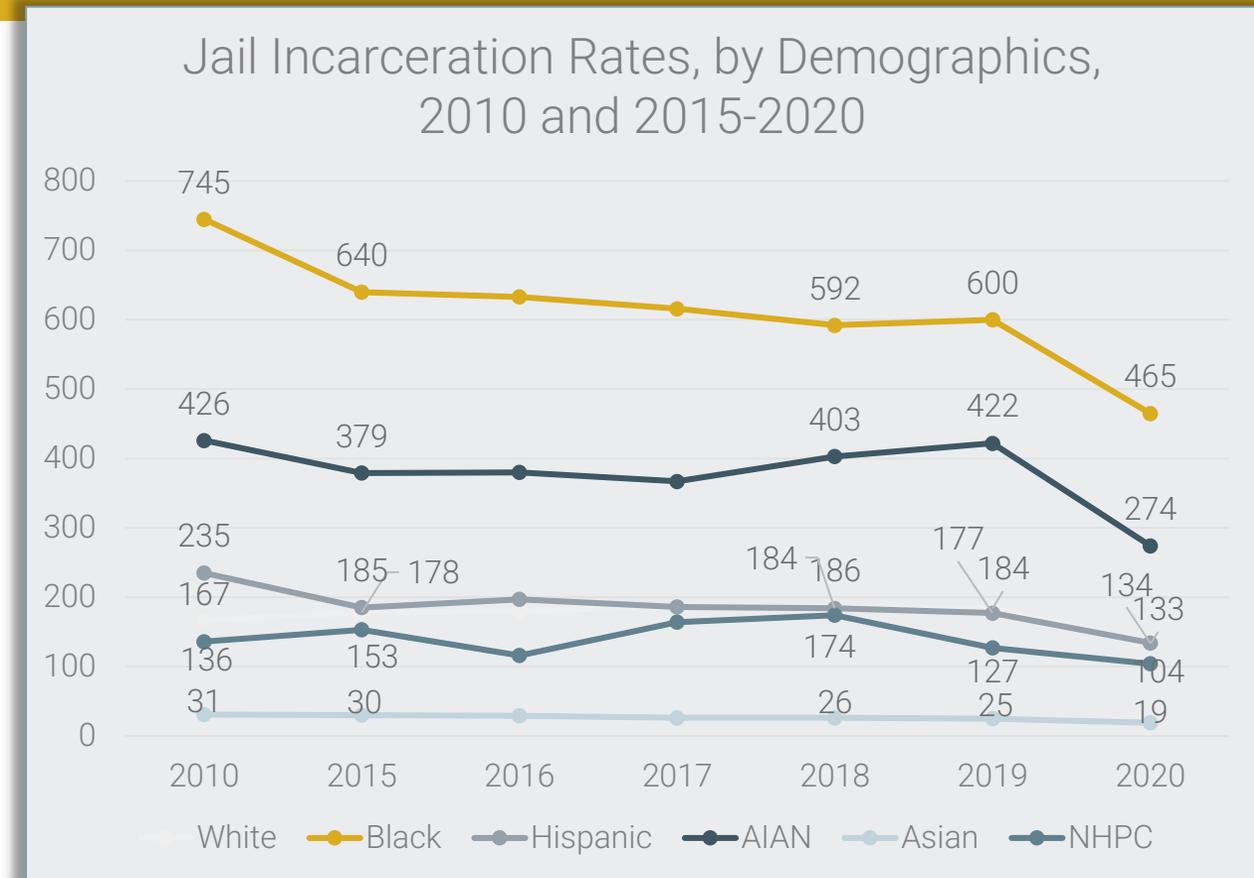
# Local Jails in the United States

- About 734,500 people were incarcerated at midyear 2019.\*
  - About 65% (480,700) of these individuals were awaiting court action on a current charge.
  - The remaining 35% (253,700) were serving a sentence or awaiting sentencing on a conviction. (Source: Zeng & Minton, 2021)



# Racial Disproportionalities at Booking/Initial Detention

- Jail Incarceration Rates:
  - At midyear 2019: 224 persons per 100,000 U.S. residents
  - At midyear 2020: 167 persons per 100,000 U.S. residents
    - A 25% decrease was seen likely due to the COVID-19 pandemic.
- Black individuals were incarcerated in jails at a rate 3.5 times the rate for white individuals (465 per 100,000 versus 133 per 100,000).



(Source: Minton & Zeng, 2021)

# Racial Disproportionalities within Jails and Courts

- At end of 2019, the incarceration rate was **539** adults per 100,000 adult U.S. residents. Severe disproportionalities in incarceration rates persist despite a decline in incarceration over the past 10 years (Carson, 2020):
  - **1,446** Black adults per 100,000 Black adult U.S. residents
  - **757** Hispanic adults per 100,000 Hispanic adult U.S. residents
  - **263** white adults per 100,000 white adult U.S. residents
- Jail populations in Tribal communities grew by 39.7% from 2009 to 2019 (Minton, Beatty, & Zeng, 2021).

# Treatment Courts in the U.S.

## Adult Treatment Courts

Drug Court	1,729
DWI/DUI Court	286
Drug/DUI Hybrid Court	312
COD Court	69
Family Drug Treatment Court	318
Veterans Treatment Court	473
Mental Health Court	533
Tribal Healing to Wellness Court	138
Reentry Court	65

## Juvenile Tx Courts

Drug Court	309
COD	11
MH/Wellness	43
Other	26

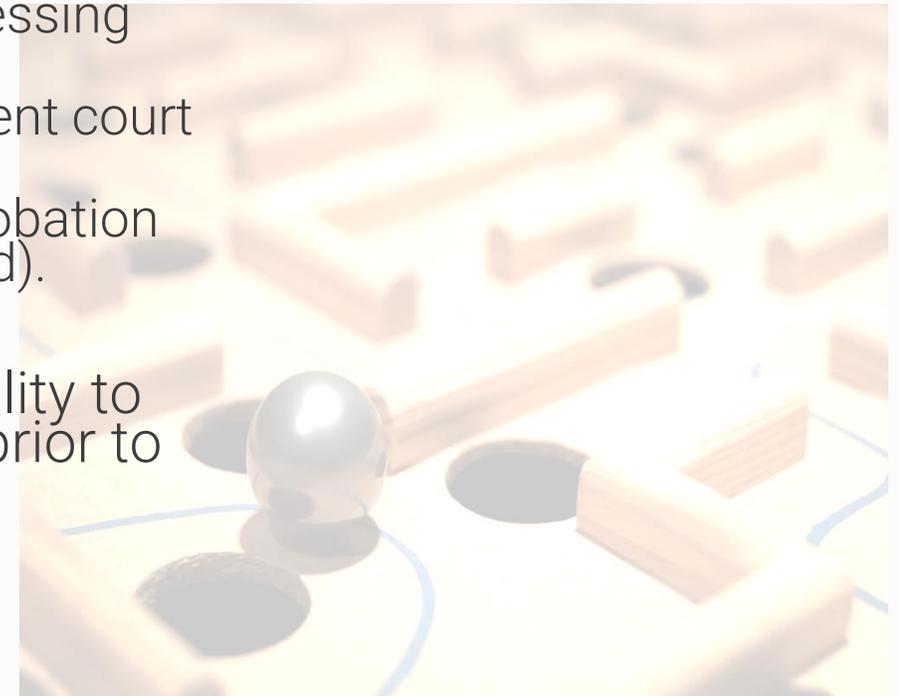
# Disparities in Sentencing

...Caused partly by more severe laws and the war on drugs, as well as "small but systematic racial differences in case processing."

For instance, black people were more likely to be incarcerated *before trial*, to *fare worse in plea agreements* that might otherwise have kept them out of prison, to *receive the death penalty*, and to *be arrested and charged with drug crimes*, which carry stiff mandatory sentences (National Research Council, 2014).

# Using Criminal Charges as Treatment Leverage

- Cautions when disparities in criminal charges are observed due to the long-lasting impacts of collateral consequences.
  - Pre-plea: diversion to services in lieu of further case processing (charge may be dropped).
  - Post-plea: deferred or modified sentence, often to treatment court (conviction may be vacated).
  - Probation-based: conviction with treatment as term of probation (conviction stands; incarceration in prison may be avoided).
- Even an arrest can have adverse impacts of people's ability to obtain employment, housing, etc. If the option to divert prior to arrest exists, that should be the preferred course.



# Racial Disproportionalities and Reentry

- A 10-year study on releases across 24 states: Among people released from state prisons in 2008...
  - By 2018, re-arrest rates were high across all groups observed.
  - Significant differences in re-arrest by race/ethnicity exist.

	White	Black	Hispanic	American Indian/Alaska Native	Asian/Pacific Islander	Other (Two or more or un-identified)
Re-arrest during first year	39.6%	45.2%*	44.2%*	50.7%*	41.3%	44.6%
Re-arrest at Year 5	72.3%	78.6%*	72.8%	78.8%*	68.9%	72.4%
Re-arrest at Year 10	80.2%	85.6%*	78.9%	84.7%*	74.4%	77.3%

(Source: Antenangeli & Durose, 2021)

# Reentry Statistics

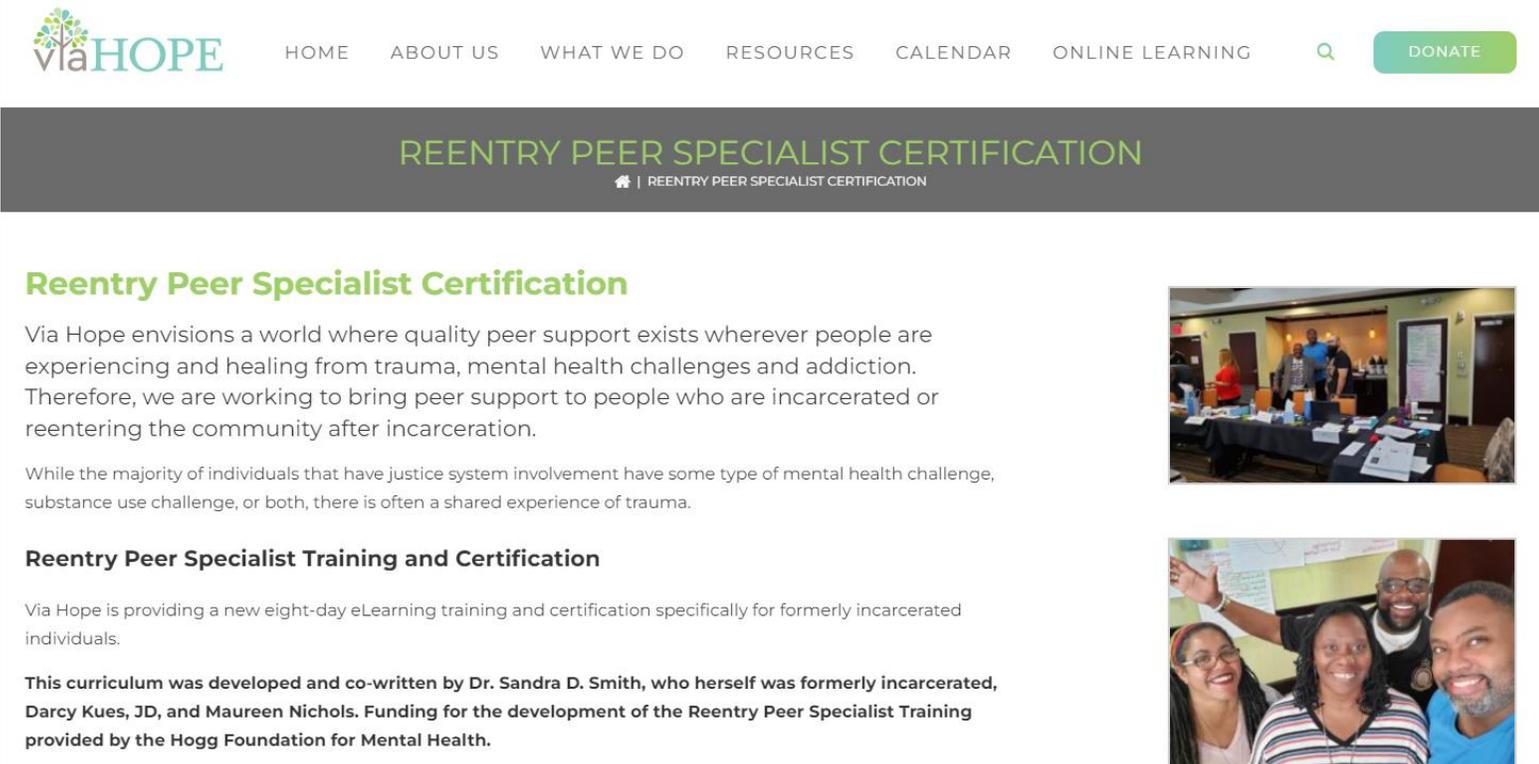
- In 2020, nearly 550,000 people were release from state and federal prisons. Over 8.5 million people were released from jails.
- 95% of incarcerated people will be released (Hughes & Wilson, n.d.).
- 66% of those released are rearrested within 3 years, with 43% arrested before the end of their first year out (Antegnangeli & Durose, 2021).
- Recidivism rates up to 10 years following release (Antenangeli & Durose, 2021):
  - Black, American Indian, and Alaska Native individuals significantly more likely to be rearrested in any year following release.
  - Hispanic individuals significantly more likely than white individuals to be rearrested in year 1 and 2 following release.

# Adverse System Impacts on Reentry

- Unemployment and lack of employment opportunities for people with criminal background
- Disrupted social networks and natural supports
- Lacking treatment for mental and substance use disorders
- Food insecurity
- Ineligibility for housing assistance and lack of housing units for people with criminal background

# Peers may embody cultural responsiveness.

- Reentry Peer Specialist Certification available through ViaHope
- National certification provided through Mental Health America



The screenshot shows the website for Via Hope, specifically the page for Reentry Peer Specialist Certification. The navigation bar includes links for HOME, ABOUT US, WHAT WE DO, RESOURCES, CALENDAR, ONLINE LEARNING, and a DONATE button. The main heading is "REENTRY PEER SPECIALIST CERTIFICATION" with a sub-heading "REENTRY PEER SPECIALIST CERTIFICATION". The page content includes a section titled "Reentry Peer Specialist Certification" with a paragraph describing the organization's vision and a paragraph about the shared experience of trauma. Below this is a section titled "Reentry Peer Specialist Training and Certification" with a paragraph about the training and a paragraph about the curriculum's development. Two photographs are included: one showing a group of people at a table in a meeting room, and another showing three people smiling in front of a whiteboard.

**viaHOPE** HOME ABOUT US WHAT WE DO RESOURCES CALENDAR ONLINE LEARNING [DONATE](#)

## REENTRY PEER SPECIALIST CERTIFICATION

REENTRY PEER SPECIALIST CERTIFICATION

### Reentry Peer Specialist Certification

Via Hope envisions a world where quality peer support exists wherever people are experiencing and healing from trauma, mental health challenges and addiction. Therefore, we are working to bring peer support to people who are incarcerated or reentering the community after incarceration.

While the majority of individuals that have justice system involvement have some type of mental health challenge, substance use challenge, or both, there is often a shared experience of trauma.

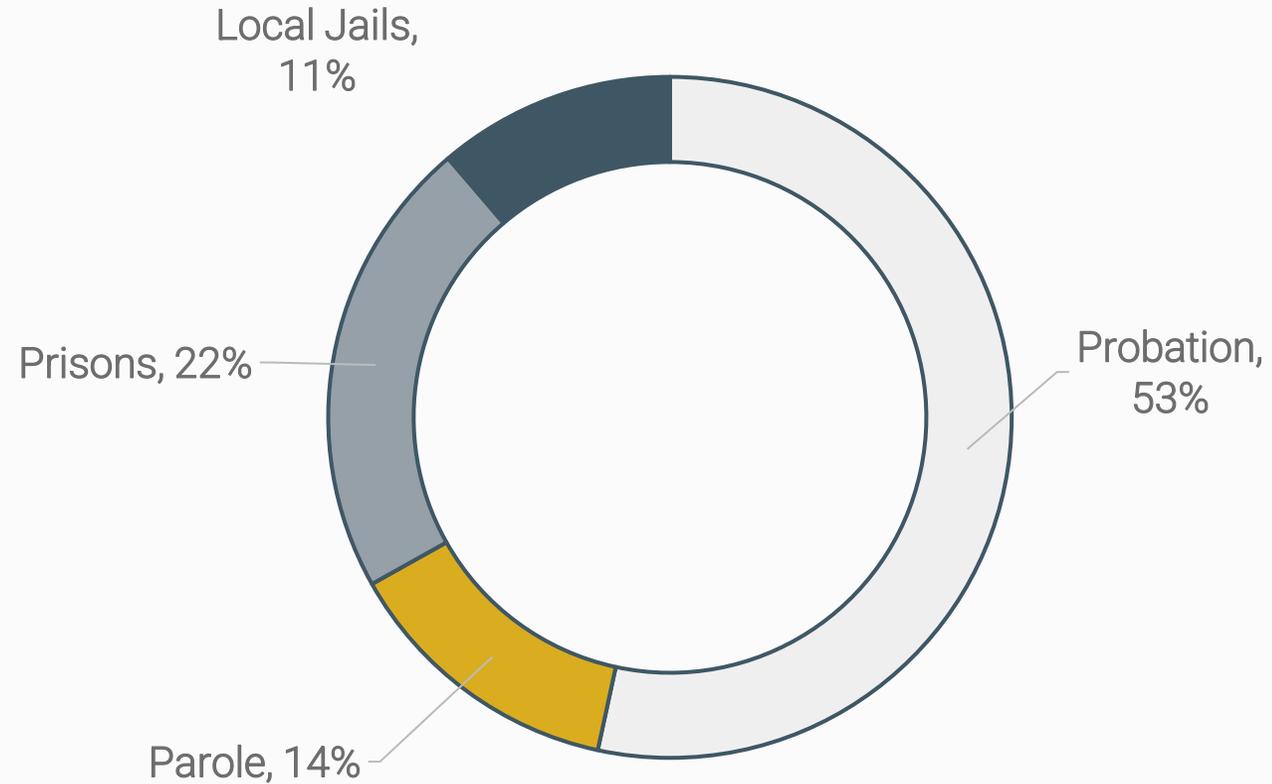
### Reentry Peer Specialist Training and Certification

Via Hope is providing a new eight-day eLearning training and certification specifically for formerly incarcerated individuals.

**This curriculum was developed and co-written by Dr. Sandra D. Smith, who herself was formerly incarcerated, Darcy Kues, JD, and Maureen Nichols. Funding for the development of the Reentry Peer Specialist Training provided by the Hogg Foundation for Mental Health.**



# 6.3 Million Under Correctional Supervision



(Source: Minton, Beatty, & Zeng, 2021)

Black and Native American people are over-represented in probation, supervised release, and prison populations.

- Black Americans are subject to disproportionate rates of correctional supervision and higher revocation rates.
- Black Americans make up 30% of those under community supervision but just 13% of the U.S. adult population.
- The Urban Institute also found that, Black Americans had significantly higher revocation rates than white and Hispanic Americans.

# Racial Disproportionalities in Community Supervision

- Four site study: Black people on probation experienced revocations at significantly higher rates compared to white or Hispanic people on probation (Jannetta, Breaux, Ho, & Porter, 2014).
  - Disparity persisted after controlling for other variables – higher risk scores, extensive and/or serious criminal histories, etc.
  - White individuals had a 18-39% lower odds of revocation than Black individuals; Hispanic individuals had 16-52% lower odds than Black individuals in three sites.

# Centering Racial Diversity, Equity, & Inclusion

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POLICY RESEARCH, INC.

# Culturally competent policies and practices in the criminal justice system

- Cultivate inclusive and restorative justice that prioritizes self-worth
- Pays tribute to the expertise of directly impacted communities
- Achieves transformational change in order that all people possess the unalienable right to “life, liberty and the pursuit of happiness.”



Improve services by fostering

**collaboration**

and

**inclusion.**



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POLICY RESEARCH, INC.

A close-up photograph of two hands shaking. The hand on the left is dark-skinned and wearing a light-colored, long-sleeved button-down shirt. The hand on the right is light-skinned and wearing a blue and white striped long-sleeved shirt. The background is a soft, out-of-focus grey.

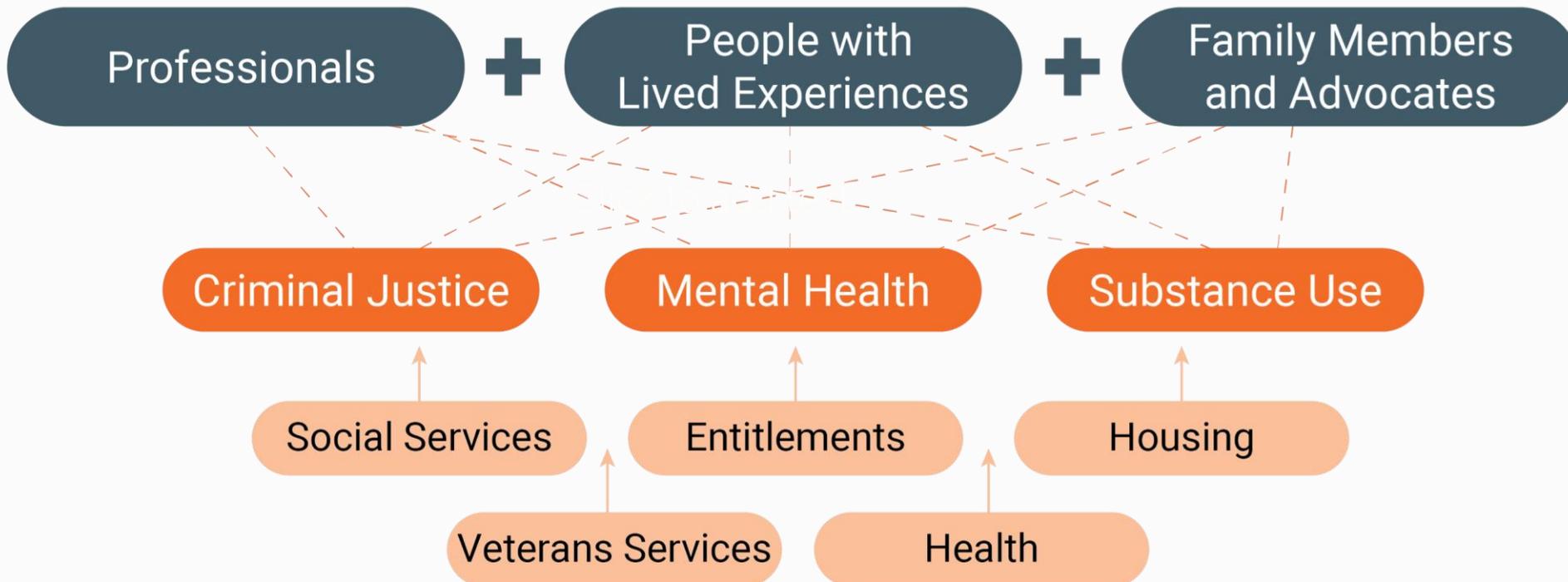
Improve services by fostering

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# Critical Voices & Perspectives



Whose voices are missing from the table?



# Challenges to Collaboration

Funding  
silos

**Limited resources  
create a competitive  
and/or protective  
environment**

System  
cultures

Systemic barriers to inclusion and power-sharing

# Enhancing Collaboration

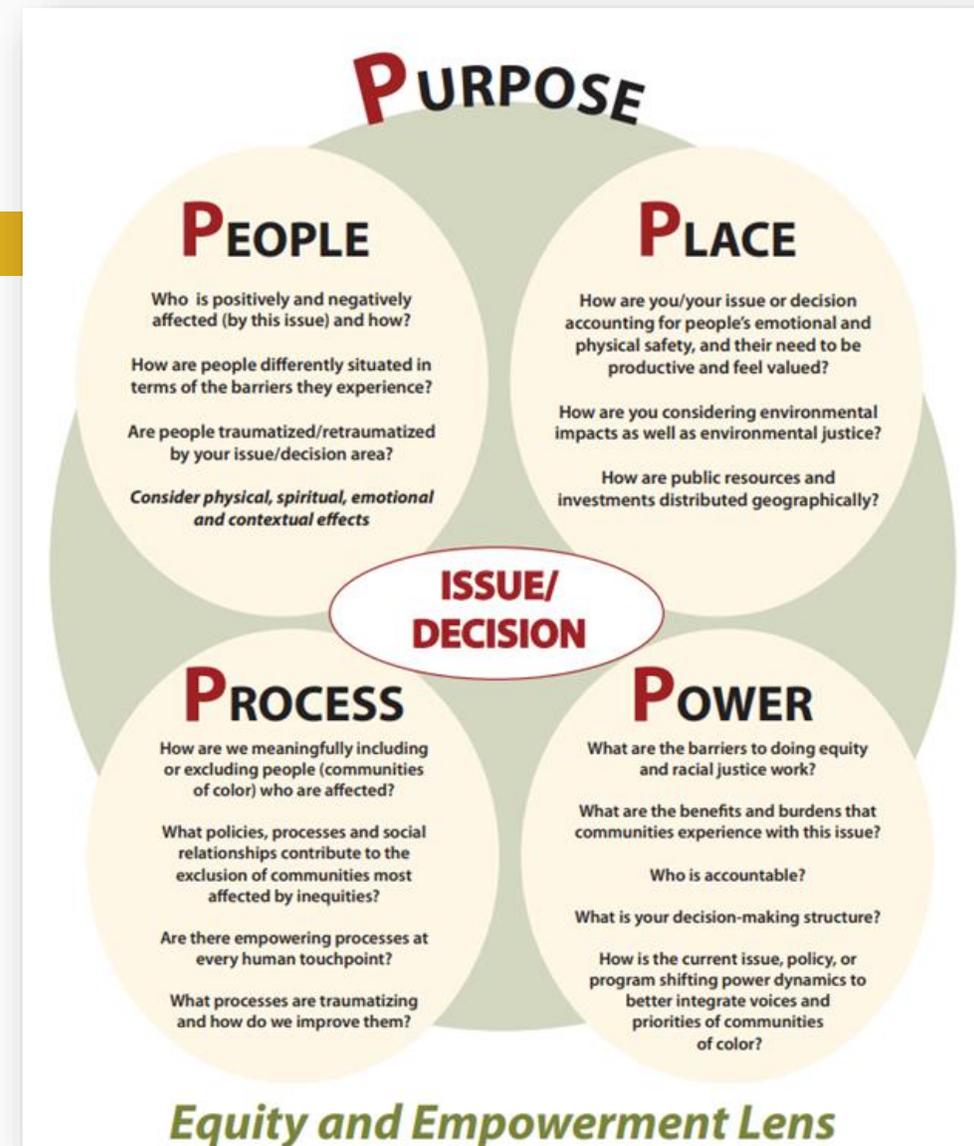
- Inputs that challenge traditional or dominant-culture approaches that uphold and/or result in disparate system impacts and outcomes
- Cross-training
- Interagency agreements
  - Coordinate services
  - Communicate
  - Share data and information
  - Build partnerships
- Success involves:
  - Task forces
  - People with lived experiences
  - Communities most impacted by systems
  - Boundary spanners/champions
  - Balance between addressing immediate needs of the community and longer-term investment in creating inclusive approaches to public safety

# Centering the Voices of Historically Excluded Groups

- True collaboration hinges on listening to and understanding the perspectives of people historically excluded from program planning and decision-making.
  - These perspectives may challenge and dispute commonly held beliefs or narratives.
- Shared language is critical.
- People from groups most impacted by the systems should be included in a meaningful way:
  - Leading the work
  - Making decisions
  - Lead/participate in data analysis/interpretations
  - Shaping interventions
  - Implementing interventions
  - Evaluating interventions

# Applying an Equity Lens

- Involves a thoughtful, inclusive process to analyze and recognize the effects of the design and implementation of policies or practices on under-served and/or historically excluded individuals and groups *AND* to identify and eliminate potential harmful effects or barriers to optimal outcomes.



# Addressing Disparities in Treatment Court Programs

- In some areas, African American/Black and Hispanic men are less likely to be referred to drug courts (possibly due to limiting eligibility criteria or unconscious bias driving decisions; Nicosia, MacDonald, & Arkes, 2013).
- Addressing cultural values/priorities may improve outcomes for racial/ethnic groups (i.e., incorporating an Afrocentric perspective on family and community can reduce racial disparities in outcomes among Black participants; Ho, Carey, & Malsch, 2018).

# Enhancing Cultural Responsivity in EBPs

- Many interventions, including evidence-based practices (EBPs), were developed for the white dominant culture and evaluated against white dominant culture norms.
- Recommendations regarding services or programs at each intercept need to be expanded to include:
  - Input from various racial and ethnic groups regarding their values, priorities, and unique challenges associated with crisis or behavioral health disorders.
  - Programs and best practices that are created to be responsive to specific cultures/groups and evaluated/normed with a variety of racial and ethnic groups.

## Modifying Evidence-Based Practices to Increase Cultural Competence: An Overview

### Why adapt evidence-based practices (EBPs) for different cultural groups?

#### Culture is key.

Social factors related to culture, such as poverty, racism, and discrimination, may impact mental well-being. Culture also affects how patients show symptoms of mental illness and help-seeking behaviors. For providers, cultural factors may impact how they diagnose or treat consumers.

#### EBPs aren't always effective across cultural groups.

While EBPs meet rigorous criteria, they aren't always designed for a variety of cultural groups or tested among different populations. To achieve the desired outcomes, cultural-specific needs may need to be addressed further.

### Working with Communities

Organizations must engage community stakeholders to appropriately identify and incorporate cultural beliefs and values. It's important to devote dedicated staff time and resources for community engagement and to treat community stakeholders with patience and respect. While community engagement is the first step, it should be continued throughout the process to stay connected.

#### 1 Identify the types of individuals needed for a successful working group

Make a list of the attributes, organizations, professions, and community member roles that will understand the unique characteristics of the cultural group and the relevant mental health issue.

#### 2 Request individuals to serve on the working group

Clearly identify the working group's purpose, goals, time commitment, as well as the reasons why the person is being asked to join and potential benefits of participation.

#### 3 Encourage champions within the organization and community

Enlist champions from the community and organization who represent the cultural group, have strong relationships with others, and are well-respected leaders to increase the likelihood of project success.

#### 4 Establish the collaborative process

Plan meetings and communications based on group members' preferences, and conduct regular meeting evaluations to assess member satisfaction with the process.

#### 5 Establish working group goals and processes

Begin working by creating mutually agreed upon goals and processes for the work group.

#### 6 Put the working group into action

Discuss relevant behavioral health issues and the barriers to addressing these issues through prevention or treatment. Then, begin the process to select an EBP.

### Selecting an EBP

When choosing an EBP, it is important that it meets the clinical and cultural needs of the community. To determine appropriateness, be sure to consider the intervention's method or format, role of service providers, setting(s), and people involved in services (e.g., individuals, families, etc.). Kleinman's Exploratory Model, which asks probing questions about the cultural group's understanding of mental illness, and the Kluckhohn's Value Orientation Model, which evaluates communities and EBPs across five dimensions to identify core cultural differences or preferences, may serve as useful tools to determine if an EBP is a "cultural fit."

#### 1 Identify possible EBPs

Draft a list of EBPs that address the clinical issue. SAMHSA's National Registry of Evidence-based Programs and Practices and state registries are good sources for EBPs.

#### 2 Evaluate the cultural appropriateness of EBPs

Assess whether each EBP meets the needs of the community and if cultural modifications are needed.

#### 3 Make a final EBP selection

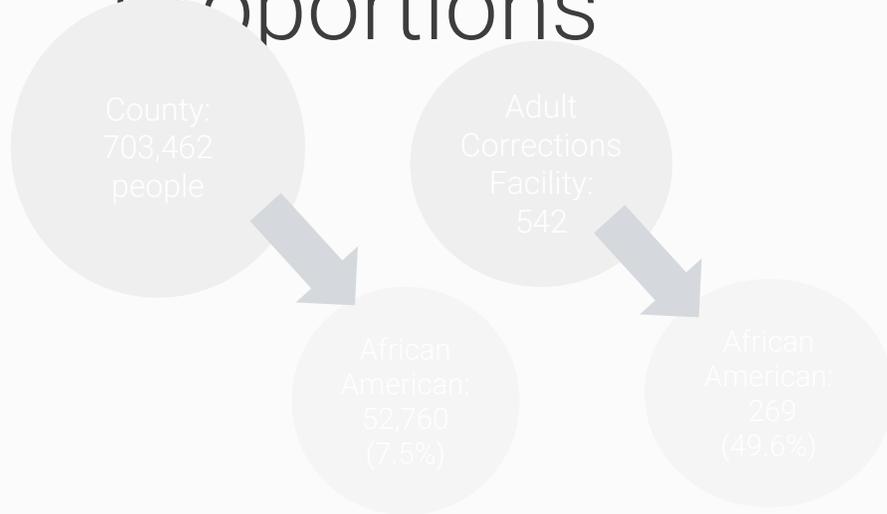
Consider the clinical and cultural needs, as well as issues like cost and resources required, ability to bill for services, and experiences of other organizations with this EBP.

# Addressing Other Root Causes of Inequities

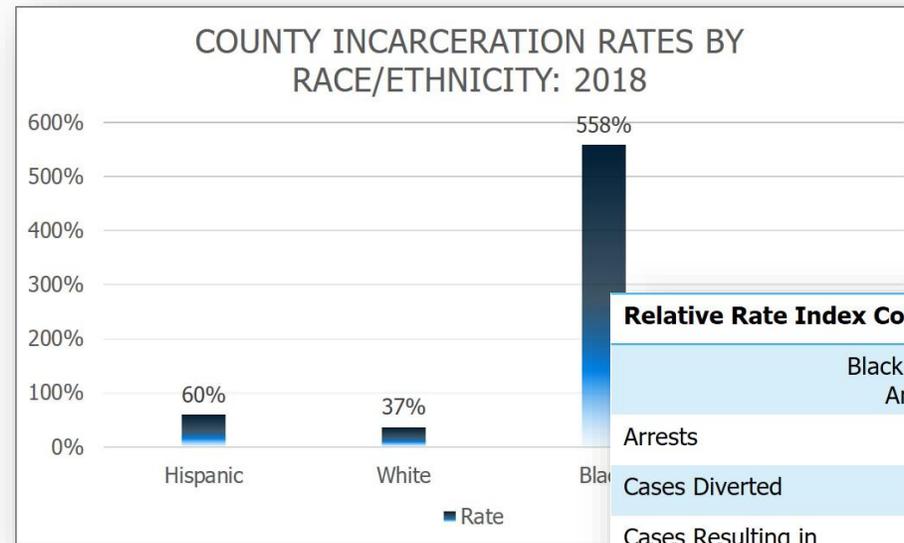
- Housing disparities
- Lack of adequate, effective, affordable, and culturally responsive health care
- Food deserts
- Transportation challenges
- Family and childcare needs
- Discriminatory hiring practices and workplace environments

# Measuring Racial Inequities & Disparities

- Comparing Proportions



- Comparing Rates or Relative Rate Indices



**Relative Rate Index Compared with White Individuals, 2007**

	Black or African-American	Hispanic or Latino	Asian	American Indian or Alaska Native
Arrests	2.48	1.27	0.35	1.38
Cases Diverted	1.07	0.92	1.14	0.81
Cases Resulting in Sentence of Incarceration	2.62	1.17	2.32	0.59

# Increasing Cultural Responsivity

- Fund or support providers that share racial, ethnic, or cultural orientations with the clients seeking services.
- Explore culture-centric services or curricula.
  - One example: Achieving Whole Health: Balancing Body, Mind and Spirit (AWH) curriculum, an interactive, culturally responsive training that provides the tools and skills to help Asian Americans, Native Hawaiians, and Pacific Islanders make healthy decisions.

## Racially Concordant Clinical Encounters

Matching patients and providers by race/ethnicity and by cognitive orientation (similar problem perception, coping approaches, and treatment goals) produce more relaxed, comfortable, positive, and engaged sessions when compared to sessions where patients were only cognitively matched to providers. (Zane et al., 2005)

# Increasing Cultural Responsivity, Con't

- Motivational interviewing “carries several cultural assumptions, particularly around individual freedom and autonomy. MI adaptation thus faces challenges in cultures where such assumptions may not hold.” [Cross-cultural adaptation of motivational interviewing for use in rural Nepal | BMC Psychology | Full Text \(biomedcentral.com\)](#)

# Fostering Collaboration in Communities

Including persons of color in the decision-making process, will not only improve service delivery, but offer opportunities to shape, implement, evaluate, and ultimately transform the very systems charged with providing evidenced-based and promising practices to all served.

# Steps to Consider

1. Apply an equity lens.
  - Consider how unconscious bias and structural racism impacts outcomes.
2. Analyze data.
3. Center the voices of the most impacted groups.
  - Conduct impact assessments.
  - Adapt best or evidence-based practices to be culturally responsive.
4. Develop outcomes...

# System Transformation

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Learning and investing in more intentional, fair, and effective strategies to eliminate institutional and systemic racism within the criminal justice system.

# System Transformation

Systems are unaccountable when they are either unaware, blame others, give excuses, and wait and hope for change.

Only when they acknowledge reality, own action commitments, find solutions and make change happen do they become accountable.

Positioning equity, while appealing to communities, transforms systems and is a commitment to achieving equitable outcomes.

# Achieving Equitable Outcomes for People of Color

- Policy makers, leaders and communities must recognize and accept the reality that Black, Indigenous, Latinx, and other people of color have been overpoliced, criminalized, and made speechless by the current criminal justice system that exists today in our society.
  - When leaders, policy makers and communities address these truths and proactively pursue to further racial equity and justice, institutional and systemic racism within the intersection of behavioral health and the criminal justice system will be ameliorated.

# Resources

Vera Institute of Justice discusses how jail decarceration benefits communities. *Also includes a toolkit that encourages a collaborative model that uses local data to identify systemic problems and a Technical Guide to Jail Data Analysis.*

<http://www.pretrialpartnership.org/news/jail-decarceration-toolkit-vera-institute-justice/>

7 videos featuring interviews about the impact of mass incarceration in 7 communities across Illinois.

[Visions of Justice – IL Humanities](#)

[HEAT: An Afrocentric, Holistic Approach to Recovery \(prainc.com\)](#)

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