
SOUL SPACE

CRDP African American Technical Assistance Project



REIMAGINING MENTAL HEALTH AND PUBLIC SAFETY AMIDST COVID-19 AND BLACK LIVES MATTER

ONTRACK Program Resources is pleased to present this newsletter for the Winter 2021 edition of *Soul Space*, the semi-annual publication of the African American Technical Assistance Provider for the **California Reducing Disparities Project (CRDP)**. This issue of *Soul Space* is dedicated to the intersection of mass scale social uprisings against unwarranted police violence against Black people with the disproportionate death and economic devastation among Blacks wrought by COVID-19, and the *combined* impact of these on the mental health of Black people in the United States. The

revolts that transpired across the country following the killings of Breonna Taylor and George Floyd, specifically, are the [broadest in U.S. history](#), cutting across race, class, gender, economic status and impacting every sector and region. And yet the responses within public and mental health have been anemic. As of November 2020, within the state of California only one-half—[24](#) of 58—of California's counties had declared racism a social determinant of health and a public health crisis, a first-step in advancing any systemic effort aimed at reducing racial disparities in health outcomes.

What is the process through which activists move public sentiment and resources to meet the needs of the mental health needs of African American individuals and communities that have been impacted disproportionately by police violence and COVID-19? "Revolution is not a one-time event." By this, Audre Lorde meant that revolution belongs to everyone and no one simultaneously. If a truly better and just world where race is not a predictable barrier to health and wellness is to emerge from re-imagining public safety, it will be through ongoing multi-layered struggles in which "political ideologies and mantras" of everyday people and public officials "will, and must, collide" (Guardian, 8/3/2020).

COVID-19 Sets the Stage for Social Unrest



Early in 2020, COVID-19 revealed to the world the shocking disparities in the health and welfare of African Americans in the United States. Low life expectancy and a disproportionate number of chronic diseases made Blacks more vulnerable to death and hospitalization as a result of contracting COVID-19.

According to the Center for Disease Control (CDC), this resulted from "long-standing systemic health and social inequities [that] have put many people from racial and ethnic minority groups at increased risk of getting sick and dying from [COVID-19](#)." (Hyperlink: CDC: COVID and Health Equity).

Figure 6. Persons Belonging to Minority Groups, Especially Black Persons, Suffered More Deaths Per Capita than White Persons

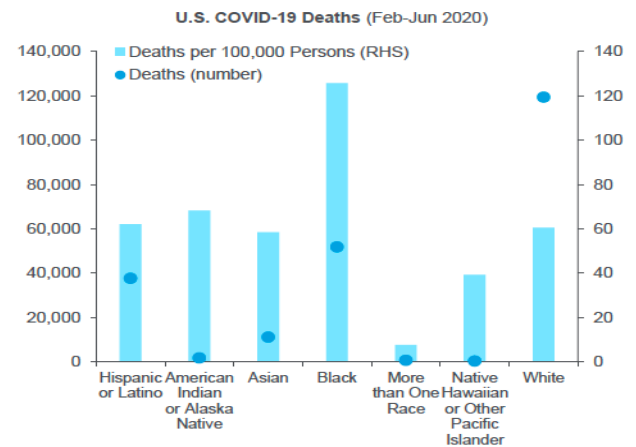


Figure 11. Black-Owned Businesses Suffered Brunt of COVID-19 Disruptions

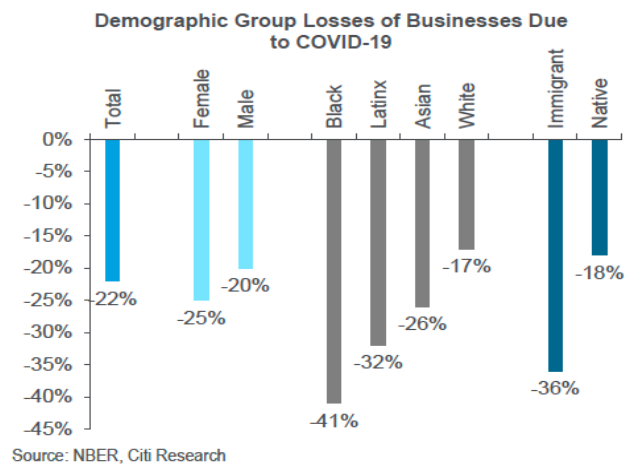
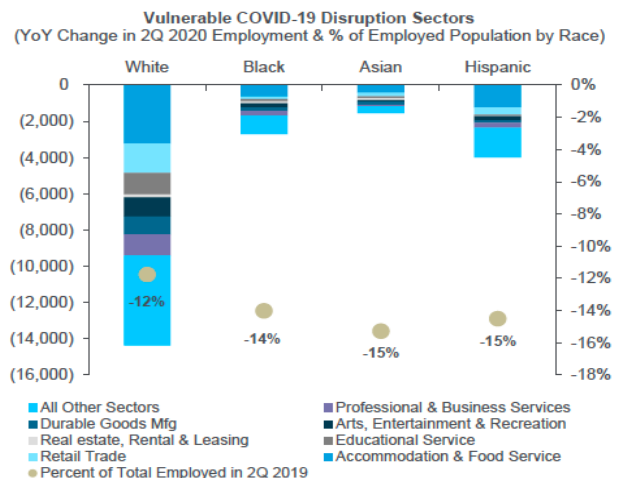


Figure 15. Minority Groups Slightly Harder Hit by Pandemic Layoffs



Charts are from [Closing the Racial Inequality Gap: The Economic Cost of Black Inequality, Citi GPS](#)

Additionally, Black owned-businesses suffered more under the stay-at-home orders than did other racial/ethnic demographics, while the disproportionate number of Blacks who are front-line workers living in multi-generational homes also placed them at greater exposure to COVID-19.

These factors—economic status, health inequities, and race—in the middle of a plague set the stage for the widest rebellion in American history for racial justice.

Racial Disparities and Policing

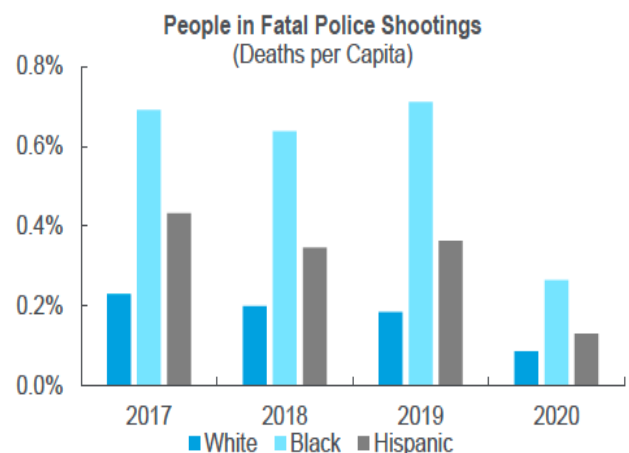
Following the public killing of George Floyd, Black people—and people of all races and nationalities across the world—took to streets in protest and rebellion. According to Mark Lamont Hill, this international response was not just to the killing that took place in plain sight but was a response to the shocking public devaluation of Black lives. Hill states:

“When we took to the streets after George Floyd’s death, we were responding to more than just his gruesome killing. We were responding to the killing of Ahmaud Arbery, which reminded us of the vulnerability of Black people simply for being outside. We were responding to Amy Cooper, the White woman in Central Park who called the New York City police and, as revenge for being asked to put a leash on her dog, falsely stated that a Black man, Christian Cooper, was threatening her life. We were responding to the execution of Breonna Taylor, who was killed by police as she awakened from sleep. We were responding to the COVID-19 pandemic, which spotlighted our vulnerability and disposability. We were responding to the daily ritual of humiliation, dehumanization, and violence that people experience for being Black, [B]rown, queer, trans. (We Still Here, pp. 61-62)

In its detailed report [Closing the Racial Inequality Gap: The Economic Cost of Black Inequality](#), one of the world’s largest financial institutions, Citi Global Perspectives & Solutions (Citi GPS) provides an in-depth analysis of racial disparities and their economic costs across the many sectors of the United States. The report concludes that if racial gaps for Blacks had been closed 20 years ago, boosting their economic and social capital, “\$16 trillion would have been added to the U.S. economy. And if the gaps are closed today, \$5 trillion can be added to U.S. GDP [Gross Domestic Product] over the next five years.”

According to Citi GPS, “attitudes and policies are the root causes” of the gap between Blacks and Whites. The report pays careful attention to community policing and noting that “Blacks are 5x as likely to be incarcerated vs. whites and make up an oversized percent of the U.S. prison population—33% vs. 12% of total U.S. population.” Their conclusion is that policies relating to community policing and mass-incarceration have contributed to a “deleterious cycle that has led to underrepresentation in government and the labor market,” citing the war on drugs and the disparate application of policies as one example (Citi GPS, p. 26).

Figure 23. Police-Related Deaths Per Capita is Highest for Black People



Source: Statista.com, Citi Research

Black Safety and Well-Being from Abolition to Defund the Police

Riots are socially destructive and self-defeating... But in the final analysis, a riot is the language of the unheard. And what is it that America has failed to hear? It has failed to hear that the promises of freedom and justice have not been met. And it has failed to hear that large segments of white society are more concerned about tranquility and the status quo than about justice, equality, and humanity.

M.L. King, Jr.

One in 1000 Black males—adult and children are killed by the police annually ([National Academy of Sciences](#), August 2019). The Movement for Black Lives—a nationwide coalition of various groups and individuals— took many forms across the many sectors of the U.S. to address these killings immediately following the killings of Breanna Taylor and George Floyd. Active rebellion—strategic and spontaneous—in the streets was the most prominent form on the national stage. But at the local level, activists and community-based organizations were working within and across systems to reshape the public systems that were at the root of racial disparities in the safety, health and well-being of black people and their communities, which are themselves a result of *de jure* and *de facto* racial segregation. One of the most consistent call of these activists was to “defund,” if not “abolish” the police while developing alternative approaches to community safety and wellness.

Black Visions Collective

In Minneapolis where the life of George Floyd was crushed, [Black Visions Collective](#) (BVC), a 501c3 organization founded in 2017 to promote a future where “all Black people have autonomy, safety is



community-led, and are in the right relationship within our ecosystems,” received millions of dollars to buttress the work of abolishing the police which they had already begun following the murder of Philando Castile, a legally armed Black man, by the police. Prior to the killing of Floyd, the BVC, in partnership with Reclaim the Block, another non-profit committed to defunding the police, negotiated for \$1.1 million of the Minneapolis budget to be reallocated from the hiring of new police to community-driven public safety programs. Since June 2020, BVC, and their partner organization, *Reclaim the Block*, are operating with \$20 million of donations to create the conditions of Black wellness through “healing justice” in the Twin Cities of Minneapolis and St. Paul.

Their demand is to shift funds from policing to community-led health strategies. The petition states: “Our city is on fire, our people are hurting, and Black communities are crying out for health and safety in the midst of pandemic. Now is the time to invest in a safe, liberated future for our city. We can’t afford to keep funding [Minneapolis Police Department’s] attacks on Black lives.”

1. To never again vote to increase police funding or to increase the police department’s budget.
2. To propose and vote for a \$45 million cut from MPD’s budget as the City responds to projected COVID-19 shortfalls.

3. To protect and expand current investment in community-led health and safety strategies, instead of investing in police.
4. To do everything in my power to compel MPD and all law enforcement agencies to immediately cease enacting violence on community members.



Abolition, Defund and Re-imagining

While many of the accomplishments of organizations such as *Black Visions Collective* and *Reclaim the Block* have been applauded by justice-minded people, the rhetoric of defund and abolish has been viewed by many—outside and within the movement—as counterproductive. The debate reached a national scale when former President Obama weighed in. Former president Barak Obama’s statements regarding the statement, “defund the police” set off a firestorm among activists and Black Americans in general. In an interview, [Obama stated:](#)

“If you believe, as I do, that we should be able to reform the criminal justice system so that it’s not biased and treats everybody fairly, I guess you can use a snappy slogan like ‘Defund The Police,’ but, you know, you lost a big audience the minute you say it, which makes it a lot less likely that you’re actually going to get the changes you want done. But if you instead say, ‘Let’s reform the police department so that everybody’s being

treated fairly, you know, divert young people from getting into crime, and if there was a homeless guy, can maybe we send a mental health worker there instead of an armed unit that could end up resulting in a tragedy?’ Suddenly, a whole bunch of folks who might not otherwise listen to you are listening to you.”

Representative Alexandria Ocasio-Cortez quickly responded that the language of activists is not the same as the language of politicians. The people, unlike their supposed representatives, require a less domesticated language to accomplish the same goals:



Indeed, Cortez is aligned with a long line of [Black feminists](#) who originated the abolitionist movement and didn’t believe that systems could reform themselves but needed to be reimagined to ensure public health and the community wellness of Black people, lest they end up like “Sarah Reed, a black woman with complex mental health issues who died in Holloway Prison in 2015 after being failed by mental health professionals and prison staff” ([Nation: Black Feminist History of Abolition](#)). In the end, in order to improve the public safety and health of Black communities, the language and tactics of the street must meet the language and processes of public systems.

Reimagining Public Safety: The Case of Richmond, CA

Immediately following the killing of George Floyd, more than three thousand people marched from Richmond, CA city hall to the police station. Their anguished demand to improve public safety by reallocating funds from the police to the community was spoken in the language of the streets, that polyglot of languages ranging from [“Burn this m-f down”](#) to [“abolition”](#) to [“reform”](#) (Video). The march was more than an expression of rage and anguish, it soon mobilized into a strategic approach that engaged everyday citizens and public officials in reimagining public safety and health.

The first early win, which built upon past efforts, culminated in a massive student demonstration that resulted in the West Contra Costa School Board unanimously ending contracts with police agencies and removing “School Resource Officers” (SROs) from schools. The \$1.5 million in police services will be transferred to efforts to support African American student achievement. The suspension of the contracts was added to a resolution condemning the murders of Breonna Taylor, George Floyd, Auhmad Arbery and demanding the County to end militarized police practices and allocate \$7 million specifically for services for African American students in the district. Samone Anderson, a resident and student at UCLA, stated in an interview that “while getting the SROs out of the schools was a huge win, we now have student-led task forces in the schools re-imagining school safety plans, and how to create schools in which we can thrive.”

While the accomplishment of removing SROs from schools and reallocating funding to services for youth was significant, the establishment of the *Reimagining Community Safety Work Group* has had the most sustainable impact. Randy Joseph emerged

from the march as its leader. Randy was born in Oakland and currently works at the [Ryse Center](#), a Richmond non-profit organization. Randy says that his inspiration for community action was his mother. He states that he never forgets what she told him when he was young: “You don’t fight because you hate the people in front of you; you fight because you love the people behind you.” With that inspiration, Randy began facilitating weekly meetings of a wide range of community members interested in moving funds from the police to community health. They began with collecting publicly available data that revealed among other things, that police were “dispatched for mental health related issues more than any other event.... Six-percent of mental health dispatches ended in a use of force.” This led the work group to explore models of addressing mental health needs that did not require police to be first-responders.

The *Reimagining Community Safety Work Group* reviewed models including:

1. **Officer notification and flagging systems** that alert officers about specific individuals’ needs.
2. **Stand-alone trainings on mental health** designed specifically to help officers respond to MH issues; and
3. **Co-responder teams** that paired police with clinician.



Randy Joseph (2nd from left), with former Richmond Chief of Police Chris Magnus and others, protesting deaths of Michael Brown and Eric Garner during a peaceful demonstration in Richmond, CA, 12/9/14. (Kristopher Skinner/Bay Area News Group)

The work group was taken most by **mobile crisis teams that avoided police all-together**, pairing mental/behavioral health workers to respond directly to crises that involved mental health. The national model they would eventually present to the City Council is [CAHOOTS \(Crisis Assistance Helping Out On The Streets\)](#), a mental health crisis intervention program that is dispatched when mental health emergencies are called into 911 in Eugene, Oregon, where 20% of 911 calls were related to mental health. The goals of CAHOOTS include reducing unnecessary hospital transports and connecting people to community-based mental health services and supports, including peer specialists or peer advocates.

Presentations to the City Council led to the establishment on June 30, 2020 of [Reimagining Public Safety](#), an effort to “direct staff to prepare a plan to transition from Richmond’s current ‘community policing’ model to a plan conducive to the reduced police force and return to Council with the preferred policing model and a plan for

implementation by the end of Fiscal Year 2020/2021.” The effort also created a task force which is reviewing the CAHOOTS model.

Randy has an unlikely partner in the workgroup’s efforts to “reimagine community policing.” On August 1, Bisa French became the first woman and woman of color chief of the Richmond, CA police force. Randy thinks as a Black woman, she is “better situated to understand the perspective of the Black and Brown community.” Indeed, in community conversations, Chief French has joined the mayor in engaging communities. In an interview, Chief French, who has a “Black Lives Matter” displayed behind her desk, states directly that the police should “not be called in the majority of mental health-related calls.” She is additionally, instituting community training for officers and requiring they attend “trainings that address the institutional history of racism in the United States.” She is not big on implicit bias training, noting that so much depends on the trainer. She is very quick to note that the calls to defund the police, which “does not encourage buy-in among officers,”

EXAMPLES OF POLICE AND FIRST RESPONDER MODELS

Co-Responder Teams pair an officer with a mental health professional (s) to respond to people in the community who are experiencing a mental health crisis. The literature suggests that this model may have value for responding to people experiencing mental health crisis. Model variants are found throughout California but there is a “dearth of controlled research about their effectiveness.”

I/DD-Specific Models and Approaches. The research in this area is scant. One example of an I/DD-specific model is [Pathways to Justice](#) comprised of the creation of a local, multi-disciplinary team, called a Disability Response Team (DRT), that brings together key stakeholders from both the disability and criminal justice communities. The team works together to identify barriers to justice and serves as the go-to resource on criminal justice and disability in their community. Pathways also conducts a full-day training assisting community members and law enforcement how to identify, interact with, and accommodate persons with I/DD and other disabilities.

Stand-Alone Trainings on Mental Health A few trainings have been designed specifically to help officers better recognize and respond to people with mental illnesses, such as [Crisis Intervention Team \(CIT\)](#). Richmond’s police chief is considering such trainings with a focus on the African American historical context for Richmond police officers

Trained Support People/Advocates. This model involves a trained individual who serves as a support for people who have mental illnesses, I/DD, or both when they have contact with the criminal justice system. Vera notes that some Australian studies discuss the benefit of this approach. [Critical Resistance, Oakland](#), builds community capacity to respond to events without calling 911 through training and community engagement.

Mobile Crisis Teams (MCTs) are mental health professionals—commonly a social worker and a nurse—available to respond to mental/behavioral health crisis situations in the community. Re-imagining efforts are looking to these models to circumvent police interaction with Black individuals with mental health concerns as one way of reducing killings.

is happening at a time of “immense cuts within the city budget as a whole.” Yet, she remains encouraged about the community beginning to take “ownership.

Re-imagining a Future Without Police Violence

Chief French’s hopefulness about community ownership is also the primary source of tension. Partnerships between the police and mental health workers as first responder teams have been present for more than thirty years in California, since the first response team was piloted in Los Angeles County in October, 1991. The pilot partnered a Sheriff’s department Sargent with a clinician. Linda Boyd, RN, MN, a psychiatric nurse who is now a program manager with Los Angeles County Department of Mental Health, was a member of the initial one-month pilot. Ms. Boyd states that, at her behest, the pilot featured the sheriff in plain clothes and a vehicle that was unmarked and without a cage, separating the front and back seat of the car. The pilot was such a success that the Board of Supervisors voted to fund the program three months later with \$600,000 to support the initial four teams. When the program was expanded to the city of Los Angeles, training for police included their spending a day in a treatment facility while being cuffed. They were also required to spend a day in a homeless shelter and to engage in structured discussions with consumer panels. Conversely, clinicians participated in personal defense training; gun safety, and shooter simulation training so they could see what it’s like to be a police officer who sometimes has to make split-second decisions. Thirty-nine jurisdictions currently use a co-responder model.

Today’s advocates think the co-responder teams, and other expansions of police/health worker teams are entirely inadequate, turning caring clinicians into cops, and noting the dearth of evidence to their effectiveness. Rather, they want to remove police from addressing most mental health concerns at all, noting that people with mental health issues are more often victims than they are perpetrators of violence.

In Rochester, NY, in response to the death of Daniel Prude and community pressure, the mayor moved their [family crisis intervention team](#) and its funding from the department of youth and recreation services. In Sacramento and Oakland, CA, [MH First, a project of Anti Police-Terror Project \(APTP\)](#), designed to interrupt and eliminate the need for law enforcement in mental health crisis by providing “mobile peer support, de-escalation assistance, and non-punitive and life-affirming interventions, therefore decriminalizing emotional and psychological crises and decreasing the stigma around mental health, substance use, and domestic violence, while also addressing their root causes: white supremacy, capitalism, and colonialism.” Models like this have the wind in their sails and the future may not require the threat of violence as a first-responder to mental health crises.



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