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Chapter 20

POLICIES TO ADDRESS RACIAL TERROR

This chapter details policy proposals to address harms set forth in Chapter 3, Racial Terror.

- Establish and Fund Community Wellness Centers in African American Communities
- Advance the Study of the Intergenerational, Direct, and Indirect Impacts of Racism
- Fund Research to Study the Mental Health Issues within California's African American Youth Population, and Address Rising Suicide Rates among African American Youth
- Expand the Membership of the Mental Health Services Oversight and Accountability Commission (MHSOAC) and Require the Appointment of an Expert in Reducing Disparities in Mental Health Care Access and Treatment to the MHSOAC
- Fund Community-Driven Solutions to Decrease Community Violence at the Family, School, and Neighborhood Levels in African American Communities
- Address and Remedy Discrimination Against African American LGBTQ+ Youth and LGBTQ+ Adults, Reduce Economic Disparities for the African American LGBTQ+ Population, and Reduce Disparities in Mental Health and Health Care Outcomes for African American LGBTQ+ Youth and LGBTQ+ Adults .
- Implement Procedures to Address the Over-Diagnosis of Emotional Disturbance Disorders, Including Conduct Disorder, in African American Children
- Disrupt the Mental Health Crisis and County Jail Cycle in African American Communities
- Create and Fund Equivalents to the UC-PRIME-LEAD-ABC Program for Psychologists, Licensed Professional Counselors, and Licensed Professional Therapists (See Chapter 29, p. __, for the text of this recommendation.)
- Eliminate Legal Protections for Peace Officers Who Violate Civil or Constitutional Rights
- Recommend Abolition of the Qualified Immunity Doctrine to Allow Victims of Police Violence Access to Justice
- Assess and Remedy Racially Biased Treatment of African American Adults and Juveniles in Custody in County Jails, State Prisons, Juvenile Halls, and Youth Camps (See Chapter 28, p. __, for the text of this recommendation.)

A. Establish and Fund Community Wellness Centers in African American Communities

As discussed in Chapter 3, throughout the history of the United States, racial terror has played a critical role in reinforcing and perpetuating the badges and incident of slavery. Enslavement was followed by decades of violence and intimidation intended to subordinate formerly enslaved people and their descendants across the United States.[1] Racial terror, especially lynchings and

[1] Chapter 3, Racial Terror, at p. 94.

the threat of lynching, pervaded every aspect of African American life during and after slavery.[2] "California is no exception; the state, its local governments, and its people have played a significant role in enabling racial terror and [allowing] its legacy to persist here in California."[3]

In addition to physical assault, threats of injury, and destruction of property, racial terror inflicts psychological trauma on those who witness the harm and injury.[4] African Americans continue to experience the effects of trauma induced by racial terror today.[5] That trauma manifests as heightened suspicion and sensitivity to threat, chronic stress, decreased immune system functioning, and an increased risk for depression, anxiety, and substance use.[6]

Despite a significant need for mental health interventions to address the effects of historical and current racial trauma, African Americans experience a range of mental health care disparities.[7] These disparities include problems of access, bias, poorer quality of care, misdiagnosis, inadequate research, and poorer mental health outcomes.[8] Further, due to the lack of accessible prevention and early intervention programs (PEIs) that prevent serious mental illness in adults, African Americans are more likely to have their first contact with the mental health system through a hospital emergency room or the criminal justice system.[9] For African American children, PEIs are also lacking, resulting in African American children being over-diagnosed with Emotional Disturbance disorders.[10]

Additional barriers include stigma within the community associated with seeking mental health treatment and distrust of the mental health system, which stems from the discrimination that African Americans have experienced when they have sought treatment.[11] The lack of licensed African American mental health professionals or culturally congruent mental health professionals who can provide effective services to California's African American residents increases that distrust.[12]

To address these harms, the Task Force recommends that the Legislature enact legislation to establish and fund Community Wellness Centers (CWCs) within historically African American

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[2] *Ibid.*
[3] Chapter 3, Racial Terror, at p. 119.
[4] *Ibid.*
[5] Chapter 3 at p. 118.
[6] *Ibid.*
[7] Cal. Pan-Ethnic Health Network, Existing Disparities in California's System of Specialty Mental Health Care (2019) (as of Nov. 29, 2022).
[8] California Reducing Disparities Project: African American Population Report *"We Ain't Crazy, Just Coping With a Crazy System" Pathways into the Black Population for Eliminating Mental Health Disparities* (2012) p. 28. (as of Nov. 29, 2022).
[9] *Ibid*.
[10] *Id.* at p. 91.
[11] *Id.* at p. 50.
[12] Barriers to mental health care in African American communities include lack of providers from diverse racial/ethnic backgrounds, lack of culturally competent providers, and general distrust of the health care system. Am. Psychiatric Assn., Mental Health Disparities African Americans (2017) p. 3 (as of Nov. 29, 2022); see also Boris Lawrence Henson Foundation, African American Cultural Competency Training (as of Nov. 29. 2022).

neighborhoods and in other communities in each city and county where significant numbers of African Americans reside. These CWCs will serve three functions:

First, the CWCs will serve as a source for educating the community about mental health to remove the stigma from experiencing mental health issues and seeking treatment. The CWCs will collaborate with religious leaders, who have traditionally served as a mental health resource for members of their communities,[13] and with community-based organizations (CBOs) to educate community members on mental health issues. The CWCs will also partner with CBOs to offer programs on parenting, processing grief and loss, substance abuse, and intimate partner violence.

Second, the CWCs will provide PEI mental health programs that are supported by community-defined evidence practices (CDEPs).[14] The programs should focus on trauma-informed services anchored in addressing racial stress and trauma. Examples of CDEPs include support groups and healing circles.[15] Support groups and healing circles are examples of CDEPs practices that have been used by the African American community to address stress from racial terror and trauma. These practices are rooted in a cultural perspective that has helped African Americans develop resilience in the face of historical and current racial terror and trauma. The CWCs will also function as community gathering spaces for cultural celebrations and other opportunities for the residents to be in community with one another, which is healing unto itself.

In addition to communal practices like racial healing circles, the CWCs will also provide programming that focuses on instilling a positive racial identity in African American children, beginning as early as age three.[16] The development of a positive racial identity is a protective factor against racism. “Racial socialization and racial identity have been documented as culturally strength-based assets—resources that enhance adaptive coping—that are particularly important and protective for African American families.”[17] Specifically, a positive racial identity has been linked to higher resilience, self-efficacy, and self-esteem.[18] A recent study indicated that African American adolescents experienced 5.21 racist incidents on average per day,

[13] African American Population Report, *supra*, at p. 31 (noting that about 10 percent of African Americans who develop behavioral disorders access services through churches).

[14] Community Defined Evidence Practices (CDEPs) are a set of practices found to yield positive results as determined by community consensus over time. These practices may or may not have been measured empirically (by a scientific process) but have reached a level of acceptance by the community. CDEPs take a number of factors into consideration, including a population’s worldview and historical and social contexts that are culturally rooted. It is not limited to clinical treatments or interventions. CDEPs are a complement to evidence based practices and treatments, which emphasize empirical testing of practices but often do not consider cultural appropriateness in their development or application. See, e.g., *id.* at Forward.

[15] The Community Healing Network (as of Nov. 29, 2022) developed a specific version of a racial healing circle called Emotional Emancipation Circles (EECs) in collaboration with The Association of Black Psychologists (ABPsi). EECs are “liberatory” spaces in which Black people share stories and deepen their understanding of the impact of historical forces on their sense of self-worth, their relationships, and their communities, while learning essential emotional wellness skills. *Ibid.*

[16] See White & Young, *Positive Racial Identity Development in Early Education: Understanding PRIDE in Pittsburgh* (2016) University of Pittsburgh School of Education p. 5 (noting that social biases in children begin to form as early as three to five years, with three-year-olds attributing more positive traits to the dominant societal race and five-year-olds attributing negative traits to non-dominant races) (as of Nov. 29, 2022).

[17] Carlo et al., *Culture-Related Adaptive Mechanisms to Race-Related Trauma Among African –American and US Latinx Youth* (2022) J. Adversity and Resilience Science (as of Nov. 29, 2022).

[18] *Positive Racial Identity Development in Early Education*, *supra,* at p. 4.

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including in schools.[19] These experiences lead to short-term increases in depressive symptoms.[20] Developing a positive racial and ethnic identity has been shown to weaken the effects of both teacher discrimination and other daily discrimination.[21]

In developing the programming, the CWCs should collaborate with CBOs that promote programs that foster positive racial identity in African American children, like cultural programs and visual and performing arts programs, to offer those programs at the CWCs. The programs should also have a parental education component to provide resources to help parents become more knowledgeable about the importance of fostering a positive racial identity and tools to do so at home. At a minimum, the programs should: 1) expose African American children to historical figures and information about African Americans' accomplishments, capacities, values, and culture; 2) redefine and reframe the definitions of success, strengths, and accomplishments by not using standards and definitions based on Euro-American culture and worldview, and instead measuring success in terms of family commitment, survival of the community, demonstration of spiritual and moral integrity, and the efficacy of civil rights efforts in combatting discrimination; and 3) expose African American children to African American people in positions of power and control, including those in other countries, using film and other media.

Third, the CWCs will serve as access points for screening and referrals to the appropriate level of care for both mental health and medical care. Each CWC should be staffed by a licensed mental health professional who is culturally congruent with the African American culture,[22] who can provide screening and appropriate referrals for people in the community, and who, if requested, can provide urgent mental health interventions. This should include screening for depression and suicide risk for children and adolescents, the group for whom suicide rates have increased the most. The licensed mental health professional should also have knowledge about PEIs, including those supported by CDEPs. The Task Force relatedly recommends that the Legislature ensure sufficiently increased funding for mental health services provided in traditional clinical settings, including outpatient and inpatient services, to absorb the increased referrals from the CWCs. County departments of mental health across the state should be required to provide CBOs with access to PEI resources at the county level, align county priorities with non-evidence based intervention opportunities, and provide annual accountability updates to demonstrate the extent to which the cultural and contextual needs of African American residents in their county are addressed.

The staff of the CWCs should also include a culturally congruent general medical provider and a culturally congruent health care advocate. A 2022 survey of Black Californians about their experiences with accessing medical care revealed that about one-third of the respondents

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[19] English et al., *Daily Multidimensional Racial Discrimination Among Black U.S. American Adolescents* (2020) 66 J. Applied Developmental Psych. 1, 12 (as of Nov. 29, 2022).

[20] *Ibid.*

[21] *Positive Racial Identity Development in Early Education*, *supra*, at p. 4; see also *Culture-Related Adaptive Mechanisms to Race-Related Trauma Among African –American and US Latinx Youth*, *supra*.

[22] A culturally congruent health care practice involves the application of evidence-based medical treatment that is congruent with the preferred cultural values, beliefs, worldview, and practices of the patient. (See Implementing the New ANA Standard 8: Culturally Congruent Practice (discussing cultural congruence in nursing practice).); see also African American Cultural Competency Training, *supra*.

experienced racial discrimination from a healthcare provider.[23] About one-fourth of respondents reported avoiding care because of concerns about being treated unfairly or disrespectfully when accessing medical care.[24] The respondents requested that the medical healthcare system implement several changes to improve care for Black Californians. Those improvements included increasing Black representation among health care leadership and the health care workforce, establishing more Black-led, community-based clinics, and expanding community-based education on how to navigate the health care system and advocate for quality care for Black Californians. [25]

To address these concerns, the CWCs will be staffed by a medical provider who is culturally congruent with African American culture and be able to screen adults and children for medical conditions, including those that may present as mental illness,[26] and refer them out for appropriate medical treatment. Further, each CWC should be staffed by a culturally congruent healthcare advocate or a medical social worker who will assist members of the community in navigating the medical and mental health systems to ensure access and provide advocacy when community members experience discrimination or otherwise do not receive respectful and proper care.[27] Additionally, the Office of Health Equity, which is housed in the California Department of Public Health,[28] should be required to collect data regarding the number of people using the medical screening and referral services at CWCs to assess whether there is a need for additional resources for a specific CWC or community.

B. Advance the Study of the Intergenerational, Direct, and Indirect Impacts of Racism

As documented in Chapter 12, Mental and Physical Harm and Neglect:

> African Americans suffer from weathering—constant stress from chronic exposure to social and economic disadvantage, which leads to accelerated decline in physical health. Social environments that pose a persistent threat of hostility, denigration, and disrespect lead to chronically high levels of inflammation. Studies have shown that Black youth who are exposed to discrimination and segregation have worse

[23] Cummings, *Executive Summary Listening to Black Californians: How the Health Care System Undermines Their Pursuit of Good Health*, Cal. Health Care Foundation (Oct. 2022) at p. 1 (as of Nov. 29); see also van Ryn and Burke, *The Effect of Patient Race and Socio-Economic Status on Physicians' Perceptions of Patients* (Mar. 2000) 50 Soc. Sci. Med. 813, 813-828 (describing a study that determined physicians tended to perceive African Americans and members of low and middle socioeconomic status groups more negatively on a number of dimensions than they did white patients and patients of upper socioeconomic status; study also found that physicians assessed a patient's likelihood of adhering to medical advice based on the patient's race) (as of Nov. 29, 2022).

[24] *Executive Summary Listening to Black Californians: How the Health Care System Undermines Their Pursuit of Good Health*, at p. 2.

[25] *Ibid.*

[26] Some medical illnesses and their associated medications have side effects that can "masquerade" as psychological disorders. See Magnani, Psychological Masquerade: Physical Illness and Mental Health (as of Nov. 29, 2022).

[27] See Welf. & Inst. Code, § 5830, subd. (c)(2) (authorizing funding for programs that promote advocacy for underserved populations including advocacy to improve access to mental health services); see also Cal. Health and Safety Code, § 131019.5 subd. (c)(2).

[28] Office of Health Equity Information, (as of Jan. 23, 2023).

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> cases of adult inflammation due to race-related stressors. In fact, race-related stress has a greater impact on health among African Americans than their diet, exercise, smoking, or being low income. Cortisol, which is a stress hormone, locates itself in bodies in response to racism—consequently African American adults have higher rates of cortisol than their white counterparts . . . .[29]

A growing body of research has begun to document racism's impact on health,[30] but work remains to be done. Of note, the field of pediatrics has not yet systematically addressed racism's impact on child health outcomes or prepared pediatricians to identify, manage, mitigate, or prevent risks and harms.[31] Further, psychiatrists and psychologists have noted that compared to research on structural racism and the experience of racial discrimination, intergenerational impacts of racism have been less studied.[32] An article published in JAMA Psychiatry noted, "Conceptualizing racism intergenerationally implies that, like risk for psychopathology, the nefarious effects of structural racism and of the experience of discrimination can be transmitted to subsequent generations."[33] The article also notes that viewing racism through an intergenerational lens helps to address racism and mental health disparities by creating new opportunities for action and intervention, as well as addressing intergenerational resilience and models of healing and values.[34]

The Task Force recommends funding to the California Health and Human Services Agency (or California Department of Public Health within the agency) to further advance the study of the intergenerational, direct, and indirect impacts of racism and to formulate recommendations for enhanced mental health care, including educating mental health care workers. While not focused exclusively on children, in recognition of the harms that racism inflicts upon children, this proposal adopts and directly incorporates recommendations of the American Academy of Pediatrics so that funding would include support for the study of:

> (1) the impact of perceived and observed experiences of discrimination on child and family health outcomes;
>
> (2) the role of self-identification versus perceived race on child health access, status, and outcomes;
>
> (3) the impact of workforce development activities on patient satisfaction, trust, care use, and pediatric health outcomes;

[29] Chapter Twelve, Mental and Physical Harm and Neglect, *supra*, at p. 434.

[30] See, e.g., Hankerson et al., *The Intergenerational Impact of Structural Racism and Cumulative Trauma on Depression* (May 23, 2022) The American Journal of Psychiatry (as of Jan. 20, 2023); Comas-Diaz et al., *Racial Trauma: Theory, Research, and Healing: Introduction to the Special Issue* (2019) Vol. 74(1) American Psychological Association 1–5 (as of Jan. 20, 2023).

[31] Racism on Child and Adolescent Health, *supra*.

[32] Lugo-Candelas et al., *Intergenerational Effects of Racism—Can Psychiatry and Psychology Make a Difference for Future Generations?* (Oct. 1, 2022) JAMA Psychiatry, p. 1 (as of Jan. 20, 2023).

[33] *Ibid.*

[34] *Ibid.*

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> (4) the impact of policy changes and community-level interventions on reducing the health effects of racism and other forms of discrimination on youth development; and
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> (5) integration of the human genome as a way to identify critical biomarkers that can be used to improve human health rather than continue to classify people on the basis of their minor genetic differences and countries of origin.[35]

This study could be facilitated through grants to fund the research of established and emerging experts.

C. Fund Research to Study the Mental Health Issues within California's African American Youth Population, and Address Rising Suicide Rates among African American Youth.

Anxiety, depression, and suicide rates have been rising among African American children and teenagers in recent years.[36] The COVID-19 pandemic compounded these issues by disrupting the lives of adolescents and limiting their social activities.[37] Forty-four percent of Black teen girls said they need help for emotional and mental health problems such as feeling sad, anxious, or nervous.[38] The rates for suicide for African American children has also increased significantly when compared to the suicide rates for white children. Specifically, suicides rates among white children have dropped from the 1993-1997 to the 2008-2012 periods, but rates have steadily increased among Black elementary school-aged children.[39]

Thirty-seven percent of elementary school-aged children who died by suicide were Black, as were 12 percent of the early adolescents who died by suicide.[40] Between 2014 and 2020, the death-by-suicide rates among Black youth doubled, rising to twice the statewide average.[41] Almost one in four (22 percent) Black seventh graders has considered suicide—twice the rate of white students and the highest of any group in seventh grade.[42] As of 2018, suicide was the second leading cause of death among Black children aged 10 to 14, and the third leading cause of death among Black adolescents aged 15 to19.[43]

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[35] Trent et al., *The Impact of Racism on Child and Adolescent Health* (Aug. 2019) American Academy of Pediatrics, p. 2 (as of Jan. 20, 2023) (hereinafter "Racism on Child and Adolescent Health").

[36] Kamleiter, *Helping African American kids and teens with mental health* (Sept. 23, 2020) Children's Minnesota.

[37] *Ibid.*; Abdi, *Bridging the Mental Health Care Gap for Black Children Requires a Focus on Racial Equity and Access* (May 31, 2022) Child Trends (hereinafter "Bridging the Mental Health Care Gap").

[38] *A Child is a Child, Snapshot: California Children's Health, Black Children's Health* (Feb. 2023) The Children's Partnership (hereinafter "Black Children's Health").

[39] Grills, et al., *Black Child Suicide: A Report* (Oct. 15, 2019) National Cares Mentoring Movement, p. 5

[40] Grills, et al., *Black Child Suicide: A Report* (Oct. 15, 2019) National Cares Mentoring Movement, p. 5.

[41] Black Children's Health,.

[42] *Ibid.*

[43] Gordon, *Addressing the Crisis of Black Youth Suicide* (2020) National Institute of Mental Health, (as of Jan. 23, 2023).

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Despite the increase in suicidal thoughts, suicide attempts, and deaths by suicide among African American youth, only a small number of research studies have examined death by suicide in African American children, and very little is known about causality.[44] The few studies that have examined the issue suggest that there are a number of factors that could be contributing to the increase.[45] Depression, delinquent behavior, poor familial support, and, in some cases, substance abuse are risk factors.[46] Multigenerational cultural trauma, community violence, adverse childhood experiences ("ACEs"), stress-response patterns, systemic and institutional violence, and bullying may also play a role.[47] Research also suggests that discrimination plays a significant role in the increase in the risk of suicide among African American youth. Specifically, one study concluded that discrimination was a universal risk factor for suicidal ideation among African American youth, regardless of their ethnicity or gender.[48] Exposure to online racial traumatic events, such as police killings and videos of people being beaten, was associated with an increase in depression, post-traumatic stress symptoms, and suicide risk.[49]

Compounding these issues are disparities in access to mental health services for African American youth.[50] Black youth are less likely than white youth to receive mental health treatment, even after a suicide attempt.[51] "Only 16% of Black youth in Medi-Cal have been screened for depression and provided a follow-up plan if needed."[52] In combination, the higher rates of misdiagnoses among African Americans, psychiatric diagnostic tools that have explicitly racist origins, and a lack of sufficient African American medical professionals lead many African American children and adolescents not to trust the American medical system, which may prevent them from seeking help for mental health issues.[53]

Existing research indicates that "[saving] the lives of Black children and youth [will require] greater investment in protective factors, including social and emotional supports . . . while simultaneously addressing structural racism; the social determinants of their health, mental health stigma, and help-seeking; and [providing] culturally tailored treatment opportunities."[54] The Task Force accordingly recommends a multi-prong approach to researching suicide risk and

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[44] Grills et al., *Black Child Suicide: A Report* (2019) National CARES Mentoring Movement p. 7 (as of Jan. 23, 2023).

[45] *Ring the Alarm: The Crisis of Black Youth Suicide in America*, *supra*, at pp. 14-15.

[46] *Ring the Alarm: The Crisis of Black Youth Suicide in America*, *supra*, at pp. 14-15.

[47] Grills et al., *Black Child Suicide: A Report* (2019) National CARES Mentoring Movement p. 10, *supra.*

[48] Assari et al., *Discrimination Increases Suicidal Ideation in Black Adolescents Regardless of Ethnicity and Gender* (2017) 7 Behavioral Sciences 1, 6 (as of Jan. 23, 2023); see also Brooks et al., *Capability for Suicide: Discrimination As a Painful and Provocative Event* (2020) 50 Suicide Threat Behavior 1173, 1173-80 (research study determined that discrimination increased risk of suicide in Black adults.

[49] *Ring the Alarm: The Crisis of Black Youth Suicide in America*, *supra,* at p. 15 (citing Tynes et al., *Race-Related Traumatic Events Online and Mental Health Among Adolescents of Color* (2019) 65 J. of Adolescent Health 371, 376 (2019).

[50] *Addressing the Crisis of Black Youth Suicide*, *supra.*

[51] *Ibid.*

[52] Black Children's Health

[53] Quirk, *Mental Health Support for Students of Color During and After the Coronavirus Pandemic* (Jul. 28, 2020) Center for American Progress (hereinafter "Mental Health Support for Students of Color").

[54] Grills et al., *Black Child Suicide: A Report* (2019) National CARES Mentoring Movement pp. 27-28, *supra* .

prevention strategies for African American youth and for addressing the overall mental health of African American youth.

The Task Force recommends that the Legislature amend the Mental Health Services Act (MHSA) to authorize the Office of Health Equity to establish and fund practice-based suicide prevention research centers throughout California to study suicide risk and prevention in African American youth, building on the example of the National Institute of Mental Health (NIMH), which issued a Notice of Special Interest at the national level to fund research focused on the risk and prevention of suicide in Black youth.[55] The Office of Health Equity is authorized by Health and Safety Code section 131019.5 to lead the effort to reduce health and mental health disparities to vulnerable communities, including African Americans. Like the NIMH, the Office of Health Equity has the authority to direct and fund research on suicide and risk prevention in California, including specific research on suicide risk and prevention in African American youth.

The Task Force recommends that the Legislature amend Title 5, Division 1, Chapter 2, subchapter 3 of the California Code of Regulations (Health and Safety of Pupils)[56] to mandate annual screening for depression symptoms in all school children beginning in kindergarten, with culturally appropriate screening for African American children, especially those descended from an enslaved person. This recommendation builds on the American Academy of Pediatrics' endorsement of a recommendation to use a self-report screening tool to assess for depression in youth[57] and recognizes that symptoms of depression and anxiety are increasingly seen in younger children.[58] A self-report tool designed to measure core depressive symptoms in children and adolescents can be used for annual screenings without requiring extensive testing for each child.[59] Youth who present with significant depression symptoms should receive further evaluation beyond the mandatory screening required for all students.

At the same time, the guidelines for assessing depression symptoms in children and youth must note that there is a lack of cultural relevance in empirically-supported approaches to assessing depression in African American children and adolescents, and that African American youth may express symptoms differently than other populations.[60] The Task Force recommends that the Legislature fund and support research to develop screening and treatment approaches that are inclusive of African American children and youth and appropriately matched to their needs,

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[55] NOT-MH-20-055: Notice of Special Interest (NOSI) in Research on Risk and Prevention of Black Youth Suicide (nih.gov)

[56] Chapter 2, subchapter 3 of the California Code of Regulations (Health and Safety of Pupils)

[57] In 2018, the American Academy of Pediatrics endorsed the Guidelines for Adolescent Depression in Primary Carerecommendation that adolescents 12 years and older be screened annually for depressive disorders using a self-report screening tool. (Selph and McDonagh, Depression in Children and Adolescents: Evaluation and Treatment 100 American Family Physician 609, 610 (Nov. 15, 2019).).

[58] Lebrun-Harris et al., *Five-Year Trends in US Children's Health and Well-being*, 2016-2020, JAMA Pediatr. 2022;176(7):e220056. doi:10.1001/jamapediatrics.2022.0056 (Mar. 14, 2022).

[59] An example of a self-report tool is The Short Mood and Feelings Questionnaire (SMFQ), a 13-item self-report questionnaire designed to measure core depressive symptoms in children and adolescents aged 6-17 years old. One study found that children self-report tools were valid and reliable in screening children for depression. Reynolds et al., *Measuring Depression In Children: A Multimethod Assessment Investigation* (1985) 13 J. Abnorm Child Psych. 513, 513–526. In the same study, parent assessment tools to screen children for depression were not found to be reliable. *Ibid.*

[60] See Rutgers University, *Depression in Black Adolescents Requires Different Treatment*, Science Daily (Jan. 18, 2018) (as of Jan. 23, 2023).

The Task Force also recommends that the Legislature enact legislation to increase funding for public schools throughout California to provide counselors, social workers, and mental health professionals whose practices are culturally congruent[61] with African American culture at public schools throughout California to support students. Relatedly, the Task Force recommends that the Legislature ensure sufficient state funding for schools to provide "[s]paces and programming aimed at breaking down mental health stigma."[62]

A recent study indicated that students are willing to seek help from school counselors, but a significant barrier to access is the limited availability of counselors.[63] In expanding the number of counselors available at each school, the Legislature should require and ensure that African American students have the same counselor-to-student ratio as students at schools in the wealthiest school districts in California. To address and mitigate any stigma some students may experience in seeking help, care must be taken to allow those accessing mental health services to be inconspicuous.

The Task Force additionally recommends that the Legislature enact legislation to provide funding for confidential peer counseling and peer support groups in each school throughout California to help students who are struggling with depression or experiencing discrimination in the school, but may be reluctant to seek help from a school counselor. Studies indicate that peer counseling and peer support groups are beneficial to students experiencing depression.[64] Providing confidential peer support groups at school could be an important PEI protocol for those students at risk for suicide.[65]

The Task Force also recommends that the Legislature enact legislation to provide schools with additional funding to establish healing circles or sharing circles for African American students who may be experiencing discrimination at school.[66] Healing and sharing circles are examples of

[61] Cultural congruence in the educational context is "the idea that learning is best accomplished in classrooms compatible with the cultural context of the communities they are supposed to serve." (Singer, What Is Cultural Congruence, and Why Are They Saying Such Terrible Things about It? Occasional Paper No. 120. (1988).)

[62] This proposal directly incorporates some of the recommendations listed in a Center for American Progress report. (See Quirk, *Mental Health Support for Students of Color During and After the Coronavirus Pandemic* (Jul. 28, 2020) Center for American Progress (hereinafter "Mental Health Support for Students of Color".)

[63] McKinney et al., *Youth-Centered Strategies for Hope, Healing and Health* (May 2022) National Black Women's Justice Institute and The Children's Partnership p. 18 (as of Jan. 23, 2023).

[64] Walker, Peer Programs Helping Schools Tackle Student Depression, Anxiety, National Education Association News (Nov. 14, 2019.). Group Cognitive Behavioral Therapy (G-CBT) and group interpersonal psychotherapy have both been proven effective in reducing depressive symptoms in adolescents. (Nardi et al. *Effectiveness Of Group CBT In Treating Adolescents With Depression Symptoms: A Critical Review* (Jan. 2016) Internat. J. Adolescent Medical Health (as of Jan. 23, 2023).) "Successful G-CBT outcomes were related to the presence of peers, who were an important source of feedback and support to observe, learn, and practice new skills to manage depressive symptoms and improve social-relational skills." (*Ibid*.).

[65] "Peer mentoring helps schools create safer and more nurturing school environments to help support students' social and emotional needs and general well-being." (Walker, Peer Programs Helping Schools Tackle Student Depression, Anxiety, National Education Association News (Nov. 14, 2019.).); see also *Ring the Alarm: The Crisis of Black Youth Suicide in America*, *supra,* at p. 24 (describing a successful peer-to-peer program at the University of Virginia, Project Rise, which is focused on helping Black students on campus with a myriad of issues).

[66] Mizock & Harkins, *Diagnostic Bias and Conduct Disorder: Improving Culturally Sensitive Diagnosis*. (2011) 32 Child & Youth Services, 243, 248.

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community-defined evidence practices (CDEPs)[67] that have been shown to help African American people process racial trauma.

The Task Force further recommends that the Legislature enact legislation to develop, require, and fund training in "anti-racist and trauma-informed mental health practices" for teachers and school personnel in public schools throughout California.[68]

The Task Force recommends that the Legislature enact legislation to fund training for teachers and school personnel in social and emotional learning programs to teach teachers and staff techniques that could be used to help students cope with their anxiety and manage their emotions.[69]

The Task Force recommends that the Legislature enact legislation to fund implementation of the University of California San Francisco HEARTS program or an equivalent program at high-need schools. "HEARTS is a whole-school, prevention and intervention approach that utilizes a multi-tiered system of supports (MTSS) framework to address trauma and chronic stress at the student level, staff level, and school organizational level."[70]

D. Expand the Membership of the Mental Health Services Oversight and Accountability Commission (MHSOAC) and Require the Appointment of an Expert in Reducing Disparities in Mental Health Care Access and Treatment to the MHSOAC

The entity charged with overseeing the implementation of mental health legislation in California is the Mental Health Services Oversight and Accountability Commission (MHSOAC).[71] The provision establishing the MHSOAC provides for 16 voting members.[72] One of the responsibilities of the MHSOAC is to develop strategies to overcome stigma and discrimination

[67] As explained *supra,* CDEPs are practices that a (historically marginalized) community has mutually agreed to be healing, though not typically empirically validated by Western standards. *Youth-Centered Strategies for Hope, Healing and Health*, *supra*, at p. 21.

[68] Mental Health Support for Students of Color, *supra.*

[69] *See ibid.*

[70] Program Overview, UCSF HEARTS, University of California San Francisco. Additionally, the stated goals of HEARTS include: (1) increasing student wellness, engagement, and success in school; (2) building staff and school system capacities to support trauma-impacted students by increasing knowledge and practice of trauma-informed classroom and school-wide strategies; (3) promoting staff wellness through addressing burnout and secondary traumatic stress; and (4) interrupting the school to prison pipeline through the reduction of racial disparities in disciplinary office referrals, suspensions, and expulsions. (*Ibid.*) To achieve these goals, HEARTS services include: (1) professional development training and consultation for school personnel and community partners; (2) workshops for parents/caregivers; and (3) individual psychotherapy for trauma-impacted students. (*Ibid.*)

[71] Specifically, the MHSOAC oversees the Adult and Older Adult Mental Health System of Care Act and the Children's Mental Health Services Act. The MHSOAC also oversees Prevention and Early Intervention Programs, Education and Training Programs, Innovative Programs, and Human Resources. (Welf. & Inst. Code, § 5845, subd. (a).)

[72] *Ibid.*

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and to increase access to mental health services for underserved groups.[73] In 2017, Governor Brown vetoed legislation that would have added an expert in reducing mental health disparities to the MHSOAC.[74]

The MHSOAC acknowledged in 2022 that structural racism has caused racial disparities to persist in California's mental health system.[75] At its November 17, 2022, meeting, the MHSOAC approved its Racial Equity Plan, which is the MHSOAC's "initial step" to address the demonstrated disparities in access to mental health services and disparities in treatment that result from structural racism.[76]

In this "initial step," the MHSOAC states that it will solicit the help of subject-matter experts in identifying "best practices of policy research that address disparities" and in evaluating and modifying its Racial Equity Plan to meet its "racial equity vision."[77] The acknowledgement that the MHSOAC has to consult with outside experts on the issue of reducing disparities indicates that adding an expert in reducing mental health disparities to the MHSOAC is necessary to address issues of racial disparities. There should be internal capacity and expertise on this subject given the centrality and import of racial disparities, the grace consequences of these disparities, and the MHSOAC's responsibilities.

The Task Force therefore recommends that the Legislature reintroduce legislation to amend Welfare and Institutions Code section 5845, subdivision (a) to increase the number of voting members from 16 to 17. In addition, the Task Force recommends that the Legislature amend subdivision (a)(5) to require and specify that the Governor appoint as a MHSOAC member an expert in reducing disparities in access to mental health services for African Americans, especially descendants of those enslaved in the United States. Appointing an additional member who has expertise in reducing disparities fits with the overall purpose of the MHSA.[78] And doing so aligns with the Racial Equity Plan approved by the MHSOAC on November 17, 2022.[79]

E. Fund Community-Driven Solutions to Decrease Community Violence at the Family, School, and Neighborhood Levels in African American Communities

As detailed in Chapter 3 of the report, the racial terror inflicted on the African American community has influenced the use of violence within the community.[80] As a result, African Americans experience violence at the family, school, and community levels. Exposure to violent crime damages "people's health and development," and pushes "communities into cycles of

[73] Welf. & Inst. Code, §§ 5830, 5845, subd. (d)(8).
[74] Assem. Bill No. 850, vetoed by Governor, Oct. 2, 2017 (2017-2018 Reg. Sess.).
[75] Mental Health Services Oversight and Accountability Commission Meeting November 17, 2022, Meeting Agenda: Item 8, pp. 1-2 (as of Nov. 29, 2022).
[76] *Id.* at pp. 3-5.
[77] *Id.* at p. 5.
[78] Welf. & Inst. Code, §§ 5830, 5845.
[79] Meeting Agenda: Item 8, *supra*, at pp. 2-5.
[80] Chapter 3 at p. 118.

decay."[81] And although rates of violent crime have declined significantly, African American communities are disproportionately affected by it.[82] The data indicates that limited resources and "concentrated disadvantage," in turn, influence the rate of violence within a neighborhood.[83] "Concentrated disadvantage" is a sociological term used to describe neighborhoods or communities with high percentages of residents who are poor and lacking in critical resources, such as access to quality healthcare and education.[84] Investing in programs that increase inclusion and belonging within the community, support education, help residents acquire skills, and increase access to jobs can reduce violent crime within neighborhoods.[85]

The Task Force recommends that the Legislature enact legislation to establish and fund a state-funded grant program to support community-driven solutions to decrease community violence at the family, school, and neighborhood levels in African American communities. The grant program should award grants to CBOs that offer programs to address violence in African American communities and in communities where there is a significant Black population. The grant program would operate similarly to the Ready to Rise Program in Los Angeles and would provide sufficient funding to each recipient organization to ensure that the full panoply of services can be provided at the level needed. The Task Force recommends that the Legislature require that the grant program prioritize funding for programs that use practices that are supported by CDEPs to focus on violence prevention within the youth population. Programs that promote socialization, emotional regulation techniques, and social and cultural competence in early-school-age children have been shown to reduce violence among youth.[86] These include programs that partner with schools to create a trauma-informed, safe, supportive, and equitable learning environment for everyone within the school community.[87]

The Legislature should also prioritize funding for programs that focus on youth empowerment through the teaching of skills in a variety of areas, such as computer coding, political advocacy, culinary arts, performing arts, and sports. Funding would be provided for equipment and transportation for all children, regardless of means, so that poverty would not serve as a barrier to participation nor as a source of stigma for children who may lack the resources to pay for equipment and supplies.

Programs that provide services to children and families who have been victims of violence or otherwise exposed to violence should also receive priority for grant funding.[88] Peer-to-peer

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[81] HUD USER, Neighborhoods and Violent Crime (2016) at *Highlights* (as of Nov. 29, 2022).

[82] *Ibid.*

[83] *Ibid.*

[84] Carpiano et al., *Concentrated Affluence, Concentrated Disadvantage, and Children's Readiness for School: A Population-Based, Multi-Level Investigation* (2009) 69 Social Science & Medicine 420, 420-432 (as of Nov. 29, 2022).

[85] Neighborhoods and Violent Crime, *supra,* at *Strategies from the Evidence.*

[86] African American Population Report, *supra*, at p. 191.

[87] For an example, see the UCSF HEARTS program, an intervention program that is "largely aimed at school climate and culture change through building capacity of school personnel around implementing trauma-informed practices, procedures, and policies." Program Overview, Univ. of Cal., San Francisco (as of Nov. 29. 2022).

[88] Unaddressed exposure to violence, racism, and other adverse childhood experiences (ACEs) can lead to toxic stress, which can impede learning and lead to a host of other negative outcomes. See, e.g., Center on the Developing Child, Harvard University, ACEs and Toxic Stress: Frequently Asked Questions (as of Nov. 29, 2022). "[Y]outh with [traumatic experiences] have deficits in key areas of the [prefrontal cortex] responsible for cognitive

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programs, for example, have demonstrated promise in helping victims of violence and their families heal from their experience.[89]

The Task Force also recommends that the Legislature specify that funding be prioritized for CBOs that provide mental health support services, including PEI programs like healing circles,[90] peer-to-peer support groups,[91] and other practices supported by community-defined evidence to African Americans throughout California. The Task Force urges the Legislature not to include a requirement that a client or customer have a mental health diagnosis to qualify for mental health support services funded by the grant program. The Task Force further recommends that the Legislature provide additional funding to CBOs to collect demographic data for the populations served, disaggregated by age, race, and gender.

The Task Force recommends that the legislation also prioritize funding for programs with demonstrated success in gang prevention, gang intervention, and the disruption of gang violence, as well as programs that partner adults within the community with children to escort them along safe routes to and from school to avoid "hot spots," areas in the community where gang activity is likely to take place.[92]

The Task Force recommends that the legislation that establishes and funds the grant program also prioritize funding for programs that invest in rehabilitation of structures and public spaces within neighborhoods to strengthen community connection.[93] One research study indicated that the presence of commercial properties, vacant lots, and abandoned buildings correlate to an increase in violent crime.[94] For this reason, the Task Force recommends that funding is also prioritized for programs and CBOs that focus on ameliorating these conditions in African American communities and in communities where significant numbers of African Americans reside.

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control[,] attention, memory, response inhibition, and emotional reasoning—cognitive tools that may be necessary for learning." Carrion and Wong, Can Traumatic Stress Alter the Brain? Understanding the Implications of Early Trauma on Brain Development and Learning (2012) 51 J. Adolesc. Health S23, S26 (as of Nov. 29, 2022). Trauma also affects areas of the brain responsible for concentration, goal-setting and long-term planning, and classroom behaviors. Wolpow et al., *The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success* (2009) p. 12 (as of Nov. 29, 2022).

[89] Bartone et al., *Peer Support Services for Bereaved Survivors: A Systematic Review* (2019) (as of Nov. 29, 2022) ("Of the 32 studies meeting all inclusion criteria, most showed evidence that peer support was helpful to bereaved survivors, reducing grief symptoms and increasing well-being and personal growth. Studies also showed benefits to providers of peer support, including increased personal growth and positive meaning in life.").

[90] See e.g.,The Community Healing Network Emotional Emancipation Circles (EECs), one form of healing circles developed in collaboration with The Association of Black Psychologists (ABPsi)

[91]Bartone et al., *Peer Support Services for Bereaved Survivors: A Systematic Review, supra* (2019) (as of Nov. 29, 2022)

[92] Research suggests that "violent crime occurs in a small number of hot spots," either particular street intersections or blocks. See *Neighborhoods and Violent Crime*, *supra,* at *Extent of Violent Crime*.

[93] See Sharkey, Uneasy Peace: The Great Crime Decline, The Renewal Of City Life, And The Next War On Violence (2018) p. 144. Patrick Sharkey posits that the most fundamental change that took place in U.S. cities that led to a decline in violent crime was the reclaiming, and subsequent transformation, of public spaces, by local community organizations that provided social services and safe spaces for young people, created stronger neighborhoods, and confronted violence.

[94] Anderson et al., *Reducing Crime by Shaping The Built Environment With Zoning: An Empirical Study of Los Angeles* 161 U. Pa. L. Rev. (2013) 699, 721-723 (as of Nov. 29, 2022).

F. Address and Remedy Discrimination Against African American LGBTQ+ Youth and LGBTQ+ Adults, Reduce Economic Disparities for the African American LGBTQ+ Population, and Reduce Disparities in Mental Health and Health Care Outcomes for African American LGBTQ+ Youth and LGBTQ+ Adults

African Americans who identify as LGBTQ+[95] or Same Gender Loving (SGL)[96] live at the intersection of multiple forms of discrimination, as anti-Blackness and anti-LGBTQ+ sentiment compound to result in a higher incidence of discrimination, harassment, and violence in every setting including schools, workplaces, the mental health system, and the health care system. The compounding effects of discrimination for African American LGBTQ+ individuals are reflected in the gaps in education,[97] economic advancement, police interactions, and mental and physical health outcomes.[98] Not only do the outcomes for African American LGBTQ+ individuals lag behind those for white people. They also lag behind outcomes for African Americans who are non-LGBTQ+.

African American LGBTQ+ Youth

African American LGBTQ+ youth experience higher rates of victimization than non-LGBTQ+ African American youth, with transgender and non-binary youth experiencing higher rates of victimization than their LGBTQ cisgender peers.[99] Seventy-seven percent have felt discriminated against because of their gender identity compared to 56 percent of their Black lesbian, gay, bi and queer peers.[100] Forty percent have been physically threatened or harmed because of their identity.[101]

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[95] Traditionally, LGBTQ stood for Lesbian, Gay, Bisexual, Transgender, and Queer community. Some sectors of the LGBTQ community use Q to refer to "Questioning" and others use it to refer to "Queer." (Mikalson et al., *First, Do No Harm: Reducing Disparities for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California*, The California LGBTQ Reducing Mental Health Disparities Population Report (2012).) The plus symbol "is used to signify all of the gender identities and sexual orientations that are not specifically covered by the other five initials." (Cherry, What Does LGBTQ+ Mean? Verywell Mind (Nov. 7, 2022) as of April 12, 2023.)

[96] Same-Gender Loving (SGL) is an alternative term used by some African Americans to describe their sexual orientation because they view the terms "gay" and "lesbian" as primarily white terms. "Same-sex loving" is also used. (Douglas and Turner, How Black Boys Turn Blue: The Effects of Masculine Ideology on Same-Gender Loving Men – Psychology Benefits Society Psychology Benefits Society (April 20, 2017).

[97] GLSEN and the National Black Justice Coalition, Black LGBTQ Youth in U.S. Schools (2020) p. xvii

[98] Mahowald, Black LGBTQ Individuals Experience Heightened Levels of Discrimination, (Jul. 13, 2021) Center for American Progress.

[99] Ramirez, A 'Crisis': 1 in 4 Black Transgender, Nonbinary Youths Attempted Suicide in Previous Year, Study Finds, USA Today (Feb. 28, 2023).

[100] Ramirez, A 'Crisis': 1 in 4 Black Transgender, Nonbinary Youths Attempted Suicide in Previous Year, Study Finds, USA Today (Feb. 28, 2023).

[101] Ramirez, A 'Crisis': 1 in 4 Black Transgender, Nonbinary Youths Attempted Suicide in Previous Year, Study Finds, USA Today (Feb. 28, 2023).

The educational system in particular has been hostile to LGBTQ+ youth.[102] One study of a national survey of African American LGBTQ+ students found that the majority of African American LGBTQ students surveyed felt unsafe at school because of their sexual orientation while 30 percent felt unsafe because of their race.[103] Transgender and gender non-conforming African American students experienced greater levels of harassment than their cisgender LGBQ+ peers.[104] Because of the harassment they experienced, nearly a third of African American LGBTQ+ students surveyed missed at least one day of school in the previous month because they felt unsafe.[105] The harassment and victimization African American LGBTQ+ students experienced resulted in "lower levels of school belonging, lower educational aspirations, and greater levels of depression."[106] African American students in general are disproportionately disciplined at school, and research suggests that African American LGBTQ+ students are at an even greater risk for being disciplined inappropriately or disproportionately.[107] African American LGBTQ+ students who attended majority African American schools were more likely to experience "out-of-school discipline" than African American LGBTQ+ students at majority white schools. [108] One study indicated that African American LGBTQ+ students were subject to school discipline even when they were being victimized.[109] And African American LGBTQ+ students also experienced discipline based on discriminatory school policies that prevented them from using their preferred name or pronouns, using the restroom or locker room that aligned with their gender identity, expressing public displays of affection, or starting a Gay-Straight Alliance student organization at their school.[110]

Despite the significant levels of harassment and discrimination experienced because of their LGBTQ+ status and race, African American LGBTQ+ students have few resources available to them. When these students complain to teachers and school personnel about being assaulted or harassed, the response is often for the students to just "ignore it."[111] Less than half of the Black LGBTQ+ students who responded to a 2017 school climate survey reported having a supportive school administration.[112] Although there is evidence that Gay-Straight Alliances allowed LGBTQ+ students to feel more connected to their schools and improve the overall climate of a school for LGBTQ+ students,[113] LGBTQ+ students at majority African American schools were less likely to have access to a Gay-Straight Alliance.[114] The lack of supportive resources in

[102] Black LGBTQ students experienced verbal harassment, physical harassment, and physical assault at school. (GLSEN and the National Black Justice Coalition, Black LGBTQ Youth in U.S. Schools (2020) pp. 13-15.)

[103] GLSEN and the National Black Justice Coalition, Black LGBTQ Youth in U.S. Schools (2020) pp. xvi; 13

[104] GLSEN and the National Black Justice Coalition, Black LGBTQ Youth in U.S. Schools (2020) p. 15

[105] GLSEN and the National Black Justice Coalition, Black LGBTQ Youth in U.S. Schools (2020) pp. 13-14

[107] GLSEN and the National Black Justice Coalition, Black LGBTQ Youth in U.S. Schools (2020) p. 23

[108] GLSEN and the National Black Justice Coalition, Black LGBTQ Youth in U.S. Schools (2020) p. 24

[109] GLSEN and the National Black Justice Coalition, Black LGBTQ Youth in U.S. Schools (2020) p. 25

[110] GLSEN and the National Black Justice Coalition, Black LGBTQ Youth in U.S. Schools (2020) p. 25

[111] GLSEN and the National Black Justice Coalition, Black LGBTQ Youth in U.S. Schools (2020) p. 18

[112] GLSEN and the National Black Justice Coalition, Black LGBTQ Youth in U.S. Schools (2020) p. 30

[113] Centers for Disease Control and Prevention, Protective Factors for LGBTQ Youth (2019)

[114] GLSEN and the National Black Justice Coalition, Black LGBTQ Youth in U.S. Schools (2020) p. 26.

majority Black schools could be traced to a lack of funding, as Black schools have disproportionately low levels of funding compared to majority white schools.[115]

LGBTQ+ students who experienced an unsupportive and unsafe school environment, one in which they experience both homophobic and racist harassment, had poorer academic outcomes and decreased psychological well-being.[116] These negative effects reverberate beyond high school. Many do not plan on pursuing college or other post-secondary education.[117] And many experience greater levels of depression.[118]

The mental health system is also failing African American LGBTQ+ youth who are experiencing a mental health crisis. In a recent study, 63 percent of Black LGBTQ+ youth reported experiencing major symptoms of depression.[119] Fifty-five percent reported symptoms of generalized anxiety disorder in the past two weeks.[120] In the same study, 44 percent of Black LGBTQ+ youth and 59 percent of Black transgender and nonbinary[121] youth reported that they considered suicide in the previous 12 months.[122] Twenty-five percent of transgender or non-binary youth reported attempting suicide in the same period.[123] And although a key factor in suicide prevention is social support from family members, Black transgender and nonbinary youths were "far less likely than their Black lesbian, gay, bi and queer peers to receive it."[124]

Despite this urgent crisis, African American youth are less likely than white youth to receive outpatient mental health treatment, even after a suicide attempt.[125] A recent survey reported that 60 percent of Black LGBTQ+ youth who wanted mental health care in the previous year did not receive it.[126] More than half of Black LGBTQ+ youth cited affordability as a barrier to mental health care.[127] Over 40 percent of Black LGBTQ+ youth who did not receive mental health care

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[115] GLSEN and the National Black Justice Coalition, Black LGBTQ Youth in U.S. Schools (2020) p. 38

[116] See GLSEN and the National Black Justice Coalition, Black LGBTQ Youth in U.S. Schools (2020) pp. 20, 37

[117] GLSEN and the National Black Justice Coalition, Black LGBTQ Youth in U.S. Schools (2020) p. xviii

[118] See GLSEN and the National Black Justice Coalition, Black LGBTQ Youth in U.S. Schools (2020) p. xvii

[119] Green, Price-Feeney, & Dorison, All Black Lives Matter: Mental Health of Black LGBTQ Youth Trevor Project (2020) Trevor Project p. 8

[120] Green, Price-Feeney, & Dorison, All Black Lives Matter: Mental Health of Black LGBTQ Youth Trevor Project (2020) Trevor Project p. 8

[121] People who identify as Nonbinary do not identify their gender as man or woman. Gender Nonconforming means that an individual's physical appearance or behaviors do not align with a specific gender. (CDC Adolescent and School Health: Terminology)

[122] Green, Price-Feeney, & Dorison, All Black Lives Matter: Mental Health of Black LGBTQ Youth Trevor Project (2020) Trevor Project p. 8

[123] The Trevor Project, *Research Brief: Mental Health of Black Transgender and Nonbinary Young People* (Feb. 2023) p. 1; Ramirez, A 'Crisis': 1 in 4 Black Transgender, Nonbinary Youths Attempted Suicide in Previous Year, Study Finds, USA Today (Feb. 28, 2023).

[124] Ramirez, A 'Crisis': 1 in 4 Black Transgender, Nonbinary Youths Attempted Suicide in Previous Year, Study Finds, USA Today (Feb. 28, 2023).

[125] Gordon, *Addressing the Crisis of Black Youth Suicide* (2020) National Institute of Mental Health, (as of Jan. 23, 2023)

[126] Green, Price-Feeney, & Dorison, All Black Lives Matter: Mental Health of Black LGBTQ Youth Trevor Project (2020) Trevor Project p. 10.

[127] Green, Price-Feeney, & Dorison, All Black Lives Matter: Mental Health of Black LGBTQ Youth Trevor Project (2020) Trevor Project p. 10.

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cited concerns around parental permission.[128] Black transgender and nonbinary youth cited concerns with finding an LGBTQ+ competent provider and previous negative experiences with providers as reasons for not obtaining care.[129] Other reasons Black LGBTQ+ youth did not access mental health care included issues related to trust, fear, and ineffectiveness of potential treatment.[130]

To address the issues facing Black LGBTQ+ youth in education and mental health, the Task Force recommends that the Legislature enact the following legislation.

First, the Task Force recommends that the Legislature enact legislation to require the Department of Education to develop an effective anti-bullying and anti-harassment model policy for all ages and grade levels that is anti-racist and LGBTQ+-inclusive. The policy should specifically include language that addresses race, ethnicity, sexual orientation, perceived sexual orientation, gender, gender identity, and gender expression. It is further recommended that the Legislature require the Department of Education to develop an evidence-based model policy for all ages and grade levels to address physical bullying and social bullying. The legislation also should require all local school agencies and school districts in California to adopt and implement the model policies developed by the Department of Education and provide reimbursement for costs associated with implementing the policies.

The Task Force recommends that the Legislature enact legislation requiring all public school personnel, staff, and administrators statewide to receive training to increase cultural humility[131] and cultural sensitivity around the treatment of all African American students, including those perceived to be LGBTQ+, as well as African American personnel and staff who identify as LGBTQ+. The training should focus on the specific health and safety of each sub-group within the LGBTQ+ community and intersecting identities, including African American LGBTQ+ students.[132]

The Task Force also recommends that the Legislature enact legislation requiring public school districts to approve and fund a Gay-Straight Alliance at every school within a district where at least one student requests permission to start one. Because of the significant positive impact the presence of a Gay-Straight Alliance has on the overall school environment, the legislation should

[128] Green, Price-Feeney, & Dorison, All Black Lives Matter: Mental Health of Black LGBTQ Youth Trevor Project (2020) Trevor Project p. 10.

[129] Green, Price-Feeney, & Dorison, All Black Lives Matter: Mental Health of Black LGBTQ Youth Trevor Project (2020) Trevor Project p. 10.

[130] Green, Price-Feeney, & Dorison, All Black Lives Matter: Mental Health of Black LGBTQ Youth Trevor Project (2020) Trevor Project p. 10.

[131] Cultural humility is defined as having an interpersonal stance that is other-oriented rather than self-focused. It is "characterized by respect and lack of superiority toward an individual's cultural background and experience." (Hook et al., Cultural Humility: Measuring Openness to Culturally Diverse Clients 60 Journal of Counseling Psychology (2013) 353–366.) "Cultural humility is a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities." Yeager and Wu, Cultural Humility: Essential Foundation for Clinical Researchers

[132] LGBTQ Reducing Disparities Project, First Do No Harm: Reducing Disparities for Lesbian Gay, Bisexual, Transgender, Queer and Questioning Populations in California (2012) at p. 177

specifically prohibit local school districts and public schools from denying a student's request to start a Gay-Straight Alliance at their school.[133]

To increase school connectedness and address depression, the Task Force also recommends that the Legislature enact legislation to fund peer-to-peer group programs and healing circles within public schools throughout California for African American LGBTQ+ youth.

To address the mental health crisis that is currently facing African American LGBTQ+ youth, the Task Force recommends that the Legislature pass a resolution stating that African American transgender and nonbinary youth suicide is a public health crisis and enact legislation to fund state-wide research on the issue of suicide risk and prevention in LGBTQ+ youth, including African American transgender and African American nonbinary youth. The Task Force recommends that the legislation funding the research also require that the Office of Health Equity within the California Department of Health collect data on suicide in African American LGBTQ+ youth in California. The legislation should also provide funding to support a public media campaign to disseminate the data the Office of Health Equity collects and the results of the research conducted. These measures are needed to educate African American communities and the larger public on protective factors shown to lower the risk of suicide for African American LGBTQ+ youth.[134]

The Task Force also recommends that the Legislature fund public health and education campaigns that employ voices trusted by African American LGBTQ+ youth to promote mental health wellness and provide information on accessing mental health care within the African American community, including schools, churches, and other spaces where African American LGBTQ+ youth gather.[135]

To address disparities in mental health for African American LGBTQ+ youth, the Task Force recommends that the Legislature enact legislation to increase funding to expand publicly-funded mental health treatment programs for African American LGBTQ+ youth. In addition, funding should be provided for CBOs that provide mental health treatment services for African American LGBTQ+ youth. Funding should also be directed to fund the collection of demographic data by publicly-funded mental health treatment programs and CBOs for the population served, disaggregated by age, race, gender, and sexual orientation.

A significant number of African American LGBTQ+ youth who want to access confidential mental health care without a parent's permission are unable to do so. Therefore, the Task Force recommends that the Legislature enact legislation that will allow mental health providers to treat African American LGBTQ+ youth who are under age 18 and may otherwise not receive care because parental permission is required.[136]

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[133] The Centers for Disease Control identified GSAs as a protective factor for LGBTQ youth. (Protective Factors for LGBTQ Youth.)

[134] All Black Lives Matter Trevor Project p. 17

[135] Green, Price-Feeney & Dorison, *Breaking Barriers to Quality Health Care for LGBTQ Youth* The Trevor Project pp. 21-22

[136] Green, Price-Feeney & Dorison, *Breaking Barriers to Quality Health Care for LGBTQ Youth* The Trevor Project p. 20

African American LGBTQ+ youth also encounter barriers to accessing mental health care when they are unable to find an African American mental health provider or a provider who specializes in working with African American LGBTQ+ youth.[137] The Task Force therefore recommends that the Legislature create and fund recruitment programs in California that recruit diverse candidates for masters and doctoral-level psychology programs and professional counselors and therapists training programs committed to serving African American LGBTQ+ youth and adults, especially those who reside in African American communities and in other communities where a significant numbers of African Americans reside.

The Task Force also recommends that the Legislature require and fund cultural humility[138] and anti-racist training for all candidates in these programs. That training should include, at a minimum, training protocols on examining and challenging a mental health professional's personal biases and understanding the role racial bias and heterosexual bias and oppression play in causing and exacerbating the mental health concerns that impact African American LGBTQ+ youth and lead that population to seek therapy.[139] The Task Force further recommends that the Legislature include adequate funding for the programs to collect and disseminate data disaggregated by race, gender, age, and sexual orientation of the candidates who were admitted into these programs, successfully matriculated through the programs, and are providing mental health services to African American LGBTQ+ youth after graduating.

The Task Force also recommends that the Legislature enact legislation requiring annual competence and cultural sensitivity training that certifies that a mental health professional is certified to work with culturally diverse populations, specifically, African American youth and African American LGBTQ+ youth.[140]

African American LGBTQ+ Adults

The difficulties African American LGBTQ+ individuals face extend to employment. LGBTQ+ individuals experience high rates of discrimination and harassment in hiring and in the workplace.[141] For example, studies have shown that employers are less likely to reach out to perceived LGBTQ+ job candidates for interviews.[142] Discrimination is heightened for LGBTQ+ applicants who are African American. Seventy-eight percent of African American LGBTQ+ individuals who responded to a survey conducted by the Center for American Progress in 2020

[137] Green, Price-Feeney & Dorison, *Breaking Barriers to Quality Health Care for LGBTQ Youth* The Trevor Project pp. 20-21; see Green, Price-Feeney & Dorison All Black Lives Matter: Mental Health of Black LGBTQ Youth Trevor Project (2020) Trevor Project p. 10

[138] Hook et al., Cultural Humility: Measuring Openness to Culturally Diverse Clients 60 Journal of Counseling Psychology (2013) 353–366; Yeager and Wu, Cultural Humility: Essential Foundation for Clinical Researchers

[139] Breaking Barriers Trevor Project p. 21

[140] LGBTQ Reducing Disparities Project, First Do No Harm: Reducing Disparities for Lesbian Gay, Bisexual, Transgender, Queer and Questioning Populations in California (2012) at p. 176

[141] Mahowald, Black LGBTQ Individuals Experience Heightened Levels of Discrimination, (Jul. 13, 2021) Center for American Progress.

[142] Mahowald, Black LGBTQ Individuals Experience Heightened Levels of Discrimination, (Jul. 13, 2021) Center for American Progress.

reported that discrimination affected their ability to be hired. [143] For white LGBTQ+ individuals, that number was 55 percent.[144] Even when they are hired, racism and heterosexism affected the ability of 56 percent of African American LGBTQ+ individuals to maintain their jobs.[145]

As detailed in Chapter 10, Stolen Labor and Hindered Opportunity, and Chapter 13, The Wealth Gap, the income disparity between African American and white Californians is significant. The income disparity is worse for African American LGBTQ+ adults. "Across all economic indicators … Black LGBTQ adults have a lower economic status than Black non-LGBTQ adults."[146] For example, African American LGBTQ+ adults have higher unemployment rates compared to African Americans who are non-LGBTQ+.[147] According to one 2017 study, 39 percent of African American LGBTQ+ adults in the United States had a household income of less than $24,000 a year compared to 33 percent of non-LGBTQ+ African Americans.[148] And more African American women who are LGBTQ+ live in low-income households[149] than non-LGBTQ+ African American women.[150]

Disparities in outcomes for LGBTQ+ African Americans exist in the mental health and healthcare systems as well. "Consistent discrimination takes a significant toll on individuals' mental and physical health. Physiologically, harassment and mistreatment have been shown to lead to cortisol dysregulation, which affects a wide range of bodily functions. As a result, African American LGBTQ+ individuals often experience mental and physical health challenges."[151] Both African American LGBTQ+ men and women are more likely to have been diagnosed with depression than non-LGBTQ+ African American men and women.[152] African American lesbians have a higher rate of suicide than other LGBTQ+ groups,[153] but they are less likely to seek out traditional professional mental health help than their white counterparts.[154]

Seeking treatment in the mental health and healthcare systems can often cause more harm, however. One barrier to seeking mental health treatment is the concern about being mistreated by

[143] Mahowald, Black LGBTQ Individuals Experience Heightened Levels of Discrimination, (Jul. 13, 2021) Center for American Progress.

[144] Mahowald, Black LGBTQ Individuals Experience Heightened Levels of Discrimination, (Jul. 13, 2021) Center for American Progress.

[145] Mahowald, Black LGBTQ Individuals Experience Heightened Levels of Discrimination, (Jul. 13, 2021) Center for American Progress.

[146] Choi et al., Black LGBT Adults In The US: LGBT Well-Being At The Intersection Of Race (2021) U.C.L.A. Law Williams Inst. 16

[147] Choi et al., Black LGBT Adults In The US: LGBT Well-Being At The Intersection Of Race (2021) U.C.L.A. Law Williams Inst. 16

[148] Choi et al., Black LGBT Adults In The US: LGBT Well-Being At The Intersection Of Race (2021) U.C.L.A. Law Williams Inst. 16

[149] Low income is defined as reporting an income household size ratio at or below the 200% federal poverty level (FPL).

[150] Choi et al., Black LGBT Adults In The US: LGBT Well-Being At The Intersection Of Race (2021) U.C.L.A. Law Williams Inst. 16

[151] Mahowald, Black LGBTQ Individuals Experience Heightened Levels of Discrimination, (Jul. 13, 2021) Center for American Progress.

[152] Choi et al., Black LGBT Adults In The US: LGBT Well-Being At The Intersection Of Race (2021) U.C.L.A. Law Williams Inst. 18

[153] LGBTQ Reducing Disparities Project, First Do No Harm: Reducing Disparities for Lesbian Gay, Bisexual, Transgender, Queer and Questioning Populations in California (2012) at p. 54

[154] LGBTQ Reducing Disparities Project, First Do No Harm: Reducing Disparities for Lesbian Gay, Bisexual, Transgender, Queer and Questioning Populations in California (2012) at p. 54

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mental health provider based on race or sexual orientation.[155] LGBTQ+ individuals can be harmed at every stage in the mental health system including referral, history-taking and assessment, and the intervention process.[156] In one survey, a high rate of African American LGBTQ+ clients reported that they were very dissatisfied with the treatment they received across a range of issues, including race and ethnicity concerns, trauma, sexual orientation concerns, and grief.[157] Specifically, providers did not know how to help with respondents' sexual orientation concerns or inappropriately focused on their sexual orientation when that was not the reason they sought treatment.[158] Some respondents to the survey also reported that their mental health provider made negative comments about their gender identity or expression.[159] Additional barriers to seeking treatment include mistrust of mental health treatment and lack of resources to pay for treatment.[160]

Medical doctors often lack awareness of LGBTQ+ patients' needs as well. This is in large part because more than half of medical school curricula do not provide information about the health issues and treatment of LGBTQ+ patients beyond work related to HIV.[161] This leaves African American LGBTQ+ individuals facing compounded forms of stigma at the doctor's office, and they often encounter substandard care, harsh language, and even physical mistreatment. In a recent survey conducted by the Center for American Progress, 15 percent of African American LGBTQ+ individuals reported some form of negative or discriminatory treatment from a doctor or healthcare provider in the previous year.[162] Fourteen percent of African American LGBTQ+ individuals reported that they had to teach their doctor about their sexual orientation to get appropriate care.[163] Seven percent reported that a doctor refused to see them because of their sexual orientation, and 11 percent reported that the doctor who treated them "was visibly uncomfortable" because of their sexual orientation.[164]

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[155]See LGBTQ Reducing Disparities Project, First Do No Harm: Reducing Disparities for Lesbian Gay, Bisexual, Transgender, Queer and Questioning Populations in California (2012) at pp. 159-160.

[156] See LGBTQ Reducing Disparities Project, First Do No Harm: Reducing Disparities for Lesbian Gay, Bisexual, Transgender, Queer and Questioning Populations in California (2012) at p. 55

[157] LGBTQ Reducing Disparities Project, First Do No Harm: Reducing Disparities for Lesbian Gay, Bisexual, Transgender, Queer and Questioning Populations in California (2012) at p. 161-162.

[158] LGBTQ Reducing Disparities Project, First Do No Harm: Reducing Disparities for Lesbian Gay, Bisexual, Transgender, Queer and Questioning Populations in California (2012) at pp. 160-161.

[159] LGBTQ Reducing Disparities Project, First Do No Harm: Reducing Disparities for Lesbian Gay, Bisexual, Transgender, Queer and Questioning Populations in California (2012) at p. 161.

[160] See LGBTQ Reducing Disparities Project, First Do No Harm: Reducing Disparities for Lesbian Gay, Bisexual, Transgender, Queer and Questioning Populations in California (2012) at p. 159.

[161] Kates et al., *Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender (LGBT) Individuals in the U.S* Kaiser Family Foundation (May 3, 2018.)

[162] Mahowald, *Black LGBTQ Individuals Experience Heightened Levels of Discrimination* Center for American Progress (July 13, 2021)

[163] Mahowald, *Black LGBTQ Individuals Experience Heightened Levels of Discrimination* Center for American Progress (July 13, 2021)

[164] Mahowald, *Black LGBTQ Individuals Experience Heightened Levels of Discrimination* Center for American Progress (July 13, 2021)

To increase the number of medical and mental health providers treating African American LGBTQ+ individuals, the Task Force recommends that the Legislature enact legislation to fund scholarships and loan forgiveness for physicians and mental health professionals who focus on providing services to African American LGBTQ+ individuals through medical clinics, mental health treatment programs, and community-based organizations that provide mental health services in African American communities and in communities where significant numbers of African Americans reside. The Task Force recommends that the Legislature create and fund recruitment programs in California that recruit diverse candidates for Ph.D. and Psy.D. psychology programs and professional counselors and therapists training programs committed to serving the African American LGBTQ+ community. The Task Force also recommends that the Legislature include funding in the legislation for cultural humility[165] and anti-racist training for all candidates in the program. That training would include, at a minimum, training protocols on examining and challenging a mental health professional's personal biases and understanding the role racial bias and heterosexual bias and oppression play in causing and exacerbating the mental health concerns that impact African American LGBTQ+ individuals and led them to seek therapy.[166] The Task Force further recommends that the Legislature include adequate funding for the programs to collect and disseminate data disaggregated by race, gender, age, and sexual orientation of the candidates who were admitted into these programs, successfully matriculated through the programs, and are providing mental health services to African American LGBTQ+ individuals.

The Task Force recommends that the Legislature enact legislation requiring annual competence and cultural sensitivity training that certifies that a mental health professional is certified to work with culturally diverse populations, including specifically, African American LGBTQ+ populations.[167] One example of a set of practices that would allow practitioners to develop cultural sensitivity skills in working with the African American LGBTQ+ population is the Gay Affirmative Practice model, which addresses areas of reflection for mental health providers that could help strengthen overall cultural sensitivity in treating members of the African American LGBTQ+ community.[168]

To address the discrimination African Americans who are LGBTQ+ face in hiring and retention, which impacts their economic outcomes, the Task Force recommends that the Legislature amend Government Code section 12999, which was enacted by SB 973. Government Code section

[165] Hook et al., Cultural Humility: Measuring Openness to Culturally Diverse Clients 60 Journal of Counseling Psychology (2013) 353–366; Yeager and Wu, Cultural Humility: Essential Foundation for Clinical Researchers

[166] Breaking Barriers Trevor Project p. 21

[167] LGBTQ Reducing Disparities Project, First Do No Harm: Reducing Disparities for Lesbian Gay, Bisexual, Transgender, Queer and Questioning Populations in California (2012) at p. 176

[168] The Gay Affirmative Practice Model requires practitioners to reflect on the following issues when treating LGBTQ+ clients: 1) the attitude of the provider toward LGBTQ+ identity, that is, whether the provider views same-gender sexual desires and behaviors as a normal variation in human sexuality; 2) The provider's knowledge about the patient/client that is, whether the provider automatically assumes heterosexuality and understands the coming out process, and 3) the provider's skills in being able to assess and deal with their own heterosexual bias and homophobia. (LGBTQ Reducing Disparities Project, First Do No Harm: Reducing Disparities for Lesbian Gay, Bisexual, Transgender, Queer and Questioning Populations in California (2012) at p. 63.)

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12999 requires all employers in California with at least 100 employees to file an annual payee data record with the California Civil Rights Department (formerly the Department of Fair Employment and Housing) showing the number of employees by race, ethnicity, and sex in the job categories specified in Government Code section 12999, subdivision (b). The Task Force recommends that the Legislature amend section 12999 to require employers in California with at least 100 employees to also report the number of employees by sexual orientation in the categories specified in section 12999, subdivision (b). Employees would provide that information voluntarily and the employer will be required to collect and store the demographic data separately from employees' personnel records. The Task Force further recommends that the Legislature amend section 12999 to require employers to also include in their annual payee data record, the number of employees advanced or promoted during the reporting period by race, sex, ethnicity, and sexual orientation. The Task Force further recommends that the Legislature amend section 12999 to require each employer to include in its data payee record the number of unselected job applicants for the categories specified in section 12999, subdivision (b) by race, ethnicity, sex, and sexual orientation. Job applicants would provide this information voluntarily, and the information would be stored separately from the application.

To assist African American LGBTQ+ employees who are terminated from positions, the Task Force recommends that the Legislature enact legislation to provide funding to CBOs that provide free job training services, job counseling, and free continuing education classes to African American LGBTQ+ individuals who were terminated from their positions. It is also recommended that the Employment Development Department include on its provider list job services providers who provide job services and training to African American LGBTQ+ candidates.

G. Implement Procedures to Address the Over-Diagnosis of Emotional Disturbance Disorders, Including Conduct Disorder, in African American Children

African American children are two-to-three times more likely to receive a diagnosis of Emotional Disturbance in schools and be placed in special education classes than white students.[169] African American children are also 2.4 times more likely than white children to receive a Conduct Disorder diagnosis.[170] Historically, the adolescents who have been over-diagnosed with Conduct Disorder, a subset of Emotional Disturbance, are "urban," low-income, and Black.[171] Research indicates that white children who exhibit comparable behaviors that would lead to a Conduct Disorder diagnosis in African American children generally receive diagnoses of mood, anxiety, or developmental disorders—conditions that are deemed more treatable. [172]

[169] *Lifting the Voices of Black Students Labeled with Emotional Disturbance: Calling All Special Education Researchers, supra*, at p. 2.
[170] *Diagnostic Bias and Conduct Disorder: Improving Culturally Sensitive Diagnosis, supra*, at p. 245.
[171] See *ibid*.
[172] *Diagnostic Bias and Conduct Disorder: Improving Culturally Sensitive Diagnosis, supra*, at p. 245.

Research also indicates that teachers and school staff often have referred African American children, males in particular, for assessment for Emotional Disturbance and special education placements based on a misinterpretation of behaviors that are rooted in cultural differences, such as their posture and how they walk and dress.[173]

Restrictive educational placements, like special education classes, "socialize Black children for prison and contribute to the school-to-prison pipeline." [174] The majority of African American students who receive special education services under a referral of Emotional Disturbance drop out of school, and 73 percent of those students are arrested within five years of dropping out.[175]

Studies suggest that African American children misdiagnosed with Emotional Disturbance or its subset, Conduct Disorder, may be suffering from other conditions. Specifically, "many youth may express conduct problems in response to underlying mood or anxiety disorders." [176] Depression, for example, has been shown to be a precursor to conduct problems.[177] Research also indicates that Black children are often misdiagnosed with Emotional Disturbance and underdiagnosed with Autism Spectrum Disorder because Autism Spectrum Disorder can be mistaken as bad behavior.[178] A 2007 study found that African American children were 5.1 times more likely to be misdiagnosed with Conduct Disorder before eventually being diagnosed with Autism Spectrum Disorder.[179]

Conduct problems or concerning behaviors may also be responses to environmental stressors.[180] For instance, racial discrimination from teachers and peers predicted conduct problems and low academic performance for African American adolescents.[181] Poor academic achievement also is a significant contributor to conduct problems.[182] Therefore, when a child is being evaluated for

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[173] Clark, *Conduct Disorders in African American Adolescent Males: The Perceptions That Lead to Over-diagnosis and Placement in Special Programs* (2007) 33 Ala. Counseling Ass'n J. 1, 2 (as of Jan. 20, 2023); *Lifting the Voices of Black Students Labeled with Emotional Disturbance: Calling All Special Education Researchers*, *supra*, at p. 3.

[174] *Lifting the Voices of Black Students Labeled with Emotional Disturbance: Calling All Special Education Researchers*, *supra*, at p. 2.

[175] *Ibid.*

[176] Mizock & Harkins, *Diagnostic Bias and Conduct Disorder: Improving Culturally Sensitive Diagnosis*. (2011) at p. 245 https://www.researchgate.net/publication/233444541_Diagnostic_Bias_and_Conduct_Disorder_Improving_Culturally_Sensitive_Diagnosis

[177] Mizock & Harkins, *Diagnostic Bias and Conduct Disorder: Improving Culturally Sensitive Diagnosis*. (2011) at p. 245 https://www.researchgate.net/publication/233444541_Diagnostic_Bias_and_Conduct_Disorder_Improving_Culturally_Sensitive_Diagnosis

[178] Rentz, *Black and Latino Children Are Often Overlooked When It Comes to Autism*, (NPR 2018)

[179] Rentz, *Black and Latino Children Are Often Overlooked When It Comes to Autism*, (NPR 2018)

[180] Mizock & Harkins, *Diagnostic Bias and Conduct Disorder: Improving Culturally Sensitive Diagnosis*. (2011) at p. 245 https://www.researchgate.net/publication/233444541_Diagnostic_Bias_and_Conduct_Disorder_Improving_Culturally_Sensitive_Diagnosis

[181] Mizock & Harkins, *Diagnostic Bias and Conduct Disorder: Improving Culturally Sensitive Diagnosis*. (2011) at p. 248

[182] Mizock & Harkins, *Diagnostic Bias and Conduct Disorder: Improving Culturally Sensitive Diagnosis*. (2011) at p. 248

Conduct Disorder, the child's social context or environment always should be considered in order to reach an accurate diagnosis.[183] Recognizing the distinction between conduct problems that are a normal response to a negative social environment and those that are the result of internal dysfunction, the textual commentary at the end of the criteria list for Conduct Disorder in the DSM-IV[184] excludes the diagnosis if conduct problems are a response to environmental stressors.[185]

To address both the over-diagnosing of Emotional Disturbance and Conduct Disorder and the underdiagnosing of other conditions like mood disorders or Autism Spectrum Disorder in African American children, the Task Force recommends that the Legislature amend California's Education Code and California's Code of Regulations,[186] which govern student assessments in conformity with the Individuals with Disabilities Educational Act (IDEA) and its implementing regulations,[187] to require clinicians in California to evaluate first whether the behaviors a child is exhibiting are related to environmental stressors before assessing a child for Emotional Disturbance or Conduct Disorder. Requiring consideration of the impact of environmental stressors on a child's behavior would ensure consistent application of the textual commentary to the diagnosis in the DSM-IV and minimize the risk of a Conduct Disorder misdiagnosis.

The Task Force also recommends that the Legislature amend California's Education Code and assessment regulations[188] to require that a clinician evaluate a child for Autism Spectrum Disorder or mood disorders, for which early interventions and supports can be critical, and which are less stigmatizing than Emotional Disturbance or Conduct Disorder before diagnosing a child with Emotional Disturbance or Conduct Disorder. The regulations would require a clinician making a diagnosis to certify that assessments for environmental stressors, Autism Spectrum Disorder, or other conditions were completed before the diagnosis of Emotional Disturbance or Conduct Disorder was made. Parents and children would be entitled to appropriate statutory remedies where this step is omitted in an initial evaluation.

To increase the cultural competence of clinicians who diagnose and treat children, the Task Force recommends that the Legislature enact legislation to require those clinicians to complete continuing education or training on conducting culturally sensitive diagnosis and treatment of conduct problems, as part of the state's licensing requirements.[189] Currently, psychologists are required to undertake four hours of training in cultural diversity or social justice.[190] The

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[183] Wakefield et al., *Should the DSM-IV Diagnostic Criteria for Conduct Disorder Consider Social Context?* Am. J. Psychiatry (2002) at p. 385

[184] The DSM-IV is the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders, the leading treatise for the classification, diagnosis, and treatment of mental disorders in the field of psychiatry. See *DSM History*, Am. Psychiatric Assn. (as of Jan. 25, 2023).

[185] *Diagnostic Bias and Conduct Disorder: Improving Culturally Sensitive Diagnosis, supra,* at p. 247.

[186] California Education Code sections 56320 through 56030 and Title 5 California Code of Regulations sections 3021 through 3023 govern assessments in conformity with the federal Individuals with Disabilities Educational Act (IDEA) and its implementing regulations.

[187] The IDEA is codified at 20 U.S.C. 1400, et seq. Its implementing regulations are codified at 34 C.F.R. § 300.1 et seq.

[188] See Ed. Code, §§ 56320-56030; see also 5 C.C.R. §§ 3021-3023

[189] *Id.* at pp. 248-249.

[190] See Cal. Bd. of Psychology Continuing Education Reporting Form, Continuing Professional Development Reporting Form - California Board of Psychology (as of Jan. 25, 2023).

continuing education requirement recommended here is more specific. The requirement would require culturally sensitive training in diagnosing and treating emotional disturbance disorders in children, including African American children in particular, and would apply to all psychologists, psychiatrists, and other mental health professionals involved in diagnosing and treating children and adolescents.

Consistent with the need for additional training for clinicians who work with African American children, the Task Force recommends that the Legislature amend the MHSA to mandate that the Office of Health Equity provide grants to mental health treatment professionals' member organizations to implement training and continuing education programs for their members on how to conduct culturally sensitive diagnoses of Emotional Disturbance disorders, including Conduct Disorder. The curriculum for the training would impart the need for clinicians to take into account the following considerations to ensure an accurate diagnosis: 1) an examination of the clinician's cultural biases, 2) information about a child's cultural background, 3) awareness of the cultural biases of any diagnostic assessment measures being used, and 4) careful differentiation of the client's culture and circumstances from a mental disorder.[191]

To ensure that the children who are appropriately placed in special education programs benefit from their placements, the Task Force also recommends that the Legislature enact legislation requiring the California Department of Education to revise the special education curriculum to include interventions that have been proven to be effective in helping students diagnosed with Emotional Disturbance benefit from their special education placements.[192] Three interventions that have been proven to be beneficial for children placed in special education programs include 1) providing quality teacher feedback, including verbal praise, 2) allowing flexibility in the completion of academic tasks, and 3) using behavioral staff as a means of additional academic support.[193]

H. Disrupt the Mental Health Crisis and County Jail Cycle in African American Communities

The overrepresentation of African Americans in the criminal justice system is well-established. African Americans are 4.2 times more likely than white people to be incarcerated in jail and nearly eight times more likely to be incarcerated in prisons in California.[194] People with mental illness are also overrepresented in the criminal justice system.[195] The most recent available data from the Bureau of Justice Statistics shows that more than one quarter of people in jail met the

[191] *Diagnostic Bias and Conduct Disorder: Improving Culturally Sensitive Diagnosis, supra*, at pp. 248-249.

[192] Lukowiak, *Academic Interventions Implemented to Teach Students with Emotional Disturbance* (2009) J. Am. Academy of Special Ed. Professors 63, 70 (as of Jan. 25, 2023).

[193] *Ibid.*

[194] Vera Institute of Justice, *Incarceration Trends in California* (Dec. 2019) (as of Feb. 8, 2023); see also NAACP *Criminal Justice Fact Sheet* (2023) (noting that Black people nationally are incarcerated at five times the rate of white people) (as of Feb. 8, 2023).

[195] Franco, *Prevalence of Mental Illness in California Jails is Rising: An Analysis of Mental Health Cases 7 Psychotropic Medication Prescriptions, 2009-2019* (Feb. 2020) Cal. Health Policy Strategies LLC p. 3; see also Collier, *Incarceration Nation* American Psychological Association Monitor on Psychology (Oct. 2014) (as of Feb. 8, 2023).

threshold for serious psychological distress and more than a third had been told by a mental health professional that they have a mental illness.[196] One explanation for these findings is the use of police and the criminal justice system as a response to mental health crises.[197] Police are often involved in responding to mental health emergencies, which can result in incarceration and in many instances the use of force, when mental health professionals would have been better suited to address the situation.[198]

Although African Americans are more likely to be involved in the criminal justice system, there is evidence that, once incarcerated, they are less likely to be identified as having a mental health problem and are less likely to receive treatment.[199] Evidence indicates that the mental health screening tools used in jails reproduce racial disparities, resulting in fewer African Americans screening positive for mental health conditions and being referred to services to address their mental health needs.[200] Once released, formerly incarcerated people are nearly 10 times more likely to be homeless,[201] which can significantly worsen mental health conditions.

To disrupt the cycle of mentally ill individuals being jailed and released without adequate mental health support, the Task Force recommends that the Legislature enact legislation to implement and fund the following programs and protocols. First, to reduce calls to 911, which increases law enforcement involvement in behavioral health emergencies, the Task Force recommends that the Legislature enact legislation to fund a media campaign to increase awareness within African American communities of 988 as a non-law enforcement emergency call-in option for those experiencing mental health emergencies or crises.[202]

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[196] Bronson & Berzovsky, *DOJ Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12* U.S. Dept. of Justice Bureau of Justice Statistics (June 2017) pp. 4-5.

[197] Scully, *Criminal Justice Reform Means Reforming the Mental Health System* National Alliance on Mental Illness Blog (March 5, 2021) (as of Feb. 8, 2023); see also Collier, *Incarceration Nation* American Psychological Association Monitor on Psychology (Oct. 2014) (as of Feb. 8, 2023).

[198] Watson et al., *Police Reform From the Perspective of Mental Health Services and Professionals: Our Role in Social Change* (2021) Vol. 72, Issue 9 Psychiatric Services pp. 1085-1086 (American Psychiatric Association) < https://ps.psychiatryonline.org/doi/epdf/10.1176/appi.ps.202000572>(as of Feb. 8, 2023); see Rafla-Yuan et al., *Decoupling Crisis Response from Policing — A Step Toward Equitable Psychiatric Emergency Services* (2021) N. Engl. J. Med. pp. 1769-1771 (describing incidents where people suffering mental health emergencies were seriously injured or killed by law enforcement) https://www.nejm.org/doi/pdf/10.1056/NEJMms2035710?articleTools=true (as of Feb. 8, 2023).

[199] Thompson, *Gender, Race, and Mental Illness in the Criminal Justice System Corrections and Mental Health Update National Institute of Corrections* pp. 4-5; see Schlesinger, *Racial Disparities in Pretrial Diversion: an Analysis of Outcomes Among Men Charged with Felonies and Processed in State Court* (2013) 3 Race and Justice pp. 223, 228 <https://journals.sagepub.com/doi/pdf/10.1177/2153368713483320> (as of Feb. 8, 2023).

[200] See Prins et al., *Exploring Racial Disparities in The Brief Jail Mental Health Screen* (2012) Crim. Justice Behav.; see also The Crisis Intervention Team Model of Police Response to Mental Health Crises: A Primer for Mental Health Practitioners - PMC (nih.gov).

[201] Couloute, *Nowhere to Go: Homelessness among Formerly Incarcerated People* (Aug. 2018) Prison Policy Initiative (as of Feb. 8, 2023).

[202] The number 988 became operational in July 2022, as the new three-digit number for suicide prevention and mental health crises. (Substance Abuse and Mental Health Services Administration *988 Appropriations Report* (Dec. 2021) p. 2.) (as of Feb. 8, 2023).

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To decrease arrest rates and increase the opportunity for appropriate mental health services being provided to individuals who are experiencing behavioral health emergencies,[203] the Task Force recommends that the Legislature enact legislation to require and fund the establishment of Police-Mental Health Collaboration (PMHC) programs at law enforcement agencies throughout California. PMHCs are collaborative partnerships among law enforcement and mental health providers and often, CBOs.[204] PMHCs are designed to allow law enforcement to safely respond to behavioral health emergencies[205] and have been shown to be effective in diverting individuals to appropriate mental health settings instead of jails without a concomitant increase in other harms.[206] Key features of effective PMHC programs include training for law enforcement officers on recognizing signs and symptoms of mental illness, education to increase officer awareness of mental health resources within their community and collaboration with those resources, and training for officers in de-escalation techniques.[207] The Task Force recommends that the Legislature require training for law enforcement officers that includes these elements and also require local law enforcement agencies to engage in routine evaluation and reporting of findings to determine effectiveness and to make program improvements.[208]

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[203] Behavioral health emergencies include emergencies based on mental health and/or substance abuse issues. (Emergency Nurses Association, *Behavioral Health* (as of Feb. 8, 2023).)

[204] The U.S. Department of Justice PMHC Toolkit includes the following types of PMHC programs: The Crisis Intervention Teams model (CIT), which involves trained officers and trained call dispatchers collaborating with mental health providers to transport individuals to mental health treatment centers with a "no refusal policy" instead of county jail; the Mobile Crisis Team model, which involves a group of mental health professionals who respond to calls for service at the request of law enforcement officers; a Co-Responder Team model, which partners a specially trained officer with a mental health crisis worker to respond to mental health calls; a Proactive Team model, which involves behavioral health professionals and officers providing outreach and follow-up to repeat callers and high utilizers of emergency services; and a "Tailored Approach" where the agency selects various response options from the PMHC toolkit to build a comprehensive and robust program that responds to community's specific needs. (Bureau of Justice Assistance, Police-Mental Health Collaboration (PMHC) Toolkit (as of Feb. 8, 2023).)

[205] Behavioral health emergencies include emergencies based on mental health and/or substance abuse issues. (Emergency Nurses Association, *Behavioral Health* (as of Feb. 8, 2023).)

[206] See e.g., Rogers et al., *Effectiveness of Police Crisis Intervention Programs* (2019) 47 J. of Am. Academy of Psychiatry and the Law p. 418 and Watson & Fulambarker, *The Crisis Intervention Team Model of Police Response to Mental Health Crises: A Primer for Mental Health Practitioners* (Dec. 2012) Best Pract. Ment. Health (stating that research studies indicate that the CIT Model is effective in diverting people with mental health emergencies from jails to treatment settings); see also IACP / UC Center for Police Research and Policy, *Assessing the Impact of Co-Responder Team Programs: A Review of Research* pp. 6-8 (stating that research indicates that Co-Responder teams were effective in connecting individuals to mental health treatment resources and may result in fewer arrests than regular police intervention.) (as of Feb. 8, 2023). Research also indicates that diversion, whether at the initial contact with police or later in the legal process, may be one option for increasing access to and utilization of mental health services, "increasing time in the community, and reducing jail days, without a concomitant increase in arrests, substance use, or psychiatric symptoms." Broner et al., *Effects of Diversion on Adults with Co-Occurring Mental Illness and Substance Use: Outcomes from a National Multi-Site Study* (2004) 22 Behav. Sci. Law p. 537 https://www.researchgate.net/publication/237354104_Effects_of_Diversion_on_Adults_withCo-OccurringMentalIllness_and_Substance_Use_Outcomes_from_a_National_Multi-Site_Study .

[207] See, e.g., Bureau of Justice Assistance, Police-Mental Health Collaboration (PMHC) Toolkit (as of Feb. 8, 2023).

[208] See Waters, *Enlisting Mental Health Workers, Not Cops, In Mobile Crisis Response* (Jun. 2021) Health Aff (Millwood) (assessing efficacy of local programs that dispatch health crisis workers and emergency medical technicians, instead of police, to people experiencing serious mental health distress); see also Meehan et al., *Do*

The Task Force additionally recommends that the Legislature increase funding to courts to expand diversion and mental health collaborative court programs in each city and county. The Task Force further recommends that the Legislature enact legislation requiring the appropriate entity or agency, whether that is the district attorney or the court, to assess all individuals who have been diagnosed with or have a demonstrable mental illness that can be connected to theirs illegal behavior for entry into a diversion and mental health collaborative court program.[209] The Task Force also recommends that the Legislature enact legislation and provide funding to require cities and counties to collect and retain screening and referral data for diversion and collaborative court programs, disaggregated by race, gender, and age.[210]

The Task Force recommends that the Legislature enact legislation to increase funding to expand county pretrial support services with Public Defender offices, county partnerships that provide mental health services and treatment planning services within jails and other detention facilities, and programs that assess individuals before they are released to connect them with appropriate services within their community.[211] Where possible, the county should identify and augment opportunities for recently released individuals to be linked to culturally congruent CBOs that have a successful history of providing services in African American communities, including programs that incorporate a peer support component in the reentry process.[212]

The Task Force also recommends that the Legislature enact legislation to provide funding to expand existing Offices of Diversion and Reentry (ODR) programs in each county and to establish and fund ODR programs in counties throughout the state where those programs do not exist. At a minimum, the ODR programs should provide mental health programming and services to individuals held in county facilities and help individuals released from county facilities transition to community-based programs that provide mental health treatment planning

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Police–Mental Health Co-Responder Programmes Reduce Emergency Department Presentations Or Simply Delay The Inevitable? (2019) 27 Australasian Psychiatry at 18-20 (assessing co-responder model and concluding that the co-responder model was effective in resolving immediate mental health crises and in diverting individuals away from emergency departments and inpatient facilities)

[209] A study of four mental health courts, two of which were in California, found that participants had lower rearrest rates and fewer incarceration days than the "treatment as usual" group. (California Administrative Office of the Courts, Mental Health Courts: An Overview (2012) p. 7.) Research also showed that mental health courts effectively link "mentally ill offenders with necessary treatment services," which leads to participants having a "greater likelihood of treatment success and access to housing and critical supports than mentally offenders in traditional court." (California Administrative Office of the Courts, Mental Health Courts: An Overview (2012) p. 5.) Mental health courts helped participants avoid "hospitalizations, rearrests, violence against others, and homelessness." (California Administrative Office of the Courts, Mental Health Courts: An Overview (2012) p. 6.)

[210] See *Connerly v. State Personnel Bd.* (2001) 92 Cal.App.4th 16, 53, 61-63 (holding data collection regarding minority business participation does not violate Proposition 209).

[211] Community Health & Justice Project, Blueprint (Dec. 2022) p. 12; see Salas & Fiorentini, *Looking Back at Brad H: Has the City Met Its Obligation to Provide Mental Health & Discharge Services in the Jails?* (nyc.ny.us) (May 2015) New York City Independent Budget Office pp. 5-6 (discussing New York City's obligations to provide direct mental health services and discharge planning and case management services to persons in custody at its jails before they are released).

[212] Community Health & Justice Project Blueprint (Dec. 2022) pp. 11-12; see Annie E. Casey Foundation, Reentry Helping Former Prisoners Return to Communities (2005) p. 30 (noting successful transition for individuals with mental health needs into the community requires collaboration between community mental health services and correctional facilities before release).

services, mental health services, medications, and permanent housing.[213] The Task Force recommends that the Legislature provide additional funding to each ODR program to collect demographic data for the populations served, disaggregated by age, race, and gender.

The Task Force recommends that the Legislature enact legislation to increase funding for CBOs that provide mental health services, permanent housing, and mental health treatment planning to people recently released from county facilities, and provide those services in African American communities. The Task Force further recommends that the Legislature provide additional funding to CBOs to collect demographic data for the populations served, disaggregated by age, race, and gender.

The Task Force recommends that the Legislature enact legislation to establish and fund 24/7 receiving centers in each city and county that will provide the following services for recently released individuals:

- Serve as a welcoming station for recently released individuals who are waiting for assignment to a treatment center, after-treatment living facility, home, or other safe destination;
- Connect recently released individuals with wrap-around services provided by CBOs;
- Provide transportation services to safe destinations for recently released individuals.[214]

The Task Force further recommends that the Legislature fund and require each locality to collect demographic data, disaggregated by race, gender, and age, for the population served by the receiving centers to assess the need for additional resources.

The Task Force recommends that the Legislature enact legislation to increase funding for CBOs that provide wrap-around services, including, but not limited to, mental health services, housing, and treatment services, to individuals with mental health needs who have been recently released from county jail or prison.[215] This proposal further recommends that the Legislature ensure funding is provided to CBOs operated by staff that is culturally congruent with the African

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[213] Community Health & Justice Project, Blueprint (Dec. 2022) p. 12; see also Pettus-Davis & Kennedy, *Researching and Responding to Barriers to Prisoner Reentry: Early Findings From A Multi-State Trial* (2018) Florida State University Institute for Justice Research, and Development p. 5 (describing results of a study of the 5-Key Model, a prisoner reentry model designed by formerly incarcerated individuals, practitioners, and researchers.) The 5-Key Model identifies five considerations necessary for successful reentry programs: healthy thinking patterns; meaningful work trajectories; effective coping strategies; positive social engagement; and positive interpersonal relationships. (Pettus-Davis & Kennedy, *Researching and Responding to Barriers to Prisoner Reentry: Early Findings From A Multi-State Trial* (2018).) Florida State University Institute for Justice Research and Development pp. 5-6.) Programs based on the 5-Key Model begin reentry preparation "as early as possible during an individual's incarceration and continue the supports in the community after an individuals' release from incarceration." (Florida State University Institute for Justice Research and Development, *The 5-Key Model for Reentry*.); see also Bianco, *Op-Ed: An L.A. Program Helps People Get Mental Health Care Instead Of Jail Time. Why Not Expand It?* Los Angeles Times (Jul. 18, 2022) (noting that ODR programs are effective in moving people with mental health issues out of jail and onto a path to permanent supportive housing, keeping them off the streets and out of hospitals and incarceration long term)

[214] Community Health & Justice Project, Blueprint (Dec. 2022) p. 12.

[215] Community Health & Justice Project, Blueprint (Dec. 2022) pp. 11-12.

American community and CBOs that have a demonstrated history of providing satisfactory services to African Americans and in African American communities.[216] The Task Force further recommends that the Legislature include within the legislation additional funding to require each county to collect and maintain demographic data on the CBOs that receive funding under this legislation, including the racial makeup of each CBO's staff.[217]

Finally, the Task Force recommends that the Legislature enact legislation to increase funding for culturally appropriate mental health treatment and services options for African Americans released from county facilities regardless of their mental health diagnosis.

I. Eliminate Legal Protections for Peace Officers Who Violate Civil or Constitutional Rights

Under existing law, police officers who violate a person's civil or constitutional rights— such as through excessive force, unjustified shootings, or race-based policing—may be sued under state law (via the Tom Bane Civil Rights Act, Cal. Civ. Code § 52.1 et seq. or "Bane Act") and federal law (via 42 U.S.C. § 1983). Under federal law, however, officers are protected by "qualified immunity," which places an often-insurmountable burden on plaintiffs in such cases. Qualified immunity is not applicable under California state law, but the Bane Act (and related judicial precedent) does pose at least one major obstacle to relief: the requirement that a plaintiff prove not only that an officer violated a civil or constitutional right, but also that the officer "specifically intended" to violate the person's civil or constitutional rights.[218] For example, in *Reese v. County of Sacramento* (9th Cir. 2018) 888 F.3d 1030, a police officer knocked on Mr. Reese's door and shot him after a brief confrontation.[219] The jury ruled in favor of Mr. Reese on his Bane Act claim, having determined that the shooting was unjustified and that Mr. Reese had not posed an immediate threat to the officer.[220] However, the Ninth Circuit Court of Appeals overturned the jury verdict because Mr. Reese had not proven that the officer specifically intended to violate his rights.[221] This artificial legal hurdle is anathema to efforts to redress the history of police violence against African Americans.

The Task Force accordingly recommends strengthening the Bane Act by eliminating the requirement that a victim of police violence show that the officer "specifically intended" to commit misconduct. At least two bills have been advanced that would have enacted this proposal (Senate Bill 2 (Bradford, 2021-2022) and Assembly Bill 731 (Bradford, 2019-2020)), but neither

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[216] Community Health & Justice Project, Blueprint (Dec. 2022) p. 12.
[217] See *Connerly v. State Personnel Bd.* (2001) 92 Cal.App.4th 16, 53, 61-63 (holding data collection regarding minority business participation does not violate Proposition 209).
[218] See, e.g, *Cornell v. City and County of San Francisco* (2017) 17 Cal.App.5th 766, 801-04.
[219] Reese, 888 F.3d at 1036.
[220] Ibid.
[221] Id. at 1044-45.

has been enacted.[222] The Act should also be amended to provide that unwanted touching or verbal assault can constitute a violation of its provisions.

J. Recommend Abolition of the Qualified Immunity Doctrine to Allow Victims of Police Violence Access to Justice

As discussed in Chapter 3, Racial Terror, and Chapter 11, An Unjust Legal System, African Americans, especially descendants of persons enslaved in the United States have faced centuries of violent, oppressive, and discriminatory policing by law enforcement that persists today. Yet the qualified immunity doctrine often shields law enforcement from liability for violating a person's constitutional rights. Under this doctrine, a civil rights plaintiff must show that the officer violated "clearly established law" in order to state a viable claim for relief.[223] Thus, courts often hold that "government agents did violate someone's rights, yet the victim has no legal remedy because that precise sort of misconduct had not occurred in past cases."[224] As one analysis has concluded, "[q]ualified immunity is one of the most obviously unjustified legal doctrines in our nation's history."[225]

Recent legislative efforts to reform or end qualified immunity at the federal level have failed, in part due to the threat and availability of a filibuster to block proposed legislation.[226] The Task Force accordingly recommends that California's Senate and Congressional Delegations urge Congress to end both the filibuster and the qualified immunity doctrine. The Task Force also recommends the creation of a state-funded compensation scheme for victims of police misconduct whose claims would otherwise be – or have already been – barred by qualified immunity.

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[222] SB 2 was signed into law, but the elimination of "specific intent" had been amended out of a prior version. See Cal. Leg. Information, *SB-2 Peace Officers: Certification: Civil Rights* (as of Jan. 25, 2023). AB 731 was shelved. See Cal. Leg. Information, *SB-731 Peace Officers: Certification: Civil Rights* (as of Jan. 25, 2023).

[223] See *Harlow v. Fitzgerald* (1982) 457 U.S. 800.

[224] Schweikert, Qualified Immunity: A Legal, Practical, and Moral Failure (Sept. 14, 2020) Cato Institute Policy Analysis, at p. 2 (as of March 15, 2023).

[225] Id. at p. 2.

[226] See, e.g., Levine & Wu, Lawmakers Scrap Qualified Immunity Deal in Police Reform Talks (Aug. 17, 2021) Politico (as of March 15, 2023).