

## JIM GILMER'S COMMENTS TO THE OAC CJMH CONVENING

SEPTEMBER 29, 2017

SACRAMENTO, CA

Good afternoon, the recommendations and key findings 1-6, lacks the over-arching and foundational commitment to terms like cultural competency, reducing disparities, not to mention the elephant in the room, disproportionate confinement of people of color. What is the focus of a prevention focused plan as stated in recommendation 1.

Would it include a public health model that incorporates the social determinants of health which would reduce incarceration rates as mentioned in numerous reports (CRDP Phase 1 Population reports).

Finding #1, states that people from diverse communities end up in jail because of unmet needs; however, this is partially correct. People from racial and ethnic communities end up in jail repeatedly for these reasons:

- \* over policing in urban communities
- \* disproportionate arrests
- \* unfair sentencing
- \* school to prison pipeline issues with younger children (suspensions, truancy, under resourced schools, lack of effective teaching, etc)

*Therefore, Finding #1 should include the phrase....people from diverse communities end up in jail due to... Inequities in social determinants of health — the many dimensions that contribute to overall quality of life including education, criminal justice, economic opportunity, and workforce development—are a major driver of health/mental health inequities.*

Many communities of color are disproportionately impacted by the factors I mentioned previously. These activities and events increase risk for poor mental health, all of which can negatively impact any form of treatment. The understanding of the mechanisms by which the effects of disproportionate minority confinement, other social determinants intersect with each other, and

mental health, is still emerging. By examining the social determinants of health in concert with mental health and criminal justice, researchers can inform policymakers on interventions with the potential for positive, synergistic effects.

The OAC's focus on robust prevention is welcomed and needed; however, without these elements the glass will be half full for people of color.

**Recommendation #2, deployment of services must be culturally appropriate and inclusive of community defined practices as recommended in the CRDP 1 population reports and modeled/expanded upon in Phase 2 implementation.** There are many CDP's that did not get funded by OHE, frankly because CRDP is less than 1% of all MHSA funding. CRDP needs more resources! **The OAC should be intentional about adequate funding of CRDP 3 and beyond if the outcome is to reduce incarceration of people of color with mental health issues.**

**Recommendation #5 cites more technology for data collection; however, CRDP representatives and their reports articulate universally a need for culturally congruent research from design to evaluation.** What good is data that does not tell the stories of our communities accurately? **Consequently, if culturally appropriate research is conducted using the CRDP as a model, there will be an equivalent increase in knowledge to better serve communities of color and more specifically a reduction in mental health disparities for those populations over represented in the criminal justice system.** We need more "robust prevention strategies." and community driven, culturally appropriate practices and programs----- **the bottom line is to reduce incarceration of people from racial and ethnic communities.**