

July 16, 2021

The Honorable Xavier Becerra
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, D.C. 20201

The Honorable Rachel Levine
Assistant Secretary for Health
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, D.C. 20201

The Honorable Miriam E. Delphin-Rittmon
Assistant Secretary for Mental Health and Substance Abuse
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Secretary Becerra, Assistant Secretary Levine, and Assistant Secretary Delphin-Rittmon,

The Center for Law and Social Policy (CLASP) and the undersigned organizations are writing to urge the U.S. Department of Health and Human Services (HHS) **to issue guidance and provide technical assistance for implementation to states that promote and stress the importance of youth mobile response models that do not involve law enforcement.** We want to ensure that youth have access to mental health supports and services that are equitable, culturally responsive, and do not involve the criminal legal system and law enforcement---particularly as an access point to care.

Before the pandemic, young people between the ages of 16 -25 experienced mental health conditions at alarming rates. In one year, from 2018 to 2019, the number of youth between the ages of 16-25 experiencing distress increased from one in five to one in four.ⁱ The pandemic exacerbated mental health conditions for young people even more, with two in three young people feeling down, depressed, or hopeless.ⁱⁱ Comparatively, for Asian American and Pacific Islander young people, given the increase in violence towards these communities related to racism around COVID-19, mental health concerns have also increased. Four in five Asian Americans reported feeling depressed, down, or hopeless, with 90% of young Asian American women reported the same.ⁱⁱⁱ More than ever, youth and young adults of color need access to quality mental health supports and services.

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In 2018 there were over 1.1 million young people living in poverty that needed mental health supports but didn't receive them.^{iv} In communities with predominantly Black, brown, and Asian people, young people often do not have access to mental health services in their schools or communities or lack insurance coverage to receive quality mental health care. As a result of the lack of investment in mental health services around them, Black young people's first encounter with mental health services is often through the justice system or in emergency rooms.

Each year, approximately two million young people are locked in jail. Of the two million youth arrested annually, 60-75 percent have at least one mental health diagnosis or condition.^v Additionally, one in four of those youth have a severe mental illness, impairing their ability to function. Police are more likely to shoot and kill a young Black man exhibiting mental illness than a young white man.^{vi} People with an untreated mental illness are 16x more likely to be shot and killed by the police.^{vii} Police involvement and the criminal justice system can have detrimental impacts on communities of color with mental health conditions, often becoming fatal interactions.

The U.S. Department of Health and Human Services must promote state practices that focus on police-free youth mobile response services. Involving law enforcement in social crisis and mental health-related emergencies is more dangerous than helpful.^{viii} Co-responder models prevent people from building trust in mobile response as an alternative to calling the police. Mobile response without the presence of law enforcement reduces further harm and trauma.

Mental health without police involvement is one requirement to ensure mobile response services are equitable and safe. The following guidance recommendations champion mobile response services that are not only safe and equitable, but culturally responsive, effective, and meet the needs of all communities. They are as follows:

1. **Mobile crisis response must include extensive training for all staff involved to ensure harm reduction and positive outcomes.** When implementing mobile crisis response, states must ensure that everyone involved is trained in issues including crisis intervention, de-escalation, culturally responsive services, trauma-informed care, and disability awareness. These skills will ensure that people's needs are being met at the onset of a call.
2. **Mobile response services must have their own point of entry.** Accessibility is a major component of an effective mobile response service and program, beginning with the phone number. When implementing equitable mobile response services, individuals need to access services that are not connected to law enforcement and emergency services. States can use the 9-8-8 line to dispatch mobile response teams to their communities and move from using emergency phone lines as their primary point of entry. 9-8-8 provides individuals with crisis support from the onset of the call, which can help with de-escalation and resolve crises before mobile responders are mobilized.
3. **We must invest in a full continuum of services beyond mobile response, including supports that address the whole person.** Mobile response is just one component to ensure safe

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communities and police-free mental health. Sometimes a crisis falls beyond the parameters of a mental health provider and service. The crisis could be about a lack of resources and basic necessities, such as housing, food, employment, or money, which are not easily accessible in some communities. Mobile response will not have the funds to provide everyone with everything they need. In conjunction with mobile crisis, we must invest in Black and brown communities, creating a full continuum of services and other supports, infusing communities with employment opportunities, providing access to healthy foods and grocery stores, developing social programs and affordable housing, transforming the education system, and creating pathways for postsecondary education and careers.

The U.S. Department of Health and Human Services has a chance to change history---to issue and implement guidance and provide technical assistance that will save young Black and brown people's lives. Mobile response without police presence will work to support that. HHS must promote youth mobile response models that focus solely on mental health supports, and provide federal guidance, technical assistance, and funding to ensure these models continue to be supported, consequently making a step to better support young people.

We thank Secretary Becerra, Assistant Secretary Levine, and Assistant Secretary Delphin-Rittmon for your commitment to improving mental health services and supports for the young people in this nation.

Sincerely,

1. AccesSOS
2. Advocates for Youth
3. Alianza Youth Justice
4. Alliance for Educational Justice
5. API Equality- LA
6. Aspen Institute: Forum for Community Solutions
7. Autistic Self Advocacy Network
8. Bazelon Center for Mental Health Law
9. Behavioral Health Link
10. California Primary Care Association
11. Center for Disability Rights
12. Center for Popular Democracy
13. Child Welfare League of America
14. CIT International
15. Center for Law and Social Policy (CLASP)
16. Coalition for Asian American Children and Families
17. Community Catalyst

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18. Congregation of Our Lady of Charity of the Good Shepherd, U.S. Provinces
19. CPEHN
20. Equal Justice Under the Law
21. First Focus Campaign for Children
22. Futures Without Violence
23. Healing Ninjas, Inc.
24. Human Impact Partners (HIP)
25. Inseparable
26. Juvenile Justice Coalition
27. Juvenile Law Center
28. Law Foundation of Silicon Valley
29. Legal Action Center
30. MHFirst
31. Mi Familia Vota
32. NAPAFASA
33. National Advocacy Center of the Sisters of the Good Shepherd
34. National Asian American Pacific Islander Mental Health Association
35. National Association of Counsel for Children
36. National Black Justice Coalition
37. National Center for Parent Leadership, Advocacy, And Community Empowerment (National PLACE)
38. National Council of Asian Pacific Islander Physicians
39. National Disability Rights Network (NDRN)
40. National Parents Union
41. National Women's Law Center
42. National Working Positive Coalition
43. National Youth Employment Coalition
44. Network for Environmental & Economic Responsibility of United Church of Christ
45. Parents Organized for Public Education
46. Prevention Institute
47. Public Health Advocates
48. Schubert Center for Child Studies
49. SEARAC
50. Shannon Huddleston Psychotherapy
51. South Asian Network
52. SPAN Parent Advocacy Network (SPAN)
53. Strategies for Youth
54. Sunflower County Parents and Students United
55. Sycamores
56. The Arc of the US
57. The California Children's Trust
58. The Center for Community Resilience at George Washington University
59. The Central Valley Urban Institute
60. The Institute for Compassion in Justice

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61. The Jed Foundation
62. The Woman of God's Design
63. Union of Reform Judaism
64. UNR Latino Research Center

ⁱ U.S. Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018.

ⁱⁱ U.S. Census Bureau, 2020 Household Pulse Survey, Week 12.

ⁱⁱⁱ Ibid.

^{iv} HHS, 2018.

^v National Conference of State Legislatures, *Mental Health Needs of Juvenile Offenders*, <https://www.ncsl.org/documents/cj/jjguidebook-mental.pdf>

^{vi} Kara Manke, "Starke Racial Bias Revealed in Police Killing of Older, Mentally Ill, Unarmed Black Men, *Berkely News*, October 5, 2020, <https://news.berkeley.edu/2020/10/05/stark-racial-bias-revealed-in-police-killings-of-older-mentally-ill-unarmed-black-men/>

^{vii} Doris A. Fuller, H. Richard Lamb, MD, Michael Biasotti, and John Snook, *Overlooked in the Undercounted: The Role of Menal Illness in the Fatal Law Enforcement Encounters*, Treatment Advocacy Center, 2015, <https://www.treatmentadvocacycenter.org/storage/documents/overlooked-in-the-undercounted.pdf>

^{viii} Eric Westervelt, Mental Health and Police Violence: How Crisis Intervention Teams are Failing, *NPR*, September 18, 2020, <https://www.npr.org/2020/09/18/913229469/mental-health-and-police-violence-how-crisis-intervention-teams-are-failing>