Denied, Dismissed, Detained: A Comparative Analysis of Mental Health Inequities, Medicaid Policy, and the Criminalization of Black Communities in Alabama and Louisiana

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June, 2025

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Pol Sci 190: Senior Thesis

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Abstract

This thesis explores how mental health disparities contribute to higher incarceration rates within the Black community, and whether Medicaid expansion can reduce that risk. It asks whether underdiagnosis, lack of access, and high treatment costs increase incarceration, particularly in states with limited mental health care systems. To answer this, I compared Alabama and Louisiana, two states with similar racial histories but different Medicaid decisions. I found that in both states, Black individuals are disproportionately affected by untreated mental illness and are more likely to be criminalized instead of supported. Notably, each state's approach to care and incarceration is deeply rooted in its racial history, reflecting long foundations of exclusion, neglect, and control. Although Medicaid expansion in Louisiana helped reduce some financial and geographic barriers, structural racism and care shortages still prevent full access. In Alabama, the lack of expansion has kept care out of reach for many low-income Black residents. This study shows that Medicaid access matters, but without long-term investment and structural change, incarceration remains the default response to mental illness.

Introduction

Many people may look at the overall incarceration statistics in the United States and assume the system impacts everyone equally, because white individuals make up the majority of those incarcerated. This view leaves out an important detail, which is that the majority of the U.S. population is composed of white people. Black Americans make up just 13% of the U.S. population, yet account for roughly 40% of those behind bars (Youman et al., 2022).

When people think about incarceration, they usually think of crime or punishment. However, there is another component to this, mental health. Over 50% of Americans in prison have a mental health illness, and many were untreated before arrest (Health Affairs, 2022). This statistic suggests a deeper underlying problem behind incarceration that is not being addressed. It also shows that people who are failed by the healthcare system are being put in the criminal justice system instead.

This failure is not random, it actually reflects deep racial disparities in who has access to mental health care, who gets diagnosed, and who receives adequate treatment. For Black Americans these disparities are shaped by racism and historical mistrust of the medical system. For Black individuals, accessing mental health support is not as easy as it is for others. Systemic barriers like cost, a lack of local providers, and medical racism creates system gaps in care.

The roots of mental health disparities go far deeper than lack of access today. The differences that we see are the result of a long history of racism, dominance, and exclusion. For instance, in the 1800s, certain doctors diagnosed enslaved individuals with 'drapetomania,' a supposed mental disorder they characterized as the desire to escape slavery (Auguste et al.,

2021). The actions of Black people were often labeled as criminal or dangerous, rather than understood as a response to trauma or untreated mental health needs, in order to justify punishment. Furthermore, Black people were often turned away from public mental health care overall. Even if they were admitted, they were sent to segregated facilities with fewer resources and poorer conditions (Encyclopedia of Alabama).

Mental illness in Black patients was treated differently compared to other races. In many cases, Black people received inadequate health services. For instance, Black patients were often undiagnosed or overdiagnosed with schizophrenia (Auguste et al., 2021). They did not have access to proper care to be able to receive a proper diagnosis. In return, their symptoms were linked to violence instead of trauma or depression. These trends did not develop overnight, but rather were built over a period of time by systems and policies that isolated, punished, and abandoned Black people. Racial pseudoscience laid the groundwork for the disparities of today.

The effects of historical racism in psychiatry show up today in the form of systemic barriers that continue to harm Black communities. Even now, many Black individuals struggle to find affordable or consistent mental health care. Cost, lack of insurance, and long waitlists make it harder to get treated before symptoms become more serious (Lurigio & Swartz, 2023). In addition to that, the majority of providers are white, and many of them are not trained to offer culturally sensitive care, so patients feel neglected or misunderstood (Race Equality Foundation, 2020). These disparities have established longstanding mistrust of the medical system and deter individuals from coming back even when they need it.

In the majority of Black communities, there is still a stigma around mental health. It is viewed by some people as something one should be ashamed of, making it harder for some to discuss what they are going through or to seek help. This is especially so for young adults, who

are open to not just social pressure but cultural expectations as well about how things must be done. The fear of being labeled or mistreated stops many from accessing care early. As a result, symptoms build up until they reach a breaking point. That is when the legal system often gets involved, not because someone is violent, but because no one helped before things got worse (Health Affairs, 2022). According to Lurigio and Swartz (2023), people with untreated illnesses are more likely to face arrest during a mental health crisis, especially when they have no family, peer, or medical support systems in place.

Even though mental health conditions are common among incarcerated people, many were not arrested for violent crimes. A large number were taken into custody during a mental health crisis that could have been prevented with proper care. Instead of receiving treatment, they were met with police, handcuffs, and jail time.

This is especially true for Black individuals, whose symptoms are more likely to be viewed as threatening rather than recognized as signs of distress (Auguste et al., 2021). Because of stigma and racial bias, Black residents often end up arrested during a crisis instead of being connected to care or support services (Lurigio & Swartz). Once incarcerated, mental health care remains inaccessible. Nearly 60% of those in custody with serious mental illness never receive stable care while they are imprisoned (Treatment Advocacy Center, 2016). When left untreated, symptoms grow stronger, leading to further isolation or even punishment. This is more than a health issue, it is a sign of failure by both healthcare and justice systems to engage before symptoms get worse. In Black communities especially, people often go without an accurate diagnosis and are more likely to be criminalized, which creates a pattern where untreated illness keeps leading back to jail.

Even though there is growing awareness around both incarceration and mental health, these issues are still talked about as if they are separate. What is often missing from the conversation is how mental health disparities can actually increase someone's chances of ending up in jail or prison. Instead of addressing untreated illness as the root of certain behaviors, policies tend to focus only on punishment. This has allowed mental health to remain in the background, even when it plays a major role in who gets criminalized.

Black residents often go without care, are misdiagnosed, or cannot afford consistent treatment, which creates more risk for crisis situations and police involvement (Lurigio & Swartz). These gaps in the system deserve more attention because they are preventable. In this paper, I explore the question: Do mental health disparities contribute to higher incarceration rates within the Black community? By comparing two states with very different Medicaid policies, Alabama and Louisiana, I explore how healthcare access and racial history shape this pipeline.

Medicaid is a combined federal and state program that helps cover medical costs for low-income communities. While the federal government has general rules that have to be followed, each state is in control of its own program, which means Medicaid looks different from state to state (U.S. Department of Health and Human Services, 2022). There are people who fall through the cracks because they make too much to qualify for regular Medicaid but cannot afford private insurance either. Understanding this connection matters because it pushes us to rethink where public health ends and where criminal justice begins.

A. Historical Foundations of Mental Health Care

Alabama

The psychiatric system of the state of Alabama rested on a solid base of entrenched racial segregation. Black patients were systematically treated poorly and were denied care in state institutions all the way into the 20th century. The race-based disparities were evident when comparing facilities like Searcy and Bryce Hospitals, where the treatment and conditions differed according to the patient's skin color. There was a stark reality in the difference between the two psychiatric hospitals, which illustrated how segregation within Alabama's mental health system actually existed.

Bryce Hospital was established in 1861 primarily to provide care to White patients, who were given morally responsible treatment. Searcy Hospital was established in 1902 to serve the Black community (Smith, 2021). These hospitals provided inhumane care to Black individuals, reinforcing medical racism. Furthermore, Searcy Hospital housed over 2,500 Black Patients, and Bryce Hospital housed over 5,000 patients, who were primarily white. The facilities where Black patients lived were often underfunded, overcrowded, and outdated.

Hospitals like Searcy were designed to care for Black patients, but were not designed to meet the standards of modern psychiatric care. Both Searcy and Bryce hospitals lacked basic care standards and used Black patients for unpaid labor, such as but not limited to farming, laundry, and kitchen work (Smith, 2021). This was argued to be a part of their treatment plan, yet it resembled forced labor camps with under-qualified staff. This oppression was not just the

result of racism; it was a process by which Black suffering was made visible but lessened in perceived severity. The groundwork was thereby laid for the ongoing neglect, punishment, or dehumanization of mental illness among Black communities, even after the official abandonment of segregation.

It is important to review these two historic hospitals in Alabama when discussing mental health disparities. It not only illustrates medical racism as a foundational issue, but also shows how Black individuals were treated as "less deserving." Black patients were not only forced to work, but were also abused in these institutions. Many individuals argued that segregation in mental health care was politically motivated and did not have any real medical justification or evidence (Smith, 2021). Segregationists claimed Black and white patients needed to be treated separately for "medical" reasons rooted in racist pseudoscience. These arguments reflected the deeply rooted racial ideologies in the medical field. To grasp how these racial disparities continued even after legal segregation ended, it is important to look into the political reasons that kept them going.

The fight to end racial segregation in Alabama's psychiatric hospitals was long and deeply rooted, through the years 1952 to 1972. In 1963, the Community Mental Health Act (CMHA) aimed to replace state hospitals that were overcrowded and lacked funding (Smith, 2021). These efforts were knocked down by members of the Alabama community resisting the solution of integrating mental hospitals. Before that battle started, nothing seemed to help Black patients access equitable health care. Before this move towards legal reform, Black patients were greatly disadvantaged in receiving equal care, and even with efforts at reform, progress was slow. The only real hope was through changing laws and policies. But as history has shown time and time again, the legal system was never built to protect Black patients in the first place.

The recurring pattern of political opposition to integration and regulation continues to be evident today, especially in decisions like the state's denial of Medicaid expansion since 2014. These choices continue to shape access to care for marginalized communities. State leaders at the time, such as Governor Wallace, chose to fight against efforts of desegregation, even if it cost the state to lose federal funding (Smith, 2021). During this time, Governor Wallace was a part of the Democratic party, he chose to keep the state psychiatric hospital segregated and not integrated with equal access to care.

A significant legal initiative aimed at uncovering racial discrimination in Alabama's psychiatric hospitals was spearheaded by civil rights leader John L. LeFlore, in collaboration with the NAACP Legal Defense Fund (Smith, 2021). They worked together to create a case highlighting the abuse that Black patients experienced, the unfair conditions in hospitals, and the discriminatory hiring practices, which included staff linked to the KKK (Smith, 2021). The class-action lawsuit, Marable v. Alabama Mental Health Board (1967), served to end de jure segregation within them. This legal case showed how deeply entrenched racism had become in state hospital practice, and how legal pressure was one of the only ways to call for accountability.

Federal law during this period, such as Title VI of the Civil Rights Act and the Medicaid/Medicare programs, enabled the government to investigate and deny funding to facilities that would not abide by desegregation procedures (Smith, 2021). Investigations established that Searcy and other similar facilities had problems such as overcrowding, funding shortages, and careless treatment of Black patients, whereas white patients at Bryce received quality care and comfort. In many ways, the fact that federal funding had to be threatened before change occurred speaks volumes. This highlights how much state officials placed less

importance on providing fair care to the black community. It reflects how little political will existed at the state level during this time to prioritize equitable care.

In 1969, Judge Frank Johnson decided that segregation in Alabama's psychiatric system was against the Constitution and required that both staff and patients be integrated (Smith, 2021). But even then, discrimination did not just disappear, it became subtler. Other institutions have given up racial monitoring and brought in different kinds of biases, such as the over-diagnosis of schizophrenia among Black men (Smith, 2021), to preserve the tradition of discrimination under the guise of assumed objectivity.

Louisiana

The Mental Health Foundation in Louisiana has its origins in a colonial past and a racial social class system, where Black individuals were seen as property, treated as inferior, and subjected to punishment and neglect. These beliefs influenced Louisiana's school systems, legal institutions, and state medical facilities.

Louisiana's history in mental health care spans several decades and stretches back to its colonial period, starting around 1709 when Africans first entered the region as slaves (Blokker, 2012). When the French and Spanish colonized it, laws such as the Code Noir established racial castes that regulated nearly every aspect of enslaved individuals' lives, from what religion they adhered to, the discipline they faced, and even the disunification of families. These systems started the paradigm under which Black people in Louisiana would be understood and treated for the following few centuries.

The legal foundation in Louisiana was influenced by a mix of French, Spanish, and U.S. systems, all of which contributed to exclusion through laws, surveillance, and control over the

Black body and mind (Louisiana | Slavery and Remembrance, n.d.; Taylor, n.d.). Legal domination of the Black body did not end in the past; it created long-lasting presumptions that Black people had to be controlled, managed, or fixed following the slave era.

The belief that enslaved individuals were inferior to humans allowed future systems such as mental health institutions, schools, and prisons to view them as issues to control rather than individuals to support. Louisiana's early laws not only defined slavery but also influenced perceptions of Black people's worth, intellect, and mental capacity, establishing a basis for the discrimination that persists in those systems today. Although cultural practices, such as those described below, provided a kind of resilience, the surrounding legal system was changing in the other direction, growing more strict and exclusive as American racial ideas gained over.

Enslaved Africans were not only exploited for labor but were also targeted for cultural erasure, forced into Catholicism, and placed under strict social surveillance (Blokker, 2012). Despite this, they developed survival systems like Congolization, which blended African traditions with Catholic rituals to preserve identity and care for one another. The combination of African and Catholic traditions, also known as "Congolization," shows how cultural resistance formed and laid the groundwork for informal community wellness systems well before formal mental health systems were thought of (Blokker, 2012).

This is an early example of culturally grounded, community-based healing. This survival practice, where individuals sought healing and emotional support in spiritual practices, godparenting, and kinship networks, illustrates an early manifestation of community-based mental health care. As much as it is not recognized formally, it illustrates how Black people in Louisiana created their ways of coping when there was no institutional care. The clinical,

top-down strategies that became more prevalent in later mental health systems,on the other hand, had the effect of stigmatizing or excluding Black people as problems rather than assisting them.

Over time, the enslaved individuals in Louisiana helped create free Black communities, but as American racial categories evolved after 1803, these communities gradually lost their rights (Blokker, 2012). The shift from the more fluid French and Spanish racial categorizations to the rigid Black-and-white division in the United States represented a key turn toward exclusion and legal oppression. Under the U.S. rule, Black individuals who once had legal protections such as property rights or the ability to bring cases to court were reclassified and denied those rights, as new laws imposed stricter racial surveillance and control (Wills, 2019). This shift promoted harmful stereotypes that Black people are crazy, violent, or insensitive instead of viewing them as patients who must be treated with respect, and therefore promoting medical discrimination and prejudice.

Black oppression in Louisiana was not only carried out through laws; it was also embedded in the very environments that Black people were compelled to live in. In the plantations, the structure made it evident who was inferior and who was superior. The slaves resided in dingy, insufficient huts that lacked even basic features such as floors or windows, while the white enslavers resided in large, noteworthy mansions only a short distance away (Blokker, 2012). The physical segregation did not just where people resided. They focused on controlling, monitoring, and holding people fixed in their positions.

This kind of environment, where surveillance is constant, care is nonexistent, and basic human dignity is denied, did not end with slavery. The huts where enslaved people were forced to live were overcrowded, lacked basic needs, and were built to control rather than comfort. These same conditions carried over into mental hospitals, where Black patients were often

denied proper care, forced to work, and punished instead of being treated. These disparities were not new, they were built on the foundation Louisiana had already created.

Louisiana's early reliance on racial control through law, labor, and physical confinement mirrors institutional patterns where exclusion and surveillance were central to maintaining order (Louisiana | Slavery and Remembrance, n.d.). These systems of control helped shape future institutions that often failed to recognize or properly support the mental health needs of Black individuals.

B. Political History & Medicaid Decisions

Alabama

Alabama's political identity has shifted over time from a Democratic stronghold to solid Republican control. However, it is important to recognize that the Democratic Party of the past did not reflect the values or platform it holds today (Black & Black, 2002). At first glance, Alabama's early support for the Democratic Party might suggest that the state embraced progressive politics. This gives the wrong impression that Alabama has always been devoted to all its citizens. At that time, the Southern Democrats were the majority who were calling for segregation, limited federal power, and other rather conservative ideologies. The two major parties' missions and ideals have changed over time. Alabama's political transformation was not so much a shift in values but rather a rebranding under a different party label that more accurately reflected those same long-standing beliefs.

During the Jim Crow era, Alabama was governed by Democrats who supported racial segregation, voter suppression, and policies that aligned more closely with what we now associate with conservative ideology. These laws not only isolated and separated individuals by

race, but they also purposely targeted Black residents by blocking them from participating in the political, economic, and social systems that shaped daily life. Black residents were systematically denied the basic rights promised by the Constitution, which are life, liberty, and the pursuit of happiness.

Black residents weren't just pushed out of political spaces. They were also blocked from social programs, public schools, hospitals, and jobs. In healthcare, especially, they were treated unfairly. Segregated psychiatric hospitals that served Black patients were underfunded and often abusive (Smith, 2021). For many years, this exclusion has led to lasting gaps in access to care, a lack of trust in government systems, and stigma surrounding mental health (Cradle to Prison Pipeline, 2020).

Black families faced disparities in access to schools, health clinics, and legal protections, leading to early disadvantages. This led to a lot of Black communities feeling strongly suspicious of the systems that said they were there to help them. Even with care being accessible now, there remains some uncertainty as people question if it will be fair, respectful, or sufficient (*Open Access Institutional Repository of Georgia State University*, n.d.). The patterns of exclusion not only shut people out but also shaped the means by which different groups interacted with institutions that were never created for them. The legacy influences not just who receives treatment, but whether people even seek to access it.

There is no doubt that the political history in Alabama is deeply rooted and complex. This history can not be discussed without discussing Governor George Wallace and the role he played. Governor George Wallace is a political figure who played a role in shaping Alabama's political identity during the Civil Rights era. (PBS, n.d.; Wallace, 1968). His leadership and legacy transformed Alabama into a state that strongly favored states' rights, local control, and resistance

to outside influence, even if that outside influence desired to expand care or protect vulnerable populations (Smith, 2021). During his time in office, it was evident how Alabama politicians resisted federal reforms, particularly efforts that benefited Black communities and encouraged racial equality. His actions played a significant role in defining Alabama's political identity as a state that prioritizes state authority over federal control, even if it results in some individuals being denied specific rights or services. This perspective is present today in the policies of the state toward public health and social programs, specifically in the decision of whether or not to take federal government assistance.

The mindset Wallace pushed did not fade after he left office. It set the tone for how Alabama would continue to approach federal programs, especially in health and social services. One major example of the kind of federal support Alabama has been reluctant to fully embrace is Medicaid. Alabama adopted Medicaid in 1970 under President Nixon's leadership. However, Alabama never fully invested in Medicaid even after adopting it. Since the adoption of Medicaid, funding for it has been a constant obstacle (*Alabama Medicaid*, 2022). Even though this program could help many people in Alabama, state leaders not only let Medicaid stay underfunded but also chose not to expand it under the Affordable Care Act.

Alabama had the opportunity to help roughly over 170,000 people get health coverage by expanding Medicaid, but they did not take it. Even with the federal government offering to pay most of the costs, Alabama politicians still rejected Medicaid expansion. A big reason was their resistance to anything tied to the Affordable Care Act. They did not want to give up control or appear to be endorsing federal policy, even if it meant not serving their own community (Hawkins, 2024). Since Alabama has not expanded Medicaid, numerous citizens are in need of valuable mental health care services. This has resulted in gaps in care, increased pressures on

providers, and caused worse health outcomes, particularly for lower-income groups. In Alabama, substance abuse and mental health providers offer nearly $50 million in uncompensated care each year, and expanding services could help ease this burden (Alabama Arise, 2023).

This situation has a significant impact on Black communities, as they represent a large portion of Alabama's low-income population. They encounter additional challenges in accessing care because of structural racism present in both the healthcare and education systems (Children's Defense Fund, 2020). This indicates that even when mental health services are supposed to be accessible, Black residents often encounter delays, misdiagnosis, or outright exclusion. If we do not expand Medicaid to address these gaps, untreated mental health problems can get worse and might turn into crises that result in people being incarcerated.

Louisiana:

Louisiana's political identity was shaped by its colonial history, which created a unique legal and racial structure unlike any other Southern state. Under the control of the French and Spanish leadership, free people of color had legal rights, owned property, and even held leadership roles. Black residents were able to obtain freedom through a few different outlets such as through manumission, inheritance, or maternal lineage. Many free people of color in Louisiana were born into that status, often through relationships like plaçage with white men (Wills, 2019). This created a period of relative social mobility for some Black residents (Louisiana Division of Historic Preservation). Unlike other colonies, where free people of color were often excluded and dehumanized, Louisiana had a society where many Black and mixed-race individuals were active members of the community.

Its early system was more open to recognizing the humanity and social standing of people of color. In 1803, the United States bought the Louisiana Territory from France, gaining more than 800,000 square miles of land and paving the way for new political and legal systems to develop in the area (Office of the Historian, 2019). When the power dynamics changed and the U.S. took control, Louisiana's earlier, more flexible racial system was transformed into a binary system where all individuals of African descent were categorized together.

The change completely removed the legal differences that had allowed free Black citizens to own property, run businesses, or build generational wealth (Louisiana Division of Historic Preservation, n.d.). This was more than just a shift in power or legal change; it transformed everything for Louisiana's Black population. Black residents lost their legal status and were stripped of citizenship. This shift affected not only how they were treated in daily life but also how they were seen and handled by legal systems and public institutions.

During a large part of the twentieth century, Louisiana was mainly led by Democratic leaders, yet this control did not result in progress for Black communities. These administrations frequently supported segregation, opposed civil rights reforms, and continued systems of racial exclusion and inequality (Fairclough, 1995). This challenges the assumption that Democratic leadership always aligned with progressive or inclusive values, especially in the South, where party affiliation often masked deeply conservative, racially oppressive practices.

For the past several decades, Louisiana has undergone a radical change in its political landscape. Although it was once a Democratic state, Republicans began to make significant gains from the early 2000s. By 2023, they occupied all the statewide offices and enjoyed a supermajority in the legislature. This change came about because several legislators changed

parties, there were demographic changes, and the long-term effects of Hurricane Katrina displaced so many Democratic voters (Ryan, 2023).

Even when Democrats controlled the state, Black residents in Louisiana were still excluded from key parts of society. Schools were segregated, and even after legal integration, Black students faced harsh pushback and underfunded resources. Job opportunities were limited too, especially in government and unionized sectors. Voter suppression through literacy tests, poll taxes, and intimidation made it hard for Black voices to be heard (Wills, 2019). On top of all that, Louisiana enforced Jim Crow laws that made segregation legal in everyday life. The Plessy v. Ferguson case, which upheld “separate but equal,” actually came from Louisiana and shows how deeply the state was committed to racial segregation (Fairclough, 1995; Louisiana Office of Cultural Development, n.d.).

A key example of this commitment is the Plessy v. Ferguson case. In 1892, Homer Plessy, who was a mixed individual, got arrested in New Orleans for sitting in a whites-only train car. He did so to show his disagreement to the state passing the Separate Car Act (National Archives, 2021). The arrest resulted in a Supreme Court case that affirmed the law, stating that "separate but equal" facilities were not a violation of the Constitution (National Archives, 2021). The decision not only affected train cars; it also provided legal support for the segregation of schools, hospitals, public transportation, and other facilities throughout the South. The majority of the Court argued that segregation did not mean racial inferiority, but Justice John Marshall Harlan disagreed, warning that the ruling would increase inequality and go against the 14th Amendment (National Archives, 2021). This case, starting in Louisiana, highlights how the state relied on legal systems to uphold racial separation and control.

Even after segregation was abolished, the policy of exclusion still shaped Louisiana decision-making. One of the key examples is how the government determines access to health care services. For years, Louisiana had some of the most restrictive Medicaid eligibility criteria throughout the entire country. Many residents in Louisiana were left uninsured unless they met the qualifications, such as being below a certain income, pregnant, elderly, or disabled (Clark, 2010). This meant that there were persistent barriers to care that were disproportionately affecting marginalized groups, sustaining the health disparities, financial crisis, and higher rates of arrest and imprisonment.

Although Louisiana has a deeply rooted history of exclusion, it was the first Southern state to expand Medicaid under the Affordable Care Act in 2016, under the leadership of Governor John Bel Edwards. It was thought to be a major policy change. The expansion had many positive effects: more than 400,000 low-income residents were able to get coverage, which was a big change considering the state's earlier strict eligibility rules (Maschke, 2024). There was an increase in access to preventive care, a decline in emergency room visits in some areas, and the policy contributed to reducing certain racial health disparities (Maschke, 2024). However, access to care was still not equal, particularly in rural areas and those with a majority-Black population.

Some researchers suggest that Louisiana's hospital model focused more on the number of people covered rather than the real quality of care provided (Clark, 2010). There were still gaps in mental health coverage, crisis intervention beds, and access to trained providers. Black communities continued to suffer from structural underfunding and facility closures (Clark, 2010). Medicaid expansion sounded great on paper, but for many people, especially Black residents, having insurance coverage did not always translate to getting actual care. Although Medicaid

expansion brought more people into the system, it is important to look at how Louisiana's mental health care system actually performs, including how accessible, effective, and equitable it is for those who need it most.

C. Mental Health Rankings & System Gaps

Alabama

Although segregated psychiatric institutions became illegal decades ago, the state of Alabama continues to show structural neglect in mental health care delivery, particularly impacting Black communities. In 2023, Alabama was ranked 50th out of 51 for access to mental health care and 47th for adult mental health outcomes, according to Mental Health America (Mental Health America, 2023). These rankings are especially revealing because Alabama only ranked 22nd in terms of mental illness prevalence. This means that while the state does not have the highest rates of mental illness, the outcomes are still among the worst due to limited access to care (Mental Health America, 2023).

According to NBC15, nearly 800,000 adults in Alabama have mental illnesses, and more than half of them did not receive treatment due to limited access and insurance (NBC15, 2022). This shows that the majority of Alabama's adult population with mental illnesses do not receive treatment or access to services. This is alarming because mental illness, like any other serious condition, can affect how an individual functions in their daily life. When mental health needs go unmet, conditions can worsen over time, increasing the risk of a crisis. For the Black population, this is especially dangerous since they encounter deeply rooted systemic barriers, such as a lack of insurance, that make it very challenging for them to access care.

The lack of access is clear in several systemic gaps. Many adults in Alabama report that they experience serious psychological distress, but many of them do not get the help they need. Many of Alabama's residents lack insurance, and for those who try to get care, there are often challenges such as long wait times and a shortage of available providers (Alabama Reflector, 2025).

The situation is even more severe for Black individuals, who are statistically more likely to be uninsured, underdiagnosed, or misdiagnosed. This reflects a long-standing pattern in which health systems fail to equitably serve marginalized populations. According to the Alabama Hospital Association, the state has a mental health provider shortage in 62 of 67 counties, which further compounds these issues (Alabama Hospital Association, 2024). This shortage means that when people try to get help, they often have to wait a long time or travel far to find a provider. This is not beneficial for many families, especially in rural areas or predominantly Black communities where mental health resources are already limited.

The effects of these gaps are not just theoretical. When Black individuals struggle to obtain proper mental health care, their untreated symptoms often result in more interactions with the criminal justice system. People often end up facing legal consequences for actions linked to untreated mental health issues, instead of receiving the help they need in a supportive environment (Parca, 2023). In Alabama, Black individuals face higher rates of arrest, detention, and incarceration for nonviolent offenses, which are frequently linked to untreated mental health issues or substance use disorders (Princeton University Press, 2020). Systemic failure in mental health care leads to a pathway toward incarceration. If mental illness is not treated, it can cause confusion, emotional outbursts, or even lead to substance use. These behaviors are frequently

seen as criminal instead of medical, highlighting the shortcomings of the mental health system that punishes individuals rather than providing them with the necessary care.

Furthermore, the state's denial of Medicaid expansion has prevented more than 220,000 people in Alabama from accessing affordable healthcare, leaving most of them to fall in the Medicaid coverage gap (Alabama Arise, 2024). This puts many of Alabama's residents in a difficult position because they cannot afford health care, yet they do not qualify for assistance. There is a line where people earn too much to qualify for Medicaid but too little to afford ACA subsidies.

According to the Kaiser Family Foundation, about 93,000 Alabamians fall into the coverage gap, earning too much for Medicaid but too little to afford marketplace coverage (KFF, 2025). This leads to a kind of exclusion that affects low-income communities more than others. Because of this, many people are unable to get the crucial mental health care they need. The refusal to allocate federal resources reflects past state-level choices that favored political beliefs over the welfare of marginalized communities, similar to Governor Wallace’s resistance to hospital desegregation in the 1960s. Wallace decided to turn down federal funding instead of integrating psychiatric facilities, which ended up negatively affecting Black patients who needed care.

In Alabama, school-based mental health services are also overwhelmed. Altapointe, which is one of the state's largest providers, stated they receive about 6,000 calls each month at their access-to-care center, and some of those are for children who need therapy in school (NBC15, 2022). Mental Health America has ranked Alabama as one of the states with the least access to mental health care for young people. They point out that a significant number of adolescents experiencing major depressive episodes are not getting the treatment they need

(Mental Health America, 2023). This demonstrates how quickly the mental health system begins to feel overwhelmed, particularly when it comes to young people. For students in under-resourced districts, delays in receiving care can lead to falling behind in school, acting out due to untreated issues, or facing punishment instead of support. If we do not address mental health issues early on, they can turn into bigger problems down the road.

The lack of investment in Alabama's mental health infrastructure continues to reflect broader patterns of racial inequity. Even as overt segregation has ended, the outcomes for Black patients remain unequal. When state-level neglect intersects with racial disparities, the result is a cyclical pattern in which Black Alabamians are denied access to preventative care, experience worsened outcomes, and are more likely to encounter punitive systems rather than supportive services. The historical roots of these disparities are embedded in Alabama's psychiatric legacy, and their impact continues to shape the lived experiences of Black individuals today (PBS, n.d.).

Louisiana

Even though Louisiana's early colonial history once offered more racial fluidity, the current mental health care system ranks as one of the worst in the country because it is broken and underfunded (Maschke, 2024). These are some of the significant structural issues that continue to make it hard for Black residents to get care. The public mental health care system in Louisiana ranks low on the list in national spending, and most of its budget is allocated to institutional care instead of community care (Public Affairs Research Council of Louisiana, 2009). Funding institutional care over community-based care has real consequences, especially when it comes to access and equity. Institutions are harder to access as they are often farther away and more expensive to run. People in rural and low-income areas have longer travel times and fewer provider options. This is not just about budget choices, it shows deeper issues of

structural racism and sheds light on why the state has such poor mental health outcomes and access (Maschke, 2024).

Louisiana ranks 37th out of 51 states on Mental Health America's 2024 Adult Ranking, which shows how serious the state's mental health crisis is, especially when it comes to treatment (Ranking the States | Mental Health America, 2025). While there may be many people with mental illness, the majority of people are not even able to receive services in their area, much less afford them.

In Louisiana alone, there are more than 700,000 adults struggling with various mental health problems. Roughly, four out of ten adults reported symptoms of depression or anxiety (HRSA, 2024). Most adults have difficulty with mental health problems, but worse is the number of them that cannot actually get the help they need. Even if people report symptoms, it does not necessarily mean that they can receive the care they need, particularly in areas where it is difficult to locate services or care is very expensive.

The state was ranked 42nd in terms of depression prevalence, with 25.7% of adults indicating that they had received a diagnosis of some type of depressive disorder (CDC, 2023). A study of Black adults concluded that 20.5% of them have been diagnosed with depression. The rate is above the national rate among Black adults at 16.0%. This reveals there are many differences in how diagnoses and treatments are handled (CDC, 2023). The data shows that the demand for care is growing faster than the system can keep up with. When people cannot get help, especially the Black population, who are already more likely to be struggling with depression, they end up getting punished for behaviors or symptoms that medical professionals should have treated. Instead, the justice system responds to those symptoms with punishment, reinforcing the pipeline into the criminal justice system.

Even when people in Louisiana get diagnosed, it does not mean they are getting the help they actually need. In 2018, only 44.4% of adults receiving public mental health services in the state showed any improvement in how they were functioning, almost 10% lower than the national average. On top of that, just 19.1% of adults with mental illness had jobs, and 4.6% were living in jail, which shows how easily people end up in the justice system when care does not work the way it should (SAMHSA, 2018). Black adults make up a large proportion of the population using these services, so these bad outcomes hit them the hardest. Whether it is getting locked up, staying unemployed, or not feeling any better even after treatment, the system keeps missing the people who need it most.

In Louisiana, young people deal with especially tough outcomes because of the broken mental health system. When children and teenagers need inpatient care, they are often sent far away from home, which can stress families both emotionally and financially, especially when they are already dealing with challenges in getting care (Maschke, 2024). The Southern Poverty Law Center has sued the state of Louisiana for neglect in offering proper and accessible mental health services for children. It is particularly important for services that enable youth to stay in their neighborhoods rather than being institutionalized outside of home (Maschke, 2024). Even though Louisiana has recently been trying to develop a youth crisis response system, it remains extremely underdeveloped, with merely two providers servicing a few areas (Maschke, 2024).

These service gaps help explain why Louisiana ranks 38th in the nation for youth mental health care, with high rates of depressive episodes and suicidal thoughts, and limited access to timely treatment (Mental Health America, 2024). These gaps in youth care fall hardest on rural and low-income communities, where access to local support is already limited and services are often unavailable when kids need them most. If young people are not treated early in their

communities, they end up in emergency rooms or in juvenile facilities instead of receiving the mental health services they actually need. The absence of localized, preventive services amplifies mental health disparities and leads to a cycle in which youth in need become disconnected from their communities instead of receiving care within those communities.

The ongoing lack of funding for Louisiana's mental health system shows a larger pattern of neglect that unfairly affects Black communities. Even where available, services might not extend or work effectively for the most vulnerable, especially the rural or poor. Where care fails, Black residents with untreated conditions are much more likely to be punished than assisted, as mental illness is still treated by the justice system instead of the health system. This pattern can be seen most clearly in Angola and Elayn Hunt Correctional Center, where those with mental health disorders are disproportionately represented. A report by Alena Maschke (2024) indicates that the mental health crisis within Louisiana is not just a matter of public health; it is also an issue of racial justice that stems from structural injustice.

D. Incarceration Patterns & Pipeline

Alabama

After the Civil War, Black people were promised freedom, but Alabama used different ways to criminalize the Black Population. These loopholes allowed for Black people to be arrested for minor offenses, continuing a pattern of racial control. During the years 1865 through 1866, Alabama passed several laws that targeted things such as vagrancy, unemployment, and lack of business licenses (Calhoun, 2024). These types of laws not only disproportionately affect the Black population, as it was harder for them to get jobs, but the laws also allowed police to arrest Black people for nearly anything (Terrell, 2021). Furthermore, these laws created a pathway from freedom to incarceration through convict leasing, which was a system

predominantly used by Southern states where private companies or individuals “leased” prisoners from local or state government to do labor. This shows how the Black residents were not truly free, but rather, forced into different forms of incarceration.

In addition, roughly around 95% of prisoners in the county jail and 90% of state prisoners were Black during the peak of convict leasing (Encyclopedia of Alabama, n.d.). This reflects a broader issue of racial targeting, showing how Black people were disproportionately criminalized. By the 1880s, most of the state and county prisoners were leased to different coal companies. The majority of the prisoners were Black, and most of them died from the unsafe working conditions (Encyclopedia of Alabama, n.d.). Some would say the legal system was broken, but it was not; it was intentionally designed to have control over Black people and force them into labor.

Today, the state of Alabama has one of the highest incarceration rates in the United States, with Black people making up a disproportionate percentage of the prison population. For instance, Black citizens make up over 50% of the incarceration population, when they only account for about 27% of the entire population (Prison Policy Initiative, 2023). This reflects decades of systemic inequality and racial injustice that persist through the criminal justice system. Alabama incarcerates 898 out of every 100,000 residents, making it one of the top states for imprisonment (Prison Policy Initiative, 2023). However, behind these numbers are deeper, interconnected issues such as mental health disparities that help create a cradle to prison pipeline that contributes to a continuous cycle of incarceration, especially for Black and low-income communities.

In Alabama’s justice system, many individuals are put through the jail and prison systems multiple times. Childhood experiences such as poverty and violent trauma that affect mental

health lead to an increased risk of prison involvement (Alabama Department of Mental Health, 2020). In 2020, over 256,000 kids in Alabama were living under the poverty line, and many faced issues like being pushed out of school and getting arrested, often without the right support (Alabama Department of Mental Health, 2020). The lack of mental health and educational resources, along with these experiences, leads to what is known as the cradle to prison pipeline. This term describes a systemic barrier that leads many children, especially Black and low-income youth, from birth to imprisonment and often premature death instead of on a path to success.

Black citizens in Alabama are overrepresented in the state's prison system, which reflects structural bias in arrests and charging decisions. In Alabama, Black individuals spend extended periods in jail, sometimes without having even been convicted of a crime. This illustrates the differences in treatment of people at bail hearings, counsel access, and prosecutor decisions. In Alabama, 74% of those held in jail have not been convicted of a crime, they are legally innocent, but nevertheless in custody (Prison Policy Initiative, 2023). Many of these individuals face serious challenges during confinement, including untreated mental illness, poverty, and limited legal support.

This points to a system that punishes people for their circumstances rather than offering access to care or rehabilitation. Not only do citizens not receive proper care while incarcerated, but they are also not able to access help once released. About 80% of the people released from Alabama prisons are without health insurance, have no access to the medications and therapy they need as soon as they get out of prison, which therefore can cause relapse, overdose, or reincarceration (Brown University School of Public Health, 2023). Instead of receiving proper

mental health care, they are criminalized and imprisoned, worsening their conditions and reducing their chances of being accepted into society.

Mental illnesses continue to burden many marginalized citizens, but Alabama government officials continue to underfund and underserve low-income communities. One survey conducted across the country revealed that those with severe mental illnesses are likely to be incarcerated in jails and prisons instead of being admitted to a psychiatric hospital (Torrey et al., 2010). It is actually worse in Alabama, where there are inadequate health care professionals and some policy gaps that lead to a cycle between incarceration and emergency medical care. In Madison County, Alabama, a woman was repeatedly cycled between incarceration and poor hospital care due to untreated mental illnesses. Her mom could not get her outpatient commitment due to insufficient medical care and the availability of long-term care. Consequently, she ended up stuck in a long cycle of moving in and out of prison and hospitals without any stable support provided after release (COSA, 2025). Although her situation does not directly reveal blatant racial disparity, it fits into broader patterns in Alabama, where Black individuals have less access to mental healthcare and are more likely to be criminalized for their untreated illnesses.

The incarceration patterns in Alabama need to be addressed and improved because the low-income and Black communities are the ones being affected. There is no consistency with seeking justice and protection in the Black community, while the Alabama justice system continues to enforce systematic neglect. The state's refusal to invest and finally put an end to the cradle to prison pipeline that cripples the Black community demonstrates the lack of awareness and care for the Black community. Addressing these interconnected issues is imperative and a public health necessity.

Louisiana

The state's high rates of incarceration and mental illness can be explained by its complex history of systematic oppression. Following the Civil War, the state enforced a series of laws that were also known as Black Codes. The codes were meant to put restrictions on the freedom of formerly enslaved persons and regulate their everyday lives. These black codes criminalized many black people for everyday behavior and made it challenging to co-exist with other races in society.

At this time, many hard anti-black laws drove black people out of the state because they were not allowed the right to vote, own businesses, testify in court, or access public services without the proper documentation (LSU Library, 2025). These laws and restrictions made punishments for the Black population more frequent and justified. Over time, this laid the foundation for an unjust racial system that was backed by the local and state governments. In southern states like Louisiana, these patterns were especially severe, even though Black residents make up about 32.6 percent of Louisiana's total population (U.S. Census Bureau, 2024).

Louisiana's prison system has deep roots in racial control and forced labor. Angola, now one of the nation's largest maximum-security prisons, was a slave plantation in the past. After the end of slavery, it became an institution for convict leasing, where Black men were arrested under vague and discriminatory statutes, and then forced to work in bad conditions. That legacy did not just end, instead, it simply evolved. Today, incarcerated people in Louisiana, especially Black men, still perform unpaid or barely paid labor inside prison walls (Roberts, 2003; Slavery and Remembrance, n.d.).

Furthermore, incarceration rates stem from more than just the crimes committed; they are also the policies enforced by government officials. For instance, Louisiana has a "three strike"

policy where if a person has two prior felony convictions, the third felony would result in the individual receiving a harsher sentence. Laws like the “three strike” policy have led to the incarceration rates in Louisiana being double the national average. Studies have shown that Black people make up 67% of Louisiana’s prison population, although they only make up 32.6% of the total population (Pew Trusts, 2022 nd U.S. Census Bureau, 2024). Moreover, Black individuals are likely to receive longer sentences than others for the same offense. For example, 33% of prisoners are African American males and get sentences that are approximately 20.4% longer than those received by white males (Brown, 2020). These statistics reveal the racial bias in Louisiana's criminal justice system and the vicious cycle of Black men getting routed into prison.

In Louisiana, the way the prison system works often leaves Black communities without the mental health care they need. Prisons are overcrowded, people are isolated for long periods, and the mental health services just are not there. That takes a serious toll, especially on low-income communities. Back in 2016, more than 80% of suicide attempts in Louisiana prisons were by African American men (American Association of Suicidology, 2019). That says a lot about how harmful this system really is. This illustrates how prison life poses a threat to the mental health of Black men and the Black community in general.

Prisons such as Angola and Elayn Hunt in Louisiana have been reported to have poor treatment and lack of services (APA, 2019). Instead of helping people with mental illness through therapy or better care, Louisiana often locks them up, especially Black people facing nonviolent charges or untreated conditions. This kind of response turns mental health struggles into crimes, which leads to more harm that could have been prevented.

The state of Louisiana's high rates of incarceration and access to mental health treatment reflect long-standing racial and social disparities. These patterns did not just happen overnight. Historical racism and segregation contributed to the high incarceration rates and the modern prison system that is influenced by Louisiana's government. Louisiana passed a major criminal justice reform package in 2017 to lower its prison numbers. Even when efforts are made to reduce prison populations, racial disparities remain present. While this reform led to the overall prison population to drop by 24% the percentage of Black inmates did not change; it stayed around 67% (Prison Policy Initiative, 2021). Harsh sentencing is still a big issue, especially for African American men, who are more likely to receive life without parole (Miner, 2021).

Louisiana still locks up more people than almost anywhere else in the country, with around 1,052 people behind bars for every 100,000 residents. This is more than twice the national average (Prison Policy Initiative, 2023). Black residents are overrepresented in these numbers and are more likely to sit in jail before trial simply because they cannot afford bail. In a majority of parishes, over 70 percent of those in jail haven't even been convicted. They simply get stuck there because they cannot afford to bail out (Pew Trusts, 2022). These issues begin early. Louisiana's children's mental health and crisis care system is so damaged that many children, particularly Black children, cycle between schools, emergency rooms, and juvenile detention without ever seeing long-term treatment (Center for Health Journalism, 2024).

Getting released from prison in Louisiana does not mean freedom for many Black men. After release, they often face major challenges like losing voting rights, struggling to find jobs or housing, and still dealing with mental health issues that were never treated. Moreover, Families usually end up covering costs tied to incarceration, for instance, phone calls, care packages, and healthcare (Marshall Project, 2021). Once someone is released, those same challenges can lead to

Black individuals being reconvicted, which keeps the cycle going. Often, it is the court system that decides who receives assistance, rather than health care professionals. This blurs the line between healthcare and incarceration and ensures that many people with treatable conditions are overlooked, or worse, put behind bars, instead of given treatment (Southern Poverty Law Center, 2023).

To break this pipeline, experts argue that Louisiana must treat formerly incarcerated Black individuals as partners in shaping mental health and reentry into society after being incarcerated. The LDH's "Nothing About Me Without Me" framework encourages participatory policy and community-led solutions (Louisiana Department of Health, 2020). This approach calls for trauma-informed care, culturally appropriate services, and investing in community health workers, especially in Black and rural communities (Louisiana Department of Health, 2020). These solutions offer Louisiana a shift from a disciplinary system to a protective one, focusing on inclusion and equality.

E. Medicaid Access & Structural Barriers

Alabama

Alabama's refusal to expand Medicaid under the Affordable Care Act has made the issue of healthcare disparities worse, leaving over 300,000 low-income adults, especially those who are incarcerated, without access to affordable healthcare (Ellis, 2023). This choice has made it even harder for people to access mental health services and has put many, especially the Black population, at greater risk of being funneled into the criminal justice system (Hawkins, 2024; KFF, 2025). This highlights how the system punishes those who are economically disadvantaged. It makes low-income community members, particularly in Black communities, only receive care when something bad has happened.

Black communities have been hit the hardest. Only 27 percent of Black Alabamians score above the national benchmark for health system performance, compared to 61 percent of white Alabamians (Hawkins, 2024). These statistics are not just numbers; they illustrate the effect of decades of systemic neglect. Race, poverty, and a person's position in the state all factor into how likely they will be able to get help (NPR, 2024). For rural Black communities, such barriers are actually the norm. Hospital closings and a lack of providers mean that access to routine mental health care is very difficult.

Roughly 93,000 people in Alabama are caught in the coverage gap, and the majority are people of color (KFF, 2025). Many of them work full-time jobs in retail, construction, or service roles, but still earn too little to buy private insurance. They are doing what society expects, showing up to work, paying taxes, trying to stay afloat, but the state still denies them basic care (NPR, 2024).

Without mental health coverage, even common conditions like anxiety or trauma go untreated. Studies have shown that states that adopted Medicaid expansion saw improved mental health access, better self-reported well-being, and fewer cases of untreated psychological distress (Gade, 2021). These are not isolated cases. They reflect a larger pattern where low-income Black workers are blocked from care, then blamed when untreated symptoms spill over into the legal system (Brown Public Health Journal, 2023). It is not just that the system fails them, it is that the state has chosen not to act, knowing exactly who will be harmed in the process.

Even for those who qualify for Medicaid, actually getting mental health care is another battle. Many live in rural areas with no nearby clinics, and others do not have a reliable way to get to appointments (NPR, 2024). These barriers are especially common in Black communities, where hospitals have shut down and mental health providers are hard to find (Hawkins, 2024).

This is not just about inconvenience. These are structural issues that limit access long before someone is able to ask for help. The result is that care gets delayed, or skipped altogether, until someone is in full crisis. At that point, it is not a doctor who responds, it is usually the police (Brown Public Health Journal, 2023). When Black communities are already dealing with over-policing, not being able to get help early enough makes it more likely that the system will respond with punishment instead of care.

The Patient Care Networks of Alabama (PCNA) program was designed to improve access to care for people who were already enrolled in Medicaid, especially those dealing with mental health conditions. The goal was to connect high-need patients to consistent care and reduce their use of emergency rooms. But even with these efforts, emergency visits stayed high, especially for people managing both mental and chronic health issues (Bronstein et al., 2015). That shows the deeper issues in the system were never fully addressed. Black residents, who are more likely to face these health challenges, often still end up in emergency rooms or jails instead of receiving the long-term support they actually need.

Even with the abundance of evidence that expanding Medicaid would help, Alabama's leaders still refuse to do it. Some claim it would make people less likely to work or give too much control to the federal government (NPR, 2024). But those arguments ignore what is really at stake. Real people are going without care. Black communities, in particular, are being left behind. This is not just about politics. It is about the power to determine who gets access to health care and who gets pushed out.

Louisiana

When Louisiana expanded Medicaid, it created positive improvements in healthcare access for low-income residents, many of whom are Black and have long faced systemic barriers to care. After the expansion, some residents did not have to skip doctor visits or go without

medication because of the cost. According to the data, the number of people who could not afford to see a doctor dropped by over 25 percent, and those who skipped medications due to cost fell by more than 60 percent (Diana et al., 2019). These changes made a real difference for communities that have historically struggled to afford consistent medical care, especially in Black neighborhoods that were underserved before the expansion. This allowed more people to identify health issues sooner or continue their medication without getting off track.

After Louisiana expanded Medicaid, people started using the healthcare system differently. For instance, residents started going to the doctor more regularly, instead of sitting in pain or waiting until something got bad enough to need the ER. Hospital stays dropped, and there were more check-ups and prescription refills (Louisiana Department of Health, 2019). This change to routine care actually put people in a position to catch and identify health issues sooner or address them before they become an emergency-level issue. That sort of access makes a difference, especially for Black residents. They are more likely to suffer from chronic conditions like high blood pressure or diabetes, and overall suffer from delayed diagnosis and treatment (LDH, 2022).

Furthermore, expanding Medicaid caused more providers to begin accepting it, especially primary care doctors (Ochsner Journal, 2022). This helped improve access to everyday healthcare. However, over time, fewer specialists continued to participate in the program (Wallace et al., 2020). This can be a problem for patients with complex conditions who are struggling to gain access to the care that they need. Specialty care is becoming very difficult to access, and that creates serious challenges for Black patients. Most individuals are already struggling with delays in referrals and underdiagnosis, and limiting access to specialists simply makes it harder for Black residents to receive the correct and timely care they need. This is

worrying for individuals who have significant mental health needs, because psychiatric care falls under specialized services.

Geographic access to care also improved after expansion. In many cases, the distance people had to travel to reach a provider became shorter, especially for OB/GYN services (Zhu et al., 2022). Access in this area is shaped by both race and location. For Black women in rural parts of the state, or even in underserved urban neighborhoods, long travel times have been a major barrier to receiving reproductive and maternal care. Even though travel distances have improved, many communities still face provider shortages and transportation challenges that limit access to care.

In addition, when reproductive or maternal care is inaccessible or delayed, it leads to higher rates of complications, untreated mental illness, and increased contact with emergency systems, all of which disproportionately affect Black women who are a part of the low-income community (LDH, 2022). That kind of gap can push people into crisis, and for the Black population, that sometimes means ending up in the ER or even in jail instead of getting proper care.

Even though Medicaid expansion helped more people get insured, it did not automatically fix how care is delivered. Many of the state's mental health hospitals were privatized, and many of the outpatient services that replaced them were underfunded or poorly run (Clark, 2010). Even with insurance, people still struggled to get quality care, particularly in Black communities that were already short on providers.

This really does make a difference. When mental health care is not available, people are often in emergency rooms, going through a crisis, or even locked up rather than receiving the care that they need (Center for Health Journalism, 2024). Having Medicaid on paper does not

mean much if there is no one around to take it, or if the only options are overbooked and understaffed. For Black communities, these gaps just repeat a long pattern of being pushed out of systems that are supposed to serve them.

F. Community-Based Interventions

Alabama

Access to mental health care in Alabama is extremely disproportionate for Black people in low-income communities. Black residents are pushed into the prison system before being given proper health care treatment. The Alabama prison system imprisons hundreds of people with extreme mental illnesses, including people charged with minor offenses (ADMH,2025). This shows how the government officials in Alabama are quick to take disciplinary action before connecting low-income citizens to better health care.

Decreased mental health access disproportionately affects Black people, who are more likely to be arrested for minor crimes compared to White people in Alabama (Smith, 2021). For example, Black people in Alabama are over four times as likely as White people to be arrested for marijuana possession, even though both groups use it at similar rates (Alabama Appleseed, 2023). Alabama's increased incarceration rates stem from the racial disparities created in its government, and a lack of mental health care in rural communities.

Furthermore, the state of Alabama needs to undergo community-based interventions to better support all citizens in their state and put an end to the increased incarceration cycle. Correctional officers and government officials are failing to provide basic treatment for incarcerated people with serious mental illnesses (Prison Policy Initiative, 2025). The failure to address mental health disparities and the prison pipeline disproportionately harms the Black community. People are sitting in jail cells without proper health care treatment, and sometimes, without treatment at all (Prison Policy Initiative, 2025). Many incarcerated people's needs are

being unmet, which leads to increased deaths and suicide under government supervision. In 2022, 840 people died by suicide in Alabama, and the state's suicide rate has increased by 43 percent over the past two decades (Centers for Disease Control and Prevention, 2024).

A case study in Alabama showed that a man named Jamie Lee Wallace who suffered from multiple mental health disorders died from suicide after testifying about poor mental health care in the prison system (Calambokidis, 2016). This was not an isolated case. In the federal lawsuit Braggs v. Dunn, a judge ruled that Alabama's prison mental health care system violated the Constitution and ordered the state to take immediate corrective action (Southern Poverty Law Center, 2021). Despite legal action and growing public attention, Alabama has yet to implement long-term reforms that provide equal access to care. As a substitute, those in prison are at a disadvantage because, rather than receiving treatment, they are left to face mental health disparities alone.

Since the prison system is failing at accommodating mental health care, it is imperative that crisis intervention teams (CIT) and division programs be brought in for change. Crisis Intervention Teams work to stabilize individuals in crisis with trained mental health responders, bypassing the dehumanizing and punitive outcomes observed in prison. In Washington v. Harper (1990), the U.S. Supreme Court ruled that an incarcerated person who is mentally ill can be medicated against their will if they are seen as dangerous (Prison Policy Initiative, 2025).

The lack of CIT and community-based interventions has created a dehumanizing alternative that strips incarcerated people of their free will. With community-based programs in place, many individuals with mental illness could have avoided the criminal justice system entirely. Programs like the Stepping Up Initiative, which aims to reduce jail populations by

improving mental health responses at the community level, show what a preventive, care-based approach could look like in practice (ADMH, 2025).

The state of Alabama launched the Patient Care Networks of Alabama (PCNA) in three different regions of low-income communities to assess the unmet needs in underserved communities (Bronstein et al., 2015). The PCNA was a tool used to shift care from emergency/inpatient settings to outpatient care, while improving quality and possibly reducing costs (Bronstein et al., 2015). This approach supports community-based interventions because it allows for the state to accurately assess health care disparities and ensure health care services are increased where they are needed, potentially leading to lower incarceration rates.

However, since this program was funded by Medicaid, it did not reduce dependence on emergency services. The PCNA attempted to improve health care for high-risk medicaid recipients, but without Medicaid expansion in rural communities, the PCNA program lacked the support needed for long-term success. This shows that Medicaid expansion is important to improve mental health care and increase community-based programs that will last longer to decrease the prison pipeline.

Government leadership in Alabama is important to reduce the use of prisons and jails as mental institutions and instead create a more trauma-informed care system. Expanding Medicaid in rural communities is an essential step toward reducing incarceration rates in the Black community.

Under current federal law, access to health care is suspended once a person becomes incarcerated (Ellis, 2023). The suspension for health care for inmates increases risks of death from suicide, HIV and substance abuse (Ellis, 2023). Since Black people make up a disproportionately high percentage of the prison population, they suffer more from the outcomes

of lack of healthcare. According to Health Affairs, Medicaid expansion was associated with a 25% reduction in incarceration rates for Black people and a lower likelihood of returning to prison after release (ADMH, 2025). Studies show that states such as Ohio, Washington, and Arizona saved millions of dollars on inmate care through Medicaid expansion (Ellis, 2023). This shows that Medicaid expansion can be both a cost-saving and life-saving measure, especially in states like Alabama where incarceration and mental illness overlap. Since these states have invested in Medicaid expansion, the recidivism rates have reduced.

Furthermore, to reduce incarceration rates for Black people suffering from mental illnesses, Alabama would need to commit to sustaining Medicaid funded community based programs. Acknowledging the positive effects Medicaid expansion has had on other states demonstrates Alabama potentially being able to reduce the prison pipeline, lower health care costs and provide more sustainable access to mental health treatment. Medicaid is crucial for Black people because when they are pushed into the prison systems, they face extreme financial barriers that keep them in an ongoing cycle of untreated illness and incarceration. Without the expansion and the reevaluation of healthcare systems in rural areas, incarceration rates will only continue to increase and the prison pipeline will continue to trap those most in need of care.

Louisiana

Louisiana moved away from institutional mental health care, with the goal of building a stronger system in the community (Clark, 2010). But the shift toward community-based services was flawed in both design and execution (Center for Health Journalism, 2024). In this state, the community-based model became the default, but it lacked structure, investment, and coordination to truly support vulnerable populations. The state promised to expand outpatient and local care options, but it failed to follow through effectively (Clark, 2010). This transition

left many with nowhere to go, especially those with severe mental illness. Instead of offering long-term support, the state's plan left many people out, especially Black residents with no real options. Black residents were disproportionately impacted due to lack of investment in underserved areas. While the community model sounded good on paper, in reality it struggled with effort and genuine intentions needed to succeed. As a result, many ended up cycling through jails and ERs, and not treatment programs (Center for Health Journalism, 2024).

The lack of crisis response, reentry support, and coordination puts people, especially Black residents, with mental health conditions at risk of being criminalized (LDH, 2022). Without structure4d community programs, law enforcement became the default first responder (Center for Health Journalism, 2024). This is alarming because Black individuals are not getting the true help they need. Many individuals were arrested during psychiatric episodes instead of receiving care, and Black residents in crisis were more likely to be met with handcuffs than help. Jails are being used as de facto mental health institutions and staff are often untrained to respond to psychiatric needs (Center for Health Journalism, 2024). The cycle of residents returning home without medication, housing or follow up care increases the risk of reincarceration (Dissertation on Mass Incarceration in Louisiana, 2021). This shows how the state's failure to provide real support after release keeps people trapped in a cycle of illness and imprisonment.

Although Louisiana has fallen short on many promises its leadership has made, the state has made strides to improve community-based care, such as pilot programs, Medicaid coverage expansions, and workforce investment (LDH, 2022). However, these programs were either too limited, not well implemented, or failed to reach the Black communities most in need.

While Louisiana has made some efforts to improve mental health services through community-based care, the reforms have not been enough (Clark, 2010). LDH has released

reports emphasizing “equity” in care access, but these plans often lack real funding or follow-through (LDH, 2022). Medicaid expansion helped more people qualify for behavioral health services, but shortages in providers still limit access (Access to Care Report, 2013–2018). Many rural and urban Black communities remain medically underserved despite expansion. Black residents still face serious barriers such as delays, misdiagnosis, and untreated symptoms due to workforce and funding gaps.

Without well-funded, well-executed, and racially equitable community-based mental health care, Black residents in Louisiana are still being pushed into incarceration (Roberts, 2003). This pattern did not begin with modern reforms, it is the result of a long history where systems of control replaced systems of care. Despite efforts to reform the system, the state still relies on jails and emergency systems as mental health backstops, leaving many without consistent or preventive care (Public Mental Health Care in Louisiana, 2009). This reactive approach treats crisis as the entry point for support, instead of investing in the early care that could prevent those crises in the first place. This approach disproportionately harms Black residents with mental illness, who often are handed incarceration rather than support (Dissertation on Mass Incarceration in Louisiana, 2021). The carceral system continues to absorb people who were excluded from care, reinforcing racial disparities in both health and justice outcomes.

Not having long-term funding and clear coordination, the state’s promises of equity remain surface-level (Access to Care Report, 2013–2018). Equity cannot exist when policies are symbolic but services remain broken, especially in neighborhoods where structural neglect is already deeply rooted. Louisiana’s failure to connect Medicaid expansion with true care coordination limits the full capability of change this program can make (Clark, 2010). When

coverage is not matched by access, the result is a system that looks better on paper than in reality. There is a need for culturally responsive, trauma-informed care models rooted in prevention, not punishment. Models that reflect the community-based systems of care Black Louisianans have historically been created by Black people for themselves (Louisiana Division of Historic Preservation, n.d.). Building on those traditions would not only show cultural awareness, but offer a real alternative to incarceration.

Comparative analysis of Alabama and Louisiana

The states of Alabama and Louisiana both have complex racial histories. Although Louisiana was once under the French and Spanish rule, allowing people of color to be free, the state still has a foundation of systemic oppression. In the past, both states used racial segregation and power to deny mental health care access to Black people. Alabama separated Black and white patients from the beginning through hospital policies and state laws. In Louisiana, early colonial laws and social practices shaped how Black residents were treated and what kinds of care they had access to.

Even as institutional support was denied, Black communities in Louisiana developed cultural survival systems like Congolization, blending African and Catholic traditions to create their own forms of care outside the formal mental health system. Furthermore, both states resisted change, Alabama through open political defiance and legal delays, and Louisiana through the quiet erosion of rights and identity under U.S. law. Alabama's hospital system was built to separate Black and white patients. Hospitals like Searcy and Bryce treated patients differently based on race, with Black patients facing worse conditions. The care Black patients got at Searcy was nothing close to real treatment. They were forced to work and lived in poor, overcrowded conditions. Officials justified it as part of the treatment plan, but the reality was closer to abuse.

In Louisiana, some of the early laws, like the Code Noir, set the parameters of how Black populations were controlled. That practice was continued under American administration, where legal systems were prone to ignoring or denying Black citizens' protection. The long history of exclusion helped create today's gaps in mental health access, growing mistrust in public systems, and pushback against reforms like Medicaid expansion.

It is not a question that both states have long histories of racial exclusion through political power. For instance, Alabama had a major party shift from a conservative Democratic stand to a modern Republican stronghold. Even with this shift, Alabama's stance on race and resistance to federal programs like Medicaid stayed the same. In addition, the lasting impact of Governor Wallace was shown through the continued support of segregation, limited federal power, and resistance to Civil Rights.

In contrast, under French and Spanish rule, Louisiana allowed certain legal rights for free people of color. They could own property, inherit wealth, and in some cases gain freedom through manumission. These rights created space for some Black residents to build generational stability and even hold leadership roles within their communities.

Louisiana's early colonial political flexibility for free people of color was struck down, however, after the U.S. annexation. This shift erased the earlier social and legal recognition free people of color once had and replaced it with a strict Black-white divide enforced through law. Although Alabama and Louisiana shifted in different ways, it does not take away the fact that they both had them. Louisiana started with flexibility and ended with exclusion. Alabama began with exclusion, which got worse over time, creating system gaps.

Alabama is known for refusing federal involvement, which stems from the foundation Wallace instilled. We live under a dual sovereignty system, where states have control over state

law and the federal government controls federal law. Alabama is a state governed by people who do not like outside input and want to preserve the state's own power, especially when it comes to state decisions. For example, Alabama's medicaid program is underfunded and serves one of the lowest numbers of users in the country due to its strict criteria. The state also refused to expand Medicaid under the Affordable Care Act, even though leaders knew it could benefit the Black population and help close the long-standing care gaps. On the other hand, Louisiana was the first Southern state to expand Medicaid, but the structural problems such as provider shortage and facility closures still exist despite expansion.

When comparing Alabama and Louisiana, both states show major failures in mental health care access and outcomes, especially for Black residents, who are often left without the support they need. Alabama ranks 50th in access to mental health care and Louisiana ranks 37th out of 51 states. As shown, Alabama is very close to being the worst state for mental healthcare.

Louisiana is 14 states above Alabama, even though they have similar foundations of racial exclusion. While Louisiana's ranking still reflects serious gaps, it shows more progress compared to Alabama's. We can see the steps Louisiana took compared to the ones Alabama did not take. Louisiana expanded under medicaid, which opened the door for more people to qualify for care.

Furthermore, Alabama has an alarming static of 800,000 plus adults with mental illness and over half remain untreated. In Louisiana, there are 700,000 residents with mental health conditions, which shows both states have a problem with people being able to access care. Although these numbers might look similar, Alabama has fewer people in the overall population than Louisiana. In Alabama, the Black population as a whole faces severe provider shortages, which affects their access to follow-up care and being diagnosed in the first place. This has

contributed to widespread underdiagnosis in Black communities, where many residents already distrust the healthcare system due to a long history of neglect and mistreatment.

Louisiana has a 20.5% proportion of Black adults who have been diagnosed with depression, which is higher than the national average of 16% for Black people. This does show that Black residents are more likely to experience mental health challenges, which is an underlying problem. However, it also shows that more Black people in Louisiana are getting diagnosed, whereas Black residents in Alabama still face an underdiagnosis crisis.

There is still major problems in both states. For instance, in Alabama, 62 out of 67 counties are facing a mental health provider shortage, which makes it hard for people to find local care, especially in majority Black areas. This has contributed to widespread underdiagnosis in Black communities, where many residents already distrust the healthcare system due to a long history of neglect and mistreatment.

Both states lack adequate mental health care for children, attention, and funding. In Alabama, Altapointe, a mental health care provider, says it receives more than 6,000 calls per month, including calls from schools. School-based services are thinly distributed, with few therapists to cover large numbers of students. Mental Health America has ranked Alabama as one of the states with the least access to mental health care for young people. This is harmful because many children experience depression that goes untreated, leading to academic struggles and behavioral issues.

Similarly, in the state of Louisiana, the Southern Poverty Law Center filed a case against the state mental health system for failing to offer proper services to the children. Families have to travel long distances to have their children treated, which results in financial and emotional hardships. The state's youth crisis response system is extremely limited, with only two providers

covering a few areas. Most Louisiana schools are also not equipped to meet the growing need for therapy among students, especially in rural areas where access is low to begin with. Whether it is Alabama's overwhelmed school therapists or Louisiana's lack of crisis providers, both systems fail to give students timely and local access to care.

These two states built incarceration systems rooted in racial control and legal exclusion through different approaches. Both Alabama and Louisiana have shared foundations when it comes to incarceration in the Black community. After the Civil War, both states used Black Codes such as vagrancy laws, which punished people simply for being unemployed, to criminalize newly freed Black people and keep them under control. Both states used their power to force their Black residents into labor. Alabama used vagrancy laws and convict leasing to force Black people into unpaid labor. Louisiana's incarceration system evolved directly from slavery, with prisons like Angola built on former plantations , where labor was also enforced under convict leasing.

However, the state's approaches also reveal differences. For example, Alabama focused on mass arrests for minor offenses like not having a job, while Louisiana focused more on harsh sentencing. Alabama leaders used everyday policing, such as arresting people for unemployment, to trap Black residents in the system. Louisiana, on the other hand, relied on harsh sentencing laws like the three-strikes rule, which disproportionately kept Black people incarcerated for longer periods.

Even though each state took a different route, they ended up with the same results. They built a system of oppression that disproportionately locks up Black people, even those with mental health conditions. National research shows that people with untreated serious mental illness are over four times more likely to be incarcerated than those without mental illness

(Treatment Advocacy Center, 2010). This connection is especially visible in both Alabama and Louisiana, where untreated mental illness is common in Black communities and often leads to arrest rather than care. Neither state addresses the root cause, like trauma, mental conditions, or poverty. These systems were doing exactly what it was intended to do, which was to isolate Black people to control them with jail instead of offering to help. This system persists today.

Despite taking different approaches, both Alabama and Louisiana tend to criminalize Black people instead of providing real treatment. Alabama has a cycle wherein Black residents enter prison with mental illness, receive no treatment, and leave in worse condition. Many enter the system because their symptoms go untreated in the community, where access to care is extremely limited. Untreated mental illness in the community can lead to behavior that draws police attention, not because people are dangerous, but because their symptoms go unmanaged. Many individuals leave prison uninsured and unsupported, which increases their risk of relapse and incarceration.

Louisiana's prisons are overpopulated and have minimal access to mental health services. The use of solitary confinement is a significant contributor to why so many struggle, and the impact on Black men is especially alarming. In Alabama, nearly 60% of individuals with severe mental illness in prison receive no routine treatment during incarceration (Treatment Advocacy Center, 2016), and the majority were never diagnosed or treated before arrest. Neither state has reentry plans that account for mental health care, especially for the Black community. Even though they have two different approaches, the residents in both states are more likely to be locked up than helped. This builds a pipeline from untreated illness to incarceration, where health conditions are punished and not addressed.

Even in medicine, the choices that each state made showed the larger systems of exclusion that they built. Alabama's refusal to expand Medicaid has left thousands of residents, a disproportionate number of whom are Black, stuck without coverage even with full-time jobs. These individuals fall into a coverage gap that blocks them from accessing even basic care, especially mental health services.

On the other hand, Louisiana made the decision to expand Medicaid, and while this helped close some of the access gaps, it did not solve everything. Insurance alone did not guarantee care. Many facilities remained understaffed or privatized, especially in Black neighborhoods. So while more people in Louisiana had insurance on paper, many still had no real way to use it. That is the key difference. Alabama shut people out of the system entirely. Louisiana let people in, but often without the support they needed once they got there.

In both states, the end result is the same for many Black residents. Mental health conditions remain untreated, and the consequences show up in crisis response, emergency rooms, and incarceration. In Alabama, structural neglect shows up in provider shortages across 62 out of 67 counties and in the overwhelming number of Black residents who never get diagnosed at all. In Louisiana, more people are being diagnosed, including a higher-than-average rate of depression among Black adults. But that does not always lead to real treatment because of specialty care shortages and long travel times.

This comparison shows that expanding Medicaid is a necessary step, but it is not a solution by itself. Without providers, transportation, and community trust in healthcare systems, insurance will always fall short. What both cases reveal is how easily policy decisions can either open or close the door to help. For Black communities, those doors have been locked for generations.

Both Alabama and Louisiana have struggled to build real community-based mental health care, but their approaches were different. Alabama's refusal to expand Medicaid made it hard to fund programs that could last. The state tried with initiatives like the Patient Care Networks of Alabama (PCNA), which aimed to shift care into the community. But these efforts were limited from the start because they lacked the support that Medicaid expansion could have provided (Bronstein et al., 2015). Even with some progress through the Stepping Up Initiative, the state was not able to build a system strong enough to meet the needs of Black residents with mental illness (ADMH, 2025). Without that funding, community care stayed out of reach, and incarceration remained the default.

Louisiana expanded Medicaid, which helped more people qualify for services, but expansion alone was not enough. The state failed to create a coordinated and fully supported system, especially in Black communities where access continues to fall short (LDH, 2022). Even though coverage improved, many people still ended up without real treatment. Both states show that without long-term investment, racial equity, and strong care networks, Medicaid policies will not change outcomes on their own. Black residents are still being funneled into the criminal system instead of receiving support in their communities.

In both states, the result is the same: Black residents face serious barriers to care and are disproportionately incarcerated due to untreated mental health conditions. Community-based interventions must be rooted in racial equity, cultural responsiveness, and long-term investment. Without those elements, the systems designed to help will continue to push the most vulnerable into prisons instead of into care. This reinforces the need for states to go beyond surface-level reform and address the structural roots of racial and mental health disparities if they hope to reduce incarceration rates and improve outcomes.

Conclusion

This paper set out to explore how mental health disparities increase incarceration rates for Black individuals, and whether Medicaid policies make any difference in this cycle. By comparing Alabama and Louisiana, two states with similar racial histories but different healthcare decisions, it became clear that access to care plays a major role in shaping outcomes. In Alabama, the refusal to expand Medicaid has made it harder for low-income residents, especially in Black communities, to get mental health support before symptoms lead to arrest. In Louisiana, Medicaid expansion helped reduce some barriers, like cost and distance, but deep racial and structural inequalities still limit access.

What stood out most was that even with different policies, both states continue to criminalize mental illness in ways that disproportionately affect Black people. This shows that Medicaid access matters, but it is not enough on its own. Lasting change will require more than policy reform, it calls for a shift in how public health and criminal justice systems respond to mental illness, especially in communities that have always been left behind.

We often talk about incarceration and we talk about mental health, but rarely do we talk about how the two intersect. There is not much research that looks at this issue as a whole, but based on the trends and patterns I found, the answer to my research question is yes. Mental health disparities such as lack of access to care, underdiagnosis, and high treatment costs do contribute to higher incarceration rates within the Black community.

Because of time constraints, I focused only on Alabama and Louisiana. However, this topic deserves a broader look. Future research should explore states like California and Texas, or Illinois and Wisconsin, to better understand how Medicaid decisions and racial history shape

outcomes in different regions. This is an important issue that needs more attention because the systems in place today are not designed to support mental health. They continue to punish it.

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