

NAMI Ask the Expert:
Our Criminal Legal System: Transformation to Health and Justice
Featuring Deborah A. Reid and Gabrielle de la Guéronnière
October 19, 2023

Shannon Scully ([00:00:00](#)):

My name is Shannon Scully. I'm NAMI's Director of Criminal Justice Policy and Initiatives, and I am thrilled that you are taking time out of your day for this incredibly important presentation. Before I get into introducing our presenters, I wanted to take a moment just to check in with everyone. Katie, can you toss it over to the next slide?

Whether you were struggling yesterday, you are today or in the future or if what we discussed today raises any emotions or trauma in your life, know that NAMI is here for you. Our NAMI helpline is available to support you and your loved ones, and you can reach us by dialing 1-800-950-NAMI or 1-800-950-6264.

Emailing us at info@nami.org or by visiting our website at nami.org/help. Next slide please. Now, I'm thrilled to introduce our two experts for today's presentation, Deborah Reid and Gabrielle de la Guéronnière. We were just talking about how to pronounce her last name before this.

([00:01:15](#)):

But both national subject matter experts with the Legal Action Center, a nonprofit that uses legal and policy strategies to fight discrimination, build health equity, and restore opportunity for people with arrest and conviction records, substance use disorder, and HIV or AIDS.

I also just want to note that they have been a long-time partner of NAMI and we have worked together on incredibly important policy issues both nationally and the local level. And so, really thrilled that they're here today to talk about some of the important, the work that they're doing in and around the criminal justice system and access to health.

So, our first presenter is Deborah Reid. And Deborah is a Senior Health Policy Attorney with Legal Action Center where she currently directs Legal Action Center's legislative and policy work to protect the confidentiality of substance use disorder treatment and prevention records. She also participates in Legal Action Center's advocacy to ensure implementation of the Affordable Care Act for justice-involved individuals.

([00:02:22](#)):

We also have with us Gabrielle, and she is the Vice President for Health and Justice Policy at Legal Action Center, where she leads LAC's National Policy Advocacy to expand and improve the health response to substance use disorders, and to end discrimination against people with drug and alcohol histories and conviction records.

After joining Legal Action Center's Washington DC office in 2003, she directed Legal Action Center's Federal Advocacy towards successful inclusion of strong addiction and mental health provisions in the Affordable Care Act and passage into law of the second chance reentry legislation.

([00:03:04](#)):

I'm not going to take up any more of your time. I just want to just note before we dive in, Ask the Expert is intended to be an informational webinar and nothing here should be intended to be taken as legal advice or medical advice on any specific topic that we touch. So, I now want to hand it over to Gab and Debbie to kick us off on this really important discussion.

Deborah A. Reid ([00:03:34](#)):

Thank you. And first of all, thank you NAMI for asking us to speak with your audience today, and thank you audience for listening. You're probably wondering if you haven't heard of the Legal Action Center, who are we and what do we do?

You see from the slide the strategies that we use, legal and policy strategies to guard against discrimination, to work toward building health equity and restoring opportunity for people who do have criminal records, histories, substance use histories, and histories of HIV or AIDS. And we can go to the next slide.

How do we do this you might ask. Some of the ways we do this are the ones you see listed here. We do provide direct legal services to our clients. We also do impact or class action litigation. We use policy advocacy strategies as well as doing and providing technical assistance, training and education.

([00:04:38](#)):

And we also work in collaboration with a number of organizations and coalitions. So, we have a series of strategies and these are the things that we do. Next slide, please. As part of the Legal Action Center's work, we have a particular campaign called the No Health equals No Justice Campaign.

And the basis of No Health equals No Justice or No-No as we call it, is to seek transformational change in healing in those criminal legal policies and strategies that are particularly in health that are particularly impacting Black and Brown communities.

And some of our ways that we promote are things that you see here, ways to provide reparations for communities and families impacted by the war on drugs whose policies are still existing in some places to dismantle policies that are spurring on mass criminalization and incarceration.

([00:05:43](#)):

And also, to provide person-centered and defined rehabilitation, restoration and recovery through other ways other than arrest, prosecution, incarceration and supervision for individuals who have mental health and substance use disorder issues.

Another way to promote change and healing in our health and justice systems is to strengthen continuity of care for people who have health care issues and to revise policy and funding with the recognition that if we have true public health, we'll have true public safety.

And lastly, we work to eliminate those federal, state, and local criminal record barriers for folks who have seeking housing, education, employment, voting and public benefits. So, if we don't do that, we won't achieve true equity. Let's go to the next slide.

([00:06:48](#)):

So, what we're going to look at today are a couple of points. We're looking at our criminal legal system and looking at it as a way to transform to health and justice. We're going to look at this nation's histories and policies that led us to the challenges that we're facing today as well as looking at issues and strategies that impact health and justice.

And then, the third step is to look at what can we do? And when I say we, I mean, all of us. What can we do to advance greater equity and justice for people who are in the criminal legal system? And then, we're going to provide you with some resources before we get to Q&A.

Deborah A. Reid ([00:07:29](#)):

So, let's start off and go to the next slide. So, we have our first polling question here. But then, we're asking you, have you advocated to eliminate barriers facing people who have been involved in the criminal legal system? We have a few choices here and that we'll take a few, I won't say a few minutes.

It'll take a little while for you to respond, so please check your choices. Yes, I'm a criminal legal system reformer. Hopefully, there's some out there. Yes, I have worked to improve certain policies in my state or community. No, but I would like to take action. No, but I would like to learn more.

I meant to mention that when we say the criminal legal system, we mean including jails and prisons, but we're also including parole and probation or anyone who is involved in that whole spectrum of criminal justice interaction. So, just as an aside. So, we'll take a couple seconds for you to answer.

([00:08:39](#)):

We have no theme music, so we'll just wait a couple seconds. And Katie, let us know when we have sufficient response. Okay. We have 40% of you all say, no, you haven't advocated for this particular community, but you'd like to learn more. That's great.

Following up with the folks who said no, and I'd like to take action, that's great too. Third would be those of you who have worked to improve certain policies in your state or locality. And then, we have that 9% who have the t-shirt that says they're a criminal legal system reformer.

So, that's great, but it's great that people would like to learn more. So, thank you for doing your poll, and let's go to the next slide, please. So, we're going to start looking at our nation's history and policies that have led us to the challenges that we're facing today.

([00:09:50](#)):

Next slide, I'm sorry. Okay. Now, you may ask, what are some of those legal and policy issues and laws that have happened in our history and that has impacted people's health and that includes mental health and substance use. We can see that there's a list of issues here, including slavery due the slave laws attempted genocide of indigenous populations, Black Codes, and Jim Crow.

And for those of you who are not familiar with Black Codes and Jim Crow laws, they were laws that were passed right after the time of the Civil War in 1865 in the South to enforce racial segregation and block the power of Black voters using that avenue. We have convict lease strategies and laws again after the Civil War.

([00:10:49](#)):

Slavery continued in the form of leasing people out who were arrested in southern states to work on private railways and mines, et cetera, and they work without pay and face dangerous and inhumane work conditions.

Let me just note, for under the convict lease laws, people could get arrested for minor offenses for vagrancy and could be in prison and also receiving sentences for other number of petty offenses. So, these racial inequities set the framework of having more Black and Brown people being incarcerated for a number of reasons.

Deborah A. Reid ([00:11:41](#)):

Prison Nation is a book that talks about the warehousing of poor people in America. So, you could probably take a look at that. As part of this whole context, you might want to read LAC's, the Legal Action Center's resource called Unchaining Civil Rights through Quality Services and Care. We'll drop the link in the chat at some point so you could take a look at that with details a lot out of that.

So, you might ask, okay, what's the impact of all this? All of this is history. We also have the war on drugs, which is not that long ago, which called for people being mostly Black and Brown people being arrested and sentenced to long jail and prison sentences because they had a substance use disorder.

Instead of getting people the care that they needed, people were largely arrested, and that was [inaudible 00:12:37] and including people who had mental health situations. The impact of these types of laws and inequities in our society is the healthcare system and their health, people's health became impacted obviously.

([00:12:53](#)):

Some of the ways that we saw that spun out of all of these laws, Black and Brown people not being informed of actual services they were to receive in a healthcare setting. Therefore, there was no informed consent to the type of treatment that was received.

Secondly, the same population of Black and Brown people being provided with experimental or inhumane treatments instead of medically appropriate care. Thirdly, being provided with extremely limited or no healthcare services or being warehoused forth against their will and forcibly given substandard treatments.

For example, the resource that I talked about a few seconds ago equal, the unchaining civil rights source that LAC provides an example of a hospital in Maryland called that basically warehoused and arrested people for incarcerated, but had people has inpatient in this facility for a number of reasons where they actually had mental health issues or whether they had physical illnesses, or also whether they were demonstrating in civil rights demonstration.

([00:14:18](#)):

And this hospital, which is not operating now, but this hospital basically did some of these things that I've mentioned about providing people with added care and using experiments and experimentation. So, health history can impact people's framework for providing healthcare and how certain people are viewed in the society.

So, we mentioned that just so you're aware. Two other sources you may want to look at that talk about how history has impacted current policies in healthcare and practices is one by professor Dorothy Roberts, who's at University of Pennsylvania Law School called Killing the Black Body, Race Reproduction and the Meaning of Liberty.

And secondly, a book by Harriet Washington, Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present. So, this picture is painted so that we know that this has happened and we have to work to making sure it doesn't happen again.

([00:15:30](#)):

So, let's go to the next slide. So, right now, what's the impact of criminalization of people who have substance use disorders and mental health conditions? Basically, arresting people because they have these conditions and they don't have any option for treatment or care.

Deborah A. Reid ([00:15:52](#)):

We have overcrowded jails and prisons. Communities where these folks are coming from are weakened because there's more people going to jails and prisons for these reasons and not contributing to the societies from which they came. And then, you also have recidivism.

We have people who are continuously going to jails and prisons being released and not being provided with the appropriate mental health care and substance use disorder care, and consequently being recycled back into jails and prisons. So, it becomes the vicious cycle and which causes economic and social instability.

So, this is a serious problem. It has been going on and continues to do. So, let's go to the next slide. Okay. So, because of this vicious cycle of people not being treated for their mental health and substance use disorder illnesses, what's the result?

([00:16:59](#)):

We have and people, not in Black and Brown communities and indigenous folks too, not getting the type of healthcare services and preventive services that are needed. As you see here, we have African-Americans have higher uninsurance rates than whites.

We have Black women at high risk of heart disease and stroke and experienced productive health inequities. We have uninsured Black Americans who are more likely than white individuals to fall in the coverage gap in states that have not experienced expanded Medicaid for those.

So, for example, those states that don't have a Medicaid expansion going on, we've had those inequities where those individuals could have been covered by Medicaid and gotten mental health, physical or substance use disorder care, but cannot because they're not eligible under Medicaid in that particular state.

([00:18:01](#)):

We also see how these healthcare inequities were directly high highlighted when we have the COVID-19 outcome during the whole COVID-19 occurrences. So, though it was very clear who had coverage who was able to access care. And then, we see the link between mass incarceration and health disparities, which I discussed before.

We also see the impact of these systemic and institutional racist policies. We have discriminatory healthcare and criminal legal systems in low-income communities, and they're basically separate from each other.

And we also don't want to see the correctional facility serving as individual's sole healthcare provider. So, I'm going to pause and turn this over to Gab next who's going to tell us more on the next slide.

Gabrielle de la Guéronnière ([00:19:05](#)):

Great. Thank you so much, Debbie. It's really, really good to be here with all of you today and really appreciate all the amazing work you all do around the country and really appreciate our work with NAMI at the federal level and nationally.

You're a wonderful partner. And again, really, really appreciate having this focus discussion today. I'm looking forward to your questions. I'll jump through some slides and Debbie will as well, and then we'll get to your questions and discussion.

Gabrielle de la Guéronnière ([00:19:31](#)):

So, looking forward to that. So, just to continue what Debbie was just talking about, and I'm sure folks know this well, that we as a country incarcerate more people per capita than any other country in the world.

There are 2 million people who are currently incarcerated in the United States, and we know that over 90% of those folks will be coming home. So, when we talk about reentry, the vast majority of people who are incarcerated are going to be coming home to communities.

So, it's critically important that people have what they need to be successful. We want people to be able to become healthy and to maintain their wellness. We want people to be able to work if they want to and work that they want to work in. And we want people to have full good, healthy lives.

([00:20:22](#)):

Unfortunately, it's challenging in this country as folks know. Even after people have completed their total sentences, they continue to face legal and policy barriers to reentry in all important aspects of life. And this is including health, housing, education, employment, public benefits, voting.

We'll talk about all of this. And as Debbie was just discussing, because we face structural racism in all of our systems, it's baked into our system. People of color are disproportionately harmed by this. So, we see black and brown people being disproportionately arrested, prosecuted, and incarcerated in the United States.

And as a result, experiencing disproportionately the trauma of incarceration and the harms that come with having a criminal record. Next slide, please. So, when people do reenter from jail or prison or a juvenile detention facility, other types of facilities, it's a very challenging, very vulnerable time for people.

([00:21:37](#)):

We see this in rates of overdose death that are extremely high as people come home. And we see this as people die by suicide. Again, extremely high, just horrible, just so much pressure that people are facing. And so, it's a very delicate time for people.

There are a lot of different challenges. We know proliferation of background checks that we live in a society where people can google something and find out about somebody's worst day, and we know that that can have impact in whether they can get an apartment, whether they can get life insurance, whether they can access, whether they can ever vote again, many, many different things.

So, the background check piece is very challenging. Social exclusion, it's very stigmatizing. People face a lot of discrimination who have a history of incarceration or a conviction record, and it can be difficult because of different legal and policy barriers for people to sometimes rejoin their families and their communities.

([00:22:43](#)):

And again, it can just be very challenging in a bunch of directions. But there is hope, and I'm sure many of you're doing work in your communities that you know that people can and do reenter well and build lives and take care of their families and participate in their communities.

It's very challenging, but people are pretty extraordinary and resilient and do amazing things. So, that's how I'm able to continue doing this work, really learning from their examples. So, next slide, please. Okay. So, we're going to talk through some issues and strategies in all of these areas, things that we think it's important to know about, things we're feeling optimistic about.

Gabrielle de la Guéronnière ([00:23:28](#)):

Policy reforms that are coming or that are out in front of us or things that we're really challenged with and concerned about that we want to flag for you. So, next slide, please. To just identify some of these. So, first we'll talk a little bit about Medicaid reentry waivers.

And I know this is a priority for NAMI, so I'm sure you've spoken about this before. But for the first time, for federal Medicaid money to be allowed to be used behind the walls as people are getting ready to reenter, to pay for some critical healthcare.

So, that's something we're very excited about, very optimistic about as a way to improve continuity of coverage and care as people are coming home. Crisis response. We know NAMI is the national leader on this work around the country. We wanted to highlight a couple of issues specific to people in substance use related crisis.

People who have a history of criminal legal system involvement as we look at making sure that communities all around the country have what they need to respond to people in crisis in appropriate ways with a health response, and to make sure that people have what they need to be well.

([00:24:40](#)):

And then, we'll talk a little bit about ways that people are working around the country to expand different opportunities. So, to housing, employment and education, public benefits and voting. Next slide, please. I think we're at our second poll.

I was excited to get to do one of these. So, Katie, if you could pull up the second poll. And so, here, we know we're talking about a bunch of different issues. All of these we know are important, excuse me.

But we wanted to hear from you on which of these types of barriers that people with arrest or conviction records face you're most interested in learning about, in being a part of the advocacy or maybe you have done tons and tons of advocacy in some of these areas.

So, if you could just take a couple seconds and pick, whether it's healthcare, housing, employment, voting or multiples, you can choose multiples. It's helpful for us to know. So, I'm going to click, so this will go off my screen. I'm going to say I can't choose just one just to disclose my choice, but we'll give it just a few seconds more.

([00:25:58](#)):

And whenever, Katie, you're seeing results and you're ready, go right ahead to the next slide. I'm just going to get a little bit of water. Okay. Let's see what we got. Okay. So, not surprisingly, knowing all of NAMI's amazing health advocacy, the first response is healthcare, 46% of you have said that you care most, and you're most interested in working to eliminate barriers that people with arrest or conviction records face to healthcare.

That's followed very closely by housing, 40% of you are very interested in engaging around housing work. Then, next employment at 37%, 36% of you said you couldn't choose just one, which again, I did as well.

([00:26:54](#)):

And then, voting is at 17%. So, all really critical areas of life when we look at people being successful in their reentry and having what they need and deserve. So, let's go to the next slide. Excuse me. And I think I'm turning it right back over to Debbie, and I'm going to get a cough drop. So, Debbie.

Deborah A. Reid ([00:27:17](#)):

You're right, Gab. Well, let's take a quick look at Medicaid reentry waivers. And I'm sure some of you know all about this. And you may wonder, what are Medicaid reentry waivers? It's an ability for states to use their flexibility and use federal Medicaid money to pay for transitional healthcare services for people who return home from prison and jail.

Currently, federal law prohibits federal Medicaid funds from being used to finance healthcare for people who are incarcerated except for inpatient care or hospital care services. So, these Medicaid reentry waivers is a way to get around that requirement and use some federal fundings to address this particular population.

The goals of the Medicaid reentry waivers, well, some of the goals, are to improve communication between carceral settings and community health settings, and also to improve access to care and services for people when the person is released from incarceration and to provide care coordination to the community.

([00:28:38](#)):

Last but not least, an important goal is to reduce the rate of death for people who are post-release from incarceration and also to reduce the use of the emergency hospital emergency departments and inpatient hospitalization. So, why are Medicaid reentry waivers important?

We are reminded that people who are reentering from incarceration are 129% more likely to die from a drug overdose and are at higher risk of dying by suicide. So, this is a particularly important way to intervene to circumvent these two realities for people.

And we also know that untreated mental health and mental illnesses and substance use disorder are particularly significant drivers of the over representation of Black and Brown people in jails and prison. You might want to ask, sure, you would. What type of benefits are required to be in these new Medicaid reentry waivers?

([00:29:56](#)):

The federal government leads it up to states to determine what they want in their particular reentry waiver package. There's some minimum requirements such as case management, services to access physical mental health and substance use disorder needs.

Secondly, there's also a requirement for medication assisted treatment for all FDA approved medications as well as supporting access to MOUD for incarcerated people who may need that. And also, as part of the minimum reentry Medicaid waiver package is a 30-day supply of prescription medication.

The federal government is encouraging all states to participate in these waivers. So, they're different to address health related social needs like housing support and access to ways to address food insecurity. So, they're an important tool that can be used.

We see also on the slide, there's some states who have submitted Medicaid reentry waiver applications like California, Vermont, DC when the ones you see listed here. I'm going to ask Gab if she wants to add anything to the Medicaid reentry waiver discussion.

Gabrielle de la Guéronnière ([00:31:28](#)):

The only thing I guess I would maybe add is that this could be a really huge opportunity for peers. This is something where the focus will be health literacy and there will be an opportunity, as Debbie was mentioning, to do case management.

Gabrielle de la Guéronnière ([00:31:43](#)):

And help people navigate and make connections in the community as they're coming out. So, we see this as really a potential opportunity in a lot of different ways. So, we're excited to see how this is going to move forward. Thanks, Debbie. Back to you.

Deborah A. Reid ([00:31:59](#)):

Thanks, Gab. Well, let's go to the next slide. And also, another particularly important strategy and services that you all in NAMI know all about for a crisis response. And the focus here for our purposes is crisis response to substance use disorder and mental health emergencies.

So, what the problem is, a typical crisis response service for people who use drugs or alcohol, who may have mental health issues involve law enforcement entities. So, the issue becomes the presence of law enforcement, excuse me, the interaction of law enforcement may harm the individual or agitate the person and failed to provide appropriate healthcare.

We have some studies. There's one that was published in 2016 in the American Journal of Preventative Medicine entitled Deaths Due to the Use of Lethal Force by Law Enforcement, and that indicated that Black people are almost three times as likely to be fatally shot by police as whites.

([00:33:16](#)):

And then, we also have another study in February of 2023 by the Center for Policing Equity. It's a report called Redesigning Public Safety Mental Health Emergency Response that, again, reemphasized that police are likely to arrest or injure or kill people with mental illnesses at a higher rate than people without a mental illness.

So, we see that we have to be careful when people who have substance use disorders or mental health emergencies, how law enforcement may be involved in emergency responses to this particular population. Another thing to be mindful of is that we want people to use crisis response services that are identified as such.

But if people in communities, particularly Black and Brown communities, know that those services may involve law enforcement, they may be less likely to feel comfortable using that particular service.

([00:34:22](#)):

There's been some guidance by federal agencies and others who talk about what should be in these crisis response services and how to use peers and how to use other strategies for people who have mental health and substance use disorder services.

Another point that we really would be remiss if we didn't mention for people who are looking for emergency crisis services and who have a criminal legal background, they also should have the right to privacy if they need emergency services, the right to privacy protection so that their medical information is not transmitted to law enforcement and then the person is subsequently arrested or prosecuted and that private information is sent to those entities.

So, there is a need for privacy in those situations. And we don't want to have people who are looking for crisis response. We really need substance use disorder and mental health care to be particularly disproportionately harmed because of who they're. And let's go to the next slide.

Deborah A. Reid ([00:35:48](#)):

So, what can we do about this? What can be done? Well, SAMHSA supports a no-wrong-door strategy for helping people that include things like a regional crisis center, crisis team responses, crisis receiving and stabilizing facilities. We see a way to do crisis response services is for states who apply for those Medicaid 1115 waivers and demonstrations.

I've mentioned also note that these particular waivers, the 1115s, are ways that states can provide innovative strategies or new strategies to address particular needs for populations that would address the objectives of the overall federal Medicaid program.

So, states should apply for Medicaid 1115 waivers or demonstrations to provide federal funding for innovative ways to do these services or submit amendments to their state plans or SPAs, State Plan Amendment.

([00:36:59](#)):

Thirdly, we see that another thing that could be done is have community-based mobile crisis teams that carry naloxone and have team members who are trained in its administration to reverse overdoses.

And that's pursuant to a guidance that's by CMS. So, we see there's more work that we could do to support people who are in crisis, who have histories of mental illness, people who have substance use disorder issues, and people who have histories of criminal legal involvement.

There's been some states that have supported doing crisis interventions in this way in designing either state plan amendments or using 1115 waivers to do a crisis response that address substance use disorder and mental health emergencies.

([00:37:54](#)):

And we see listed that CMS awarded state planning grants to particular Medicaid agencies in a number of states that you see in West Virginia, Maryland, and Alabama and others.

So, this is some important ways that we could all be working to make sure people who were having a healthcare crisis get a healthcare response. And I think we're going to the next slide and think I'm turning it back over to Gab.

Gabrielle de la Guéronnière ([00:38:25](#)):

You are. That's right, Debbie. Thank you, Debbie. So, to build on what Debbie was just saying and to really emphasize that what I'm going to talk about are things that are happening around the country that are really led at the community level by directly impacted people.

([00:38:45](#)):

And the people who love them and who are allies with them to try to really reduce the impact and to eliminate wherever possible the impact of some of these barriers. There's 70 million people in this country who have an arrest or conviction record that's one in three of us.

([00:39:05](#)):

And so, again, the goal is for people to be able to have good full healthy lives who are coming back to their communities. And so, some of this is really looking at the impact of a criminal record. And again, using different mechanisms because there are a lot of different ways to do this, to really, again, reduce the impact or even eliminate the impact.

Gabrielle de la Guéronnière ([00:39:26](#)):

So, here there are a number of different things. Again, some of this is at the state level, some of it is very local. So, first, the pardon ability, if it's a federal offense, the president, or if it's a state offense, but a governor, very difficult to navigate that process in most states.

And it's I would say very limited at the federal level in terms of use of pardon power. There are also restoration of rights programs like certificates of rehabilitation or relief that pretty much remove whatever barrier or bar that the record creates often to employment, to housing, or other types of programs.

There also is work around the country to either seal or expunge a record based on a number of different factors. And it looks different in different places. Again, different amounts of time, different types of offenses and different process.

([00:40:23](#)):

Some of them are automatic after a certain amount of time, which doesn't put the burden on the person to have to go through a lot of process and often money to do this.

But hopefully, some of you have heard about clean slate. I'm sure some of you are deeply involved in doing this work to, again, try to reduce the impact and to really eliminate consideration of a criminal record for purposes of employment or housing or other important areas.

Prohibiting inquiries about arrest that didn't lead to a conviction. So, this isn't even when someone has been convicted, but just an arrest record in certain places still can cause a lot of trouble. And lastly, just accuracy of information.

Again, we know this information is very available, that there are background screening companies that provide this to potential employers, to potential landlords, and often this information is not correct. So, there's a lot of work being done to really improve at least the accuracy of the information.

([00:41:30](#)):

So, next slide, please. A little more on education and employment. And again, a lot of really good work that's happening around the country. First, for many years, there was a federal barrier to higher education behind the walls, assistance for higher education.

Pell Grants were not allowed to be used behind the walls. There has been a lot of work in the past number of years to try to expand access to higher education. So, that may be happening in your state and in different facilities.

And then, different fair chance policies that are aimed at people demonstrating that they're qualified, whether a qualified student or a qualified employee before they have to answer questions about their history of incarceration, their conviction or arrest record.

So, to first get in the door, demonstrate that they're qualified, and then answer questions if it's something that matches and is related to the job that they're applying for. There, again, a lot of variation around the country. Anti-discrimination protections in employment around the country.

([00:42:41](#)):

And number of folks are working on that to really, again, create protections for people with a conviction record to accessing employment. And again, that doesn't mean you don't have to be qualified. You need to be a qualified candidate, but you shouldn't be turned away because you have a record.

Gabrielle de la Guéronnière ([00:43:00](#)):

And then, a number of things. I know there are a lot of things here. So, Ban the Box. Again, folks probably have heard of this. This is, again, part of fair chance hiring, which delays a question like that. Negligent hiring. There are concerns that employers have about hiring people with records.

So, what kinds of protections could be put into place to give employers greater assurance. We've done some work on this recently. I think in the resources, we included a publication that we recently did on this. Occupational licensing. Often to get a job in a number of different fields. You have to be licensed to do that work, but a record can create a barrier to that. So, ways to really examine whether it's always needed and wherever possible to create ways for people to demonstrate that they have been rehabilitated in different ways.

([00:43:54](#)):

And again, to really examine whether these are necessary. And then, lastly, entrepreneurial opportunities. This has been an effort at the federal level with the small business administration, knowing that a number of small business loans and programs were not accessible to people with records.

There were specific barriers because of that and knowing that, again, there's the expectation that people will be employed when they come out. But the employment rate for people with a record is much higher, it's about 27%.

So, ensuring that people have good access to opportunities to become entrepreneurial and to really try to create some employment experience that they feel passionate about that they're good at, it's an effort to try to remove some of those barriers.

([00:44:49](#)):

Next slide, please. And then, housing. We know this is a priority for so many of us. And we know that there is not enough affordable, stable housing for people. But for people with a record, it can be very, very difficult to access good housing. So, first is work to really create anti-discrimination protections, again, to ensure that people can't be just overtly discriminated against because of their criminal record.

Family reunification policies. This is work, I alluded to this earlier, but there are a number of policies that can create difficulties for a person coming home to rejoin their family or their loved ones once they have a record. So, there is a lot of work, and it really demonstrates how important it is for all of us to have our family, for us to have our loved ones and our support system to really be able to be successful and to ensure that reentry is successful.

People having ties and healthy good... relationships with people is very important. So, there's a lot of work that's being done here. And then, the last few things here are really focused on reducing different barriers to public and federally assisted housing in the housing rental market.

([00:46:11](#)):

Also, trying to increase access to different models, housing models, including transitional housing, supportive housing and reentry housing. And the last is really exciting and interesting, and we have a number of our local partners who are really leading this work to try to identify places where there is land or there are properties that can be used.

Gabrielle de la Guéronnière ([00:46:34](#)):

So, there are land banks, there are land trusts. And is it possible to, as a reentry service provider, become a housing provider and to ensure that people can access and work toward homeownership? Knowing how critical that is to building wealth and being able to take care of whatever is needed.

So, there's a lot of really good work here, again, in all of these areas to eliminating different discriminatory policies and barriers and also to expanding opportunities for people. Next slide, please. And then, I think this is the last one of these.

So, these are additional barriers that can create difficulties to really participating in our communities. So, the first fines and fees. And folks may know that court involvement really often comes with money, a lot of money that you have to pay for different things.

([00:47:33](#)):

And even when I talk about some of the different options of getting a certificate of relief or trying to go through a process of sealing or expunging a record that it can take a lot of money or when people own money because they weren't able to pay before.

This can create a lot of debt and a lot of challenge, again, as people are trying to make good decisions and reenter in a good way in their community. So, that's one. There's a lot of work to eliminate some of those fines and fees. Driver's licenses. This is something to make it really targeted often with an offense.

Even if it's not driving related, a person can lose their driver's license, which again, can make it really difficult for people to access employment or other things that they need. So, that's another area of reform state identification.

([00:48:24](#)):

So, as I mentioned, if people aren't able to get a driver's license and if they're released from incarceration, they don't have ID often it means they can't get health insurance, they can't get housing. There are a number of different things that's really... that state ID is really critically important.

So, there's a lot of work unfortunately that still needs to happen to make that real. The TANF and SNAP drug felony bans, I don't know if folks are familiar, but these are in federal statute. It gives states the options to opt out of this. A number of states have opted out as parts of this, but not all of it.

So, there continues to be work at the federal level, but also in the states to modify this. And this is a lifetime ban. So, for states that have not adapted their SNAP or TANF ban for any drug felony, and it impacts the family, as we all know, it's not just about that individual, it's about their family as well.

([00:49:23](#)):

And then, lastly, voting rights restoration. So, we've seen this work in a number of states, again, being led by impacted people, by people who were... incarcerated people who do have felony convictions and the people that love them. And there's been extraordinary work, but extraordinary pushback.

So, this is an area where, again, if we look at people being able to fully participate in their communities and really be invested in their community and in making their community as strong as possible, voting is a part of that.

Gabrielle de la Guéronnière ([00:49:53](#)):

And so, this is one that's very, very challenging, but very, very important, I would say, very important. Next slide, please. And I think I'm turning it right back over to Debbie.

Deborah A. Reid ([00:50:05](#)):

Well, before you do, can we go back to the previous slide for a second? That one? Okay. No, there we go. I just wanted to say a footnote about the voting rights restoration. Usually, depending on what state the person resides in, that's going to govern whether the person's voting rights can be restored.

Some states are really restrictive. But if you have a particular felony conviction, you will never vote again. Some other states, individuals may be able to automatically get their voting rights restored. Still, other states, the individual will have to petition the court to get their voting rights restored.

So, the issue becomes, does the person leaving incarceration even know what their voting rights restoration rights are in their particular states? Who tells them that? Does anybody tell them? How do they find out? And some may think they can't vote again ever in life, but depending on their state, they may have to just go ahead and vote.

([00:51:21](#)):

So, that's an avenue for more additional work to make sure people who are truly returning to our society and our communities have the rights there the rest of us have if it's certainly possible. So, let's go to the next slide. So, you may ask, what can I do? Because we promised we would tell you some things.

What can I do to have opportunities for action and collective advocacy? And it's possible. You should look for coalitions who are working on criminal legal system reform. There's so many, your communities in your state and in Washington DC look for them and start working with them.

And particularly making sure the coalitions are working toward addressing those health inequities that we talked about earlier. Many of these coalitions and organizations, including us, we have the same priorities and goals as our NAMI friends.

([00:52:29](#)):

And if we all work together, we'll be successful in fighting discrimination and stigma, particularly for people who have criminal legal histories and also people who have substance use disorder histories and histories of mental health illnesses.

We could also work on educating our policy makers and finding new champions during this particular election cycle who can advance these equitable measures and meaningful measures that will work toward reforming systems that are not just right now, and also expanding opportunities.

Let's go to the next slide. And we have our last polling question. And Katie can gear it up for us. We're asking you one action I'd like to take as a next step in this discussion would be to learn more about criminal justice reform work in your particular community.

([00:53:33](#)):

Reach out to a criminal legal system reform advocate or an organization in my state to lend your support, learn more about what my federal representatives are doing to inform the criminal legal system or share some of what I've learned today with your partner.

Deborah A. Reid ([00:53:50](#)):

So, please vote right now. We're going to wait a couple seconds. And we will get the result momentarily. Okay. Well, we have over half of you all who are telling us you'd like to learn more about criminal justice reform work in your community. That's really great.

We have 39% of you who wants to learn more about what your federal representatives are doing in this particular area, followed up by reaching out to a criminal legal system reform advocate or organization, and then sharing some of what you've learned today with your partner.

So, thank you all for doing a poll, and we appreciate your answers. So, let's go to the next slide. We provided a list of links. Probably you all asking, will you be getting the slides? I assume that you'll be.

([00:55:10](#)):

But we've provided some information that might be helpful on some of the issues we talked about today, Medicaid reentry waivers, some of what LAC has worked on, some resources there.

And also, a dear state Medicaid director letter from CMS in addition to crisis response to mental health and substance use emergencies. Some LAC resources, SAMHSA, best practices toolkit, and also a resource, I think, from LAC, it talks about privacy framework for crisis response.

Lastly, there's a resource resources on promoting successful reentry in all three of these resources for LAC resources. So, please take a look at all of these when you can. And let's go to the next slide. And very cleanly, thank you so much for listening. Thank you for being open.

([00:56:11](#)):

And more importantly, we appreciate the work that you're doing not only in your local communities, but also on the federal level to make sure there's a justice system, particularly for people who have mental health illnesses and substance use disorder illnesses, and hopefully including people who are returning to society from jail and prison. So, thank you all. And I'm going to say turn it over to the next slide. I think we might be ready with Q&A.

Shannon Scully ([00:56:53](#)):

Right. Thank you so much, Gab and Debbie. That was a beautiful, beautiful discussion. And I'm really looking forward to some of the questions that we've been getting throughout this. I wanted to start off because this came up a little bit as a theme in some of the questions.

And I know it's something as criminal justice advocates, advocates for reform that we have to probably respond to more than we'd care to. But one of our, always our everyone's goal is we want to live in safe communities. And so, can you address a little bit how sometimes we often hear all these statistics about violent crime and how some of these reforms will impact violent crime.

Can you talk about some of the myths and facts around violent crime and what that means when we're talking about diversion, creating better access for people and becoming more inclusive of people who might have justice system involvement?

Gabrielle de la Guéronnière ([00:57:57](#)):

I can start. It's a big question. It's an important question. And I think, Shannon, as you said, to start, people deserve to be safe. They deserve to feel safe. All of us do. And that's, of course, a priority. And I think some of our approach is really saying that access to healthcare, access to good housing, to jobs, all of these things that help us to lead lives in stable, healthy ways, those are all things that are needed for people.

And if we're punishing people into perpetuity, it's really just creating additional challenges for people and really not helping them to make the best, healthiest choices for them and their family and their community. Because we know that most people who are coming home, they want to take care of themselves, their family and their community. They want that very much. They want to be safe.

([00:58:58](#)):

So, I think we all unfortunately see this narrative these days really of increasing violence or concern that people who are not well are not safe or concerned that people who are not housed are not safe. And often, what we really see born out in the research is that is not the case.

We know this as advocates for people with mental health conditions, people who are unhoused. And it's very frustrating and very upsetting to hear that. I think when we see, again, some of the data that really emphasizes that people violence is not going up in most places.

([00:59:43](#)):

And that it's unfortunately people who are struggling because of poverty and because of all the kinds of discrimination that we've talked about. And again, knowing that it's disproportionately harmful for Black and Brown people, it's very, very frustrating and very concerning that we know it plays on different things that people struggle with.

So, I would just say that it's complicated and for people to continue to do work in their communities, to be welcoming and inclusive with people and to help people have what they want and what we want them to have, which is again, healthy, good, productive lives. Debbie, did you have another response?

Deborah A. Reid ([01:00:33](#)):

No, I think you just about covered it, Gab. I mean, there's nothing else I could add to that. I'm just trying to predict myself. But just to reemphasize, I would say there are people who are in desperate situations who don't have access to those resources, a home, food, employment, and they may have preexisting mental health and substance use disorder challenges.

And because they don't have access or can't get access to those resources that support us all, like I mentioned, a home, food, a job that exacerbates their situation. So, we want to make sure that people are getting what they need to make sure they are living a successful life, like Gab is saying, but also what stabilizes us all.

So, that's what we're saying. If we do that, I think that will be a way of making sure that there's less violent crime or less instability in our society. At least if we did, that would provide a good slice of that, so yeah.

Shannon Scully ([01:01:53](#)):

Thank you. And I will share that there have been recent updates to crime data statistics. And actually, violent crime in the country is at a significant low over the last 10 years, and that's with about 15,000 of the 18,000 law enforcement agencies in this country reporting, which any data nerds out there, that's a really good response rate.

So, just keep that in mind. And I would encourage everyone to critically think about when you're hearing these numbers and you're getting this information thrown at you for reasoning around various reforms. The other thing I want to ask about that got touched on a little bit here, we talk about the impact of race, but we also know there's a lot of different impacts.

([01:02:39](#)):

And so, people who are in and from immigrant and migrant communities that might not have legal, permanent residency or citizenship, what are some things we can be thinking about to be able to support them if their family members are justice involved.

Or they are trying to access care in the communities, but that status we provide in this country might be a barrier to them. What are some things we can be think about to call them into this safe space that we're trying to create?

Gabrielle de la Guéronnière ([01:03:15](#)):

Do you want to start, Debbie, or you want me to?

Deborah A. Reid ([01:03:18](#)):

I'll just say, initially, we just have to make sure that we have safe spaces for these individuals to be called into. Understandably, a lot of folks in these communities are afraid for whatever reason, whether they're documented or undocumented.

We have to make a determination and make sure that information that we're providing them, conversations that they're having are safe conversations and spaces that they can be in to talk about what some of the needs they may have. Another issue is whether these communities have access to Medicaid, to Medicaid coverage.

We know that Medicaid usually covers individuals on the emergency basis who may not be the citizens of the country, but do they have access to those community-based services?

([01:04:26](#)):

They may not ask about their status that may be... whether it's an FQHC, whether it's another community health center that provides physical health care, mental health and substance use disorder care in their particular language in a culturally sensitive way.

Are those resources available in your particular community? And if not, folks need to be advocating for that so that people can have that as an avenue to make sure they can get what they need. I'm not sure about if there's more federal initiatives in that line so I'm going to ask Gab to jump in.

Gabrielle de la Guéronnière ([01:05:07](#)):

No, I love your response, Debbie. And I think implicit in what you're saying is to listen to people just as we talk in our community, really making sure that we're centering people who are directly impacted and listening to those priorities and those needs.

Gabrielle de la Guéronnière ([01:05:25](#)):

And for us as advocates to really, really listen to that, which is what Debbie was talking about with having a safe space and building it into our advocacy. It doesn't mean we need to change our whole advocacy world.

But there are things that we can be supportive of, and there are actions we can take at the local level, at state level, and at the federal level. So, I think it's really important for us to use our voices and again, to really lift up what people are saying they need and want.

Shannon Scully ([01:06:01](#)):

Thank you so much. And just on that note, I know there's a lot of folks that are sharing their personal stories in the Q&A. We are not going to be able to get to all of those, but I do want to know that we are reading them and we are listening to them, and we will be providing follow up with some of you to see if we can provide connection in your community.

Deborah and Gab, your presentation covered a lot on front end diversion and reentry. But there are definitely a lot of people who are starting to gain access to medications and treatment in jail or just to even receive access to legal services access while they're incarcerated.

Can you talk a little bit about some of the efforts that are going on nationally to provide and improve? What are some things that will improve access to services and support during incarceration?

Gabrielle de la Guéronnière ([01:07:03](#)):

So, I can start. So, there is work. And again, people are championing this work and have forever in their communities at the state level, at the federal level. And that work has really come from incarcerated people, formerly incarcerated people and loved ones.

And we've really benefited and learned from all of the solutions that they've identified. So, I think an organization like ours, we do fight for people's rights. We have a wonderful set of colleagues who've been really advocating for people with substance use disorders to access medication for addiction.

If that's something they want and if that's something appropriate for them, we know that it's in most parts of the country, it's very, very, very difficult for people to access that. It is starting to get better in places. It's not where it needs to be. I'll just give a little plug. We do work to help people.

([01:08:01](#)):

So, if it's a matter of legal advocacy, we have a number of resources on our website that are really focused on trying to give people the tools and their lawyers, if people have lawyers, tools to help with that advocacy. So, we'd definitely encourage you to check that out.

I think because our colleagues have identified that these are constitutionally protected rights, that there are a number of facilities and systems around the country who are worried about being sued, and that is sometimes a helpful way to encourage people into better action. So, I think that's one lever.

And then, as Debbie was talking about, the Medicaid reentry piece, having more funds that are available to cover services behind the walls, and having Medicaid who now the federal government cannot really access and examine what healthcare behind the walls looks like, even if it's just for this population, for a population that's reentering, it does create some greater transparency and oversight.

Gabrielle de la Guéronnière ([01:09:07](#)):

Our goal is to improve healthcare for all people who are incarcerated as often as possible by getting people out of incarceration, wherever that's possible, diverting people, as Shannon, you were saying, as early as possible, away from arrest, prosecution and incarceration.

But we know some people will be incarcerated. And we know that community-based providers who have culturally effective services that that is the goal to really link people with community-based services, and again, to get people out wherever possible. So, it's a bigger question.

But please feel free to reach out to us. And that goes for all of this. The other thing I would say is that we have connections to people in different parts of the country. And we know many, many, many of our local partners are working with their NAMI partners in their communities. So, that's a really, really good thing. But anytime, we can foster more connection, we're really happy to do that.

Deborah A. Reid ([01:10:08](#)):

Yeah. I just wanted to add to what Gab said, and this is in reference to resources on our website. There is one particular resource that is for individuals who are represented by legal counsel and the person is arrested and is using MOUD. And somehow the judge decides that, okay, once you go to jail, you can't use MOUD anymore.

And doesn't understand that this is a standard of care for people and tries to make the person not have access to this particular medication. We do have a particular guidance that talks about how this person's legal counsel can counteract that by indicating and explaining how this medication is important so the person won't go through withdrawal, won't die, it won't overdose, et cetera.

So, there are some helpful things that can be of assistance for people who are incarcerated and have health needs, particularly mental health and substance use disorder needs that are on our website.

Shannon Scully ([01:11:22](#)):

And I know a lot of you on this call really advocate for your loved ones. And I will say lawyers are always really well intended, but may not have all of the resources. And so, Legal Action Center, I will put a plugin for a lot of the information that they have and it can help in terms of just that advocacy.

It's sometimes just about having the knowledge of what to do, what to highlight to make sure someone's getting access to that care. NAMI also has resources through our helpline, so do please reach out to both. Just know that help is out there for you.

The other thing that I wanted to touch on, I know that, and I think some of our listeners tuned into this, we talked a lot about these new opportunities for Medicaid waivers and they're going to really have a huge benefit, mostly I would say, probably in expansion states.

[\(01:12:16\)](#):

But what are some of your thoughts about non-expansion states, places like Texas? What are some things that folks can be doing to really look at either advocating for those Medicaid waivers in Texas or making sure some of those benefits that we're talking about really happen in those states?

Gabrielle de la Guéronnière ([01:12:43](#)):

You want to start Debbie, or you want me to?

Deborah A. Reid ([01:12:45](#)):

Yeah, I'll just say that is a challenge, I mean, a real challenge for a number of reasons. But I also would really encourage people who are living and working in non-expansion states to not give up on advocating for 1115 waivers and also still advocating for the importance of expanding Medicaid.

You could use whatever basis you want to use. Your state would save money. If you expanded Medicaid, you can go down the line, you save lives, whatever. But that needs to be a continuous chant and refrain in those states that are not currently expanding Medicaid.

But also, include in that chant and refrain not to include things that would harm people who have criminal legal backgrounds in your state, such as work requirements.

([01:13:45](#)):

Now, why am I saying that? That's because people who have been recently released from jails and prisons or have been in the community after being released may have problems finding a job because of discrimination and would be excluded from coverage for that reason in a state that had that as a provision, a Medicaid expansion of eligibility provision.

So, keep working and supporting those efforts to expand Medicaid in the non-expansion state. That never needs to be a silence in those states. That's been a continuing story. But in the same time, still encourage your state and your state representatives to support and state Medicaid offices to work on using 1115 waivers to address particular needs in your community.

([01:14:45](#)):

You guys are the experts for those services in your communities. You know what's going on. You know what people need. I think you could do a whole series of writing stories, and that's not even a story, it's writing people's experiences and telling your representatives and your state Medicaid officials why a 1115 waiver for reentry would be critical for your communities that you're serving.

They need to really know that so that that can be put into play. Since you have the information collectively, you all have the information, you can certainly use it to start rendering more evidence to supporting those needs in your communities for both Medicaid 1115 waiver.

Deborah A. Reid ([01:15:41](#)):

And also, I'm going to add it for expanding Medicaid. The expansion of Medicaid is to go more to your elected officials, of course. But they need to keep hearing why that's critical for the communities that you serve. So, I'll turn it over to Gab.

Gabrielle de la Guéronnière ([01:15:58](#)):

Yeah. And I would just add, I totally agree with Debbie. There's a lot of work that can be done to be ready, and that goes for states that haven't yet expanded Medicaid or states that haven't yet started to develop a waiver or states that are planning to do it but aren't going to implement for another year or two.

Gabrielle de la Guéronnière ([01:16:17](#)):

We all know that there's a lot of work at the intersection of health injustice that's needed and to really bring people to the table. We know that many, many, many folks are doing this around the country, did this around coverage and access to care issues and delivery system, all the different things.

It's something we're doing a bunch of work on at Legal Action Center. And again, we're really happy to help people think through it. We had a meeting and good conversation with some of our partners in Georgia to have this very conversation because we don't want people to be further left behind.

We know that maybe there's some other monies out there. We know there are opioid settlement dollars. We know that maybe the federal government will look at some additional discretionary money to support reentry here, or there's some other kinds of monies that are a little more flexible that could be used behind the walls potentially.

([01:17:08](#)):

So, there's a lot of work that could be done to really do a landscape review, get around the table with justice and health advocates and start to map out where you have assets, where you have things that are really great that could be better brought to scale, where there are challenges to acknowledge, but there's a lot of really good work that can be done.

So, we'd be, again, happy to help people think that through, but this is all going to take a lot of time. This is a big change. It's one slice of it, but this is going to be big systems change stuff. So, nobody is starting in a place of really being far, far, far ahead, all of us are navigating this together. So, just would encourage you to really talk and share and learn about different ways to navigate.

Shannon Scully ([01:18:01](#)):

Thank you so much. And I wish we could continue this discussion further. I am going to ask one more that's on another piece of the work that you touched on. There's a lot of folks in here talking about wanting to know where do I even start with expungement?

Where do I start with checking on what is my arrest record? How do I make sure that's clean? Where somewhere some can go to just even begin that process and start getting help for knowing what their rights are.

Gabrielle de la Guéronnière ([01:18:30](#)):

So, for many years I would say we have a project called the National Hire Network, and we had a website, and I'm not sure it's current, so I'm just going to mention it briefly. But the whole thing was to identify resources and legal service providers in every state.

So, I'm going to check and see where things are and maybe we'll add to a little link in the presentation to this point because we know this is something people need. It's very local, it's very state-based, and you need to be able to get to people who are doing this work.

So, there are organizations in every state who work with people who have records and can help you run your rap sheet. That's something we do in New York and help you understand what an employer would see, help you make sure that the information that's on there is accurate.

Gabrielle de la Guéronnière ([01:19:20](#)):

And help you to understand whether there's a ceiling law in your state or expungement who it applies to. So, again, feel free to reach out. I'm going to see if we can maybe include another resource link in the slides so people could see it there, but feel free to reach out to us for more information.

But as I mentioned, this is millions of us with the record and are trying to navigate. So, it's good to get that information. There's a lot of good work and we're in a better place than we were many years ago, but there's a huge amount more to do for sure.

Shannon Scully ([01:19:53](#)):

Yeah, thank you. And I will say our presenters may be not providing super detailed about this, but I would just point out anything about the criminal justice system is just so incredibly localized. And so, do know that this is not about trying to avoid questions, it's about wanting to provide you with accurate information.

And so, again, NAMI's website, Legal Action Center's website, we can get down into the details of where you're at, but do know that some of this work is community to community. But we have run out of time.

We do have a lot of questions we didn't get to, but we will try to get, we will filter through those and send those to Gab and Debbie as well as try to get to some of you that I know. Please know we are reading your stories and you are not alone here.

([01:20:44](#)):

We are here to reach out and help you. So, we will be connecting. So, there are some resources that Jessica has dropped into the chat, Legal Action Center's website as well as again, NAMI's helpline information. So, please do connect to those and get that information.

So, I want to thank deeply Debbie and Gab, thank you so much for taking the time today. This has been incredibly informative and a powerful presentation. I hope it really leads to our audience getting connected to some of these efforts locally or nationally even. Katie, can we get the final slides up?

So, I want to encourage you all to save the date for our next NAMI Ask the Expert do know that we are... I know this is a criminal justice topic. We could go on forever. We will be trying to bring you more criminal justice information in the future.

([01:21:42](#)):

But our next Ask the Expert is titled Bipolar Disorder: Advancements in Research & Treatment, and we will be joined by Dr. Andrew Nierenberg. So, please mark your calendars for November 16th from 4:00 to 5:30 P.M. Eastern Time and look for that registration link coming into your inboxes.

Katie, can I get the next slide? I also want to make sure that we're doing another plug. If you're with NAMI all the time, our book that has come out, You Are Not Alone. This is a great resource. There is an entire section on the criminal justice system in this book.

It can be a really great resource for you. There is currently a promotion happening around this book. And so, you can find out more about that for NAMI state organizations and affiliates at that link at the bottom of the page, woobox.com. And Katie just dropped the link into the chat there so you can click on that to take advantage of that opportunity.

Shannon Scully ([01:22:50](#)):

Can I get the next slide? Just remember, again, I know I emphasized this during our Q&A, but remember, you are not alone. This was not intended to be specific medical advice or legal advice to you.

But those of you who ask specific questions about your personal story, please feel free to reach out to our NAMI helpline and they can work to try to connect you with services and supports in your community. Jessica also dropped the link for finding your local NAMI.

So, I would encourage you to also, some of the best ways to get connected to resources in your community is by connecting to your state or your local NAMI. If you have specific questions about NAMI's policy work, Jessica just dropped into the chat.

([01:23:37](#)):

You can email us at mhpolicy@nami.org and we can provide you with some information about how to get involved with our policy and advocacy efforts here at the national office. Again, I want to thank our presenters. This was such excellent information. This just, again, this only skims the surface. And what I was supposed to remind you.

Again, Katie just dropped into the chat, if you want to donate to NAMI so make sure that we can continue to bring you great content, support our efforts, not only around us, the expert, but to make sure that we can do advocate, we can continue to advocate with great partners like Debbie and Gab.

Please go to www.nami.org/donate to make that donation. So, again, thank you all of you for jumping on here this afternoon. And we hope to see you at future Ask the Experts.