NAMI Ask the Expert:
Suicide in Pretrial Detention and Expanding the Crisis Care Continuum
Featuring Yolanda Lewis and Timothy Bray, JD
December 14, 2023

Dr. Ken Duckworth (00:00:00):

Thanks Katie, and thanks for all you do. We are very fortunate to have experts in the interface of criminal justice and mental health from the Meadows Mental Health Policy Institute. We're going to talk about suicide prevention in pretrial detention and expanding the crisis care continuum. So again, this draws out of the 988 work, which is of course both a moment and a process. So we have two remarkable speakers, Yolanda Lewis and a Timothy Bray. And I'll tell you a little bit about them in a moment. Next slide, please. All right, so basically don't forget that you're not alone and if anything of this conversation is upsetting or activating for you, we have trained volunteers on our NAMI helpline during the week. And I think 10 a.m to 10 p.m are the hours they're happy to talk to people. It's not a suicide prevention lifeline, it's a crisis lifeline.

(00:01:04):

Here are our experts today and we're very fortunate to have them. Yolanda Lewis is the executive Vice President for Justice and Health and has done a tremendous amount of work in the court space, multiple leadership positions, multiple opportunities to learn both in Atlanta and in the Georgia system and nationally. And Tim Bray is an attorney, the vice President for justice and health policy who has had many interesting professional adventures, but most recently helped to run the state hospital system in Texas, which is again, another window into the interface between mental health and criminal justice. So I want to thank you both and I encourage everybody to begin to type your questions in. We'll answer them as we can. And then in the Q&A I'll answer many of them and thank you both.

Yolanda Lewis (00:02:21):

Technology is brilliant. So, I apologize for being muted. Good afternoon everyone. Thank you so much for the opportunity to chat with you today. I appreciate Ken, the introduction of Tim Bray, my colleague and I, we are excited to be able to talk a little bit about mental health in jails and specifically the risk of suicide in pretrial detention today. My role at Meadows, as Ken mentioned, is to really focus on the criminal and civil justice space. We really focus on data-driven opportunities where we can think and do and being able to help leaders really focus on how to improve outcomes for individuals who have mental health issues but have interface with the justice system. So Tim and I are here today. We are both very committed to the work that we are doing, but on the screen you'll see additional experts in our organization in the Center for Justice and Health that also have expertise in this space.

(00:03:27):

Really working with jails, working with crisis transformation and research who help us help leaders to prepare to face some of the demands that they have to. So before we get into the center itself, I want to just give you an orientation of how I come to this work. And I think it's important because I am not necessarily a behavioral health professional. I am actually a justice professional who have found it very important to be able to work with the behavioral health space so that we improve outcomes for people who interface with the justice system. So I've worked in Fulton County, which is one of the largest and busiest judicial systems in our country, and really focused on some of the challenges that we're going to talk about today, building action plans and business cases for change with them.

Yolanda Lewis (00:04:21):

And as Ken said, I've also worked on the research and policy side, really figuring out how to leverage efficiencies, innovation and scale sustainable solutions with justice officials. I will offer one contextual note just to reiterate what Ken said earlier in our presentation. We are going to use a number of facts, a combination of facts and visual prompts to help tell a story about this issue. However, we know that this issue goes way beyond data and decisions. And so recognizing that suicide can be deeply felt, it has unspoken impacts not only on individuals and families, but also practitioners. So please take care of yourself in whatever way works for you. So if you'll advance to the next slide, I'll tell you a little bit about the Center for Justice and Health. Our work really focuses on three different stakeholder groups. We work with justice systems, we work with impacted individuals, and we really work to ensure resilient communities. And part of how we do that is really thinking about specifically access to justice and how we can create pathways to care for individuals who need the care.

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We focus on designing and implementing and scaling policies and programs that really are person-centered and procedurally just. And all of that is done to hopefully improve the wellbeing, the health and safety of communities. And so here you'll see our five priority areas that we really think about. One of the ones that apply specifically to this work is diverting people with mental health needs to care. But we also really think about how we can use those experiences to catalyze policy change both at local, state and national levels. The next slide, I'll go through how we're thinking about our conversation today. We're going to go through about four different levels of conversation today, this discussion will start, I will start to present a little bit about the detention crisis, what suicide looks like in jails and how that has detrimental impacts to individuals in the pretrial adjudication process. We'll talk a little bit about access to care and how we can activate that in ways to improve access to justice. We'll talk about crisis response as part of what needs to happen and how it needs to be bolstered post-arrest.

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And then finally, we'll talk a little bit about what we are calling care focused adjudication, which is really thinking about levels of diversion and opportunities for coordination among justice partners to ensure that those individuals who need care really have access to it. So suicide more broadly, so next slide you'll see, I think part of what we wanted to do, we think it's important to really level set. Because I think part of what you will see in some of this presentation is really what we see in the general population in some ways mirrors what we see in the population in our jails across the country. So here you'll see just a general data slide just to level set with us that in 2021 over 48,000 people died by suicide in 2021. I think it's also striking for us to just point out that while 48,000 people died by suicide, you'll see on the right-hand side that 1.7 million people actually attempted suicide.

(00:08:19):

And I think that's important to note and also important for future conversations when we talk about what happens in jails, as we were developing this presentation, the CDC released numbers this year just recently in the last couple of weeks for 2022. And in that provisional data, you will see that suicides among the general population continued to increase and increase by 3% from 2021 to 2022. And so this is still a very important issue that continues to impact many people across our country. And I think one of the things I want to note here on this slide that in 2020, suicide and suicide attempts cost the nation over $500 billion. And that of course is in medical costs, that's in quality of life costs and then of course even work loss. And so, one of the things we will talk about is what loss looks like when you have the same scenarios in a jail frame.

Yolanda Lewis (00:09:30):

Next slide. So let's start to talk about the detention crisis itself. I think I don't have to remind people, but I'll just say it because it is part of the conversation and the story around this issue, which is over the years as mental health treatment facilities have been scaled back and closed, county jails have become one of the largest behavioral health providers of sorts. Now, jails are a place where individuals are arrested for an array of alleged crimes that could range from non-complex or less serious misdemeanors. And it can go up to more complex felonies where individuals are booked into jail awaiting their court appearances. But what you will hear today is that much like the general population, suicide is one of the leading causes of death across our country in our jails. And there have been thousands of individuals who have died behind bars without being convicted, without having their day in court and not being able to face their alleged charges, many of them by suicide.

(00:10:47):

Now, one of the things I will say is that we talk a little bit about mental health and what that looks like in jails. We also become very specific about suicide. And one of the things I want to just say upfront is that people who die by suicide, don't always have a known mental health condition. So you'll hear me talk about those terms, but it's not necessarily trying to conflate them, just trying to give you an understanding of the bigger picture. Across the country, we've had a lot of investment in deescalation, pre-arrest deescalation and deflection strategies. But I will tell you that many individuals still face arrest when observed behavior is a manifestation of perceived mental health. There is still a ton of individuals who come into our jails and whenever individuals come into custody and they die by suicide, it really undermines some of the fundamental underpinnings of our justice system. Which is to ensure due process to ensure people that have their day in court and to extend the protection of being considered innocent until proven guilty.

(00:12:03):

And I'll just note here, the crisis is not the crime that they are there to answer for. So as we move to the next slide, I want to just tell you a little bit about the data. Next slide. So as we journey into data on our next slide, I just want to also mention that we have a few justice terms that we thought were important to note as part of the discussion today. This is not necessarily a health-focused discussion. I'm sorry, go back one slide for me. So we thought that... Thank you. So our discussion today is about suicide, but much of it will focus on what happens within the jail frame. And so we thought that we would share just a few additional terms that might help clarify or give some understanding to the issues that we are really addressing. So you have a key here of actual terms that might be helpful to you. They cover everything from arrest to what a preliminary hearing is. And so I just want to point out a couple of things that might be helpful to understand.

(00:13:43):

One, when we talk about the idea of misdemeanor charges, those are charges that are less serious. They typically are punishable by a fine or a penalty. They are what are considered to be lower level offenses in many instances. And so the vast majority of the conversation that we're talking about will be around misdemeanor and low level offenses. However, there are some offenses that are felony in nature that of course might be a part of this conversation. Pretrial detention is what we really refer to as the instance between arrest and the person actually having their day in court, whether they move towards the trial stage of their case so that it could be resolved. And so it is a pretty lengthy period of time, which is why we wanted to also provide just an additional context around what we are talking about today, which if we drill down a little bit, which is initial detention.

Yolanda Lewis (00:14:48):

And initial detention, although it is not a term that is defined in the Black's law dictionary like the rest of the terms, we'll really focus on this idea of the point between arrest and magistration, their first appearance, their preliminary hearing, the first time they get to see a judge, and what happens in that stage where we can actually make change. So with that, let's dive into the data. Next slide. So while there is a lot of data that is available to really focus on what happens in jail, what we can tell you from the data is that almost 2 million people are incarcerated in the country annually. And part of this data, what it doesn't take into consideration is the number of people who actually come in and out of local jails across the country. So you'll see here, in 2021 people went to jail almost 7 million times. Now people can come to jail for a number of reasons. It could be a first offense, it could be that they have a behavioral health issue, a substance abuse issue, and it brings them back to the jail.

(00:16:05):

It could be that they are there because of administrative things like failing to respond to warrants or other items, but people came to jail more than 7 million times in the course of 2021. State courts are the courts of jurisdiction that really handles cases that come to local jails. And while there are a lot of people in a lot of cases that come before the court, the vast majority of those cases are misdemeanor cases. And so we gave you a key, we talked about these are less serious offenses and that's the vast majority of the cases that come before the court. In these jails, 44% of the people who come into the jail have been diagnosed with a mental health disorder that is an inordinate amount of people who are suffering from mental health concerns.

(00:17:01):

And of course when they come into jail, those circumstances can be exacerbated. One of the things we want to note is that data shows that 70% of the female jail inmates have a mental health disorder. And that'll come in handy when we talk about who is in jail, what is happening, and how many attempts and who's attempting suicide in jail. And then I think the most important thing that we could tell you is that jail doesn't necessarily mean that people are guilty. So approximately 65% of the individuals who are in local jails are not convicted of a crime. They are awaiting their day in court and certainly it's important to ensure that that day in court is offered. And so the idea of getting care, being in a safe environment and being able to respond to people who are coming into jail is very important. Next slide. So what happens behind bars? So behind bars, I will tell you based on the data that suicide jail trends show that suicide can happen very quickly in jails.

(00:18:12):

There are approximately one quarter of the deaths that occur in jails occur within 24 hours of confinement, and within 7 to 14 days, more than half of the deaths by suicide, they occur within two weeks. So once people are behind bars, as you can see, it's very important for us to swiftly identify, recognize, and respond to individuals who may be in distress. Part of what is important to note is that according to a RAND study, 61% of those who are jailed with mental health conditions could have been safely diverted from that environment. But when that does not happen, extended stays within the jail frame really have three really unfortunate possibilities that can happen for individuals who languish there. One, there's a high probability that they will stay longer in jail and jail conditions are not the best. And so again, it creates a circumstance that may trigger individuals to go into distress and increases risk of being there longer, risk of suicide and harm and things of that nature. So one of the things we know for sure is that as people languish in jail, that increases their propensity for self-harm.

Yolanda Lewis (00:19:38):

If they have suicidal ideations, it increases legal liability for local jails. And most of all, the final note here is that it increases the probability that they can be victimized and be exposed to violence. And there have been situations where people who have behavioral health concerns have been killed in jail because it is just not conducive for health purposes. And so part of what we will talk about on our next slide is really showing you the reality of what happens in these environments. So we have on our next slide, included a video for you to really get a sense of how jails are actually navigating these issues and trying to be responsive, but really finding themselves in the perils of trying to respond to individuals with behavioral health issues. And then we'll talk a little bit about the cases that you'll see to the right of the video and talk a little bit about how quickly things can deteriorate in these environments. So we'll play the video very quickly.

YouTube Video: "Two teens die by suicide within days of each other at Cobb County jail" (00:20:50):

Ron Jones (00:20:50): Two teenagers in Cobb County in Cobb County custody have died by suicide in just a matter of days. So now the sheriff is sounding the alarm, demanding more mental health services to prevent those type of suicides. In [inaudible 00:21:03], Cody Alcorn is live outside the jail in Marietta. And Cody, mental health is a major issue among people who are incarcerated. **Cody Alcorn** (00:21:12): Ron, suicide is the leading cause of death among inmates in local jails. Behind bars in the six by eight cell, inmates face a number of issues, mental illness being one of the biggest. Statistics show two in five people who are locked up in local jails have a history of mental illness. A deadly combination for some inside the Cobb County jail. 19-year-old Augustus Green booked back in March, took his own life on June 17th, three days later on Tuesday 17-year-old William Lopez, who's been locked up since January was found dead. Two apparent suicides in a jail where the sheriff says inmates have access to an enhanced level of critical health care. 24/7 access to mental health support, a 32 bed unit where a person's vitals who's having a mental health crisis are monitored by a medical watch.(00:22:08): But even the sheriff recognizing the need for more mental health services saying, "We are leaning even more heavily on our community partners and will seek assistance from the state to both increase our number of close observation beds and to streamline the process for referring detainees to outside service providers. An initiative that will save lives as the mental health crisis continues to rise across the country, especially behind bars." The sheriff says Augustus Green was found in his cell and not in that special 32 bed unit. Now, no information has been released on William Lopez's death. Now since January, there have been three deaths here behind me at the jail, only Lopez and Augustus Green's are considered suicides.

Yolanda Lewis (00:23:06):

So as you'll see, really thinking about that video clip, there are individuals who are working to ensure that individuals who are coming into jail have proper safety protocols in place. But I will tell you in many instances it is a very dangerous period of time for individuals who are coming into jail if they have mental health issues or suicidal ideations. And it's not just one group of people, it is really across the board. Now, we'll talk a little bit about what the data say about which individuals are most at risk, but in general, suicide affects the population more broadly. So we have a couple examples of how important it is and how quickly things can devolve in a jail environment. So the first case that you'll see to the right of you is a 21-year-old male who was arrested on charges around disorderly conduct and failure to appear for a previous bond that he was given.

Yolanda Lewis (00:24:15):

The individual who is in this case actually committed suicide or actually died by suicide within 28 minutes of being booked into jail. And so when we talk about how quickly things could happen and how important it is to really think about screening and continuously focusing on how to prevent suicides in jail, it can happen very quickly. However, when individuals are in jail, you'll see with the next case of a 55-year-old male who was arrested and awaiting a health evaluation. And during that period of time he was actually waiting, he actually died by an apparent suicide after being placed in a cell with other individuals where he was in some way targeted for harassment allegedly. And so when we talk about not only the environment is dangerous for a person who had mental health issues, it is also dangerous for them from the perspective of victimization and how that impacts their suicidal ideations.

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And then finally, the last young lady who was 19 years old, who spent time in jail for a vandalism charge from earlier in the year who her family indicated she had mental health concerns. Unfortunately, her last days in jail were spent unfortunately, she beat her head up against the wall because in improper screening probably could have prevented her from being put into a population and really being able to prevent the death. So what we try to tell the parties that we work with in different jurisdictions is that this is a very important time to really look at for pretrial and how quickly things can devolve into really dangerous situations for individuals who are coming into jail. Next slide. So just to round out the data around suicide in the pretrial detention stage, there are a couple of things that we want you to pay close attention to as we get into the crisis continuum. And Tim talks about the space of change.

(00:26:50):

One, that suicide rates among people who are in jail is much higher than individuals who are convicted to prison. And then of course, it's about 10 times higher than the general population. And so when we talk about suicide in jail, it is the leading cause of death in jails across the country. We talked about how dangerous this pretrial time is. So approximately 44% of the people who die by suicide in local jails do so within seven days or less of them coming into the environment. And I think one of the things we want to really highlight here in addition to the other points that are on the screen, is that it is estimated that for every death by suicide, there were 80 attempts in that jail environment. And so when we talk about death by suicide, one of the things we don't necessarily consider is the impact of attempts and trying to ensure that people are safe and the response that is needed when that happens. Next slide.

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And then finally, one of the things we want to talk about from a data frame is that there is sometimes the assumption that because of the stigma and shame of suicidal ideations, that it is not always communicated, but there is data to show that up to 72% of people in prisons who have suicidal ideations do actually report those ideations to staff before their deaths. That is not necessarily a data point that is available in local jails. But one of the important facts to note is that if there are communications and opportunities for individuals to communicate their suicidal ideations, there is a way where we really need to think about how to use that information to be able to save lives and ensure that they are safe. Some additional things that we have seen in the data is that while the suicide rate is disproportionately high for males, particularly white males, what the data also shows is that American jails, women in American jails have actually been on a 20% increase over the past decade.

Yolanda Lewis (00:29:28):

And so with the increased number of women who are coming into jails, you'll see that not only there has been an increase in the number of deaths by suicide for women, but there's also women are more likely to attempt suicide at higher rates than men. And so I think it's very important that as we dig down into the numbers to really think about the evolving landscape and what risk factors and precursors we really need to think about as the population of individuals who are coming into the jail require safety and a response. And then finally, I'll just say this goes to the space of people coming in and having impacts before they come into jail that may contribute. And so you'll see here that expressing thoughts of suicide or attempting suicide or self-harm actually doubles for the individuals who are homeless prior to admission.

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And so there are specific factors that appear to also be contributing to individuals who may have suicidal ideations once they are placed in this pretrial or in jail more broadly. The next slide, please. So the final thing we want to talk about before we jump into the crisis continuum and access to care is really noting here that there is an institutional impact. And so I want to just make sure that we talk a lot about the individual who is experiencing a mental health emergency or have suicidal ideations as part of their experience in jail. But I don't want that to in any way diminish the pressure that many of the local officials and local jails have up on them to actually respond. And so there are jails across the country that are really recognizing the need, as you heard in the video, to respond better, to respond well, to connect to local partners. But here are some of the data and the facts that I think help to show the impact on actual jails.

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And so you'll see here that 92% of suicides in jail are people who are held by local courts. That's why we'll talk a lot about diversion and coordination because it's not just the jail itself or the sheriff as part of that infrastructure to create safety. And so we'll also talk a little bit about how many jurisdictions are actually touched. So you'll see here that in 2019, a total of 282 local jail facilities, which represent 278 jurisdictions, reported at least one suicide. In the last year, we have seen at least a few jails who have had several suicides that they've had to navigate. And so this is not a one single cell single incident in a single county. It happens across the country and it's pretty pervasive.

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And then finally here, you'll see that it does not appear that there is a lot of comprehensive data around the human cost or economic costs associated with suicide in jails. If you remember at the top of the presentation we talked about the $500 billion cost of suicide and suicide attempts, that is not necessarily the case where we have data to suggest how much that costs in jails. And so there's a need to really start to think about not only the human impact, but also the economic impact that it has on local jurisdictions trying to navigate this issue. And so with that, I'll turn things over to my colleague, Tim, to talk a little bit about the crisis continuum and access to care.

Timothy Bray, JD (00:33:54):

Thank you, Yolanda. So I think it's pretty clear from the data that Yolanda was presenting that pretrial detention for somebody with mental illness or mental health concern can be a dangerous time. And so I don't consider myself an expert very often, and however, I am somebody with passion for this area. And my passion is really based on a foundation of loss of loved ones from suicide and the belief that we have good care available for people with mental illness, that treatment works. As we started to think about where are those opportunities in the justice criminal legal system to inform some change. Yolanda has been a real groundbreaking thinker in this area, and she calls them verticals. There are points of opportunity, these verticals in the criminal legal system where we have opportunities. And really the opportunity is to bring care to a person in need, whether that person is going to remain in pretrial detention or whether it's somebody we can divert back to the community to access care and put on a pathway to care.

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All of that is access to justice, not just care, but that is access to their justice in their criminal legal journey. So if I could go to the Next slide, please. So we focus on this initial detention piece, and we're defining that as admission to jail and to the first initial hearing or magistration. And the reason that we see this as a big opportunity is we know that there's a lot of efforts around the country to put resources and efforts into diverting people out of jail or away from jail so that they don't even get there. People still end up in jail, however, and they are and as Yolanda showed you, the statistics are quite stark. There are a lot of people in jail who need help and who need care. And unfortunately, the individuals who end up in jail and pretrial detention come from marginalized communities who are struggling with poverty and substance abuse, who have undiagnosed mental illness, who are perhaps challenged in having stable housing.

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And that is often misinterpreted as behavior that's volitional act, that's considered a volitional criminal act. And so they end up in jail rather than diverted away into community-based care. And we know that jails are not healthcare facilities. Jails are there to protect the community from people who are dangerous. And so those people who need care are not going to find what they need in jail. And it's interesting because as the previous video mentioned, that particular jail had invested a lot in what they called enhanced healthcare services inside the jail. But because the jail, the physical facility, the design, the operation, the policies, the movement inside the lack of movement, the actual physical cells is not meant to be a healthcare facility. The healthcare services that are provided still come with a copay. And as Sheriff Peter Katuzin likes to say, the copay for jail healthcare is a criminal charge, and I think that's too high of a cost. And so we wanted to start looking at how can we build a pathway from this initial detention time period to care?

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So how can we identify people's needs? How can we advocate for people's needs? How can we get decision-makers and magistrates to recognize those needs and then put them on a pathway to accessing that level of care? Next slide, please. So initial detention is a perfect time where somebody within 48 hours of being detained in jail has to stand before a judge and that judge has to make a decision. That judge has to make a decision on two things, whether they're criminal charges, there is a foundation for those charges, a factual foundation, and two, whether they present a risk of coming back and a danger to the community. And we think that there is a wonderful opportunity at that point to present to that judge their needs, that individual's mental health needs and healthcare needs so that the judge can take that into consideration.

Timothy Bray, JD (00:39:34):

And all that has to happen very, very quickly, but it has to be done in a collaborative way, in a focused way. And it's interesting, a lot has been made of people coming into jail and services that are available in the community that are voluntary-based. And in the box there, it says, of those, 78% of defendants would say yes to treatment. That's remarkable. And this is through the RAND Corporation study, that 78% of people who are in pretrial detention said they would rather be diverted and get access to treatment rather than stay in detention. So that's significant. They're recognizing their needs. Next slide, please. So this pathway to care as the magistrate considers what a pathway might look like, there are a lot of people in that space who can help form what that pathway looks like. So we've got prosecutors and public defenders and healthcare navigators. We have the person, him or herself, who is standing before the judge who can talk about their experience with mental health and with mental illness and what they believe that their needs are.

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There is treatment out there in the community, there are considerations about that person's need and where it needs to be best handled. Is it a hospital level of care that they need? Is it an outpatient level of care that they need? Are they missing their medications that they haven't been on for a week and need to get access to a prescriber for that? Having trained peer support specialists is powerful in that time period because we know that people coming into a jail environment right at the beginning, it's shocking. It's shocking because of the trauma, the shame, the powerlessness, the fear that is associated with that experience. And so if somebody's in the midst of a crisis or has mental health concerns that that trauma, that experience will be so negative that it will cause a spiral. And if at this first hearing, we can have an opportunity to break that spiral and to put them on a pathway to care, that will get them to a much better place than sitting in jail. And it certainly will be less dangerous for them and their health. Next slide, please.

(00:42:31):

So in a way, we need to think about this as a public health strategy. So as we mentioned, healthcare services are available inside jails, but healthcare is a very individualized service and it's needed. But in terms of looking at how do we address people with mental illness and mental health concerns inside of this pretrial detention period, that's a system level change. And so thinking about it as a public health perspective in terms of concern for protecting the health of a population of people, I think that's going to get us to a better place than we have been before. Next slide, please. That's what led us to thinking about the crisis continuum at large.

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Next slide, please. So when we think about the crisis continuum, there has been a huge increase in funding for emergency response. So from 2017 to 2022, a 128% increase in spending. So in 2022, $9.73 billion was allocated for mental health emergency response. That is huge. That is huge. However, what's happening is where we are spending those resources and where we're looking at putting those diversion and de-escalation opportunities is outside of the jail context, right? So many of you will know the sequential intercept model and the system mapping that SAMHSA and PRA put together and really forms the basis. And it's a good basis for understanding where those opportunities and challenges lie in communities for their crisis continuum. What they have, what they don't have, what they need, how things inter-work together, and what all of that looks like in the crisis continuum. Unfortunately, all of that stops at the jailhouse door. Next slide, please.

Timothy Bray, JD (00:44:58):

So the sequential intercept model doesn't have my little map on it unfortunately on this one, but if you can visualize the sequential intercept model, intercept zero is community services, intercept one is legal enforcement, law enforcement, and intercept two is the initial detention and court hearings. There is opportunity in this model to allow for diversion from law enforcement involvement back to the community. That's what we want. We want people to be diverted away so that they don't ever get to jail. However, we know that people are still making it to the jail. And unfortunately what happens is when you get through that jailhouse door, everything existing in the current crisis continuum map points one direction. And that's continuing on through the criminal legal experience. And the further on intercept three jails and then reentry. And don't get me wrong, we've done a lot of good work in reentry, but getting people out and hooked up back to the community is more effective for their needs and especially in a crisis.

(00:46:27): Next slide, please. Let's see if that one... Oh no, that doesn't come up yet. So let me see if I can talk you through this so you can envision this in your mind. In the SIM map, what we would like to see in the development of this and in getting the crisis care continuum expanded is having an opportunity to allow people in that initial detention phase a pathway back to intercept zero and the community services, because that's access to care, that's where the services that they will likely need, the community-based services lie. And so if we start to think about this crisis care continuum differently and have this mental paradigm shift that the continuum for the crisis response extends into the jail and gets to the magistrate so that a magistrate has the opportunity to get that person on a pathway to care back out into the community and whatever looks right for that particular person, whether that's hospital-based care, community-based care, outpatient, and whatever's available for them, that will be more appropriate for them than sitting in jail. And with that, I will turn it back over to Yolanda.

Yolanda Lewis (00:48:09):

Thank you, Tim. I am very sorry that the information on the maps did not come up, but in the final presentation, it is there and we'll make sure that you actually can see the visualization, where the map actually points you deeper into the system. And then the theory of change that Tim mentioned, which is to actually find ways to push people back to community-based care instead of just deeper into the system so that they get some access to care instead of in a jail environment, in the community-based experience. So if you move to the next slide, we'll talk a little bit about care-focused adjudication. And this really focuses on much of the work that we are doing and thinking with leaders across the country. We have affectionately focused on the first 48 or the initial detention, as Tim mentioned, stage, because we know that there is an opportunity to continue to evolve how we think about getting people care once they are in jail environments and trying to go through the criminal justice system.

(00:49:16): But it is truly an area of opportunity to think about how to move people swiftly out of these environments so that they are able to be in care environments that are more conducive to their experience and being able to respond well. So as we have been working with multiple jurisdictions in Texas, we work at least with three jurisdictions in Texas. We are also creating a partnership with at least two other states. So there'll be total of three states where we're talking about how this initial detention stage can be shored up so that we ensure individuals get access to care. And in our conversations with sheriffs, in our conversations with individuals who are on the legal side, whether they are prosecutors or defense attorneys and judges, we've heard a couple different obstacles that impact whether people have access to care or they're able to get into a space that we provide more responsive services to them.

Yolanda Lewis (00:50:23):

And so this list is not exhaustive by any stretch of the imagination, but here are some of the things that we are hearing. One, Tim talked about pre-arrest diversion. I think that is an amazing opportunity for us to divert people from coming into jails. But once they come into jail, there are several levels of decision makers that actually have to agree that they should be diverted back out to care quickly. And that is not always an easy set of decisions that are coordinated among all of the justice partners. And when we say "justice partners", we mean individuals who are a part of that adjudication process, lawyers, judges, the sheriff in some instance, who's there to ensure the safety and holding of the person, and then behavioral health individuals. There's inconsistent screening and assessment sometimes throughout the pre-adjudication phase. We have heard of limited system-wide resources that can be used for training of jail staff and just in general how funding is actually placed into the space.

(00:51:36):

Just to give you a sense, if one organization is well-funded, and I think that's arguable that many of them need more funding to be able to do this. But if one has more funding than the other, it's not a one-to-one match and so it's very difficult when they're not system-wide resources across the board to do crisis response really well. Sometimes there's inconsistency in operating procedures, how housing is done, medication protocols, communication from the time a person comes into jail to the point that they get to their magistrate hearing and beyond. There's also some concern about consideration of physical space and how to make that more safe, whether that includes bed space, gender-specific environment responses that help individuals who may have special requirements as part of their experience in the space to be able to respond to well. And then one of the major components that we talk about is the need for legal advocacy across the board.

(00:52:47):

So we talk about public defenders and indigent defense and how important that is to a person having their day in court and being able to be supported in their rights, be protected and things of that nature. And that is not always available in every single jurisdiction when individuals come in. And so the need to make sure that there's consistency among legal advocacy and the social service connections that are a part of that is very important. And then I think one of the primary drivers is just consensus around who is eligible to go back into the community-based treatment environment versus those individuals that need to stay in custody. And so all of these factors really create this environment where we're thinking about how best to create access and remove some of those barriers as we work with jurisdictions who are trying to navigate this issue. Next slide.

(00:53:50):

So part of what we are working with is really figuring out how we develop a blueprint for the first 48 hours of an individual coming into jail. And it really takes into consideration some of those obstacles to access that we have heard or seen or had conversation about across the board with officials. One is really thinking about how we improve collaboration among justice partners and health officials to build out more responsive systems so that we are able to think about risk of suicide and more broadly how we think about mental health in that frame and how information is coordinated among all of those individuals to divert them into a safe place for care. The second part of this blueprint is really thinking about what we are considering verticals of diversion, meaning how do we create more than just the opportunity to go further into the system or just a problem-solving court.

Yolanda Lewis (00:54:57):

How can we remove that individual from that environment safely with agreement of the justice partners and the health partners that are there to give them multiple options within the community framework. It really removes this idea of silos and move us from just this idea that we don't want people to come back because they're recidivists or they are the drivers of crime. We're really thinking about saving lives, which is leveraging this idea that there are a lot of individuals who are at risk of losing their life before they see their day in court. So really removing the silo around the driver of recidivism and really thinking about more of a health orientation, which really I think brings us back from just focusing on just the person's crime, but also focusing on their health. And then the last is really thinking about, as I said, thinking about this idea of the person engaging in a process where we're really providing the right level of information to the magistrate judge to ensure that they have what they need in order to be comfortable with the diversion out of the actual space. Next slide, please.

(00:56:45):

So as we go to the next slide, what you will see once it comes up on the screen is really about care coordination among justice partners. So if we advance the slide one more please. We will see the ecosystem of organizations, entities that are involved in really thinking about a more care focused approach. Those individuals include the sheriff, the prosecutor, the judicial official, the behavioral health provider, and the legal defense entity that is a part of the jurisdiction. There are a few core elements to those individuals who are there, and I'll just talk through what we think are core elements of being able to divert people out of that environment so that they're able to get the care that they need. The first is really thinking about rapid and robust mental health screening. There are screening tools that are available when individuals come into jail.

(00:57:53):

They are used, but there is a need to really bolster that, make it more robust, make it more usable so that the information translates well across all of the partners who are a part of the adjudication process. And so that is an important piece of this structure. Thank you. And then also we talk about the need to be person-centered and person-centered meaning we allow the individual to help us make assessments around triaging. Most of the time when individuals come into jail settings, they are actually screened one time for suicide risk. But I think based on periods of time where we know that individuals are at risk, part of the strategy that we'll talk about on the next slide when it comes up is to really think about how we have multiple points of interaction with the individual who is detained and be able to respond to them if circumstances change, if their suicidal ideations increase or if there are circumstances that we need to navigate.

(00:59:05):

The third piece of that is really thinking about how we put together this environment of considering risk, considering rights, considering referrals, release and residency. And all of those things are important, which requires every single judicial partner in the process, not just a single party being responsible for the safety of the individual that is in custody. So here you'll see a little bit about what we really start to think about a person-centered triage approach. Now, one of the things that I just said in our last slide was that when individuals come in, there is an actual assessment that is done where they are asked about their suicidal ideations and suicide risk. That is one point in time in their process. What we think is very critical is to actually have that process repeat itself with multiple parties that could be medical and clinical professionals, but also leveraging experience from those individuals who are non-clinical.

Yolanda Lewis (01:00:15):

So we're not asking individuals to be health professionals, but UC Berkeley did a study where they had already started to assess if you ask individuals who are in crisis specific questions with the level of fidelity around their self-perceived suicide risk or risk for self-harm or violence, that they respond significantly in truthful manners even to their detriment. Because, as Tim mentioned, in an earlier slide, when given the preference, people would take help even if it is to their detriment. So they are very honest in their responses. This study from UC, Berkeley has indicated in various instances that when individuals are asked questions to fidelity about their self-perceive risk of suicide and self-harm and violence, that their responses actually outperform that of clinicians. And so part of how we are thinking about incorporating additional points of connection is using some of that information, those evidence informed questions to also leverage the interactions of non-clinical staff with individuals who are coming in and in that pretrial stage.

(01:01:38):

So what we essentially have really found as a core opportunity is not only to do the intake, have a robust intake screening, also thinking about periods of heightened risk, thinking about how we create information accuracy to ensure that as the person is going through this process, that we've evolved the information basically to fit what is happening in the environment and not missing things that might essentially be detrimental. And then being able to share that at the initial hearing so that we get them access to care as opposed to holding them in custody for longer than necessary. Next slide. So as we close out the work that we are doing with jurisdictions, we are focused on two different spaces. One is with local officials.

(01:02:38):

We are working, as I mentioned, in local jurisdictions in Texas, and we also have other states that we're working with to really think about how we can help local officials assess the needs around the pretrial detention stage. Really thinking about what jail booking and initial appearance should look like, how we're navigating suicide risk in that environment. And then more globally, how we're thinking about mental health needs and how to divert people into care. We're thinking about how we can create system maps that can serve as a blueprint for other jurisdictions when we're thinking about how to let the need for care be a guiding principle as opposed to navigating the space in a way that might be detrimental to individuals and not really giving them the access that they need.

(01:03:33):

And then we are piloting the implementation of some of these strategies in places so that we are able to share how they are of course working well and can inform other jurisdictions. And at a national level, we're really trying to focus on how to really build out this idea around initial detention and really thinking about this micro system of change that we can think about that really allows us to collaborate with other officials across the country and think about what adequate resource means. What does it mean to really have policies that provide better pathways to care? And ensure that the same level of response that we're thinking about on the pre-arrest side and pre-diversion side also activates a crisis response infrastructure as people are coming in to jails and need help and their needs need to be met very quickly. So that's how we're thinking about our local and national scope of work and really leveraging the idea that we can do things differently.

Yolanda Lewis (01:04:44):

We can work with officials that are really focused on scaling change and really being innovative in their approach to not only deal with individuals who come in who have mental health needs, but really get a handle on how we decrease the risk of suicide and self-harm in the jail environment, particularly at the stage of pretrial. So as we close out today, we have left our information and we of course are available to provide additional information around project work. We also are available to share additional information about how we're thinking and working with jurisdictions, and hope to be able to hear from you and your experiences or either feedback going forward.

Dr. Ken Duckworth (01:05:43):

Well, thank you Yolanda and Tim, and they very generously have left their contact information. Many of you have had your questions answered individually, but I'm going to sing out a few that I thought were compelling. How do mental health courts fit into this and what has been your experience with mental health courts in the continuum of diversion?

Yolanda Lewis (01:06:08):

So I'm happy to start that conversation. So mental health courts are very important. When I was in Fulton County, I actually managed along with our mental health judge, manage that docket and that program. Part of this infrastructure is not to replace anything that is available. This is really about leveraging that vertical of diversion, but also adding additional components. As you know, mental health court requires that you stay under the correctional guides of the court, which in many ways is helpful and in many ways challenging. And so part of what this infrastructure and how we're thinking about this work is not to remove any of the programs that are already there, but to bolster opportunities for individuals to be able to receive care by other verticals of diversion. So that is hopefully an answer about how mental health courts actually fit into the theory of change that we have been working through with jurisdictions.

Dr. Ken Duckworth (01:07:19):

Tim, do you want to add to that?

Timothy Bray, JD (01:07:23):

Yeah, I just wanted to add that mental health courts are traditionally further along the criminal legal pathway as well. So it's after arraignment, it's after negotiations. There's actually some mental health court models that require the participants to have pleaded guilty or no contest to the charges. So it's much further upstream in that process before they get involved in those specialty courts.

Dr. Ken Duckworth (01:07:54):

Got it. A person asks, this is really important, what can I do to help? Where would you direct them? Which relates to these questions of how local are these services versus the master plan blueprint that you outlined? So where would a person go if they wanted to be part of this solution?

Yolanda Lewis (01:08:19):

So I think it just depends on orientation and how they are engaged with the system. What we will say is that when we are working with jurisdictions, there is an extraordinary need for access to community-based care, whether there are providers, there's infrastructure there to be able to respond to the needs that are in the jail. I think in some spaces that is well organized and people have access to that, but in other areas it's challenging. Housing is challenging, understanding what is available in the community is challenging. And so I think being able to really help with articulating if there is a community-based service that can provide care is one of the ways that you can be helpful. And I think the second thing that I will say, and of course Tim has worked in this space for very long periods of time, is really to raise awareness.

(01:09:27):

I think it's important that in many jurisdictions, once people are arrested, there is this sense of disconnect that they need crisis response services, that there's a lack of humanity about how we respond to them as individuals. And I think what we are trying to say is that these people who are coming into jail at this stage aren't charged. They haven't been convicted, they're in crisis, they may be in distress, and there's an opportunity to get them care without punishing them. Crisis should not be the crime. We're really focused on there's still an opportunity to help people get the care that they need without penalizing them or taking their humanity away because they have been arrested and they're in this space. So...

Dr. Ken Duckworth (01:10:18):

Do you think it's widely... I'm sorry, go ahead.

Yolanda Lewis (01:10:21):

So that's the starting point for me.

Dr. Ken Duckworth (01:10:24):

Do you think it's widely understood that the first 48 hours are the highest risk? And a related question which came in is how do people deal with ideas like contagion, which you mentioned in that video. Are there preventive strategies during the super high risk, early period? Is that understood within the world of pretrial detention and how would you deal with contagion?

Timothy Bray, JD (01:10:56):

I don't think that it is well understood, that the first 48 hours are a danger zone for people with mental health concerns. And I think that as we start to engage more, I think that one of the opportunities is through screening, and that can be done quickly. There are some great tools out there. We're working on developing some more robust tools as well that can really identify needs. But I think as Yolanda had mentioned, the person-centered triage approach, which is there is evidence, there's research out there demonstrates asking people where they are and what they intend to do is just as effective as a screening tool, as a counselor, as a risk assessment tool, a validated risk assessment tool. And in some cases it's actually more reliable. So building in those procedures in jails on admission is finding out where they are, where that person is, do they have a history of mental health challenges, where are they now at that very moment? And then we can start to think about what does that person need?

Dr. Ken Duckworth (01:12:30):

What about international perspectives? One questioner says it's well-known that some other countries have very humane criminal justice cultures. What can we learn from them?

Yolanda Lewis (01:12:47):

Well, I think that's a fair assessment. And I think that what I will tell you about the field that we work in is that there is no shortage of the desire to learn, to do things better, to do things well. I think it is a very hard process for change. And one of the things, we all want this system to be better, but what I will say is that there's not a way to be sure of one side of the issue without the other. And so just like we're working to make pre-arrest diversion a very important staple in this strategy, which is humane in itself, and it treats people well.

(01:13:36):

It recognizes that people have health concerns that need to be addressed versus simply being able to respond in a way that might result in bad outcomes. But we also need to do that on the other side of the space as well. And so I think that there's no shortage of individuals willing to learn, collaborate, and coordinate. I just think it is a slow moving process, and we need tools that really are responsive to the local jurisdictions and what their needs are as opposed to, in some ways, just a single tool to be able to respond across the board.

Dr. Ken Duckworth (01:14:19):

I want to ask each of you, I'll start with you, Tim. Any other final thoughts or things you want people to think about? I want to thank you both for this important conversation and for including in your slide set your contact information. I'm sure some people will reach out to you. Tim, any final thoughts about this important topic?

Timothy Bray, JD (01:14:40):

Yeah, thank you, Dr. Duckworth. And this has really been an honor. I think this is going to take a paradigm shift. It's going to take us thinking very differently about this. And that's not an easy thing to do because it starts to get us into that more public health minded perspective when many of us have a healthcare perspective. And those are very different. And so it really is going to be a challenge, but I think that the tools are there and the opportunities are there.

Dr. Ken Duckworth (01:15:10):

Well said. Yolanda Lewis, final words from you, perspectives or things you want our audience to take away from this conversation?

Yolanda Lewis (01:15:21):

Well, first of all, I just want to thank you for the opportunity to be a part of this platform to actually raise awareness. I think we are all here to ensure that individuals have the care that they need. Access to care is access to justice for us. It's important that we respond well to people. We know that there are people in crisis. We see it around us, and there's no difference in the environments that happen to be criminal justice oriented. So I think improving coordination, improving resources to this area, being more responsive and offering tools to the individuals that are working so very diligently to respond to individuals who are coming into our systems is important. And I think the more that we create this idea that crisis response doesn't stop because of where you're placed in system, be able to be more responsive to the needs of individuals who really deserve our care.

Dr. Ken Duckworth (01:16:24):

Well, thank you Yolanda, and thank you, Tim. I want to point out to people that our next conversation for Ask the Expert will be next year with a professor from Duke who will be reviewing the evidence base around the conversations of the relationship between violence and mental illness. That's on Thursday, January 18th. We encourage you to attend. Next slide, please. Oh, NAMI. We have a book, and this was a fun little project where I interviewed really amazing people who live with mental health conditions about what they had learned, right? Taking lived experience as expertise. We have a buy one, give one special. There's how you find it. And tomorrow, Amazon let us know, we didn't have anything to do with this. That one day only you can get the book for a buck ninety-nine on Kindle. All royalties go to NAMI. NAMI owns the copyright. We have exactly one book, so this is a great opportunity if you're interested in it.

(01:17:25):

Some of the people in this book have been in solitary confinement, have been incarcerated, had their meds taken away, dealt with correctional officers. So if you want to learn from real people, there's an opportunity in this book. Next slide. Please remember, you're not alone. This is an informational webinar. We like donations, but it's the holiday season and there's a lot of things to donate to, but it's just a reminder. We don't really give medical advice or clinical advice. There are some brilliant policy leaders who are helping change the whole framework, the paradigm, as Tim said, of a public health approach to pretrial detention. So I want to thank you both. And next slide.

(01:18:15):

Thanks for joining. If you want to get a hold of me, I'm your chief medical officer. My name's Ken Duckworth. There's only one guy named Ken at NAMI. So my email is ken@nami.org. And if you have a question or suggestions for experts or presenters, please email asktheexpert@nami.org. Yolanda and Tim, a great honor to have you today. Thank you for everything that you're doing, extremely important work. And for those of you who joined, you'll get these slides and Yolanda and Tim's contact information within the week. Thank you all and take good care.