

Impact of Disproportionate Incarceration of and Violence Against Black People with Mental Health Conditions In the World's Largest Jail System

A Supplementary Submission for the August 2014 CERD Committee Review of the United States

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Dignity and Power Now (DPN) is a multiracial grassroots organization working to develop the leadership and capacity of incarcerated and formerly incarcerated people and their families towards the goal of ending state violence. This report has been produced by two of DPN's projects: The Coalition to End Sheriff Violence in LA Jails (C2ESV) and Building Resilience. The C2ESV is a multi-racial movement of formerly incarcerated people, survivors of Sheriff violence, their families and communities. The Coalition is comprised of multiple advocacy organizations throughout Los Angeles County in California. It has built a county wide movement to end abusive practices by the Los Angeles Sheriff's Department while developing the capacity of survivors and those most impacted to be leaders in the movement for dignity and grassroots power of incarcerated people. The Building Resilience project is a collaboration of health care providers, academics, survivors of Sheriff violence and their family members organizing for alternatives to incarceration while exposing jails as sites of trauma and as institutions that produce mental health conditions.

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I. Persistent Race-Based Disparities in Treatment of Persons with Mental Health Conditions in the LA County Jail System

People from racial minorities who have mental health conditions are routinely routed to the criminal justice system instead of to alternative, community-based programs shown to better address their needs. Based on extensive community outreach, *Dignity and Power Now* seeks to highlight race-based disparities in treatment of persons with mental health conditions in Los Angeles (LA) County jails. The largest jail system in the United States and the world, LA County Jails are often referred to as the nation's

largest de-facto mental health hospital⁶ warehousing approximately 19,000 pre-sentenced and sentenced individuals.⁷ Despite an alarming lack of data on mental health conditions of people from racial minorities held in LA County jails, increasing numbers of testimonies reveal that the provision of mental health services— where available – is impacted by the race of the prisoner, while lack of access to mental health services leads to incarceration.

Nationwide, people with mental health conditions constitute 64% of the jail population, according to the Federal Bureau of Prison Statistics.⁸ Black people with mental health conditions, particularly Schizophrenia, Bi-Polar disorders and other psychoses are more likely to be incarcerated than people of other races.⁹ Black people make up a mere 9.6% of the population in Los Angeles,¹⁰ yet they constitute 31% of LA County jail prisoners,¹¹ and 43.7% of those diagnosed with “serious mental illness” requiring special jail housing.¹² Black women, who face additional gendered concerns, make up 35% of the total female jail population in Los Angeles.¹³

Studies expose a cycle of Black peoples’ limited access to mental health care leading to “more severe symptoms, greater criminal involvement, and more frequent arrest.”¹⁴ Black people are overrepresented among mentally ill persons who are arrested and incarcerated, suffer “higher rates of diagnosed schizophrenia, lower likelihood of receiving the latest psychiatric medications, and greater difficulty in achieving successful community integration.”¹⁵ While most offenses committed by people with mental conditions tend to be nonviolent, such as repetitive thefts or simple drug possession, their incarceration (instead of voluntary treatment) often exacerbates their conditions and results in higher rates of trauma, criminality and recidivism. LA judges lament the lack of available treatment programs for “low-risk offenders with mental illness [who should be kept]” out of jail.¹⁶

LA County’s remedial attempts have fallen short and at times serve only to exacerbate the problem. Despite recognition of the effectiveness of community-based mental health diversion programs, the LA County Board of Supervisors recently endorsed a massive \$2.3 billion jail expansion plan for a new 4,860-bed “mental health treatment jail” requiring \$456 million a year to operate. This punitive, incarceration approach to mental health conditions further entrenches race-based disparities in access to treatment (both before and during incarceration), perpetuates adverse impacts of incarceration on mental health and disregards the subsequent toll on the community. LA County Council is currently considering implementing court-mandated mental health outpatient treatment (Laura’s Law). In other jurisdictions with similar laws, Black people were disproportionately more likely than Whites and Latinos to be forced into psychiatric treatment and medication.¹⁷ In contrast, voluntary treatment programs have substantially reduced incarceration and homelessness among people with mental health conditions.¹⁸

Severe overcrowding in LA County Jails has harshly impacted prisoners with mental health conditions subjected to what a recent U.S. Department of Justice (DOJ) investigation described as “dimly lit, vermin-infested, noisy, unsanitary, cramped and crowded” conditions.¹⁹ Due to lack of capacity and overcrowding, over a third of the 3,200 people identified as having a debilitating mental health condition are housed in the general jail population rather than in a dedicated mental health facility.²⁰ Lack of trained mental health providers often result in brief, usually less than 5 minute visits with psychiatrists whom prisoners complain “just throw pills at people to get them out of the way.”²¹ Alarming conditions in LA County Jail pose significant risks for triggering or worsening mental health conditions, causing post-traumatic stress, and leading to suicides, including for persons with no prior mental illness diagnosis.²² Brandon, a 32-year-old Black man diagnosed as a functioning schizophrenic related that the jail in downtown LA where he was held “was always noisy and packed. Sometimes I couldn’t tell the difference between people talking in the dorms and the voices I was hearing.”²³ Despite the DOJ-documented 281 attempted suicides in 2013 alone and 15 completed suicides over 25 months by individuals many of

whom with documented mental health conditions, there has been “no change in the Jails custodial practice.”²⁴

Black people in LA jails who have mental health conditions report receiving considerably harsher sentences than their white counterparts and feel they are less likely to be offered alternative treatment programs or “rehab” instead of incarceration during sentencing.²⁵ The overrepresentation of Black people in jails renders them particularly vulnerable to the violence which typifies incarceration. LA jails continue to be plagued by persistent and widespread patterns of excessive force by Sheriff deputies. A third of all deputy-on-prisoner use of force incidents is perpetrated against prisoners with mental health conditions.²⁶ Interviewees assert that Sheriff deputies respond more aggressively and more skeptically to requests and actions, including about health concerns, by Black and Latino prisoners as compared to White prisoners, even when it seemed mental health issues underline the conduct.

Failure to adequately implement preventative measures in treating mental health conditions, a lack of significant diversion programs for those incarcerated in local jails, and the prioritization of jail construction constitute human rights violations which are felt most acutely in Black communities reinforcing persistent racial disparities in LA County and nationwide.

II. CERD Concluding Observations Highlight Racial Disparities in the Criminal Justice System and Access to Health Services

The intersectional discrimination faced by members of racial and ethnic groups with mental health conditions caught in the criminal justice system relates to several key CERD concluding observations. In its last review of the United States in 2008, CERD stressed “the persistent racial disparities in the criminal justice system” of the U.S., “including the disproportionate number of persons belonging to racial, ethnic and national minorities in the prison population, *allegedly due to harsher treatment that defendants belonging to these minorities, especially African American persons, receive at various stages of the criminal proceedings*” (para. 20), which includes disparity in sentencing and institutionalization. The Committee called on the U.S. to “take all necessary steps to guarantee the right of everyone to equal treatment before . . . organs administering justice, including further studies to determine the nature and scope of the problem.”²⁷

Generally highlighting disparities in health outcomes and access to healthcare, including mental health services, CERD urged the U.S. “to address the persistent *health disparities affecting persons belonging to racial . . . minorities*, in particular by eliminating the obstacles that currently prevent or limit their access to adequate health care,” including “unequal distribution of health care resources” and “persistent racial discrimination in the provision of health care” and to address “statistical data on health disparities affecting” racial minorities in its report (para. 32). The intersection of mental health and race and ethnicity-related discrimination in the criminal justice system merits further attention and analysis given the continued stark disparities in the ratio of incarcerated racial and ethnic minorities as well as in their access to mental health services, creating a vicious feedback loop.

Fueled by complex inter-related factors, effective targeting of such intersectionality would also benefit from enhanced U.S. compliance with the Committee’s related recommendations to end “systemic inadequacies in criminal defense . . . for indigent” racial minorities (para. 22), broadening the legal definition of racial discrimination (para. 10), and establishing an “independent national human rights institution” to monitor and coordinate implementation of human rights obligations (para. 12) particularly on the local level.

In the same vein, in its 2014 review of U.S. compliance with the ICCPR, the Human Rights Committee instructed the U.S. to step up reform “to robustly address racial disparities in the criminal justice system, including by amending regulations and policies leading to racially disparate impact at the federal, state and *local levels*” (para. 6).²⁸ Touching upon the intersection of mental health and incarceration, the HRC held that the United States should abolish prolonged solitary confinement for prisoners with mental disabilities (para. 20),²⁹ and generally prohibit “non-consensual use of psychiatric medication, electroshock and other restrictive and coercive practices in mental health services” (para. 18). The Committee Against Torture’s 2006 recommendations and the 2009 List of Issues ahead of its upcoming 2014 review of the United States reiterated concern over the mental health consequences of “prolonged isolation” in U.S. prisons, and, the use of “excessive force by law enforcement officials and ill treatment of vulnerable groups, in particular racial minorities.”³⁰

III. U.S. Government Report Lacks Intersectional Discrimination Data and Analysis to Address Criminal Justice System Disparities

The 2013 U.S. Report to CERD concedes that despite laws and mechanisms “in place to ensure equality of access to and treatment in the criminal justice system... racial and ethnic disparities continue to exist” and “the proportion of minority persons in the justice and prison systems” call for further studies and “continued vigilance” (para. 65). Nonetheless, the report fails to account for the overlap between disproportionate rates of incarceration of Black people and the high rate of prisoners with mental health conditions, underscoring the dire necessity for alternatives to incarceration, as well as studies on the underlying causes of such multiple and intersecting discrimination. The only alternative to detention cited in the U.S. report apply solely in the context of immigration-related detention (para. 166).³¹ Overall, the United States makes relatively meager use of non-custodial penalties, particularly for non-violent crimes, especially as compared with other high income countries.³²

The U.S. report lacks recognition of the untold health toll on Black communities from disproportionate adverse contact with the criminal justice system, particularly violence and brutality within the jail system. Black communities must shoulder the lifelong burden of caring for prisoners who developed mental health conditions during and due to their incarceration, were denied adequate care, or were sentenced to general jail population instead of mental health diversion programs. The U.S. report cites the first ever national study of *Health Disparities and Inequalities* (paras. 136-137). Yet neither the initial 2011 health report nor its 2013 follow up address the impact of incarceration on the health of Black people who are disproportionately and adversely affected by the criminal justice system, or conversely the discrimination faced by Black people with mental health disabilities within the criminal justice system.³³ The studies to date have examined only few social determinants of health, such as income and education, access to healthy food, and unemployment.³⁴

In response to the CERD concluding observation in para. 20 to better address racial disparities in the criminal justice context, the U.S. Report cites vague Department of Justice (DOJ) intentions “to conduct further statistical analysis and issue annual reports on sentencing disparities in the criminal justice system” and “to increase system-wide monitoring steps.” (para. 66). It avoids any discussion of the pervasive criminal justice discrimination at the intersection of race, ethnicity, gender and mental health conditions (disability). The Department of Justice’s Civil Rights Division (CRT) currently investigates discriminatory practices or patterns in prisons, jails, and mental health facilities (para. 19). DOJ/CRT investigated the treatment of prisoners with mental health conditions in the L.A. County Jail system in 1997 resulting in a negotiated agreement with local officials found in June 2014 to fall short of anticipated progress.³⁵ Absent clear directives to look at intersectional violations, such investigations continue to fail

to account for the complex multiple discriminations of race, ethnicity, gender, and disability in the criminal justice system.

IV. Legal Framework - ICERD and CERD Interpretation

The persistent disregard for multiple discrimination faced by racial and ethnic minorities with mental health conditions in the jail system violates the following articles of the International Convention on the Elimination of All Forms of Racial Discrimination: article 5(a) (equal treatment in the administration of justice), article 5 (b) (right to security and protection from violence or bodily harm), art. 5(e) (iv) (right to medical care and social services), and article 7 (duty to combat prejudices leading to racial discrimination and intolerance).

The disproportionate burden of incarceration and its attendant harms on Black people with disabilities, such as mental health conditions, and the creation and trigger of such conditions by their experiences in the criminal justice system, fall squarely within the mandate of this Committee. As recognized by CERD, individuals and groups experience racial discrimination in context of the totality of their identities and circumstances.³⁶ This Committee has instructed State Parties to ICERD to bring “particular attention ... to complex forms of disadvantage in which racial discrimination is mixed with other causes of discrimination (such as those based on gender ... *disability* and low socio-economic status).”³⁷ It further charged states to “refer to any available social indicators of forms of disadvantage that may be linked with racial discrimination,”³⁸ including specifically where “different groups of victims or potential victims of racial discrimination within the population may have different needs for health and social services.”³⁹

General Recommendation 31 on prevention of racial discrimination in the administration of the criminal justice system commands States to “better gauge the existence and extent of racial discrimination in the administration and functioning of the criminal justice system” by in part, examining “the proportionately higher crime rates attributed to persons belonging to those groups” and the “the handing down by the courts of harsher or inappropriate sentences against persons belonging to those groups.”⁴⁰ Specifically highlighting discrimination against Black people in General Recommendation 34, this committee calls for “measures to prevent the use of illegal force, torture, inhuman or degrading treatment or discrimination by ... law enforcement agencies and officials against people of African descent, especially in connection with arrest and detention, and ensure that people of African descent are not victims of practices of racial or ethnic profiling.”⁴¹

CERD’s General recommendation 25 recognizes the intersecting forms of gender and racial discrimination.⁴² In the same spirit, such analysis extends to people with mental health conditions or disabilities who are members of racial and ethnic minorities.⁴³ Finally, the U.S. law-inspired Convention on The Rights of Persons With Disabilities reinforces the critical importance of addressing the “difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, ... national, ethnic, indigenous or social origin.”⁴⁴

V. Suggested Questions for the U.S. Delegation

1. What measures have the federal and local governments taken to correct the over reliance on incarceration given racial disparities in the treatment of people with mental health conditions?
2. How does the United States plan to advance and develop models of mental health diversion, including pre-booking and post-booking models that have been proven effective in providing humane and comprehensive treatment for racial minorities with mental health conditions?

3. What governmental efforts have been undertaken to develop and support mental health services, in particular community-based models and other evidence-based models of effective treatment to address racial disparities in access to mental health services prior to contact with the criminal justice system?

VI. Suggested Recommendations

Based on widespread community-outreach about the concerns outlined in this submission, we propose the following recommendations:

1. Informed by General Recommendations 31 on the prevention of racial discrimination in the administration and functioning of the criminal justice system and given the high rate of incarcerated Black people with mental health conditions, require comprehensive mental health, community-based diversion programs⁴⁵ for people with mental health conditions accused of crimes rather than invest in high-cost jail construction, and monitor implementation on the county level, especially in high-prisoner population areas. Ensure federal oversight Civil Rights laws, including the Civil Rights of Institutionalized Persons Act, address intersectional identities and violations such as race and mental health in the criminal justice system.

2. Patterned after paragraph 5 of General Recommendation 25 on gender and race-related discrimination,⁴⁶ require by law that relevant organs and institutions collect intersectional data and generate analysis on gender (including if appropriate gender identity and sexual orientation), race and ethnicity by mental health diagnosis to inform and tailor prevention and treatment services in the community and the criminal justice system. Institute periodic research and publication on the social determinant of incarceration on health focused on racial disparities in access to mental health services and the disproportionate impact of incarceration on racial and ethnic minority communities.

3. Enact independent civilian oversight bodies tasked with monitoring and coordinating with local county government and law enforcement agencies to oversee human rights and constitutional protection of incarcerated racial and ethnic minorities, particularly safeguarding against violence, medical abuse and neglect.

¹ Los Angeles Regional Re-entry Project is a network of public, community, and faith based agencies and individuals, across Los Angeles County, focused on the successful reintegration of previously incarcerated men and women back to their communities.

² Drug Policy Alliance is a national advocacy organization focused on drug law reform that is grounded in science, compassion, health and human rights. It aims to advance policies and attitudes that best reduce the harms of both drug use and drug prohibition while promoting the sovereignty of individuals over their minds and bodies.

³ Los Angeles Community Action Network organizes and empowers community residents of downtown Skid Row Los Angeles, to work collectively around changing power, ending violence against, and stop the criminalization of people dealing with poverty. Skid row has one the largest population of homeless people in the country and is predominantly Black.

⁴ Justice Not Jails is a multi-year *campaign* designed to aggregate and enhance the faith community's involvement in working against racialized mass incarceration in California.

⁵ Californians United for a Responsible Budget (CURB) is a broad-based coalition of over 40 organizations seeking to CURB prison spending by reducing the number of people in prison and the number of prisons in the state.

⁶ Vera Institute of Justice, Los Angeles County Jail Overcrowding Reduction Project, at xix, 1 (2011) at http://www.vera.org/sites/default/files/resources/downloads/LA_County_Jail_Overcrowding_-_Executive_Summary.pdf.

⁷ Department of Justice (DOJ), Office of Public Affairs, *Justice Department Concludes That Los Angeles County Jails System Has Made Progress, but Serious Deficiencies Continue* (June 6, 2014) at <http://www.justice.gov/opa/pr/2014/June/14-crt-610.html>.

⁸ U.S. Dept of Justice, Bureau of Justice Statistics, *Mental Health Problems of Prison and Jail Prisoners* 2006.

⁹ Hawthorne, Folsom, Sommerfield, et al., *Incarceration Among Adults Who Are in the Public Mental Health System: Rates,*

Risk Factors, and Short-Term Outcomes 63(1) *Psychiatric Services* 26-32 (2012)

as <http://www.ncbi.nlm.nih.gov/pubmed/22227756>.

¹⁰ US Census, Quick Facts, California and Los Angeles, at <http://quickfacts.census.gov/qfd/states/06/0644000.html>.

¹¹ The JFA institute, *Evaluation of the Current and Future Los Angeles County Jail Population*, p. 15 (April 10, 2012) at <http://www.jfa-associates.com/publications/LA%20Jail/LA%20County%20Jail%20Report.pdf>.

¹² Email from Jim Austin, President of the JFA Institute, (June 10, 2014)

¹³ The JFA Institute, *Snapshot of the Women Jail Population* (April 2013)

¹⁴ Cuellar AE, Snowden LM, Ewing T., Criminal records of persons served in the public mental health system, 58(1) *Psychiatric Services* pp. 114-20 (2007) at <http://ps.psychiatryonline.org/article.aspx?articleid=97584>.

¹⁵ Cuellar AE, Snowden LM, Ewing T., Criminal records of persons served in the public mental health system, 58(1) *Psychiatric Services* pp. 114-20 (2007) at <http://ps.psychiatryonline.org/article.aspx?articleid=97584>.

¹⁶ Judge Terry Smerling, *L.A. County needs to construct mental health programs, not just jails*, Los Angeles Times, Op Ed (May 4, 2014) at <http://www.latimes.com/opinion/op-ed/la-oe-smerling-mental-illness-jails-20140505-story.html>.

¹⁷ “Black people are almost five times as likely as White people to be the recipients of [mandatory treatment] orders.”

Testimony: Extending Kendra's Law, *Statement Of Beth Haroules*, New York Civil Liberties Union (NYCLU) regarding *New York State's Assisted Outpatient Treatment (AOT) Program* at <http://www.nyclu.org/content/testimony-extending-kendras-law>.

¹⁸ Under a similar law in New York, Kendra's Law, African Americans were more likely than whites to be involuntarily committed for outpatient psychiatric care. Swanson J. et al, *Racial disparities in involuntary outpatient commitment: are they real?* 28(3) *Health Affairs* 816-26 (May-June 2009) at <http://www.ncbi.nlm.nih.gov/pubmed/19414892>. Voluntary treatment, such as Assertive Community Treatment, has reduced hospitalizations by 67.8%, and Full Service Partnerships have reduced hospitalizations by 82%, incarceration by 80%, and homelessness days of participants by 50% in Orange County, California. *Public Comment to Orange County Mental Health Services Act Three Year Plan (FY 14/15 to 16/17) regarding proposed implementation of Assisted Outpatient Treatment*, ACLU Southern California, Disability Rights California, Bazelon Center for Mental Health Law, (March 20, 2014)

¹⁹ Department of Justice, Civil Rights Division (DOJ CRT), *Compliance Mental Health Care and Suicide Prevention Practices at Los Angeles County Jails*, (June 4, 2014) [Compliance Letter].

²⁰ *Ibid*.

²¹ Dignity and Power Interview with former LA County jail prisoner with a mental health condition, June 2014.

²² *A Way Forward: Diverting People with Mental Illness from Inhumane and Expensive Jails into Community-Based Treatment that Works*, ACLU Southern California, (forthcoming; July 1, 2014)

²³ Dignity and Power Interview with former LA County jail prisoner with a mental health condition, June 2014.

²⁴ DOJ/ CRT, Compliance Letter, p.4.

²⁵ Overall, “African Americans are 21 percent more likely to receive mandatory-minimum sentences than white defendants and are 20 percent more like to be sentenced to prison.” Sofia Kerby, Center for American Progress, *The Top 10 Most Startling Facts About People of Color and Criminal Justice in the United States* (March 13, 2012).

²⁶ *A Way Forward: Diverting People with Mental Illness from Inhumane and Expensive Jails into Community-Based Treatment that Works*, ACLU Southern California, (forthcoming; July 1, 2014)

²⁷ Committee on the Elimination of Racial Discrimination, Concluding Observations – United States of America, CERD/C/USA/CO/6, para. 20 (Feb. 2008) (emphasis added).

²⁸ Human Rights Committee, Concluding Observations on the Fourth Periodic Report of the United States of America, CCPR/C/USA/CO/4, para. 6 (23 April 2014) (recommending that U.S. “continue and step up its efforts to robustly address racial disparities in the criminal justice system, including by amending regulations and policies leading to racially disparate impact at the federal, state and local levels. . .” and “ensure the retroactive application of the Fair Sentencing Act and reform mandatory minimum sentencing statutes.”).

²⁹ *Ibid*.

³⁰ Committee Against Torture, List of Issues Prior to the Submission of the Fifth Periodic Report of the United States of America, CAT/C/USA/Q/5 (20 January 2010); CAT, Committee Against Torture, Conclusions and Recommendations of the Committee Against Torture – United States of America, CAT/C/USA/CO/2, paras. 36-37 (25 July 2006).

³¹ The US Immigration and Customs Enforcement (ICE) revised its Performance-Based National Detention Standards 2011 “developed in collaboration with non-governmental stakeholders, to address more effectively the needs of ICE’s detainee population for services such as medical and mental health care, legal resources, and protection against sexual abuse while maintaining a safe and secure detention environment”. US Report, para. 165.

³² Vera Institute of Justice, Center on Sentencing and Corrections, *Sentencing and Prison Practices in Germany and the Netherlands: Implications for the United States* (October 2013) at <http://www.vera.org/pubs/sentencing-prison-germany-netherlands>.

³³ Health impact and incarceration is only raised in the context of greater exposure to HIV and Tuberculosis for racial and ethnic minorities serving time in prison.

³⁴ CDC Health Disparities and Inequalities Report, Topics Table at http://www.cdc.gov/DisparitiesAnalytics/topic_table.html (last visited June 12, 2013).

³⁵ Department of Justice, Office of Public Affairs, *Justice Department Concludes That Los Angeles County Jails System Has Made Progress, but Serious Deficiencies Continue* (June 6, 2014) at <http://www.justice.gov/opa/pr/2014/June/14-crt-610.html>.

³⁶ Multiple or intersection discriminatory grounds considered by CERD include gender and income level. *See e.g.*, General Recommendation No. 19: Racial Segregation and Apartheid (Article 3), para. 3 “conditions of complete or partial racial segregation may in some countries have been created by governmental policies, a condition of partial segregation may also arise as an unintended by-product of the actions of private persons. . . . inhabitants can be stigmatized and individuals suffer a form of discrimination in which racial grounds are mixed with other grounds.”

³⁷ Guidelines For The CERD-Specific Document To Be Submitted By States Parties Under Article 9, Paragraph 1, of The Convention, UN Doc. CERD/C/2007/1 (13 June 2008), para. II.B. at http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CERD%2fC%2f2007%2f1&Lang=en.

³⁸ *Ibid.*

³⁹ *Ibid.* at Sec. I (E) 4: The right to public health, medical care, social security and social services.

⁴⁰ General Recommendation 31: Prevention of racial discrimination in the administration of the criminal justice system (2005), paras I.A.1.1(d)-(f).

⁴¹ General Recommendation 34: Racial Discrimination against people of African descent (2011), para. 39.

⁴² General Recommendation 25: Gender related dimensions of racial discrimination (2000), paras. 1-3; *See also*, General Recommendation No. 29: Article 1, paragraph 1 of the Convention (descent) (2002) at para. 2 on the “Multiple discrimination against women members of descent-based communities.”

⁴³ Paragraph 5 of this Recommendation provides concrete requisite data collection and analysis that can be extended to capture the experience of people with disabilities subject to racial and ethnic discrimination. Gerard Quinn et al, United Nations Human Rights and Disability: The current use and future potential of United Nations human rights instruments in the context of disability, p. 235 (United Nations 2002) at <http://www.ohchr.org/Documents/Publications/HRDisabilityen.pdf>.

⁴⁴ Convention on The Rights of Persons with Disabilities, Preamble at (p), signed by the United States on July 30, 2009.

⁴⁵ Programs should utilize integrative wrap-around services using models that have been proven to reduce recidivism and improve mental health outcomes. Counties should further pursue and implement additional methods such as split-sentencing, pre-trial release, and other practices that have been proven to reduce jail overcrowding and recidivism.

⁴⁶ Paragraph 5 of this Recommendation provides concrete requisite data collection and analysis that can be extended to capture the experience of people with disabilities subject to racial discrimination.