CONSORTIUM FOR CONSTITUENTS WITH DISABILITIES

Disability Rights and the Criminal Legal System

The criminal legal system impacts people with Autism, mental health, and other disabilities in multiple ways, including disproportionate contact with law enforcement, victimization, overrepresentation in imprisonment and death penalty sentencing, and particular vulnerability in crisis response situations. For example, people with Autism and intellectual/developmental disabilities (IDD) may have difficulty understanding social cues and responding appropriately in stressful situations. Police officers may mistake behaviors associated with Autism/IDD as non-compliance or aggression, leading to unnecessary use of force or arrest.

Nearly a quarter of all fatal police shootings involved individuals experiencing a mental health crisis or displaying behaviors related to a disability, according to the Washington Post's Fatal Force Database. For Black people with disabilities, the chances of having a fatal encounter with police during a crisis call are significantly higher, as Black people account for approximately 27 percent of annual police shootings and killings despite being 13 percent of the general population.

In 2010, Mr. Neli Latson was an 18-year-old with Autism and intellectual disability, waiting outside his neighborhood library in Stafford County, Virginia for it to open. Someone called the police reporting a "suspicious" Black male, possibly with a gun. Mr. Latson had committed no crime and was not armed. The resulting confrontation with a deputy resulted in injury to an officer when Mr. Latson understandably resisted being manhandled and physically restrained. This was the beginning of years of horrific abuse in the criminal justice system. Prosecutors refused to consider Mr. Latson's disabilities, calling it a diagnosis of convenience and using "the R-word," and rejected an offer of disability services as an alternative to incarceration. Instead, Mr. Latson was convicted, sentenced to ten years in prison, and punished with long periods of solitary confinement, Taser shocks, and the use of a full-body restraint chair for hours on end for behaviors related to his disabilities.

On February 1, 2012, 15-year old, Autistic, Stephon Watts experienced a meltdown. Hoping to reduce the number of police responding, Stephon's father called the police station directly. When the police came, they again came in large numbers. Stephon's father knew this was not an appropriate response, and asked the police to leave. Instead, the police entered the family's house, confronted Stephon in the middle of his meltdown, and shot and killed him.

Peer-Led Responses Make Mental Health Crisis Services More Effective

We urgently need to **advance alternative, non-police responses to mental health calls**. In doing so, we must make peer supports – provided by people with lived experience with mental health disabilities or receiving services, working in peer-led organizations – central to the delivery of mental health crisis services.

When we **center peer-led responses**, people with disabilities are:

- Less likely to be admitted to emergency rooms and hospitals
- More likely to engage with community-based services, feel empowered & hopeful
- Less likely to be institutionalized, incarcerated, or need future crisis services

There are numerous successful examples of peer-led **hotlines & warmlines**, including Wildflower Alliance, Call BlackLine, Trans Lifeline, and Wings Across Alabama. When call centers are staffed by people with behavioral health expertise, including peers, as many as **80%** of calls or texts can be resolved over the phone.

There are also numerous successful examples of **mobile response teams** that build on Oregon's CAHOOTS model to include peers, such as San Francisco's Street Crisis Response Team, and Alaska's Behavioral Health Aide Program, which particularly focuses on serving rural, remote communities.

When people with specialized training, including peers, serve on mobile response teams, upwards of **70%** of responses can be resolved in the field. In only a relatively small number of cases should an individual need to be transported somewhere.

For those limited instances, there are numerous successful examples of peer-led **respite homes**, including Rose Houses (New York), Karaya & Juniper (Massachusetts), Retreat @ The Plaza (North Carolina),[1] and Keya House (Nebraska).

When we center peer-led and peer-involved alternative responses to mental health calls, people can be served in their communities, and communities can be safer for all.

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[1] In 2021, it cost $111 per day for a guest to stay at the Retreat, compared to as much as $2,573 per day for inpatient psychiatric treatment in North Carolina. *See* Mad in America, First NC Peer-Run Respite Opens as Alternative to Mental Health Hospitalization (2021) (citing Kaiser Family Foundation, Hospital Adjusted Expenses Per Inpatient Day).