

# TRANSFORMING THE SYSTEM



## ELIMINATE THE CRIMINALIZATION OF

# Public Health Issues

The criminal justice system is too often used as a cure-all for social problems that are better suited to social services and public health responses.<sup>503</sup> People with disabilities are often criminalized for their disabilities when a public health response would be much more suitable. In particular, criminalization is routinely used in responding to mental health matters.<sup>504</sup> Because of inadequate mental health structures, incarceration is at times used to restrain people with mental health issues when medical treatment is actually needed.

Furthermore, a public health response would be more appropriate for drug policy. Over the past 40 years, the United States has relied upon heavy-handed drug policies that focus on criminalization and harsh sentences. Drug policy is one of the leading contributors to the current state of mass incarceration and has encouraged unfairness in the criminal justice system.<sup>505</sup> Black and brown communities have been targeted and suffered from harsher sentences and penalties.<sup>506</sup> Yet, these policies are ineffective: “A systematic review of more than 300 international studies found that when police ... [focus on policing] people who use or sell drugs, the result is almost always an increase in violence.”<sup>507</sup>

A public health response would be more effective for addressing addiction and in the general treatment of persons battling addiction. One example, although far from ideal in its scope and outcomes, is the Law Enforcement Assisted Diversion (LEAD) program, which “allows law enforcement officers to redirect” individuals to “community-based services, instead of jail and prosecution” and has been successful at reducing the recidivism rates there.<sup>508</sup>

503 The Center for Popular Democracy, *Building Momentum from the Group Up: A Toolkit for Promoting Justice in Policing* 5 (June 2015) [hereinafter CPD] (“Police and prisons have become the government’s answer to nearly every social problem in low income communities of color. The criminalization of poverty, mental illness, perceived anti-social behavior, and drug addiction has led to mass incarceration.”).

504 “In state prisons, more than half of the people incarcerated (56 percent) have a mental health problem and one in six (16 percent) have a serious mental illness (SMI). In local jails, almost two thirds (64 percent) and 17 percent meet these criteria, respectively. More than half of the people in state prisons (53 percent) and two thirds in local jails (68 percent) have substance use disorders.” See CHJ, *supra* note 85, at 4.

505 See generally, Doris Marie Provine, *Unequal Under Law: Race in the War on Drugs* (2008); see also, Michael Tonry, “Racial Politics, Racial Disparities, and the War on Crime” 40 *Crime & Delinquency* 475 (1994).

506 Leadership Conference Education Fund & Leadership Conference on Civil Rights, *Justice on trial: Racial Disparities in the American Criminal Justice System* (2000).

507 Drug Policy Alliance, *An Exit Strategy for the Failed War on Drugs: A Federal Legislative Guide* 5 (2013).

508 Law Enforcement Assisted Diversion Program, <http://leadkingcounty.org/> (accessed 7 July 2016); Sara Jean Green, “LEAD Program for Low-Level Drug Criminals Sees Success,” *Seattle Times* (April 9, 2015), <http://www.seattletimes.com/seattle-news/crime/lead-program-for-low-level-drug-criminals-sees-success/>.

# TRANSFORMING THE SYSTEM

## Crisis Intervention Teams

By training police to deescalate and divert those who need it to medical facilities, the Crisis Intervention Team (CIT), with more than 2,500 programs in 45 states and several foreign countries,<sup>509</sup> is a popular model to prevent unnecessary conflict with and incarceration of those with mental health problems by the police.



The first CIT program was created in 1988 in Memphis, TN, after a tragic incident in which police killed a man with mental health issues.<sup>510</sup> The Memphis Police Department and the “Memphis Chapter of the Alliance for the Mentally Ill (AMI)” partnered to create a pre-booking diversionary approach to mental health crisis events<sup>511</sup> that deescalated police encounters and provided treatment to people with mental health issues rather than incarceration, or violent altercation. It has become a model for thousands of similar programs throughout the country.<sup>512</sup> Since its implementation in 1988 the percentage of people with mentally health issues in police custody in Memphis has dropped from 15 percent in 1988 to 3 percent today<sup>513</sup> and arrests have dropped from 20 arrests per 100 calls to 2 arrests per 100 calls.<sup>514</sup>

CIT programs have been successfully implemented in many sites including Miami-Dade and Bexar County, Florida. The Miami-Dade CIT program significantly reduced recidivism of the mentally ill population and, accordingly, reduced costs. From 2000 to 2001, the CIT program reduced the recidivism rate for the population with mental health issues from approximately 70 percent to 11 percent in just one year. According to the Court Mental Health Project’s calculations, the reduced recidivism saved Miami-Dade \$2.3 million in one year.<sup>515</sup> The Center for Health Services estimates that San Antonio has saved \$50 million over the past five years.<sup>516</sup>

509 Brian Livingston, *Crisis Intervention Teams Complete*, Justice Center: Council of State Gov’ts (2013), <http://csgjusticecenter.org/law-enforcement/media-clips/crisis-intervention-teams-complete/>.

510 *The New Asylums: Some Frequently Asked Questions*, frontline, <http://www.pbs.org/wgbh/pages/frontline/shows/asylums/etc/faqs.html#5> (accessed 7 July 2016).

511 The City of Memphis, *Crisis Intervention Team*, <http://www.memphistn.gov/Government/PoliceServices/CrisisInterventionTeam.aspx> (accessed 7 July 2016).

512 Lesley Buchan, National Association of Counties, *Ending the Cycle of Recidivism: Best Practices for Diverting the Mentally Ill from County Jails* 14 (2003), <http://namimarin.org/wp-content/uploads/2013/09/jail-diversion-and-mentally-ill1.pdf>.

513 CIT Facts and Benefits, CIT International, <http://www.citinternational.org/cit-overview/131-cit-facts-and-benefits.html> (accessed 7 July 2016).

514 Ibid.

515 Buchan, *supra* note 512 at 11.

516 Ibid.

# TRANSFORMING THE SYSTEM

Finally, it is also important to ensure that persons who are convicted of sex-related offenses receive appropriate treatment and social service support and are not subject to overly broad registries that are largely ineffective.<sup>517</sup>

## Eliminating the criminalization of disabilities

Individuals with physical and mental health concerns are especially vulnerable to increased criminalization. Poorly trained police staff may be ill-equipped to respond to individuals of various abilities and situations may unnecessarily escalate. They are also often targeted for their health status rather than for wrongdoing. During street encounters, police officers are almost twice as likely to arrest someone who appeared to have mental health issues for the same, usually minor infraction.<sup>518</sup> Criminalizing individuals with mental health issues often creates a never-ending revolving door into the criminal justice system with many mental health issues never receiving appropriate care.<sup>519</sup>

The vast population of incarcerated people with mental health issues reflects a justice system that disproportionately arrests, mistreats, retains, and re-arrests them. Today there are three times more people with a serious mental health issues in jails and prisons than in hospitals.<sup>520</sup> There are more people with mental health issues in Los Angeles County Jail, Chicago's Cook County Jail, or New York's Riker's Island Jail respectively than in any psychiatric hospital in the United States.<sup>521</sup>

Fortunately, the Affordable Care Act provides an opportunity to ensure that people with mental health concerns are not criminalized when they should be treated for their illness.<sup>522</sup> By investing in community mental health resources and appropriate diversions into treatment and away from the criminal justice system at every stage (i.e. arrest, booking, adjudication, detention, reentry), communities can give people with mental health issues the treatment they need, saving millions of dollars, and creating a healthier, safer, and more equitable society.

517 Richard Tewksbury, "Validity and Utility of the Kentucky Sex Offender Registry," 66 *Fed. Probation* 21 (2002).

518 L. Teplin, "Criminalizing Mental Disorder: The Comparative Arrest Rate of the Mentally Ill" 39 *American Psychologist* 794, 802 (1984).

519 Ibid.

520 E. Fuller Torrey et al., *More Mentally Ill Persons Are in Jails and Prisons than Hospitals: A Survey of the States*, Treatment Advocacy Center 1, (2010), [http://www.treatmentadvocacycenter.org/storage/documents/final\\_jails\\_v\\_hospitals\\_study.pdf](http://www.treatmentadvocacycenter.org/storage/documents/final_jails_v_hospitals_study.pdf).

521 Ibid. at 10.

522 Cockburn *supra* note 289 (describing how the Affordable Care Act expanded coverage for mental health issues).

# TRANSFORMING THE SYSTEM

Police should prioritize diverting people with mental health issues into treatment and away from the criminal justice system before they have been booked.

People who are deaf and have other physical disabilities may also be subject to increased marginalization.<sup>523</sup>

Several police departments have implemented specialized police responses (SPRs), such as the Crisis Intervention Team, to change the way their officers interact with people with mental health issues. These programs partner with local mental health treatment centers to divert individuals with mental health issues into treatment.<sup>524</sup> It is collaboration between law enforcement agencies, community groups, and public officials. People who are deaf and have other physical disabilities may also be subject to increased marginalization.<sup>525</sup>

To this ensure that individuals are not criminalized for having a disability, **Congress**, and **local and state legislatures** should pass legislation that does the following:

- ▶ Ensures adequate resources for mental health to address the needs of people with disabilities;<sup>526</sup>
- ▶ Reinvests funds from prisons and incarceration to ensure that mental health programs are adequately funded;<sup>527</sup>
- ▶ Prohibits inappropriate treatment of mental health issues through criminal enforcement mechanisms;<sup>528</sup>
- ▶ Facilitates Affordable Care Act enrollments for persons with disabilities;<sup>529</sup>

523 Lydia L. Callis, "How the Criminal Justice System Fails the Deaf Community," *Huffington Post* (Jan. 10, 2015), [http://www.huffingtonpost.com/lydia-l-callis/post\\_8582\\_b\\_6127898.html](http://www.huffingtonpost.com/lydia-l-callis/post_8582_b_6127898.html); Disabilities Rights California, *An Ounce of Prevention: Law Enforcement Training and Mental Health Crisis Intervention* (2014), <http://www.disabilityrightsca.org/pubs/CM5101.pdf>.

524 Law Enforcement Assisted Diversion, LEAD, <http://leadkingcounty.org/lead-tools/> (accessed 7 July 2016).

525 Lydia L. Callis, "How the Criminal Justice System Fails the Deaf Community," *Huffington Post* (Jan. 10, 2015), [http://www.huffingtonpost.com/lydia-l-callis/post\\_8582\\_b\\_6127898.html](http://www.huffingtonpost.com/lydia-l-callis/post_8582_b_6127898.html); Disabilities Rights California, *An Ounce of Prevention: Law Enforcement Training and Mental Health Crisis Intervention* (2014), <http://www.disabilityrightsca.org/pubs/CM5101.pdf>.

526 See generally, Council of State governments, Criminal Justice/Mental Health Consensus Project 8-9 (2002), [http://issuu.com/csgjustice/docs/the\\_consensus\\_project\\_report\\_032513](http://issuu.com/csgjustice/docs/the_consensus_project_report_032513).

527 Cockburn *supra* note 289.

528 Council of State governments, *supra* note 526.

529 Cockburn *supra* note 289.

# TRANSFORMING THE SYSTEM

- ▶ Establishes public education regarding mental health screenings and expanded services available through the Affordable Care Act,<sup>530</sup>
- ▶ Provides that, where a police officer is required, properly trained medical responders accompany police members in response to mental health crises and/or provides that dispatchers and police are trained to recognize conflict involving mental health issues and deescalate mental health crisis when they occur, diverting a person with an apparent mental health issues to a treatment center,<sup>531</sup>
- ▶ Incentivizes and funds “pilot diversion programs that place treatment decisions within public health systems rather than the criminal justice system,” including diversion prior to booking, during detention, before adjudication, and upon release;<sup>532</sup>
- ▶ Where avoiding arrest and incarceration is not an option, expands the use of specialty courts including, drug courts, DWI courts, mental health courts, and human trafficking intervention courts for persons who indicate that they are survivors of all kinds of human trafficking. These programs should only be adopted as part of a continuum of diversions where they have been proven to reduce incarceration and improve public safety by employing best practices; allowing for proper service provision; providing access to immigration attorneys where there might be immigration-related consequences; and allowing for independent oversight for the programs.<sup>533</sup>

**Local governments and police departments** should ensure that:

- ▶ Trained medical professionals are at hand to respond to mental health crises to guarantee a proper response and prevent criminalization where medical treatment is more appropriate;
- ▶ Police officers are trained on interacting with persons with physical and mental health issues, fostering a culture of respect for human dignity to encourage respect for persons with disabilities;

530 Ibid.

531 See Meridian Star, *Crisis Intervention Teams Complete*, Justice Center: The Council of State Governments (2013), <http://csjjusticecenter.org/law-enforcement/media-clips/crisis-intervention-teams-complete/>; Crisis Intervention Team, The City of Memphis, <http://www.memphistn.gov/Government/PoliceServices/CrisisInterventionTeam.aspx> (accessed 25 July 25 2016).

532 Drug Policy Alliance, *supra* note 507, at 31.

533 Testimony of the Sex Workers Project, *supra* note 228.

# TRANSFORMING THE SYSTEM

- ▶ Police officers are instructed to divert individuals with mental health issues who are accused of committing a less serious crime to suitable health care services and to avoid incarceration.<sup>534</sup>
- ▶ Partnerships between law enforcement agencies, social service agencies, and civil society are formed to guarantee that people with disabilities, including individuals with mental health disabilities, are referred to social services agencies and civil society groups for appropriate services rather than criminalized, where appropriate.

## Reforming registries for sex-related conduct

Though adopted with good intentions, research has shown that placing individuals convicted of sex-related offenses on registries is largely ineffective and frequently overly broad.<sup>535</sup> Sex-related registries are costly, and resources spent on closely monitoring the every move of individuals who previously committed a sex-related offense could instead be used to ensure that they receive appropriate treatment and are able to successfully reenter their communities. Persons accused of sex-related offenses have some of the lowest recidivism rates,<sup>536</sup> yet they suffer from a pervasive public perception that that they will inevitably engage in the same behavior. Protecting children and adults from sexual abuse and violence requires treating that conduct as a public health matter that is preventable.<sup>537</sup>

Moreover, inclusion on these registries is often for life and hampers rehabilitation by thwarting social service and family support.<sup>538</sup> The children and spouses of individuals who must register also suffer. There are currently 850,000 people required to register. Responses should be individualized, given the diversity of offenses that are treated as “sex offenses,” and diversity of people currently included on registries. There should be primary prevention such as comprehensive sex education and efforts to address the culture of consent that specifically require responses that are outside the criminal justice system.

534 Ibid.

535 Corinne Carey, Human Rights Watch, *No Easy Answers: Sex Offender Laws in the US* (2007).

536 See Gina Kolata, “The Many Myths About Sex Offenders,” *The New York Times* (Sept. 1, 1996), <http://www.nytimes.com/1996/09/01/weekinreview/the-many-myths-about-sex-offenders.html>; see also Press Release, Bureau of Justice Statistics, *5 Percent of Sex Offenders Rearrested for Another Sex Crime Within 3 Years of Prison Release* (Nov. 16, 2003), <http://www.bjs.gov/content/pub/press/rsorp94pr.cfm>; Hal Arkowitz & Scott O. Lilienfeld, “Once a Sex Offender, Always a Sex Offender? Maybe not,” *Scientific American* (April 1, 2008), <http://www.scientificamerican.com/article/misunderstood-crimes/>.

537 See Arkowitz & Lilienfeld, *supra* note 536.

538 See generally Cynthia Calkins Mercado et al., *The Impact of Specialized Sex Offender Legislation on Community Reentry*, 20 *Sexual Abuse: A J. of Research and Treatment* 188 (2008); Jill S. Levenson et al., *Megan’s Law and its Impact on Community Reentry for Sex Offenders*, 25 *Behavioral Sciences & Law* 587 (2007).

# TRANSFORMING THE SYSTEM

**Congress**, and **local and state legislatures** should ensure that:

- ▶ Registration is limited to adults who pose a high risk of repeating their offenses;<sup>539</sup>
- ▶ Access to registries is limited to law enforcement officials and released only on a need-to-know basis;<sup>540</sup>
- ▶ Registration data is consistently reviewed for accuracy;<sup>541</sup>
- ▶ Laws that require young people to register are eliminated;
- ▶ Online sex-related registries are eliminated, and where left in place, that adequate information is included to allow a layperson to understand the conviction;<sup>542</sup>
- ▶ Exonerated persons do not appear on the registry;<sup>543</sup>
- ▶ Residency requirements for registrants are eliminated;<sup>544</sup>
- ▶ There is substantial support for treatment programs for persons convicted of sex-related offenses, including treatment plans that are individualized to the person's learning style and formulated to respond to their risk and needs.<sup>545</sup>

**Congress** and the **Department of State** should repeal legislation that hampers the rehabilitation of people convicted of past sex-related offenses.<sup>546</sup>

539 Ibid.

540 Ibid.

541 Ibid.

542 Ibid.

543 Ibid.

544 Ibid.

545 See generally R. Karl Hanson et al., "The Principles of Effective Correctional Treatment Also Apply to Sexual Offenders: A Meta-Analysis" 36 *Criminal Justice & Behavior* 865 (2009).

546 For example, H.R.515—International Megan's Law to Prevent Child Exploitation and Other Sexual Crimes Through Advanced Notification of Traveling Sex Offenders, which passed Congress and places travel restrictions on persons who have been convicted of sex-related offenses should be repealed.

# TRANSFORMING THE SYSTEM

The **Department of Justice** should continue to support and fund the Center for Sex Offender Management,<sup>547</sup> which administers registration standards for sex-related conducted pursuant to the Adam Walsh Act of 2006, 42 U.S.C. §16911 et seq.<sup>548</sup>

**Local, state, and federal government** should encourage:

- ▶ Public education about the nature of sexual abuse, including information that the abuse is generally done by a trusted associate, symptoms of abuse, and how to talk to children about abuse;
- ▶ Collaboration between the community, law enforcement agencies, individuals who have been convicted of sex-related offenses, prevention groups, and specialized treatment providers to promote successful reintegration into the community.<sup>549</sup>

## Adopting sensible drug policy

Ineffective and harmful drug policies have overemphasized criminalization, although criminalization is far less effective and more costly than public health responses that focus on harm reduction. Instead, drug-related policies should treat drug addiction as a public health matter. Drug policy warrants proven public health responses and should be focused on “reducing the harms of drug misuse.”<sup>550</sup>

The City of Ithaca has adopted an evidence-supported plan to curtail drug addiction by adopting a public health approach in lieu of criminalization. This plan includes a focus on diverting individuals away from the criminal justice system and into social service programs, and supervised injection sites that are proven to be effective in harm reduction and in preventing the spread of disease.<sup>551</sup> The City of Ithaca has released a **report** that can serve as a model for local implementation of drug policy.

547 Center for Sex Offender Management, *Enhancing the Management of Adult and Juvenile Sex Offenders: A Handbook for Policymakers and Practitioners* (2007).

548 The Adam Walsh Act of 2006, 42 U.S.C. §16911 et seq. outlines registration requirements for individuals convicted of sex-related offenses.

549 See Carey, *supra* note 535.

550 Ibid.

551 City of Ithaca, *The Ithaca Plan: A Public Health and Safety Approach to Drugs and Drug Policy* 3 (2016), <http://www.cityofithaca.org/DocumentCenter/View/4224>.



# TRANSFORMING THE SYSTEM



## THE CITY OF ITHACA

### A Public Health Approach to Substance Abuse<sup>552</sup>

Responding to the epidemic of substance abuse in the region and the nation, the mayor of Ithaca, Svante Myrick, formed the Municipal Drug Policy Committee, which released their report, *The City of Ithaca's Plan: A Public Health and Safety Approach to Drugs and Drug Policy*, after a year-long study on the best approach to substance abuse in the municipality. The plan called for a multi-pronged strategy to respond to drug use that is rooted in “public health and harm reduction principles and grounded in the experiences and needs of the community.” The plan recognized that the community could not “arrest their way” out of drug abuse; that the prevalence of health problems such as problem drug use reflect deeper issues related to social and economic opportunity and racial inequality; and that to simply implement programs that reduce the negative health and social consequences of drug use while maintaining older punitive practices that criminalize drug use would be ineffective. Our 2015 Communications Institute Fellow Cassandra Fredrique has stated, “This plan has the potential to change the conversation about what it is people need, as opposed to what it is we think people need. In that schism ... is the possibility for a new approach é that centers compassion instead of stigma, that centers evidence instead of propaganda.”<sup>553</sup>

The City of Ithaca plan rests on four pillars: prevention, treatment, harm reduction, and law enforcement. Speaking about the plan, Mayor Myrick stated: “It’s a model of thinking about the problem that lets you put solutions in four categories.... For a long time if the problem was drugs, there was only one solution, it was law enforcement. And even our officers know é that isn’t always the right answer. They would arrest the same person over and over and over again, and think, ‘This is not what the person needs. What the person needs is treatment.’”<sup>554</sup> The prevention pillar will focus not only on providing education, but expanding programming, job training ,and apprenticeships for youth to prevent the disengagement and economic lockout that leads to drug use and drug dealing. The treatment pillar will build the infrastructure for medicated detox and continued, local treatment in the community. The harm reduction pillar will focus on ways to keep people who use drugs from hurting themselves or the community. The fourth pillar, law enforcement, allows police to divert those who have committed low-level crimes such as drug possession into housing, treatment, job, or other needed services similar to the LEAD program in Seattle.<sup>555</sup>

552 City of Ithaca, *The Ithaca Plan: A Public Health and Safety Approach to Drugs and Drug Policy* (2016), <http://www.cityofithaca.org/DocumentCenter/View/4224>.

553 Kelsey O’Connor, “The Ithaca Plan Follows a Tried History of Drug Strategies,” *Ithaca Journal* (Mar. 4, 2016), <http://www.ithacajournal.com/story/news/local/2016/02/26/ithaca-plan-follows-tried-history-drug-strategies/80977058/>.

554 Kelsey O’Connor, “Mayor Answers Questions About Ithaca’s New, Bold Drug Plan,” *Ithaca Journal* (Mar. 4, 2016), <http://www.ithacajournal.com/story/news/local/2016/02/22/myrick-answers-questions-ithacas-new-bold-drug-plan/80778706/>.

555 See Law Enforcement Assistance Diversion below.

# TRANSFORMING THE SYSTEM

**The Administration** should “work with Congress to restore [and expand] federal funding to syringe exchange programs, “which has been proven to significantly reduce the transmission of HIV when used as part of a comprehensive approach to HIV prevention.”<sup>556</sup>

The **Centers for Disease Control and Prevention (CDC)** should educate local lawmakers about the importance of “syringe exchange as a useful tool for reducing HIV infection and drug use.”<sup>557</sup>

The **Department of Justice** should downgrade to low priority the prosecution of drug-related offenses and should opt out of prosecutions related to marijuana.

**Local and state legislators** should pass measures that:

- ▶ Adopt a harm reduction model for drug policy that focuses on treating the underlying issues of addiction over criminalization,<sup>558</sup>
- ▶ Adopt syringe exchange programs,<sup>559</sup>
- ▶ Treat drug-related consumption as a public health matter and encourage law enforcement to refer eligible arrestees to social services,<sup>560</sup>
- ▶ Adequately fund non-criminal drug-related diversion programs and social services.<sup>561</sup>

556 Hanssens, et al., *supra* note 291.

557 Ibid.

558 See Drug Policy Alliance, *supra* note 507, at 9-11; see e.g. City of Ithaca, *The Ithaca Plan: A Public Health and Safety Approach to Drugs and Drug Policy* (2016), <http://www.cityofithaca.org/DocumentCenter/View/4224>.

559 See Ibid.

560 Ibid.

561 See e.g., Law Enforcement Assisted Diversion, LEAD, <http://leadkingcounty.org/lead-tools/> (accessed 7 July 2016).

# TRANSFORMING THE SYSTEM



For more information on the criminalization of public health issues (such as mental health and substance abuse) and relevant policy solutions to address it, check out:

The Council of State Governors, a nonprofit that provides expertise on a national and local level. They have provided considerable research into the criminalization of mental health issues, including *Criminal Justice/Mental Health Consensus Project* (2002), a comprehensive examination of available policy reforms.<sup>562</sup>

The Bazelon Center for Mental Health Law, which provides technical support for a progressive mental health policy agenda and legal cases. Their document on *The Role of Mental Health Courts* analyzes the limits and promise of Mental Health Courts.<sup>563</sup>

Other organizations advocating for people with mental health issues in the criminal justice space include:

[Treatment Advocacy Center](#)

[The GAINS Center for Behavioral Health and Justice Transformation.](#)

The **Drug Policy Alliance**, a national advocacy leader of drug law reform that is grounded in science, compassion, health, and human rights” together with the ACLU examined how the Affordable Care Act has expanded coverage for mental health and substance abuse issues and how jurisdiction can use that to provide public health solutions in *Healthcare Not Handcuffs, Putting the Affordable Care Act to Work for Criminal Justice and Drug Policy Reform*.

**Red Umbrella Project**, a peer-led organization, investigated human trafficking intervention courts in New York and has outlined comprehensive recommendations that ensure that these courts respect the rights of sex workers.

**Law Enforcement Assistance Division (LEAD)**, a pre-booking diversion program in Seattle in which police officers divert people who have committed low-level offenses or petty crimes into appropriate services, such as housing, job training, or treatment centers and away from the criminal justice system.

The 2007 Human Rights Watch report *No Easy Answers: Sex Offender Laws in the U.S.*<sup>564</sup> in which Corrine Carey examines the complexity of sex offender laws and registries.

562 Council of State Governments, *Criminal Justice/Mental Health Consensus Project* (2002).

563 Robert Bernstein & Tammy Seltzer,, Bazelon Center, *The Role of Mental Health Courts in the Criminal Justice System* (2003).

564 See Carey, *supra* note 535.