



Health Services
LOS ANGELES COUNTY

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Los Angeles County
Board of Supervisors

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TO: Supervisor Sheila Kuehl, Chair
Supervisor Hilda Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Christina R. Ghaly, M.D. 
Acting Director

SUBJECT: **REPORT ON TREATMENT AND PROGRAMS OFFERED TO PREGNANT AND POSTPARTUM ADULTS AND YOUTH INCARCERATED IN LOS ANGELES COUNTY (ITEM NO. 10, FEBRUARY 13, 2018 BOARD MEETING)**

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On February 13, 2018, the Board of Supervisors (Board) requested a report on the programs and services offered to pregnant and postpartum individuals¹ who are incarcerated in Los Angeles County. This report of the Department of Health Services (DHS) reflects a collaborative effort of several of its agencies, including Correctional Health Services (CHS), the Office of Diversion and Re-entry (ODR), Juvenile Court Health Services (JCHS) and the Whole Person Care Initiative. Additionally, the Los Angeles County Sheriff's Department (LASD); the Department of Probation (Probation); and the Department of Children and Family Services (DCFS) collaborated to prepare this report. Each agency contributed primary data and policy information and discussed the future direction of care delivery for our pregnant and postpartum populations.

Summary

In 2017, 16,751 adult and 1,039 youth females were booked in Los Angeles County. All were offered a urine pregnancy screen; 864 adults (5.2%) and 50 youth (4.8%) had a positive initial screen. Individuals may decline to be screened for pregnancy, but data on how many individuals who declined to be screened is not available for 2017 at the time of this reporting. All individuals with a positive urine pregnancy screen are referred to obstetrical (OB) care and if the positive pregnancy test is confirmed during an OB visit, prenatal and postpartum care are provided. We aim to provide care in accordance with the guidelines and recommendations of the American College of Obstetricians and Gynecologists (ACOG). In 2017, 35 adults and one (1) youth delivered a child while in custody, each delivery occurred with no adverse health outcomes for the parent or child.

To ensure access to high-quality patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

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¹ The populations discussed in this report are limited to those traditionally referred to as "female" or "women." In the interest of accuracy and gender inclusivity, gender neutral language such as "individual," "patient," "adult," or "youth" are used instead.

CHS is a new division of DHS. It was created in 2015 and implemented in 2016 to provide health care services to individuals incarcerated in Los Angeles County. It replaces LASD's Medical Services Bureau (MSB). Currently in its infancy, CHS represents a fundamental transformation of health care practice in the correctional health setting. The new model aims to be patient-centered, evidence-based, and conducted in a Just Culture environment.

In 2017, CHS implemented a new Women's Health Department to oversee the obstetrical and gynecological (OB/GYN) care of incarcerated adults at Century Regional Detention Facility (CRDF). ACOG guidelines guide delivery of OB/GYN services. It is important to note that significant barriers exist to providing care by these standards in a jail environment: Neither our patients nor our health staff control clinical visit schedules; appropriate clinical care is often stymied by court dates, security lock-downs and other facility challenges; and, nationally, there is scarce information on how best to provide contemporary, evidence-based and person-centered health care to incarcerated individuals who are pregnant and parenting in U.S. jails. Available evidence suggests the following best practices: pregnancy screening at intake; initiation of a withdrawal protocol or an alternative for opioid-dependent individuals; provision of on-site OB/GYN care; permission and support for breastfeeding and milk storage; and the elimination of restraints during labor and delivery. Each of these best practices is available in Los Angeles County and we aspire to these as the standard of practice for every individual in CHS and JCHS.

At CRDF, there are numerous programs available to pregnant individuals and parents. DHS oversees MAMA's Neighborhood, which integrates services available in the jail with community-based initiatives for re-entry. This program implemented at CRDF currently has 69 participants and endeavors to enroll all pregnant individuals and parents at the facility. Additionally, LASD runs over ten programs for incarcerated pregnant individuals and parents. For an overview of these programs please see pages 12-15. Initiatives like MAMA's Neighborhood are prioritized to mitigate the rapid turnover and lack of continuity of care upon release frequently experienced by individuals leaving jail. As an example, analysis of a randomly selected week in 2017 of newly booked adult females demonstrated that over 52% of the population stayed fewer than six days in County custody.

DHS is also deepening its efforts to divert pregnant individuals from jail to community-based programming through its ODR. Through the Superior Court, ODR operates a program designed to release pregnant individuals to a continuum of services—a recent needs assessment found that specialized housing, mental health and substance use disorders (SUD) treatment are required to divert this population. As a result of this needs assessment, ODR made two new interim housing sites available specifically for pregnant individuals who would otherwise be in custody at CRDF. The first site accommodates 29 beds for women and their families. The second site will open in July 2018 and will accommodate 20 beds for pregnant women and their families. Clinical and support staff offer on-site programming and organize outings and recreational activities.

Additionally, ODR is building new relationships with providers treating patients with SUD to facilitate their acceptance of pregnant individuals into their programs, while also making available mental health care; intensive case management; engagement in the MAMA's Neighborhood OB/GYN clinical services and other programming. The ODR, MAMA's Neighborhood and CHS Women's Health communicate regularly to discuss the clinical and psychological care of pregnant adults at CRDF.

REPORT

1. *The number of pregnant women [individuals] and girls in each respective department's custody during the calendar year 2017, including de-identified information about their offenses and sentencing, and the number of pregnant women [individuals] and girls who delivered while in custody and an outline of their postpartum care, and who took custody of their children.*

Adults

Each of the 864 adults with a positive urine screen in Los Angeles County's custody in 2017 were referred for OB care in accordance with their risk and need. All individuals were seen by a provider unless they were released from the facility before the OB team completed an appointment. Thirty-five (35) individuals delivered their babies while in custody and each had a live birth with no adverse health outcomes. All planned deliveries occur at LAC+USC Medical Center (LAC+USC). Emergency deliveries occur at medical facilities that are geographically closer to CRDF. In 2017, 24 deliveries occurred at LAC+USC, seven (7) at MLK Jr. Community Hospital and four (4) at St. Francis Medical Center.

Of 35 children born to adults in custody, 16 went into the direct care of their maternal grandmother after delivery, 13 went with other family members and six (6) were with DCFS. In all cases in which DCFS is involved, DCFS receives the infant at the hospital to determine and coordinate the placements.

As reported by LASD, among the 864 adults with a positive urine screen for pregnancy, 552 had 732 charges with the Los Angeles County District Attorney's Office. Of these charges, 53% were for felony offenses and 47% for misdemeanor offenses. Over 200 of these offenses were for crimes related to theft. Over 100 pregnant adults were charged with offenses related to narcotics. The dispositions for cases involving pregnant adults were as follows: 389 received traditional county sentencing; 35 were sentenced pursuant to AB 109; and two (2) were eligible for diversion. The 2017 offenses and dispositions among pregnant adults is available in Table 1. The remaining individuals had charges considered by the Los Angeles City Attorney's Office. Information about those offenses was not available for this report.

Postpartum OB care is provided in accordance with the guidelines and recommendations of ACOG. Once in OB care, a pregnant patient is entitled to not less than one examination every four weeks up to 28 weeks into pregnancy; every two weeks at 28-36 weeks into pregnancy; and at least once weekly when the patient is 36 weeks into the pregnancy, until

delivery. Postpartum care is delivered up to twelve weeks after delivery. Additional visits are included in every individual's care plan, if clinically indicated.

Youth

Youth incarcerated in the County are in the custody of Probation. Their health care is delivered by JCHS. In 2017, as reported by Probation, out of 1,039 youth who were booked and held in custody, 50 had a positive urine pregnancy screen and one (1) delivered a child at LAC+USC while in custody. The child was placed with the maternal grandmother until the parent was released and reunited with the newborn.

Of the 50 juveniles found to have a positive urine pregnancy screen while in custody with Probation, 37 of the youth were between the ages of 17 and 18 years old. Their offenses ranged from petty theft to murder. The dispositions for these 50 youths were as follows: 19 were found to be suitable for placement; 17 went home on probation; eight (8) cases were dismissed; four (4) are unknown due to sealed records; and two (2) had their judgment deferred. Table 2 includes the complete summary of offenses and dispositions among pregnant youth in 2017. Of the 50 pregnant youth identified, 34 were classified under dual-supervision status, which entails supervision from both Probation and DCFS personnel.

While the pregnant youth is detained, arrangements are made to continue prenatal care at LAC+USC. Pregnant youth are usually housed at the facility closest to their court appointments and/or family, until they reach 32 weeks of pregnancy. Youth will then be transferred to Central Juvenile Hall (CJH), as CJH is the closest juvenile facility to LAC+USC. Postpartum care will continue at LAC+USC according to their recommendations following ACOG guidelines.

Health Care and Well-Being

2. Current policies addressing screening to determine pregnancy, recent child bearing, total number of children, and the necessity of prenatal health care, dental and mental health care, for both adults and youth in each department's custody.

Adults

It is the aim of CHS to treat all patients with evidence-based, comprehensive physical and psychological care that is centered on each patient's reproductive preference and health goals.

Following evidence-based guidelines, CHS provides urine pregnancy screening to all females of reproductive age on intake. If an individual declines to complete a pregnancy screen, CHS requests that the individual sign a Release of Responsibility form. If an individual has a positive urine pregnancy screen, a licensed provider in the Inmate Reception Center (IRC) evaluates the patient for acute medical need. At intake, those individuals with a positive pregnancy screen and no acute physical or mental health care needs are referred to OB care for a visit within seven days. This time period may be exceeded in situations when patients are taken to court for days in a row. In addition to care for their acute needs, all individuals incarcerated in Los Angeles County can access

care for chronic disease management. Thus, pregnant individuals with chronic illnesses (e.g. HIV, Diabetes, Schizophrenia) are able to receive care for both pregnancy and medical/mental health needs.

A urine pregnancy screen checks for increased levels of the hormone hCG (human chorionic gonadotropin) in the urine, an early indication of pregnancy. The hormone may be present in the urine for reasons other than pregnancy, including miscarriage, a medical condition or a medication. Because of this, the OB team completes a physical exam, a blood test to confirm pregnancy, and an ultrasound, as needed on the first visit following a positive screen. During this exam, a patient history is taken and includes information about recent and past pregnancies, deliveries, and complications. If pregnancy is confirmed, the OB team initiates prenatal care and makes referrals to dental and mental health professionals, if appropriate. A POPRAS (Problem-Oriented Perinatal Risk Assessment System) form is completed.

Patients in the IRC with positive pregnancy screens and acute medical needs are triaged and referred for appropriate medical care. If a patient in the IRC with a positive urine pregnancy screen needs either a high or moderate level of observation for mental illness, the patient is assigned to a mental health clinician and a psychiatrist. Subsequently, only medications appropriate for use during pregnancy are permitted. Additionally, a pregnant patient requiring observation is closely monitored for mental status (in order to identify and address changes), coping skills and safety. The patient's case is discussed daily by mental health, medical and custody staff during care coordination meetings. Care planning for pregnant patients with mental illness includes referrals to Jail Linkage and other resources supportive of successful re-entry into the community.

Any individual with a confirmed pregnancy is counseled by clinical services personnel regarding pregnancy options, including the decision to choose parenting, adoption, or abortion. This discussion is required during the patient's first visit and then during subsequent visits if the provider feels this is indicated or if the patient asks for additional counseling. Most patients (greater than 90%) choose to continue their pregnancies, regardless of whether it was intended or unplanned. Those who do not desire to continue their pregnancies, and who are less than 24 weeks pregnant, are required to be referred to LAC+USC, where they are seen in a clinic dedicated to reproductive options. The clinic is overseen by physicians who are fellowship trained in family planning (abortion care and contraception). Patients of the clinic are generally scheduled within two (2) weeks for an abortion procedure, if they choose to terminate a pregnancy. They are offered contraception including initiation of a Long-Acting Reversible Contraceptive (LARC) at the time of the procedure. Abortion by medication is not currently available to incarcerated individuals due to variable and unpredictable bleeding, which can occur using these methods and that would be difficult to control in a jail.

Individuals who had a positive urine screen but who are not pregnant on a confirmatory blood test, as well as those referred for postpartum or post-abortion care, are offered contraception counseling and initiation of a birth control method, if desired. Generally, when a patient requests a LARC, appointments are completed within two (2) weeks of the request at LAC+USC. LARC has been ordered and will soon become available for

distribution at CRDF, so patients will no longer require an appointment at LAC+USC to access this contraceptive method.

In addition to OB and contraceptive care, CHS and the Department of Public Health (DPH) Division of HIV/STD Programs is collaboratively assessing how best to systematically test and treat our patients for Sexually Transmitted Infections (STI). Staff from DPH come to CRDF Monday through Friday to provide HIV, Chlamydia and Gonorrhea testing. All patients have the opportunity to be tested, not just those with symptoms of infection. In addition, patients have access to tests for any STI through a referral by providers and nurses in the clinic. If patients are released prior to results returning, the results are faxed to the DPH Division of HIV/STD. Programs are provided with the patient's release date and contact information so that DPH may pursue community outreach and treatment. This testing is performed according to industry standards.

Confidential Morbidity Reports (CMRs) are completed for each treated patient and these are faxed to DPH as required by the state for public health and epidemiologic purposes.

CHS endeavors to notify, educate and treat patients, as well as provide them with discharge planning for how to access treatment in the community. According to leadership at the DPH Division of HIV/STD Programs, CRDF has achieved an in-custody treatment rate of approximately 97% in 2017, which it maintains at present. This means only 3% of positive results return after the patient is released into the community, requiring DPH response and involvement. This is notable given the high turnover of patients and their unpredictable release times.

Youth

As reported by Probation, pregnant youth in custody have access to medical, mental health and addiction services. JCHS provides a urine pregnancy test at intake to all females. After a positive pregnancy screen, a referral is made to LAC+USC for follow-up OB care. In accordance with California minor consent laws, pregnant youth may consent to medical care related to the prevention and treatment of pregnancy. This also includes their consent to an abortion. Youth are encouraged to discuss their decision with those that they trust for support. There is no formal presentation to the youth regarding consent. Staff know that youth have their own rights to give consent for pregnancy treatment and that parental consent is not required. JCHS begins offering options for counseling youth during their initial visits with the nurses and physicians. Information on contraceptive methods and pregnancy termination is provided. If a pregnant youth chooses to learn more or to consider an abortion, the patient is referred to the LAC+USC OPTIONS clinic. There the patient will receive more information about the various options from which to choose. If the patient elects to have an abortion and provides consent, JCHS and LAC+USC arrange for treatment and follow-up care on behalf of the youth.

Pregnant youth are also referred to members of the Juvenile Justice Mental Health Programs - JJMHP (Department of Mental Health) team within the probation facility. If the youth happens to be taking psychotropic medications when arrested, the youth will also be referred to the mental health team, which can include a psychiatrist for further evaluation and care. In 2017, 95% of the youth were screened by JJMHP with 92% of the youth

needing treatment. Psychiatry evaluated 11% of the youth. There were 27% of the youth with a history of psychotropic medication use while in the Juvenile Justice Programs but none of the youth were placed on these medications while pregnant (one was placed on medication after delivery).

Additionally, dental care is provided for all youth admitted to the probation facility. Upon intake, youth receive an oral screening. A full oral exam within 30 days of intake is provided by dentists located on-site in the facility and is typically done within one (1) to two (2) weeks from admission.

3. An update on policies and practices implemented to ensure pregnant individuals receive appropriate diets, including clean water, which are not impacted by changes in housing location, and options for additional out-of-cell time.

Adults

Diets: Pregnant individuals at CRDF are prescribed a special prenatal diet by a medical provider, which is created by dietitians and is then delivered by custody personnel. It must include an average of 2,600 calories per day. A sample menu of the diet is available on request. Meals are additionally specialized for individuals with illness or allergy, such as those with gestational diabetes. The meals prescribed for the prenatal diet are designed to meet the dietary needs of both pregnant and breast feeding individuals. Additional options are available to meet the requirements of vegetarian, Kosher, Halal and other diets.

As reported by LASD, a special meal order delivery could be delayed in the past when an individual's housing assignment changed or when the individual was in court, at the hospital or at another location. Changes to housing assignments are now updated with dietitians at the same time a movement request is made. As a result, although the meal is already prepared, it can now be more quickly re-routed. When a court, hospital or other location delay impedes a meal delivery, custody personnel are required to locate and deliver the meal, as well as to document this action internally in the eUDAL (Electronic Uniform Daily Activity Log system). If the special meal cannot be located and another one cannot be made, custody personnel are required by policy to ensure the pregnant individual receives more food than non-pregnant individuals, to ensure the individual has access to 2,600 calories per day. Custody personnel have been briefed that cold cut meats are not to be provided to pregnant individuals and that they are required to provide an alternative to cold cuts to those receiving a prenatal diet.

Clean Water: The LASD runs routine tests on the quality of water at CRDF for the health and safety of all incarcerated individuals. These tests include chlorine level tests. Chlorine is introduced to the local civic water by the Lynwood City Water Department to clear water of bacteria. The City regularly tests the water for chlorine levels and LASD also tests the water twice per month to ensure these levels are below the maximum allowable chlorine level, which is 4.5PPM. The results of tests from January to April showed water chlorine levels in CRDF's East Tower, West Tower and Kitchen dock to average 1.24PPM, well below the maximum allowable limit, but enough to ensure all bacteria are killed prior to ingesting.

As was previously reported by LASD, the Sheriff's Department's Facilities Services Bureau (FSB), which is responsible for the maintenance and renovation of all custody facilities, confirmed the water at CRDF is of the same quality as the water in the homes of the surrounding community. LASD contracted an independent laboratory for a complete water quality report. According to LASD, a full interpretation of this report by a water quality expert is pending, but levels are all within normal limits. The full water quality report and the Consumer Confidence Report from the City of Lynwood are available upon request. Although water quality tests pass safety standards, there is a perception among individuals incarcerated at CRDF that the water is unsafe to drink. Water quality management is the jurisdiction of the LASD and not of CHS, but the two are working together to ensure all individuals have access to and are comfortable drinking adequate amounts of water each day.

Housing: According to LASD, the housing policy at CRDF applies to all individuals regardless of whether they are pregnant, except that pregnant individuals may choose to be housed with other pregnant individuals. In general, individuals are housed according to the program in which they wish to participate. Many individuals move from one program to another as they complete them. During intake, individuals are temporarily housed in an orientation module where a presentation on all available programs is given. Individuals are then provided a "CRDF Inmate Assessment Form" onto which they note which programs they would like to attend. A copy of the form is available upon request. If an individual declines to participate in a program, the individual is housed according to security level and work qualifications. Individuals with mental illness are housed according to the acuity of the illness.

Additional out-of-cell time: LASD is making efforts to implement a new "direct supervision" model, which allows for more out-of-cell time and increased positive interaction between personnel and incarcerated individuals. Where possible, custody personnel are working to encourage pregnant individuals to take additional time to walk or otherwise exercise after their evening meals. In addition to increased opportunities for out-of-cell time, custody seeks to offer pregnant individuals at least two hours of recreation time outdoors, in fresh air, each day. Not all individuals elect to use this time each day, but all outside time is logged to ensure they are offered time. This practice is not impacted by housing area or movement between housing areas except for those patients of CHS Mental Health who are under moderate or high observation for mental illness.

Youth

Diets: As reported by JCHS, pregnant youth are provided a special prenatal diet and prenatal vitamins to ensure sufficient nutrition for the mother and the baby. The prenatal diet is continuously monitored and updated with the assistance of a licensed dietitian. It consists of at least 2,600 calories daily, which complies with the Board of State and Community Corrections Title 15 requirements (Title 15 requirements). Pregnant youth with gestational diabetes are provided a low-glycemic diet.

Water: Probation reports maintaining its provision of water in accordance with Title 15 requirements, such that all youth residing within a living unit have access to drinking fountains. A youth, regardless of pregnancy, has the ability to access drinking fountains at

any time, with the exception of when any safety and/or security concerns arise. Any time youth are not allowed to access water fountains for safety or security reasons, it must be documented.

Housing: On arrival in Probation's receiving units, youth are processed for housing according to safety and security requirements; available housing programs; and the special needs of each individual. Housing assignments may change if the safety or security level of the youth changes. Medically fragile youth are provided housing in accordance with collaborative recommendations from medical and mental health staff. This collaboration may occur during the initial intake process or at any time while the youth is housed in the juvenile facility. Pregnant youth are identified by the code "P" (Pregnant) for more efficient and expedited identification in an effort to provide special services and to establish precautionary measures.

Additional out-of-room time: In 2016, the Board of Supervisors passed a Motion to end the placement of juveniles in restrictive housing, in accordance with recommendations of the U.S. Department of Justice. Probation has since established the practice of ensuring that youth remain participating in programming throughout waking hours with a limited amount of "room time." Any time spent in a room during waking hours is documented. Probation makes every effort to accommodate the recommendations of JCHS and/or DMH for additional outdoor exercise for pregnant youth, while also maintaining the safety and security of living unit(s) and/or area(s) of supervision.

4. An outline of housing conditions (including food disposal and clean water availability) for pregnant and postpartum adults and youth including available beds and bedding suited for pregnancy and postpartum care, and any restrictions based on criminal history, physical and mental health, or attitude.

Adults

According to LASD, food, water and bedding are not restricted based on criminal history, physical health or attitude at CRDF. A licensed medical provider may be required to restrict access to bedding when these items pose a risk to the pregnant individual, such as when an individual threatens harm to self or others.

Housing conditions: As reported by LASD, pregnant individuals at CRDF receive a special custody classification (K-8) to ensure they can receive a bottom bunk for safety; a double mattress for comfort; and that they are not placed in waist chains for transport in any circumstance. In the event that restraint is required, only handcuffs placed in front of the body are permitted. The majority of pregnant individuals at CRDF are housed according to the program they elect. Individuals who decline participation in a program are housed in a cohort with other pregnant individuals in an Education Based Incarceration (EBI) housing module. Pregnant individuals are welcome to join the EBI program at any time. Within the module, in which pregnant individuals are frequently housed alongside their pregnant peers, a new office was created for MAMA's Neighborhood staff to facilitate relationship-building between pregnant individuals and the program staff.

Food disposal: The Office of the Inspector General (OIG) reported on February 2, 2018 its observation of drain fly and larvae infestations at CRDF. As reported by LASD, an in-house cleaning crew inspected the sinks and discovered flies were collecting and laying eggs in the hair that was clogging the drain and retaining bits of food washed down the drain. The fly infestation is a long-standing issue that the LASD has reported on in the past and has made significant efforts to remedy with varying degrees of success. The LASD notes that the most effective solution, absent substantial physical plant modifications, involves a combination of frequent drain treatments, vigilant monitoring, and increased out-of-cell time, particularly during meal service to prevent in-cell food disposal. The LASD is committed to working toward these goals despite current personnel and resource limitations. The facility is exploring ways to ensure daily inspections to identify the most effective treatment intervals.

In January and February 2018, all sinks at CRDF were cleaned using a high-pressure industrial vacuum to remove hair clogs and clean the drain of any debris. Each sink was then treated with an unscented fly attractant gel that eliminates any remaining adults or fly larvae in the bowl of the sink. A new protocol to clean sinks was additionally set in place, which includes checking the drains for hair clogs, using high-pressure treatment and then cleaning the drain area with disinfectant each week. Each housing area is treated every 90-days on a rotational basis throughout the facility. The process is time-consuming and can be completed only on weekend mornings when no programming occurs, given the noise of the high-pressure cleaning system impedes classes, therapy and chaplain visits from happening at the same time.

As a measure to prevent food-related infestations, custody staff developed an education protocol to post flyers in the housing areas notifying individuals in custody that improper disposal of food contributes to fly infestation.

Clean water availability: Safe drinking water is provided to all individuals incarcerated at CRDF. The LASD recognizes that although the fly infestation does not impact the water's potability, its presence creates a perception that it is unsafe, and individuals may decline to drink the water. Currently, pregnant individuals receive two liters of bottled water daily, consistent with recommended daily pre-natal water intake. Individuals may also order bottled water from the commissary or from the concession machines in housing areas if they have money in their accounts. Once the LASD succeeds in sufficiently reducing or eradicating the fly infestation, LASD and CHS will work together to educate incarcerated individuals regarding water safety. LASD is also working on long term solutions to install filtered water systems within the housing modules.

Youth

Food, water and bedding are not restricted based on criminal history, physical or mental health or attitude in any Probation Juvenile Facility.

Housing conditions: Probation ensures that all housing conditions for pregnant youth meet Title 15 standards. Additionally, when youth do not feel they have received requisite items and/or services from staff, they have the opportunity to file a request for service(s) with Probation JCHS, DMH, and/or they may file grievances, to secure items that would accommodate their pregnancy needs (e.g. additional medical services, double mattresses and extra blankets).

Food disposal: Probation policy ensures that waste containers are provided at all meal times. No food is allowed in sleeping quarters.

Clean water availability: As previously stated, water is available to youth according to Title 15 requirements.

5. An update on the implementation of MAMA's Neighborhood program within CRDF, including when services began, eligibility criteria, number of women [individuals] participating and rejected, the use of doulas or registered nurses in labor and delivery, and policies and practices on allowing family support during labor and delivery and/or communication with family and loved ones before, during, and after labor and delivery.

The MAMA's Neighborhood is a strengths and relationship-based perinatal health and wellness program focused on supporting pregnant and parenting individuals with comprehensive care in the community. After a brief planning period, MAMA's began enrolling participants at CRDF on February 5, 2018, bringing the program inside custody facilities for the first time. Since this initiation, 69 pregnant individuals have enrolled. All pregnant individuals and those up to 18-months postpartum are eligible for this program, which now includes an expansion to home/community visitation services applicable upon release from custody and with consent for and enrollment in services. The goal is that all pregnant individuals at CRDF work with MAMA's.

The program is the standard of care for DHS Women's Health Services and it endeavors to provide coordinated medical and psychosocial care, alongside other service linkages, to all pregnant individuals. Rooted in a framework of building trusted relationships and acknowledging the stages of readiness, each participant receives individualized care planning, care coordination, therapy and individualized resiliency-based health education. Additionally, group health education will be provided at CRDF in the near future. Program staff, CHS and custody personnel have met to discuss the planning process for increased promotion of the program at CRDF, as well as for labor and delivery supports.

The delivery supports for which the MAMA's program advocates provide are family visitation, birth planning and the inclusion of labor support during delivery, followed by continuity of care at DHS MAMA's Women's Health Clinics, CRDF, or in the community. Once a parent is released from CRDF, the MAMA's program facilitates this transition of care from CHS to community-based services via a direct connection to a place-based MAMA's multidisciplinary Mobile Care Team (MCT). The MCT is responsible for connecting her to a DHS MAMA's Women's Health Clinic and conducting home/community visitation, if consented. A parent will always have a warm hand-off to a DHS MAMA's Women's Health Clinic in the patient's care plan. The MAMA's program has undergone a

significant effort to evaluate the feasibility of a doula program, and will continue to work with CHS and custody staff to find and implement the most appropriate labor supports for program participants. The goal is to expand to all pregnant individuals at CRDF the full slate of MAMA's services.

Parent-Child Relationship, Reentry and Reunification

6. For ABC, WISP and the Lactation Program, and any other programs available for pregnant and postpartum women [adults] and girls [youth], details about how women [adults] and girls [youth] are notified of existing programs, determination of eligibility and participation, including actual numbers of participation of women [adults] and girls [youth] in each program in 2017, reasons for rejection, and options for expanding eligibility and participation.

There are numerous programs available to individuals booked at CRDF, which are introduced during an orientation provided after a health screening at intake. A summary below includes a list of programs designed to support pregnant individuals and parents during incarceration.

Adults

In addition to the programs listed below, LASD has dedicated a full-time, unfunded custody assistant to track and facilitate services for pregnant individuals at CRDF.

Adults Bonding with Children (ABC): The ABC program is operated by the LASD as part of its Education-Based Incarceration (EBI) program that involves monitored child-parent contact visits for qualified individuals. Structured activities are provided, which focus on strengthening the parent-child bond and on communication skills. Visits with the mothers and their children occur Saturday mornings for three hours. Eligible participants have low and minimum-security requirements and may not have outstanding disciplinary actions. Individuals who are booked for violent offenses or who have a history of violence or insubordination are not eligible for the program. The LASD reports that in 2017 there were 36 participants in the ABC program. Eighty (80) individuals applied, with 44 ineligible per the security requirements stated above. There are current plans to expand enrollment by adjusting the eligibility criteria and to offer more hours for visitation. Upon request, LASD is able to provide supporting documentation for its engagements in 2017.

Families & Criminal Justice Miracle Project (MIRACLE): The Miracle Project is a LASD-based program provided through EBI and is available to people who are pregnant or who are parents. This program offers support-groups and child custody advocacy. It also offers education in human reproduction and child development through pregnancy and just after delivery. There are no restrictions on participation in this program. The Miracle Project can be attended concurrently with other EBI programs. In 2017, there were 25-30 participants in the program at CRDF per quarter, and a total of 50 continue to receive services upon release. The Miracle Project has served more pregnant incarcerated individuals than any other program in the U.S.

Gender Responsiveness Rehabilitation (GRR) Program: As reported by the LASD, the GRR Program is available to individuals who are pregnant while they are incarcerated. A GRR Family Services Coordinator maintains the caseload of participants in the program and works with DCFS social workers and attorneys to assist pregnant and postpartum individuals with barriers to child custody. The GRR program provides group and individual counseling predicated on the therapeutic community model. Program capacity is 124 participants. Participants with chronic, persistent mental illness are not eligible for this program. Individuals classified as K-10 are not eligible for large group activities. In 2017, 640 individuals participated in this program. No individual who wished to participate in 2017 was excluded. After classes are complete, the individuals work with each other to implement what they have learned in their daily lives. LASD EBI is negotiating a renewal of this program through a multi-year contract, with a potential to increase program staffing.

Harriet Buhai Center for Family Law: The Harriet Buhai Program is a three-day-per-week legal clinic, which educates and engages participants on a range of matters including dependency law, domestic violence, paternity, child support and life skills. The program is offered on a walk-up basis. It is held throughout the general population housing areas. In 2017, there were 251 classes held and 2,965 individuals attended them.

Incarcerated Parents Program (IPP) The DCFS currently oversees the Incarcerated Parents Program (IPP) at CRDF. The IPP is a collaborative of a DCFS-contracted agency (Friends Outside in Los Angeles County [FOLA]), the DCFS and the LASD. The primary goal of the program is to help incarcerated mothers develop and maintain positive relationships with their children during and after incarceration. Two types of services are provided at CRDF: 1) Jail-based prevention and intervention services and 2) visitation services between incarcerated mothers and their DCFS-involved children. A jail-based case manager from FOLA coordinates services and referrals for the mothers and facilitates and monitors said visitations. While IPP has not directly had the opportunity for “contact-touch” visits between mothers and their children, it provides referrals to the ABC program for contact visits between mother and child.

Lactation Program: The lactation program is a DHS-operated program available to all individuals who are breastfeeding at the time of their incarceration. Individuals who report that they are breastfeeding are referred to the program, which provides a breast pump, a special bra, and a private area in which to pump milk. The milk is then frozen and is made available for a family member to retrieve it. The designated family member must be able to retrieve milk once per week, though accommodations are made for those designees only able to pick up milk once every two weeks. Eligible participants include those who pass a medical clearance (e.g. to ensure the mother is not HIV positive), whose child is one year or less, and who has a designee able to retrieve milk once per week. The lactation program did not track participant data in 2017 but began to track its data in 2018.

MAMA'S Neighborhood: Program information and an update is included previously in this report.

Parents in Partnership (PIP): This peer-support group offers parents who are incarcerated the opportunity to meet with other parents sharing the goal of reunification or maintenance of their family. A social worker and a formerly incarcerated parent work together to answer questions for DCFS-involved individuals. Participants are eligible regardless of whether they know the status of their involved child's custody placement. Program data for participation in 2017 is not available.

The Substance Treatment and Re-entry Transition (START) Program: The START Program provides supportive services to individuals at CRDF who are in medical treatment for substance use disorders. Pregnant individuals are a priority population for this program. Individuals may self-refer to the program, be court-ordered, or referred by a public defender or a mental health clinician. This program works in concert with the Women's Integrated Services Program (WISP) and the Whole Person Care initiative. Participants may be asked to leave the program if their actions impede others from fully benefitting from it. The number of participants in this program in 2017 is not available. Program data will be collected in 2018.

Women's Integrated Services Program (WISP): The Women's Integrated Services Program (WISP) was initiated at CRDF in December 2016, as a collaborative effort of LASD and Probation to provide case management and re-entry planning services. The program has three clinical social workers. The Sheriff's Department assigned a sergeant to coordinate the program, and Probation also assigned dedicated program staff. Social workers meet with individuals in the jail's general population within 3-5 days of entry into the facility to conduct a psychosocial assessment and develop a re-entry plan covering areas including health, mental health, substance use, family/social support, housing, benefits and employment. WISP participants are randomly selected (every seventh person) from a list of individuals incarcerated at CRDF who have nonviolent offenses and who are housed in the general population.

Additionally, referrals are included for pregnant individuals (from a list of individuals identified through medical screening), cases being adjudicated by early disposition court (Department 50), and complex cases selected by Probation. Since the program's inception in December 2016, a total of 512 inmates have received services. In 2017, 394 individuals participated in the program. Through February 28, 2018, 36 pregnant individuals have participated in WISP. Although WISP does not provide specialized services for pregnant clients, since all services are client-focused, case management for pregnant clients often includes discussing and planning child custody and reunification. In addition, social workers coordinate with the OB team to ensure a plan is put into place for labor and delivery.

Youth

The programming below is offered to probation youth, including youth who are pregnant. All youth are afforded programming tailored to their individual needs as identified in their case plans. Probation reports that implementation of pregnancy-specific programming is

under evaluation. Probation's strategy is to reduce juvenile delinquency and incarceration through a systemic approach that involves family, school, peers and the community. All strategies include parental interventions that are critical to improving family function and are employed in multiple settings. Current methods of data collection by Probation do not capture pregnant youth specifics – each program would require manual retrieval to account for this demographic of youth. Data was not available at the time of this reporting.

Pregnant and Parenting Teens Program: This program addresses issues and problems affecting pregnant and/or parenting youth who are currently on probation. It is Probation's expectation that by offering an array of gender-specific services, participating youth will be able to successfully complete their conditions of probation.

Functional Family Probation (FFP): Deputy Probation Officers (DPO) gain the support of the family and/or community members by strengthening the family support system, which greatly increases the likelihood for long term success with the youth. The FFP maintains a family focus rather than providing individual, youth based services. The DPOs meet the families at the beginning and continue throughout supervision. The goal is to ultimately rely on the family support system to encourage and sustain positive change.

Family Functional Therapy (FFT): Therapists work with families to assess family dynamics that maintain youth delinquent behavior, modify dysfunctional family communication, and train family members to negotiate effectively while setting clear rules about privileges and responsibilities.

Multi-Systemic Therapy: This program is designed to enhance parenting skills and provide intensive family therapy to troubled and delinquent youth, in an attempt to empower them to cope with family, peer group, school, and community problems they encounter - in ways that promote pro-social behavior while decreasing antisocial behaviors.

Best Practices

8. An evaluation of best practices across the nation for health care rehabilitative services, child care, postpartum and parenting programs for incarcerated pregnant and postpartum individuals and girls, and postpartum contraception access practices, and whether they could be implemented in Los Angeles County.

There is a dearth of information on contemporary, evidence-based and person-centered programming in U.S. jails. The rapid turnover of individuals in custody in a jail, versus a prison, confounds interpretation of most program outcomes and challenges the provision of coordinated health services. An internal review of one arbitrary week in 2017 of newly booked individuals at CRDF showed that over 52% stayed fewer than six days in LASD custody. Many evidence-based programs indicate a consistent, longitudinal engagement more likely to be found in community settings, or post-sentencing, is required for reliable, measureable outcomes. Nonetheless, services and programs are offered to all pregnant individuals and parents at CRDF, regardless of the length of their stay.

Provision of health care services: Best practices in health care delivery for incarcerated patients include pregnancy screening for all eligible patients at intake; initiating a withdrawal protocol or an alternative for opioid-dependent individuals; provision of on-site OB/GYN care; permitting and supporting mothers to breastfeed and store milk; and eliminating restraints during labor and delivery.² Each of these best practices is employed for adults incarcerated in Los Angeles County. According to one comprehensive study of U.S. jails, less than 38% report performing pregnancy testing on intake, just over 41% report having in-house medical services for incarcerated pregnant individuals and over 31% of facilities reported not providing OB/GYN care at the jail. As previously described in this report, a urine pregnancy screen is provided for all individuals of reproductive age on intake and all are referred to OB care when the result is positive. Prenatal and postpartum care are provided using ACOG guidelines.

Regarding delivery services, a majority of jails in the U.S. report using handcuffs or shackles during labor and delivery. This practice is no longer used in Los Angeles County. Additionally, almost half of the jails that participated in the survey reported that pregnant individuals who were incarcerated and addicted to opioids went through withdrawal without being prescribed a withdrawal protocol to alleviate their symptoms. At CRDF, pregnant individuals are assessed for opioid withdrawal and are treated with buprenorphine, if indicated. Pregnant individuals in jail that have initiated methadone maintenance prior to incarceration can continue treatment in jail.

Rehabilitative services: There is a lack of systematic evidence on rehabilitative services for pregnant and parenting individuals in U.S. jails. At CRDF, pregnant individuals and parents who are incarcerated have opportunities to engage in rehabilitative programs in education (e.g. ABC), treatment (e.g. START), peer-support and counseling. The California state prisons runs a rehabilitative services program called Community Prisoner Mother Program (CPMP). It provides a family reunification liaison to assist with pre-release preparation and to conduct parenting and conflict resolution classes. The focus of the CPMP is to reunite mothers with their child or children and to re-integrate them back into society as productive citizens, which is supported by longitudinal engagements with program personnel in a safe, stable and stimulating environment, including one which allows the parent to bond with infants. The facilities are located in Pomona, Oakland, and Bakersfield.

The ABC program at CRDF, provides incarcerated mothers the opportunity to bond with their children along with supportive education on parenting and child development. MAMA'S Neighborhood and LASD are testing one pilot, as previously described, to include visitors at labor and delivery. The LASD is additionally reviewing its policies regarding contact with newborns. Also, while not a direct application of the CPMP in Los Angeles, Probation partners with group home providers that house pregnant and parenting youth to provide parenting and life skills education, including lessons on, and opportunities to strengthen, the parent-child bond. Probation has schools operated by the Los Angeles County Office of Education (LACOE). LACOE has been piloting a recently purchased Teen Talk High School curriculum from Health Connected. LACOE has piloted and selected this

² Kelsey, M., Medel, N and Mullins, C. (2017). Examination of Care Practices of Pregnant Women Incarcerated in Jail Facilities in *U.S. Maternal Child Health Journal*, 21(6): 1260C. Last accessed April 11, 2018 at <https://doi.org/10.1007/s10995-016-2224-5>

curriculum using input from both science and health teachers. LACOE has a few stand-alone health sections at sites, but most of the sex education is integrated through LACOE's Career Technical Education (CTE) pathway and through Life Science/Biology. The program was piloted at the Dorothy Kirby Center and at Camp Scott where it was taught to the youth through the CTE classroom. The full training will be completed during the 2018 summer to prepare for the 2018-2019 school year. Probation is also exploring a partnership with Planned Parenthood Los Angeles for peer educators to discuss issues surrounding sexuality and healthy sexual relationships.

Child care: The provision of child care and parenting support is linked to better outcomes for both parents and their children in studies conducted on programs in U.S. prisons. In one example, the Bedford Hills Correctional Facility, a maximum security prison in New York State, showed that having nurseries in prisons was associated with lower recidivism among moms and better outcomes for kids. Individuals in the nursery program at Bedford Hills are among the less serious offenders. Individuals with a history of violent crime or involvement in the child welfare system are not eligible for the program. The program is only available for mothers of children up to 18-months old.³ From 1998-2001, LASD examined the feasibility of a nursery program. From that systematic evaluation, it was discovered that the high-rate of transition in the jail environment did not allow for a nursery program analogous to one in a prison setting. In recognition of the importance of mother-child bonding, the Miracle Project was implemented in 2001 and continues today in 2018. Custody Division leadership continues to revisit options for implementation of a nursery program and is eager to support one when and if this population is transitioned to another facility with adequate staffing, including 24-hour nursing and pediatric care, and a physical plant in which a nursery for mothers and their children could safely be placed.

Postpartum parenting programs: One study evaluated an evidence-based parenting program called the Strengthening Families Program, which was tailored to individuals in a jail setting. Goals of the program were to plan linkage to community initiatives based on a mother's parenting goals. Individuals who participated reported wanting to know more about effective communication; how children manage stress; finances; drug and alcohol use; self-care; and stress reduction. Satisfaction in the program and a reduction in the endorsement of corporal punishment were reported by participants, after the intervention.⁴ This program is not the same, but it is similar to the ABC program offered to mothers at CRDF. Probation is evaluating the feasibility of implementing parenting programs inside juvenile detention facilities and is basing its planning period on an assessment of several evidence-based parenting programs including Georgetown University's Just Beginning program, Read to Me Daddy/Mommy and the Parenting Inside Out program.

³ Yager, S. (2015). Prison Born, *The Atlantic*: July/August. Last accessed April 11, 2018 at <https://www.theatlantic.com/magazine/archive/2015/07/prison-born/395297/>

⁴ Miller, A., Le Weston, J., Perryman, T., Horwitz, T., Franzen, S. and Cochran, S. (2014). Parenting while incarcerated: Tailoring the Strengthening Families Program for Use with Jailed Mothers. *Children and Youth Services Review*, 44: 163-170. Last accessed April 11, 2018 at <https://doi.org/10.1016/j.childyouth.2014.06.013>

Postpartum contraception access practices: A study in San Francisco County Jail provided access to long-acting reversible contraceptives (LARC), intrauterine devices (IUD) and implants, in order to meet the needs of incarcerated individuals before release to prepare them for reentry. From 2009 to 2014, 87 LARC devices were used, 53 IUDs and 34 implants and it was found to be safe and feasible to provide LARC methods to incarcerated individuals.⁵ Additionally, the Indiana Women's Prison implemented a contraceptive education program for individuals prior to release using an online resource called Bedsider.org and tablets. Results of a survey of program participants indicated both the need for and interest in contraception among this population. Prior unintended pregnancy was reported by 51% of the 81 program participants, and 46% desired contraception, with 16% reporting an interest in using a LARC method. Because the individuals were not permitted Internet access inside the prison, the project established a private Intranet server and delivered the intervention via computer tablet.⁶ Full-service contraceptive care and options counseling is available to all individuals at CRDF. JCHS does not perform procedures for long-term contraception (e.g. hormonal implants or intrauterine devices). However, JCHS physicians do discuss long-term contraception options with youth during the intake exam. If long-term contraception is desired, JCHS will refer the youth to LAC+USC for further care. JCHS does offer oral contraceptives and can start those medications in Probation's facilities.

9. Plans for training and ongoing professional development for Sheriff, Probation and other relevant clinical staff on the topics of pregnancy, prenatal care, postpartum care for inmates and children.

In addition to the ongoing professional development training required of health care and custody staff regarding pregnancy, the American Civil Liberties Union (ACLU) in collaboration with the LASD Custody Division and CHS at CRDF, educate and inform custody, medical staff, and mental health staff about the reproductive health, rights, and justice of those who are in their care. Reproductive justice is achieved when every person can decide if, when, and how to have children, and how to raise the children they have with dignity and respect. It is about ensuring equal access to comprehensive, quality, and confidential reproductive health care, and ensuring that personal decisions about sexual activity and child-bearing are informed, respected, supported, and attainable. The topics of the initial training held in February 2018 were: confidential health care rights, improving reproductive and sexual health care for this population, protecting and expanding the rights of pregnant and lactating people, ensuring abortion access and curbing restrictions, menstruation needs, and best practices around restraints. The training also explored the experiences of incarcerated individuals.

⁵ Sufirin, C., Oxnard, T., Goldenson, J., Simonson, K., and Jackson A. (2015). Long-Acting Reversible Contraceptives for Incarcerated Women: Feasibility and Safety of on-site Provision. *Perspectives on Sexual and Reproductive Health*. Last accessed April 11, 2018 at <https://onlinelibrary.wiley.com/doi/abs/10.1363/47e5915>

⁶ Rice, A. (Unknown year). The Contraceptive Needs of the Incarcerated Women: A Case Report. *The American College of Obstetricians and Gynecologists*. Last accessed April 11, 2018 at <https://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception/Projects-to-Assess-Bedsider-in-Ob-Gyn-Practice/The-Contraceptive-Needs-of-Incarcerated-Women>.

Additionally, Probation will explore training opportunities with DMH to increase perinatal mental health cross-training that will improve the staff's capacity to help prenatal and postpartum mothers who are experiencing depression or other perinatal mood disorders.

Diversion

10. An analysis of all available options for diversion from incarceration, release, pending trial and early release post-sentencing of all pregnant adults and youth in Los Angeles County custody.

On March 12, 2018, ODR convened a stakeholder meeting with County justice and health departments to identify current efforts to divert pregnant adults and youth and to explore additional opportunities to do so. The meeting included representation from DHS ODR, LASD, Probation, District Attorney, Public Defender, Alternate Public Defender, Los Angeles Superior Court, and JCHS. A follow-up meeting to discuss pre-trial diversion was held on April 4, 2018 and included DHS ODR, the Superior Court, District Attorney, Public Defender, and Alternate Public Defender.

The following are adult programs designed to divert or release individuals from the LA County Jail and to serve this entire population, including those who are pregnant. Where possible, the number of pregnant individuals served in 2017 is included.

Women's Reentry Court: The Women's Re-entry Court in Department 42 began in May 2007 and targets parolees and probationers who are charged with a new offense in Los Angeles County. In lieu of a state prison sentence, participants are enrolled in an intensive six-month minimum residential program followed by up to 12 months of outpatient treatment. Evidence-based, gender-responsive, trauma-informed and culturally competent treatment services, including substance abuse treatment, mental health services, housing, employment assistance, child reunification and domestic violence counseling are provided by Prototypes. The program is a specialized drug court combining intensive supervision, mandatory drug testing, positive reinforcement, appropriate sanctions, and court-supervised treatment to address participants' criminal activity and underlying issues. Since the program's inception, 1,015 individuals have been formally admitted to the program. The program has proven successful in positive outcomes for individuals, and cost-savings, and it has demonstrated that high-risk offenders can be successfully treated in the community. Participation and graduation rates far exceed return-to-prison rates; individuals are responding to an array of services unavailable in prison; and individuals have experienced reductions in post-traumatic stress disorder. In 2017, 195 individuals were served, 11 who were pregnant and five (5) who had a child younger than 12-months-old.

Alternative to Custody (ATC): The Sheriff's Department's ATC program assess the sentenced population for placement in a residential substance abuse rehabilitation program in lieu of incarceration in the jail. These individuals serve their remaining sentence while wearing an electronically monitored GPS ankle monitor and receive education and treatment at an authorized rehabilitation facility. The START program is administered in collaboration with the DPH and Sheriff. Length of stay is typically up to 90

days but pregnant individuals are granted medical necessity permitting stays up to the length of the pregnancy plus six weeks postpartum. In 2017, four pregnant individuals were placed in the ATC program. Three of those individuals had their babies while in the program and one was released prior to giving birth.

Electronic Monitoring: Probation runs an electronic monitoring program for both pre- and post-sentenced adults, which allows for them to be released to their home. The Court refers pre-sentenced individuals while the Court and the Sheriff refer post-sentenced individuals. Individuals are screened through an interview and risk assessment by Probation. Individuals on electronic monitoring must have a stable residence and receive case management from the electronic monitoring vendor, Centennial. In 2017, 69 post-sentenced individuals were placed on electronic monitoring. The number of pregnant individuals is unknown.

Bail Deviation: Probation operates a bail deviation program, which allows for the release of inmates pending trial. In 2017, 29 individuals received bail deviation and 57 were released on their own recognizance. The number of pregnant individuals is unknown.

Juvenile Drug Court: The Juvenile Drug Court is designed to provide an alternative to current juvenile justice proceedings. It provides an integrated system of treatment for youth and parents to reduce substance abuse and criminal behavior by program participants and to assist youth in becoming productive members of the community. The Juvenile Drug Court Program is a comprehensive treatment program for nonviolent minors. This voluntary program is comprised of youth in both pre- and post-adjudicated stages and high-risk probationers, and includes regular court appearances before a designated Drug Court Judge and intensive supervision by Probation and the treatment provider. Drug testing, individual group counseling, and family counseling are furnished by the Juvenile Drug Court treatment provider. Juvenile Drug Court Teams consist of a Juvenile Drug Court Judge, Deputy District Attorney, Deputy Public Defender, DPO, School Liaison, and drug treatment services provider.

11. *An analysis of all available options to alternatives to custody with intensive mental health treatment for all pregnant adults and youth in Los Angeles County custody with high mental health acuity and/or who meet LPS criteria, and with appropriate substance use treatment for all pregnant adults and youth in Los Angeles County custody with substance use disorder.*

On March 1, 2018, ODR analyzed data on 69 pregnant individuals in custody who were booked from April 12, 2017 to February 18, 2018. Of these, 22% (15) were charged with misdemeanors and 78% (54) were charged with felonies. Additionally, 17% (12) were sentenced and had a projected release date, 80% (55) were pre-trial and/or conditionally released, and 3% (2) were in competency proceedings. Based on a level-of-care assessment by ODR clinicians, 62% (43) could possibly be released to home, 26% (18) to permanent supportive housing, 7% (5) to substance use disorder (SUD) residential treatment, and 4% (3) were unable to be determined. The diagnosis or primary clinical need breakdown suggested that 36% (25) had no discernable serious mental health or severe SUD concern, 25% (17) had a severe SUD, 22% (15) had a serious mental illness

as a primary diagnostic concern, 12% (8) had a co-occurring SUD and mental illness, and 6% (4) were unable to be determined. Based on this information, it was determined that focusing on felony pre-trial cases would have the largest impact on this population. It was also determined that specialized housing, mental health and SUD treatment would be necessary to appropriately divert and serve this population.

The ODR, together with Housing for Health has two new housing placements exclusively for this population. ODR has also established new relationships with SUD providers who will accept pregnant individuals. Each pregnant woman diverted will also receive ODR intensive case management services (these providers will report to the court) as well as MAMA's Neighborhood OB/GYN clinical services and mental health clinical services and/or SUD services individually tailored to each individual's needs.

ODR has been diverting felony pre-trial cases since August, 2016 for homeless individuals who have complex mental health and SUD needs through the ODR Housing program. The ODR pretrial program attempts to resolve criminal felony cases early and divert defendants into housing and services with a grant of probation. The client is connected immediately to interim housing, permanent supportive housing, intensive case management services, and mental health and SUD treatment, as appropriate. Since inception, the program has served 1,103 people, four (4) of whom were pregnant (ODR began tracking pregnancy status in early 2018).

The ODR is working with the Superior Court, the Public Defender, the Alternate Public Defender, the District Attorney, and Probation to expand the program to serve pregnant individuals who may not otherwise be eligible for ODR Housing because they do not have a mental health or substance use disorder or are not homeless. The program would still provide intensive case management services and other supportive services and housing as needed. The Intensive Case Management Services providers serve as the core point of contact for the client's medical, mental health, and/or substance use disorder treatment, and other supportive services.

On April 4, 2018, the collaborative pilot pre-trial diversion program for pregnant individuals launched. ODR has also formed a collaboration with the jail OB/GYN treatment team and assigned a clinician and nurse practitioner to oversee and coordinate diversion and reentry planning for all pregnant individuals in the jail. ODR now meets with this team and the MAMA's program weekly in a clinical team meeting. ODR has also facilitated the secure sharing among the teams of an active, "living" list of all pregnant individuals in the jail at any given time with clinical and dispositional characteristics relevant to their ongoing care and placement. Since April, ODR has diverted 17 individuals, who are released or conditionally released, and five (5) are calendared for an ODR diversion hearing date.

Conclusion

In conclusion, we thank the Board for the opportunity to review the programs available for pregnant and parenting individuals incarcerated in Los Angeles County. We aim to meet or exceed your expectations for the care of this vulnerable population.

If you have any questions or need additional information, please contact Jackie Clark-Weissman, Director, Integrated Correctional Health Services at (213) 893-5450 or at Jclarkwe@lasd.org.

CRG:jcw

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Sheriff's Department
Department of Children and Family Services
Department of Probation
Department of Public Health
Correctional Health Services

Pregnant Inmate Crime Breakdown

Type of Offense	Misdemeanor	Felony	Total	%Misd	% Fel
Traffic Crimes (total)	66	8	74	89.2%	10.8%
Driving on Suspended License	32	0	32	100.0%	0.0%
Driving Without a License	4	0	4	100.0%	0.0%
Failure to Stop at a Accident	3	0	3	100.0%	0.0%
Reckless Driving	2	0	2	100.0%	0.0%
Driving Under the Influence of Alcohol or Drugs	25	3	28	89.3%	10.7%
Reckless Evading the Police	0	5	5	0.0%	100.0%
Narcotics Crimes (total)	53	52	105	50.5%	49.5%
Possession of Controlled Substance	29	7	36	80.6%	19.4%
Under Influence of Controlled Substance	6	0	6	100.0%	0.0%
Possession of Narcotic Paraphernalia	17	0	17	100.0%	0.0%
Intoxicated in Public	1	0	1	100.0%	0.0%
Possession of Controlled Substance for Sale	0	39	39	0.0%	100.0%
Bring Controlled Substance into Jail	0	6	6	0.0%	100.0%
Assault Crimes (total)	46	43	89	51.7%	48.3%
Resist Arrest	11	2	13	84.6%	15.4%
Battery	13	0	13	100.0%	0.0%
Assault	2	21	23	8.7%	91.3%
Domestic Violence	11	8	19	57.9%	42.1%
Child Abuse	7	4	11	63.6%	36.4%
Elder Abuse	1	0	1	100.0%	0.0%
False Imprisonment	1	3	4	25.0%	75.0%
Witness Intimidation	0	2	2	0.0%	100.0%
Child Abduction	0	2	2	0.0%	100.0%
Child Molestation	0	1	1	0.0%	100.0%
Weapons Crimes (total)	3	12	15	20.0%	80.0%
Possess Dirk or Dagger	1	1	2	50.0%	50.0%
Possess Metal Knuckles	1	0	1	100.0%	0.0%
Possess Tear Gas	1	0	1	100.0%	0.0%
Possess Loaded Firearm	0	3	3	0.0%	100.0%
Felon in Possession of Firearm	0	6	6	0.0%	100.0%
Possess Ammunition by Prohibited Person	0	1	1	0.0%	100.0%
Possess Large Capacity Magazine	0	1	1	0.0%	100.0%
Theft Crimes (total)	50	160	210	23.8%	76.2%
Burglary	9	42	51	17.6%	82.4%
Attempt Burglary	1	1	2	50.0%	50.0%
Forgery	2	3	5	40.0%	60.0%
Petty Theft	25	5	30	83.3%	16.7%
Grand Theft	3	21	24	12.5%	87.5%
Identity Theft	1	15	16	6.3%	93.8%
Grand Theft Auto	0	5	5	0.0%	100.0%
Stolen Vehicle	7	38	45	15.6%	84.4%
Receiving Stolen Property	2	3	5	40.0%	60.0%
Embezzlement	0	1	1	0.0%	100.0%
Insurance Fraud	0	1	1	0.0%	100.0%
Robbery	0	21	21	0.0%	100.0%
Attempted Robbery	0	2	2	0.0%	100.0%
Carjacking	0	1	1	0.0%	100.0%
Attempted Carjacking	0	1	1	0.0%	100.0%
Miscellaneous Crimes (total)	40	19	59	67.8%	32.2%
Conspiracy	2	1	3	66.7%	33.3%
Contempt of Court	4	0	4	100.0%	0.0%
Criminal Threats	1	3	4	25.0%	75.0%
Vandalism	10	11	21	47.6%	52.4%
Trespassing	5	2	7	71.4%	28.6%
Prostitution	18	0	18	100.0%	0.0%
Accessory to Crime	0	1	1	0.0%	100.0%
Disturbing the Peace	0	1	1	0.0%	100.0%

Disposition of Offenses

Diversion	2
Probation-Summary	19
Probation-Formal	10
County Jail - TCS	389
County Jail - AB109	35
Prison	40
Drug Treatment Program	9
Deferred Judgement	16
Restraining Order	1
Parole Revoked	21
Fine	19
Charges not filed	78
Case Dismissed	36
Open Cases Filed	44
Post Sentence Warrant Issued	53

• The number of dispositions do not equal the numbers the offenses and/or individuals due to the fact some individuals had multiple cases, some cases were never presented to the District Attorney's office, and some of the cases were handled by the City Attorney's office.

Table 2. 2017 Offenses and Dispositions Among Pregnant Youth

Location of Youth	Count	Percentage
Barry J. Nidorf	9	18%
Central	21	42%
Los Padrinos	20	40%
Grand Total	50	100%

Age at Time of Test	Count	Percentage
14	1	2%
15	4	8%
16	7	14%
17	23	46%
18	14	28%
19	1	2%
Grand Total	50	100%

Dispositions	Coun	Percentage
Deferred Entry of Judgement	2	4%
Dismissed	8	16%
Home on Probation	17	34%
Suitable Placement	19	38%
Unable to Determine/Record Sealed	4	8%
Grand Total	50	100%

Offense	Count	Percentage
Additional Dependency Filing	1	2%
Adw W/O Firearm W/Gbi	5	10%
Attempt Murder	1	2%
Attempt Rec Stolen Prop	1	2%
Attempt Robbery	1	2%
Battery	6	12%
Battery - Specific Person	1	2%
Burglary	3	6%
Commercial Burglary	1	2%
Cont Subs - Poss For Sale	1	2%
Fail To Obey Juv Court	1	2%
Grand Theft	1	2%
Grand Theft Auto, Etc	1	2%
Interstate Compact - JUV	1	2%
Jcms Conversion	1	2%
Juvenile Probation Violation	1	2%
Murder - 1st Degree	1	2%
N/A	2	4%
Petty Theft	2	4%
Possess Cntrl Subst - M	1	2%
Prostitution	1	2%
Robbery	4	8%
Terrorist Threats	2	4%
Threaten School Officer/Employee	1	2%
Vehicle Theft	7	14%
Warrant - Minor	2	4%
Grand Total	50	100%