Health Services
LOS ANGELES COUNTY

November 2, 2020

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 288-8050
Fax: (213) 481-0503

www.dhs.lacounty.gov

"To advance the health of our patients and our communities by providing extraordinary care"

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

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

SUBJECT: **DEVELOPING A PLAN FOR CLOSING MEN'S CENTRAL JAIL AS LOS ANGELES COUNTY REDUCES ITS RELIANCE ON INCARCERATION (ITEM #3 JULY 9, 2020 BOARD MEETING)**

On July 7, 2020, the Board of Supervisors (Board), by motion of Supervisors Solis, Kuehl and Barger, directed the workgroup, convened on June 9, 2020, by the Office of Diversion and Reentry (ODR) and the Los Angeles County Sheriff's Department (LASD), to include consultation with the Correctional Health Services (CHS) division, community-based stakeholders and service providers, and any other relevant partners, to provide bi-monthly (every 60 days) reports to the Board on the issues and considerations that must be addressed in order for Los Angeles County (LA County) to close Men's Central Jail (MCJ) within one year, while continuing to ensure public safety and providing appropriate services for individuals released early or diverted from incarceration.

Attached is the second report of the MCJ Closure Workgroup, a partnership with relevant LA County departments, partners and community stakeholders, that provides an update on the workgroup's analysis of the issues that need to be considered in order to close MCJ within one year, including:

- Snapshot description of individuals in jail custody on August 19, 2020;
- Initial community engagement findings (Community Engagement & Racial Equity Advisory Group);
- Plans for the workgroup to analyze additional data, determine how to approach additional diversion estimates, continue to analyze the cost and capacity of critical services for high-needs individuals who could be diverted from custody, and develop a

plan to redistribute the population out of MCJ (Data and Facility Analysis);

- Initial analysis of programs and pathways for two vulnerable populations— those with serious mental health needs and individuals with Substance Use Disorder (SUD) or a co-occurring mental health and SUD need—out of MCJ and into either community placements or, if diversion is not possible, into other jail facilities (Services & Programs Analysis); and

- Preliminary analysis of the cost and availability of the critical programs and services that must be provided for vulnerable populations in MCJ (Funding Analysis).

Moving forward, as directed by your Board, the Department of Health Services, in collaboration with LASD, will continue to provide bi-monthly reports on the ongoing issues and considerations that will be addressed for LA County to close MCJ within one year. The respective Board offices granted an extension; therefore, the next report date has been adjusted to January 29, 2021.

If you have any questions, you may contact me or your staff may contact Judge Peter Espinoza, ODR, at (213) 418-3600 or by email at PEspinoza2@dhs.lacounty.gov.

CRG:amg

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Los Angeles County Sheriff's Department

Los Angeles County

Department of Health Services

Office of Diversion and Reentry

Los Angeles Sheriff Department

Men's Central Jail Closure Workgroup Report #2

November 2, 2020

Table of Contents

Introduction

On July 7, 2020, the Los Angeles County (LA County) Board of Supervisors (Board) directed the workgroup convened by the Office of Diversion and Reentry (ODR) and the Los Angeles Sheriff's Department (LASD) for the motion to "Maintain a Reduced Jail Population Post-COVID-19," to include health, justice and community representatives, to provide regular reports to the Board on the issues and considerations that must be addressed in order for the County to close Men's Central Jail (MCJ) within one year while continuing to ensure public safety and providing appropriate services for individuals released early or diverted from incarceration.

This is the second report from the MCJ Closure Workgroup. The first report was submitted to the Board on September 17, 2020. The third report submission has been extended to January 29, 2021.

LA County has a historic opportunity to close the Men's Central Jail facility—to make the Board's Care First, Jails Last vision a reality and to take concrete steps to reduce racial and health disparities and make our communities safer. As noted in the first report, MCJ is an unsafe, crowded, crumbling jail facility built in 1963 that is unsuitable for the individuals being detained and the employees working there. As documented in multiple lawsuits, the facility is inadequate for the provision of essential medical and mental health care and other services and programs to address the complex needs of the more than 4,000 individuals who end up there—who are overwhelmingly Latinx, Black, and other people of color.[i]

Prior to the COVID-19 emergency, the average daily population across all seven jail facilities, for many years, was approximately 17,000. Systemic and structural racism affecting all facets of our communities and government systems for hundreds of years, along with the government's disinvestment in community health and social services, led to that mass incarceration in LA County and across the nation, with significant and longstanding racial disparities, especially among Black people, who have been disproportionately impacted by that incarceration.[ii]

Since the beginning of the pandemic, the size of the daily population in the jails was reduced by nearly a third. This reduction was achieved through a combination of decreased bookings into the jail and increased releases from custody. As the pandemic continues, many pre-COVID practices around law enforcement and Court operations have returned and the jail population has correspondingly increased—including approximately 2,000 individuals waiting for transfer to the state prison system.[iii] Unfortunately, the number of individuals with serious mental health conditions in the jail was not reduced, and instead continues to rise in relation to the overall population. Nor did the overall reductions reduce the racial disparities that persist among those incarcerated.[iv]

There is consensus within the MCJ Closure Workgroup that closing MCJ and maintaining a population below the Board of State and Community Corrections (BSCC)[v] rated capacity requires a significant additional decrease in the population. The Alternatives to Incarceration (ATI), CEO's Executive Work Group and Jail Population Reduction Reports provided a comprehensive roadmap of how to reduce that population—primarily by building a community-based system of care that effectively addresses health and service needs in community settings—taking social and racial equity into account.[vi] Population reduction efforts must focus on the over-representation of Black people within the jail population, including paying special attention to

Black women and Black people with mental health needs. As all of the previous reports recommended, the sizeable change in the population of people being served in the community, a significant percentage of whom have a high level of medical and/or mental health needs, will require significant investment of resources into the County's system of care.

Over the past five years, initiatives such as ODR, LA City and County mental health diversion and other early, pre-arrest and pre-booking diversion programs at the local city level, have demonstrated that we can safely divert thousands of individuals away from incarceration and into appropriate community-based and health-focused treatment and services, many of which require housing, *if* we resource them appropriately.

The MCJ Closure Workgroup remains focused on providing the Board the information necessary to close LA County's most troubled jail, and, as a result, make the Care First vision a reality, supporting the investment of limited County resources back into our communities, especially our Black and Latinx communities.

Structure & Process

ODR and LASD are lead agencies for the MCJ Closure Workgroup, which was first convened on July 30, 2020. The group is chaired by Assistant Sheriff Bruce Chase and ODR Director, Judge Peter Espinoza. As provided for in the motion, Department of Health Services (DHS) contracted with consultants to support this work—the Vera Institute of Justice is co-chairing the Data & Facilities Committee to support the data analysis, and Rigoberto Rodriguez has been contracted to facilitate the MCJ Closure Workgroup meetings.

The Workgroup is advised by the Community Engagement and Racial Equity Advisory Group, comprised of individuals in the Reentry Health Advisory Collaborative "RHAC", ATI community voting members, and those who led the racial equity analysis for the ATI Workgroup. This Advisory Group will help to maintain the committees' focus on racial equity and provide additional opportunities for community engagement in the process.

The Workgroup has formed three committees to accomplish its task:

(1) *Data & Facilities*: to collect, analyze and share information describing the population and physical structures across all jail facilities, as well as the impact population redistribution would have on intake, release and transportation.

(2) *Services & Programs*: to identify a plan to redistribute the existing MCJ population among the remaining jail facilities (for those deemed ineligible for diversion) such that the facilities do not exceed the BSCC-rated maximum capacity and into community placements, and to redeploy key community- based service providers and other programs from MCJ to other county or community facilities / interventions to ensure critical needs are met.

(3) *Funding*: to consider the costs currently associated with MCJ, the costs required to fully build a community-based system of care and provide clear guidance on realizing the "care first, jail last" model that the Board has adopted.

MCJ Closure Workgroup Stakeholders, in alphabetical order

Alternate Public Defender (APD)	District Attorney (DA)	Los Angeles County Police Chiefs Association (LACPCA)
Alternatives to Incarceration (ATI) Initiative	DHS/Correctional Health Services (CHS)	Los Angeles Police Department (LAPD)
Auditor Controller	DHS/ Office of Diversion and Reentry (ODR)	Los Angeles Regional Reentry Partnership (LARRP)
California Contract Cities Association	Department of Mental Health (DMH)	Los Angeles Sheriff's Department (LASD)
Chief Executive Office (CEO)	Department of Public Health (DPH)-Substance Abuse and Prevention Control (DPH-SAPC)	Probation Department
County Counsel	Los Angeles County Prosecutors Association (LACPA)	Reentry Health Advisory Collaborative (RHAC)

In consultation with the Los Angeles County Superior Court.

Report Format

This report begins with a description of some basic demographic information about the individuals in custody across the jail system on one specific day, August 19, 2020, with additional analysis on each jail facility provided in Appendix 1. The Data & Facilities section provides information responsive to the motion, including a description of MCJ bed types, an explanation of medical and mental health acuity levels, the number of individuals at MCJ with serious medical conditions, the impact MCJ closure would have on jail intake, release, and transportation procedures, the status of renovations of Pitchess Detention Center East and its expected capacity, and the workgroup's planned approach for additional data analysis. The Services & Programs section presents an initial analysis of programs and pathways for two vulnerable populations—those with serious mental health needs and individuals with substance use disorder (SUD) or a co-occurring mental health and SUD need—out of MCJ and into either community placements or, if diversion is not possible, into other jail facilities. The Funding section presents preliminary information on costs associated with community-based treatment for those first two vulnerable populations. Each of the sections details next steps the committees will undertake to identify additional relevant considerations and to develop a plan to close the facility.

A Snapshot of the Los Angeles County Jail System on August 19, 2020

Fact Sheet Prepared by the Vera Institute of Justice for the Los Angeles County MCJ Closure Workgroup

For the MCJ Closure workgroup, Vera has analyzed LASD data about the people incarcerated in the Los Angeles County jail system on August 19, 2020. This analysis is not a complete picture of the scale of criminalization and incarceration across Los Angeles, as it is only a snapshot of people in the county jail facilities and does not include people incarcerated and released directly from

local lockups and substations.

Below are some highlights from the data analysis. For more information and important notes about the data, please see the attached slides in the appendix. Additionally, Vera produced a snapshot of data on each jail facility in a separate document included in the appendix. (Appendix 1)

Overall Jail Population

- **The L.A. County jail system was over BSCC rated capacity on 8/19/2020** and the population has only risen since that date.
- **2,164 people in jail on that date were sentenced and awaiting transfer to state prison.**
- 36% of people in the jail had spent one to six months in custody prior to 8/19/2020. 23% had spent six months to one year in custody.
- 52% of the jail population were incarcerated on nonserious/nonviolent charges.

Basic Demographics

Security Level

- Most people (67%) in the L.A. County jail system are classified as medium-security.[vii]

Age

- The average age of people incarcerated in the jails is 36. The median is 33.

Gender / Sexual Orientation

- At CRDF, what is currently used as the "female jail facility," 47% of people were pretrial; 26% were partially sentenced; and 32% were sentenced.
- On average, the people in CRDF on 8/19/2020 had spent 202 days in custody. The median days in custody were 98.
- There were 387 people in the K6G/LGBT units across the jail system. 45% were pretrial; 26% were partially sentenced; and 29% were sentenced. The median number of days in custody was 100.
- In the K6G/LGBT units, 40% of people were classified as Black; 33% as Hispanic; 24% as white; and 3% as other.

Race/Ethnicity

- **Racial disparities persist.** Black people have long been disproportionately incarcerated. Black people were 29% of the jail population pre-COVID and, as of 8/19/2020, were 31%. By contrast, white people were 15% of the pre-COVID jail population and decreased to 12%.
- Black women were 31% of the pre-COVID CRDF population and 34% on 8/19/2020. White women were 21% of the CRDF population pre-COVID and dropped to 16%.

Pretrial Population

- Based on snapshot data from August 26, 2020, **45% of people incarcerated, or 5,629 people, were pretrial. 72%, or 4,042 people, of the pretrial population does not have holds and thus are likely incarcerated simply because they cannot afford bail.**
- The pretrial population incarcerated on 8/19 had spent an average of 221 days (7+ months) and a median of 99 days (3+ months) in custody, prior to that date.
- 42% of the pretrial population were incarcerated on nonserious/nonviolent charges, as defined by the LASD data field labeled "serious/violent".[viii]
- All facilities except Pitchess East had people in the pretrial population.

Community Engagement and Racial Equity Advisory Group

The Community Engagement and Racial Equity Advisory Group is bringing together the Reentry Health Advisory Collaborative (RHAC), ATI Community Voting Members, the Racial Equity experts who supported the ATI Report development, and some of the non-profit organizations that supported the ATI community engagement process. To support an infrastructure of community care and systemic accountability, the Community Engagement and Racial Equity Advisory Group is supporting the Men's Central Jail Closure Workgroup by focusing on activities that pertain to racial equity, community engagement and participatory budgeting. These activities can also impact the work happening to reassess AB109 funding, the Jail Population Review Council, Measure J and other opportunities. The group is rooted in the ATI Workgroup values of: (1) equity and racial justice, (2) inclusion of many voices, and (3) human-first language.

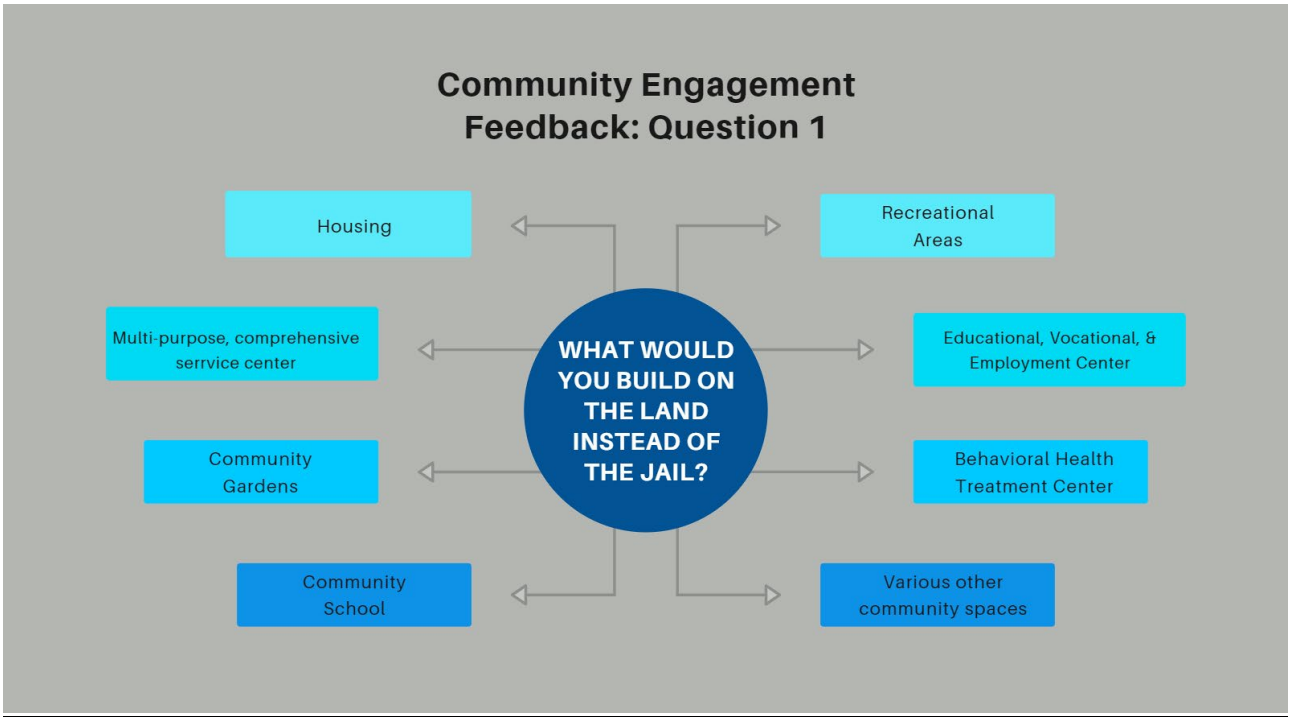
Community Engagement

In August of 2020 the County of Los Angeles' ATI Community Engagement Ad Hoc Committee supported a second round of community engagement in the areas where the first round of workshops were facilitated and in collaboration with the same seven community based organizations: South Los Angeles (Community Coalition), the Antelope Valley (Paving the Way Foundation), East Los Angeles (Homeboy Industries), Long Beach (Ascent), the San Fernando Valley (The San Fernando Valley Partnership), the San Gabriel Valley (CHACADA), and Pomona (Prototypes). The Gender and Sexual Orientation Ad Hoc Committee also performed a second round of community engagement to reconnect with the people engaged in the first round of community meetings with two (Translatin@ Coalition and the Young Women's Freedom Center) of the three community-based organizations that were a part of the first round. Due to COVID-19, the second round of ATI community engagement was held online only, with no in-person meetings. The check-ins focused on an update on ATI-related activities including requesting community feedback on the closure of Men's Central Jail. It also included a conversation about how participants and the justice-involved community are being impacted by COVID-19 and the social uprisings. The organizations facilitated the online events and included stipends for participants, language translation, and other resources to encourage the participation of over 300 people impacted by incarceration and the broader community.

The following are the key themes that reflect the feedback gathered from two out of the three questions posed about closing Men's Central Jail. The majority of participants provided feedback that focused on physical and service-based infrastructure that was led by the community and did

not involve law enforcement. Participants named that this community-based infrastructure should be geared towards servicing these communities: Black, Indigenous, Latinx, People of Color, American Descendants of Slaves, Reentry, Currently Incarcerated People, Trans and Gender Non-Conforming People, LGBQ+, Women, Intergenerational Groups, Young People, Families with Children, Teens and Teen Parents, Low Income People, Houseless People, Survivors of Intimate Partner Violence, Veterans, People in Gangs, the Elderly, Differently Abled People, Survivors of Human Trafficking, Undocumented People, and the Disenfranchised.

When asked, "What would you build on the land instead of the jail?", most participants responded with the themes shared below.

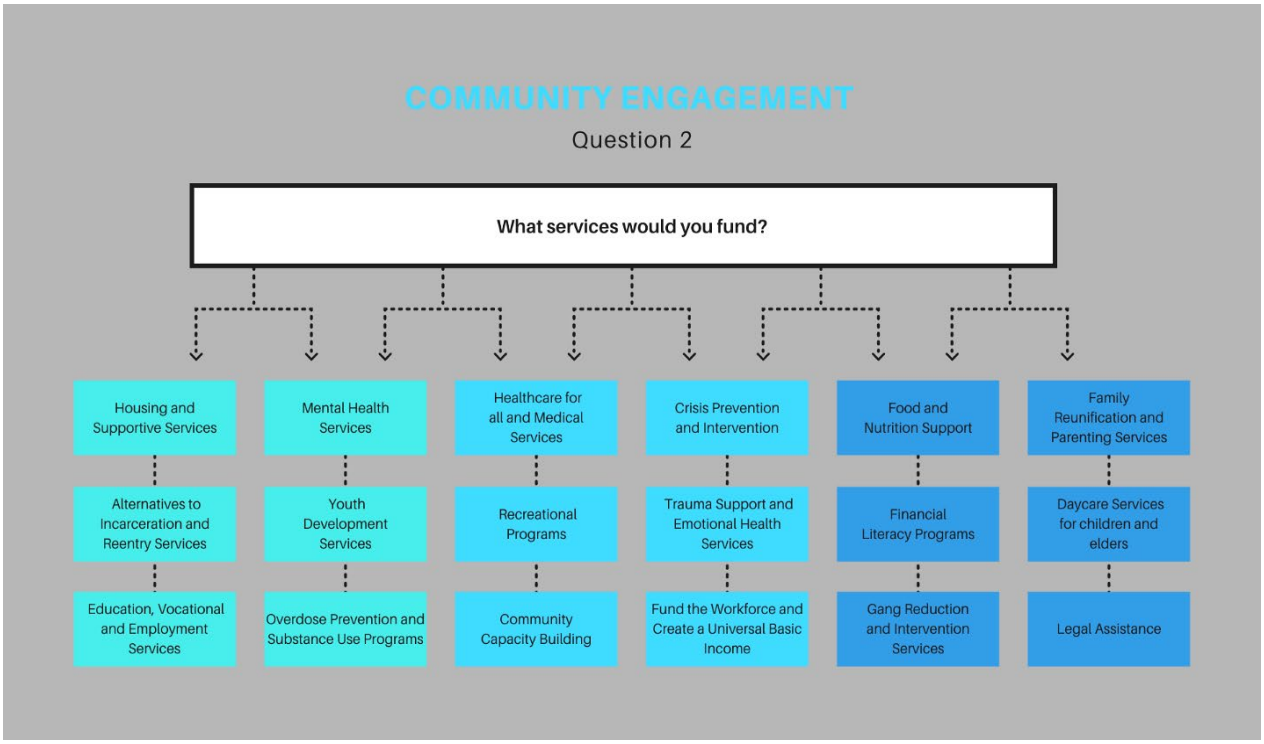


- Housing
  Descriptive Components: Affordable Housing, Transitional Housing, Shelters, Permanent Housing, Permanent Supportive Housing, Emergency Housing, Independent Living, Co-op or Eco-Village
- Multi-Purpose, Holistic, Comprehensive Service Center
  Descriptive Components: Green Space, Community Led, A Space to Heal, Grow, and Prosper, A Safe Place, Free Wifi and Technology, Co-working Space and Community Gathering Rooms, Transportation Support, Housing on Site, Mentoring and Learning Space
- Community Gardens
  Descriptive Components: Grocery Store (i.e. fresh food, healthy choices), Pantry, Community Fridges
- Community School
  Descriptive Components: Free, Social Justice and Ethnic Studies, Tutoring Center
- Educational, Vocational and Employment Center
  Descriptive Components: Self Help Center, Small Business Startup Center

- Recreational Areas
  Descriptive Components: No Fences, Parks with intergenerational amenities/programs and a playground, Recreational Center, Athletic Field and/or Gym, Youth Center, Community Theatre or Open-Air Performance Center, Meditation Center, Library, Pool or Artificial Lake
- Behavioral Health Treatment Center
  Descriptive Components: Residential Beds, Acute Care Residential Beds, Mental Health Care Facility or Hospital, Safe Consumption Site, Harm Reduction Center, Free Mental Health Services

Other less consistent ideas included giving the land back to the Tongva Tribe, Alternative Dispute Resolution Center, Public Health Clinic, Trauma Recovery Center, Entertainment Center, Parking Lots and Special Courts.

When asked, "What services would you fund?", most participants responded with the themes shared below.



Data & Facilities Analysis

To make the MCJ facility closure possible, LA County must continue to safely reduce the number of people in jail, address racial disparities that plague the system, and create a plan that supports safety in the jails and access to critical services, like healthcare or reentry programming, for incarcerated people who need them.

The Data & Facilities Committee, co-chaired by CHS, LASD and the Vera Institute of Justice, has been working to collect, analyze and provide critical information about the jail

population and logistical issues to be considered in the development of a plan to close MCJ. This data is necessary in order to estimate, across the full jail system, how many and which individuals may be diverted or released into community care, and how many or which groups of individuals would need to remain in jail custody. Information about medical, mental health, substance use disorder and other specific needs is critical to understand as the committees consider where certain services and programs can be provided to meet those needs, as MCJ closes. The committee is paying close attention to racial equity in developing a plan to close this facility and continue to reduce the jail population.

Many data elements required by the motion are included below or in the appendix. Others have already been provided in the first report and additional analysis will be included in upcoming reports. The following data elements are provided in this report:

1. **Specific bed types utilized at MCJ and where those beds exist elsewhere in the system to serve current high-need populations**. LASD provided a memo, *Men's Central Jail Board Report Back*, attached as Appendix 2, that includes a chart detailing facility bed-types across the jail system.

2. **Detailed and anonymized data regarding the population currently in custody at each of the jail facilities, by facility, including classifications based on acuity, mental health status, age, ethnicity, gender/gender identity, sexual orientation, pretrial status, those with serious medical conditions including HIV/AIDS.**

    a. CHS provided an analysis of medically vulnerable patients in custody on September 1, 2020, including a separate breakdown of HIV and Hepatitis-C-positive patients, attached as Appendix 3.
    b. LASD provided snapshot data from August 19, 2020 to the Vera Institute of Justice. Vera used this data to develop descriptive analyses of all individuals in custody on that date. CHS provided information about health and mental health acuity levels to more fully describe the situation and needs of individuals in jail custody. Attached as Appendix 1.

3. **The status of renovations of Pitchess Detention Center East, its expected capacity, and timeline for it being suitable for habitation, as well as the status of renovations and maintenance of the other five remaining jail facilities.** CEO Capital Projects is tracking the projects listed below. LASD Facilities Services may be engaged in additional repairs and maintenance not listed here.

    PDC East: Renovation of Dorms 321-326 to include ADA (Americans with Disabilities Act) upgrades, restrooms, and remodel of the facility's infirmary and visitor's restroom; renovation of the existing recreation yard with new lunch, staff shelters, basketball/recreation courts and exterior restrooms: Substantial completion is targeted for the end of March 2021. The anticipated capacity, once the work has been completed, is a total of 318 beds, including 120 ADA and 198 other beds.

CRDF: Replacement of water and gas pipelines around the facility: Substantial completion is targeted for early March 2021. Refurbishment of the roof, elevators, and fire protection system: Substantial completion is targeted for the end of March 2022.

PDC Campus: Replace the mechanical system at the laundry warehouse building, and the site domestic and fire water piping at NCCF and PDC East: Substantial completion is targeted for the end of March 2022.

TTCF: TTCF Elevators Deferred Maintenance project will refurbish the traction and hydraulic elevators: Substantial completion is targeted for the end of June 2024 due to phasing requirements.

4. **Identify issues related to the impact of MCJ closure on intake, release and transportation.** LASD provided the document, *Men's Central Jail Board Report Back*, attached in Appendix 2, as an initial response to this deliverable.

5. **Those incarcerated on probation or parole violations (technical or otherwise), holds related to findings of ineligibility for diversion or release and a breakdown of those recommended for diversion versus those who would remain in custody.**

To close Men's Central Jail, the County will have to reduce the jail population. There are already a variety of programs in place to support releases—from court date notifications through the Public Defender's office to the ODR Housing program for people with serious mental illness experiencing homelessness. In order to develop a plan to close MCJ within a year, the Workgroup will have to estimate how much the jail population can be reduced by matching the type of people incarcerated recently to appropriate "diversion" opportunities.

The following are the next steps for data analysis, in coordination with the Workgroup's committees:

- Analyze the pretrial population, particularly given the focus in the motion on the divertible population and community-based care.
    - Identify select populations of interest that can be distinguished in the snapshot data (e.g. "women" at CRDF; people in K6G units; people with relatively low P/H levels who might only need simple supports for release; people charged with non-serious/nonviolent offenses).
    - Analyze snapshot data (e.g. number of people, race, P/H level, length of stay, common charges, etc.).
    - Identify existing diversion strategies available to the relevant populations.
    - If needed, conduct a small case file review to identify any policies that can help reduce the population systematically and within the motion timeframe (e.g. shortening length of stay, particularly by streamlining diversion evaluation/placement processes, assuming increased capacity in the system of care and services).
    - Estimate impact on jail population of identified diversions, any additional resources needed to accomplish this.
- Analyze the sentenced (and partially sentenced) populations in a similar fashion (i.e. snapshot analysis, identify what sentences were available, case file review for policy change, estimate

of impact) but consider the impact to the jail population if diversion were offered for certain groups or sentences in particular types of cases were shortened by certain amounts.

Services & Programs Analysis

As noted in the first response, the Services & Programs (S&P) Committee is tasked with the discrete responsibility of understanding the essential services and programs currently provided across facilities, focusing on high-needs, vulnerable groups and developing a plan for how these critical services can be provided in the community for those diverted or in another jail facility for those relocated as MCJ is closed. To accomplish this, the S&P Committee created two subcommittees, the Community Pathway and Facilities Pathway, to focus on the different issues related to people who would be released to the community and people who, due to their ineligibility for diversion or longer timeline toward diversion, may need to be moved to other jail facilities. While the S&P Committee, like the Board, understands the importance of identifying all of the community-based programs and services to better serve the entire population that may leave the jail facilities due to the closure of MCJ, the request of the Board to this committee was to facilitate the closure of MCJ within a year without delay. To this end, the S&P Committee focused in on specific vulnerable populations that need a critical, not just ideal, set of services upon release, and that in some cases may only be released if such services are available. These "Focus Populations" are individuals with: (1) Serious Mental Illness (the "SMI Population"); (2) Substance Use Disorder or Co-Occurring Mental Health and Substance Use Disorders (the "SUD Population"); (3) Medically Vulnerable due to Other Health Challenges; and (4) Individuals Experiencing Homelessness. While S&P will center its work on these populations, it will also make clear ways the County can continue to invest in and implement a more comprehensive continuum of services for other populations that are released, drawing on and referencing recommendations from complementary initiatives, including efforts to keep the jail population down and the Alternatives to Incarceration Initiative.

In this response, both subcommittees completed a preliminary assessment as it relates to the first two focus populations: the SMI Population and the SUD Population.

Facilities Pathway Subcommittee

The Facilities Pathway subcommittee was tasked with understanding what key services and programs, and in some cases bed types, are provided currently in MCJ and developing a plan that details what will be needed and what issues will need to be addressed to make equivalent services and programs available in other jail facilities. This subcommittee recognizes that this assessment would need to be cognizant of facility space, staffing, and the access of community-based organizations (CBOs) to the other jail facilities.

LASD and CHS have not yet provided recommendations for where these specific levels of services and programs can be provided in other facilities. CHS has noted that it will provide the level of existing services and programs to serve the in-custody population wherever they are moved within the network of LAC jail facilities. CHS will likely need to recreate the MOSH and other specialized medical units, such as physical space for physical therapy. CHS will continue programs and services for the Gay and Transgender Housing, Senior Mobility Care housing, and other

special security units that are relocated from MCJ to other jail facilities. Educational Programs, likewise, will move with in-custody populations that are relocated in response to the closure of MCJ.

This subcommittee noted that there are other services and programs in MCJ. However, per Correctional Health Services, most other programs and services are currently available in the other jail facilities, so accounting for their relocation is not essential in this planning process.

The following chart describes the current programs for vulnerable populations in MCJ:

Services & Programs in MCJ	Current MCJ Beds and Description	Existing Number of Beds
Medical Outpatient Specialty Housing Units (MOSH)	601 Beds* (Includes beds that can be used for Mental, Wheelchair and Mobility Impaired) *Transitional beds and not part of BSCC rating	601
Physical Therapy	Individuals housed in MOSH counted above	N/A
Mobility Care Housing	Primarily housed at TTCF *Some in MOSH housing area counted above	N/A
Gay and Transgender Housing Including some Mental Health Patients	400 Beds Includes 368 mixed beds that can used for K6G mental in 9100, 9300 & 9500. *This does not include K6G- Mental Health beds or individuals whose housing is determined by GIRB	400
Senior	100 Beds in 5700	100
Mental Health Housing – Hope Program	27 beds in 5550	66
Child Sex Crime Housing includes some Mental Health Patients	K-6Y 209 beds (Includes 147 mixed beds that can be used for K-6Y mental health)	209

The Facilities Pathway subcommittee recommends expanding strategies to reduce bookings to sustain populations levels that support continuity in programs and services for vulnerable individuals who remain in custody post MCJ closure.

Community Pathways Subcommittee:

The Community Pathways Subcommittee completed an initial assessment of the services and program needs of the focus populations and conducted a preliminary landscape analysis of currently available critical community-based programs for the SMI and SUD populations. The Community Pathway Subcommittee utilized an approach similar to those in evaluations preceding

this work based on individuals' current mental health housing in jail and identified the equivalent level of care in the community.

The table, attached in Appendix 4, is a work in progress and is based primarily on previous reports including the EWG,[ix] Mercer[x], and Progress Report on Scaling Up Diversion and Reentry for People with Serious Clinical Needs.[xi] Data on contracting agencies for each type of service should be added, along with better tracking of community resources and jail housing locations—at any given time, the "P" and "H" level (medical and mental health acuity levels) of individuals residing in certain jail housing locations may not track exactly to community levels of care, so additional analysis of this will be provided in the next report.

Over the next 12-36 months, DMH will add capacity to its current network of care. This includes 100 acute inpatient beds and 400 extended care beds as part of a 500-bed pilot. Additionally, DMH will add 500 Permanent Supportive Housing units and 60 Interim Housing units for a total of 560 housing units. It is important to note that not all beds will be designated for justice-involved populations.

DMH programs that will focus on justice-involved populations planned for the next 0-36 months include the following:

- Urgent Care Centers (UCC): 48 beds
- Crisis Residential Treatment Programs (CRTP): 240 beds
- Mental Health Rehabilitation Center (MHRC): 48 beds*
- Skilled Nursing Facilities/Special Treatment Program (SNF/STP): 65 beds*
- Psychiatric Health Facility (PHF): 74 beds

**MHRC and SNF/STP will be designated for justice-involved populations*.

A similar assessment was completed with respect to the SUD population, attached in Appendix 5. Since clients with substance use disorders are not housed by related acuity, an assessment was done based on ASAM (American Society of Addiction Medicine) levels of care.[xii]

In order to increase timely access to SUD services for people leaving the jail as part of the MCJ closure, DPH SAPC recommends the following: Increase awareness among bench officers, public defenders, probation officers, and district attorneys regarding Drug MediCal (DMC) medical necessity criteria and levels of care which are used to determine treatment duration. In response to increased releases, expansion of each Level of Care will be necessary. Capacity will also need to be increased. DPH-SAPC is working with the California Department of Health Care Services to reduce the amount of time required to secure DMC certification for new residential and nonresidential service sites to enable the more rapid expansion of SUD treatment networks to meet the SUD service needs of the County.

In the next response, the Community Pathway Subcommittee will add detail to the chart using its members' subject matter expertise. The subcommittee will also provide a similar assessment of needs and resources available in the community for the two additional focus populations: (1) Medically Vulnerable due to Other Health Challenges; and (2) Individuals Experiencing Homelessness.

Funding Analysis

The MCJ Closure Workgroup developed the Funding Committee because the motion asks for identification of issues and considerations involved with closing MCJ within a year, and of course, one of the primary considerations includes determining what infrastructure is necessary elsewhere, first, within the existing jail system, and which other capacities or changes to existing facilities would be needed. This also provides an opportunity for a second set of considerations: what exists or could be developed outside of the existing jail system to serve this population differently, and allow the jail system to serve functions closer to what it was designed for, rather than provide the set of services that are currently being demanded of it.

Different from the analysis of cost-savings that the motion asks of the CEO, LASD, DHS, Auditor-Controller, and others, this committee is developing some focused and clear guidance on how to think about realizing the "care first, jail last" model that the Board has adopted. This committee, along with local subject matter experts, has a collaborative relationship with the entities conducting the cost-savings analysis, and hopes to have the opportunity to weigh in with their expertise and provide feedback to the cost-savings analysis as it gets off the ground.

The Funding Committee has developed a preliminary community-based services funding grid that the Workgroup can use to estimate costs for community-based services for the "divertable" population with serious mental illness (SMI) needing residential services, as defined by the CEO's EWG. The analysis is only a starting point and while inclusive of some individuals with co-occurring diagnoses, it does not include the analysis of individuals with substance use disorders (SUD) since that data was not available at the time of the EWG report. Like the Services & Programs Committee, the Funding Committee aims to attach costs to the high level of services needed for specific populations, which, if diverted from jail custody, need services and housing in the community.

Two Exclusions from the Starting Point Populations:

There are two important exclusions in the starting point analysis. First, the committee is excluding at this point the significant number of individuals requiring specialized medical care beds for their transition to community-based care. That population was noted by CHS (attached as Appendices 3 and 7) and will require a high level of acute medical care not readily available in non-medical community-based facilities. The second exclusion at this time is that while the EWG report identified four categories (levels of care) of individuals with SMI needing differing types of treatment beds in the community i.e. acute inpatient, extended care, interim and permanent supportive housing, the committee's analysis so far excludes individuals requiring acute inpatient care since these are highly limited specialized beds in the community.

Preliminary Funding Grid: SMI "Divertable" Population as Defined by the EWG

Attached in Appendix 6 is a preliminary Funding Grid. The committee is attempting to develop the methodology for estimating costs based on the spectrum of community-based clinical and housing services that will be needed in the community for the focus populations. For each population the grid contains a high level of detail, including client characteristics, eligibility criteria, the timing

for transition from jail to community-based placement, a host of treatment characteristics and importantly, what is known regarding treatment and housing costs. Given the substantial work in this arena by DHS, ODR, DMH, DPH and a number of community-based providers, there is a sound basis to make service and housing cost estimates both for the immediate transfer to community care and on the long term sustained basis that will be necessary. The funding sources are identified in the grid, as are the known unit costs that they have used.

Target Population Data:

There are, of course, many limitations to the work thus far, including the incorporation of MCJ population data i.e. demographic, legal and clinical that will be necessary to meaningfully differentiate our cost estimates. The committee will assemble these data based on the key descriptive reports and studies completed thus far (ODR, Rand, Ochoa et. all) as well as analysis currently being done by the Data and Facilities Committee.

Service, Program and Housing Capacity:

It is important to note that the committee's funding estimates do not at this time take into account the actual service and housing capacity that currently exists in the community. That capacity assessment is being determined by the Services & Programs Committee at which time a cost/funding analysis may be possible in terms of increasing capacity to meet demand. This is a very complicated analysis involving current service and housing capacity and costs associated with building capacity.

Next Steps:

- Continue to develop the funding grid format for estimating costs for individuals who have the most immediate opportunity for community-based placements.
- Review and analyze MCJ cost savings information provided by the CEO and Auditor-Controller consulting project.

[i] Los Angeles County Sheriff's Department (2020). Men's Central Jail (MCJ) Statistics Snapshot August 5, 2020. Provided to the MCJ Closure Workgroup.

[ii] Hernández, K. (2017). *City of Inmates: Conquest, Rebellion, and the Rise of Human Caging in Los Angeles, 1771–1965*. Chapel Hill: University of North Carolina Press, and ATI Final Report; Alexander, M. (2010) *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. New York: Jackson, Tenn.: New Press; Distributed by Perseus Distribution; Hinton, E. (2016). *From the War on Poverty to the War on Crime: The Making of Mass Incarceration in America*. Cambridge, Massachusetts; London, England: Harvard University Press.

[iii] As of August 19, 2020, the total jail population was 13,110, which includes several thousand individuals who are awaiting transfer to state prison and state hospitals, which are on hold because of COVID-19. Los Angeles County Sheriff's Department (2020). Provided to the MCJ Closure Workgroup.

[iv] Los Angeles County Sheriff's Department (2020). Men's Central Jail (MCJ) Statistics Snapshot August 19, 2020. Provided to the MCJ Closure Workgroup.

[v] Board of State and Community Corrections 2016-2018 Biennial Inspection – Los Angeles County's Type II Facilities Penal Code Section 6031. April 14, 2018.

[vi] Los Angeles County Alternatives to Incarceration Work Group Final Report (2020). https://lacalternatives.org/reports/
County of Los Angeles Chief Executive Office. July 30, 2020. Developing a Plan for closing Men's Central Jail as Los Angeles County Reduced Its Reliance on Incarceration (Item No. 3, Agenda of July 7, 2020). http://file.lacounty.gov/SDSInter/bos/bc/1076260_MCJClosureReport-Back-07.30.20.pdf
Los Angeles County Department of Health Services. August 9, 2020. Maintaining a Reduced Jail Population Post COVID-19. (Item #2, June 9, 2020).
http://file.lacounty.gov/SDSInter/bos/bc/1076621_MaintainingaReducedJailPopulationPostCOVID19.pdf

[vii] The Los Angeles Sheriff's Department bases security classifications upon the propensity of individuals to commit acts of violence while incarcerated. Los Angeles County Sheriff's Department (2020). Provided to the MCJ Closure Workgroup.

[viii] Serious or violent charges are defined in this context by the Los Angeles Sheriff's Department as enumerated by the California Penal Code sections 667.5(c) (violent felonies) and 1192.7(c) (serious felonies). Los Angeles County Sheriff's Department (2020). Provided to the MCJ Closure Workgroup.

[ix] County of Los Angeles Chief Executive Office. Developing a Plan for Closing Men's Central Jail as Los Angeles Reduces Its Reliance on Incarceration (Item No. 3, Agenda of July 7, 2020) http://file.lacounty.gov/SDSInter/bos/bc/1076260_MCJClosureReport-Back-07.30.20.pdf

[x] Mercer Health & Benefits LLC. Countywide Mental Health and Substance Use Disorder Needs Assessment (August 15, 2019). As referenced in Los Angeles County Department of Mental Health Report Response to Addressing the Shortage of Mental Health Hospital Beds (Item 8, Agenda of January 22, 2019). http://file.lacounty.gov/SDSInter/bos/supdocs/142264.pdf

[xi] Los Angeles County Department of Health Services. Progress Report on Scaling Up Diversion and Reentry Efforts for People with Serious Clinical Needs (Item #17 from the August 14, 2018 Board Meeting).
http://file.lacounty.gov/SDSInter/bos/bc/1061487_PROGRESSREPORTONSCALINGUPDIVERSIONANDREENTRYEFFORTSFORPEOPLEWITHSERIOUSCLINICALNEEDS.pdf

xii American Society of Addiction Medicine (ASAM). About the ASAM Criteria. Accessed 10/14/2020 at https://www.asam.org/asam-criteria/about

Vera
INSTITUTE OF JUSTICE

Presentation for L.A. County MCJ Closure Workgroup: A Snapshot of L.A. County Jail System on 8.19.2020

Michelle Parris

What we analyzed

Los Angeles County Sheriff's Department (LASD) data set of everyone incarcerated in L.A. County jail system on 8.19.2020

An important note

This is not a complete picture of the scale of criminalization and incarceration in L.A. County. For example, this is only a snapshot of people in the county jail facilities and does not include people incarcerated in and released directly from local lockups and substations.

1.

The big picture

The L.A. County jail system is over the BSCC rated capacity.

BSCC Rated Capacity	Population on 8.19.2020	Population on 9.22.2020
12,404	13,018	14,070

Note: LASD published the jail population online as 13,158 for 8.19.2020 but there were 13,018 people in this data set. So, while we used 13,158 as the total jail population in the previous analysis of MCJ, in this presentation, we will use 13,018 in line with the data set.

A note on rated beds

- LASD notes that there are over 1,000 “unrated” beds in the jail system.
- BSCC “rated capacity” = number of beds that conform to state standards and requirements.
- Unrated beds (not included in rated capacity) are those that are used for health care or disciplinary isolation, or do not conform to state standards.

Source: http://www.bscc.ca.gov/wp-content/uploads/Adult-Titles-15-Effect-4-1-17.pdf

Most people in the jail are medium-security.

67% of people in LA County jail system are classified as medium-security.

Security	Level	Number of People	Percentage
Low	1	33	0%
	2	751	6%
	3	283	2%
	4	534	4%
	Total	1,601	12%
Medium	5	1,714	13%
	6	2,092	16%
	7	4,967	38%
	Total	8,773	67%
High	Null	17	0%
	8	2,382	18%
	9	245	2%
	Total	2,644	20%
Grand Total		**13,018**	**100%**

2.

Facilities

A note about the “pretrial” population

- **Throughout this presentation, we will use pretrial as shorthand for “sentence status 1” in the data set.**
- People in sentence status 1 can be pretrial, in trial, or even completed a trial but they are not sentenced.
- According to LASD, sentence status 1 also includes some people in prison who are brought to LA County for non-criminal matters. These individuals were not indicated in the original data set but were added via LASD manual scan.
- However, **most people listed as sentence status 1 are pretrial.** Thus, we will use the term “pretrial” consistent with LASD quarterly reports.

25 Source: LASD

Pretrial Population

All facilities (except Pitchess East) have people in the pretrial population. The following have the largest pretrial populations:

- 1,647 are at **Men's Central Jail (MCJ).**
- 1,420 are at **Twin Towers (TTCF).**
- 1,279 are at **North County (NCCF).**

Partially Sentenced Population

All facilities (except Pitchess East) have people in the partially sentenced population. The following have the largest partially sentenced populations:

- 1,028 are at **Men's Central Jail (MCJ).**
- 623 are at **North County (NCCF).**
- 598 are at **Twin Towers (TTCF).**

Sentenced Population

All facilities have people who have been sentenced to a term of incarceration. The following have the largest sentenced populations:

- 1,247 are at **Men's Central Jail (MCJ).**
- 983 are at **North County (NCCF).**
- 876 are at **Twin Towers (TTCF).**

Twin Towers (TTCF)

BSCC Rated Capacity: 2,432
Population on 8.19.2020: 2,894

- **Average age:** 35
- **Median age:** 33

- **Average days in custody*:** 202
- **Median days in custody:** 98

- **Pretrial:** 49%
- **Partially sentenced:** 21%
- **Sentenced:** 30%

- **Awaiting prison:** 314
- **Awaiting state hospital:** 270

Note: 117 people on 8/19/2020 were in medical “unrated” beds that do not count towards the BSCC rated capacity. So, the facility exceeded rated capacity by 345.)

Twin Towers (TTCF)

- 2,894 people on 8.19.2020
- 49% are pretrial.
- 314 people await transfer to state prison.
- 270 people await transfer to a state hospital. This is the highest # of any facility.
- 62% are medium- security.

Pitchess North

Nearly half are pretrial.
91% of people held there are classified as medium- security.

Facility	Sentence Status	Number of People	Percentage
NORF	Pretrial	558	49%
	Partially Sentenced	209	18%
	Sentenced	364	32%
Grand Total		**1,131**	**100%**

Pitchess South

More than half are sentenced.
There is no one classified as high - security. 72% are medium- security.

Facility	Sentence Status	Number of People	Percentage
SOUF	Pretrial	73	17%
	Partially Sentenced	70	17%
	Sentenced	280	66%
Grand Total		**423**	**100%**

Pitchess East

- 23 people on 8.19.2020
- All are sentenced and for non-violent / non-serious offenses.
- 74% have low-security classification. The remaining are medium-security.

3.

Basic demographics

Age

Average age: 36

Median age: 33

Age, by Race/Ethnicity

Race/Ethnicity	Number of People	Percentage	Average Age	Median Age
All Others	403	3%	38	35
American Indian	9	0%	44	40
Black	4,011	31%	37	34
Chinese	38	0%	41	38
Filipino	13	0%	48	48
Hispanic	6,942	53%	34	31
Japanese	4	0%	39	42
Pacific Islander	18	0%	38	33
White	1,580	12%	40	38
Grand Total	**13,018**	**100%**	**36**	**33**

Gender

CRDF is known as the female jail facility. There may be people at CRDF of varying gender identities; LASD data does not capture that. See previous memorandum on how gender identity is captured in the data.

A Snapshot of CRDF
BSCC Rated Capacity: 1,708
Population on 8.19.2020: 1,247

- **Average age:** 35
- **Median age:** 33

- **Average days in custody*:** 202
- **Median days in custody:** 98

- **Pretrial:** 47%
- **Partially sentenced:** 26%
- **Sentenced:** 32%

- **Awaiting prison:** 164
- **Awaiting state hospital:** 53

- Throughout this presentation, days in custody = days people have been incarcerated prior to 8.19.2020. We do not have release date, so days in custody ≠ length of stay.
- Note: 117 people were in medical "unrated" beds that do not count towards the BSCC rated capacity. So, the facility exceeded rated capacity by 345.)

Gender/Sexual Orientation

Based on people marked as “G” in the LGBT field of LASD data:

There were 387 people in custody marked “G.”

- **MCJ:** 310
- **Twin Towers:** 60
- **Inmate Reception Center:** 16
- **USC Medical:** 1

- **Median days in custody:** 100
- **Pretrial:** 45%
- **Partially sentenced:** 26%
- **Sentenced:** 29%

- **Black:** 40%
- **Hispanic:** 33%
- **White:** 24%
- **All Others:** 3%

Race/Ethnicity

Racial disparities persist.

Race/Ethnicity	% of jail population, Jul – Sept 2019	% of jail population, Jan – March 2020	% of jail population, August 19, 2020
Hispanic	53%	52%	53%
Black	29%	29%	31%
White	15%	15%	12%
All Others	3%	4%	4%

Race/Ethnicity at CRDF

Black women are disproportionately incarcerated and have become a larger percentage of the jail as the population has reduced.

Race/Ethnicity	% of CRDF, Jul – Sept 2019	% of CRDF, Jan – March 2020	% of CRDF, August 19, 2020
Hispanic	45%	45%	45%
Black	31%	31%	34%
White	21%	20%	16%
All Others	3%	4%	5%

A Look at Racial Disparities

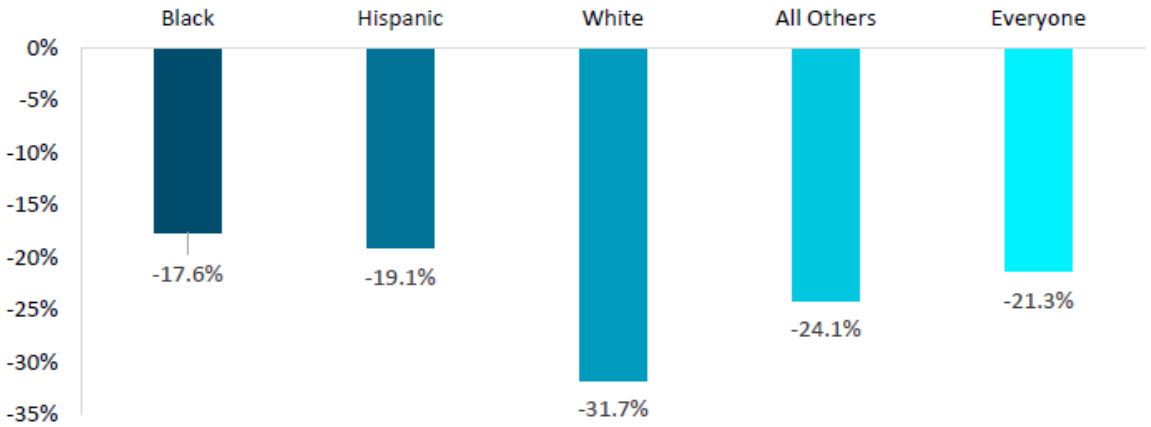
When analyzing a DHS data set of 1,653 people released early due to COVID-19 policies, there were racial disparities.

A higher proportion of white & Hispanic/Latinx people and lower proportion of Black people were released early compared to their representation in the jail population.

Example: Black people were 29% of the pre-COVID jail population and only 24% of the people released early from this data set.

A Look at Racial Disparities

Of the 1,653 people released early due to COVID- 19, **Black people with mental health needs were released at lower rates than their white counterparts.**



A Look at Racial Disparities

Of the 1,653 people released early due to COVID- 19, **Black women spent more days incarcerated on average than any other group.**

Average days incarcerated of people released early, by race/ethnicity, by gender

Race/Ethnicity	Male	Female	Everyone
Black	99.7	139.9	104.2
Hispanic	106.1	104.5	105.9
White	106.1	102.1	105.6
All Others	130.7	131.4	130.8
All race/ethnicities	105.5	114.3	106.6

A Look at Racial Disparities

So, for any policies or interventions to decrease the jail population further and close MCJ, the county should be monitoring and addressing racial disparities.

4.

Sentence Status & Days in Custody*

*This is length of time between booking date and 8/19/2020.

45% of people incarcerated are pretrial.

Sentence Status	Number of People	Percentage
Pretrial	5,885	45%
Partially Sentenced	2,850	22%
Sentenced	4,283	33%
Grand Total	**13,018**	**100%**

45% of people incarcerated are pretrial.

Within the pretrial population, according to an LASD manual scan:

- 1,107 people have “no bail” and thus remain incarcerated throughout their pretrial period barring a change in bail.
- 290 people are serving a prison sentence but brought to L.A. County jail for a non-criminal court appearance.

Of the pretrial population, 72% do not have holds and are likely incarcerated simply b/c they cannot afford bail.

Note: This analysis was pulled from a data set of 12,143 people incarcerated in L.A. County jail system on 8/19/2020, provided by LASD and CHS.

People awaiting transfer to other facilities

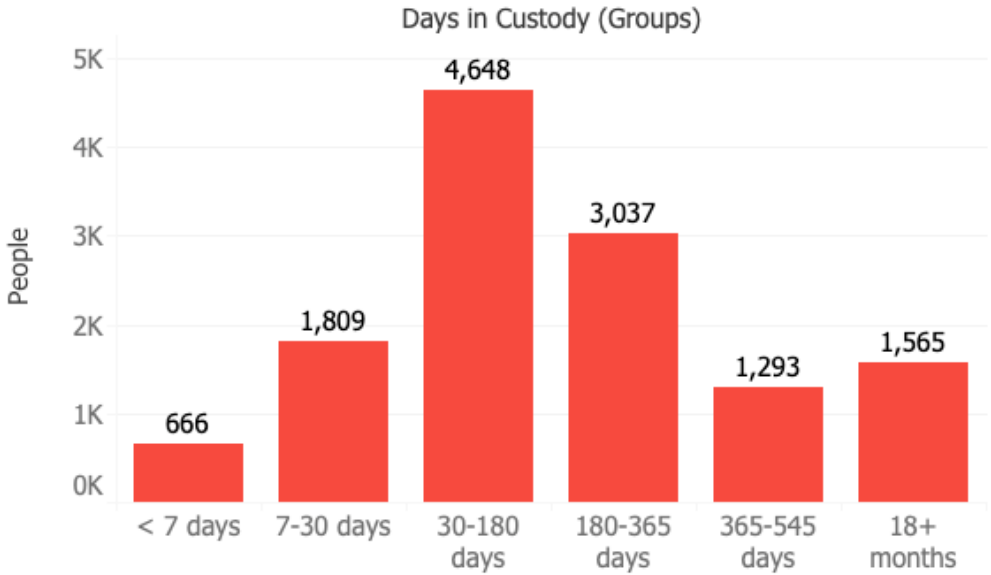
- **2,164** awaiting transfer to **state prison**

  33% are at Men's Central Jail (MCJ). 28% are at North County (NCCF). 15% are at Twin Towers (TTCF).
- **385** awaiting transfer to **state hospital**

  70% are at Twin Towers (TTCF). 14% are at CRDF; 9% at MCJ.

Overall Days in Custody

4,468 people (36%) have spent 1-6 months in jail.
3,037 people (23%) have spent 6 months – 1 year in jail.



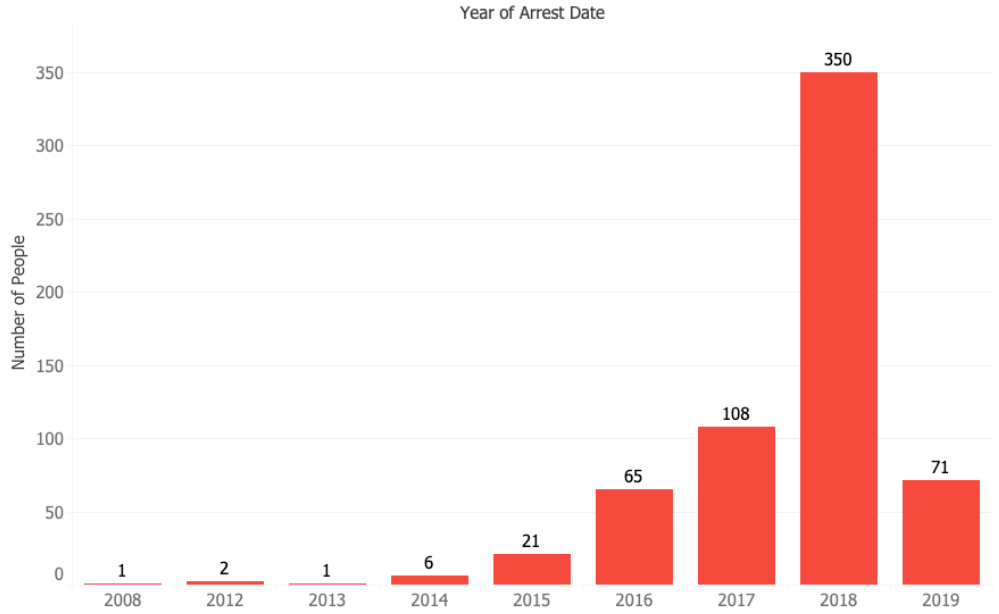
Pretrial Population & Days in Custody

The pretrial population has spent an **average of 221 days (7+ months)** in custody and a **median of 99 days (3+ months)** in jail.

Sentence Status	Number of People	Average Days in Custody	Median Days in Custody
Pretrial	5,885	221	99
Partially Sentenced	2,850	372	202
Sentenced	4,283	237	180
Grand Total	**13,018**	**259**	**157**

Pretrial Detention & Days in Custody

625 people held pretrial have been in the jail for more than 18 months.



Days in Custody, by Facility

LASD Facility	Average Days in Custody	Median Days in Custody
Men's Central Jail (MCJ)	333	183
Twin Towers Correctional Facility (TTCF)	185	100
North County Correctional Facility (NCCF)	237	151
Century Regional Detention Facility (CRDF)	202	98
Pitchess – East	293	256
Pitchess – North	372	287
Pitchess – South	290	226

A Point of Comparison

L.A. average days in pretrial: 221 days (7+ months)

New York City in 2017:

- **Average length of stay pretrial:** 54-55 days
- **For misdemeanor admissions:** 17 days
- **For felony admissions:** 80 days
- **For violent crimes:** 119 days

Source: John Jay College of Criminal Justice

Non-serious / Non-violent charges: 52% of the jail population

42% of the pretrial population and 73% of the sentenced population are held on Non-serious / Non-violent charges.

Sentence Status	Number of People	Non-serious / Non-violent	Pct. Non-serious / Non-violent
Pretrial	5,885	2,459	42%
Partially Sentenced	2,850	1,190	42%
Sentenced	4,283	3,144	73%
Grand Total	**13,018**	**6,793**	**52%**

Sentence Status & Non-serious / Non-violent

People held **pretrial on non-serious / non-violent charges** have been in custody for an **average of 131 days**.

Sentence Status	Serious/ Violent (Y/N)	Number of People	Median Days in Custody	Average Days in Custody
Pretrial	No	2,459	41	131
	Yes	3,426	173	286
	Total	5,885	99	221
Partially Sentenced	No	1,190	69	173
	Yes	1,660	336	515
	Total	2,850	202	372
Sentenced	No	3,144	168	200
	Yes	1,139	245	338
	Total	4,283	180	237
Grand Total		**13,018**	**157**	**259**

Race & Non-serious / Non-violent

Race/Ethnicity	Number of People	Non-serious / Non-violent	Pct. Non-serious / Non-violent
All Others	403	223	55%
American Indian	9	5	56%
Black	4,011	1,955	49%
Chinese	38	14	37%
Filipino	13	7	54%
Hispanic	6,942	3,604	52%
Japanese	4	4	100%
Pacific Islander	18	10	56%
White	1,580	971	61%
Grand Total	**13,018**	**6,793**	**52%**

5.

Next steps?

Data

- Clear up outstanding questions on certain variables (e.g. charge).
- Analyze overlay of medical and mental health classifications.
- Analyze subpopulations to identify possible opportunities to reduce the jail population.

Next steps

- Who has been overlooked that can be released safely within a year? What would be the likely impact on the jail population of releasing people like them consistently?
- How can we reduce length of stay? What would be the likely impact on the jail population of reductions in length of stay for certain groups of people (e.g. those everyone agrees are appropriate for mental health diversion)?

Thanks!
Questions?

Michelle Parris
mparris@vera.org

Vera INSTITUTE OF JUSTICE

A SNAPSHOT OF THE LOS ANGELES COUNTY JAIL SYSTEM ON AUGUST 19, 2020

October 15, 2020

The following snapshot of the Los Angeles County jail system is based on Los Angeles County Sheriff's Department (LASD) and Correctional Health Services (CHS) data on the people incarcerated on August 19, 2020. The information is broken down by jail facility to show how each facility is currently being used.

A red box next to a field indicates that there were people with that characteristic in that facility on August 19, 2020. A blank box means there were no people with that characteristic in that facility on that date.

In some instances, a box may be blank because of a policy that places people with that characteristic elsewhere in the jail system. However, it also could be blank based on where there was space on that date or the distribution of people with similar characteristics in the jail.

A few important notes:

- P- and H-levels indicate the severity of incarcerated people's mental health and health care needs respectively. As a patient's acuity changes, the assigned P- or H- level may change and trigger transfer to another facility, as people of similar acuity are often housed together. See the Index at the end of this document for an explanation of each P- and H- level.
- Throughout this document, the "pretrial" status is shorthand for "sentence status 1" in the data set. People in sentence status 1 can be pretrial, in trial, or even completed a trial but they are not sentenced. According to LASD, sentence status 1 also includes some people in prison who are brought to LA County for non-criminal matters. These individuals were not indicated in the original data set but were added via LASD manual scan. Despite these exceptions, most people listed as sentence status 1 are pretrial. Thus, we will use the term "pretrial" consistent with LASD quarterly reports.
- Since the data is a one-day snapshot, it does not include release date. So, "days in custody" is not the same as "length of stay." It is based on how long the people in jail on August 19, 2020 had been incarcerated since booking. Many of the people in the snapshot remained incarcerated after August 19, 2020 but we do not know their release dates.
- Finally, it should be noted that this does not capture the full scale of criminalization and incarceration in Los Angeles County. This data is only a snapshot of people at county jail facilities and does not include people incarcerated in and released directly from local lock-ups and substations.

MEN'S CENTRAL JAIL (MCJ)

BSCC Rated Capacity: 3,512
8/19/2020 Population: 4,064
(**Note:** 359 people were in medical "unrated" beds that do not count towards the BSCC rated capacity. So, the facility exceeded rated capacity by 193 on 8/19/2020.)

Demographic:

Average Age: 36 years old Median Age: 33 years old

Race/Ethnicity Breakdown:

Race/Ethnicity	Hispanic	Black	White	All Others
Percentage	51%	35%	11%	3%

Case Status Information:

☒ **Pretrial:**	1,647	42%
☒ **Partially Sentenced:**	1,028	26%
☒ **Sentenced:**	1,247	32%

Average days in custody:	333 days	☒ Serious/violent:	1,830	47%
Median days in custody:	183 days	☒ Nonserious/Nonviolent:	2,092	53%

Security Level:

☒ High:	1,032	26%
☒ Medium:	2,344	60%
☒ Low:	546	14%

Health/Mental Health Acuity Levels:

P Levels (Mental Health):
- ☒ P0 – no/mild impairment
- ☒ P1
- ☒ P2
- ☒ P3
- ☒ P4 – significant/severe impairment

H Levels (Health):
- ☒ H0 – healthy or low complexity
- ☒ H1
- ☒ H2
- ☒ H3
- ☒ H4 – high complexity/inpatient

H Level Note: While H0-H3 patients can be placed in any facility, H3 patients that require frequent medical interventions typically remain in the MOSH unit at MCJ.

P Level Note: Most P2 patients are held in TTCF but there are around 200 at MCJ due to space issues that required expansion to MCJ.

TWIN TOWERS CORRECTIONAL FACILITY (TTCF)

BSCC Rated Capacity: 2,432
8/19/2020 Population: 2,894

(**Note:** 117 people were in medical "unrated" beds that do not count towards the BSCC rated capacity. So, the facility exceeded rated capacity by 345.)

Demographic:

Average Age: 37 years old Median Age: 35 years old

Race/Ethnicity Breakdown:

Race/Ethnicity	Hispanic	Black	White	All Others
Percentage	40%	37%	18%	5%

Case Status Information:

☒	**Pretrial:**	1,420	49%
☒	**Partially Sentenced:**	598	21%
☒	**Sentenced:**	876	30%

Average days in custody:	185 days	☒	Serious/violent:	1,387	48%
Median days in custody:	100 days	☒	Nonserious/Nonviolent:	1,507	52%

Security Level:

☒	High:	730	25%
☒	Medium:	1,782	62%
☒	Low:	382	13%

Health/Mental Health Acuity Levels:

P Levels (Mental Health):
- ☒ P0 – no/mild impairment
- ☒ P1
- ☒ P2
- ☒ P3
- ☒ P4 – significant/severe impairment

H Levels (Health):
- ☒ H0 – healthy or low complexity
- ☒ H1
- ☒ H2
- ☒ H3
- ☒ H4 – high complexity/inpatient

P Level Note: Generally, **P4 patients** in the jail are held in the CTC, a small in-house hospital wing at TTCF. **P3 patients** are typically held in Tower 1 at TTCF, as they have been deemed unable to function in a dorm setting and can receive 15-minute checks from staff. While there are occasionally P3 patients in other facilities, they are usually in the process of being transferred to TTCF. Most **P2 patients** are placed in TTCF Towers 1 and 2; some have been placed in MCJ because of lack of space at TTCF and there are four P2 dorms at Pitchess North.

H Level Note: H4 patients typically are only held in the CTC at TTCF or an outside hospital.

NORTH COUNTY CORRECTIONAL FACILITY (NCCF)

BSCC Rated Capacity: 2,214
8/19/2020 Population: 2,885

Demographic:

Average Age: 33 years old Median Age: 30 years old

Race/Ethnicity Breakdown:

Race/Ethnicity	Hispanic	Black	White	All Others
Percentage	66%	23%	8%	3%

Case Status Information:

☒ **Pretrial:**	1,279	44%
☒ **Partially Sentenced:**	623	22%
☒ **Sentenced:**	983	34%

Average days in custody:	237 days	☒ Serious/violent:	1,414	49%
Median days in custody:	151 days	☒ Nonserious/Nonviolent:	1,471	51%

Security Level:

☒ High:	611	21%
☒ Medium:	2,034	71%
☒ Low:	240	8%

Health/Mental Health Acuity Levels:

P Levels (Mental Health):
- ☒ P0 – no/mild impairment
- ☒ P1
- ☒ P2
- ☒ P3
- ☐ P4 – significant/severe impairment

H Levels (Health):
- ☒ H0 – healthy or low complexity
- ☒ H1
- ☒ H2
- ☒ H3
- ☒ H4 – high complexity/inpatient

CENTURY REGIONAL DETENTION FACILITY (CRDF)

BSCC Rated Capacity: 1,708
8/19/2020 Population: 1,247

(**Note:** 42 people were in reception center "unrated" beds that do not count towards the BSCC rated capacity. So, the facility was under rated capacity by 503.)

Demographic:

Average Age: 35 years old Median Age: 33 years old

Race/Ethnicity Breakdown:

Race/Ethnicity	Hispanic	Black	White	All Others
Percentage	45%	34%	16%	5%

Case Status Information:

☒ **Pretrial:**	583	47%			
☒ **Partially Sentenced:**	241	19%			
☒ **Sentenced:**	423	34%			
Average days in custody:	202 days		☒ Serious/violent:	559	45%
Median days in custody:	98 days		☒ Nonserious/Nonviolent:	688	55%

Security Level:

☒ High:	124	10%
☒ Medium:	950	76%
☒ Low:	169	14%

Health/Mental Health Acuity Levels:

P Levels (Mental Health):
- ☒ P0 – no/mild impairment
- ☒ P1
- ☒ P2
- ☒ P3
- ☒ P4 – significant/severe impairment

H Levels (Health):
- ☒ H0 – healthy or low complexity
- ☒ H1
- ☒ H2
- ☒ H3
- ☒ H4 – high complexity/inpatient

P/H Level Note: CRDF maintains the ability to care for patients of all P and H levels, since it is known as the one facility for people classified as female.

PITCHESS – EAST

BSCC Rated Capacity: 926
8/19/2020 Population: 23

Demographic:

Average Age: 35 years old Median Age: 35 years old

Race/Ethnicity Breakdown:

Race/Ethnicity	Hispanic	Black	White	All Others
Percentage	57%	9%	35%	0%

Case Status Information:

☐ **Pretrial:**	0	0%
☐ **Partially Sentenced:**	0	0%
☒ **Sentenced:**	23	100%

Average days in custody:	293 days	☐ Serious/violent:	0	0%
Median days in custody:	256 days	☒ Nonserious/Nonviolent:	23	100%

Security Level:

☐ High:	0	0%
☒ Medium:	6	26%
☒ Low:	17	74%

Health/Mental Health Acuity Levels:

P Levels (Mental Health):
- ☒ P0 – no/mild impairment
- ☐ P1
- ☐ P2
- ☐ P3
- ☐ P4 – significant/severe impairment

H Levels (Health):
- ☒ H0 – healthy or low complexity
- ☒ H1
- ☐ H2
- ☐ H3
- ☐ H4 – high complexity/inpatient

PITCHESS – NORTH

BSCC Rated Capacity: 830
8/19/2020 Population: 1,131

Demographic:

Average Age: 35 years old Median Age: 33 years old

Race/Ethnicity Breakdown:

Race/Ethnicity	Hispanic	Black	White	All Others
Percentage	67%	21%	8%	4%

Case Status Information:

☒ **Pretrial:**	558	49%
☒ **Partially Sentenced:**	209	18%
☒ **Sentenced:**	364	32%

Average days in custody:	372 days	☒ Serious/violent:	944	68%
Median days in custody:	287 days	☒ Nonserious/Nonviolent:	367	32%

Security Level:

☒ High:	29	3%
☒ Medium:	1,028	91%
☒ Low:	74	7%

Health/Mental Health Acuity Levels:

P Levels (Mental Health):
- ☒ P0 – no/mild impairment
- ☒ P1
- ☒ P2
- ☒ P3
- ☐ P4 – significant/severe impairment

H Levels (Health):
- ☒ H0 – healthy or low complexity
- ☒ H1
- ☒ H2
- ☐ H3
- ☒ H4 – high complexity/inpatient

P Level Note: There are four dorms at Pitchess North exclusively for P2 patients, holding about 320 people.

PITCHESS – SOUTH

BSCC Rated Capacity: 782
8/19/2020 Population: 423

Demographic:

Average Age: 38 years old Median Age: 37 years old

Race/Ethnicity Breakdown:

Race/Ethnicity	Hispanic	Black	White	All Others
Percentage	70%	16%	10%	4%

Case Status Information:

☒ **Pretrial:**	73	17%			
☒ **Partially Sentenced:**	70	17%			
☒ **Sentenced:**	280	66%			
Average days in custody:	290 days		☒ Serious/violent:	99	23%
Median days in custody:	226 days		☒ Nonserious/Nonviolent:	324	77%

Security Level:

☐ High:	0	0%
☒ Medium:	303	72%
☒ Low:	120	28%

Health/Mental Health Acuity Levels:

P Levels (Mental Health):
- ☒ P0 – no/mild impairment
- ☐ P1
- ☐ P2
- ☐ P3
- ☐ P4 – significant/severe impairment

H Levels (Health):
- ☒ H0 – healthy or low complexity
- ☐ H1
- ☐ H2
- ☐ H3
- ☐ H4 – high complexity/inpatient

INDEX

P-levels and H-levels are assigned to people in custody in accordance with their mental health and medical needs, respectively.

P-Levels
Mental Health

P Level	Description
P0	No persistent impairment
P1	Emotional and behavioral impairment that does not prevent daily functioning or ability to follow directions; Not at significant risk of self-harm
P2	Recurrent episodes of mood instability; Psychotic symptoms maintained by medication and frequent reliance on crisis stabilization services
P3	Unstable due to significant mental illness; persistent danger of hurting self in less acute care setting; or recurrent violence due to emotional instability.
P4	Requires inpatient level of care; life-threatening illness.

H-Levels
Medical

H Level	Description
H0	Healthy: Chronic conditions managed in nurse clinics and/or with commissary items OR No current chronic medical conditions
H1	Low complexity: 1-3 well-controlled chronic condition(s)
H2	Moderate complexity: 4+ well-controlled chronic conditions AND/OR 1-3 poorly controlled chronic condition(s)
H3	High complexity: 4+ poorly controlled chronic conditions AND/OR $\geq$ decompensated chronic conditions
H4	Severe, debilitating symptoms. Requires hospitalization due to being a danger to self, a danger to others of grave disability.

Challenges to Closing Men's Central Jail Board Report Back

Men's Central Jail (MCJ) is one of seven facilities within the Los Angeles County Jail System. Prior to the COVID-19 pandemic, MCJ maintained an overall population of approximately 4,500 individuals. As a result of the ongoing COVID-19 depopulation efforts, the facility now houses approximately 4,000 people. Many of the remaining individuals are being held on serious or violent felony charges, either pre-trial or sentenced. The Sheriff has no independent legal authority to release them.

MCJ depopulation efforts began with a series of meetings and measures in February 2020.

Depopulation Efforts

- On February 27, 2020, LASD met with the Department of Health Services, Correctional Health Services (CHS) to discuss COVID-19 procedures and to identify individuals who qualified for early release.

- The following day (February 28, 2020), the court authorized the issuance of additional credits pursuant to Penal Code § 4024.1 to allow individuals to be released up to 30 days early to create additional space within housing areas to mitigate the spread of the virus.

- Shortly after, a State of Emergency was declared by Governor Gavin Newsom on March 4, 2020, as part of the state's response to address the global COVID-19 outbreak.

- On March 20, 2020, the Los Angeles County Superior Court temporarily modified the felony bail schedule.

Legal Context

- LASD has limited authority to manage the jail population. It is only able to influence early releases for people sentenced directly to county jail at a reduced percentage of their sentence. Currently, eligible county-sentenced individuals (non AB109) serve 10% of their respective sentence time. Prior to the COVID-19 pandemic, eligible individuals sentenced to 180 days or less were released immediately after initial processing. Presently, eligible individuals sentenced to 240 days or less are released immediately after processing.

- For all other justice-involved individuals, LASD continually works with justice partners and the Superior Court to provide lists of those sentenced and those identified with bail for resentencing and/or reduction. These lists include medically vulnerable individuals, and those who are retroactively eligible for the emergency zero bail policy later established by the California Supreme Court for most misdemeanors and low-level felonies. Only the courts have the authority to release or divert these individuals. These efforts are on-going.

MCJ, the new facility/accommodations would have to be certified to be complaint with the Johnson settlement. This would result in expenses for the County to retrofit a new housing area to the settlement specifications.

- The Robertson settlement also requires specified housing for members of the LGBTQ+ community. This "K6G" housing is currently located in MCJ, and it helps maintain a safe, supportive community to facilitate connections and services. Many of the providers and service partners are located in the downtown and basin area. Closure of MCJ would result in movement of this population to another facility, which could disrupt services and/or create a burden on these service providers.

- BSCC Title 24 outlines the physical requirements for jail buildings and housing. Among many standards, it obligates a local detention system to have a minimum number of single and/or double occupancy cells of at least 10% of the BCSS-rated capacity. This is to help ensure comprehensive assessment of and services to various populations, particularly those with administrative segregation cases, individuals with disabilities, those participating in custodial programs, and other vulnerable populations. MCJ is the only facility with a large number of single-person cells; Twin Towers Correctional Facility (TTCF) is the only facility with a large number of double-person cells. TTCF primarily houses individuals with mental health conditions, who are among the most vulnerable in the custody population. Closing MCJ would necessitate movement of individuals from single-person cells into single occupancy double-person cells, further displacing those populations into other housing configurations or locations that may not meet their prescribed needs. This would subsequently result in loss of overall Division capacity for every incident where a single person is housed in a cell designated for double occupancy.

INFRASTRUCTURE

Housing

- The housing design at MCJ includes approximately 1,700 cells and dorms. MCJ's design facilitates 34 different classification types based on security levels and special requirements necessitating unique configuration of cells and dorms to actively manage the population. Thus, MCJ provides the ability to separate individuals according to their specific needs, vulnerability level, and to safeguard the overall population to ensure safety, security, and compliance with existing litigation, provisional measures, and mandates.

- There is no other facility within the County's system currently capable of accommodating MCJ's housing and classification model. The Century Regional Detention Facility (CRDF) currently houses females, and prior to the COVID-19 pandemic, operated close to capacity. TTCF is typically near operational capacity and primarily houses individuals afflicted with mental illness, a population that has steadily increased. The Pitchess Detention Center (PDC) facilities are primarily open dorm style housing and not appropriate for most special requirements and/or high security individuals demanding various housing configurations, and separation from other populations.

- If individuals occupying single cells at MCJ were rehoused in double-person cells, it would result in loss of total housing capacity system wide, in particular with ramifications for TTCF, CRDF, and/or NCCF. This has the potential to displace thousands of people from housing they were

specifically assigned to meet their needs and provide resources most appropriate for their classification. LASD uses an objective and validated classification system to match individuals with housing that best fits their current situation and/or security levels. It is intended to safeguard the population while connecting them to the appropriate services. Additionally, changes and/or additional considerations in classification have often derived from litigation to mitigate Department and County liability. Additionally, housing can be determined based on professional recommendations. For example, mental health professionals often recommend it is more appropriate to house an individual with self-injurious ideations with another person to provide social interaction and support. Reducing the availability of two-person cells would reduce the opportunity to provide this preferred housing practice for mentally ill individuals.

- Having a multitude of flexible housing configurations provides system resilience. For example, during situations, like the mumps outbreak and the COVID pandemic, single-person cells were vital to controlling the spread of the infection and for providing medical treatment. Transferring the MCJ population to existing facilities would go against best practices for social distancing, patient-to-service ratios and operating capacity, which has proven to increase tension among those incarcerated and be less effective in providing overall services.

- MCJ houses numerous special populations that other facilities cannot accommodate. It retains the MOSH population. These individuals are housed in the infirmary, which contains diverse housing configurations, and they cannot be assigned to general population housing. The individuals in MOSH require a higher level of clinical care, and LASD projects the need for additional MOSH housing will continue to increase. All existing facilities rely on MOSH to serve this population, especially IRC during the intake process due to its close proximity and ability to provide appropriate housing efficiently without unnecessary delays. MCJ is the only facility with this type of accommodation.

- The Legislature's passages of Assembly Bill (AB) 109 resulted in an increase of post-conviction individuals in county jail systems throughout the State. AB 109 shifted a portion of the State prison population into LASD's custody for longer-term housing. This population further strains LASD by requiring increased medical and mental health services over longer periods of time, ultimately reducing the availability of an already limited number of treatment beds.

Kitchen

- MCJ's main kitchen is currently used to assemble and distribute two meals per day for the individuals at TTCF, MCJ, and IRC. MCJ's kitchen also assembles the meals to feed individuals being transported to court.

- The kitchen at TTCF is used to cook and distribute the daily hot meal, which is served at TTCF, MCJ, and IRC. If MCJ were closed, approximately 1,200 meals for the individuals attending court and the other two daily meals for TTCF/IRC would still be required. At this time, the TTCF kitchen could not provide adequate meal service for MCJ and IRC. An expansion of the TTCF kitchen or a new central kitchen adjacent to TTCF would be required, which would not be possible without major construction and costs to the County.

Power/Steam Plant

- MCJ's central power plant supplies steam, which is distributed to both MCJ and TTCF. Steam is used for heating domestic hot water in the kitchen for cooking and dishwashing. If MCJ were demolished, a new steam plant would be required to ensure these services would continue at TTCF.

OPERATIONS

Intake/Release

- Movement out of the IRC is primarily facilitated through MCJ. It will be subsequently delayed due to loss of general population and MOSH housing capacity at MCJ, if it were closed. This will result in delayed processing times system wide and ultimately to a higher census count. This problem was recognized years ago in the Rutherford settlement, and it would hold true for today, even with the diminished census, due to requirements for COVID spacing, testing, needs for quarantine housing, the increase in the mental health population, and the rise in the number of AB109 individuals.

- Loss of the MOSH housing would lead to increased wait time for medical and mental health assessments at intake and increased assessment time for medical follow-ups on individuals delayed in the IRC. Ultimately, prescribed housing for the most vulnerable populations would be delayed. Even with MCJ open, delays in processing have been recognized. The catalyst for the 24-hour processing clock in the Rutherford settlement, and the BCSS allowance of an additional 48 additional hours to provide Title 15 requirements at IRC were due to the already delayed medical processing occurring from the lack of medical bed space. The Department of Justice settlement also provides mandates regarding processing times for mental health evaluation, safety checks, and release planning.

- Delayed processing is correlated with deprivation of many Title 15 provisions, which include services necessary for quality of life.

- Services and processes must ensure compliance with parameters to mitigate over detention and the Riley settlement to ensure timely release.

General Movement through System

- MCJ is integral to the current movement and distribution of inmate residents throughout LASD's Custody Division and to County courts. Although the number of court appearances have temporarily gone down, due to court closures caused by the COVID-19 pandemic, LASD traditionally transports approximately 1,200 individuals to 29 courts throughout the County daily (excluding weekends and holidays).

- Transport of individuals is facilitated through infrastructure at the IRC using operational space within both TTCF and MCJ. The TTCF portion of IRC houses the administration, intake, release

and custody line functions, while the MCJ space accommodates court line/holding areas for individuals summoned to court as well as those returning from court with release orders.

- The IRC portion of MCJ uses about 40 multiple-person cells and approximately 18 one-person cells. The cells are used to temporarily stage everyone scheduled to and from court. IRC requires this number of cells due to the various classifications and number of individuals being summoned to court.

- MCJ is used to process individuals and paperwork system wide. Loss of this area would result in: intake delays to house people at PDC; transportation to/from court appearances; and release delays into the community.

Transportation

- The transportation of individuals is overseen by Court Services Transportation (CST). CST has their main office/hub located in MCJ including operations, dispatch, locker/dressing rooms, and other support spaces.

- CST maintains a large parking area adjacent to MCJ within security where approximately 80 vehicles are parked onsite. The majority of these vehicles are buses and other large transport vehicles. The secured parking area allows for multiple buses to be loaded simultaneously for efficiency purposes. Other ancillary services not on the current footprint of MCJ, but are located adjacent to the CST offices, include the bus maintenance facility and fueling station. The vehicles used to transport individuals to court require an increased level of maintenance and fueling due to their constant use, transport activities, and distance traveled.

- LASD would require the maintenance facility, a secured compound and fueling station, to be in a close proximity to any proposed bus parking and replacement offices if MCJ were demolished. This would requires a large replacement area to house these operations, if MCJ were demolished.

Rehabilitative Programming

- LASD is required to provide adequate programming (privacy/space) and education opportunities for individuals designed to reduce recidivism. These programming and educational classes can be conducted in multipurpose spaces. Unfortunately, the current County facilities lack many of these needed components. MCJ has invested in the rehabilitation of its population by building numerous classrooms throughout the facility allowing various academic, vocational, and life skills classes to be conducted.

Medical

- Approximately 60% of the general population receive medical services daily.

- Individuals needing medical care are primarily transferred to MCJ if they need further medical treatment. These services include, but are not limited to medication administration, medical examinations, and diagnostic testing. With the elimination of MCJ, this population would be

transferred to other facilities lacking the medical infrastructure to handle their care, resulting in costly upgrades to those facilities and/or delays in care.

CONCLUSIONS

- In order to proceed with the Board's recommendation to demolish MCJ, the County would require multiple, appropriately sized facilities and/or a new facility that houses approximately 4,000 individuals in various combinations of one, two, four, and multiple person cells/dorms to accommodate the same high security and/or special classifications. Otherwise, MCJs' population would be dispersed throughout existing facilities that are not adequately designed to accommodate the specific needs of these populations. Individuals in other facilities would subsequently be displaced from their existing housing, prescribed in accordance with an objective and validated classification platform as well as with medical/mental health professional recommendations. This could expose LASD and the County to significant liability for bifurcating its existing classification platform and failure to comply with current consent decrees and/or exposure to new litigation.

- LASD would also require resources to address facility and operational constraints in addition to housing. This would include physical infrastructure impacts to the kitchen, court processing/transfer areas, power/steam plant, and medical housing area, among many other areas. This will directly and indirectly impact the ability to provide numerous services, intake and release processing, and movement throughout the system. Not only will it be a strain on LASD, it would likely impact our justice partners, community partners, and the courts negatively.

- At this time, there does not yet appear to be sufficient existing infrastructure in the community to safely divert an additional 4,000-5,000 people from the County's jail system back into our communities. Releasing individuals into our communities without appropriate rehabilitation services and resources can create instability, increasing risk for relapse and recidivism. Not only does it set the formerly incarcerated up for failure, but it can also potentially place our communities in jeopardy.

Los Angeles County Jail System Housing Configuration Overview

	MCJ		Towers		NCCF		North		South		East**		CRDF***	
Cell Type	# Cells	# Beds	# Cells	# Beds	# Cells	# Beds	# Cells	# Beds	# Cells	# Beds	# Cells	# Beds	# Cells	# Beds
Single Person	1,025	1,025	35	35	---	---	---	---	---	---	---	---	6	6
Double Person	300	600	1,597	3,194	192	384	32	64	---	---	48	96	939	1,878
Four Person	300	1,200	---	---	---	---			---	---	---	---		
Dayroom	---	---	---	---	---	---	---	---	---	---	---	---	12	419
Multi- Person*	32	1,764	60	1,045	60	3,960	16	1,472	18	1,525	14	1,836	4	376
Total Housing	---	4,589	---	4,274	---	4,344	---	1,600	---	1,525	---	1,932	---	2,702
BCSS Rating	---	3,512	---	2,432	---	2,214	---	830	---	782	---	926	---	1,708

NOTES

Totals do not include unrated beds for MOSH, IRC, CTC, or LCMC.

*Multi-person cells accommodate a different number of people at the various facilities as they all have unique designs. There can be different types of multi-person cells at each facility.

**East is currently under construction and cannot accommodate its total or BCSS rated capacity presently.

*** CRDF currently houses females only.

COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT

"A Tradition of Service"

TRANSPORTATION BUREAU

GENERAL OPERATIONAL OVERVIEW – PROPOSED MCJ CLOSURE
SEPTEMBER 28, 2020

This document provides an overview of the general operating procedures of the Los Angeles County Sheriff's Department (LASD) Court Services Transportation Bureau (CST), as they pertain to Men's Central Jail (MCJ) and the old side Inmate Reception Center (IRC).

CST is one of the largest providers of judicial and custody related transportation services in the world. The bureau is comprised of buses, vans, police cars, and ADA (American Disabilities Act) compliant vehicles. When in service, each vehicle has two deputies assigned to it, which we refer to as a crew. LASD CST resources are utilized to transport justice-involved individuals from various correctional facilities to, and from, old side IRC to assist our criminal justice partners throughout Los Angeles County. The facility is connected to MCJ and the surrounding compound serves as the primary transportation hub for LASD in serving our justice-involved population. The bureau also handles population management movement, release lines, interfacility movement, state prisoner transportation, medical transports, outside agency contracts, and other special handle movement or emergency bus or vehicle requests.

The facility that supports our staff (station, front desk, dispatch, employee locker rooms, operation's office, staff and driver training programs, etc.) is also attached to the MCJ building. Our bus compound/staging area is located behind our station and is connected to old side IRC and court line processing area. This compound holds 40 buses and is considered a secure area, allowing for safe coordination and movement of our justice-involved population. The bus compound area is also used to securely store a substantial portion of the LASD's bus fleet, which has an asset value exceeding 40 million dollars. An adjacent facility houses our vehicle maintenance garage.

CST operates, in some capacity, 24-hours a day, 7 days a week. Our primary day-to-day, Monday-Friday, operations consists of 3 shifts a day, 111 crews, 82 buses, 19 multipurpose vans, 4 large capacity ADA compliant vehicles, 5 ADA compliant vans, 1 high security van, and 6 police cars. We service 28 courts throughout Los Angeles County, 6 LASD correctional facilities, 20 LASD stations, 6 LAPD stations, 1 outside police agency and 2 probation facilities. We also schedule crews on weekends and holidays as needed. An average bus capacity is comprised of two main sections, seating 17 passengers in one section and 16 passengers in the other. There are also eight individual secure transportation areas with seating for 2 passengers each, for a pre-covid bus capacity of 49 passengers per bus. Our vans and ADA compliant

vehicles vary in load capacity. The current covid model for our buses is ¼ capacity, 12 passengers per vehicle, or ½ capacity in some cases, 24 passengers per vehicle, which substantially impacts our service to the courts in requiring additional crew assignments to get the same number of justice-involved individuals to their respective destinations in a timely manner. Pre-covid transportation numbers averaged 1,457 persons transported and dropped off at court facilities per day in 2019. Most recently, September 2020, we are averaging 641 persons dropped off at court facilities per day. These numbers do not include the other general movement and staging and court pick-ups.

Nearly all those remanded by the court to the custody of the Sheriff, who are scheduled to attend court, are brought to the old side IRC court line hub each court day. A small percentage of justice-involved individuals are brought directly to court from their housing facilities, primarily north county court attendees being transported from Pitchess Detention Center in Castaic. The paperwork, coordination, and general processing of the daily court lists of scheduled attendees, and the staging of the buses inside the secure compound at the court line hub, begins the night before the next day's scheduled court appearances. The buses are pre-staged during the middle of the night for their specific route runs to allow for the assigned crews to know what vehicles they will be loading and utilizing for the day when the court line begins running at approximately 0530 hours, and allow for efficient coordinated timed departure by crew and court. The old side IRC court line staging area is comprised of more than 45 individual cells used to temporarily hold all those who are scheduled to attend court. It serves as a staging area and hub for efficient and secure coordination of transportation during court line operations. The size and amount of cells in this area allows for court attendees to be separated by various classifications, courts, and other special needs or considerations, which might include specific demographics, gang affiliation, medical conditions, ADA facilitation, or any other special situation or security concerns. These court attendees are brought in, very early in the morning, from all county correctional facilities in preparation for getting them to their respective courts on time. Other CST crews transport these court attendees to the hub from their respective correctional facilities. Think of court line as the central hub for a majority of the LASD's transportation requirements. Almost all the court attendees are picked up directly from this location/hub to be taken to court, and many are brought back to the same hub at the end of the court day for return transportation to their respective facilities.

Each CST Crew (EM shift, AM shift and PM shift) has a specific route with predetermined transportation times and multiple pick-up locations. They must adhere to specific arrival and departure times, and calculate for anticipated traffic challenges or conditions. They are assigned to pre-determined routes, which are referred to as a crew run. These crews, routes and times are designed in a manner that all courts and correctional facility pick-up locations are serviced within the EM/AM/PM shift time period within the same day. Routes are designed with the following in mind: geographical location, proximity to other pick-up locations, average court attendee counts, traffic conditions, mileage and time on the road. These routes cannot be interchanged at a moment's notice, due to the coordination required and time constraints of the crews and

courts. These time constraints are largely based on the court's operating times, needs and procedures. Even the slightest changes in a given day can substantially impact our justice partners and courts, and result in significant concerns from presiding judges throughout the county, especially when it comes to those justice-involved persons who are in trial and a jury pool, judge, and attorneys are waiting for them to arrive.

Once the court attendees are dropped off at court, the CST crews continue their assigned routes, which includes picking up new arrestees/bookings from sheriff stations and from other pick up locations, such as the Los Angeles Police Department (LAPD). These arrestees are then taken directly to court for arraignment, or are taken to the new side IRC for housing assignments (to be taken to court the following day).

The arrestees who are taken directly to the IRC will begin arriving throughout the morning, usually between 0830-1030 hours. Once the morning half of each run is complete, crews begin their second half. The time at this point is approximately 1100 hours. This is when each crew will pick up any court attendees from the court line hub who missed the morning bus (referred to as miss outs). The crew will then go back to a court location, drop off the miss outs and pick up court attendees who are done with court and new arrestees who have been remanded into the custody of the Sheriff. These persons are taken back to the court line hub at old side IRC, and the new arrestee remands are taken to the new side IRC.

Once this is completed, between 1300 and 1400 hours, it is shift change for CST. AM shift is ending and PM shift will start. PM shift will begin picking up the remaining court attendees and arrestee remands from court who were not finished in time for the AM shift buses to pick-up. Court returnees will go back to the old side IRC court line hub, and the arrestee remands are taken to new side IRC.

Once all courts are closed and the court attendees are brought back to the court line hub, CST PM Shift will start the process of routing buses to return them back to their respective housing locations, such as the Century Regional Detention Facility (CRDF) or Pitchess Detention Center (PDC). Those who are assigned to MCJ or the Twin Towers Correctional Facility (TTCF) will walk back to their housing areas through the facility. In addition, many court attendees assigned to court from MCJ/TTCF facilities are walked directly to the Central Jail Arraignment Court through a tunnel connected to MCJ. If MCJ were to close, these individuals would now need to be transported from other facilities.

The old side IRC and court line transportation hub plays a substantial role in the day-to-day operations of CST and our overall criminal justice/court system. Without a centrally located transportation hub, bus staging area, and attached station, our operation would face a host of potential challenges, ranging from defendants potentially missing their scheduled court date, to possible time/court delays being realized by our justice partners, judges, public defenders, defense attorneys and prosecutors. It should also be noted that court line is located in the Los Angeles county basin, closer to where most of the courts are located. This is an important component in regards to our

transportation timing, scheduling, and route requirements. Especially if the pre-covid traffic levels return.

This document provides a brief overview of our overall operation at CST. There are many more responsibilities and variables our unit covers or contends with on a daily basis as it relates to LASD transportation. To keep the fleet running, the hub must be co-located with the vehicle maintenance facility so mechanics can conduct daily repairs and general maintenance. This component is critical to keeping our deputies and passengers safe on our roadways, and keeping a sufficient number of vehicles in-service to get the job done.

There are many variables and components involved in keeping the largest judicial transportation bureau in the nation operating efficiently. Keeping the processes functioning efficiently on a daily basis involves a number of entities, bureaus and resources outside of our CST component. Any questions about those components would be best answered by the other involved divisions, bureaus and facilities, as CST does not oversee those operations. Those entities would include the Operations/staff from MCJ, IRC, the Jail Planning Unit, Population Management Bureau, Facilities Services Bureau, Correctional Health Services, Food Services Unit, etc., and their respective divisions.

These other components could provide information about their overall operations and processes. They could weigh in as to all the classification variables, temporary holding cell capacities and regulations, staffing, general population movement/management timing and procedures, extensive MCJ housing components, medical services, food services, the Central Arraignment Courthouse component, facility services, legalities and requirements of temporary housing, Title 15 requirements, etc. Based on what we learn from them, we could explore some of the potential new challenges we would likely face at Court Services Transportation Bureau. As the depopulation of MCJ occurs and some of the justice-involved are diverted to other alternatives, CST will have to be kept apprised of the movement of those who are to remain in custody and their respective classifications and proposed facility assignments. That would allow us to better assess the overall impact to our operation, the court system and our other justice partners as we attempt to predict, to what extent possible with many unknown variables, the potential transportation needs and requirements, including any procedural changes, staffing, vehicles, facilities, crew and route assignments and adjustments, etc.

Without a doubt, even with a substantial reduction in jail population in Los Angeles County, the LASD will still require a transportation hub to safely and efficiently manage the justice-involved populations at the various facilities, and service the county, court system and our many criminal justice partners.

Maintaining CST's physical presence at the current transportation hub and facilities, or an equivalent, would be necessary to continue to provide the above outlined transportation services, as it allows for the following:

- Personnel staffing facilitation.
- Desk and dispatch components.
- Supervision and administration of the overall operation.
- Bus/vehicle security.
- Overall public safety during processing.
- Escape and force prevention.
- Overall fleet maintenance and management.
- Bus/vehicle cleaning.
- Covid vehicle disinfection processes.
- Driver and crew movement, adjustments and assignments.
- Fueling needs.
- Troubleshooting specific court requests and challenges, including miss outs or specific needs of those in trial.
- Special transportation requests.
- Coordination of statewide transportation to state prisons or hospitals.
- Employee parking.
- Centralized timely response to vehicle breakdowns or other unforeseen circumstances throughout the County.
- Distance to a majority of the courts and access to multiple freeways.
- Less disruption to current procedures and processes.
- Medical transports.
- Facility population management.
- General population release movement.
- Grand Jury transportation.
- Emergency or other vehicle requests throughout Los Angeles County.
- Function and facilitation of driver and other staff training programs.

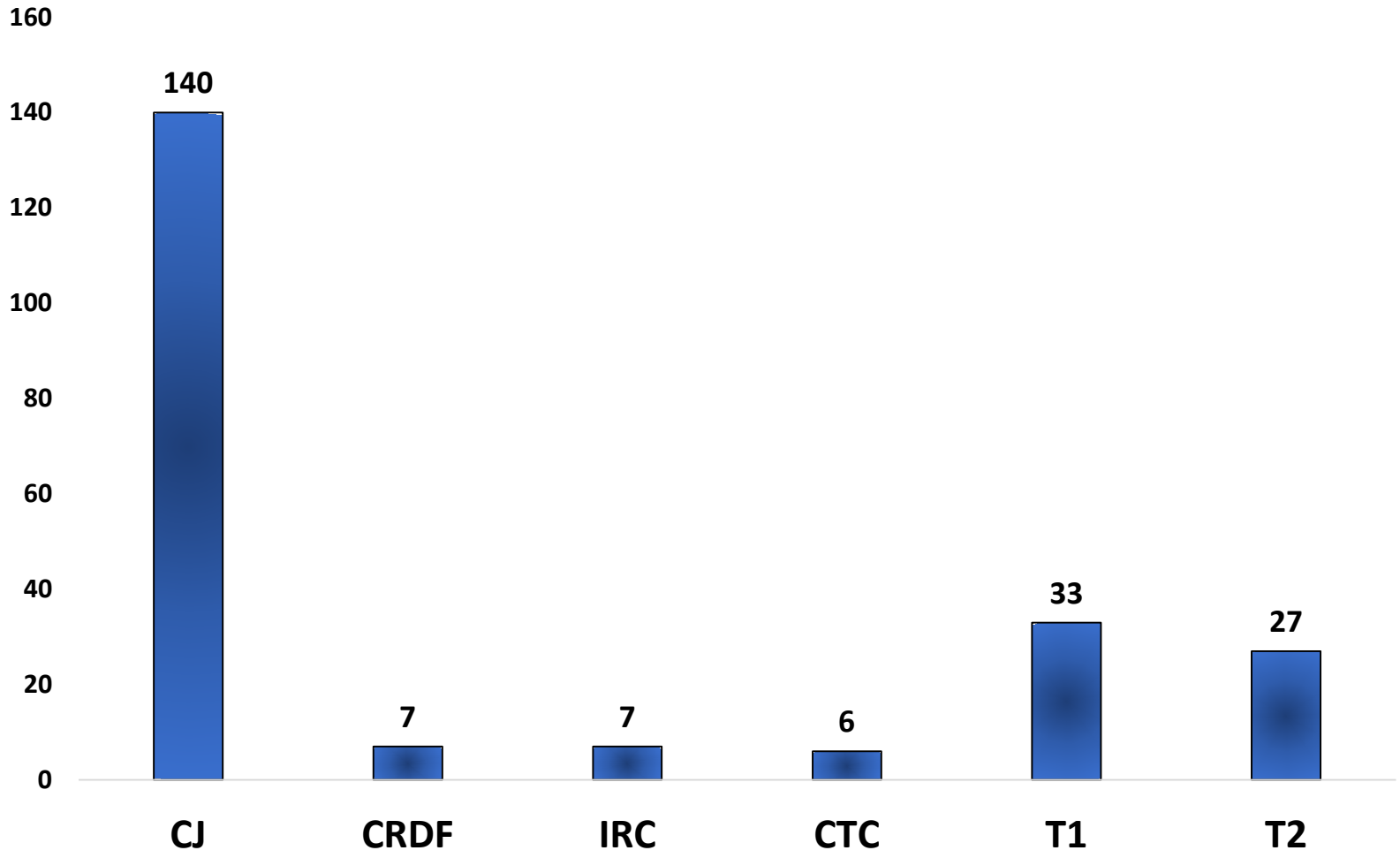
Darren Harris, Captain
Court Services Transportation (CST) Bureau
441 Bauchet Street, LA
213-974-4561.

Vulnerable CHS Patient List August 31, 2020 (N=1517 unique individuals)

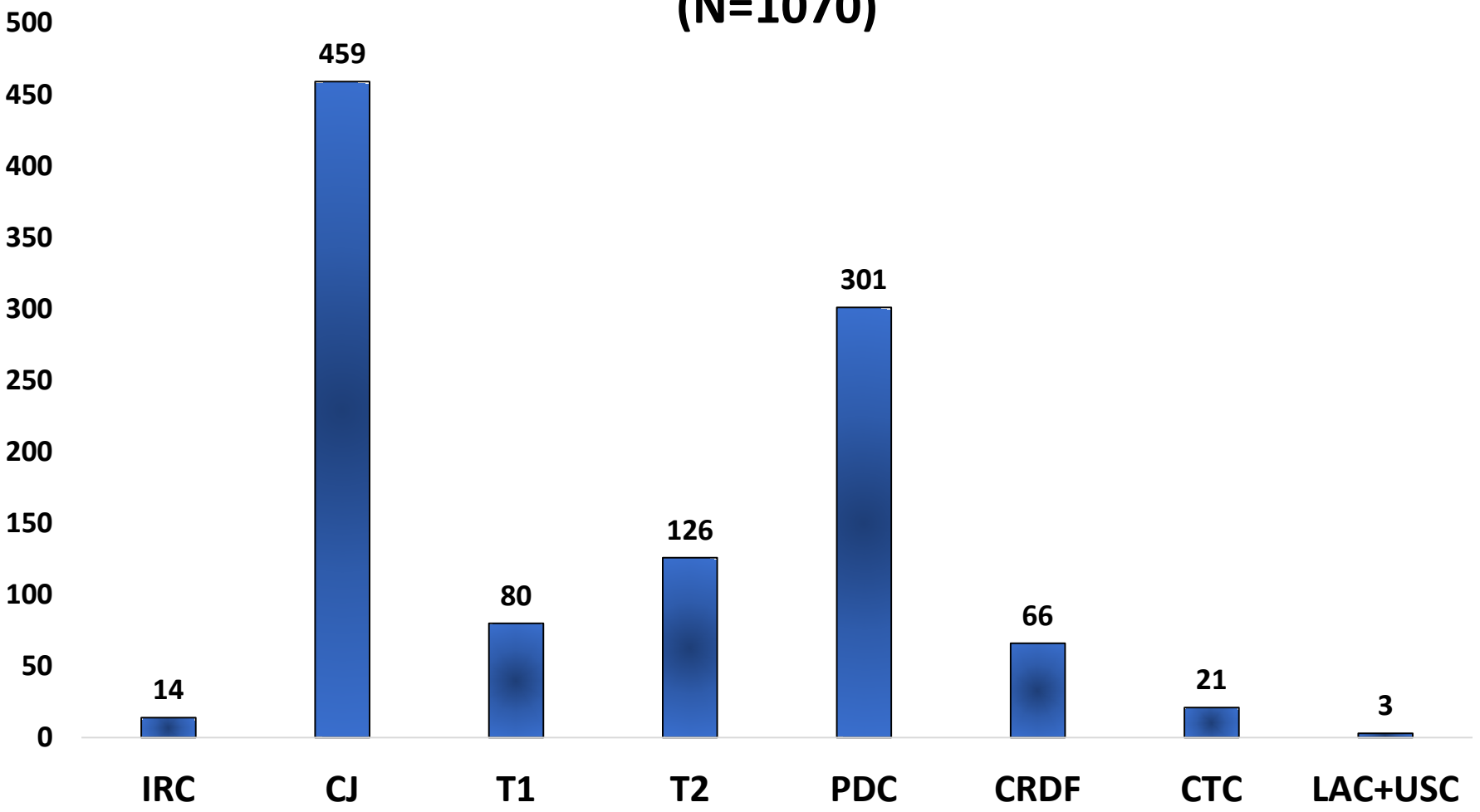
Vulnerable Category	N	Total population (N=13422)
Age ≥ 65	196	1.5%
Immunocompromised§	52	0.4%
AFIB†	29	0.2%
CHF†	83	0.6%
Mechanical Valve†	7	0.1%
Thalassemia†	4	0.03%
Moderate to Severe Asthma‡	380	2.8%
Cancer	20	0.1%
Sickle cell†	23	0.2%
CKD*	81	0.6%
CAD†	68	0.5%
COPD†	98	0.7%
Transplant†	6	0.04%
Cirrhosis†	50	0.4%
Dialysis	11	0.1%
CTC LOS > 14 days	30	0.2%
Pregnant**	19	0.1%
DM Type II†	672	5.0%
DM Type I†	54	0.4%
Cardiomyopathy†	13	0.1%
Total	1896	14.1%

*Based on laboratory results
†Based on diagnosis codes
‡Based on diagnosis codes + medication orders
§Based on laboratory levels and medications
**Based on H-Level

HIV-Positive Individuals by Location September 1, 2020 (N=220)



Hepatitis-C-Positive Individuals by Location September 1, 2020 (N=1070)



Appendix 4: Preliminary Services & Programs Grid- Mental Health

JAIL LEVEL OF CARE	Forensic Inpatient Program (FIP)+High Observation Housing (HOH)	FIP+HOH	Moderate Observation Housing (MOH)	Varies	Correctional Treatment Center with MH Needs	MOH + General Population (GP)
COMMUNITY LEVEL OF CARE	Acute Inpatient	Subacute Inpatient[1]	Specialty Interim Housing/ Mental Health Residential[2]	Permanent Supportive Housing	Skilled Nursing Facilities	Outpatient Services[3]
BED DESCRIPTION	Most intensive level of psychiatric care. Treatment is provided in a secure locked facility that is medically staffed with a multimodal approach for short-term episodes.	Also referred to as Extended Care facilities, these are locked facilities that are a step down from acute psychiatric hospitalization and includes comprehensive inpatient care for longer-term episodes	Short- and medium-term, unlocked housing and residential services which includes 24/7 mental health care and allows for greater client autonomy and integration into the surrounding community.	Long-term housing and residential services with rental assistance/subsidies and intensive case management services provided in a scattered site or project-based setting	Facilities providing support for skilled nursing needs layered with mental health services	Assessment, therapy, medication, case management / brokerage provided in the community either through clinics or in the field
SPECIFIC EXAMPLES OF AGENCY PROGRAMS[4]	Fee for service Hospitals, DHS County Hospitals, Short-Doyle Facilities, State Hospitals, ODR Olive View Medical Center Beds, Psychiatric Health Facilities	State Hospitals, Institution for Mental Disease (IMD) including specialized subacute (Olive Vista, Sylmar), general subacute (e.g., Landmark Medical Center), Skilled Nursing Facilities with Special Treatment Programs, Mental Health Rehabilitation Centers	Enriched Residential Services (ERS), ODR Interim Housing, including board and cares, WITH mental health and case management services	Scattered site with Full Service Partnership (FSP), Intensive Case Management Services (ICMS), Project Based Housing; Board and Cares with mental health services	Skilled Nursing Facility(SNF) -Special Treatment Program (STP), SNF with ODR ICMS Services	Intensive Outpatient and partial hospitalization services, FSP, Assisted Outpatient Treatment (AOT), clinics
CURRENT CAPACITY[5]	2550	5400	2700	3300		

[1] This is broken out in the Mercer Report and Progress Report on Scaling Up but not in the EWG Report.
[2] DMH identifies "Extended Care" as mental health subacute care equivalent to IMDs in Mercer Report, p. 8, footnote 4.
[3] Would require housing resources in the case of people experiencing homelessness.
[4] *See Mercer Appendix* – Mercer Health & Benefits LLC. Countywide Mental Health and Substance Use Disorder Needs Assessment (August 15, 2019). As referenced in Los Angeles County Department of Mental Health Report Response to Addressing the Shortage of Mental Health Hospital Beds (Item 8, Agenda of January 22, 2019). http://file.lacounty.gov/SDSInter/bos/supdocs/142264.pdf
[5] These numbers reflect currently available resources. As noted in related evaluations, the need for these resources outpaces the available resources even before the contemplated release of several thousand clients in connection with the closure of MCJ. There have been reports of anticipated new resources. However, with targeted completion dates ranging from 12-36 months and relying on revenues that are significantly reduced in light of the current pandemic, those hoped for increases are not included here.

Appendix 5: Preliminary Services & Programs Grid-Substance Use Disorder (SUD)

Level of Care (LOC)	Outpatient Treatment American Society of Addiction Medicine (ASAM) 1.0	Intensive Outpatient Treatment (ASAM 2.1)	Residential Treatment Low Intensity (ASAM 3.1)	High Intensity Residential Population specific (ASAM 3.3)	High Intensity Residential Non-Population Specific (ASAM 3.5)	Ambulatory (Outpatient) ASAM Level 1 Withdrawal Management (WM)
Description	Outpatient treatment services are for patients with a substance use disorder (SUD) diagnosis and whose acute intoxication or withdrawal potential, biomedical, and mental health conditions are stable and are provided in an environment that facilitates recovery, directed towards alleviating and/or preventing alcohol and drug problems. This level of care requires participation in up to 9 hours of treatment services per week.	Intensive outpatient treatment services are for patients with a SUD diagnosis and with minimal risk with regard to acute intoxication/withdrawal potential, biomedical, and mental health conditions. It is appropriate for patients who need close monitoring and support several times a week in a clinic (non-residential and non-inpatient) setting. This level of care requires participation between 9-19 hours of treatment services per week.	Residential services are 24-hour non-medical, short-term rehabilitation services for patients with a SUD diagnosis. It is appropriate for patients who need time and structure to practice and integrate their recovery and coping skills in a residential, supportive environment. This level of care requires participation in at least 20 hours of treatment services per week.	Residential services are 24-hour non-medical short-term rehabilitation services for patients with a SUD diagnosis. It is appropriate for patients with functional limitations that are primarily cognitive, who require a slower pace to treatment, and are unable to fully participate in the social and therapeutic environment. This level of care requires participation in at least 24 hours of treatment services per week.	Residential services are 24-hour non-medical short-term rehabilitation services for patients with a SUD diagnosis. It is appropriate for patients who have specific functional limitations and need a safe and stable living environment to develop and/or demonstrate sufficient recovery skills to avoid immediate relapse or continued use of substances. This level of care requires participation in at least 22 hours of treatment services per week.	WM services are appropriate for patients with mild to moderate withdrawal symptoms, and whose physical and psychiatric conditions/symptoms are stable and well-managed in an outpatient setting; and withdrawal service needs require less than or up to daily outpatient supervision, with a concurrent likelihood of completion, and continuation to treatment or recovery. WM is offered in outpatient settings, with or without medication services for up to **14 days.**
Number of Criminal Justice Facility Locations and Capacity	47 locations (SBAT): Countywide (in all Service Planning Areas)	41 locations (SBAT): Countywide	31 Locations (SBAT) 2,072 Beds: Countywide	7 Locations (SBAT) 2,072 Beds: Countywide	28 Locations (SBAT) 2,072 Beds: Countywide	9 Locations (SBAT): Lancaster, Long Beach, Northridge, Reseda, Los Angeles, and Tarzana

Level of Care (LOC)	Outpatient Treatment American Society of Addiction Medicine (ASAM) 1.0	Intensive Outpatient Treatment (ASAM 2.1)	Residential Treatment Low Intensity (ASAM 3.1)	High Intensity Residential Population specific (ASAM 3.3)	High Intensity Residential Non-Population Specific (ASAM 3.5)	Ambulatory (Outpatient) ASAM Level 1 Withdrawal Management (WM)
Population Characteristics	Adults 18+ with: - Justice Involved - mild/moderate COD - Older Adults - Homeless populations - Parenting & Pregnant women - LGBTQ+ - Veterans	Adults 18+ with: - Justice Involved - mild/moderate COD - Older Adults - Homeless populations - Parenting & Pregnant women - LGBTQ+ - Veterans	Adults 18+ with: - Justice Involved - mild/moderate COD - Older Adults - Homeless populations - Parenting & Pregnant women - LGBTQ+ - Veterans	Adults 18+ with: - Justice Involved - mild/moderate COD - Older Adults - Homeless populations - Parenting & Pregnant women - LGBTQ+ - Veterans	Adults 18+ with: - Justice Involved - mild/moderate COD - Older Adults - Homeless populations - Parenting & Pregnant women - LGBTQ+ - Veterans	Adults 18+ with: - Justice Involved - mild/moderate COD - Older Adults - Homeless populations - Parenting & Pregnant women - LGBTQ+ - Veterans
Eligibility Criteria	Meet Medical Necessity for SUD	Meet Medical Necessity for SUD	Meet Medical Necessity for SUD	Meet Medical Necessity for SUD	Meet Medical Necessity for SUD	Meet Medical Necessity for SUD
Housing (Bed Capacity may be reduced to 700)	Recovery Bridge Housing (979 Beds - COVID-19 related funding reductions will likely impact the DPH-SAPC's ability to maintain existing bed capacity and may necessitate a reduction) for patients that are homeless or unstably housed and who are receiving outpatient treatment.	Recovery Bridge Housing (979 Beds - COVID-19 related funding reductions will likely impact the DPH-SAPC's ability to maintain existing bed capacity and may necessitate a reduction) for patients that are homeless or unstably housed and who are receiving outpatient treatment.	Recovery Bridge Housing (979 Beds - COVID-19 related funding reductions will likely impact the DPH-SAPC's ability to maintain existing bed capacity and may necessitate a reduction) for patients that are homeless or unstably housed and who are receiving outpatient treatment.	Recovery Bridge Housing (979 Beds - COVID-19 related funding reductions will likely impact the DPH-SAPC's ability to maintain existing bed capacity and may necessitate a reduction) for patients that are homeless or unstably housed and who are receiving outpatient treatment.	Recovery Bridge Housing (979 Beds - COVID-19 related funding reductions will likely impact the DPH-SAPC's ability to maintain existing bed capacity and may necessitate a reduction) for patients that are homeless or unstably housed and who are receiving outpatient treatment.	Recovery Bridge Housing (979 Beds - COVID-19 related funding reductions will likely impact the DPH-SAPC's ability to maintain existing bed capacity and may necessitate a reduction) for patients that are homeless or unstably housed and who are receiving outpatient treatment.
Funding Characteristics	Drug Medi Cal (DMC), My Health LA, AB 109, Substance Abuse Block Grant (SABG), CalWORKs, and General Relief	Drug Medi Cal (DMC), My Health LA, AB 109, Substance Abuse Block Grant (SABG), CalWORKs, and General Relief	Drug Medi Cal (DMC), My Health LA, AB 109, Substance Abuse Block Grant (SABG), CalWORKs, and General Relief	Drug Medi Cal (DMC), My Health LA, AB 109, Substance Abuse Block Grant (SABG), CalWORKs, and General Relief	Drug Medi Cal (DMC), My Health LA, AB 109, Substance Abuse Block Grant (SABG), CalWORKs, and General Relief	Drug Medi Cal (DMC), My Health LA, AB 109, Substance Abuse Block Grant (SABG), CalWORKs, and General Relief

Level of Care (LOC)	Outpatient Treatment American Society of Addiction Medicine (ASAM) 1.0	Intensive Outpatient Treatment (ASAM 2.1)	Residential Treatment Low Intensity (ASAM 3.1)	High Intensity Residential Population specific (ASAM 3.3)	High Intensity Residential Non-Population Specific (ASAM 3.5)	Ambulatory (Outpatient) ASAM Level 1 Withdrawal Management (WM)
Barriers from Jail	Inactivate Medi-Cal eligibility and	Inactivate Medi-Cal eligibility	Inactivate Medi-Cal eligibility, prescribed medications upon release (30-day supply), and early/after-hour releases (coordination with LASD needed)	Inactivate Medi-Cal eligibility, prescribed medications upon release (30-day supply)	Inactivate Medi-Cal eligibility, prescribed medications upon release (30-day supply)	Inactivate Medi-Cal eligibility, prescribed medications upon release (30-day supply)
Housing - Number of Homeless Individuals and Specific Needs (DATA provided by SAPC-HODA)	53,656 Adult Homeless in LAC in 2018 24,682 of the homeless were SUD eligible 10,481 Received SUD Treatment in FY1819 Of those, 15% (1,521) were criminal justice involved	53,656 Adult Homeless in LAC in 2018 24,682 of the homeless were SUD eligible 10,481 Received SUD Treatment in FY1819 Of those, 15% (1,521) were criminal justice involved	53,656 Adult Homeless in LAC in 2018 24,682 of the homeless were SUD eligible 10,481 Received SUD Treatment in FY1819 Of those, 15% (1,521) were criminal justice involved	53,656 Adult Homeless in LAC in 2018 24,682 of the homeless were SUD eligible 10,481 Received SUD Treatment in FY1819 Of those, 15% (1,521) were criminal justice involved	53,656 Adult Homeless in LAC in 2018 24,682 of the homeless were SUD eligible 10,481 Received SUD Treatment in FY1819 Of those, 15% (1,521) were criminal justice involved	53,656 Adult Homeless in LAC in 2018 24,682 of the homeless were SUD eligible 10,481 Received SUD Treatment in FY1819 Of those, 15% (1,521) were criminal justice involved
Community Pathways into the SUD System of Care	Substance Abuse Service Helpline (SASH), Connecting to Opportunities for Recovery and Engagement (CORE) Centers, Client Engagement and Navigation Services (CENS), Direct-to-Provider, and Service Bed Availability Tool (SBAT)	SASH, CORE, CENS, Direct-to-Provider, and SBAT	SASH, CORE, CENS, Direct-to-Provider, and SBAT	SASH, CORE, CENS, Direct-to-Provider, and SBAT	SASH, CORE, CENS, Direct-to-Provider, and SBAT	SASH, CORE, CENS, Direct-to-Provider, and SBAT

Appendix 5: Preliminary Services-Substance Use Disorder (SUD) Continued

Level of Care (LOC)	Ambulatory (Outpatient) ASAM Level 2 WM with extended on-site monitoring	Clinically Managed Residential ASAM Level 3.2 WM	Medically Monitored ASAM Level 3.7 WM	Medical Managed Intensive Inpatient ASAM Level 4.0-WM	Opioid Treatment Program (OTP)	Recovery Bridge Housing (RBH)	Field Based Services (FBS)
Description	Appropriate for patients with moderate withdrawal who require all-day withdrawal management and support. Includes daily assessments (including serial medical assessments documenting withdrawal) in an outpatient setting (e.g., day hospital).	WM services are appropriate for patients who are experiencing moderate withdrawal symptoms and need 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery. WM is offered in residential settings, with or without medication services for up to 14 days.	WM services are appropriate for patients who are experiencing severe withdrawal and need 24-hour nursing care and physician visits; unlikely to complete withdrawal management without medical monitoring.	These services are appropriate for patients who are experiencing severe, unstable withdrawal and need 24-hour nursing care and physician visits to modify withdrawal management regimen and manage medical instability.	OTP, previously known as Narcotic Treatment Programs, are treatment settings that provide Medications for Addiction Treatment (MAT), including methadone, buprenorphine, naloxone (for opioid overdose prevention), and disulfiram for individuals with opioid and alcohol use disorders. OTPs may also offer other types of MAT to address co-morbid SUD in addition to opioid use disorder. A distinguishing feature of OTPs compared to other SUD levels of care is that OTPs are the only setting that can legally provide methadone. OTPs also offer a broad range of other	RBH is a type of abstinence-focused, peer-supported housing that provides a safe interim living environment for patients who are homeless according to the U.S. Department of Housing and Urban Development definition, or unstably housed. This service is available for up to 180 days per calendar year.	FBS are a method of mobile service delivery for OP services (ASAM 1.0), IOP services (ASAM 2.1), case management, and RSS for patients with established medical necessity. FBS provide an opportunity for SUD network providers to address patient challenges to accessing traditional treatment settings, such as physical limitations, employment conflicts, transportation limitations, or restrictive housing requirements (e.g., registered sex offenders).

Level of Care (LOC)	Ambulatory (Outpatient) ASAM Level 2 WM with extended on-site monitoring	Clinically Managed Residential ASAM Level 3.2 WM	Medically Monitored ASAM Level 3.7 WM	Medical Managed Intensive Inpatient ASAM Level 4.0-WM	Opioid Treatment Program (OTP)	Recovery Bridge Housing (RBH)	Field Based Services (FBS)
					services including medical, perinatal and/or other psychosocial services.		
Number of Criminal Justice Facility Locations and Capacity	9 Locations (SBAT): Lancaster, Long Beach, Northridge, Reseda, Los Angeles, and Tarzana	15 Locations (SBAT) 22 Beds: Lancaster, Tarzana, Sun Valley, Los Angeles, North Hollywood, Santa Monica, Pasadena, Pomona, Covina, Hawthorne, and Long Beach	2 locations (SBAT): Long Beach and Tarzana	2 locations (SBAT): Long Beach and Tarzana	28 Locations (SBAT) 585 Slots: Countywide	82 Locations (SBAT) 970 Beds - COVID-19 related funding reductions will likely impact the DPH-SAPC's ability to maintain existing bed capacity and may necessitate a reduction.: Countywide	10 Locations: San Pedro, Pasadena, Long Beach, and Los Angeles
Population Characteristics	Adults 18+ with: - Justice Involved - mild/moderate COD - Older Adults - Homeless populations - Parenting & Pregnant women - LGBTQ+ - Veterans	Adults 18+ with: - Justice Involved - mild/moderate COD - Older Adults - Homeless populations - Parenting & Pregnant women - LGBTQ+ - Veterans	Adults 18+ with: - Justice Involved - mild/moderate COD - Older Adults - Homeless populations - Parenting & Pregnant women - LGBTQ+ - Veterans	Adults 18+ with: - Justice Involved - mild/moderate COD - Older Adults - Homeless populations - Parenting & Pregnant women - LGBTQ+ - Veterans	Adults 18+ with: - Justice Involved - mild/moderate COD - Older Adults - Homeless populations - Parenting & Pregnant women - LGBTQ+ - Veterans	Adults 18+ with: - Justice Involved - mild/moderate COD - Older Adults - Homeless populations - Parenting & Pregnant women - LGBTQ+ - Veterans	FBS is intended to serve populations that have been historically difficult to serve the following: Arsonist, Registered Sex Offenders, Homeless, Medically Fragile, Gang-Involved, Individuals with Co-Occurring Conditions, Residents of Rural Areas, Pregnant

Level of Care (LOC)	Ambulatory (Outpatient) ASAM Level 2 WM with extended on-site monitoring	Clinically Managed Residential ASAM Level 3.2 WM	Medically Monitored ASAM Level 3.7 WM	Medical Managed Intensive Inpatient ASAM Level 4.0-WM	Opioid Treatment Program (OTP)	Recovery Bridge Housing (RBH)	Field Based Services (FBS)
							and Postpartum Women, Older Adults, Women with Children, Veterans
Eligibility Criteria	Meet Medical Necessity for SUD	Meet Medical Necessity for SUD	Meet Medical Necessity for SUD	Meet Medical Necessity for SUD	Meet Medical Necessity for SUD	Patients in RBH must be concurrently in treatment, particularly in the outpatient, intensive outpatient, OTP or Outpatient (aka: Ambulatory) WM.	Recovery Bridge Housing for patients that are homeless or unstably housed and who are receiving outpatient treatment.
Housing (Bed Capacity may be reduced to 700)	Recovery Bridge Housing (979 Beds - COVID-19 related funding reductions will likely impact the DPH-SAPC's ability to maintain existing bed capacity and may necessitate a reduction) for patients that are homeless or unstably housed and who are receiving outpatient treatment.	22 Beds	enter # of beds	enter # of beds	Recovery Bridge Housing (979 Beds - COVID-19 related funding reductions will likely impact the DPH-SAPC's ability to maintain existing bed capacity and may necessitate a reduction) for patients that are homeless or unstably housed and who are receiving outpatient treatment.	Recovery Bridge Housing (979 Beds - COVID-19 related funding reductions will likely impact the DPH-SAPC's ability to maintain existing bed capacity and may necessitate a reduction) for patients that are homeless or unstably housed and who are receiving outpatient treatment.	Recovery Bridge Housing (979 Beds - COVID-19 related funding reductions will likely impact the DPH-SAPC's ability to maintain existing bed capacity and may necessitate a reduction) for patients that are homeless or unstably housed and who are receiving outpatient treatment.

Level of Care (LOC)	Ambulatory (Outpatient) ASAM Level 2 WM with extended on-site monitoring	Clinically Managed Residential ASAM Level 3.2 WM	Medically Monitored ASAM Level 3.7 WM	Medical Managed Intensive Inpatient ASAM Level 4.0-WM	Opioid Treatment Program (OTP)	Recovery Bridge Housing (RBH)	Field Based Services (FBS)
Funding Characteristics	Drug Medi Cal (DMC), My Health LA, AB 109, Substance Abuse Block Grant (SABG), CalWORKs, and General Relief	Drug Medi Cal (DMC), My Health LA, AB 109, Substance Abuse Block Grant (SABG), CalWORKs, and General Relief	Drug Medi Cal (DMC), My Health LA, AB 109, Substance Abuse Block Grant (SABG), CalWORKs, and General Relief	Drug Medi Cal (DMC), My Health LA, AB 109, Substance Abuse Block Grant (SABG), CalWORKs, and General Relief	Drug Medi Cal (DMC), My Health LA, AB 109, Substance Abuse Block Grant (SABG), CalWORKs, and General Relief	AB 109, Substance Abuse Block Grant (SABG), CalWORKs, **Measure H**, and General Relief	Drug Medi Cal (DMC), My Health LA, AB 109, Substance Abuse Block Grant (SABG), CalWORKs, and General Relief
Barriers from Jail	Inactivate Medi-Cal eligibility, prescribed medications upon release (30-day supply)	Inactivate Medi-Cal eligibility, prescribed medications upon release (30-day supply)	Inactivate Medi-Cal eligibility, prescribed medications upon release (30-day supply)	Inactivate Medi-Cal eligibility, prescribed medications upon release (30-day supply)	Inactivate Medi-Cal eligibility, prescribed medications upon release (30-day supply)	Inactivate Medi-Cal eligibility, prescribed medications upon release (30-day supply)	Inactivate Medi-Cal eligibility, prescribed medications upon release (30-day supply)
Housing - Number of Homeless Individuals and Specific Needs (DATA provided by SAPC-HODA)	53,656 Adult Homeless in LAC in 2018 24,682 of the homeless were SUD eligible 10,481 Received SUD Treatment in FY1819 Of those, 15% (1,521) were criminal justice involved	53,656 Adult Homeless in LAC in 2018 24,682 of the homeless were SUD eligible 10,481 Received SUD Treatment in FY1819 Of those, 15% (1,521) were criminal justice involved	53,656 Adult Homeless in LAC in 2018 24,682 of the homeless were SUD eligible 10,481 Received SUD Treatment in FY1819 Of those, 15% (1,521) were criminal justice involved	53,656 Adult Homeless in LAC in 2018 24,682 of the homeless were SUD eligible 10,481 Received SUD Treatment in FY1819 Of those, 15% (1,521) were criminal justice involved	53,656 Adult Homeless in LAC in 2018 24,682 of the homeless were SUD eligible 10,481 Received SUD Treatment in FY1819 Of those, 15% (1,521) were criminal justice involved	53,656 Adult Homeless in LAC in 2018 24,682 of the homeless were SUD eligible 10,481 Received SUD Treatment in FY1819 Of those, 15% (1,521) were criminal justice involved	53,656 Adult Homeless in LAC in 2018 24,682 of the homeless were SUD eligible 10,481 Received SUD Treatment in FY1819 Of those, 15% (1,521) were criminal justice involved
Community Pathways into the SUD System of Care	SASH, CORE, CENS, Direct-to-Provider, and SBAT	SASH, CORE, CENS, Direct-to-Provider, and SBAT	SASH, CORE, CENS, Direct-to-Provider, and SBAT	SASH, CORE, CENS, Direct-to-Provider, and SBAT	SASH, CORE, CENS, Direct-to-Provider, and SBAT	From SUD treatment providers	From SUD treatment providers

Level of Care (LOC)	Ambulatory (Outpatient) ASAM Level 2 WM with extended on-site monitoring	Clinically Managed Residential ASAM Level 3.2 WM	Medically Monitored ASAM Level 3.7 WM	Medical Managed Intensive Inpatient ASAM Level 4.0-WM	Opioid Treatment Program (OTP)	Recovery Bridge Housing (RBH)	Field Based Services (FBS)
General Recommendations	• Increase awareness among Bench Officers, Public Defenders, Probation, and District Attorneys regarding DMC medical necessity criteria and levels of care which are used to determine treatment duration. • In response to increased releases, expansion of each LOC will be necessary. Capacity will need to be increased too. • Systematically, DPH-SAPC is working with the California Department of Health Care Services to reduce the amount of time required to secure DMC certification for new residential and nonresidential service site to enable the more rapid expansion of SUD treatment networks to meet the SUD service needs of county.						

Appendix 6: Preliminary Funding Grid
SMI "Divertable" Population as Defined by
Executive Work Group (Phase One)

Intercept Level		5	5	5
Community Level of Care	**ACUTE INPATIENT**	**EXTENDED CARE**	**INTERIM SUPPORTIVE HOUSING**	**PERMANENT SUPPORTIVE HOUSING**
BED CATEGORIES	**ACUTE CARE FOR INDIVIDUALS IN LOCKED OR UNLOCKED FACILITIES DEPENDING ON THEIR LEVEL OF NEED**	**NON-ACUTE INPATIENT AND RESIDENTIAL CARE FOR INDIVIDUALS IN LOCKED OR UNLOCKED FACILITIES DEPENDING ON LEVEL OF NEED**	**SHORT TERM HOUSING SOLUTIONS AND RESIDENTIAL CARE FOR INDIVIDUALS EXPERIENCING HOMELESSNESS**	**LONG TERM HOUSING SOLUTIONS AND RESIDENTIAL CARE FOR INDIVIDUALS EXPERIENCING HOMELESSNESS**
Program Name	**State Hospitals & Locked Facilites**	**ERS (Enriched Residenital Services)**	**FSP/AB109/COIN**	**Forensic FSP/Homeless FSP**
Summary	Most intensive level of psychiatric care. Treatment is provided in a secure locked facilitythat is medically staffed with a multimodal approach.	Most acute clients needing structured living situations and daily contact with treatment team. SSG Alliance runs several Enriched Residential programs which include regular Enriched Residential, Medical Enriched Needs Residential & Forensic Enriched, including Misdemeanant Incompentent to Stand Trial (MIST)	Clients are assessed and referred by the probation hubs when released from jail or prison to either serve their split sentence in the community or while on probation. **Can be paired with ICMS**	Acute clients who have typically not responded well to traditional outpatient and psychiatric rehabilitation services, or may have avoided utilization of services while incurring high costs related to acute hospitalization or long term care. **Can be paired with ICMS.**
Age Group	Adults 18 and older	Adults 18 and older	Adults 18 and older	Adults 18 and older
Client population	18 and older	18 and older, any ethnicity, forensic hx, incompetent to stand trial, dual dx, medical conditions (diabetes, incontinence, poor gait, seizure)	Adults 18-59 years old, under PRCS/AB probation, with mental health needs, dual dx	Depending on age group, In jail or has had frequent contact with criminal justice system, multiple psychiatric hospitalizations, receiving psychiatric emergency services, in an IMD, or living with family and at risk of any of the aforementioned
Referral Source	LASD (or psychiatric emergency rooms	IMD or other psychiatric inpatient setting (including jail)	DMH or Probation	Referrals routed through DMH and DHS are often from the jail/jail linkage. Routed through interim housing first.
Level of care	Intensive/Locked facility	Intensive / Field-based	Intensive / Field-based	Intensive / Field-based
Eligibility Criteria	LPS Conserved; Have a primary DSM-V Axis I Psychiatric Dx and: Meet focal population of any major psychotic or afffective d/o	No incident in the past 30 days, motivation to participate in treatment, agreement to housing rules, no major medical conditions beyond what housing/program can accommodate, non- parole/RSO status, medication compliance	May include Adults with a Serious Mental Illness who are homelss, incarcerated, at risk of criminal justice involvement, at risk of psychiatric hospitalizations	May Include Adults with SMI who are Homeless, at risk of criminal justice involvement and/or at risk of psychiatric hospitalization. HFSP eligibility linked to SPA CES (Clarity format)and verification of homelessness status
Avg daily tx cost	$1,350	$100	$69	$64
Avg daily HOUSING cost		$65	$88	$65
COST SAVINGS COMPARED TO MCJ				
Crisis intervention	24/7	Phone and face-to-face assessment, sometimes 5150 hold	Phone and face-to-face assessment, sometimes 5150 hold	LPS response mandated
Avg time between referral from jail to enrollment in community basd provider		6-8 weeks (depends on assessment accessibility, court dates, and conditional release)	Minimum of 2 weeks. Depends on housing placement and court process.	Routed through interim housing first
Outcome measurement tools		Daily Census Reports logging AWOLS, Hospitalizations & Incarcerations	OMA	OMA
Treatment team members	Psychiatrist/Psychiatric Nursing Team/Therapists/Medical Treatment Team	Client, family members, conservator, board and care staff, and interdisciplinary team: psychiatrist, medical provider, therapist, case manager, and co-occurring counselor	Client, family members, housing staff, Probation Department, and interdisciplinary team: psychiatrist, therapist, case manager, and co-occurring counselor	Client, family members, conservator, board and care staff, and interdisciplinary team: psychiatrist, medical provider, therapist, and co-occurring counselor
Types of services provided	Intensive close clinical supervision 24/7	Individual therapy, psychosocial rehab groups, case management services, medication support services, substance abuse counseling	Individual therapy, psychosocial rehab groups, case management services, medication support services, substance abuse counseling, housing support	Individual therapy, family therapy, case management services, medication support services, substance abuse counseling

Intercept Level		5		5		5	
Community Level of Care	**ACUTE INPATIENT**	**EXTENDED CARE**		**INTERIM SUPPORTIVE HOUSING**		**PERMANENT SUPPORTIVE HOUSING**	
BED CATEGORIES	**ACUTE CARE FOR INDIVIDUALS IN LOCKED OR UNLOCKED FACILITIES DEPENDING ON THEIR LEVEL OF NEED**	**NON-ACUTE INPATIENT AND RESIDENTIAL CARE FOR INDIVIDUALS IN LOCKED OR UNLOCKED FACILITIES DEPENDING ON LEVEL OF NEED**		**SHORT TERM HOUSING SOLUTIONS AND RESIDENTIAL CARE FOR INDIVIDUALS EXPERIENCING HOMELESSNESS**		**LONG TERM HOUSING SOLUTIONS AND RESIDENTIAL CARE FOR INDIVIDUALS EXPERIENCING HOMELESSNESS**	
Program Name	**State Hospitals & Locked Facilites**	**ERS (Enriched Residenital Services)**		**FSP/AB109/COIN**		**Forensic FSP/Homeless FSP**	
Frequency of contact	Daily Weekly	Daily	Weekly	Daily	Weekly	Daily	Weekly
Individual Therapy			x		x		x
Group Therapy			x		x		x
Psychosocial Rehab			x		x		x
Targeted Case Management			x		x		x
Medication Support			monthly		monthly		monthly
Substance Abuse Counseling			x		as needed		as needed
Housing Support		x			x		x
ICMS			x		x		x
Frequency of contact	Daily	Daily		2+ times per week		2+ times per week	
Types of services provided	24/7 care in locked structured facllity	Individual therapy, psychosocial rehab groups, case management services, medication support services, substance abuse counseling		Individual therapy, psychosocial rehab groups, case management services, medication support services, substance abuse counseling, housing support		Individual therapy, family therapy, case management services, medication support services, substance abuse counseling	
Exit Criteria		Discharge plans are coordinated among the treatment team prior to recommendation for disenrollment. The team meets with the client to discuss progress, goals and to plan out a discharge plan.		Discharge plans are coordinated with the client's probation officer. The client is discharged based on their probation officer's decision on client progress toward treatment goals and overall stability.		Discharge plans are coordinated among the treatment team prior to recommendation for disenrollment. The team meets with the client to discuss progress, goals and to plan out a discharge plan.	
Duration of treatment		9-18 months		Duration of probation (usually about 1 year-in AB109)-many transferred to regular FSP.		Approximately 1-2 years, but open-ended.	
Overall goal of program	To maintain clients and keep them safe in a structured setting	To transition and reintegrate clients from restrictive settings into stable community placements and prepare for more independent living. Close monitoring of daily logs/days of hospitalization/days of incarceration/homelessness and		To treat mental illness and substance abuse among individuals released on PRCS		To provide culturally and linguistically appropriate intensive mental health services to chronically and severely mentally ill clients to support their ability to live in the community.	

Integrated Correctional Health Services Cost and Model of Care
Preliminary Report as of September 1, 2020

A. COSTS OF INSTITUTIONALIZATION – GENERALLY KNOWN:

Total cost to operate (by facility if possible)

Integrated Correctional Health Services (ICHS)

In June 2015, Los Angeles County Board of Supervisors passed a motion to integrate Jail Health Services by transferring responsibility for such services from the Los Angeles Sheriff's Department (LASD) and Department of Mental Health (DMH) to the Department of Health Services (DHS).

Since the completed transfer in 2017, ICHS has been collaborating with Chief Executive Office (CEO) to reclassify positions and realign the budget to address the siloed operations and episodic care.

The reclassed positions and realignment of ICHS budget will:

- Provide constitutional level of healthcare by population
- Meet the regulatory as well as settlement mandates
- Create patient centered health homes to build consistent relationships and change the culture of episodic care as a result of AB109 realignment which lengthened time in County Jail (See Attachment A)
- Address gaps in data collection, quality improvement and other support operations to measure services and outcomes

ICHS (20/21) adopted budget is $349 million with 2,054 budgeted positions; including revenue from AB 109 and Measure H in the amount of $14.3 million. (Attachment B). Additionally, ICHS receives Intrafund Transfers in the amount of $7.386 million.

- Health Services Administration $0.246 million for SSI record retrieval project
- Department of Mental Health $1.3 million for 11 Mental Health positions working in Jail Linkage with discharge planning
- Probation Department $0.060 million for Jail Health Information System (Electronic Medical Record)
- Department of Public Health $0.180 million for one Public Health Nurse position – case management and community linkage of HIV population
- Sheriff Department $5.6 million for Jail Health Information System and $0.1 million paid overtime for tattoo removal clinic
- Measure H $0.589 million partially offset of S & EB for 6 positions working with care transitions

The current cost accounting structure for reporting has limitations in defining an overall cost by facility. Some examples of overall shared costs include:

- Cost of pharmaceuticals
- Cost of medical supplies

- Cost of emergency room services
- Ambulance services for transportation to hospital
- contract providers who can be reassigned day to day based on the need.

Correctional environments do not have a patient ratio standard except in the licensed Correctional Treatment Center (CTC). The outpatient facility and programs staff positions are calculated and assigned based on several factors. The below is a list of some examples that are considered:

- Total justice involved population in the facility or program
- California Code of Regulations Title 15 minimum requirements; Access to Care, Nurse Visit, Dental, Mental Health, Emergency Response, etc.
- Health levels provide guides for routine follow up care for chronic illnesses
- Mental Health levels frequency and type of follow up mental health care
- Number of patients needing medication administration as well as physical plant consideration cell to cell versus centralized medication administration
- Public Health Disease Surveillance, Tracing and Reporting
- California Code of Regulations Title 22, Licensed CTC patient ratios including increased requirements for Forensic Inpatient Unit
- Radiology, Laboratory and Pharmacy services
- Settlement agreements for American Disability Act (ADA), Department of Justice Mental Health, etc.
- Healthcare coordination of justice involved individuals to other state or county correctional facilities
- California Penal Code section regarding the provision of Durable Medical Equipment

DHS is working with Auditor Controller to provide documents and details to assess the cost savings of the closure of Men's Central Jail.

OTHER SUPPORT HEALTH DEPARTMENTS/AGENCIES

1. DMH

DMH provides community based mental health services and collaborate with correctional health services. Example include:

- Court Linkage – Mental Health clinicians work at various court locations and work with public defenders and district attorneys regarding diversion and community-based programs.

2. Department of Public Health – Substance Abuse Prevention and Control

Department of Public Health – Substance Abuse previously supported the in-custody Substance Treatment and Reentry Transition program. See addiction services section below.

3. CARE TRANSITION - REENTRY (DOJ Settlement) WHOLE PERSON CARE

Care Transitions programs operate at each jail facility and provide release planning and linkage to community services for individuals experiencing health or mental health conditions, substance use disorders and/or homelessness.

ICHS BUDGET

Paragraph 34 Settlement Agreement with the Department of Justice provides for release planning services to mentally ill inmates. For FY 20/21, the salary and employee benefits for staff to meet this agreement have been funded by AB109 in the amount of $8.5 million

NON ICHS BUDGET

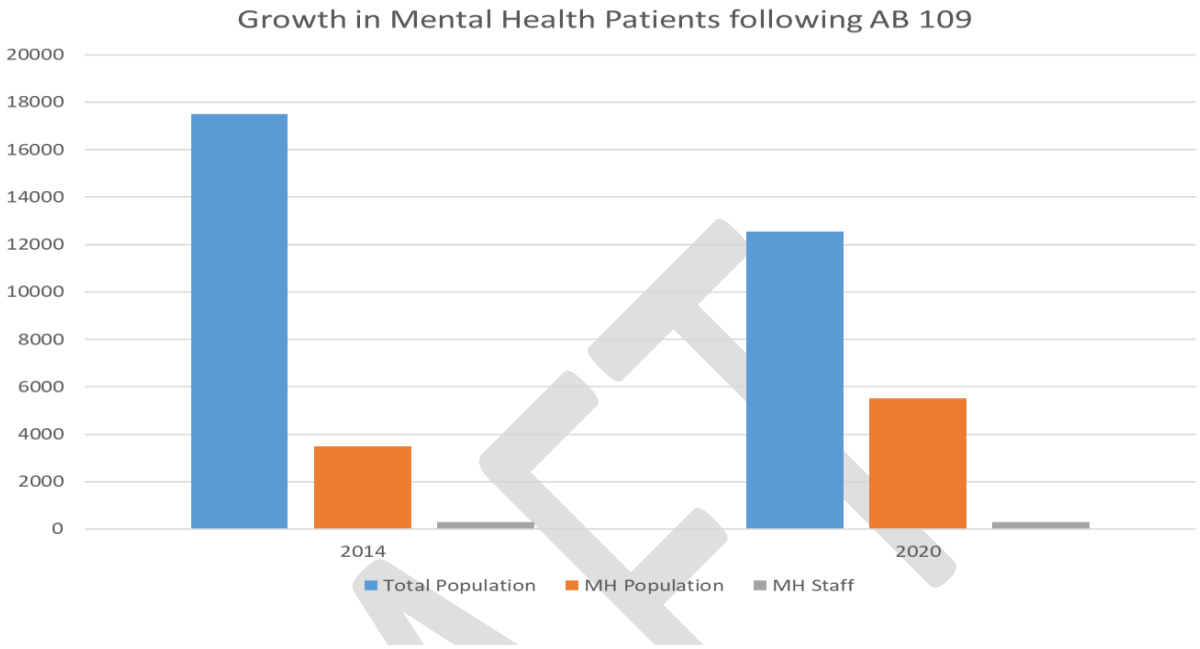
The Whole Person Care (WPC) Reentry program is funded by federal Medicaid funds through the State's 1115 waiver, with a 50:50 County match. The total annual cost for WPC Reentry pre-release services is $8.9 million, budgeted to DHS Health Services Administration. Waiver funding is currently slated to end in December 2020.

Homeless Initiative D2 – Expanding Jail In Reach has an annual budget of $1.87 million including funding for the four contracted community-based organizations that provide case management to individuals experiencing homelessness, starting in custody and continuing in the community post-release. Funding has previously been provided through one-time Homeless Initiative and A109 funds, and in FY 2020-21 is included in the Measure H funding recommendations.

4. OFFICE OF DIVERSION AND REENTRY (ODR)

Forthcoming

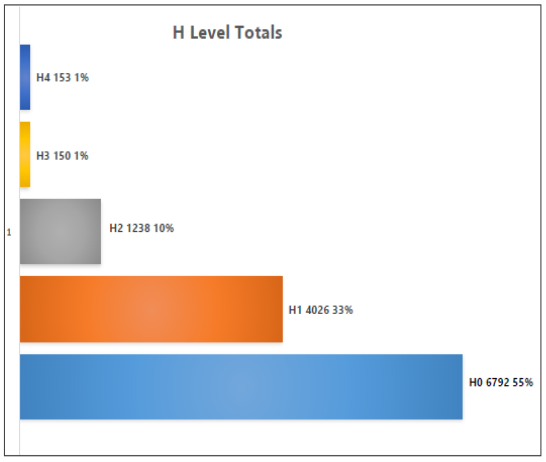
HEALTH AND MENTAL HEALTH NEEDS OF THE JUSTICE INVOLVED POPULATION

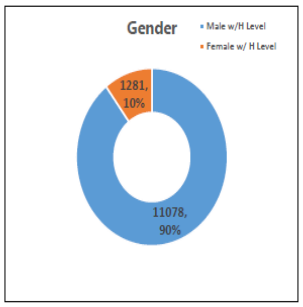


DAILY H LEVEL SNAPSHOT REPORT
Wednesday, September 2, 2020

H LEVEL	H Only		H LEVEL	H+POS		H LEVEL	H+OB	H LEVEL	H Level Totals		H Level %		Combined H Levels Totals			H LEVEL	
	Male	Female		Male	Female		Female		Male	Female	Male	Female	H LEVEL	Total	%	Total Pop	13647
H0	6133	647	H0	4	0	H0	8	H0	6137	655	55%	51%	H0	6792	55%	Male w/H Level	Female w/ H Level
H1	3512	441	H1	54	15	H1	4	H1	3566	460	32%	36%	H1	4026	33%	11078	1281
H2	954	115	H2	162	7	H2	0	H2	1116	122	10%	10%	H2	1238	10%	H Level	No H Level
H3	97	34	H3	18	0	H3	1	H3	115	35	1%	3%	H3	150	1%	12359	1288
H4	138	8	H4	6	1	H4	0	H4	144	9	1%	1%	H4	153	1%	% with H Level	% with No H Level
Total	10834	1245	Total	244	23	Total	13	Total	11078	1281	100	100	Total	12359	100	91	9

H Level Count by Facility	
CJ	4091
CRDF	1317
ESTF	23
IRC	440
NCCF	3097
NORF	1085
OUTP	135
SOUF	402
TTCF-CTC	117
TTCF-Tower I	1205
TTCF-Tower II	1707
USCM	28
Grand Total	13647





1. P – Levels

    - Designation to differentiate Mental Health needs of justice involved population. Levels range from 0 – 4, Inpatient Treatment are level 4 and levels 2-4 representing additional program service needs for Serious Mental Illness

      (Details and data to be added from the Program and Services subcommittee)

2. H - Levels

    - Designation to differentiate Medical needs of justice involved population. Levels range from 0 – 4, Inpatient Services are level 4 and levels 0 -3 representing standardization of frequency of follow up medical provider evaluation.

      (Details and data to be added from Program and Services subcommittee)

3. SERVICES AND PROGRAMS

- Primary Care clinics including resources for Treatment of Hepatitis, PReP and HIV as well as Gay and Transgender population
- 24/7 Nursing services – Nurse Clinic, Medication Administration, Nurse tasks (wound care, blood pressure monitoring), emergency response, DHS specialty clinic liaison, contact isolation housing
- Specialty medical housing
    - ADA mobility impairment use of assistive devices
    - Dialysis
    - Geriatric patients with multiple comorbidities
    - Patients who require IV care, IV antibiotics, Tracheostomy, CPAP, Oxygen
    - Insulin Dependent Diabetic
- **OTHER SERVICES**
    - Dental Services
    - Lab Services
    - Pharmacy
    - Radiology
    - Physical Therapy
    - Optometry
    - Podiatry

- COVID 19 monitoring CDC identified high risk population
- Mental Health medication and services
- HOPE dorm – direct supervision and treatment of patients with suicidal ideation
- Reentry services

ADDICTION SERVICE (PROGRAM INFORMATION INCLUDE DETOX)

The Substance Treatment and Re-entry Transition (START) program currently operates the addiction intervention services delivered to justice involved populations housed within the Los Angeles County jail system. Services include:

- Screening
- Brief intervention
- Assessments and treatment
- Case management and care coordination
- Re-entry planning and linkage to community-based services.

START services are provided by contracted staff funded through one-time AB 109 funding at Pitchess Detention Center (PDC) South, Century Regional Detention Facility (CRDF), Twin Tower Correctional Facility (TTCF) and MCJ. START FY 19-20 budget is $4.9 million. Funding for FY 20-21 is pending final approvals.

Medication Assisted Treatment (MAT) program is a key component to increasing access to care and expansion of medication services in Los Angeles County jails. FY 19-20 budget is $5.9 million. FY 20-21 budget is pending.

In-custody to Community Referral Program (ICRP) is a collaboration between ICHS and DPH – SAPC. Substance Use Disorder Counselors provide services to the CHS population in same areas as START.

DETOX UNIT - INTAKE

(Details and data to be added)

ICHS Staffing (FTE)

ICHS has been meeting regularly with CEO to reclassify and/or realign budgeted positions to implement a model of care that improves continuity and patient outcomes. The current FTEs represent completion of Phase I out of 3 process. Phase II has been approved and is being reviewed by union partners. ICHS plans to submit Phase III, final request, within the next month.

B. COST TRANSITIONING BETWEEN EXISTING SYSTEM AND REIMAGINED SYSTEM

1. Staffing assessment of Health and Mental Health needs of the justice involved population that moves from Men's Central Jail if they can't be released. Men's Central Jail currently houses high level health with special needs, examples include:

    - Insulin Dependent Diabetics
    - ADA housing for wheelchair bound patients, crutches, and walkers
    - CPAP machines for sleep apnea

2. Physical Plant changes to accommodate special needs:

    - Electrical needs for CPAP machines
    - ADA