

September 10, 2025

**Los Angeles County
Board of Supervisors**

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TO: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Janice K. Hahn

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

SUBJECT: PRIORITIZING DIGNITY AND LIFE IN THE LOS ANGELES COUNTY JAILS (ITEM NO. 21 FROM THE MAY 13, 2025 AGENDA)

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This memorandum is in response to your Board's May 13, 2025, motion, "Prioritizing Dignity and Life in the Los Angeles County Jails," directing the Department of Health Services' Correctional Health Services (CHS) to present the following analyses and proposed recommendations:

- a) Implementation plan with key performance indicators and metrics to assess progress made to significantly decrease the number of deaths in jails.
- b) Analysis on the causes and factors leading to the increase of deaths and how they will be resolved and addressed to prevent and decrease in-custody deaths, including providing recommendations and best practices; and
- c) Analysis of any local, state or federal policy or budgetary decisions that will impact the level of service and treatment that could lead to an increase of in-custody deaths, such as Proposition 36, federal cuts to public health and health services, and others."

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

OVERVIEW

From January 1, 2025, to July 1, 2025, there were 23 deaths in the Los Angeles County Jails. The table below and corresponding bar chart in Appendix I defines our current knowledge about those deaths and compares the first six months of 2025 with past years.



Primary Causes of Death by Year in LA County Jails (2016 - 2025 YTD)										
	2016	2017	2018	2019	2020	2021	2022	2023	2024	1/1/25 to 7/1/25
Natural Causes	14	21	14	18	23	29	22	23	18	11
Cancer	2	2	0	2	5	6	5	2	2	4
Heart Disease	9	5	6	6	2	4	5	7	5	2
Respiratory	0	3	1	1	8	10	4	5	1	1
Other natural Causes	3	11	7	11	8	9	8	9	10	4
Overdose	2	1	5	8	4	10	10	13	8	7
Suicide	3	3	5	4	4	9	4	3	3	5
Traumatic Injury (excluding suicide)	2	1	0	1	4	2	5	5	3	0
Unknown	1	0	2	1	3	0	2	1	0	0
TOTAL	22	26	26	34	38	50	43	45	32	23

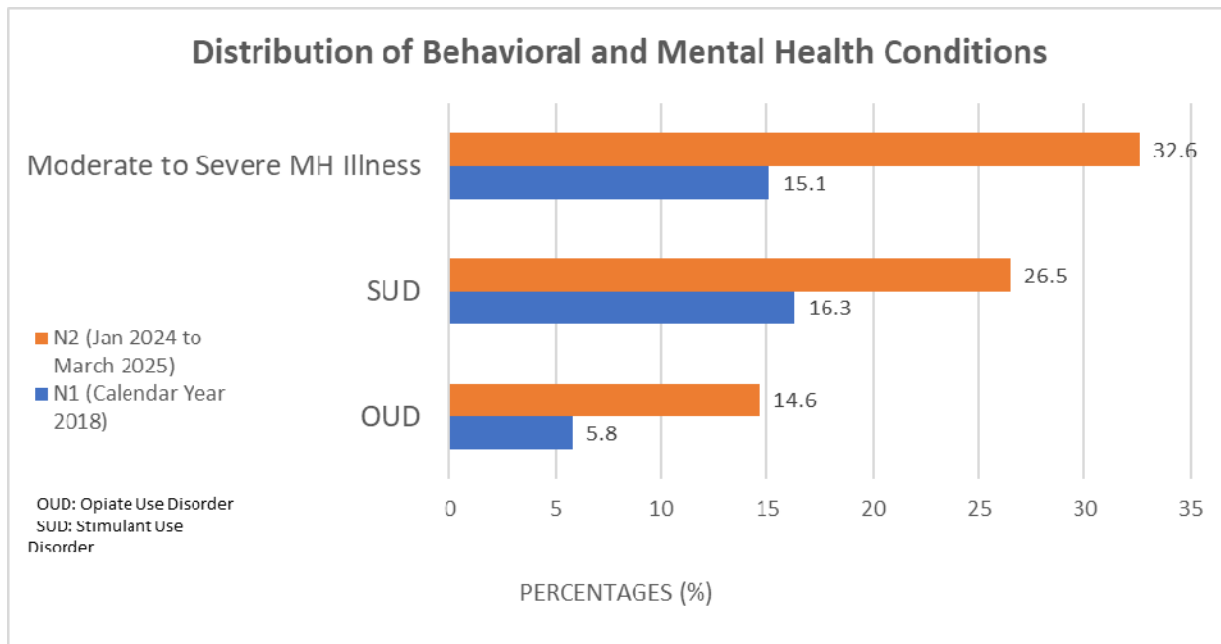
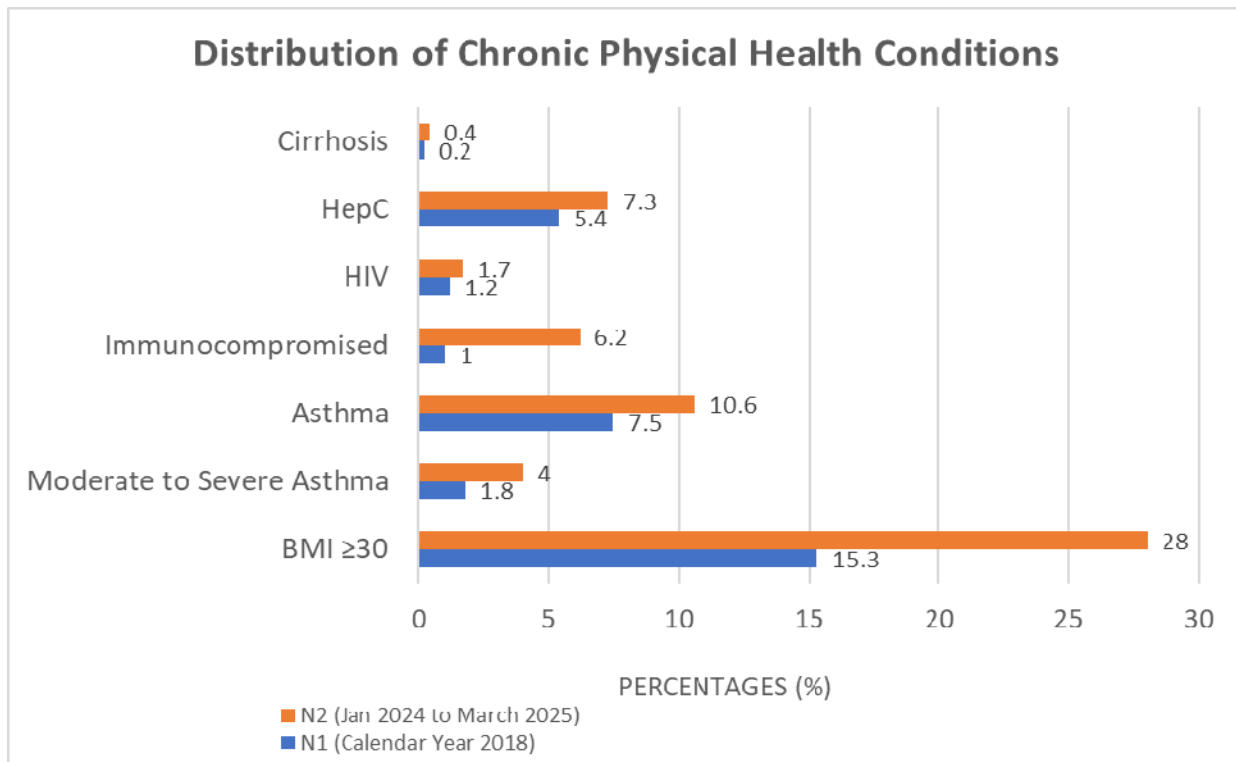
Nearly one-half (11) of the 23 deaths thus far were attributed to natural causes due to preexisting, underlying medical conditions (e.g., cancer), seven of the 23 deaths resulted from methamphetamine or fentanyl overdose, and five inmates died from suicide. In comparison, in 2024, there were eight overdose deaths and three suicides for the entire year.

The remainder of this report will analyze the major causes of death (natural causes, overdoses, and suicides), including both the status of efforts/interventions to date as well as additional steps that should be considered by your Board in order to further reduce jail deaths. As directed by your Board, the Los Angeles County Sheriff's Department (LASD) will report separately on interventions that may help to reduce inmate deaths.

Deaths due to Natural Causes

An analysis of the population served by CHS makes it clear that over the past seven years (2018 to present) the burden of chronic disease within the jail population has increased, in some cases doubling over this time period. This is likely a result of the increased age of the jail population, as well as an increase in the diagnosis and documentation of underlying chronic conditions as a result of enhanced medical screening services provided by CHS.

The chart below captures the distribution of chronic diseases in the population served. The preexisting medical conditions contribute to morbidity and mortality from natural causes.



An examination of the 2025 deaths does not reveal any further trends except that several of the deaths involve individuals dying as a result of serious preexisting medical problems. As a rule, CHS submits release requests to LASD and the court for patients with serious and/or terminal illnesses. In 2023, there were 13 request letters sent, of which five were granted. In

2024, there were 17 letters submitted of which nine were granted. We have submitted 30 letters to date in 2025, 10 have been granted, three have been denied, eight individuals were released or died before the letter was addressed by the court and nine are pending.

STATUS OF ONGOING PHYSICAL HEALTH INTERVENTIONS

We have a number of tools that allow us to treat individuals who present with ongoing chronic disease. Each individual is screened in the Inmate Reception Center (IRC) and chronic conditions are identified. If medications are indicated, the patient will be seen by a provider in the IRC. Follow-up appointments are also made at that time. While in housing, patients may complete a Health Service Request Form (HSRF) and ask to be seen by a provider to address any changes in their condition. Finally, should a patient need more immediate assistance, there is an onsite Urgent Care available at least 16 hours per day.

ADDITIONAL NEEDS RELATED TO PHYSICAL HEALTH INTERVENTIONS

The effectiveness of our current protocols could be improved to better meet the needs of the population served through the creation of a Primary Care Model of Care and the automation of the HSRF System. Moving health care in the jail to a proactive model of primary care is the appropriate response to the disease burden we see in our patient population. CHS has submitted a Primary Care Model staffing budget request of \$9.7M in prior budget cycles, but but this model has not been recommended for funding.

A Primary Care Model in a jail setting emphasizes continuity, coordination, and comprehensive care for individuals in custody, particularly those with chronic illnesses. Unlike the reactive “one-off” model – where patients are seen only when they submit a sick call request – a Primary Care Model assigns each patient to a specific healthcare team, including a Primary Care Provider (PCP), nurse, and support staff. This model mirrors community-based care.

For chronically ill individuals, such as those with diabetes, hypertension, asthma, or mental health conditions, the benefits are significant. The care team monitors the patient’s health status over time, ensuring timely follow-ups, routine lab work, medication adherence, and early detection of complications. This reduces emergency interventions, hospitalizations, and the worsening of preventable conditions.

Under the Primary Care Model, visits are scheduled proactively, not just in response to symptoms. The care team becomes familiar with each patient’s history and risk factors, allowing for personalized and consistent care. Additionally, care coordination improves when individuals transfer between facilities or when they are released, increasing the likelihood of continuity post-incarceration.

In contrast, the “one-off” request model is fragmented and reactive, and will continue to present obstacles and challenges to care for the current and anticipated aging patient population.

It should be noted that the success of a Primary Care Model depends on the availability of the patient. Funding for this type of care must be accompanied by a subsequent simultaneous dedication of funds for LASD to provide escorts for the patients and security for the clinics.

The current model of HSRFs having to be submitted as a hand-written form by the patient is cumbersome. In the month of April of this year, there were 10,470 unique HSRFs submitted. Each one was individually reviewed by a nurse and scanned into the patient's medical record. To improve the prioritization of cases, a request to automate this process was made but only partially funded through AB 109 funding, and is therefore not feasible.

Other requests for funding that would positively impact our patients' health include Universal Screening and Treatment. Universal screening, treatment and vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for all individuals entering the jail, and CHS has also requested funding in prior budget phases and again in Fiscal Year (FY) 25-26 Supplemental Budget in the amount of \$15.1M for this program. To date, the request has been denied. The opportunity to intercede early in this vulnerable population would allow us to prevent the long-term consequences from infectious diseases such as Hepatitis C, Syphilis and Gonorrhea/Chlamydia.

Deaths by Overdose

This section discusses one of the biggest challenges in the care of the population that is served by CHS, which is the constant pressure of illicit substances being introduced into the jail population. Overdose deaths as a percentage of total deaths have risen from 9% in 2016 to a high of 29% in 2023. For 2025, overdose deaths have accounted for at least 28% of the deaths seen.

STATUS OF ONGOING SUBSTANCE USE DISORDER INTERVENTIONS

Intervention and prevention programs have been developed such as Medication Assisted Therapy (MAT), providing naloxone in the housing areas, and referrals to community-based substance use resources upon release.

MEDICATION ASSISTED THERAPY (MAT)

Patients presenting with complaints or symptoms of opiate withdrawal are offered MAT upon presentation to the IRC. The current regimen is a lead-in period of oral Suboxone followed by enrollment into the Long Acting Injectable (LAI) buprenorphine program. The LAI has the advantage of being given once monthly reducing overall cost. It also ensures that patients are on long-acting treatment when they are released into the community, which is a particularly vulnerable time for overdose and death.

Since the program began in 2021, CHS has administered Suboxone to more than 20,300 patients, administered 23,689 doses of Sublocade and 8,262 doses of Brixadi. Due to the unparalleled size of the Los Angeles County Jail (LACJ) system, our program provides

medications for Opiate Use Disorder (OUD) for all consenting eligible patients and is an important model for other correctional health systems throughout the country.

Despite this aggressive program, we continue to have a waiting list for those in custody who ask for MAT after they receive housing.

OVERDOSE PREVENTION – NALOXONE PROGRAM AND HARM REDUCTION SUPPLIES

In the LACJ, naloxone is issued to all custody personnel and is available via free vending machines at discharge from the jail. In the spring of 2021, CHS and LASD collaborated to place naloxone into all housing areas where patients could access the medication directly.

Within months of launching, there were two instances, one on May 26, 2021, and one on August 24, 2021, observed by video surveillance, where an incarcerated individual was able to administer naloxone immediately to a peer who had overdosed using the naloxone kit installed in their dorms. There have been subsequent instances of the administration of this life-saving naloxone by custody and/or patients, and this continues to be a vital resource in CHS' efforts to prevent overdose.

In addition to the vending machines for patients being released, CHS maintains two vending machines that dispense free Naloxone and Fentanyl Test strips to the public who come to visit family or friends at Men's Central Jail or CRDF. The California Department of Health Care Services' Naloxone Distribution Project is the source for most of the naloxone dispensed via these vending machines and CHS employees ensure that the machines are stocked.

Since deployment in July of 2024, CHS has provided 2,649 doses of naloxone and 1,819 Fentanyl test strips to Los Angeles County jail visitors.

REFERRALS TO COMMUNITY-BASED SUBSTANCE USE RESOURCES

While not directly related to substance usage within the jail, ensuring that individuals can access substance use services upon release from jail is an important step in helping to reduce the prevalence of substance-use related deaths in society at large. The Department of Public Health's Bureau of Substance Abuse Prevention and Control (SAPC) leads and facilitates the delivery of substance use disorder treatment services through contracts with over 80 community-based substance use treatment programs spread out over hundreds of sites across the County. SAPC offers a no-wrong-door policy for anyone to access substance use treatment through LA County's Help Line for Mental Health and Substance Use Services, the Client Engagement and Navigation Services (CENS), and self-referrals directly to SAPC-contracted agencies, including 314 referrals from CHS so far this year. When inmates are determined by the court to be appropriate for release to community-based substance use treatment, SAPC's contracted network is available to receive referrals from CHS to ensure the continuity of care including the full range of medications,

counseling, supportive services, and recovery services at an appropriate intensity based on the individual's medical necessity for treatment.

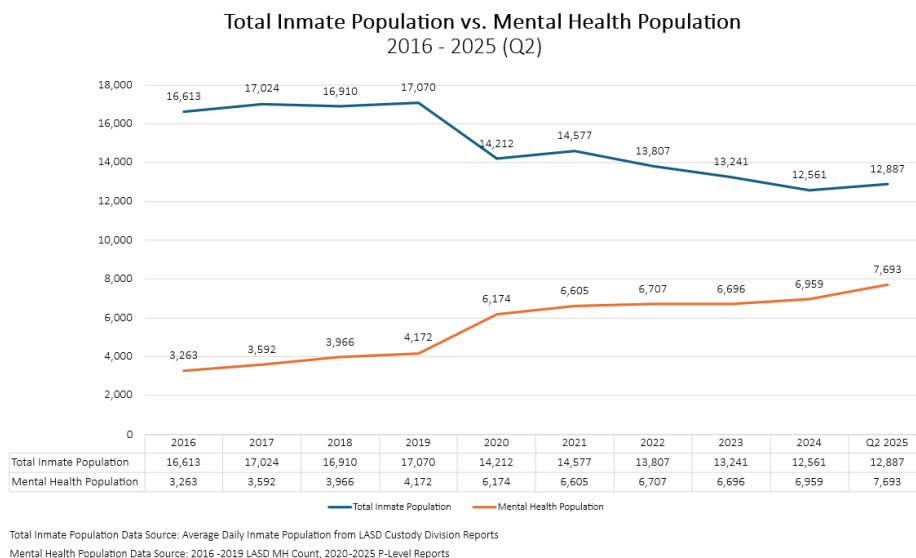
ADDITIONAL NEEDS RELATED TO SUBSTANCE USE DISORDER INTERVENTIONS

Despite these aggressive programs in place, CHS cannot provide treatment to all patients with OUD in the LACJ without additional funding for medication and staff to administer it. MAT medications are currently budgeted for \$24.72 million per year. However, the increased patient volume requires additional medication and staff in order to be able to serve all patients who currently request treatment. Due to this and the high drug costs, we have submitted this request into the Unmet Needs letter for FY 25-26. The request is for \$4.7M in medication costs and \$1.8M in additional staff.

Ultimately, the above interventions will still not be enough to prevent overdoses. What is needed are stronger actions to prevent the introduction of fentanyl and methamphetamines into the LACJs. Please see separate report from LASD on potential strategies to reduce the inflow of drugs into the LA County jail system.

Deaths by Suicide

CHS serves as one of the largest providers of mental health care in the State. As evidenced by the following chart, since the COVID pandemic, the population needing these services has increased despite a decrease in overall jail population.



STATUS OF ONGOING MENTAL HEALTH INTERVENTIONS

To address the increased need for mental health services, CHS has increased Twin Towers Correctional Facility (TTCF) Forensic Inpatient (FIP) Stepdown beds, increased the number of Lanterman Petris Short (LPS) designated beds for those who are a danger to themselves or gravely disabled, and created an Acute Intervention Module (AIM). These interventions are discussed briefly below.

FIP STEPDOWN

Twin Towers Correctional Facility houses over 2,300 males who have been identified as having mental health needs. Programming and services in this facility are provided by over 200 clinical staff made up of psychiatrists, psychiatric nurse practitioners, psychologists, social workers, and medical case workers. Patients in TTCF receive medication evaluation and management, individual counseling and therapy, group therapy, and release planning services.

Another resource in place at these facilities is the FIP Stepdown program. This is a unique program designed to meet the needs of patients with serious mental illness. TTCF is home to 16 FIP Stepdown pods serving 345 patients, and the five pods at Century Regional Detention Facility (CRDF) serve 109 patients. These therapeutic pods are modeled after psychiatric day treatment programs providing ongoing activities and groups throughout the day. Positive reinforcement is used to encourage daily self-care and medication compliance. Twenty-five Mental Health Assistants (MHAs), which are incarcerated peer support providers, volunteer to live in the pod and provide support to the patients housed there. The innovative use of MHAs has received national attention due to the positive impact on both the patients and the MHAs.

LPS BEDS

CHS has repurposed beds in the Correctional Treatment Center (CTC) to increase capacity for this especially vulnerable population. Currently there are 52 licensed LPS beds in the CTC as well as an additional 15 beds on the second floor designated as Mental Health Transition Unit beds. The result has been to decrease the list of individuals waiting for these beds from weeks to hours.

ACUTE INTERVENTION MODULE (Psychiatric Urgent Care)

As noted above, CHS is one of the largest providers of mental health services in the State, and TTCF is one of the world's largest mental health facilities. On any given day, there are more than 1,400 individuals experiencing acute mental illness, and of these, 50-100 meet criteria for urgent or inpatient psychiatric care. While CHS does maintain an inpatient unit in the CTC, the unit can only hold 52 patients so there is a need for additional LPS-designated long-term psychiatric care space. The AIM is a 10-bed unit dedicated to mental health urgent care and stabilization. It is LPS-certified for 72-hour (5150) holds and is led by a Supervising Mental Health Psychiatrist. Appropriate patients include those who need

stabilization through swift psychotropic medication administration or those who are gravely disabled with chronic psychotic disorders.

The repurposing of beds in the CTC and the creation of the AIM have resulted in a significant decrease in the waiting list for inpatient psychiatry beds. In 2024, the waiting list hovered at or around 100 patients per day and now it consists of 1–5 patients per day.

ADDITIONAL NEEDS RELATED TO BEHAVIORAL HEALTH SERVICES

To reduce the number of suicides in the jail, several interventions could be considered by the Board.

First, two pending budget requests have been submitted to the CEO and the Board of Supervisors for consideration as part of the FY25-26 Supplemental Budget. If funded, these requests would allow a more rapid assessment of newly arrived individuals to bridge psychotropic medications and work with the patients to ensure compliance:

1. Supplemental Assessment Team / Inmate Reception Center Psychiatric Services for Department of Justice (DOJ) Provision 79/Rutherford (Submitted FY 25-26 SBR Budget Phase - \$5.06M)

During June 2025, 92% of the Moderate Observation Housing (MOH) patient population received a psychiatric evaluation within 7 days, and 93% of the High Observation Housing (HOH) patient population was evaluated within 72 hours. A budget request has been submitted to increase the staffing in the Inmate Reception Center (IRC) to allow an even more rapid response.

2. DOJ Provision 67 Medication Refuser Team (Submitted FY 25-26 SBR Budget Phase - \$1.46M)

A significant portion of the mental health population are consistently non-compliant with their medications. A team of mental health providers is recommended to work with this population and help bring them into compliance with their medication and treatment goals.

Second, in addition to funding the above budget requests, vital sign monitoring technology, as detailed in the LASD report, would provide an additional resource with an even higher degree of certainty.

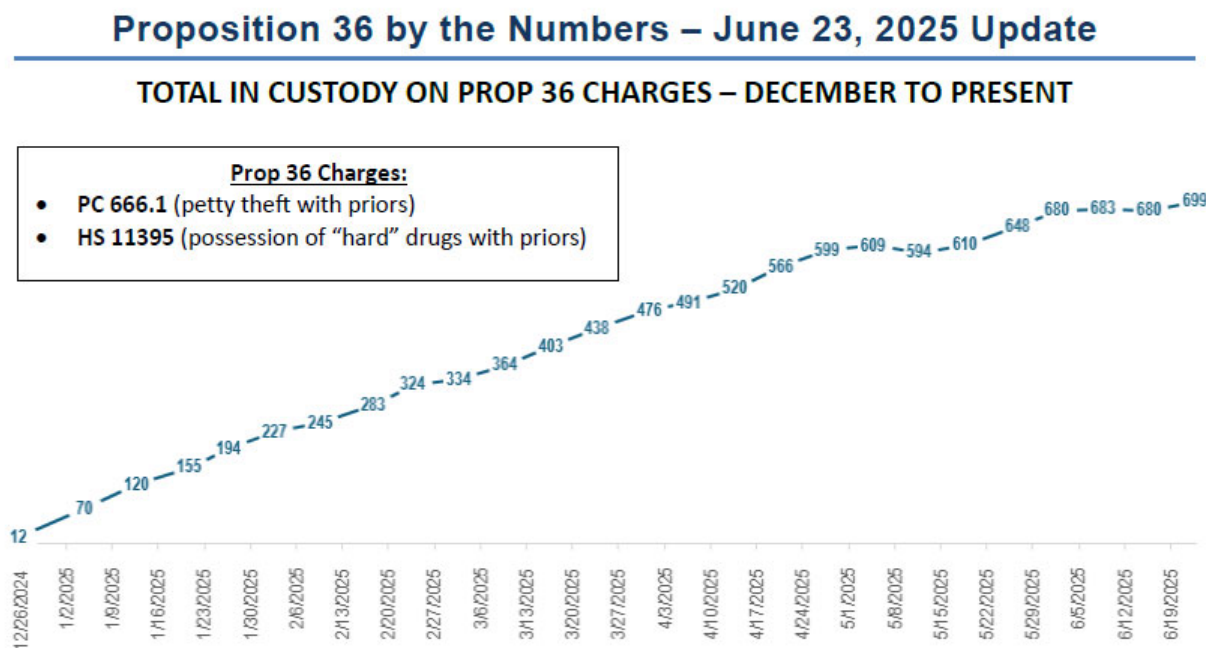
Third, as described above, more individuals are entering jail with significant mental health conditions and an increase in community mental health resources could reduce the number of people with serious mental illness entering the jail.

Fourth, the Office of Diversion and Reentry (ODR) is a key resource in reducing the number of people with serious mental illness in the jail over time. ODR has been able to help reduce the jail population by moving individuals with serious mental illness to the community with

housing and comprehensive treatment services that address their needs. ODR has helped divert approximately 2,500 individuals in the past year, all of whom have serious mental illness and a majority of whom were of P3/P4 status, meaning they are some of the sickest and most clinically complex individuals. ODR helps mitigate the negative impacts of incarceration and promotes long-term stability and recovery. The opportunity for diversion provides hope for early release, connects people with the services they need to address mental illness and substance use disorders, and alters their path away from the criminal justice system. To enhance the positive steps taken, ODR submitted a supplemental budget request for ongoing funding in the amount of \$24.925M to fund a 1000 slot expansion of the ODR Housing program and ensure continued opportunity to divert individuals with serious mental illness from County jails. ODR anticipates filling their budgeted number of slots early in 2026, which means that there is a need for additional funding for the rest of FY 25-26 and beyond. ODR also submitted another ongoing funding request for court team expansion in the amount of \$4.536M for new staff to support planned Superior Court expansion for the ODR Housing program. The two funding requests total \$29.491M.

IMPACT OF LOCAL, STATE OR FEDERAL POLICY OR BUDGETARY DECISIONS

Since the new Proposition 36 was enacted in January of 2025, the average daily incarcerated population has increased by approximately 700 individuals. This increases pressure on CHS' already stressed resources.



When coupled with a fixed budget that does not take into account increased annual costs for services and medications, the rise in the jail population makes it increasingly difficult for CHS to provide the level of service and care that our population demands.

CONCLUSION

The LA County jail population is older and faces more chronic medical and mental health issues than ever before. Combined with rising fentanyl use, this increases their risk of illness and death. CHS provides continuous care focused on disease prevention, treatment of serious mental illness, and aggressive addiction management. While it is not realistic to expect that the County will be able to eliminate all deaths, particularly as the jail population grows larger and faces a growing burden of mental illness, chronic physical health conditions, and substance use, it is possible to reduce jail deaths with a robust investment of resources specifically tailored to the causes of deaths within the LA County jail system.

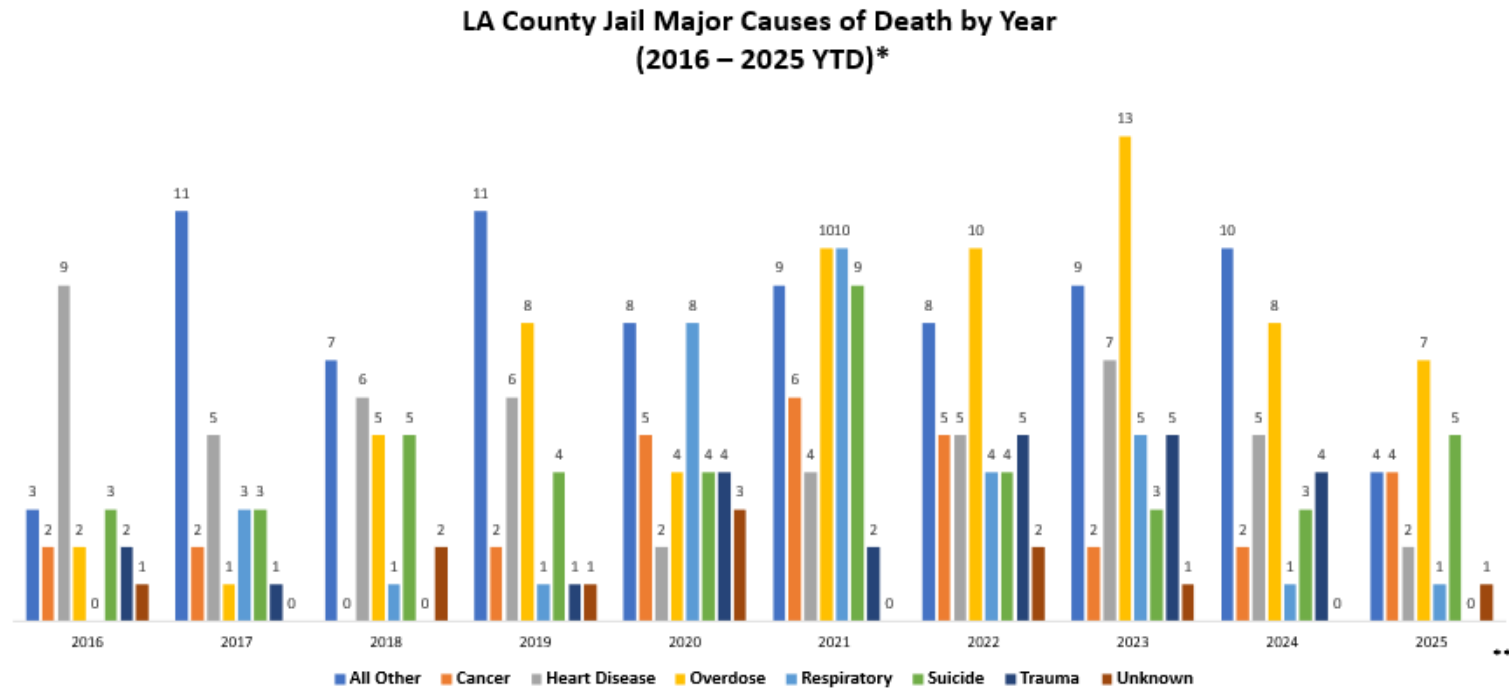
If you have any questions, you may contact me, or your staff may contact Dr. Timothy Belavich at (213) 893-5317 or by email at TBelavich@dhs.lacounty.gov

CRG: tb

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

Appendix I: Primary Causes of Death by Year in Los Angeles County Jails (2016 – 2025 YTD)



* Frequency for each major cause of death in the LA County Jail across each year, January 1, 2016 to December 31, 2025.

** Data for 2025 is subject to change with the investigation of the preliminary cause of death by the Medical Examiner-Coroner.