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Pregnant and Incarcerated Women and Girls

Across the United States, more than 200,000 women (including gender non-conforming people who are being housed in women’s facilities) are living in prison or jail. Thousands of these women are pregnant. Pregnancies among incarcerated women are often unplanned and high-risk, and are compromised by a lack of prenatal care, poor nutrition, domestic violence, mental illness, and drug and alcohol abuse. Whether an incarcerated woman or girl decides to continue her pregnancy to term or have an abortion, she has a right to obtain medical care. Medical care for incarcerated individuals is a constitutional and human right. Nevertheless, pregnant and incarcerated women and girls often have limited access to the care they and their babies need both pre- and postpartum. These women and girls often live in poor conditions leading up to and during their births, and are forced to relinquish their babies while still nursing and bonding with their newborn.

Across the nation, similar matters have been addressed in various lawsuits. For

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example, last year, a woman sued the Milwaukee County jail, alleging that deputies refused to unchain her while she was giving birth because of a jail policy requiring inmates to remain shackled while they're hospitalized, regardless of the circumstances. In another federal lawsuit involving Allegheny County, the complaint demanded that jail administrators immediately stop placing pregnant women in solitary confinement and adhere to constitutional obligations for health and safety of pregnant women, including providing a healthy diet, prenatal vitamins and necessary supplements. In 2016, the National Association of Women Judges declared conditions for pregnant women in the Metropolitan Detention Center in Brooklyn “unconscionable,” and concluded the Detention Center was in violation of the ABA Standards on Treatment of Prisoners and the UN Standard Minimum Rules for the Treatment of Prisoners.

Other jurisdictions are forming creative solutions to the need for postpartum women to care for their babies while still incarcerated. For example, at Bedford Hills Correctional Facility for Women, established in 1901, new mothers live with their infant children for up to 18 months. Although the individual rooms still have bars on the windows, the mothers in the program share their living space with a crib and their child. Mary Byrne, a Columbia University researcher, has spent years studying mothers and children who started life in Bedford Hills. Her research indicates that the children formed critical attachments to their mothers and that they were no different from children raised entirely outside of prison.

Despite these strides, pregnant women and girls in Los Angeles County face challenging circumstances. In one example, a pregnant 16-year-old was picked up on a warrant and placed at the Central Juvenile Hall. Within a few days, she delivered her

baby at LAC+USC Medical Center. The baby remained hospitalized, while the minor mother was returned to placement at Central Juvenile Hall pending her upcoming court date. Women in the jails frequently report delayed access to health care despite pregnancy and other high-risk conditions. Current data also shows that an increasing percentage of incarcerated pregnant women have mental illness diagnoses of varying degrees of severity and stability. Their physical and mental health needs require even more sensitivity and sophistication, which can challenge resources and housing options within custodial facilities. To this end, on February 2, 2018, the Inspector General provided a report of services and programs offered to pregnant prisoners and mothers at the Century Regional Detention Facility, as instructed at the November 14, 2017 Board meeting. That report raises several concerns and recommendations which are referenced, herein. As a County, we must address these matters with more sensitivity to the dignity of physical and emotional needs of the mother and her baby.

WE, THEREFORE MOVE, that the Department of Health Services (Correctional Health Services/Juvenile Court Health Services) and Sheriff's Department, in collaboration with the Office of Diversion and Reentry, Probation Department, Department of Mental Health, Department of Children and Family Services, District Attorney, Public Defender, Alternate Public Defender and other stakeholders, such as the courts, report back in 90 days on the following:

Data

1. The number of pregnant women and girls in each respective department's custody during calendar year 2017, including de-identified information about their offenses and sentencing, and the number of pregnant women and girls

who delivered while in custody and an outline of their postpartum care, and who took custody of their newborns.

Health Care and Well-Being

2. Current policies addressing screening to determine pregnancy, recent child bearing, total number of children, and the necessity of prenatal health care, dental and mental health care, for both women and girls in each respective department's custody;
3. An update on policies and practices implemented to ensure pregnant women receive appropriate diets, including clean water, which are not impacted by changes in housing location, and options for additional out-of-cell time;
4. An outline of housing conditions (including food disposal and clean water availability) for pregnant and post-partum women and girls including available beds and bedding suited for pregnancy and post-partum care, and any restrictions based on criminal history, physical and mental health, behavior, or attitude;
5. An update on the implementation of Mama's Neighborhood program within CRDF, including when services began, eligibility criteria, number of women participating and rejected, the use of doulas or registered nurses in labor and delivery, and policies and practices on allowing family support during labor and delivery and/or communication with family and loved ones before, during, and after labor and delivery.

Parent-Child Relationship, Reentry and Reunification

6. For ABC, WISP and the lactation program, and any other programs available for pregnant and post-partum women and girls, details about how women and girls are notified of existing programs, determination of eligibility and participation, including actual numbers of participation of women and girls in each program in 2017, reasons for rejection, and options for expanding eligibility criteria and participation;
7. An update regarding the creation of a policy pertaining to contact allowed between new mothers and their newborns, postpartum, based on collaboration between medical, mental health, and custody personnel, with strong consideration of the mother's preferences.

Best Practices

8. An evaluation of best practices across the nation for health care, rehabilitative services, child care, postpartum and parenting programs for incarcerated pregnant and post-partum women and girls, and postpartum contraception access practices, and whether they have been or could be implemented in Los Angeles County;
9. Plans for training and ongoing professional development for Sheriff, Probation and other relevant clinical staff on the topics of pregnancy, prenatal care, post-partum care for inmates and their children.

Diversion

10. An analysis of all available options for diversion from incarceration, release pending trial and early release post-sentencing of all pregnant adults and youth in Los Angeles County custody;
11. An analysis of all available options for alternatives to custody with intensive mental health treatment for all pregnant adults and youth in Los Angeles County custody with high mental health acuity and/or who meet LPS criteria, and with appropriate substance use treatment for all pregnant adults and youth in Los Angeles County custody with substance use disorder.

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