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Addressing In-Custody Overdose Deaths in the Los Angeles County Jails

Over the last five calendar years, 2018 to 2022, the Los Angeles County (County) jails have averaged 37.8 in-custody deaths each year¹. In-custody overdose deaths have remained high and approximately 20 percent of in-custody deaths within this time period are due to an overdose.

One of the reasons for the high numbers can be attributed to the sheer amount of fentanyl that have flooded the County both on the streets and in our County jails; a trend we have also, unfortunately, seen in our juvenile detention facilities.

The County Board of Supervisors (Board) has taken bold, actionable steps to combat overdoses from occurring as a result of the extensive availability and use of fentanyl, such as providing Narcan in the jails and Narcan training to people who are incarcerated and the staff who work there. Though this is a valuable tool that has saved

¹ 2021, 50 people died in custody, of which 9 were COVID-related.

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many lives, the County also needs to invest more and support initiatives, policies, and protocol reform to stop the illicit substances from entering the facilities in the first place and support those who are struggling with addiction.

In 2022, the Board of Supervisors directed the Chief Executive Office (CEO) to work with the Sheriff's Department (LASD), the Office of the Inspector General (OIG)², the Sheriff Civilian Oversight Commission (COC), and the Department of Public Health's Substance Abuse Prevention and Control (SAP-C) to report back with recommendations to prevent the presence of drugs in the County's jail facilities, the patrol stations, and court lockups³. This report included a total of 10 proposals, one of which has been fully funded by the Board of Supervisors and adopted by LASD, three funded by LASD and adopted by LASD, one partially adopted by LASD, and five that have yet to be adopted by LASD:

LASD Proposals	Status
1. Scent detection canines	Five additional canine units to be deployed at all facilities. Funded by the BOS and adopted by LASD.
2. Narcotics investigators	Not adopted by LASD.
3. Mail screening devices (3 – IRC, MCJ, and South)	3 devices at IRC, MCJ, and PDC-South). Funded by LASD, adopted by LASD.
4. Mobile trace spectrometer	Not adopted by LASD.
5. Drugloo Ranger	1 at MCJ. Funded by LASD, adopted by LASD.
6. Bi-annual training refresher (4,084 custody staff split into two cohorts)	Not adopted by LASD.
7. Grounds maintenance staffing	Not adopted by LASD.
8. MERIT Master: SUD Program	Not Adopted by LASD.
9. Random personnel searches	Partially adopted by LASD.

² *The OIG/COC's number one priority was to lower the inmate population, which exacerbates existing problems with drugs being present in the jails.

³https://file.lacounty.gov/SDSInter/bos/bc/1128807_08.17.22EnhancingIllegalDrugDetectionintheJailsandCourt.bm.pdf

10. Body scanner replacement	LASD currently has 17 body scanners (1, MCJ; 6-IRC; 4-NCCF; 2-CRDF; 2-PDC-North; 2-PDC-South), but updated body scanners were not funded or adopted as a result of this report back. However, LASD is currently piloting updated body scanners.
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Despite having these tools, LASD has not consistently maintained or collected data, but should, on the use, including evaluation of efficacy, the impact on the number of in-custody overdose deaths, and the inflow of illicit substances entering the facilities. There must be a show of a return on investment through the lives saved or overdose prevention. However, despite having these assets for years, the lack of data is troubling. Specifically, there is either inconsistent data or no data on how often searches occur, what is recovered during the searches, how many people go through the body scanners, and what was recovered during the scans. The use of the “Drugloo Ranger” is a necessary equipment, yes, to hygienically detect narcotics in waste, however, what leads to the elevation of use is not documented. Tracking narcotic detection and recovery would assist LASD in having a data-informed understanding of the efficacy of these tools, as well as narcotic detection generally.

Additionally, though LASD conducts searches on people who are incarcerated, the failures and gaps lie in the lack of comprehensive and consistent searches of custody staff and civilians who work inside the County jails⁴. This was a weakness that was also highlighted for the County juvenile facilities and the same lessons can be

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https://file.lacounty.gov/SDSInter/bos/bc/1128807_08.17.22EnhancingIllegalDrugDetectionintheJailsandCourt.bm.pdf

learned and addressed in the adult correctional facilities. Though a clear bag policy⁵ was adopted, the searches need to be thorough and other belongings also need to be searched, such as lunch bags and outside to-go lunch purchases. A visual inspection will not deter; rather, it only enforces lackadaisical security procedures and protocols.

Most importantly, there must be more addiction-centered programming and services for those who are entering our jails. Addiction is very real and the types of substances that are being used are more potent than before with devastating and fatal effects and consequences that impact not just physically, but mentally. The use of Medication-Assisted Treatment (MAT) has increased in the jails, however, not only should we ensure availability for those who need it, it should be supplemented with peer support, community-based treatment diversion opportunities, and therapeutic and rehabilitative programming to achieve successful treatment for people who are incarcerated that will be reinforced upon reentry.

In recognition of the success of peer-support models in the County jails, such as the FIP Stepdown program staffed with Mental Health Assistants, other specialized units are in the process of duplicating the program such as the Incarcerated Veterans dorms. LASD should consider exploring the recommendation to create a similar peer-support model for people with substance use dependencies with staffing support by Merit Masters.

Given how widely known the negative impact of untreated dependencies can have on not just the affected individual, but on their families and communities, it is

⁵ Custody Division Manual, Volume 3 - Administrative Policy and Procedures, **3-01/090.15 Personal Bags**

incumbent that the County prioritize the health and well-being of those within our jails by taking a more holistic approach in how it enforces, prevents, and treats substance abuse inside the County jails and continue that support upon reentry. We must emphasize a compassionate and non-punitive approach and response to individuals struggling with substance use dependencies because, by addressing over-dose related deaths in the County jails comprehensively, we can contribute to creating a safer and healthier community.

WE, THEREFORE, MOVE that the Board of Supervisors:

1. Request the LA Sheriff's Department to:
 - a. Collect and track data outlining narcotics recovery in county jail facilities to evaluate the efficacy of drug detection interventions and provide information to the OIG; and
 - b. Strengthen existing policy on increasing and conducting more comprehensive searches of the belongings of staff and civilians who enter the facility, beyond visual inspections.
2. Direct the Office of Inspector General, in collaboration with the LA Sheriff's Department, Correctional Health Services, and as needed, Medical-Examiner, to:
 - a. Present updates to the Sheriff Civilian Oversight Commission every quarter on the status of in-custody overdose deaths in the County jails;
 - b. Provide updates regarding in-custody overdose deaths in its Quarterly Reports to the Board of Supervisors on, but not limited to, the following:

- i. Number of in-custody deaths that have been confirmed were due to an overdose;
 - ii. Number of in-custody deaths that are assumed to be due to an overdose;
 - iii. Progress LASD is making on the recommendations included in the OIG reports and this motion's directives; and
 - iv. Additional recommendations to resolve in-custody overdose deaths.
- 3. Direct Correctional Health Services and request LASD, in collaboration and consultation with the Office of Inspector General, and the Department of Public Health's Substance Abuse Prevention and Control, to provide the Board with a report back, in writing, in 90 days, on a feasibility and implementation plan to:
 - a. Re-evaluate existing and create evidence-based strategies for identifying individuals at risk of substance use dependencies and pairing them with a treatment plan upon intake;
 - b. Provide peer (formerly incarcerated individuals/incarcerated individuals with lived experience) support and therapeutic and rehabilitative programming to incarcerated patients who are receiving Medication-Assisted Treatment;
 - c. Develop programming and provide supportive services for those who may not be receiving MAT services, but are on the substance use dependency spectrum;

- d. Create a feasibility and implementation plan for a pilot to develop a peer-support model, similar to the FIP Stepdown Program, for people who are incarcerated and have substance use dependencies who can be supported by Merit Masters and community-based providers;
 - e. Develop better coordination between CHS and SAP-C to:
 - i. Ensure clients are participating in substance use dependency services and programs upon reentry through data collection, assessments, and evaluation; and
 - ii. Strengthen and streamline processes to allow eligible people who are incarcerated to benefit from Medi-Cal services 90 days prior to their release for substance use dependency services, among others; and
 - f. Provide additional recommendations to:
 - i. Reduce illicit substances from entering the facilities,
 - ii. Limit accessibility of illicit substances in the facilities; and
 - iii. Increase the availability of resources and services to be provided in and out of the facilities.
4. Direct the Chief Executive Office to report back, in writing, during the Fiscal Year 2024-2025 Final Changes Budget, on the fiscal impact and potential funding sources for Directives 1-3, including the use of AB 109 funds and other sources.

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