

PLEASE CLICK ON THE COUNTY OF LOS ANGELES SEAL
TO RETURN TO THIS PAGE

[CLICK HERE FOR THE DIRECTOR OF HEALTH SERVICE'S REPORT DATED SEPTEMBER 10, 2025](#)

[CLICK HERE FOR THE SHERIFF'S REPORT DATED SEPTEMBER 16, 2025](#)

[CLICK HERE FOR THE ACTING CHIEF EXECUTIVE OFFICER'S REPORT DATED NOVEMBER 13, 2025](#)



September 10, 2025

**Los Angeles County
Board of Supervisors**

Hilda L. Solis
First District


Holly J. Mitchell
Second District

Lindsey P. Horvath
Third District

Janice K. Hahn
Fourth District

Kathryn Barger
Fifth District

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)

Christina R. Ghaly, M.D.
Director

Nina J. Park, M.D.
Chief Deputy Director, Clinical Affairs & Population Health

Aries Limbaga, DNP, MBA
Chief Deputy Director, Operations

Elizabeth M. Jacobi, J.D.
Administrative Deputy

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."

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"*

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.

www.dhs.lacounty.gov



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

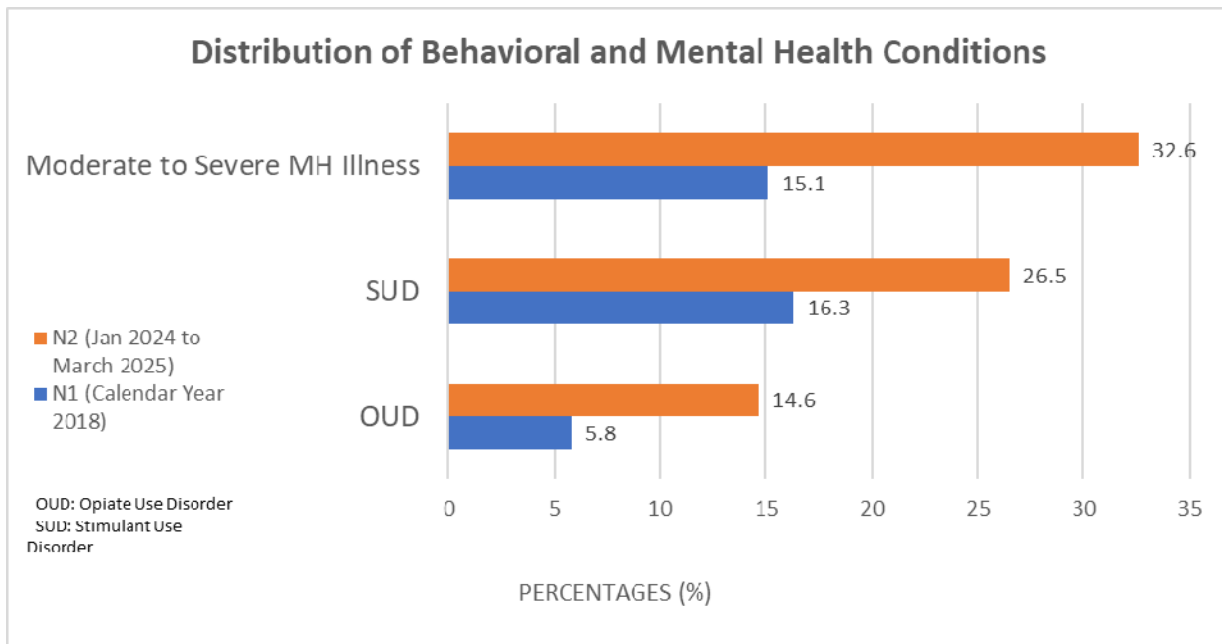
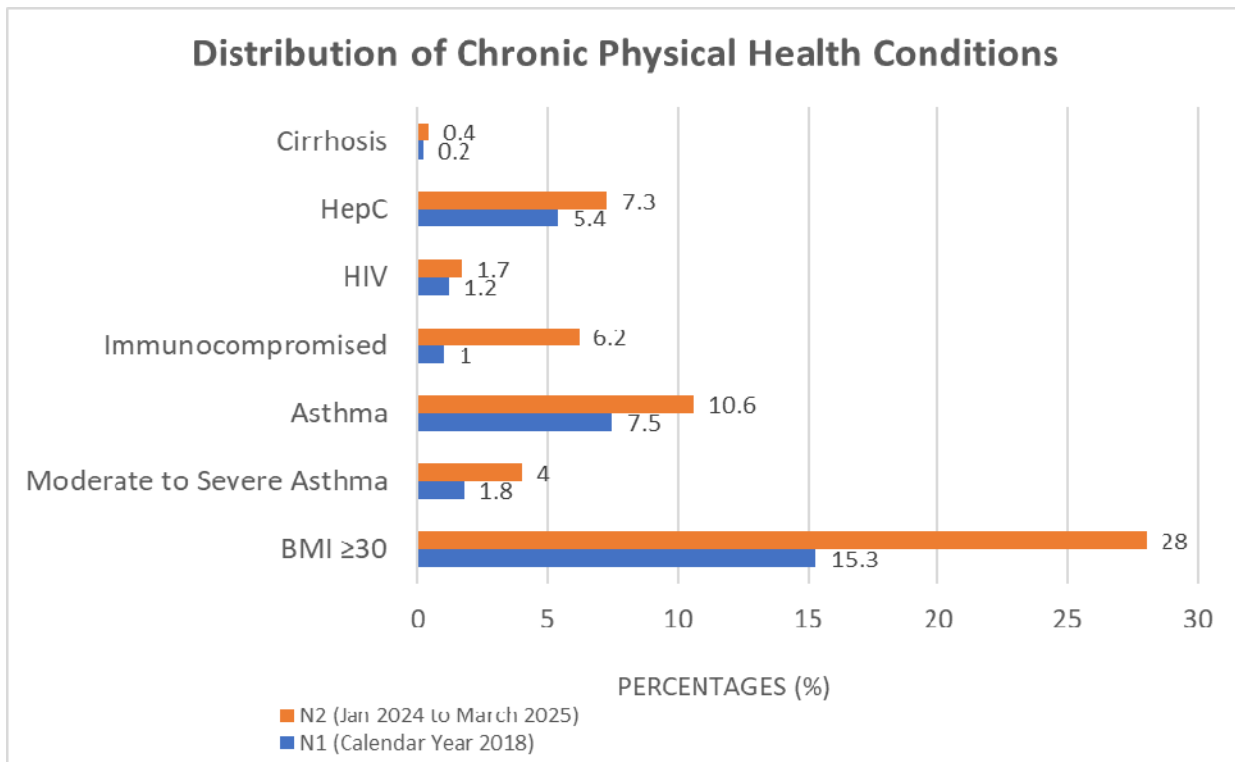
Nearly one-half (11) of the 23 deaths thus far were attributed to natural causes due to preexisting, underlying medical conditions (e.g., cancer), seven of the 23 deaths resulted from methamphetamine or fentanyl overdose, and five inmates died from suicide. In comparison, in 2024, there were eight overdose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

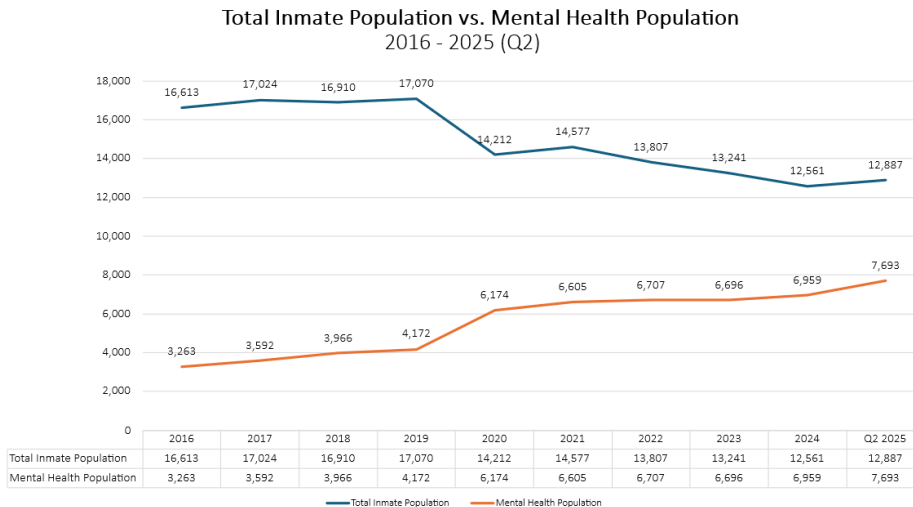
ADDITIONAL NEEDS RELATED TO SUBSTANCE USE DISORDER INTERVENTIONS

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.



Total Inmate Population Data Source: Average Daily Inmate Population from LASD Custody Division Reports
 Mental Health Population Data Source: 2016 -2019 LASD MH Count, 2020-2025 P-Level Reports

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.

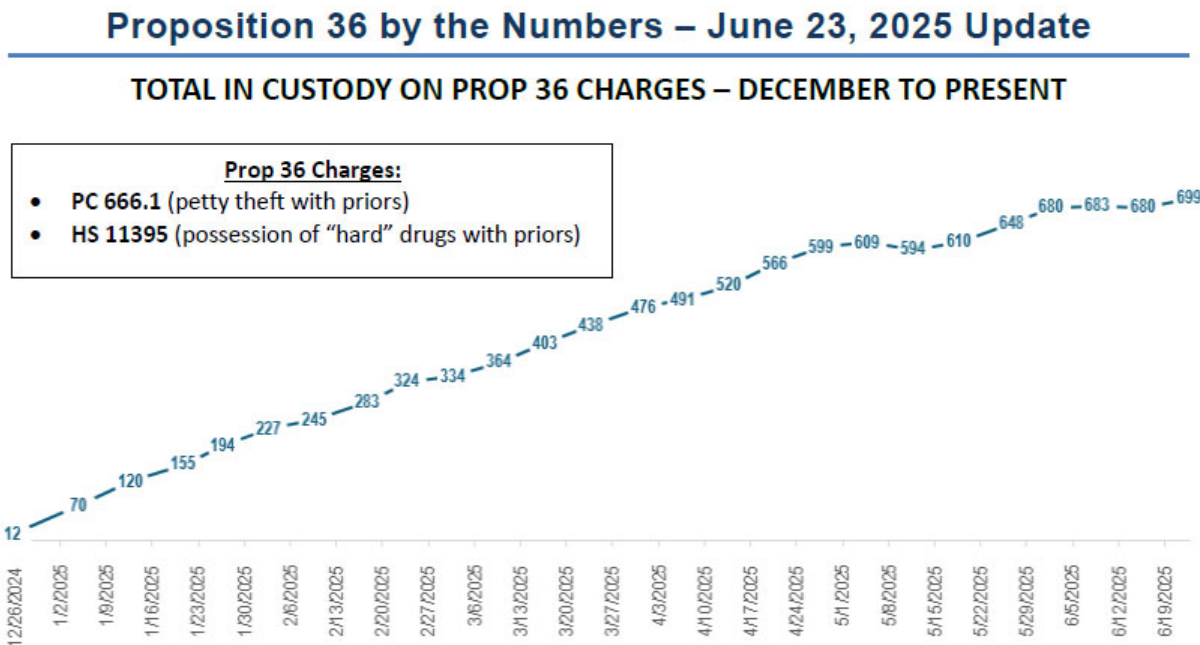
Third, as described above, more individuals are entering jail with significant mental health conditions and an increase in community mental health resources could reduce the number of people with serious mental illness entering the jail.

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

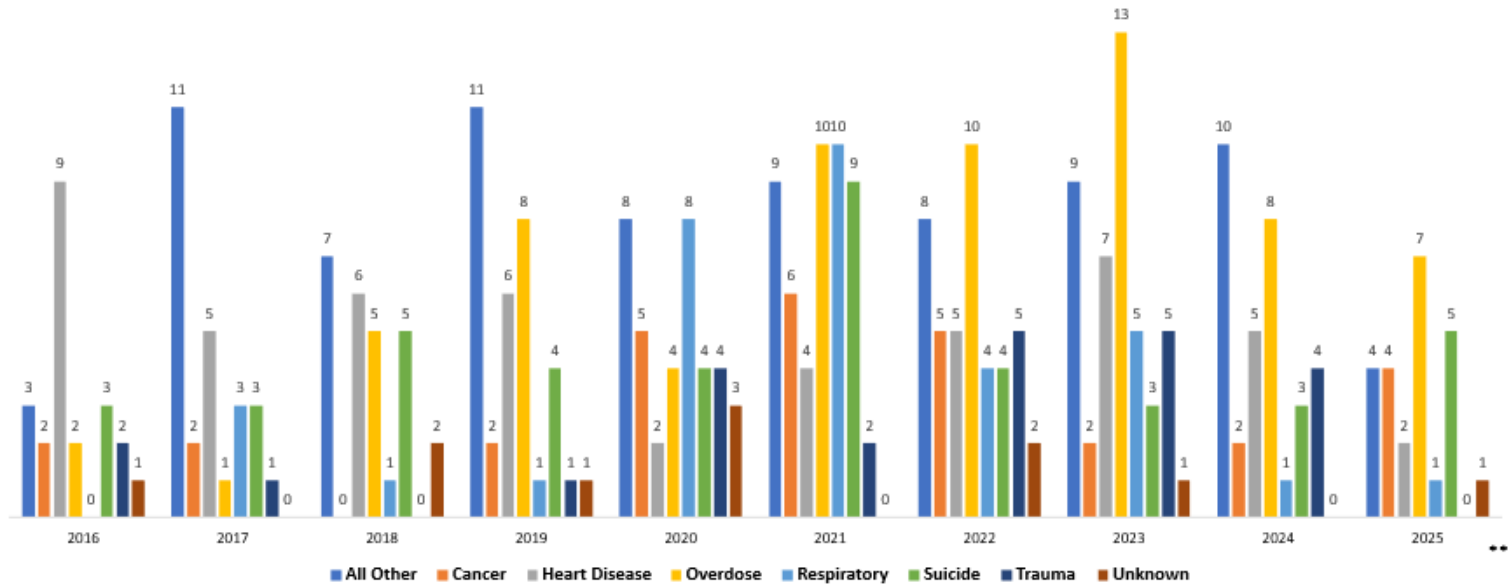
CRG: tb

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)

**LA County Jail Major Causes of Death by Year
(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.



OFFICE OF THE SHERIFF

COUNTY OF LOS ANGELES

HALL OF JUSTICE

ROBERT G. LUNA, SHERIFF



September 16, 2025

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**LOS ANGELES COUNTY SHERIFF'S DEPARTMENT'S RESPONSE TO THE BOARD
MOTION REGARDING PRIORITIZING DIGNITY AND LIFE IN THE LOS ANGELES
COUNTY JAILS**

SUBJECT

On May 13, 2025, the Board of Supervisors (Board) directed the Los Angeles County Sheriff's Department (Department) to report back in writing in 90 days, and present at a joint Public Safety and Health and Mental Health Services Cluster meeting, no later than two weeks after the submission of the report, and present at a Board meeting, no later than two weeks after the joint Cluster presentation, on the following:

- Implementation plan with key performance indicators and metrics to assess progress made to significantly decrease the number of deaths in the jails;
- Analysis on the causes and factors leading to the increased number of deaths and how they will be resolved and addressed to prevent and decrease in-custody deaths, including providing recommendations and best practices; and
- 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.

211 WEST TEMPLE STREET, LOS ANGELES, CALIFORNIA 90012

A Tradition of Service
— Since 1850 —

Implementation plan with key performance indicators and metrics to assess progress made to significantly decrease the number of deaths in the jails.

The Department concurs with the assessment of the Board that many incarcerated people are “largely sicker or have untreated mental health needs.” Any solutions to prevent and decrease in-custody deaths will require a multi-prong approach involving collaboration with multiple Los Angeles County partners, and the Department is committed to fulfilling its role in this endeavor.

The Department is committed to reducing and preventing in-custody deaths and strengthening security measures. With the Board of Supervisors’ support, the Department aspires to introduce non-invasive technology solutions to assist in furthering its goals of preserving life through contraband interdiction efforts, early detection, and timely healthcare intervention.

DOJ SETTLEMENT AGREEMENT

As part of a Settlement Agreement with the United States Department of Justice (DOJ), the Department has committed to numerous reforms (69 provisions) designed to enhance the treatment and care of prisoners with mental illness. The changes agreed upon have improved our policies and practices, and conditions of confinement, while safeguarding inmates at risk of harm from suicide, self-injury, or injury by others. The court appointed Monitor for the DOJ Settlement Agreement evaluates the Department’s implementation of the provisions through specific audits, reviews and assessments, and files written public reports with the Court every six months. In addition, the Department provides the Monitor a self-assessment each reporting period which includes the status of ongoing and continuous improvement activities, responses to the Monitor’s concerns which may have been documented in prior reports, a summary of any audits related to the provisions of the Agreement which were completed during the reporting period, and any relevant trend data.

The Department has made significant progress towards compliance with these provisions and, as of the Monitor’s Nineteenth Report, is in Substantial Compliance with 50 Provisions, in Partial Compliance with 15 provisions, and in Non-Compliance with only one provision. In the Monitor’s most recent report, the Department was praised for making significant progress since the Eighteenth Report was filed.

Pursuant to the DOJ Settlement Agreement, the Department was required to conduct timely, thorough, and objective reviews of all in-custody suicides. The Department embraced this new comprehensive review and voluntarily expanded it to include all in-custody deaths, regardless of manner. The Death Review process conducted by Custody Division ensures each in-custody death is reviewed to determine whether staff

engaged in any violations of policies, rules, or laws, and whether any improvements to policy, training, operations, treatment programs, or facilities are warranted.

Furthermore, the Department conducts an analysis of the quality and timeliness of inmate safety checks related to all inmate deaths. In 2025, four administrative investigations were initiated when this analysis revealed the quality of the safety checks fell short of the Department's standards.

Analysis on the causes and factors leading to the increased number of deaths and how they will be resolved and addressed to prevent and decrease in-custody deaths, including providing recommendations and best practices

SUICIDES

From January 1, 2020, to July 31, 2025, there have been a total of 237 in-custody deaths in the Los Angeles County Jail system. The majority of these deaths (36 percent) have occurred at Men's Central Jail (MCJ) which houses approximately 30 percent of the Average Daily Inmate Population (ADIP).

Since 2020, 38 percent of all inmate suicides have occurred at MCJ. The MCJ houses a diverse inmate population including Americans with Disabilities Act (ADA), Moderate Observation Housing (MOH), Medical Outpatient Specialty Housing (MOSH), and Restrictive Housing. The MCJ contains more than 1,500 cells, has the only high security area for extremely violent inmates, and contains the only medical housing for male inmates, playing a critical role in the overall operation of the jail system.

JAIL MENTAL EVALUATION TEAM (JMET)

In 2015, the Department expanded its Jail Mental Evaluation Team (JMET) in response to the DOJ Settlement Agreement. In 2021, JMET deputies began providing services to the MOH population housed at MCJ in the form of row walks and crisis intervention. They conduct weekly population sweeps of 127 modules across the Custody Division and support mental health staff seven days a week in all facilities. Inmates housed in discipline rows and single-man cells receive visits multiple times a week.

DOUBLE-MAN CELLS

Since January 2020, suicides have comprised approximately 12 percent of the Department's in-custody deaths, and 68 percent of these suicides have occurred in single-man housing. The Department consistently strives to house inmates in multi-man cells to reduce isolation and overcrowding concerns.

High Observation Housing (HOH) inmates can have significant impairments related to recurrent violence, persistent danger of hurting themselves, and inability to control their behavior; finding appropriate and safe housing for these inmates is extremely challenging. Despite these challenges, the Department continues to monitor and assess HOH inmates daily to determine if they can be safely placed in double-man cells.

OVERDOSES

Illegal narcotics and substance abuse have contributed to approximately 19.8 percent of in-custody deaths. The Department recognizes the severity of substance dependency and the vulnerability of those individuals with substance use disorders. The detection and interdiction of contraband including, but not limited to, illegal narcotics and controlled substances, is critical to the safety and security of both inmates and staff.

The presence of narcotics within our jail facilities significantly hinders the rehabilitation process, making it difficult for individuals to fully engage in programs focused on personal reform. To address this issue, the Custody Division, in collaboration with Correctional Health Services, established an overdose treatment dorm. This unit separates affected inmates from drug-prone environments while providing them the same privileges as others. Incarcerated individuals identified as having experienced an overdose are immediately transferred to the North County Correctional Facility (NCCF), where they are offered voluntary drug treatment, including the Medication Assisted Therapy (MAT) Program, the Substance Treatment and Re-Entry Transition (START) Program, and Narcotics Anonymous.

The Department depends heavily on the evolving demands and capabilities of the Custody Investigative Services (CIS). The CIS includes specialized units such as the Organized Crime Task Force (OCTF), Custody K-9, the Jail Liaison Unit, the Jail Investigations Unit (JIU), and Operations Safe Jails (OSJ). In 2025, these units continue to play a vital role in preventing inmate deaths by proactively identifying risks and gathering intelligence that allows for timely and effective intervention. Their mission is to detect and address threats within correctional facilities—such as violence, drug trafficking, and other high-risk activities—that significantly contribute to inmate mortality.

INTERDICTION EFFORTS

The Department continues to combat ongoing efforts by organized criminal gangs and others who desire to smuggle narcotics into our jail facilities. While the primary motive behind these smuggling operations is financial—often yielding profits up to ten times higher than street value—the most tragic consequence is the death of an incarcerated individual due to an overdose.

To disrupt these operations, the Custody Division is actively exploring strategies to restrict the ability of highly influential inmates to traffic narcotics and communicate with others inside and outside the jail.

One such strategy under consideration is the development of specialized security housing at the NCCF. This unit would consolidate these targeted individuals in a controlled environment where their movement, communication, and opportunities to distribute narcotics are significantly limited, while still offering them the programming opportunities they would receive in general population. By confining them to a monitored setting with restricted communication channels, the Division aims to curtail their influence and reduce the flow of narcotics within the facilities. Ultimately, this approach could lead to more effective interventions and a measurable decrease in overdose-related deaths.

A method frequently used to smuggle contraband into jail facilities has been through facility mailrooms. Contraband is often disguised within photographs, artwork, certificates, or concealed in more sophisticated ways, such as in hidden compartments in envelopes or books.

In June 2024, the Department launched a consolidated mailroom initiative involving Pitchess Detention Center and MCJ. Mailroom personnel received training through the California Department of Corrections and Rehabilitation and personally collaborate their findings with OSJ staff which has greatly enhanced the ability to share intelligence, identify senders and recipients of contraband, and coordinate efforts.

This close collaboration has fostered a team of highly skilled professionals capable of providing real-time intelligence to both JIU and OCTF detectives, who utilize this information to obtain and serve narcotic-related search warrants throughout communities in the County. Since the inception of the consolidated mailroom, over 700 pieces of mail containing confirmed or suspected narcotics have been intercepted; mail that would have otherwise entered our facilities and posed a significant risk of overdose incidents.

Many individuals enter the jail system already struggling with chemical dependency, often involving substances such as heroin, methamphetamine, fentanyl and K2/Spice. To sustain their addictions, the incarcerated frequently fall victim to organized criminal gangs who operate both inside and outside correctional facilities. These gangs generate millions of dollars annually through activities such as drug trafficking, extortion, protection rackets, control over jail politics and commissary, smuggling of contraband, and street gang taxation.

The Department combats this complex and dangerous network primarily through the OCTF. In the first quarter of 2025, OCTF obtained judicial approval for forty-eight (48) search warrants. All these warrants had a nexus to criminal activity within the Los Angeles County jail system. As a result of their execution, the OCTF seized approximately 14 pounds of narcotics, two firearms, and arrested thirty-four individuals.

HOMICIDES AND INMATE VIOLENCE

The Jail Liaison Unit helps prevent homicides and suicides by monitoring gang activity, interpersonal conflict, and other threats to personal safety. Through surveillance, informants, and behavioral factors, the Jail Liaison Unit identify incarcerated individuals who are at risk, either as potential perpetrators or victims, and appropriately intervene and classify them before violence or self-harm occurs. Through proper identification, vetting, and placement in the restrictive housing process, inmates who may otherwise be inappropriately housed and living in constant fear for their safety, are able to live among similar individuals, thereby reducing the chance of future harm. Currently there are over 600 individuals who have been classified or are awaiting classification as part of this process.

In addition to narcotics enforcement, OSJ deputies actively safeguard inmate welfare by identifying individuals at increased risk of assault or retaliation, and preemptively intervening in high-risk dorm situations. Deputies also facilitate timely mental health interventions when they receive intelligence related to an inmate's risk of self-harm. These proactive measures reflect the OSJ's and the Department's ongoing commitment to safety through intelligence-driven operations, behavioral analysis, and inter-unit collaboration.

TRACKING OF INMATE AND EMPLOYEE/CONTRACTOR SEARCHES

K-9 units are an essential tool in reducing inmate deaths related to contraband smuggling in the jail facilities. These specially trained dogs are proficient in identifying narcotics, jail-made alcohol ("pruno"), and electronic devices such as cellphones, which are often used by inmates to surreptitiously facilitate drug trafficking and payments. Additionally, the amount of jail-made alcohol recovered by these K-9's has a significant impact on the amount of violence inside the jails. K-9 teams operate in various areas within all facilities including common areas, cells, intake areas, employee entrances, and county courtrooms. Between the years 2020 and 2025, intelligence gathered by CIS has resulted in seven criminal cases involving employees and contractors which were presented for filing consideration.

In the first quarter of 2025, CIS K-9's conducted 1,084 searches, with 528 recoveries consisting of jail-made alcohol, marijuana, methamphetamine, heroin, fentanyl, K2/Spice, and drug paraphernalia. Since tracking began in 2021, CIS K-9 detail has recorded over 17,000 searches and almost 7,000 finds of jail-made alcohol, suspected narcotics and drug paraphernalia. In the first quarter of 2025, OSJ deputies also successfully intercepted narcotics on 59 occasions, preventing the introduction and distribution of potentially lethal substances within the jails. These interdictions were largely attributed to targeted surveillance, actionable intelligence from inmate informants, and thorough screening of returning inmates.

OTHER METHODS

The Department continues to utilize various methods to reduce crowding levels, including:

- limiting the misdemeanor bail admitted to \$50,000
- applying accelerated releases by 30 days for all inmates
- keeping the percentage release at 10 percent of court ordered sentences for non-violent charges
- releasing short sentences with non-violent charges, if they are less than 240 days.

In collaboration with other County departments and agencies, many justice-involved individuals are being diverted away from the jails and into mental health services, homeless programs, and substance use programs. These types of programs benefit the individual, the community and the Department.

RECOMMENDATIONS

Care First Treatment Campus

In his Nineteenth Report, the DOJ Monitor noted hundreds of MOH patients are detained in MCJ in deplorable conditions, with no private areas or spaces to meet with clinicians or to conduct group programming. He additionally noted, "Lines of sight from Deputy workstations are poor, creating dangerous conditions for staff and inmates." The outdated MCJ is inconsistent with current industry jail standards of providing access to care and treatment. The physical layout and aging infrastructure of MCJ has resulted in escalating costs for maintenance, providing security, and medical care.

There are still significant barriers to compliance with the DOJ Settlement Agreement which can only be solved by investing in a new and more modern correctional treatment facility, designed to house the jail's exploding mental health population.

The Department has gone to great lengths to release eligible inmates in its custody; however, due to an increase in the average daily inmate population (ADIP) related to the passage of Proposition 36, the Department anticipates facility crowding levels and short-staffing issues will worsen.

The solution is the creation of a Care First Treatment Campus (CFTC). The CFTC would be modeled after the State Hospital system holding patients in the least restrictive environment within a secure facility according to the patient's clinical need and in-custody behavior. To the extent feasible, in mental health housing areas, the day-to-day interactions with inmate-patients would primarily be performed by Psychiatric Technicians, employed by Correctional Health Services (CHS). Custody staff would have a limited presence, taking action only as required to maintain the security of the facility and to fulfill Title 15 requirements.

The CFTC would include facilities that incorporate emerging best practices to provide wrap-around mental-health, substance-use-disorder, and medical treatment and provide dedicated space for educational programs for male and female inmate-patients remanded to the custody of the Sheriff.

The CFTC would provide the first housing units ever designed within the County Jail system with the specific needs of inmates with serious mental illness in mind. These individuals, who make up the current population of the Twin Towers Correctional Facility (TTCF) jail, would be moved into the new therapeutic environment of CFTC. The inmates currently housed in Medical Out-Patient Specialty Housing at MCJ would also move to the treatment-centric CFTC. The TTCF would then be repopulated with the remaining inmates currently housed at MCJ, and the population for which it was originally designed.

Control of Contraband

Over the years, the Department has uplifted the challenges that contraband infiltration has posed and has requested assistance from the Board of Supervisors to provide funding to help increase the Department's security measures. In 2024, Custody Operations conducted a vulnerability assessment of its jail facilities to identify susceptible areas for narcotics smuggling and to assess general security. The assessment revealed narcotics entered the jails through five primary avenues:

- incoming arrestees
- inmate mail
- inmates returning to the facility after receiving outside medical care
- inmate workers with access to exterior perimeters
- non-inmates with access to Custody facilities

The Department has undertaken numerous and aggressive measures to address these avenues; however, addressing the issue of employees and vendors with access to Custody facilities smuggling in contraband has been challenging. As a result, the Department anticipates a future submission for funding of proposed increased security solutions to include the following:

- body scanners for screening employees, vendors, and visitors (\$1,994,762),
- property scanners (\$280,000),
- contracted security services for screening and CCTV monitoring (\$13,554,000),
- funded security team in lieu of contracted security services (\$22,462,088),
- additional K-9 dogs and dog handlers (\$2,044,241),
- additional CCTV cameras (\$3,000,000)

In response to a December 2023 Board motion titled, Addressing In-Custody Overdose Deaths in the Los Angeles County Jails, the Department provided additional recommendations to reduce illicit substances from entering the jail facilities which included:

- requests for narcotics scanning equipment (fully funded for \$3,975,670)
- funding for personnel to operate the scanning equipment,
- dedicated security detail personnel,
- a tablet solution,
- additional narcotic/scent detection canines and handlers,
- enhanced surveillance technology (fully funded for \$12,967,914),
- landscaping services,
- additional banned substances recovery equipment (fully funded for \$39,852),
- funding for biannual narcotics training for all staff,
- increased staffing for Inmate Telephone Monitoring System,
- increased staffing for Custody Investigative Services Unit (partially funded),
- office space to complement the increased staffing for Custody Investigative Services Unit.

In December of 2024, the Department submitted to the Chief Executive Office, a request for funding through the Opioid Settlement funds which were received by the County for opioid abatement and remediation programs. The Department is requesting funding for crime laboratory instrument software upgrades, opioid emergency response and decontamination equipment, narcotics identification system "Test U – Methamphetamine" drug test kits, narcotics patented ION Trap Mobility Spectrometer mail scanners, Drugloo Ranger contraband watch toilets, x-ray inspection systems for jail facility entry points, mail screening flatbed scanners, and closed-circuit television for the exterior of the jail facilities and jail visiting areas.

The Opioid Settlement Funding request is anticipated to be submitted as a stand-alone Board Letter Request for Fiscal Year 25/26. If approved, the Department may receive funding during Fiscal Year 25/26.

Vital Sign Detectors

Vital sign detectors are being increasingly used in prisons and jails to monitor inmate health and well-being, potentially preventing emergencies and improving safety. These systems, often using radar or other contactless sensors, can track heart rate, respiration, and movement. Sensors continuously track vital signs, providing real-time data to staff and assist in the early detection of medical emergencies.

Vital sign detectors could potentially supplement staffing intensive safety checks currently being conducted in the jails. When vital signs fall outside established ranges, or when movement patterns suggest potential issues, the system triggers alerts, allowing staff to respond quickly. While the initial investment in these systems can be significant, they may lead to long-term cost savings by reducing emergency medical interventions and the need for increased staff.

Boost Recruitment and Retention

Similar to other County agencies, the Department struggles with recruitment and retention due to the higher wages and retention bonuses being offered by other law enforcement agencies. Staffing shortages have resulted in prolonged periods of forced overtime which negatively impact our members' quality of life and stress levels. Members providing inmate security suffer from exhaustion and effects of prolonged hypervigilance, resulting in impaired alertness and cognitive functioning.

The Department has undergone extensive efforts to hire new deputy personnel and has hired 1,564 new deputy personnel since Fiscal Year 2021. However, to remain competitive with other law enforcement agencies, and to continue to attract qualified applicants, it is imperative the Board approve comparable wage increases for sworn staff.

Focus on Inmate Welfare

Electronic tablets can help to positively impact incarcerated individuals by providing access to education, job training, and the opportunity for change. The goal of the Department is to obtain secure tablets that can deliver educational, vocational, religious, and legal materials as well as offering opportunities for communication with friends and family.

Tablets can vastly improve incarcerated individuals' access to the outside world, providing opportunities for access to larger libraries of educational or entertainment media.

A tablet solution would also assist with boosting narcotic interdiction efforts. Offering a tablet solution with communication options would reduce in-person visits, thus limiting an incarcerated individual's exposure to outside sources where there is an opportunity to obtain contraband. Additionally, a tablet solution with electronic mail features would assist with reducing or eliminating the introduction of personal, physical mail which may be compromised or laced with narcotics.

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.

For a number of years, the Department has focused on safely minimizing the jail population by strengthening community alternatives to incarceration. These efforts are challenged by the passage of Proposition 36 which went into effect January 1, 2025, and mandates stiffer penalties for certain drug and theft related offenses. As a result, the Department has seen an increase in the average daily inmate population. As of August 25, 2025, there were 858 inmates in custody on Proposition 36 charges. Not only has Proposition 36 contributed to an increase in the average daily inmate population, but many individuals arrested for Proposition 36 related charges have mental health issues, thus increasing our mental health incarcerated population. With the rise of the mental health population, housing challenges occur which causes the Department to constantly re-evaluate housing matrices and convert space to allow for appropriate health related and educational services. The Department anticipates the inmate population will continue to rise because of Proposition 36.

CONCLUSION

Should you have any further questions, please contact Assistant Sheriff Paula Tokar, Custody Operations, at (213) 893-5001.

Sincerely,



ROBERT G. LUNA
SHERIFF



Chief Executive Office.

COUNTY OF LOS ANGELES


Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, CA 90012
(213) 974-1101 ceo.lacounty.gov

ACTING CHIEF EXECUTIVE OFFICER

Joseph M. Nicchitta

November 13, 2025

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

From: Joseph M. Nicchitta 
Acting Chief Executive Officer

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

On May 13, 2025, the Board of Supervisors (Board) directed the Chief Executive Office Risk Management Branch and the Auditor-Controller, with support from Department of Health Services' Correctional Health Services, Los Angeles County Sheriff's Department and Medical-Examiner, in consultation with County Counsel, to audit and evaluate the corrective action plans related to in-custody deaths from the past five years (2020-present), and provide any additional recommendations for the Correctional Health Services and Los Angeles County Sheriff's Department to improve and address the increased number of deaths.

The Chief Executive Office Risk Management Branch, with assistance from the Auditor-Controller, has concluded the various aspects of the Board's direction and attached are the responses.

Should you have any questions or concerns, please contact me or Destiny Castro, Assistant Chief Executive Officer at (213) 738-2194 or DCastro@ceo.lacounty.gov.

JMN:JG:DC:RUC:mld

Attachment

c: Executive Office, Board of Supervisors
County Counsel
Auditor-Controller



CHIEF EXECUTIVE OFFICE – RISK MANAGEMENT BRANCH

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

The Board of Supervisors' (Board) Motion on May 13, 2025, directed the Chief Executive Office Risk Management Branch and the Auditor-Controller to audit and evaluate the corrective action plans (CAPs) related to in-custody deaths from the past five years (2020-present) and provide any additional recommendations for the Department of Health Services Correctional Health Services (CHS) and the Los Angeles County Sheriff's Department (LASD) to improve and address the increased number of deaths.

Response

The Chief Executive Office Risk Management Branch assumed the lead role in this endeavor and conferred with the Auditor-Controller throughout the evaluation to obtain their feedback and perspective. CAPs are confidential risk management documents that are developed by County departments as part of a response to tort liability settlements that exceed \$100,000. CAPs contain corrective actions that are intended to prevent future losses by mitigating root causes of loss, in this case by preventing deaths in County jails. A total of 16 CAPs were identified for the five-year period (2020-present) specified in the Board motion with a total of 63 corrective action steps across all CAPs. Although these CAPs were approved during the period specified in the motion, many were related to claims which occurred prior to 2020. After evaluation of the incidents leading up to the settlements and related corrective action steps listed in the CAPs, the following conclusions were made:

- All 63 corrective action steps were implemented by LASD and CHS.
- The causes of the inmate deaths while in LASD custody could be grouped into similar causation groups (i.e., suicide, drug overdose, natural causes) but each incident encompassed factors which did not contribute to any patterns or trends.
- An issue identified during the review of the CAPs involved the quality of Title 15 Safety Checks, which are safety protocols in facilities that are conducted at set intervals to ensure the health, welfare, and safety of inmates in local detention facilities. These checks will be discussed in detail below.
- Several of the CAPs identified emergency medical response issues including delays in the initiation of resuscitation efforts, failures to immediately request and respond with an Automated External Defibrillator (AED), and failures to recognize the severity of an inmate's condition and significance of vital signs.
- There are no additional recommendations for CHS and LASD to improve and address the increase of inmate deaths based on the review of the 16 CAPs.

At the request of Supervisorial District Four, the analysis of inmate deaths while in custody was extended to recent inmate deaths (calendar year 2025) for which CAPs are not available. There are several factors which may have impacted the recent increase in inmate deaths. These factors include, but are not limited to, the increase in the inmate population resulting from the passing of Proposition 36 in November 2024 for drug and theft crimes, the increase in the unhoused population and the lack of medical care they receive prior to entering an LASD custody facility, an increase in the age of the jail population, and the increased use of fentanyl, difficulty in detecting it and its impact on overdose deaths.

The evaluation of recent inmate deaths involved consulting with several internal and external entities including CHS, LASD Custody Compliance and Sustainability Bureau, County Counsel (present during LASD meetings), Medical Examiner, Sybil Brand Commission for Institutional Inspections, Office of Inspector General (OIG) and Sheriff Civilian Oversight Commission. The discussions took place over several weeks and provided valuable insight into several areas which may impact the recent increase in inmate deaths while in custody. Most of the discussions identified similar concerns and insights. The following issues and concerns were brought to our attention during our evaluation:

Introduction of Narcotics into the Custody Environment

- Those consulted opined that LASD should ensure all individuals (e.g., employees, visitors) entering custody facilities are screened for narcotics and other prohibited items. Several entities indicated the screening process was inconsistent (i.e., the individual was not screened or the individual observed others who were not screened) or lacked thoroughness (e.g., did not inspect food or bags). The lack of a consistent screening process increases the risk individuals will attempt to bring narcotics and other prohibited items into custody facilities. LASD could evaluate alternatives such as hiring contractors to perform the screening or increasing the random use of canine units to assist in the screening if there is a lack of staff available to perform this function.
- Those consulted opined that LASD should ensure the screening process of inmates upon reintroduction into the custody environment after transferring to and from courthouse facilities in a manner that is similar to those at the initial custody intake. Inmate movement outside of a custody facility allows for the potential acquisition and reintroduction of contraband into the custody environment. Minimally invasive technologies such as body x-ray imaging and canine units can be used for more effective searches, and we encourage LASD to keep using both. LASD provided information that this is already its practice: inmates are body scanned when they return from court and those who refuse to be scanned are subject to a visual body cavity search. In addition, while criminal defendants have a constitutional right to be physically present at many hearings in their criminal cases, LASD should continue to work with the Los Angeles Superior Court and County justice partners to evaluate options to the increased use of video conferencing for court appearances to minimize inmate movement.

- LASD should ensure body scanners are available at all facilities to facilitate more consistent and regular use of the scanners. Increasing availability would also strengthen detection of narcotics entering custody facilities via inmates returning from court or intake. Currently, all facilities have body scanners except for the Twin Towers Correctional Facility, but inmates housed there are scanned at the adjacent Inmate Reception Center upon their return from court. It is our understanding that, with funding and support from your Board, LASD has purchased 17 new body scanners to replace current machines and that these will provide higher resolution imaging and allow for better detection with less radiation.
- LASD should consider increasing the use of random and routine searches of inmate housing for narcotics control due to increasing inmate population and the dynamic nature of jail populations. We note that as part of recent Joint Quality Improvement Projects related to medication hoarding and razor control at Men's Central Jail, interventions included increased unscheduled searches. The increased use of canines during searches for narcotics should also be considered.

Title 15 Safety Checks

- LASD should ensure staff complete Title 15 Safety Checks as required. Title 15 Safety Checks include observing for signs of life and distress and ensuring the general area is clear of obstructing items. Several entities expressed quality concerns of Title 15 Safety Checks, which are essential for ensuring safety and the well-being of inmates. For example, they observed LASD staff quickly walked past housing areas without verifying signs of life, and LASD staff did not quickly remove observed obstructions, such as hanging bed sheets that obstructed the line of sight. We note that LASD has recently made a strong effort to improve both the quality and timeliness of Safety Checks, which is closely monitored in connection with the United States Department of Justice Settlement Agreement.
- Those consulted opined that LASD should evaluate performing Title 15 Safety Checks at random intervals or order (but within requirements). Title 15 Safety Checks may be predictable as they are usually conducted at set schedules.
- LASD should evaluate the use of other staff classifications such as Custody Assistants to assist in performing these checks. Due to staffing shortages, some Title 15 Safety Checks could be at risk of being missed, delayed or rushed.
- LASD should monitor cameras where available. Several entities reported that LASD staff were not monitoring cameras during their walkthroughs of facilities. LASD should also consider the use of other staff, such as Custody Assistants or non-sworn personnel to assist in monitoring cameras to ensure continual monitoring occurs.

- LASD should expedite deployment of the body worn cameras for custody staff after finalizing the Custody Body Worn Camera Policy in September 2025. According to LASD, the rollout of Body Worn Cameras in custody began on October 1, 2025.

Death Book Evaluations

- LASD and CHS should continue to look into ways to improve their death review process by establishing Key Performance Indicators, such as corrective action and/or death review completion timeliness requirements, and periodically (e.g., monthly) monitor and escalate the death review statuses to Executive Management to ensure death reviews and their respective corrective actions are completed and implemented timely to try and prevent future deaths. Although LASD and CHS track death review aging timeframes and statuses, there are no Key Performance Indicators (i.e., timeliness) associated with CAP completion, and death review cases may take months or even years to be completed. LASD notes that the Custody Compliance and Sustainability Bureau works with facilities to ensure that all corrective actions are completed, and that CAPs from the death review process are not closed until proof of practice is provided by the concerned facility, to ensure that corrective actions are implemented.
- LASD should periodically review completed corrective actions and share the results with their management to identify emerging trends and assess whether corrective actions were effective in preventing deaths.

Emergency Response Equipment

- LASD should implement an inventory control and inspection mechanism to ensure emergency response equipment is available, inspected and in working order, and replaced if necessary. The availability of Naloxone (Narcan) and AEDs is critical when responding to life-threatening emergencies like opioid overdoses and sudden cardiac arrests, and LASD and CHS has had Narcan directly accessible to individuals in the custody environment since 2021. However, instances have occurred where an immediate response was hindered due to the lack of availability of Narcan and/or an AED was not functional when needed.
- Additional units of Narcan and AEDs should be maintained to immediately replace missing or malfunctioning equipment.

LASD Understaffing

- LASD should evaluate their use of alternative job classifications for tasks that are currently performed by Deputy Sheriffs to reduce mandatory overtime. Several entities indicated the LASD is understaffed and requires deputies to work mandatory overtime which has led to a decline in recruitment. Mandatory overtime may lead to job fatigue and burnout. In addition, LASD should evaluate requesting additional positions be opened to reduce overtime requirements.

Access to Healthcare

- Several entities mentioned that health service request forms are sometimes lost, misplaced or unavailable, resulting in the delay of treatment for inmates. The current health services request system is primarily paper based, allowing for delays in the delivery of medical treatment due to time required for completion of the request, routing the request and ultimately being received and reviewed by CHS staff. Moving to an electronic system can increase accessibility and efficiency for medical staff.
- In recent years, the County has dramatically expanded funding for Medication Assisted Treatment in the jails, investing \$179,344,000 since Fiscal Year 2022-23, but unmet demand remains. CHS staff reported insufficient funding for various types of medications including those utilized for addiction to narcotics, impacting the availability of treatment for inmates.
- CHS staff reported that inmates have missed medical appointments due to coordination issues between medical and court appointments. CHS's Online Real-Time Centralized Health Information Database (ORCHID) does communicate with LASD's Automated Jail Information System and Defendant Inmate Movement Management System, although the frequency that ORCHID accesses the information may allow for missed medical appointments since both ORCHID and the Automated Jail Information System develop lists of inmates with court appointments and medical appointments daily. CHS and LASD should evaluate the procurement of an electronic inmate movement/appointment system that can assist in properly tracking upcoming appointments for inmates and flagging conflicts in scheduling so that medical appointments can be rescheduled instead of missed.
- The entities engaged reported that inmates have stated that several requests are made before they are seen for medical care. Evaluate whether CHS staff can conduct daily walkthroughs where inmates can submit their non-emergency health request forms. In addition, the use of kiosks should also be evaluated to allow inmates to make requests for medical care.