



Correctional Health Services
DEPARTMENT OF HEALTH SERVICES
LOS ANGELES COUNTY

**Los Angeles County
Board of Supervisors**

January 4, 2023

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Brian K. Williams, Executive Director
Civilian Oversight Commission
World Trade Center
350 South Figueroa St., Ste 288
Los Angeles, CA 90071

Dear Mr. Williams:

In response to your recent email inquiry, we have reviewed the 2022 In-custody Deaths. The following should address the specific concerns that you raised:

Timothy Belavich, Ph.D.
Director

Sean Henderson, M.D.
Chief Medical Officer

COC Requested Information-

2022 In-custody Deaths Data, Demographics, and outcomes:

- Race/ethnicity categories
- Causes of deaths categories
- Deaths by facility locations
- Gender
- Age categories
- Deaths by months

CORRECTIONAL HEALTH SERVICES
450 Bauchet St., 8th Floor, Room E815
Los Angeles, CA 90012

Tel: (213) 893-5883
Fax: (213) 633-4663

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

ETHNICITY	
BLACK	10
HISPANIC	18
OTHER	5
WHITE	9
Grand Total	42

GENDER	
FEMALE	3
MALE	39
Grand Total	42

CAUSES OF DEATH	
ACCIDENTAL (3 OD, 1 OD COVID +, 1 MED)	4
COVID	3
NATURAL	12
HOMICIDE	2
SUICIDE (1 COVID +)	3
UNDETERMINED (AUTOPSY COMPLETED)	2
UNKNOWN (AUTOPSY PENDING/FAMILY DECLINED/1 COVID +)	16
Grand Total	42

AGE	
18-24 YEARS OLD	1
25-34 YEARS OLD	12
35-44 YEARS OLD	6
45-54 YEARS OLD	8
55-64 YEARS OLD	6
65-74 YEARS OLD	6
75 -84 YEARS OLD	2
85 YEARS AND OLDER	1
Grand Total	42

FACILITY LOCATIONS	
CRDF	3
CTC	4
IRC	1
LAC+USC	15
MCJ	8
NCCF	2
OUTSIDE HOSPITAL (OSH)	3
STATION JAIL	2
TTCF	4
Grand Total	42

MONTHS	
JANUARY	3
FEBRUARY	5
MARCH	3
APRIL	5
MAY	4
JUNE	3
JULY	3
AUGUST	2
SEPTEMBER	3
OCTOBER	1
NOVEMBER	4
DECEMBER	6
Grand Total	42



www.dhs.lacounty.gov

COC Requested Information:

Please describe the following related to Los Angeles County jail Inmate Reception Center population:

- **Any impact that overcrowding has on inmate's ability to receive Mental Health/Health services**
- **Any impact that overcrowding has on the ability of staff to provide Mental Health/Health services**
- **Describe any identified areas for improvement for Mental Health/Health services during overcrowding timeframes or in general**

Overcrowding in the Inmate Reception Center (IRC) is largely due to a lack of available appropriate beds within the jail system. CHS has maintained staffing to evaluate the incoming inmate population in a timely manner by offering overtime and other incentives. When issues arise regarding the number of individuals within the IRC they are often identified as being due to a lack of beds within the jail for the inmates to be transferred into, thus occasionally creating longer wait times than in the past for inmates to be transferred from the IRC to permanent housing. The lack of appropriate beds is related to the continued increase of the mentally ill population within the jail and the need to continue to identify places where they can be housed despite these housing locations being not designed to provide mental health services (e.g., interview or clinic space).

The current mental health population exceeds 6,000 individuals. The current facilities were not designed to house an acutely mentally ill population nor a population of this size. Due to the growth of the mentally ill population within the jail over the past several years CHS and LASD have had few other options but to utilize available dorm space not typically used for mental health housing. In recent months, inmates with mental health needs have been assigned to Men's Central Jail, a place that is less than optimal as it lacks clinical and office space for staff and for inmate assessment. Measures have been taken, where possible, to address the less than optimal circumstances such as more frequent safety checks by custody staff.

Additionally, to accommodate the growing need for mental health beds, CHS and LASD have transferred additional mentally ill patients to North Facility, where physical plant changes and staffing have not yet been brought up to meet the increased population. Previously North facility held a mental health population of approximately 300 patients and had allocated staffing and treatment space. With the increase in the overall mental health population, an additional 700 patients have been placed at North Facility. Although healthcare staffing has been allocated as of 10/4/22, the county hiring process is such that no additional staff have yet reported for work at that facility. At present, CHS relies on overtime and assigning staff from other clinical areas at PDC. Also, physical plant changes have been previously identified as needed to accommodate this population for clinical services. These are still in the design phase.

COC Requested Information:

- **Describe the staffing process for the Medical Command Center at (213) 893-5544 and handling calls.**
- **Explain any limitations CHS has identified, and efforts taken to address the limitations in the medical command center process.**

The Medical Command Center (MCC) is staffed 24/7 by a Supervising Staff Nurse I and clerks. There are 6 RN and 3 clerk positions dedicated to the MCC to provide 24/7 coverage.

The goals of the MCC are as follows:

- To provide a central location for all CHS facilities to report staffing and any unusual occurrences.
- To provide a central location for all CHS facilities to obtain information, as well as dispense information to all CHS personnel.
- To facilitate the transfer of patients from hospitals and medical centers back to the jail.
- To notify management of serious incidents or deaths that occur in the jail.
- To receive information from relatives, loved ones, and third parties who call with an issue regarding an incarcerated person.
- To provide custody, law enforcement, and custodial facilities with a central communication point.

If a family member reports that their loved one is suicidal or potentially going to harm themselves, or has a serious medical condition, the MCC supplies this information to the main clinic at the facility where the individual is housed so that immediate contact can be made with the incarcerated person and assistance can be provided. This process has worked well over the years.

The primary limitation to this process stems from HIPAA and other federal and State privacy laws, as the MCC is not able to share certain information with relatives, family members, or the community without a release or authorization from the inmate/patient. Due to the call volume and staffing the MCC is not able to verify in real-time that a release of information has been obtained and is in the medical chart.

To operate consistent with privacy laws, the MCC requires clinical staff who can understand and make determinations based on information obtained from healthcare staff, medical centers, and outside sources, and subsequently take action and provide direction to CHS personnel as needed.

Additional staffing potentially would allow MCC staff to verify whether a release of information is available to share information with outside parties. However, increasing staffing levels is not entirely practical or feasible at this time for a number of reasons. First, the MCC would still not have a way of verifying that the person on the phone is the actual person the release pertains to. Second, it is already difficult to recruit clinical nursing staff to provide direct patient care and adding positions to this area would decrease the number of nurses we currently have providing care to our patients.

Please let us know if you have any further questions.

Sincerely,



Timothy Belavich, PhD
Director of Correctional Health Services

cc: Christina Ghaly MD, Director of Health Services