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August 3, 2022

To: Supervisor Holly J. Mitchell, Chair
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From: Fesia A. Davenport
Chief Executive Officer

JAILS LAST: ADDRESSING THE OVERCROWDING CONCERNS IN THE INMATE RECEPTION CENTER (ITEM NO. 72-A, AGENDA OF JUNE 28, 2022)

On June 28, 2022, the Board approved a motion directing the Chief Executive Office Jail Closure Implementation Team (JCIT) and Alternatives to Incarceration (ATI), in collaboration with the Sheriff's Department (Sheriff), Correctional Health Services (CHS), Department of Public Health and other relevant County departments to report back, in writing, in 21 days, on a plan with a funding proposal, leveraging JCIT's allocated Assembly Bill (AB) 109 monies to address the overcrowding in the Inmate Reception Center (IRC).

The attached response discusses how the overcrowding in the IRC has evolved since the expiration of the Emergency Bail Schedule and discusses some short and long-term strategies for mitigating IRC overcrowding, including utilizing registry positions to fill clinical vacancies in IRC using enhanced rates and differentials to attract qualified staff; making physical modifications to the staging area/shower hold space between IRC and the Sheriff's classification section in the jail to better facilitate clinical triage and adding clinical space for staff to conduct medical and mental health screenings/evaluations; and conducting an updated legal analysis of *Rutherford* to determine if targeted releases from jail, along with other release options can be further explored and evaluated.

Next Steps

JCIT and ATI will continue to work closely with the Sheriff, CHS, Department of Health Services Contracts and Grants, and County Counsel on the registry hiring, clinical redesign, temporary and permanent housing in the jail, and potential release options to mitigate

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overcrowding in the IRC. Progress in these areas will be discussed in future JCIT status reports. The next JCIT status report is scheduled for September 1, 2022.

Should you have any questions, please contact me or your staff may contact Lesley Blacher at (213) 262-7989 or at lblacher@ceo.lacounty.gov.

FAD:JMN:LB:ap

Attachment

c: Executive Office, Board of Supervisors
County Counsel
Sheriff
Health Services
Public Health

INMATE RECEPTION CENTER (IRC) RESPONSE**Background**

Shortly after the onset of the pandemic, on April 6, 2020, the State of California's Judicial Council instituted the Emergency Bail Schedule (EBS) to reduce the higher rate of transmission of COVID-19 and illness in carceral institutions with the intended goal of reducing the jail population to safe levels to protect the health of the jail population and staff working in the jails while balancing public safety interests. In Los Angeles County, EBS went into effect on April 13, 2020, reducing bail for certain offenses, but excluded repeat offenders, as well as violent and/or serious felonies, a list of certain misdemeanors, and property and non-violent offenses where public safety was at risk. This had a profound effect on the jail population in Los Angeles County and over the course of the pandemic, the jail population decreased from a pre-pandemic jail census of 16,791 on January 1, 2020, to a low of 12,085 on July 1, 2020 – resulting in a 28 percent decrease.¹

The Los Angeles Superior Court, (Court), in alignment with the State lifted most of the pandemic orders issued at beginning of the pandemic, reverted to normal operations beginning July 1, 2022, sunsetting EBS. This will have a direct impact on the jail census, which has been hovering between 13,000 - 13,600 during the last several months.² The IRC processing rates have also fluctuated over this period, ranging from a daily census of under 100 to about 300 at any given point in time.³ Moreover, the jail is seeing a much higher mentally ill population, roughly half of the jail population has a mental illness, and 20 percent of that population is considered acutely mentally ill and in need of High Observation Housing (HOH), which is in short supply along with Medium Observation Housing (MOH) for the moderately mentally ill. Given the influx of mentally ill individuals detained in jail, there is a growing demand for both MOH and HOH. This is further confounded by long-term clinical staffing shortages in the jail to triage and process individuals in the IRC. It is difficult to attract qualified clinical staffs to work in the jails, primarily due to pay and conditions in the jail, compounded by a competitive labor market with increased demand in the public and private sectors for clinical positions since the pandemic began. While there are no quick fixes or easy solutions to address these challenges, the Alternatives to Incarceration Initiative continues to refine and expand its Pre-File Diversion Program with law enforcement agencies, Rapid Diversion Program with the Court, and Pretrial Risk Evaluation Program (PREP) with Probation and the Court to both divert individuals coming into the jail, as well as reduce the amount of time individuals on pretrial status or probation violations spend in jail. All of these coordinated efforts will help to decompress and depopulate the jails.

The following recommendations and associated funding projections will be required to implement short term solutions while long term strategies take effect, such as developing more clinical referral release pathways out of the jail to a continuum of community-based mental health treatment options, inclusive of locked and unlocked mental health beds. In addition, the Custody Alternatives Team, a collaboration among the Court, justice partners,

¹ [Care First L.A.: Tracking Jail Decarceration | Vera Institute](#)

² [Custody Reports | Los Angeles County Sheriff's Department \(lasd.org\)](#)

³ [Custody Reports | Los Angeles County Sheriff's Department \(lasd.org\)](#)

and health departments will target specific charges and criminal histories of individuals incarcerated 91 plus days that could be successfully released to community-based housing programs and services as an alternative to incarceration.

Registry Staffing

As previously mentioned, there is a high clinical vacancy rate in the jails. In tracking the IRC intakes and general processing lags, which at times can exceed 24 hours, the targeted recruitment and hiring of clinical staff vacancies in the jail is a critical need. The County has had some success in the past with targeted recruitment strategies and promotional outreach videos reinforcing the mission-driven and vital work of the dedicated Correctional Health Services' (CHS) clinical teams providing care to some of the County's most vulnerable physically and mentally ill residents. As a temporary measure, until enough clinical vacancies can be filled, particularly in the IRC, a total of 38 registry positions are recommended to help triage, evaluate, and provide needed clinical care to mitigate the medical and mental health evaluation processing delays in the IRC. The Nurse Practitioner items are highly desirable, as they can diagnose and treat acute conditions, order diagnostic tests, e.g., x-rays and lab work, write prescriptions, and manage a patient's overall care.

The following table (Table 1. Registry Positions and Salaries) outlines the classifications required, lists the current rate and the enhanced rate (15 percent increase) that will be provided to attract qualified staff, and differentials for working late day (PM) and overnight shifts (EM) in the IRC. These enhanced rates and differentials will only be offered to registry items working in the IRC. It is believed that the enhanced rate and differentials should help attract qualified candidates from registries, while at the same time financially discouraging County employees from leaving their positions and applying to registries to take advantage of the enhanced registry salary rates.

Table 1: Registry Positions and Salaries

Position	Number of Staff Needed			Current Hourly Rate	Adjusted Hourly Rate	Differential		Total Weekly Cost
	2PM	8EM				\$3PM	\$6EM	
Registered Nurse*	2PM	8EM		\$72	\$83	\$3PM	\$6EM	\$49,504
Nurse Practitioner – Family Practice	4PM	4EM		\$95	\$109	\$3PM	\$6EM	\$50,848
Physician*	2PM	2EM		\$170	\$195	\$3PM	\$6EM	\$44,688
Nurse Practitioner – Mental Health	2 AM	2PM	2EM	\$95 *	\$109	\$3PM	\$6EM	\$44,800
Social Worker*	4PM	4EM		\$64	\$74	\$3PM	\$6EM	\$35,168
Psychologist*	1PM	1EM		\$99	\$114	\$3PM	\$6EM	\$13,272
TOTAL	38							\$238,280

*CHS budgeted items.

The annual cost for these registry items is approximately \$12.4 million. AB 109 monies allocated in fiscal year 2020-2021 during the Supplemental Budget process to address overcrowding due to rising COVID-19 positivity rates both in the IRC and in the existing jail population housed at Men's Central Jail (MCJ) and Twin Towers Correctional Facility (TTCF) will be used to fund these registry costs. The total cost offset by the AB 109 monies may be reduced, if CHS has salary savings in IRC to offset a portion of the budgeted items due to existing vacancies and if the AB 109 monies only fund the difference in the adjusted salaries and differentials instead of the full cost for the budgeted items. This needs further discussion and consideration in context with any other proposed ideas and costs to mitigate the IRC overcrowding. Outreach has already begun with the registries to canvass for these positions. CHS and the Department of Health Services' (DHS) Contracts and Grants Unit will move forward to expedite the work with the registries to recruit and try to fill these critical registry positions.

Clinic Redesign

During previous jail replacement planning periods, when plans for a consolidated correctional treatment facility were being contemplated in 2015 and up until 2019 when plans transitioned to developing a mental health treatment center, both plans considered the clinical space and configuration of the IRC. The IRC is the primary intake and release facility for males detained in the County's jail system. Initial medical and mental health screenings (MMHS) and evaluations, medication needs, treatment, and determinations for housing placements occur in the IRC. The clinical space and functional design are outdated and inefficient to conduct MMHS and assessments and the lack of privacy to conduct these screenings/assessments has been well-documented by the Department of Justice and the Office of the Inspector General, along with others.

Between the existing IRC and the Sheriff's Classification area in the jail, prior to entering the showers, is a large staging area with metal benches for the shower holds that is mostly unused space with areas along two walls where modules for clinical staff could be constructed to conduct MMHS/assessments. In the shower hold area toward the back end of the large room, there are two toilets and at the very top of the room is a row of individual cells separated by a pony wall for individuals identified with no medical or mental health flags that are held in cells until they are escorted into the showers. This is a much larger and open space than the IRC that could be used to segment those flagged from the MMHS as requiring urgent medical care, presenting as high risk for substance use withdrawal, or that have acute mental health needs. If the space were configured appropriately to serve those that occupy the front benches in the IRC presenting with acute psychiatric and/or urgent physical health needs, it could help to diffuse some of the tensions among detainees exacerbated by long wait times, as well as use of force incidents by custody staff that the cramped and claustrophobic physical space in the IRC provokes. The reconfiguration of the shower hold space along with the replacement of the metal benches for more comfortable seating, the ability to space detained individuals so they are not intruding on one another's personal space, and the construction

of modules with enhanced privacy for conducting MMHS/clinical assessments could positively impact some of the more critical deficiencies and harmful impacts of the IRC.

Previous plans and cost estimates that contemplated the clinical redesign in the IRC should be reviewed and evaluated. There simply wasn't adequate time during the preparation of this report to collect those plans and cost projections. JCIT will continue to support and explore, in collaboration with CHS and the Sheriff, and will provide recommendations at a later date for an IRC clinical redesign and plan for the shower hold/staging area, along with updated cost estimates.

Temporary Housing and Permanent Housing

Module 231 in the jail acts as the IRC processing overflow, temporary housing for those awaiting completion of MMHS. During a visit on June 20, 2022, roughly 50 percent of individuals housed in Module 231 were pending a routine mental health assessment and transition to permanent housing among the general population, while the remaining population in Module 231 awaited HOH, MOH, completion of detoxification, or Americans with Disabilities Act (ADA) housing. As previously discussed, hiring clinical registry items will help address some of the bottlenecks associated with reduced MMHS/assessment throughput in the IRC and Module 231. That said, the hiring of clinical registry staff won't address all of the problems in the jail, as there are still permanent housing shortages for moderately to acutely mentally ill individuals assigned to MOH, HOH, and other specialty housing units both at MCJ and TTCF.

As long-term housing plans for mental health housing, particularly in relation to the Department of Justice Consent Decree are being proposed and evaluated, additional overflow housing modules that are as close to the IRC as possible will have to be assessed while additional clinical staffs are hired through registries. Over the Memorial Day holiday, overflow housing Modules 6051, 52, and 53 were utilized for routine processing of medical and mental health needs to aid in the decompression of the IRC and Module 231. CHS has expressed concerns that when the IRC MMHS/assessment process is expanded to physically distanced locations in the jail from the IRC and Module 231, it presents logistical challenges that could further compromise clinical care. To further confound matters, the continued need for quarantine and isolation housing for COVID-19 positive individuals has further reduced the available swing housing space throughout MCJ and TTCF. While there are no expedient solutions to address the mental health housing shortages throughout the jail, measures to reduce clinical staffing shortages to create more throughput in the IRC, along with limited and qualified release options may help to ease overcrowding in the IRC and Module 231 until appropriate housing becomes available.

Rutherford and Other Release Options

The October 2021⁴ JFA Institute report recommended that County Counsel conduct an updated legal analysis and review of the *Rutherford* decision taking into consideration current overcrowding conditions in the jail, along with jail population profiles, the Board of State and Community Corrections (BSCC) mandated bed capacities, and potential risk assessments to target those in the jail that can be safely released. The previous court order in the *Rutherford* case provides the Sheriff with limited authority to release individuals detained on pretrial status or who have been sentenced when specific jail facilities become overcrowded. Specifically, according to a court order from 1988, the Sheriff may release those accused of misdemeanors who have been in the Sheriff's custody for more than 60 days and whose trials have not begun; and those accused of non-violent felonies who have been in the Sheriff custody for more than 150 days and whose trials have not begun. For people who have been sentenced to serve time in the jail, the 1988 order also permits some limited early releases. Relying on this authority, the Sheriff has traditionally engaged in "percentage releases" where those who have served a certain percentage of their sentence are released early. County Counsel should opine as to whether legal remedies, such as previous orders in the *Rutherford* case or a renewed request to the Court in this long dormant lawsuit, could facilitate additional targeted releases from jail.

One such population that could be considered for a structured release process is the AB 109 population better known as N3s or non-violent, non-serious, and non-sexual. As of July 20, 2022, there were 775 males and 112 females classified as N3.⁵ If N3 females could be released from the Century Regional Detention Facility (CRDF), there could be some potential housing space to accommodate men in one of the towers at CRDF. There are two separate clinics at CRDF that can serve both women and men, as men have been housed at CRDF in the past. One remedy that will take effect on July 24, 2022, enacted by the Sheriff, is an increase in the current shorts/early releases from 180 days to 240 days so that anyone newly sentenced to 240 days or less remaining on their sentence, with the exclusion of felony M7 (most serious charges), will be released due to rising jail census rates exacerbated by the end of the EBS along with the reinstated hold on State prison transfers due to rising COVID-19 rates in the state prison system. These ideas, along with others, should continue to be explored with the Sheriff, CHS, and County Counsel to mitigate the IRC overcrowding and to advance jail depopulation efforts.

⁴ [JFA Report](#)

⁵ [Custody Reports | Los Angeles County Sheriff's Department \(lasd.org\)](#)