

# OVERCROWDING AND RELATED ISSUES IN THE LOS ANGELES COUNTY JAIL SYSTEM

## INTRODUCTION

The Los Angeles County Jail System is the largest county jail system in the United States, housing approximately 19,000 adult inmates [PARC, Feb. 2009, p. 70]. Some of these inmates are awaiting trial, some have been tried and sentenced and are awaiting transfer to a state prison, some have been tried and sentenced and are serving their sentences in the county system, some are parolees from state prison awaiting parole violation hearings, and some are illegal immigrants awaiting deportation hearings. It is administered and staffed by the Los Angeles County Sheriff's Department (LASD), the largest county sheriff's department in the U.S. The LASD is led by Sheriff Lee Baca, considered to be a progressive administrator and advocate of innovative best practices. [*Agenda, 10<sup>th</sup> Annual Police Union Leadership Seminar*, Harvard Law School Labor and Worklife Program, April 16-19, 2009].

The system is chronically overcrowded. Ongoing litigation concerned with crowding related problems (*Rutherford v. Baca*) has led to monitoring of the County Jails by several oversight organizations, which investigate, report on, and recommend improvements for jail conditions. But neither the progressive views of the Sheriff, nor the work of the oversight agencies can change the fact that the jails are overcrowded. According to one source, there are simply "too many inmates, too few custody staff, and too little available space. The LASD has had to resort to a policy of releasing inmates early in order to keep the jails from overflowing with inmates." [Barry, page 3.] And L. A. County is not alone in facing overcrowding in its Jail System. According to U. S. Senator Jim Webb, prison overcrowding exists nationwide, contributing to a criminal justice system that "has deteriorated to the point where it is a national disgrace" [*Parade* magazine, Mar. 29, 2009, p. 4]. The *L. A. Times Online* describes California state prisons as being in an "overcrowding crisis", with some prisons housing "twice as many inmates as they were designed for." [Rothfield, Dec. 7, 2008.]

The U.S. Department of Justice published a monograph in 2000, *A Second Look at Jail Crowding: A Systems Perspective*, which noted that despite a boom in the construction of correctional facilities in the latter part of the last century and a decline in crime in the U.S., the most pressing problem in the country's jails continued to be crowding. The authors cite a number of changes which probably have contributed to this paradox – mandatory arrests for domestic violence and drunk driving, increases in the incarceration of the mentally ill and drug users, juvenile cases being transferred to the adult system, changes in sentencing laws (e.g. mandatory sentencing and "three strikes" legislation which have caused an increase in pre-trial detentions) and an increased emphasis on community safety. In discussing solutions to jail crowding other than adding more and more beds, these authors point out the interdependence among all elements of the justice system and advocate the development of system-wide planning. They state that many jail jurisdictions have solved crowding problems by system efficiency measures as well as carefully considered program alternatives.

Two factors determine the size of a jail population, neither of which is technically under the control of the jail system – how many inmates are admitted and how long they stay. But, there are many decision points which determine these two factors. Witnesses or victims may or

may not report those they suspect of having committed crimes; law enforcement personnel may or may not take suspects to a booking station; suspects may be issued citations or diverted to alternative placements instead of being jailed; suspects who are jailed may or may not be “bailed out”; prosecutors may or may not file charges; judges may or may not dismiss charges; suspects’ cases may or may not be decided through plea bargaining; convicted persons may or may not be sentenced to jail terms by judges; and lower-risk inmates may or may not be granted early release from jail. Along this way many decisions are made by many participants in the criminal justice system, which can result in numerous delays. (According to Sheriff Baca, the average pretrial time an inmate suspect spends in the L.A. Jail System is over one year!) The only decisions made by jail personnel which affect inmate population size are those of early-release -- in Los Angeles under the guidelines established by the Sheriff’s Department, which sends monthly reports on its Early-Release Program to the Board of Supervisors. The authors of *A Second Look at Jail Crowding* recommend that key personnel (e.g. Sheriff, D. A., court officials, Board of Supervisors, the county executive, etc.) who deal with criminal justice on the local level need to work together in developing processes that can expedite case movement and alternative placement or intervention programs to reduce jail populations. And, they warn. “Long term success requires time, patience, and the attention of the entire criminal justice community” [*Ibid*, p. 81].

The criminal justice systems in the U.S. are primarily the province of the states and counties. Although both the state League (LWVC) and the L.A. County League have studied and formulated positions on our Juvenile Justice Systems, neither has undertaken to study and formulate policy positions on our adult criminal justice system. At its 2008 annual Convention, our County League membership voted to undertake a study of the L. A. County Jail System, perhaps as a first step in entering this rather formidable field. A committee has met and developed the study’s scope – Overcrowding in the L. A. County Jail System, with Focuses on Health Care, Recidivism, Educational Programs, and Costs. The following report includes a description of the County Jail System, followed by discussions of overcrowding and oversight; provisions for health and mental health care in the jails; recidivism and educational programs; and a brief discussion of costs. It is intended to familiarize League members with this system and provide a basis for discussion and policy considerations.

# HOUSING AND SERVICES FOR INMATES IN THE LOS ANGELES COUNTY JAIL SYSTEM

## HOUSING

The Los Angeles County Jail System has eight facilities for housing inmates -- five facilities in the northern part of L. A. County (four in Castaic, one in Lancaster), two jails in downtown Los Angeles, and one women's facility in Lynwood plus an intake facility. According to the Los Angeles Sheriff's Department (LASD), the average daily inmate population in 2009 was 19,080, with an average number of bookings per day of 378 [LASD Information Summary for 2009]. The L. A. County Jail System is the largest in the United States.

**Inmate Reception Center (IRC)**, 450 Bauchet Street, Los Angeles, CA 90012 – (213) 473-6100

The Inmate Reception Center serves as the intake point for male inmates in the L. A. County Jail System. Requests for information about any male inmate are routed to this facility. The Center maintains and stores all male inmate records, property, clothing, and funds. There are thirty holding cells at IRC, which are designed for 20 or fewer arrestees and measure 15 ½ X 12 feet. These cells contain metal benches attached to a wall, and one toilet behind a partition [Pregerson Court Order, p.3]. IRC provides initial screening for medical and mental health conditions when admitting inmates. It is responsible for security classification of male prisoners, and for housing assignments throughout the jail system. A custody assistant has about 10 minutes to interview an arrival and check a variety of databases to determine his criminal history and any previous incarceration in the L. A. County Jail System. Classification levels range from Maximum High (nine) to Very-Low Minimum (one). There are also "special handling codes", designated by the color of the wristband each inmate receives. General population inmates wear white wristbands, while "violent and highly dangerous" prisoners wear red wristbands. Other "special code" designations and wristband colors include those who need housing that is separate from the general population (e.g. mentally ill inmates, homosexual inmates), those who are developmentally disabled or have sensory or medical impairments, etc. [PARC, Feb. 2009, p.19.] The new arrivals are searched, their belongings are labeled and stored, they receive jail clothing, and they are photographed and finger-printed before being escorted to their designated housing. About 139,000 men are thus "processed" in the IRC annually. The IRC is also the pickup and return point for prisoner transportation (e.g., to and from court) and handles all custody transfers and jail releases.

**Pitchess Detention Center –North Facility (referred to as PDC North)**, 29320 The Old Road, Castaic, CA 91384 – (661) 295-8840 (*Being closed for inmates due to budget constraints for 2010*)

PDC-North Facility, built in 1987, can house over 1,500 inmates. Housing consists of four separate concrete modules, each containing four dormitory style living quarters, eight disciplinary cells, a multi-purpose area, access to an exercise yard, a medical center, visiting center, and three security stations. Each dormitory has a capacity for 96 men and contains a sleeping area; an area with sinks, showers and toilets; and a dining area which doubles as a dayroom where inmates can watch television, read, or play cards. Currently its population consists of both pre-sentenced (not yet sentenced) and sentenced male inmates who range from low to high security risks. Programs include religious services, school programs, substance abuse meetings, jail stores, medical services, inmate services, and weekend and holiday visitation.

**Pitchess Detention Center – East Facility (referred to as PDC East)**, 29310 The Old Road, Castaic, CA 91384 -- (661) 257-8815

Opened in 1951, this center is the oldest operating jail in the L. A. County system. Its two modules have been converted into dormitories, similar to the dorms in PDC-North. Most inmates housed at PDC-East are low and medium security risks. About 400 are parole violators who are waiting for parole revocation hearings (“Morissey Hearings” or court sessions where cases of parolees from state prisons, accused of violating conditions of their parole, are adjudicated).

**Pitchess Detention Center – South Facility (referred to as PDC South)**, 29330 The Old Road, Castaic, CA 91384 – (661) 295-8805

Formerly called North Annex, this jail was reopened in 2007 as South Facility. Its dormitories house approximately 1400 low to medium security inmates. School programs, religious services, medical services, substance abuse meetings and jail stores are available.

**North County Correctional Facility (referred to as NCCF)**, 29340 The Old Road, Castaic, CA 91384 --(661) 295-7810

North County Correctional Facility, completed and opened in 1990, consists of five jails within one facility, and is located east of the Pitchess Detention Centers. Designed to operate as five separate units, the entire facility houses 3,800 male inmates, and includes cells for disciplinary segregation and clinic level medical treatment. Educational, vocational and counseling programs are in place “to assist in making inmates self-sufficient within the law” [[www.LAPD.org/divisions/custody/nccf/index.html](http://www.LAPD.org/divisions/custody/nccf/index.html)]. It houses vocational training programs – e. g. printing and sign production. These programs provide income for NCCF, which helps to pay for operation of the facility. It includes an administration building, inmate services building, kitchen and vocational building, and health and intake building in addition to the five housing units.

**Men’s Central Jail (MCJ)**, 441 Bauchet Street, Los Angeles, CA 90012 -- (213) 974-4940

Phase one of the Men’s Central Jail was built in 1963, with a second phase added in 1976. MCJ has the capacity to house 6,750 inmates. This facility houses high-security pre-sentenced prisoners as well as sentenced inmates. It also provides sleeping quarters for 800 inmate workers (“trusties”), who are assigned to jobs in the jail -- jobs which enable them to accumulate sentence-shortening credits. Specialized medical housing can accommodate 781 inmates and includes those suffering from acute diseases, chronic medical conditions, or recovering from surgery or wounds. Care is provided by LASD medical personnel. Chaplains are available for counseling, and religious services are offered. Inmates may enroll in basic educational courses provided by Hacienda-La Puente Unified School District, which also maintains a library at the jail. There are two exercise yards on the roof of MCJ, and most inmates are scheduled for exercise three times per week according to the LASD website. However, one observer, Dr. Terry Kupers, cites reports from inmates stating they are taken to the exercise yards “much less frequently” [Kupers, p. 8]. Many of the inmates are housed in two- or four-man cells with bunk beds and a toilet/basin facility. Many others are in dormitories, where rows and rows of bunk beds provide living and sleeping places for as many as 150 per dorm. Dr. Kupers has indicated that there are very few windows in these cell and dorm areas. The artificial lighting is inadequate and left on all night and space is so limited the men bump into each other if they walk around. He also indicated that the inmates are not adequately supervised because of lack of visibility. (Kupers, pp. 11-14). MCJ is the

world's largest jail, and obviously has shortcomings. High-ranking officials within the county have suggested closing it, but that would leave thousands of prisoners to be located elsewhere.

**Twin Towers Correctional Facility (TTCF)**, 450 Bauchet Street, Los Angeles, CA 90012 – (213) 893-5100

The 1.5 million square foot Twin Towers facility is composed of two towers and a medical services building. It was designed to house both maximum security inmates and most of the mentally ill inmates that are incarcerated in the County. The Correctional Treatment Center serves prisoners from throughout the jail system who need hospital care or medical services not available in the individual jails. Inmates who require very high levels of care are taken to the L.A. County Medical Center in East Los Angeles. Twin Towers has a population of about 2,000 prisoners, most of whom are housed in “pod” type units. Pod inmates live together in well lighted contained areas, consisting of a large common room with tables and benches, an adjoining room with shower, toilet, and basin facilities, and two tiers of small two-bunk rooms or cells leading off from the common room. There are exercise areas near enough to the living areas that it appears the men have opportunity to engage in “a minimum of three hours of exercise distributed over a period of seven days”, as prescribed by state code. [California Code of Regulations, Title 15, p. 24]. The prisoners with mental illnesses are housed separately from the general inmate population, insofar as they can be identified. The Twin Tower staff includes about 60 psychologists who work with the mentally ill patients, often in therapy groups. Medications and food are delivered to the inmates in their living areas. Volunteer chaplains provide counseling and religious services, and educational courses are provided by Hacienda-La Puente USD.

**Century Regional Detention Facility (CRDF)**, 11705 Alameda Street, Lynwood, CA 90262 – (323) 568-4500

Century Regional Detention Facility re-opened a few years ago as an all female facility, replacing two rehabilitation programs that were moved to North Pitchess Detention Center in Castaic. It houses 2,200 inmates and includes a booking center for the population in this facility. Most of the women are housed in self-contained “pods” or modules, which are similar in design to those in Twin Towers. The “general population” modules include a large, common room, a shower room with four partitioned showers, and 48 cells or small rooms arranged in two tiers off the common room. Inmates also have access to a recreation area, which includes a basketball hoop, several chairs, and telephones. Each cell is furnished with a double bunk-bed, toilet/sink, desk with stool, and window. The common room includes tables and chairs, a vending machine, and two television sets. There is also an area at one end of the common room for a deputy to be stationed. Rooms are well lit, and the deputy on duty (usually a woman) has a clear view of the module, including the cells. A red tape on the floor separates the deputy from the inmates, who are not allowed to cross the tape without permission. Although the modules were designed for 96 inmates, their capacity has been expanded to hold 124 by adding triple-bunks in the common room. For special populations of inmates there are twenty smaller pods, which have a smaller day room and cells to accommodate 24 women, built around a central deputy station –with four pods per module unit. These special populations include the mentally ill, diabetic inmates, those under observation for multiply-resistant staphylococcus aureus (MRSA) infections, and inmates enrolled in special programs. There are also eight additional pods, mostly containing single-cells, for high-observation mentally ill women. Two large worker dorms, each of which houses 183 inmates, are for “trusties” or inmates who work with the kitchen or housekeeping staffs. These dorms have rows of triple-bunk beds rather than cells. [PARC, 2009, p. 25.]

Religious services, educational programs, and support groups are available to all inmates, with the goal of reducing recidivism through educational and support opportunities. There is a CRDF Inmate Reception Center at the women's jail, where arrivals are asked for demographic information (name, age, residence, etc.), photographed and finger-printed, searched and given prison clothing, classified for security risk, and screened for medical and mental health conditions by licensed personnel. The Intake Center processes 22,000 inmates annually. There is also a centralized Clinic staffed by nurses who are available for "sick call" visits, and have access to the physician and nurse-practitioners who work in the Reception Center. Women needing hospitalization are sent to the Twin Towers Correctional Treatment Center or County –USC Hospital.

**Mira Loma Detention Center**, 45100 60<sup>th</sup> West, Lancaster, CA 93536 – (661) 949-3811  
Mira Loma is under contract with the federal government to house illegal immigrants awaiting decisions on their immigration cases. Detainees live in barrack-style buildings and have daily access to medical services, a library, recreation (including sports), and stores. Each barrack houses up to 60 persons. Religious services and school programs are available to detainees. The Center has three courtrooms, where federal judges conduct deportation hearings. Sheriff Department Deputies and Custody Assistants run the Detention Center and the courtrooms, but federal Immigration personnel do the transporting, releasing, tracking and deporting of the detainees.

## INMATE SERVICES

The Correctional Services Division includes the Inmate Reception Center as well as the various Bureaus that provide services to inmates.

**Mail and Visiting** Mail and visiting regulations are posted on the Sheriff Department website - [www.LASD.org](http://www.LASD.org). Visiting hours and days vary among facilities. Incoming and outgoing mail is checked by jail personnel for items not allowed, and may be read if there is a valid security reason and supervisory approval. Correspondence with attorneys, courts, elected officials and the state Board of Corrections is confidential. [CA Code, p. 23; PARC, Feb. 2009, pp. 61-62]. Visiting takes place in a specified area where visitors and inmates are separated by glass dividers and must speak to each other on phones.

**Food Services** The Food Services Unit operates seven kitchens which prepare meals for inmates and staff. Except for the one kitchen that serves both Pitchess Detention North and Pitchess Detention East, each jail housing facility has a kitchen. In addition there is a smaller kitchen that serves inmates in the Correctional Treatment Center (Medical Services Building at Twin Towers complex). Inmates receive three nutritionally-balanced meals a day, in accordance with state regulatory standards, which adds up to over 85,000 meals daily.

**Medical Services Bureau** The Medical Services Bureau is responsible for the health care services at all jails in the county system. All inmates, except transfers from within the jail system, are required to have medical and mental health screening at intake, performed by licensed health care personnel or trained facility staff. A written plan for follow-up must be made for any incoming prisoner who appears to need or asks for medical, mental health, or developmental disability treatment. And, during incarceration, inmates appearing to be in need of health care must be assessed by licensed health-care personnel [CA Code, p. 41].

The Correctional Treatment Center at Twin Towers provides in-patient care for inmates requiring hospitalization. Physicians, nurses, dentists, pharmacists, laboratory and radiology technicians provide medical diagnosis and treatment. In all, the Medical Services Bureau makes over 8 million inmate contacts per year [LASD website, "Medical Services Bureau", 2008].

**Jail Mental Health Services** Since 1972, the LASD has collaborated with the County Department of Mental Health (DMH) in a program of Jail Mental Health Services (JMHS). Inmates with mental health diagnoses are housed together, the men at Twin Towers, the women at Century Regional Detention Center. Psychologists work with these inmates, both in diagnosis and treatment. Inmates work mostly with the psychologists in therapy groups, but occasionally individually. Many, if not most, of these inmates take medications for their mental illness problems, prescribed by jail psychiatrists. On a given day, approximately 2,000 inmates are mentally ill, 90% of whom report co-occurring substance abuse.

Included in JMHS are six Jail Mental Evaluation (JME) Teams, each team consisting of one deputy sheriff and one DMH clinician. Two of these teams are located at the North County jails, three at Men's Central Jail, and one at Twin Towers. Their job is to provide outreach to general population inmates who have developed mental illness in jail, or who missed being detected as mentally ill at the Inmate Reception Center. Inmates identified by JME teams are referred to jail psychiatrists and psychologists.

The LASD website provides a way for families or close others of mentally ill arrestees to provide information on the diagnosis and prescribed medications of the detained person. Thus, those who become inmates and are not able or willing to identify themselves as mentally ill can be identified and appropriately treated.

**Bureau of Offender Programs and Services** (BOPS) Formed in 2001, this Bureau provides services to help inmates prepare to reenter society and, hopefully, to avoid recidivism. Subdivisions include the Inmate Services Unit, Community Transition Unit, Jail Enterprise Unit, and HIV Programs, which offer social services to those who seek to leave gangs, have alcohol or drug addiction problems, wish to acquire job skills or basic educational skills, want spiritual counseling, have HIV positive diagnoses, or are in need of housing after being released from jail. The Inmate Services Unit was originally formed to oversee the Inmate Welfare Fund, a fund comprised of monies collected from the jail commissary, inmate telephone services, vending machines and sale of workshop products. It has evolved into a unit which oversees contracts for inmate educational programs (principally with the Hacienda-La Puente Unified School District), procures supplies for inmates, develops funding sources, oversees the volunteer Chaplaincy Program, and makes inmate program recommendations to the Sheriff. Other volunteer organizations which work within the jails are Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) [PARC, Feb. 2009, p. 100].

The Jail Enterprises Unit, established in 1994, has the mission of training inmates in vocational skills. Its largest responsibility is the operation of the printing and sign production workshops at NCCF. Vocational programs are also available at the women's prison (CRDF) which train inmates in custodial skills, sewing, cooking/baking, and commercial painting.

The Community Transition Unit (CTU), formed in 2001, has the mission of assisting inmates, before and after release, with re-integration into the “outside world”. They seek to establish partnerships with both public and private community-based organizations to assist in this work. One such organization is *Friends Outside*, a group which is under contract with the Inmate Welfare Fund to provide social services and counseling to inmates and their families.

**Correctional Services Transportation Bureau** (CSTB) The Transportation Bureau is located on Bauchet Street, near the other LASD facilities in this area – Twin Towers, MCJ, and the IRC. The Bureau is responsible for all LASD inmate transportation, so maintains a large fleet of buses. The average number of inmates transported daily to and from courts and between custody facilities is 2,900. High-security inmates, inmates confined to wheelchairs, and celebrity inmates receive specialized transportation for safety reasons. Transportation of inmates to medical facilities, and occasionally to funerals is also provided.

**Custody Investigative Services Unit** (CISU) Custody Investigative Service is responsible for investigating crimes that occur in the jail system, in court lock-ups, and in Transportation Bureau vehicles. It consists of a canine (K-9) corps, which conducts searches of custody facilities for narcotics and alcohol; a gang intelligence unit (Operation Safe Jails), which identifies inmates who belong to various gangs, including high-profile gang members (“shot callers”); and an investigations unit to deal with crimes taking place in custody facilities.

**Internal Affairs Bureau** The Internal Affairs Bureau serves the entire LASD and is responsible for investigating policy violations, equality violations, and monitoring any criminal investigations of Department members. They also respond to deputy-involved shootings and certain significant use of force incidents by deputies. The Unit responds to suicides and potential homicides that occur in the Jails with a roll-out team (one lieutenant and four sergeants) that conducts an assessment of the death. [Office of Internal Review, Dec.2007].



## OVERCROWDING

What is jail overcrowding? According to a U. S. Department of Justice monograph on the subject [*A Second Look at Jail Crowding*, 2002], the phenomenon is defined in different ways – from square footage per inmate, number of prisoners per cell, number of prisoners sleeping on the floor (or in other areas not intended for sleep) to accusations in litigation brought on behalf of inmates and court pronouncements. In the Los Angeles County Jail System, it has been defined in all these ways. According to Dr. Terry Kupers [*Report on Mental Health Issues at Los Angeles County Jail*, 2008,] the cells and dorms in Men's Central Jail (MCJ) measure far below the American Correctional Association standard of 35 square feet of unencumbered space (space not occupied by beds or furniture) per inmate. Judge Dean Pregerson visited MCJ in May, 2006 and observed six inmates in cells designed for four, and four inmates in cells designed for two. The following September, he found this situation had been corrected at MCJ, but that the jail population had backed up into the Inmate Reception Center (IRC), where the typical daily number of detainees had increased by about 500 men, and holding cells designed for 20 occupants held as many as 35. According to the Judge, detainees in holding cells for long periods would attempt to sleep on the floors. Although Judge Pregerson issued a court order in October, 2006 limiting the number of inmates and detainees in MCJ and IRC cells, an ACLU news release reported the overcrowding had worsened by April, 2007. And in April of 2009, a group of League of Women Voters' visitors observed bunk beds, some occupied, around a day room perimeter in Twin Towers Jail (TTJ), a room designed for eating, watching TV, and various out-of-cell activities.

What happens when prisoners are crowded together in small spaces? Dr. Kupers described a dormitory in MCJ where 150 inmates were housed in bunk beds lined up in rows.

"A prisoner cannot move more than a few feet away from a neighbor, and lines form at the pay telephones and the urinals.... With tough men crowded into small spaces and forced to lie on their bunks or wait in lines,.... altercations are practically inevitable. For example, there is the wait to talk on the phone. The next prisoner in line begins to harass the prisoner on the phone, saying he's been on the phone too long, the man on the phone turns and takes a swing at the other, and there's a fight.... Some men get into fights or curse an officer and are ticketed and sentenced to a stint in disciplinary segregation.... Others retreat into their bunks where they remain all day. [Kupers, p.7.]

Dr. Kupers goes on to report:

"[On] the day I toured the MCJ there was severe crowding in every area, but the Medical Disability/Stepdown area.... was especially poignant. Men in wheelchairs, on crutches, and otherwise disabled were stuffed like sardines into long interconnecting, dark rooms with far too many bunk beds for them to be able to walk around. There were no desks and I did not see chairs.... clearly, if one man wanted to move between the row of bunks, the other men would have to actively get out of his way for him to pass." [Kupers, p. 8-9.]

Dr. Kupers is a psychiatrist, and he was chiefly interested in mental illnesses occurring or becoming exacerbated among inmates. In his opinion, for psychosis-prone inmates, crowding can lead to irritability and anger, which can worsen their mental illnesses; and for depression-prone prisoners, crowding can lead to self-imposed isolation and thoughts of self-harm.

Besides these effects on individuals, crowding was one of the factors involved in the inmate “riots” or “disturbances” that occurred in 2006 in the County Jail System. Over a ten-day period in February 2006, thousands of inmates at the three North County detention centers in Castaic, as well as inmates at MCJ, engaged in fighting one another. The combatants were divided along ethnic and racial lines – Latinos against African-Americans. The problems were compounded by the existence of gangs, which are also divided along ethnic-racial lines. According to Merrick Bobb and his staff from the Police Assessment Resource Center (PARC), a Jail unit of 22 deputies, known as Operation Safe Jails (OSJ), identifies gang members in the inmate population and tries to keep tabs on their activities. [PARC, Aug., 2006, p.16]. The incarcerated Latino street gang members affiliate into one loosely defined gang known as the Southsiders, which is by far the largest gang in the Jail System. And, although certain gang members, such as members of California prison gangs and “shot-callers” from Los Angeles street gangs, are segregated, most street gang members are housed in the general jail population. An attempt is made to keep something of an ethnic-racial balance in the dorms – 60% Latino, 30% African American, and 10% other, although after the February disturbances the Commander at NCCF segregated the Southsiders into separate dorms. When disturbances occurred again in July at PDC North and East and at MCJ, there were no disturbances at NCCF. (However, shortly before the July inmate fighting, the May 2006 Court objections to overcrowding at MCJ had resulted in the movement of about 600 inmates to the PDC facilities. Ironically, the PDC perpetrators of the July violence had to then be moved to cells at MCJ, undoing that attempt to relieve the MCJ overcrowding.) Although Mr. Bobb and his staff point out that they have serious reservations about the long term feasibility of segregating by gang membership, including concerns about consolidation of gang power, endangerment of staff, and the possible unconstitutionality of this policy, they state: “so long as the jails continue to house dangerous inmates in overcrowded dorms with little to occupy their time and no way to keep them all in individual cells, the inmates will fight and occasionally riot, and jail managers will continually struggle to control this violence” [p. 43].

Mary Tiedman, the principal ACLU staff member who works with the County Jail System, reports an abundance of inefficiencies which contribute to overcrowding. The jail computer system is outdated and is not compatible with the computers at the courts. It is not uncommon for an inmate, having been arrested and booked into the Inmate Reception Center (IRC), to be sent to court for arraignment. However, the court does not know the inmate is there, and so the inmate is returned at the end of the court day to the IRC. The IRC then keeps the inmate to the next day, when he is sent to the court again. It may be the third day after being arrested that the inmate will be assigned quarters and finally have an opportunity to sleep in a bed. Again, simple inefficiencies in the computer system often have an inmate sent to a facility to find it overcrowded, and then being returned for assignment to another place. It is not surprising that the IRC itself becomes crowded [Interview with Mary Tiedman, 2010].

Cuts in the-state government’s budget can also impact the jail population. Recently [*Daily Breeze*, 5-26-10, p. 1] the California governor has proposed \$602 million in budget cuts for mental health centers in the communities. This means that more mentally ill will not receive needed supervision and services in the community, and by default will wind up in the jail population as the solution of last resort. Funding cuts will also impact the ability of the Department of Mental health to provide services for those mentally ill who are now in jail and would normally receive ongoing services from the community centers after release from jail.

The U. S. Department of Justice has suggested a number of ways, besides building new jails, to relieve jail crowding [*Op. cit.*, 2000]. They emphasize that our criminal justice system consists of many interactive elements, and improvements require interagency collaboration, with planning based on accurate data. They suggest changes in court processes, such as expedited pretrial services which provide more information about defendants prior to court appearance; use of alternatives to jail sentences (e.g. drug treatment, electronic monitoring, probation, community service); and use of rehabilitative programs during incarceration and re-entry services on inmate release to promote reintegration into “outside” life. Examples given in the monograph include some efforts in Los Angeles County. One, in the D.A.’s office, the Early Disposition Program, involves prosecutors and public defenders agreeing on cases which can be processed and tried expeditiously, and then carrying through on these plans. Another, the Delay Reduction Plan involves judges requiring attorneys in certain cases to agree to trial within 60 days of arraignment. [*Ibid.* pp. 56-57] A third example describes the Los Angeles County Community Based Alternatives to Custody (CBAC) program. Sentenced offenders are evaluated by the Probation Department, and may be placed in electronic monitoring programs which allow home placement and/or work release. [*Ibid.*, p. 41]. However, the LASD, after initial enthusiasm for electronic monitoring programs, reports only 135 inmates serving sentences outside the jails wearing electronic ankle bracelets. Other inmates considered for the program have been found to be ineligible, due to serious or violent convictions in their criminal histories [L.A. Times, March 2010].

Since the first ruling on the *Rutherford* litigation (filed by the ACLU in the mid-1970s with the court ruling in favor of the plaintiffs, upheld on appeal in 1983) the Los Angeles County Jail System has been subject to court orders mandating improvements – such as better sanitary conditions and relief from overcrowding. The practice of “early release” started in 1988, when Judge William P. Gray ordered the Jails to be “operated constitutionally at their appropriate capacity”. According to an LASD report to the BOS, at that time Judge Gray authorized the Sheriff to reduce overcrowding by releasing inmates early, which is before serving the entire time to which they had been sentenced [BOS, June 6, 2006]. Presumably, these releases were allowed for inmates serving time for non-violent crimes, as is the practice today [L.A. Times, March 6, 2010, p. A18].

Apparently early release abated after 1988, but the “Percentage Release Program” was re-implemented in 2002 because of funding cuts, which resulted in personnel reductions and closure of parts of some County Jails. From July 2003 to June 2007 jail time served by Percentage Release Program inmates varied from 70% in June 2003 to 10% in June 2006. Release procedures were improved at some point in this time frame to include criminal history checks, made possible by an improved classification system. A list of criminal history factors which disqualified inmates from being released early was compiled (factors such as serving a state sentence for a crime of violence, convictions for using firearms in commission of a crime, and convictions for causing great bodily injury or death). In addition, inmates could be disqualified if they were judged “to pose a threat to public safety” (BOS, June 6, 2006, p. 2).

A PARC staff report in February, 2009, found that the majority of women inmates served, at most, 10% of their terms because of lack of space – there being only one facility for women in the County Jail System. However, according to this report, the County had worked to increase the amount of sentence time served by male inmates to almost 70% by increasing the number

of jail beds [PARC, Feb. 2009, pp. 22-23]. PARC staff did not mention any remodeling or new construction to achieve this increase, but observers have noted added bunks in day rooms [LWV visit, Apr. 2009] and crowded rows of bunks in dorms [Kuper, *Ibid.*, May 2009], while the Los Angeles Times reported shuttered areas being reopened. More recently, fiscal woes from the economic downturn of the past couple years have necessitated some non-violent offenders (e.g. check kitters, petty thieves and drunk drivers) being released after serving 50% of their sentences. [Los Angeles Times, March 5, 2010].

In addition to processing and programmatic improvements, the physical condition of some parts of the L. A. Jail System have prompted plans for facility improvements that would relieve overcrowding as well as increase inmate safety. Original plans, made in 2006, to refurbish the unused Sybil Brand Institute, construct new dormitories at Pitchess, and refurbish Men's Central Jail were modified because of new building standards and excessive costs. In the process of revising these plans, the podular design for cells and dormitories was adopted. Octagonal pods with cells or dormitory beds along the walls; open eating, classroom, and dayroom space, as well as custody staff stations, in the center; and adjacent recreation areas offer a number of advantages. The staff has full surveillance of inmates, and inmate movement for meals, recreation, classes and programs is minimized. Less need for staff accompaniment of inmates from one place to another leads to more efficient use of staff time. Incorporation of video visitation technology, planned for the new cell and dorm units, would allow visitors the option of visiting from local sheriff stations. Similar podular designs are already successfully in use at Twin Towers and CRDC. The Revised Jail Plan was presented to the BOS in March of 2008, but action on its recommendations was postponed, and apparently is still on hold in these times of economic downturn. The Plan recommendations include:

- Construction of eight podular dormitories for women at Pitchess Detention Center, accompanied by expansion of kitchen and clinic facilities;
- Demolition of structures at the Sybil Brand site, and construction of eight podular dorms for women, with additional new building for administrative, kitchen, and clinic facilities;
- Modification of the Twin Towers Jail to house a Women's Inmate Reception Center, and two hundred female mentally ill inmates;
- Construction of six podular cell units for male inmates at the Mira Loma Detention Center;
- Discontinuing inmate housing at the Men's Central Jail 1960 building, and transfer of male inmates to CRDF (currently used as a women's facility) and Mira Loma;
- Expansion of the housing wings at the 1970 Men's Central Jail building to include space for common rooms for eating, programs, and classes, and construction of adjoining balconies for sports activities between the wings.

This plan would increase the number of beds at the Jails by 1,146, including an increase of 164 beds for high-security female inmates and 982 beds for high-security males [Approval of the County of Los Angeles Revised Jail Facilities Plan. Communication from Chief Executive office to L. A. County Board of Supervisors, 3-18-08. Available on L. A. Co. BOS website, Board Correspondence.].

## OVERSIGHT

A number of references have been made in this report to the ongoing *Rutherford* litigation. This case involved Court orders, including one that designated the American Civil Liberties Union of Southern California (ACLU-SC) as the Court's monitor for the County Jail System. Posted on the ACLU website, <http://www.aclu-sc.org/jails/>, is a description of the organization's work in the jails. The California Code of Regulations, Title 15, *Minimum Standards for Local Detention Facilities*, serves as the guide by which the Court and the ACLU judge compliance with state law. Phones are available in the jails, and prisoners may use a hot-line to the ACLU to register complaints or to report problems. ACLU reports they receive up to 40 inmate voicemail messages daily, and 30 letters from inmates or their families weekly. In addition they visit the jails twice a week, to meet with inmates and walk through the areas where prisoners are housed. They try to settle as many problems as possible on site. All problem reports are recorded, sent to the LASD, and tracked, with response times noted. Ongoing problems are brought to LASD staff, and resolutions are sought. When the ACLU finds chronically unresolved systemic issues, they take the matters to court. However, with only two employees working on their "Jail Project", the ACLU is limited in the oversight it can provide. In addition the County has an Ombudsman's Office in downtown Los Angeles, which deals with complaints against the Sheriff's Department and is listed in phone directories.

The Los Angeles County Board of Supervisors (BOS) oversees all County activities. Its interaction with the Sheriff's Department is somewhat complicated by the fact that the Sheriff is elected by vote of the citizens, as are the Supervisors themselves. However, it is the BOS who decides on the budget, which gives them an advantage in the power structure of the County. The Sheriff depends on the BOS for funding his department, and when he considers the designated amounts inadequate he must go to the Board to request increases. He has, on occasion, threatened to close a jail when confronted with what he considers inadequate funding. [e.g. see *Jails May Close, Sheriff Warns*, L.A. Times, Feb. 24, 2009, p. B1; *State's cuts may weaken Baca's threat*, L.A. Times July 4, 2009, p. B1]

The BOS contracts with independent research agencies to provide oversight of the LASD. The Office of Independent Review (OIR), under the leadership of Michael Gennaco, investigates questionable incidents and staff conduct, both in the Jail System and in the LASD stations and field operations. OIR analyses of inmate deaths in the jails have led to more timely and complete review procedures. [OIR, Dec., 2007] The Police Assessment Resource Center (PARC), led by Merrick Bobb, specializes in reviewing law-enforcement systems. PARC's investigation and recommendations on County Jail inmate classification systems and housing assignments have the potential of increasing prison safety. [PARC, Aug. 2006] More recently PARC has investigated availability of medical services in the women's jail (Century RDC), and their recommended changes have contributed to better medical care access for inmates [PARC, Feb., 2009]. Another independent criminal justice research agency, the Vera Institute of Justice, is currently under contract with the County to examine Jail population issues and make recommendations to alleviate overcrowding.

One of the charges of the L.A. County Civil Grand Jury is to make inquiries about the condition and management of public prisons. In 1995-96, the Grand Jury looked into staffing at the County Jails and made recommendations to increase the hiring of Custody Assistants, so as to release deputies from spending so much of their early careers on Jail duty. The rationale for this proposal was to increase Deputy Morale and to save costs. Although implementation was slow, the recommendation was being carried out in 1999, as evidenced by the minutes of the L.A. County Economy and Efficiency Commission [Minutes of the EEC, June 2, 1999, <http://eec.co.la.ca.us/>]. After graduation from the Sheriff's Academy, deputies now spend two years, rather than six years, on duty in the Jail System [Oral report, Deputy William Talamera, Twin Towers Jail, April, 2009].

Lastly, according to Kevin Barry, a consulting attorney for the ACLU, the local media also play an important role in oversight for the LASD and the County Jail System. Descriptions of crowded or unsanitary jail conditions and high-profile incidents are often found in articles in the *Los Angeles Times*, on *latimes.com*, or depicted on local television. Such publicity can be a motivator for the LASD to look at their procedures and make improvements when indicated. Indeed, after the jailing of Paris Hilton and the DUI arrest of Mel Gibson, incidents of high media coverage, OIR made investigations and detailed public reports as to whether there was any preferential treatment of these celebrities. In the case of Mr. Gibson, internal LASD investigation revealed irregularities in release procedures -- lack of signatures and palm print, and department transportation to the impound lot for retrieval of his car. Three LASD officers were disciplined for these violations. In the case of Ms. Hilton, both the LASD's internal investigation, and OIR's inquiry revealed some examples of treatment that differed from that of other inmates. The differences, however, were judged to have occurred because of reasonable concerns for jail functioning (ordering new jail uniforms because the jail lacked uniforms in her size) or for Ms. Hilton's health and safety (having other inmates turn toward walls as she was escorted down corridors due to heightened risk of attack—there had been reported talk of attack by other prisoners). In addition to spurring internal LASD and OIR investigations, the publicity surrounding Ms. Hilton's incarceration certainly heightened public awareness of the Jail's early release policy and may have increased awareness of overcrowding in the County Jail System [OIR, Dec., 2007].

It is to the public's advantage to be knowledgeable about its criminal justice system, and the above oversight agencies and organizations play an important role in informing both the public and the justice institution about what is happening in its jails. And the proliferation of internet communication makes some of this knowledge easily accessible. Both OIR and PARC include their reports on their websites. The ACLU website includes links to information about the jails which is especially useful to inmates' families, but useful to a curious public as well. The ACLU also disseminates news releases and reports about jail conditions (e.g. *latimes.com* and the Kuper report).

## HEALTH CARE

The California State Code of Regulations, Title 15, “Minimum Standards for Local Detention Facilities”, charges the facility administrator with “the responsibility to ensure provision of emergency and basic health care services to all inmates” (p. 38). Health care in the huge and geographically separated L.A. County Jail System presents problems -- thousands of inmates in eight different housing facilities plus the Inmate Reception Center under lock and key. Contacts between inmates and medical personnel involve planning and coordination. Nurses and doctors must travel to inmates’ cells, common rooms, or dorms; or inmates must be escorted and supervised to be seen by medical personnel. Actually, it is the nurses who carry out most of the medical visits to inmates, and more than one report has described them as phenomenal. The jail population tends to be sicker than average County residents. They generally have had less access to health care on the “outside”, and they live in close contact with others, where the risk of infections spreading is greater.

That all does not always go well in provision of medical services to inmates is reflected by the two systems for complaints, managed by the ACLU and the Jail Custody Division. The ACLU Jail Project reports lack of access to health care in the jails as one of the most common complaints they receive from L.A. County Jail inmates or their family members. Problems with health care are also common topics on inmates’ complaint forms, which are collected from boxes in each Jail unit at the end of every eight-hour shift. Both the ACLU Jail Project worker and a LASD Custody officer enter the complaint information into a computer data tracking system, and the forms pertaining to medical issues are copied and delivered to the Jail’s Nursing Manager [Barry, *Ibid.*, 2008, p.2; PARC, Dec. 2000]. The manager classifies the complaints as to urgency, interviews the inmates, and, if possible, makes arrangements to remedy the complaint. If the complaint is an emergency (e.g., chest pain), the medical staff must respond within one hour, according to Custody Division policy. For urgent complaints, such as pain, bleeding or toothache, response is required within 24 hours, and non-urgent medical conditions or needs should be attended to within seven days. If all goes well, and the inmate is seen by medical personnel, the Medical Services staff fills out another form, the Medical Complaint Disposition Form, which documents the medical findings and action taken. This form is signed by the inmate, and the response data are entered into the computerized complaint system.

A number of situations can occur which might interfere with delivery of medical attention. Inmates may be released from jail or transferred to the state prison system before their medical needs are addressed; they may be in court or transferred to another facility within the Jail system and miss appointments with doctors or visits by nurses. And, in such a large system as the L. A. Jails, there are a myriad of chances for missed communication or miscommunication. In 2005 the OIR reported that the Medical Services Bureau personnel daily dispensed examination and/or treatment to approximately 900 inmates on the medical line (inmates signed up or taken to wait to be seen by a doctor or medical provider), responded to 7,000 inmate sick calls (usually by nurses) and distributed prescribed medication to 6,000 inmates. Most medications were given more than once a day. According to OIR, in the great majority of these cases, the inmates received quality medical treatment [OIR, Oct.

2005].

Reports from both PARC and OIR have documented problems in the Jail System's delivery of medical care. In its December, 2000 publication, PARC reported on its review of 3,600 inmate complaints about medical services. The most frequent complaint was that an inmate had requested to see a doctor or other medical provider one or more times and had not been seen. In some cases, a nurse had refused the request to see a doctor. In other cases, inmates had been taken to see a doctor, had waited, but were not seen. In still other cases inmates complained of waiting excessive amounts of time to see a medical provider. Examples included an inmate who complained that he had been requesting a medical consultation for 3 1/2 weeks about his heart condition (and who was seen 5 days later and given heart medication and an appointment with a cardiologist); an inmate who complained of excruciating pain on his right side from gallstones (who was then seen by a doctor 10 days later and transferred to Central Jail for scheduling of a gall bladder procedure); and an inmate who had waited in line eight times to see a dentist because of a bad toothache, had not been seen (and who, after this complaint, did see a dentist who extracted his tooth). Other common complaints involved medications. Prescription renewals posed a problem. Many inmates, such as those taking medication for HIV-AIDS, or for other chronic conditions (such as heart problems or high blood pressure), or often those receiving psychiatric medications, are on long-term regimens. In 2000, when the PARC staff was investigating medical complaints, it appeared that it was most effective for inmates to request doctor appointments for prescription renewals, since a physician's examination and approval were required for renewals. Yet, those who anticipated needing renewals and who tried to make the required doctor appointments were denied appointments until their prescriptions ran out. In their December 2000 report, PARC staff attributed some of these complaints to a dearth of physicians and dentists. In 2005, OIR reported failures and lapses by a small percentage of Jail Medical Services personnel, but concluded LASD held these employees accountable and recommended discipline when appropriate. OIR speculated that some of these failures might be due to a shortage of medical staff [OIR, Oct. 2005]. This lack of professional personnel was eased by November of 2006, as evidenced by an OIR report that aggressive recruitment efforts had resulted in the Medical Services Bureau having more than 1,000 personnel, including an increase in physicians, nurses, and support staff. However, the OIR reported that this did not mean that the Bureau was operating with its "full complement of personnel" (OIR, 5<sup>th</sup> Annual Report, Nov., 2006, p. 39).

PARC staff has been investigating and reporting about the LASD since 1993. In October, 1997, their report referred to "errors and malpractice in the delivery of medical and mental health services" in the Jails (p. 20) and concluded that the mental health care was substandard. They identified several causes of this problem: lack of resources and staff; the inability of the LASD and the L.A. County Department of Mental Health (DMH) to work together in their shared responsibility for inmate care; and "chaotic record keeping" [*Ibid.* p. 6] with multiple and inconsistent medical charts which were often unavailable when needed, and lack of reliable records to track inmates' locations at any particular time. The record problems were compounded by the need to send inmates and their records to and from the court system.

PARC was particularly critical of the County Department of Mental Health (DMH). According to their report, at least 30% of the women and 20% of the men entering the Jail System were in DMH databases or had DMH records, the inmates having had previous contact with DMH. Some had been assigned DMH case workers and may have received



prescriptions in DMH outpatient clinics. It was the PARC staff's contention that DMH personnel should identify these inmates as they entered custody, and take responsibility for their psychiatric care. At the time of the report, DMH personnel tended to wait for custody or medical staff to identify and refer apparent mentally ill inmates, and then allowed days to elapse before evaluating inmates. PARC staff concluded "that the trifurcation of responsibility for mentally ill inmates between the Custody, medical, and mental health staff [DMH] allowed too great a margin for potential error" [PARC, 1997, p. 12]. They cited the example of an inmate suicide at Men's Central Jail (MCJ), in which a man made three unsuccessful attempts to hang himself with a bed sheet within a month, and finally succeeded on his fourth effort. The man was at first in a forensic in-patient ward (FIP) at MCJ, a ward managed by DMH professionals. He was subsequently shuffled between the County-USC Hospital jail ward, and other MCJ high-risk modules, but did not remain under DMH care after his first transfer. The details of this case and other negative data led PARC staff to conclude that the County DMH provided inadequate service to the jails, and that immediate improvement must be made.

At about the same time as the PARC staff was investigating the Jail's mental health care, the U. S. Department of Justice (DOJ) was investigating mental health care in the Jail System to determine if inmates' civil rights were being violated. According to a PARC report [PARC, Oct. 1997, p. 10], DOJ determined that throughout the Jail, there were problems with inappropriate medical prescriptions along with lack of monitoring and documenting medication effects. DOJ also noted inadequate screening of inmates for mental illness, and delay in mental evaluation after referral [Ibid., p. 18]. Following the publication of the PARC and DOJ reports, the LASD formed two task forces to address the problems raised and recommendations made. One task force worked on the problems of coordination between Jail Medical Services and DMH. DMH hired a new head psychiatrist and new staff psychiatrists, began seeing identified mentally ill inmates soon after initial screening at IRC, and organized teams of DMH and custody personnel (JME teams) to circulate throughout the Jail System to identify undetected cases of mental illness. The other task force worked on improving the performance of the Medical Services Bureau in prescribing and dispensing medications, on improving pharmacy functioning, and on improving the organization of medical records which were to stay wherever the inmate was housed until contemplated computerization of these records. There was also a new openness to allowing community organizations to help with jail programs, such as permitting an AIDS assistance group to work with HIV positive inmates. Efforts were made to ease the sometimes strained relationships between the deputy custody staff and Medical Services personnel. In addition in January, 1998, 848 mentally ill inmates and 120 physically ill inmates were transferred from Men's Central Jail (MCJ) to new Twin Towers facilities. Concentrating the mentally ill in Twin Towers I has provided a better environment for these inmates with the pod-housing configuration, good lighting, more room, and nearby exercise areas, as witnessed by the League of Women Voters group who toured that facility in April, 2009. This group also observed a psychotherapy group of inmates preparing to meet with a psychologist, presumably from DMH. The psychologist talked briefly with the League group about her work in the jails. She appeared interested in her work and expressed compassion for one of the inmates who was having difficulties and, in her opinion, needed individual psychotherapy sessions. And the medical records have been computerized, as reported by Dr. Terry Kupers, who visited MCJ in 2008 [Kupers, Terry, "Report on Mental Health Issues at Los Angeles Jail", June 27, 2008, [aclu-sc.org](http://aclu-sc.org)].

Dr. Kupers, a psychiatrist who has done extensive work in mental illness treatment in correctional institutions, was retained by the federal Court monitor, Southern California ACLU, in May, 2008 to investigate mental health services at the L. A. County Jail System. He had testified in *Rutherford v. Pitchess* in 1978, but without direct knowledge of the L.A. System. Dr. Kupers toured MCI, Twin Towers I and II, and the Inmate Reception Center (IRC) on May 8<sup>th</sup> and 9<sup>th</sup>. He also interviewed 18 male inmates in private settings; talked with others in cell-front settings as he toured; talked with Custody staff and Mental Health Services staff; viewed clinical records of the interviewed prisoners with Jail M.D.s; and reviewed various ex-prisoner statements, DOJ reports, and ACLU documents concerned with the Jail. The male jail population at that time was 17,687, and the male mental illness caseload was 2,088, or 11.8%. Dr. Kupers contrasts this with the conclusion of a special report by the Federal Bureau of Prison Statistics that 64% of jail inmates suffer from significant mental health problems, and with findings from current epidemiological studies that are consistent with the Federal Bureau report. (A Bureau of Justice Statistics report a decade earlier had concluded that 16% of inmates suffered from significant mental health conditions.) Dr. Kupers estimated the number of inmates with significant mental health problems to be double the present caseload in the L.A. County Jails, and based his estimate upon the national figures for mental illness prevalence; frequency of complaints to the ACLU about inadequate mental health care from the general population of the jail; and the ease with which he was able to locate, on his tours, prisoners suffering from mental illness, but not on the Jail caseload (p. 6). Dr. Kupers concluded that:

While mental health services at Los Angeles County Jail have improved in recent years in many regards, there are large gaps in services, the jail has become massively overcrowded, and there is disturbing evidence of custodial abuse of prisoners with serious mental illness. A major problem is the large number of prisoners entering the jail who suffer from the relative shortage in mental health treatment resources. The large census in the facility, and resultant crowding and idleness at every level, further exacerbate the problems. A very frequent occurrence is the discharge of prisoners with serious mental illness from the mental health housing units in the Twin Towers and their transfer to general population, disciplinary housing or administrative segregation at Central Men's Jail or elsewhere, where there is severe crowding, almost no mental health treatment aside from psychotropic medications, very little out-of-cell time and almost no programming and in too many cases victimization by other prisoners and/or significant abuse at the hands of custody staff (*Ibid.*, p. 44).

Dr. Kupers based his accusations of custodial abuse on multiple and consistent inmate reports (p. 41). He noted that prisoners in mental illness housing wear distinguishing clothing which can contribute to victimization by other inmates in mixed prisoner situations, such as in "court line holding tanks" (p.28). He objected vigorously to the "de-classing" of inmates from mental health housing to the general population and to isolating mentally ill inmates, which exacerbates their illnesses. He recommended expanding mental health services, more JME team efforts to locate mentally ill inmates, and more programs; more training of deputies in interacting with the mentally ill; more substance abuse treatment; more post-release planning; and more robust monitoring. Dr. Kupers acknowledged DOJ and ACLU oversight, but did not mention PARC or OIR, of which he may not be aware.

The Correctional Treatment Center (CTC) is a 196 bed inpatient facility in the Medical Services Building at Twin Towers Correctional Center. When it was opened in 1998, patients from the Forensic Inpatient Unit at MCJ were transferred to the CTC. When inmates are in need of care for very acute conditions or in need of surgical procedures, they are

transferred to L.A County-USC Hospital jail ward. Otherwise they are cared for at CTC. A particularly tragic death occurred at CTC in 1999, when a newly arrived mentally ill inmate was asphyxiated in the process of being restrained to a bed. The death was investigated by the Internal Affairs Bureau (IAB) but a subsequent PARC review was sharply critical of both the IAB investigation and the circumstances of the inmate's death, which PARC staff attributed to negligence by LASD personnel. (Subsequently the decedent's family sued and a settlement was made.) [PARC, Oct. 2001, pp. 7-53] Since that time, the Board of Supervisors has contracted with OIR, and that oversight agency now "rolls" to the scenes of deputy-involved deaths along with the IAB and makes independent investigations. Recommendations that CTC go through the process of licensure from the California State Department of Health Services were made, and CTC, "after several years of determined and focused effort" received provisional licensure in 2004 and permanent licensure in 2005 [OIR, Oct. 2005, p. 109; OIR, Nov. 2006, p. 39].

In 2006 OIR reported new programs being established by the Medical Services Bureau to assist in providing appropriate diagnosis and treatment to inmates. They include: a telemedicine program in which specialists interview inmates and perform certain tests from remote locations; a digital radiology program in which x-rays are computerized rather than stored on hard film, which facilitates storage and allows X-rays to be attached to medical records; a pharmacy program in which certain prescribed medications are pre-packaged; regular nurse clinics in some inmate housing areas to replace pill calls and some trips by nurses to provide individual treatment; and a "step-down" unit to care for inmates who are ill, but whose conditions are not serious enough for them to be in CTC [OIR, Oct. 2005, p. 39].

Health care for women in the Jail System differs somewhat from that for men. The women are all located at Century Regional Detention Facility (CRDF), except for the few that may be in the CTC at Twin Towers or at County-USC Medical Center. PARC staff spent a year in 2008-2009 reviewing medical, mental health care, and other services for women in LASD custody, and documented their findings in two lengthy reports in July 2008 and February 2009. During the course of the PARC review, there was considerable progress in what had been a chronic problem – lack of timely medical and mental health services, both in the initial screening period and during an inmate's incarceration. After arriving at the Intake Center at CRDF and being questioned about medical and mental health issues, those who need further screening are now moved to an area with bed and shower access and are interviewed by nurses who take and record their medical information and set up appropriate appointments and referrals. Daily "sick call" or nurse clinics, formerly decentralized (one on each floor) and held in crowded spaces where inmates reported their conditions through a window and entered only if they needed further tests, have been centralized into one comparatively spacious area. An evening shift has been added when needed, and there is no longer a backlog of unseen inmates. The women sign up for nurse clinic in their housing areas on one day, and are supposed to be escorted the next day, in groups of 12 or fewer, to the clinic. The nurses are able to triage their patients, which was not possible in the decentralized sick call setup. Feedback from nurses and inmates has been generally positive about the new, more efficient and more comfortable nurse clinic system, although there are still complaints about not being seen within 24 hours. Also, custody staff hours are increased due to extra time escorting inmates.

Another difference in women's care is the need for obstetric and gynecological services. More than 14,000 pregnant women enter CRDF yearly, and an average of 60 is in the jail at a

given time. All pregnant women are given prenatal care – extra milk in their diets, monthly physical check-ups (more often in late pregnancy), and often prenatal vitamins. Three ob-gyn physicians are on the medical staff, one of whom oversees a prenatal and neonatal education program known as MIRACLE, which is offered by the Center for Children of Incarcerated Parents. Most do not deliver their babies in custody. Of those who do, some deliver at County USC Hospital, some at CTC and some in CRDF. CRDF personnel estimate that about 30 inmates give birth each year while incarcerated. During transport and hospitalizations prisoners are often shackled by wrists, ankles, or both, but a 2005 California law has set standards to be included in the next revision of Title 15 Regulations prohibiting shackling during labor, delivery, and recovery. However, as of February 2009, Century Jail did not have written policies prohibiting shackling during delivery, which apparently leads to some confusion among Jail System personnel [PARC, Jul. 2008; Feb. 2009].

If a pregnant woman enters the jail and desires to have an abortion, she fills out a form, is checked by a physician for medical approval, receives abortion counseling from a registered nurse practitioner (RNC), applies for a court order permitting the procedure, and is put in touch with an outside clinic where the procedure is done. Usually Planned Parenthood supplies these clinic services [PARC, July, 2008, pp. 45-47].

In summary, health care at the women's jail is, in general, meeting state standards. No system is perfect, but this one seems to be working pretty well. Thirty-two thousand women are admitted to the jail each year, and about half of them are seen by nurses at least once (at initial screening or sick call). Physicians evaluated 5,010 inmates in the year that PARC staff investigated CRDF, and prescription medications were given to an average of 1360 women monthly.

In contrast, there are many problems connected with health care at the men's jails. It is difficult to attribute causality, but the huge number of inmates, facilities which are spread out and lack adequate space, lack of optimal staffing, and insufficient opportunities to engage in educational and physical activities all contribute to problems in the provision of medical and mental illness care.

## RECIDIVISM

Recidivism usually means a return to jail or prison. It is sometimes measured in re-arrests and sometimes in reconvictions. It is usually expressed as a percentage of those released from incarceration who are rearrested or reconvicted within three years after “getting out”. Recidivism percentages or rates can give us an idea of whether imprisonment can lead to rehabilitation – to crime-free lives – and, if so, what types of experiences in jail or prison might be helpful in achieving rehabilitation. In particular, it serves as a measure (or dependent variable) for researchers who study the effects of various rehabilitation programs.

In February, 2008, the Colorado Division of Criminal Justice published What Works: Effective Recidivism Reduction and Risk-Focused Prevention Programs. A Compendium of Evidence-Based Options for Preventing New and Persistent Criminal Behavior, produced for the Division by the RKC Group headed by Roger Przybylski. This review concludes that “the scientific evidence is unmistakably clear. A variety of programs, properly targeted and well-implemented, can reduce recidivism and enhance public safety” [p. 36]. It identifies and summarizes a set of features shared by effective programs, labeled by some criminologists as “principles of effective intervention”, which are listed here:

- “Effective intervention is intensive and targets behavioral changes” [p. 36]. Intensive translates to 40% to 70% of the offender’s time and lasts from 3 to 9 months. Behavioral change refers to the development of pro-social changes in attitudes, beliefs, cognition and actions through a process of learning supported by positive reinforcement.
- “To effectively reduce recidivism, behavioral programs must target multiple criminogenic needs of higher risk offenders”[p. 36]. Criminogenic needs refer to risk factors which may lead to criminal behavior, such as anti-social values and feelings, lack of education, and drug abuse. The authors of What Works recommend the use of a reliable, valid, and comprehensive assessment instrument (such as the Level of Service Inventory or LSI), which provides information about offenders’ needs and levels of risk.
- “Higher risk offenders are more likely to benefit from interventions than lower-risk offenders” [p. 37].
- Effective intervention should be characterized by responsiveness between “program staff, offenders and program settings....there must be a match between the treatment approach, staff characteristics, and the learning style and personality of the offender. Programs must take into account and be responsive to the motivation, cognitive ability, age, gender, ethnicity and other characteristics of the offender” [p. 38].

The authors of What Works cite research which has found that programs embodying these principles have achieved a 50% reduction in recidivism [p. 38].

Educational and vocational programs have also been shown to reduce recidivism , but not nearly as much as programs characterized by the principles of effective intervention. In reviews of studies cited in What Works, prison vocational programs reduced recidivism from

9% to 11%, while adult basic education and GED programs showed recidivism reductions of 5% to 9% [p. 40].

A number of prominent criminologists have made observations which indicate agreement with most aspects of the above listed principles. Doris Layton MacKenzie, of the University of Maryland states in the conclusion to her recent book: “Many of the programs and interventions I found to be effective in reducing recidivism focus on individual-level change.... A focus on individual change....in cognitive reasoning, attitude toward drug use, anti-social attitudes, reading level, or vocation skills.... is critical to our understanding of what works in corrections” [MacKenzie, 2006, p. 337]. Lipsey and Cullen, in a review of systematic reviews (meta-analyses) of studies of correctional intervention effects on recidivism, agree that higher-risk offenders benefit more, as do female offenders. They state that “The preponderance of research evidence....supports the general conclusion that rehabilitation is capable of reducing the reoffense rates of convicted offenders and that it has greater capability for doing so than correctional sanctions [e.g. incarceration and punishment]”. Indeed, they say the “view that harsher treatment of offenders dissuades them from further criminal behavior is not consistent with the preponderance of available evidence”. Lipsey and Cullen stress the importance in future research of the “identification of pathways through which treatment has its effects – for example, the mediating changes in needs, risk factors, cognitions, and motivation that bridge between treatment and recidivism effects.” They also look to the future to identify the factors which lead to high-quality implementation of intervention programs and ways to put these programs into practice [Lipsey and Cullen, Dec. 2007, pp. 297-320].

The recidivism rates at the L.A. County Jail are high – estimated at 70% for men and 80% for women [Sheriff Baca, talk to LWV/LACounty, Pasadena, CA, July 25, 2009; PARC, February 2009, p, 3]. The following overview of Educational Programs and Transitional Services at the Jails suggest steps in the right direction, but the recidivism rates reveal a long way to go.

## EDUCATIONAL AND REHABILITATIVE PROGRAMS AND SERVICES

The Bureau of Offender Programs and Services (BOPS) arranges for and oversees the growing number of programs and services that offer inmates opportunities to add to their skills and alter their lifestyles. It is separated from the sheriff's regular budget through two money making projects: (1) *the inmate canteen* and (2) *the jail enterprises program*. These two programs bring in about 20-24 million dollars a year. All of these monies are then distributed to various services or programs for the inmates. In addition, many of the BOPS programs are supported by grants, volunteer groups, private donations, or county departments such as the Department of Mental Health. The state of California subsidizes the formal adult education program. The Bureau is dynamic in that as programs prove themselves in one jail, they may be added to other jails or changed to accommodate new needs.

Most of the information in this section was obtained during an interview with Sergeant Christine Baker, who serves with Bureau. She provided LWV Jail Study members with a list of services and programs as of May 2010. By the time this study is released, it is very likely that some of this information will no longer be current as programs are added and deleted over time.

The *inmate canteen services* are provided by a contracted vendor. These services include:

1. Canteen Commissary  
Provides "bag and delivery" sales such as toiletries, food items, etc.
2. Canteen Vending  
Provides vending machines where inmates can purchase snacks, drinks, and over the counter medications.
3. GTL  
Provides and maintains operation of inmate pay phones. (There is a pay phone in most cells or pods.)

The income varies depending on the jail population and the economy in general. For example, income has recently been down in phone use, apparently due to the current economic recession. Families or outsiders can put funds for the inmates into an account which is accessed by a personal inmate card. In general, the cost for phone use and vending machines is a little higher than such items would cost outside the jails. For inmates who have no funds, the Bureau will provide some items. For example, they might provide deodorant, toothpaste and shampoo to a destitute inmate, since a clean, healthy inmate helps to control disease (staphylococcus infections) and decrease complaints from other inmates.

*Jail Enterprises* works closely with the Custody Division and the Hacienda La Puente School District. Inmates assigned to these programs can earn a Certificate of Completion, which can lead to employment once out of jail. The instructors are all credentialed vocational education teachers. The products or services from these programs are sold to government employees or agencies or to any nonprofit business. Most of these items are provided at a very competitive rate. These programs are located at the Pitchess Detention Center Field Operations.

1. Nursery

This is a large commercial nursery where inmates are trained in both a classroom setting and in the field. Inmates learn horticultural skills and get hands-on training in the areas of planning, feeding, pruning and general plant and tree maintenance.

## 2. Bicycle Repair

Inmates learn to repair and service bicycles. They also rebuild, paint and repair hundred of bicycles each year that are donated to needy children during the holiday season.

## 3. Pet Grooming

Inmates are trained how to handle animals and are given the skills to properly groom dogs, cats and birds. They learn to trim nails, shampoo, cut pet's hair, give flea dips and give topical medications under the guidance of a board certified instructor.

## 4. Print Shop

The print shop is a large operation housed in North County Correctional Facility. Inmates learn to operate various printing machines including sublimation (which involve digital graphics computer systems), screen printing, binding, etc. They produce many printed products including brochures, forms, color copies, and envelopes.

## 5. Sign Shop

The North County Correctional Facility also operates a large sign shop. Among the products inmates learn to create in this program are wall signs, plaques, banners, and a variety of novelty items.

## 6. Wood Shop

The Pitchess Center Wood Shop currently produces wooden rocking horses. These are entirely hand carved and come in two sizes—carousel size (large) and smaller child sized. Of heirloom quality, they have a limited production run and are numbered, selling for several hundred dollars each.

# **EDUCATIONAL PROGRAMS**

The formal educational program is provided mainly by the Hacienda La Puente Adult School. This is a program contracted by the Sheriff's Department and funded yearly for about 11 million dollars. The average daily attendance money received from the state is split at the end of the year between the school district and the Sheriff's department. The sheriff receives about 5 million from the state for its share of the attendance moneys which is returned to BOPS.

Title 15 Article 6, Section 1061 sets the Minimum Jail Standards of the State of California. This statute charges the sheriff to "utilize available resources to develop a[n] ...educational program that will contain both academic and vocational education" for inmates. In the 1960's various school districts offered a collection of isolated classes at the County Jails. When these were not effective, the sheriff asked for proposals for a single administration and school district. The Hacienda La Puente School District (HLPUSD) won the competitive bid in 1973 and the county has renewed its contract since that time. Currently this school district provides an extensive program for all the jails with a staff of approximately 140 administrators, teachers and support personnel. All teachers hold a California teaching credential and the program is accredited by the Western Association of Schools and Colleges. This school



district provides most of the academic and vocational education programs for the Jail System. In addition to the Certificates of Completion awarded to vocational education inmates who complete courses, HLPUSD has awarded numerous GED (General Equivalency Diploma) certificates, high school diplomas, and academic Certificates of Achievement to successful inmates.

Although most of the general population of the jail is eligible for most programs, entry into a program depends on where an inmate is housed and the level of security. High security inmates are not allowed in any program. Mentally ill inmates are provided programs by the County Department of Mental Health. The women's jail has programs specifically for women, and the homosexual units also have programs specifically for their population.

Much of the information about HLPUSD was provided in interviews in May of 2010 with Debbie Pack-Garcia, Site Administrator of Twin Towers and Men's Central Jail for HLPUSD.

### **Academic Offerings**

The jail academic programs, taught by HLP teachers, are offered to general inmates on a voluntary basis and fall into three main categories:

1. English as a second language  
Offered at Mira Loma, NCCF, PDC
2. Basic Skills Training (as described by the California Student Assessment System). This program offers literacy skills from reading levels zero through 8<sup>th</sup> grade. Besides reading, the program focuses on spelling, vocabulary, speaking, writing and basic math. Offered at all jail facilities
3. General education leading to a GED (General Equivalency Diploma) and instruction in comprehensive high school courses leading to the district's Adult School Diploma.  
Offered at all jail facilities

All academic programs start with a set of nationally recognized standardized placement tests to determine the inmate's current abilities and knowledge. These tests allow inmates to be placed at an appropriate level. Since the inmates are frequently moved, records of classes and achievements are kept separately in a school computer system, so that inmates transferred to another facility can pick up or continue in a program if it is offered in their new housing. Also if an inmate is in a school module program the HLPUSD teachers can code an inmate's record in the sheriff's computer system so that an inmate will not be moved to another facility if the move is just for population control.

The academic curriculum includes Life Skills in Consumer Economics, Health and Safety, Community Resources, Occupational Knowledge and Government and Law. Students receive instruction in self-paced individual instruction. Daily participation averages about 1,000 inmates a day. Educational instruction also uses peer interactions via small group discussions, group teacher presentations, traditional texts and teacher prepared and commercially available support materials. The instructors also make use of current technology with computer assisted instruction, inter-active video and audio cassette instruction [HLPUSD, Adult Education website].

A new intensive school program for acquiring basic skills and academic knowledge was started in the women's jail in 2008. A housing module was converted for this program where 124 inmates spend 30 hours a week in academic classes. This "School Module" requires cooperation and if any inmate causes problems or fails to attend class, she is "rolled out" of the program and space is given to another inmate. Inmates must commit to attending six hours of class daily, along with completing all homework assignments. They also participate in meals and programs as a group. Classes are in 2 blocks of time daily for five days, the first from 8AM to 11AM and second from noon to 3:00 PM. In each block they must choose from among three different classes. Once enrolled in a class they are expected to remain in that class until they complete the offering [PARC, Feb. 2009, p. 107]. This school module program is now offered in most of the men's jails as well. In some of the jails there are schools with up to three classrooms while in other jails there are school modules consisting of a "row" of 48 inmates.

### **Vocational Programs**

The following vocational programs are offered. Some of these include working apprenticeships which save the county over one million dollars in services provided by inmates. Facilities are indicated by their abbreviations: Pitchess Detention Center—PDC (South: PDCS -- East: PDCE); North County Correctional Facility – NCCF; Twin Towers—TT; Men's Central Jail—MCJ; Central Regional Detention Facility (Women's Jail) –CRDF.

Animal Attendant/Pet Groomer -- NCCF  
Apprentice Cook—CRDF, NCCF  
Automobile Body Repairer/Detailer-- Fleet (near TT and MCJ)  
Automobile Dismantler/Salvage and Parts Categorized --Fleet  
Bicycle/Wheelchair Repair --NCCF  
Carpenter/ Woodworker--- NCCF  
Carpet Layer –traveling program that replaces carpet and flooring in various facilities and offers instruction to inmates at the same time.  
Cement Mason --PDC  
Combination Welder--NCCF  
Custodial Cleaner-- CRDF  
Computer Aided Design Technician--NCCF  
Construction Worker/ Laborer--PDC  
Computer Operator- Introduction to Computers, (Office Clerk)  
Commercial Construction--- PDC  
Commercial Laundry-- NCCF  
Commercial Painter-- CRDF  
Floor Layer/Tile Setter—see carpet layer (traveling program)  
Landscape Gardening—PDC, Mira Loma  
Commercial Nursery Operations--PDC  
General Office Worker/Office Occupations—see computers  
Semi-automatic sewing Machine Operator—CDRF, NCCF  
Sign Painter or Graphic Artist—NCCF  
Telecommunications (Inmate Answering System)--TT  
Woodworking --PDC

There is also a job-skills training program which focuses on job hiring such as resume writing, interviewing etc. All vocational classes include this job preparation unit which prepares inmates for job interviews.

## **OTHER CONTRACTED PROGRAMS**

### **Harriet Buhai Center for Family Law:**

This Center is run by the Black Women Lawyers of Los Angeles and is funded by the Inmate Welfare Fund through a \$100,000 a year contract. The organization provides inmates with one hour classes about legal issues dealt with by the Children's Court and Family Court -- child custody, child support, paternity and domestic violence [PARC, Feb., 2009, pp. 99-100].

### **Center for Children of Incarcerated Parents:**

For the past three years this program has provided education, counseling and supportive services to new and expecting mothers. It was once called the MIRACLE program, and is partially funded by a major legal settlement which provided annual support of \$50,000. This funding is running out, but the program is expected to continue by use of a grant from the Newman's Own Foundation [PARC, July 2008, pp. 47-50; PARC, Feb. 2009, p. 100]. The program extends to newly released pregnant and post-partum mothers.

## **RELIGIOUS AND ADDICTION PROGRAMS**

### **Religious Programs**

Religious Services are provided in English, Spanish, Chinese, Korean, Armenian, and sign language. Various religious groups sponsor congregant services and spiritual support.

Religions participating include:

- Buddhist
- Catholic
- Christian Science
- Episcopalian
- Jehovah's Witness
- Jewish (Orthodox and Reform)
- Muslim
- Protestant

The following programs also based on religious ideas and are provided on a volunteer basis.

#### *1. A Purpose Driven Life:*

This program follows the book "A Purpose Driven Life" by Rick Warren. In contrast to self-help books that suggest people should look within at their own desires and dreams, Warren believes the starting place must be with God and his eternal purposes for each life. Real meaning and significance come from understanding and fulfilling God's purposes for putting us on earth.

#### *2. Spiritual Growth*

This program explores the philosophical concept of dualism – the belief that “body” and “soul” are two distinctly different things and those decisions and actions affecting the body also affect the soul. The curriculum includes the concepts of absolute right and wrong, and helps participants learn to make better decisions based on moral principles in their lives.

### *3. God in our Midst Ministries*

As required by Title 15 to “make every reasonable effort to provide for the religious and spiritual welfare of all interested inmates...”, volunteer chaplains offer small Bible study groups and counseling for Christians in both English and Spanish; religious services for larger numbers of inmates when feasible and in keeping with facility security; and religious contact with other faiths, such as Christian Science, Buddhism, Judaism, Jehovah’s Witnesses and Islam [PARC, Feb. 2009, pp. 100-101].

### **Addiction Programs**

The following 12 step addiction prevention programs provide meetings and support:

- Alcoholics Anonymous
- Cocaine Anonymous
- Marijuana Anonymous
- Narcotics Anonymous

The jails offer group meetings and classes provided by Alcoholic Anonymous (AA), and Narcotics Anonymous (NA). AA provides meetings daily and NA is provided weekly. [PARC, Feb. 2009, p. 100].

### **SOCIAL AND MISCELLANEOUS PROGRAMS**

There are currently several social educational programs to help inmates break a cycle of dysfunctional behavior. They are funded in a variety of ways. Some are funded through a contract. Some are funded through another agency and some are provided by volunteers. Many are available only to certain populations.

### **Personal Relations and Parenting**

A class taught by the Hacienda La Puente School District. Materials focus on successfully and positively interacting with others and parenting skills.—NCCF, CRDF, PDC

An open entry-open exit set of classes is offered for parenting skills in 20 sections for inmates of the jails. Forty six sessions of two hours each are offered in 19 sections at four male facilities, with one section for the female facility. These sessions focus on family and child development, self esteem, discipline, communication skills, personal growth, and child abuse prevention. Those inmates who make satisfactory progress, including completion of supplementary assignments outside of class time, may participate in an 8 hour child visitation workshop (TALK) held on Saturdays. These take place at two men’s facilities and at the women’s facility. Inmates assist with the preparation of activities which implement principles covered in the class session of the previous week. These “hands on” activities allow for parent and child interactions in a variety of communication and bonding activities where

parent and child learn to visit, play and interact with each other, sometimes for the first time. Evaluation and group discussion follow these sessions.

A co-parenting (TALK) program for parents not incarcerated allows an outlet for the outside parent to talk about the impact of the jail on these families, to learn parenting skills, have support, and learn to modify family behaviors and communications skills for the benefit of the children.

A parenting course similar to those offered in the jails is also offered to released inmates and their partners, as well as to those serving drug court ordered sentences in mandatory treatment programs.

### **Drug Education**

This program provided by the School District teaches of the dangers of drug intoxication. NCCF, CRDF

### **Brotherhood of a New Destiny (BOND)**

A program designed to help men and families regain control of their lives and overcome life's challenges.

### **n-ACTION Family Network**

A sixteen week program that teaches female inmates life skills run by Kay Coulson, a volunteer. Recently she has also started a book club for the women's jail inmates. CRDF

### **Moral Reconciliation Therapy**

The Moral Reconciliation Therapy is a systematic, cognitive-behavioral, step-by step treatment strategy designed to enhance self image, promote growth of a positive, productive identity and facilitate the development of higher stages of moral reasoning.

### **Passport to Learning**

This Learning-Disabled Assistance Program is provided in conjunction with the Department of Rehabilitation.

### **MERIT Program**

Currently this program is provided at the Pitchess Detention Center. It has academic, vocational and social components and has been successful enough that the program is being replicated at two other sites. Academic portions of the program are run by the Hacienda La Puente School District. It is a school-type program and includes computer use, job skills, social skills, and drug education.

### **STEPS Program**

This program is patterned after some of the more successful components of the MERIT program. Set up in the Men's Central Jail, it is run by the Adult School district in a special school module. Inmates accepted into the program receive a blend of academic, vocational and social educational components. The program does not accept anyone charged with murder or sexual assault. It includes computer instruction, drug and anger education, a spiritual growth section, as well as academic offerings.\_\_\_\_

### **WISE Program**

Similar to the STEPS program at the men's jail but tailored to the interests and needs of women, this program is offered at CRDF (women's jail). It includes academics, computer instruction, art, custodial training, and social skills and is offered in a school-type module.

### **Bridges to Recovery**

This is an anger management and counseling course for male inmates who have been charged with domestic violence. It is one of the most successful programs offered in the jails. It focuses on the batterer's attitudes, beliefs and behaviors and is aimed at helping the inmate make positive life changes that affect self and family. Participants review research into the cycle of violence from a family perspective (most batterers are raised in abusive homes) and discuss differing cultural attitudes as well as intimacy and self-esteem issues. The class curriculum covers anger and emotional controls; guilt; techniques such as time out, positive coping strategies, negotiating and communication skills, and stress management; and substance abuse co-factors. The classroom uses some of the more successful adult learning strategies: group presentations and discussions, role playing, self disclosure in group settings, peer tutoring, verbal confrontation, journaling, and directed lessons. Some of these strategies can be used to reach the non- reader.

The team leaders are highly trained and have a minimum of five years of experience with this population. Group dynamics are very useful in confronting denial and also in getting batterers to take responsibility for their behaviors. Like AA, these lessons are supported with follow-up services for released inmates, including peer support. [Hacienda La Puente USD website]

### **Veterans Affairs**

The U. S. Department of Veterans Affairs provides benefits and services to veterans who are incarcerated. Often these services include drug and alcohol treatment. The Department also offers reentry services.

### **Impact Dorm and Treatment Center**

This is a drug treatment program run in a small housing module at CRDF and at Pitchess Detention Center. It provides comprehensive drug treatment to those inmates ordered into the program by the county Drug Courts (12 County Court Judges). This program is paid for by the drug court and is run by IMPACT House, a community organization that runs a residential treatment program in Pasadena. Inmates are sentenced to one of two treatment options: a seven-to 45 day in custody treatment or a 90 day in custody treatment. Both are followed by a 15 month program (outpatient or residential) in the community. IMPACT classes are 7 days

a week and are required for all participants. The program served 1,264 inmates for the year 2007-2008 [PARC, Feb. 2009, p. 112].

### **GOGI (Getting Out by Going In)**

The GOGI program, which began in 2002 at the federal facility on San Pedro's Terminal Island, was initiated in February, 2008, at the L. A. County women's jail (CRDF) in a 24-person pod. It is voluntary and inmates must apply for admission. Participants are required to take part in activities daily. An intensive and highly regimented schedule focuses on preparing inmates for reentry into the community by using a therapeutic approach to "get out" of old behaviors and "going in" for self improvement. Coaching employs a Rapid Change Therapy which is described as "goal oriented using a brief therapeutic approach". It is further designed to assist inmates discover their natural ability to articulate goals, overcome obstacles, develop solutions and achieve personal success. A book, "Prison: Getting Out by Going In" by Mara Leigh Taylor, is required reading for the participants and forms the foundation of this program. Coaches are recruited from local universities and community volunteers. Additional activities in the program include drug counseling, spirituality studies, meditation, and mandatory fitness such as yoga, Pilates and team sports. Independent study and homework assignments are also required. Women accepted to this program stay in it until they are released and then have access to ongoing support from a community coach as well as a network of graduates. So far the program seems to be successful in preventing recidivism for those inmates who graduate. The statistics, however, may be skewed by the selection process, which does not allow random entry, and the relatively short time the program has been in existence [PARC, Feb. 2009, p. 110]

### **Inmate Art Program**

An art program in collaboration with the Hacienda La Puente Adult School provides formal art classes during incarceration. The use of chalk and watercolor is taught. Art work is donated for display in county offices, charitable "silent auctions", or other charitable events. PDC, CRDF

### **Self-Teaching Art Program**

Inmates that are not housed in facilities or areas that have art classes are afforded the opportunity to receive a self-teaching art program that covers elemental forms, light and shading, color, portrait drawing and landscapes. This program is facilitated by the HIV Program Manager where class projects not only are created by individual artists but also by groups of inmates working on single projects. These projects are donated for charitable events or display in county offices. They also include murals on some jail walls.

## **HIV PROGRAMS**

### ***AIDS Education***

Instructors from community groups provide AIDS prevention education in both English and Spanish to inmates at all the jails in Los Angeles County. Besides information offered to general population inmates, high risk inmates are targeted for outreach and specific prevention instruction. AIDS education is also integrated into subject area curricula, such as prenatal instruction, parenting education, health science

and substance abuse programs.

### ***AIDS Counseling and Testing***

AIDS counseling is provided upon request to inmates who are HIV positive or have AIDS symptoms. Five full time school counselors and three full time rehabilitation counselors are on call. They also coordinate group and peer counseling for inmates and provide supplementary advocacy services for inmates with AIDS.

### ***Adherence/Treatment Education***

This program is funded by and provided with collaboration from the Department of Public Health. It provides education for HIV positive inmates about treatment options and the need to adhere to treatment protocols. Referrals are received from the Jail Medical Services Bureau. MCJ, TT, CRDF

### ***HIV 101 Classes***

This program is provided through collaboration with the Center for Health Justice and a grant awarded by the United States Mayors. It provides extensive general information to all inmates about HIV and other sexually transmitted diseases with referrals.

### ***Hepatitis and Blood Born Disease Education***

This program is provided through collaboration with the Centers for Health Justice and grant funding from the Liver Foundation. Classes are targeted to those most at risk of liver disease and provide education about diseases affecting the liver.

### ***Risk/Harm Reduction Education***

This program is sponsored with funding by the Department of Public Health. It is offered to inmates in the homosexual and transgender units in Men's Central Jail and at the women's jail to those with the highest risk of HIV infection. The program focuses on lifestyle education to reduce the risk of infection and provides referral for testing and counseling as needed.

### ***Condom Distribution***

In collaboration with Centers for Health Justice, condoms are distributed on a limited basis to the inmate population that have been identified as "men that have sex with men" and housed in the gay male and transgender units at Men's Central Jail. Condom distribution is greatly needed due to the prevalence of syphilis and other sexually transmitted diseases in this population.

### ***HIV Transitional Case Management Services***



Due to the special needs of inmates testing positive for HIV infection, this population is referred to a specialized set of community based services and organizations. These organizations provide placement in programs and housing, and offer referral for social services after release from jails or courts. Case management works in collaboration with the Public Defender's Office, State Parole, Probation, the Sheriff's Community Transition Unit and the Department of Health.

## **MENTAL HEALTH PROGRAMS**

While there is outreach to the general population for mental health services, those identified as severely mentally ill or unstable are usually placed in the mental health units in the Twin Towers for men and in a separate segregated unit in the women's jail. Services and programs in these units are funded and provided by personnel from the County Department of Mental Health and they are not eligible for regular programs offered to the general population. Inmates deemed stable and compliant with medication are often placed with the general jail population. They are then eligible for regular educational services and programs depending on their security level and housing placement.

There is quite a bit of controversy about housing placement for the mentally ill in the Jail System. A number of LASD personnel believe there are quite a few savvy individuals who pretend to be mentally ill because they like the services in the mentally ill units. The staff tries to identify these people and send them to the general jail population. Others (e.g. Dr. Terry Kupers) believe that the mentally ill population is undercounted and many who need services are not identified and receiving treatment. The number of suicides and suicide attempts in the general population may lend support to Dr. Kuper's opinion. There is also a problem with delays in processing for those needing mental illness medications. When inmates are admitted to the Jails and have medication in their possession for mental illness, it is removed from them. The process of prescribing, ordering, and delivering medication to those who need it may not occur in a timely fashion, especially when inmates are not showing signs of or reporting acute problems.

### ***Inmate Reception Center, Mental Health Screening***

Screening for mental health starts in the Inmate Reception center. During the booking process inmates fill out a 17 question form, and some answers can indicate the need for additional screening. Of course unusual behavior can also lead to additional screening. Those found to be at risk receive mental health diagnostic assessments, performed by Mental Health professional staff.

### ***Jail Mental Evaluation Team (JMET)***

This service provides mental health observation services to inmates in the jail's general population, identifying inmates who develop new mental health symptoms while in jail, or who may have evaded detection in the Inmate Reception center screening process.

### ***Forensic Inpatient Program (FIP)***

This is a 46-bed in-patient psychiatric facility which provides intensive psychiatric treatment for jail inmates who are incipiently dangerous to themselves or others, or gravely disabled due to a mental illness.

***Men's Forensic Outpatient Program (MFOP)***

This service provides mental health care for about 1,400 male inmates at any given time including diagnostic assessment, medication monitoring group therapies and discharge planning. Most of these mentally ill male inmates are housed in pods in Twin Towers where they are under the supervised care of the Department of Mental Health.

***Women's Forensic Out Patient Program (WFOP)***

The women's outpatient program follows the pattern of the men's program, serving about 400 female inmates at any given time. They are provided with diagnostic assessment, medication monitoring, group therapies and discharge planning [PARC, Feb. 2009, p. 146].

***Misdemeanant Incompetent to Stand Trial (MIST)***

Aimed at restoring competency to inmates found incompetent by the court, this program provides treatment in the jail setting (as opposed to transfer to the state mental hospitals). In the event that competency cannot be restored, the program works with the Public Guardians Office and the courts to arrange placement after adjudication of the inmate's charge.

***Community Reintegration Demonstration Project (CRDP)***

Designed for women, this project develops active linkage between the Women's Forensic Outpatient Program and community resources. Emphasizing in-reach services by community providers, the program arranges housing, mental health services, family services, medical services and probation for inmates requiring such care to prevent recidivism to the jails or to psychiatric hospitals.

***Mental Health Services Act (MHSA)***

MHSA has funded \$1.8 million for Jail linkage and discharge planning for jail inmates with a mental illness. This project is currently in the planning stage but should help with the mentally ill population.

***Project Direct***

A new grant of \$1.5 million targets male mentally ill inmates in the jail who have anger issues. The jail portion is a "therapeutic community", with intense programming. Upon release, the inmates (40-50 men) will be assisted closely by Special Services for Groups for housing, medications, doctor visits and other needs, including transportation.

### ***Programming Groups Conducted by Mental Health Staff***

- Community Meeting  
An open forum for patients to ask mental health and custody staff about issues relating to the unit in general (issues that would apply to the whole group)
- Current Events  
Group discussion of current events; newspapers and news magazines are utilized.
- Art/Music  
Self expression through art; drawing material supplied. Music appreciation is used with music via CD's.
- Recreation/Games  
Structured table games in the day room areas
- Outdoor Recreation  
Use of outdoor recreation; structured games (e.g., basketball), or freedom of movement exercise and relaxation techniques)
- Grooming/Hygiene  
Haircuts given. Discussion of the importance of hygiene and self-care.
- Educational  
Medication issues are discussed by a psychiatrist or other professional licensed staff. Also discussions are held for the need to follow rules and the adjustment to the Jail environment.
- Nutrition  
Discussion of the need for proper nutrition for improved health
- Socialization  
A program that provides social skill training with role playing at times which focuses on getting along with peers.
- Substance Abuse  
This program is designed to find coping skills without the use of drug/alcohol using 12-step and other methodologies.
- Anger Management  
Focuses on coping skills for emotions leading to past problem behaviors.
- Discharge Planning  
A program which focuses on planning for release, networking for treatment and support in the community.

## **TRANSITIONAL AND POST- JAIL SERVICES**

The transitional services are provided by the Bureau of Offender Programs and Services which has its own unit, The Community Transitional Unit. In addition, there is a Veteran's program run by the Veteran's Administration.

### **Community Transitional Unit**

(CTU) This unit, established in 2000, provides services to assist inmates leaving the jail system. The goal is to help inmates turn from a gang or criminal life style into productive citizens. Eighteen trained civilian Custody Assistants, overseen by a sheriff's lieutenant and a sergeant, work as case managers and are assigned to modules throughout the jail. CTU contracts with three organizations: Friends Outside, EIMAGO, and Volunteers of America to help with transitional services. There are also specific women's services, including the Women's Reintegration Program, a program run in cooperation with the Department of Mental Health for mentally ill female inmates; and the MIRACLE/We Care program which is designed for new and expecting mothers. Transitional Services are available to any inmate who requests them, and CTU conducts specific outreach to any homeless or veteran inmate.

The CTU case managers visit the modules, dorms or cell units regularly to meet with inmates. Usually they will announce their presence over the loud speaker system in the module and describe their services. They seek out the veterans and homeless, but all others must make a written request. The Department of Mental Health follows mentally ill inmates with pre- and post release services. The CTU case managers interview the inmates while in jail and coordinate with their attorneys and probation officers linking them to appropriate housing, employment, drug rehabilitation or life skills services.

All data is entered in a Facilities Automated Tracking System (FAST). The case managers flag the files of those slated for their assistance, and the release staff at IRC notify the case manager when the inmate is about to be released. Case managers then go to the release area to ensure that the inmate has the information he or she needs, such as transportation and information about where to go. Frequently inmates are released during the night when transportation is hard to find and shelters and community services are closed. If the inmate has been placed in or referred to a particular program, such as a residential treatment center, she or he receives a taxi voucher given directly to the driver with directions to the released inmate's destination. Others will receive up to three bus tokens; the homeless receive a special tote bag with hygiene products, a towel and set of sheets. The homeless will have received information from case managers about obtaining General Relief with the Department of Public Social Services, and eligible men may collect benefits at a cashiering window at the Twin Towers Correctional Facility as they are released. Women must go to the South Central District DPSS Office before 1PM in order to collect benefits. This office is about 2.3 miles from the women's jail facility and is accessible by the local DASH shuttle. Case managers can also coordinate the resumption of Supplemental Social Security. If the inmate has been working with a case manager, he or she may have received information about a variety of programs. (Some are run by various volunteer and community programs and include housing placements and job programs.) Even if inmates have not asked for services earlier, they may request them at the time of release and may then receive assistance, although it is not likely to be comprehensive. Both Friends Outside and volunteers provide assistance with transportation. This is especially important if the inmate is female and released late at night [PARC, Feb. 2009, p. 117].

## **LINK Program**

This program is a cooperative partnership between community based agencies and the Sheriff's Department that provides pre and post release services to Los Angeles County Jail Inmates. These agencies include:

- Friends Outside
- Homeboy Industries
- LA Works
- The Office of Restorative Justice (Catholic Archdiocese)
- Regional Congregations and Neighborhood Organizations
- Volunteers of America

These partnerships are used by the Transitions Unit to provide services for jail inmates. (At the writing of this report, Homeboy Industries just announced a budget crisis which is causing them to stop some of their programs.)

**Friends Outside** has their own case managers. Smaller than the Community Transition Unit, they provide a broad range of assistance to inmates seeking to reconnect with family, resolve business on the outside, or access reentry resources. They are funded through a combination of private funds and temporarily by court case settlement funds. They also help those inmates with dependency court issues [PARC, Feb. 2009. 117]

**EIMAGO** is a secular arm of the Union Rescue Mission. With their own case managers they help inmates with two main programs. "**Ready For Work**" arranges for some job training, job placement, coaching and soft skills development for homeless newly-released inmates. Currently this program targets female inmates. The "**Just in Reach**" program has been funded under a L. A. County Homeless Initiative approved by the Board of Supervisors. This program is more intensive and works through a network of service providers such as Goodwill Industries, Tarzana Treatment Center, Amity Foundation and Volunteers of America. Caseworkers build relationships with inmates, assess needs, make a case plan and by meeting the inmates and transporting them to short term housing on release, try to help the former inmate to become stable and crime free. They focus on employment, drug and alcohol treatment, housing, and life skills. The contracts for these programs require management of a certain number of inmates and the placement of 70% into housing [PARC, Feb. 2009, 99. 118, 124-125].

**Volunteers of America** is a non-profit organization whose caseworkers provide help to inmates with several links and programs.

*GRACE* Homeless inmates are helped through its "GRACE" project. These services include emergency shelter, meals, transitional affordable housing, public benefits enrollment assistance, life skills training and job development [PARC, Feb. 2009, p. 118] The GRACE services also respond to medical referrals for inmates who are terminally ill or will require medically related case management post release.

*America Social Security Liaison*

The Volunteers of America provide three Social Security Liaisons who assist inmates with new SSA (Supplemental Security Assistance) benefits or reinstatement of benefits.

*Volunteers of American Veterans Liaison*

The Volunteers of America link inmates to veteran's services if they are eligible.

### **Veterans Programs**

About 1300 of the inmates released each year are veterans. Many of these veterans are at high risk for homelessness. The V. A. has partnered with the sheriff's department to provide assessment and pre-release planning for veterans. They are eligible for post-release services from the V.A., including transitional housing, health care, mental health treatment, drug and alcohol treatment and vocational rehabilitation. The VA has expanded its program with the jails since 1999. Treatment for mental health issues and substance abuse is available in three main service sites (West LA, Downtown and San Fernando Valley). The VA also has smaller clinics scattered throughout the county. They provide hundreds of transitional housing beds, making them one of the largest housing providers for the homeless in Los Angeles.

In spite of difficulties in implementing its programs, the VA has continued to make progress. The main difficulty is the timing of the release of inmates and the need to hold veterans for up to two weeks because of delays in the V.A. admitting process. The caseworkers cannot start to provide health services in jails, since the jails are mandated to provide services and the VA forbids duplication of services. The VA also has trouble providing help for those veterans with a history of sex offenses. The first few days of release are critical for any inmate at risk of relapsing back to substance abuse or crime, and the V.A. now tries to work with the courts to arrange planned releases of the inmates, so that they can be immediately transferred to V.A. services [Nakiashima, 2006, 11-20].

### **Department of Public Social Services (DPSS) Jail in Reach**

DPSS interviews inmates to determine their eligibility for temporary financial assistance, employment services, free and low-cost health care, food benefits, and in-home services for the elderly and disabled.

### **Public Defender and Child Support Services CTU**

CTU refers inmates who need representation in court to stop the accrual of child support payments while in jail so that their debt is not insurmountable when they get out.

### **Shields for Families Tamar Village Program**

The Shields for Families is a comprehensive family-centered treatment and related social services program provided on site in an apartment complex. Families live in an individual family apartment unit within a complex which has office space dedicated for treatment and other services.

This program provides one case manager to CRDF to link incarcerated females motivated to participate in the family reunification process post release. This family reunification process is held at the Tamar Village complex.

### **We Care Miracle Project**

This is a collaborative effort with the Sheriff's department and the Center for Children of Incarcerated Parents (CCIP) to provide services for women who are pregnant or have recently given birth. This program provides services both in the jail and post release including educational opportunities, professional counseling, group support, and linkage to the Department of Social Services [PARC, July 2008, pp. 47, 100].

### **Weingart Center Parole Services Liaison**

The Weingart Center's mission is to deliver high quality human services and innovative solutions to help break the cycle of homelessness and poverty. This parole service provides in-reach case management to link parolees with supportive services at the Weingart Center including housing, employment, medical and mental health care, education and alcohol or drug treatment services.

### **Women's Reintegration Service (WRS)**

This comprehensive service is a collaborative partnership between the Department of Mental Health, The Women's Forensic Outpatient program, the CRDF linkage team, the Department of Children and Family Services, the Child Support Services Department, and the Department of Public Social Services. The goal of the program is to provide a comprehensive approach to meet the needs of women who have mental health issues, co-occurring substance abuse, and legal issues with a focus on housing, family, education, and recovery in a compassionate and realistic manner to ensure success.

### **Other Programs**

A large number of inmates are in jail because of parole violations. These inmates are held in jail until there is space for them in the state prisons. Currently the state has established an intergovernmental Grant for an innovative reentry program as part of an effort to reduce parolee recidivism. This program has not yet been developed or implemented. "Second Chance Women's Re-Entry Court" allows some female parolees who are charged with a new felony to be sent to an appropriate community placement in lieu of jail. These placements provide substance abuse treatment, mental health services, parenting classes, and academic and vocational education. This program is coordinated by a number of agencies, the courts and the Board of Supervisors [PARC, Feb. 2009, p. 118].

## **EVALUATION OF PROGRAMS**

### **Educational Programs**

It is difficult to find evaluations of the educational programs of the jails. However, the 26<sup>th</sup> Semiannual Report of the women's jails by PARC contains summaries of interviews with inmates. While these statistics are not precise, they present insight into the strengths and weakness of the educational, vocational and therapeutic programs offered. In general over 50% of the population is attending or wants to attend a program.

With the exception of the mandatory drug court programs, all programs are voluntary. Inmates must often apply to a specific program. Further, not all programs are offered in every facility. High Security Inmates are not admitted to programs. Those inmates who do participate give high marks to the programs. However, knowing about these programs and gaining acceptance can be difficult. There is some confusion about who is allowed to take classes or enter programs. The sheriff states that no inmate without a sentence is eligible for classes, while the programs often state anyone in the general population can apply for a class that is available.

Among the difficulties listed in interviews with women was their lack of information about these classes. There is sometimes posting of the classes, but for non-readers these listings are a barrier. Also sign-up sheets are not made readily available. Many classes have schedules that are not provided to the general population so are unknown to the inmates. Some classes require a response by a certain time, but clocks in the jails are inaccurate and inmates don't wear watches. Vocational programs with apprenticeships require an inmate to be in a working dorm and in the "right" facility that offers the program. Inmates in working dorms have limited access to other educational programs. Some of this is due to conflicting scheduling problems. In the women's jail, for example, inmates in the cooking apprenticeship program can also take computer classes, but the jail has suspended parenting classes for these inmates that included a TALK program where inmates could have visits with their children. (Previously inmates in work programs could take parenting.) Behavioral problems of inmates or not being picked by a deputy to attend can prevent inmates from being allowed into programs. Also the constant movement of inmates interferes with attendance and knowledge of programs. Those in mentally ill pods are offered very limited opportunities for academic work. The department of mental health provides all classes for these inmates and provides anger management and education about dual diagnosis (mental illness and substance abuse). Classes are often limited in size. Limited space is another impediment for group learning. Many inmates are aware of some programs but do not know how to enroll. In short, there seems to be an abundance of obstacles to overcome for entry into and completion of these programs [PARC, Feb. 2009, pp. 101-107]. Lastly, even those with vocational skills have trouble finding a job that will hire someone with a criminal record.

### **Other Programs and Services**

Studies of domestic violence show that it is effective to arrest a batterer and for the batterer (usually a male) to serve a jail sentence. In the past police were reluctant to enter into sides in domestic abuse cases. Most cases find the woman at risk of harm, but women in the past



would often stop short of filing charges against the man. Laws have now changed to have zero tolerance for domestic violence, and whether or not the women will file charges, men are now arrested and charged. The jail programs for domestic violence have a good record of rehabilitation. These programs use group dynamics to discuss the core beliefs of men, teach anger control and often have a drug or alcoholic component. There are also support groups for men when they leave the jail, and this also helps to support a change of behaviors.

In light of studies that indicate programs which focus on changing an individual's attitude, beliefs, and actions can help people reform their lives, the Jail System is now implementing more social programs. These programs however, need to be consistent and long term (three to nine months) and often need a post jail program of support to help an inmate start on a more successful path. The Transitional Unit tries to plan for the needs of the inmates as they are released; but the number of Case Managers is limited, not all inmates ask for help and the Jail is not able to implement post-release arrangements. Programs with the Veteran's Affairs Bureau are an example. The jail reaches out to inmates who are veterans, but the inmate must qualify again for help on the outside and may at the point of release from jail (a most critical juncture) fall through the gaps in the system.

The inconsistent timing of booking inmates out of the jail system is another barrier to receiving services. Inmates are released from the Inmate Reception Center (IRC), where their personal belongings are stored and release procedures are in place. However, the Jail releases people as they are able to process them, and this may be in the middle of the night. The IRC is very busy from about 6:00 AM to 9:00 AM getting inmates to court. Again, they are very busy from about 4:00 PM until 6:00 or 7:00 PM with inmates returning from court and being sent back to their housing. During the day, inmates who have been initially held in smaller jails in the County are transferred to the IRC. The least busy time for the IRC is usually about 11:00 PM to 3:00 AM, and this is when a number of people are released from jail. It is also a time when outside services, such as transportation and shelter, are apt to be unavailable. At this critical juncture with no resources easily at hand, many go back into an environment that is conducive to their old habits and a pathway to return to jail.

The Transition Unit would like to have more programs, both inside and outside the jail, to support changes in lifestyle for the inmates, with case workers to help them. Transitional programs that provide workshops and/or housing can help released inmates to achieve productive lifestyles. But even Homeboys' Industries, which has in the past been supportive and helpful, has recently had to cut back their programs due to financial problems. Our current budget constraints and stressed economy are also causing other programs to be shut down or to have less funding to provide services.

## **COSTS OF THE L. A. COUNTY JAIL SYSTEM**

The total gross appropriation for the Sheriff's Department in the 2009-2010 L. A. County final budget was approximately \$2.5 billion. In the proposed 2010-2011 budget, this amount falls to about a projected \$2.25 billion. In last year's budget, the total allocation was divided among 6 units – Court Services, Custody, Detective, General Support (Training, Technical Services, Facilities Planning and Services), Patrol, and Administration. However, in December 2009, the Board of Supervisors approved transfer of the Office of Public Safety to the Sheriff's Department – a unit responsible for law enforcement and/or weapons screening at county health care facilities, parks, and other county properties and now titled the County Services Budget Unit -- necessitating a budget division among 7 units. The gross appropriation is reduced for both years by intra-fund transfers and revenues, which brings the net appropriations to about half of the gross amounts. [Calculated from County of Los Angeles, 2009-2010 Final Budget, Program Summary and Performance Measures. pp. 42.1 – 42.10; County of Los Angeles, Proposed Budget for 2010-2011.]

The Custody Budget Unit, which covers both Custody Operations and the Correctional Services Division of the Jail system, had a gross appropriation of \$857,159,000 in 2009-2010, but intra-fund transfers (\$64,000) and revenues (\$304,210,000) reduced this amount to \$552,885,000. In the proposed 2010-2011 Budget this gross appropriation is projected at a gross \$803,314,000, reduced by transfers and revenues to a net \$523,933,000. Revenues include federal money paid to the County by the federal government for operation of the Mira Loma Jail Facility, which houses inmates accused of immigration infractions, as well as money from the Inmate Welfare Fund (IWF). IWF funds come from charges for prisoner telephone calls, the Jail commissary and vending machines, and sales made from the Jail Enterprises Unit (which offers vocational training programs in sign production and printing). In 2007-2008 the Inmate Welfare fund generated almost \$25.45 million, the bulk of this coming from phone and commissary fees. IWF funds are split between the Bureau of Offender Programs and Services (BOPS) and facilities maintenance [PARC, Feb. 2009, pp. 96-97]. BOPS uses part of this funding for the LASD contract with the Hacienda-La Puente Unified School District (HLPUSD), the Jail System's provider of educational and vocational programs. In Fiscal Year 2009-2010, this contract authorized approximately \$10.6 million to be paid to HLPUSD [F.Y 2009-2010 Operations plan for Agreement Number 64794 for adult education in LASD facilities – correspondence to L.A. County Board of Supervisors from Lee D. Baca, April, 17, 2009].

It is difficult to find comparison budget amounts, given that L. A. County (population 9.8 million) has the largest County Jail System in the United States. New York City (population 8.3 million) Department of Corrections (DOC) reported an operating budget for fiscal year 2009 of \$969 million for a projected average daily inmate population of 14,127. [Statement to the N.Y. City Council, 3-14-08]. L.A. County's 2009-2010 Custody budget of \$857 million for a projected average inmate population of 20,533 seems low in comparison. Chicago's Cook County (population 5.3 million) DOC's 2009 budget of \$217.9 million for an average daily jail population of 9,000 appears to be even lower. However, a more careful study of what each budget includes would be necessary to make real comparisons. Cook County's inmate hospital is operated with Health and Hospital System funds, while New York City and L. A. County include their jail hospital budgets in their jail system funding.

As with all human service enterprises, most of the Sheriff's Custody and Correctional Services Budget -- almost 85% -- is spent for employee salaries and benefits. Services, supplies, and equipment account for the remaining expenditures. [L.A. County 2009-2010 Proposed Budget, p. 57.11]

According to Sheriff Baca, the average daily cost per inmate is \$60 to \$70, but for some inmates with medical problems the cost can be \$600 to \$700 per day. [Baca, July 25, 2009]. The Sheriff's Department "L.A. County Jail Statistics" ([www.lasd.org](http://www.lasd.org)) states the average cost per day for an inmate at Men's Central Jail as \$89. The County Jail cost might be compared with the \$46.00 per inmate per day cost for the state of California prison system [LWV--California, Nov. 2008]. The higher County Jail expense could be due to a number of factors: a later date, the high turnover rate of inmates locally, the costs of initial intake processing, the high costs of medical and mental health care in the L.A. area, the necessity of transporting almost 3,000 inmates to and from the courts on days when courts are in session. New York City and Cook County do not cite cost per inmate per day in their website literature.

Besides the funding from the federal government for immigration detainees and from the Inmate Welfare Fund for education and facility maintenance, other agencies provide programs or services that help to reduce the Sheriff's Department costs. Potential inmates who are sentenced to probation by the Los Angeles County Court System are supervised by the L. A. County Probation Department. The 2009-2010 County Budget includes Drug Court funding of \$1.8 million. Drug courts may divert drug offenders away from Sheriff's custody and into treatment programs which reduce drug arrest recidivism [Fielding et al, Oct. 2002]. County, state, and private funds have combined to support one mental health court with similar successful results [Lopez, S., March 15, 2009]. A number of non-profit organizations, including the ACLU, Alcoholics Anonymous, Narcotics Anonymous, religious groups, AIDS assistance groups, Black Women Lawyers of L. A., Center for Children of Incarcerated Parents, Friends Outside, EIMAGO, the Salvation Army, and Volunteers of America provide inmate assistance, and educational, rehabilitation, and re-entry programs for the jails. Some of these services are voluntary, and some are by contract with the L.A.S.D. The U. S. Veterans Administration offers re-entry services for former members of the U. S. Armed Forces. The Hacienda-La Puente School District which is contracted to offer educational and vocational programs for inmates, is reimbursed by the State Department of Education on the basis of number of student hours, as well as receiving Inmate Welfare Fund payments. Without these alternate agency services or funding, the L. A. County net expenditures would be considerably higher.

## **CONCLUSION**

### **Overcrowding**

In this study we have reviewed the overcrowded conditions in the Los Angeles Jail System, and some of its causes and effects. Causes include the numerous delays in the judicial system, which have resulted in the one-year average stay of inmates awaiting trial. Efforts that have been made in L. A. County to expedite cases moving through the Court system have been mentioned previously in this study. In the D.A.'s Early Disposition Program, prosecutors and public defenders agree on cases which can be expedited, with pretrial processing, trials, and sentencing occurring in a timely manner. The Delay Reduction Plan involves judges selecting cases for acceleration and requiring attorneys to bring these cases to trial within 60 days of arraignment (formal charging of an accused person with a crime). However, many more cases need to be expedited to make a real difference in the number of inmates waiting for trials. With current budget shortfalls, resulting in abbreviated court calendars and court-system personnel shortages, the prospects are not good for faster movement of cases. Hopefully, better economic times are in our future. The U.S. judicial system, with its emphasis on fairness and due process, tends to be a slow moving system.

Another approach to alleviating jail overcrowding is alternative sentencing. Currently the LASD has a program (Community Based Alternatives to Custody or CBAC) in which sentenced offenders can be electronically monitored and placed in home confinement or work release programs. Sentencing can be to a period of probation, usually with periodic monitoring. L. A. County has a Department of Probation, which currently serves 60,000 adult probationers [Los Angeles Times, 5-27-09]. Some convicted violators of drug laws are sentenced to drug rehabilitation programs, in which they learn to avoid use of drugs and alcohol. Similarly, some domestic violence offenders and some mentally ill persons convicted of crimes can be sentenced to outside intervention or treatment programs. As research continues on intervention programs and factors which lead to success are better defined, other types of offenders could be sentenced to non-jail rehabilitation.

Los Angeles County's plans to renovate its Jail System could also reduce overcrowding, with the additional benefits of increasing safety and efficiency. The Revised Jail Plan would not only increase beds, but would provide podular cell or dormitory units at three more detention sites (Sybil Brand, Pitchess Detention Center, and Mira Loma). These units provide for surveillance of all inmates by staff and have large open areas for group activities (e.g. rehabilitation programs, classes, and eating) which enable inmates to move from cells or beds to activity areas without staff escorts. (Podular units are already in place at Twin Towers and Century Regional Detention Center.) In addition the Plan calls for discontinuing inmate housing in the older part of Men's Central Jail, and providing common rooms for programs and eating, as well as adjoining physical recreation areas for inmates in the newer section of MCJ.

### **Health Care**

The Jail System strives to fulfill its obligations of providing emergency and basic health care to inmates, and even goes beyond basic in providing diagnostic services, a licensed inpatient

facility, and access to L. A. County-USC Medical Center for very acute or surgical conditions. Still, complaints about health services abound. The most frequent complaints are about lack of response to requests for medical care. When inmates are admitted, they are asked a routine set of questions to assess security risk, life conditions, and medical need. If suicidal thoughts are reported, jail policy requires immediate evaluation by a Jail Mental Evaluation (JME) team, who are likely to place the inmate under observation. Inmates in need of urgent medical attention are held for further evaluation by medical personnel. All incoming prisoners are administered a medical/mental health screening questionnaire by licensed health personnel or trained facility staff and medical referrals can be written at this point. [PARC, July 2008, p.16-18; PARC, Feb. 2009, pp. 18-22] The LASD website has instructions for family members or friends on how to report medical or mental illness conditions for inmates. Once admitted to housing, inmates may request medical attention. However, delays or absence of response to medical care requests continue to occur, as evidenced by complaints to the ACLU. PARC, reported progress in the timely provision of medical care to women in its 2009 report [*Ibid.*, p.69] but for the much larger number of male inmates housed in various jails in downtown L.A. or in the northern part of the County, lack of response is still a major problem. PARC has recommended that the Jail System seek accreditation by the National Commission on Correctional Health Care, which sets standards for jails. These standards include timely response to prisoner requests for medical care – within 24 hours of time of request on weekdays, and 72 hours on weekends [PARC, July 2008, p. 14].

Dr. Kupers, the psychiatrist retained by the ACLU, reported large gaps in mental health services -- frequent transfer of mentally ill inmates to the general population, victimization of the mentally ill, isolation of inmates with mental illness which exacerbated their psychiatric conditions, and lack of programming. His recommendations included expanding mental health services – more JME team efforts, more substance abuse treatment, more programs, more training of deputies in interacting with mentally disturbed inmates, more robust monitoring, and more post-release planning.

### **Educational and Transitional Programs**

According to Sheriff Baca, it is a fallacy that time in jail rehabilitates -- the day someone comes to jail is the day his or her educational program should begin [Baca, July 27, 2009]. And research evidence has shown that effective programs can reduce recidivism. The L. A. Jail System offers a range of educational programs -- basic academic, subject-oriented academic, vocational, and social (e.g. treatment or intervention, designed to break a cycle of dysfunctional behavior). Examples of the latter include GOGI (Getting Out by Going In), the TALK parenting program, Bridges to Recovery for domestic violence offenders and the IMPACT drug treatment program. The new School Module, offered by the Hacienda-La Puente USD at the women's jail, involves an entire module of inmates participating in 30 hours per week of classroom academics plus homework. This program has social benefits as well, with inmate reports of feeling part of an educational community and having increased confidence in what they can accomplish [PARC, 2009, pp. 107-112]. The biggest problems in regard to educational programs appear to be access – inmates not knowing about the programs, and pretrial detainees, high-security and mentally ill inmates often not permitted to participate. In addition, the short stays of some inmates limit their education opportunities.

The Jail System CTU (Community Transition Unit), a comparatively new service formed about 10 years ago, helps inmates plan for release and has referral arrangements with several “outside” community organizations. It is staffed by 18 Custody Assistants who have been trained for this particular service.

A number of public and private agencies working in criminology and related fields are currently offering grants or developing models for re-entry services. Preliminary evaluations have shown drops in recidivism and resulting cost savings to counties [National Association of Counties and Bureau of Justice Assistance, Reentry for Safer Communities, Sept. 2008, p. 3], but it is too soon to reliably judge the effectiveness of these programs. The LASD, through its CTU, has received grant funding from the California Department of Corrections and Rehabilitation to form a coalition of local public and private agencies to “develop a strategic plan to support effective collaboration in the design and delivery of innovative offender reentry programming, as part of continued efforts to reduce recidivism and increase public safety” [PARC, Feb. 2009, pp. 118-119].

### **Costs**

The costs of maintaining 19,000 prisoners in the Jails are, of necessity, high. Inmates must be housed, clothed, fed, escorted, watched, and treated when they are sick. An inmate education program is mandated by the California Code of Regulations [2005, pp. 22-23]. Use of inmate payments for phone calls and food items, as well as marketing products from vocational education workshops is a commendable efficiency. The volunteers (e.g. chaplains, members of AA and NA) who work with inmates help to relieve the public’s financial burden. And, with the increased success of rehabilitation programs (e.g. those incorporating effective practices), these programs could be cost-effective in the long run by reducing recidivism and further incarceration.

### **A Final Note**

This study is intended to familiarize League members with the County Jail System and provide a basis for discussion and policy considerations. We conclude with a quote reported by the Vera Institute of Justice from former Minnesota Warden James Burton: “Security and control – given necessities in a prison environment – only become a reality when dignity and respect are inherent in the process” [www.vera.org.] Burton’s philosophy seems helpful when a society must make decisions about criminal justice.

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## **Jail Study Outline/ Leaders Guide**

### **County Jail Study:**

At the county convention of 2008 and 2010, the league voted for a county Jail System Study. This study now has an approved (by the board) scope. The study is to report on the Overcrowding of the Jails with focuses on recidivism, educational programs, mental health and costs.

### **Introduction to Jail System:**

#### **LA County Sheriff Department** (Sheriff Baca)

Law Enforcement Agency for

40 contract cities

90 unincorporated communities

9 community colleges

Metropolitan Transportation Authority

47 Superior Courts

Los Angeles County Jails

Includes 8 facilities ---7 jails

17-20,000 inmates daily

### **Jails versus Prisons**

Jails—city or county run (city jails are usually for two or three days only)

### **County Jails**

Process arrests, take those arrested to courts for arraignments, hold inmates sentenced for misdemeanors, hold inmates before and during court proceedings, hold and transport inmates sentenced to prisons for felonies

Prisons- State operated

Designed for felony convictions (three strikes -- can be sent to prison for a third strike misdemeanor conviction)

### **Jail Facilities and Services**

#### **Jails:**

**Inmate Reception Center**—1. Temporary holding facility for male inmate processing, 2. transference of inmates and 3. release of inmates (30 holding cells-139,000 processed annually) Holding cells should hold 20 but sometimes much more crowded. Largest facility of jail system with 800 employees and 450 professional staff.

1. Intake—10 minute interview-medical and mental health, record search, classification with booking number and wrist band (color coded 1-9 very low- high security), clothing and personal items inventoried and stored, prison clothes issued, showered, photographed and fingerprinted, may be given food (sandwich and drink)—placed in holding cell until arraigned and jail assignment—
2. Transferred-- to court or to jail or prison
3. Released—after arraignment, court finding, or service of jail time

### **Pitchess Detention Center (The Ranch)**

*North Facility* (administration for the Ranch) –being closed 2010 for Budget reductions  
Houses 1500 low to high security risks (for pre-sentence and sentenced)  
4 separate modules of 4 dormitory style living quarters (96 inmates each)  
Inmate programs (educational, religious), medical services

#### *East Facility* (oldest jail)

Houses 850 inmates – 400 for parole violations  
2 modules –low and medium security risks  
inmate processing unit

#### *South Facility:*

Houses 1400 low to medium security inmates  
Provides academic and vocational training  
Inmate programs (educational, religious), medical services  
Substance abuse meetings

### **North County Correctional Facility** (located east of the ranch, built 1990)

Houses 3800 Inmates (five separate units)  
Can provide maximum security (can provide disciplinary segregation)  
Many vocational- academic programs  
Printing, sign production -- income supports jail programs  
Medical services, religious services

### **Men's Central Jail**

Houses 6750 inmates (largest jail in the world)  
High to Low security (built '63, added on '76)  
800 trustees, 781 with medical needs  
dormitories house 150 (problem area to monitor)  
also 2-4 man cells, isolation cells  
Medical, educational, religious services,

### **Twin Towers**

Houses 2000 inmates (4 pods per floor)  
Maximum security units (gang related)  
Mental health units (60 psychologists work)  
Hospital/ medical unit  
Medical, educational, religious services

**Century Regional Detention Facility (Women's Jail)**

Houses 2200 (processes 22,000 annually)

Pods with 48 cells designed for 96 hold 124 by adding triple bunks in common area

20 smaller pods of 24 inmates

8 pods with single cells

2 worker dorms of 183 each, triple bunks

intake area, medical, educational and religious services

medical units at USC or Twin Towers used for acute medical conditions

**Mira Loma (Lancaster)**

Contracted to Federal Gov. for Immigration Detention Center

Contains several barracks each holding 60 inmates

3 Federal courts—run by federal employees who deport etc.

Sheriff's department runs the facility but federal immigration is responsible for transporting, releasing, tracking and deporting detainees

**INMATE SERVICES (*Correctional Services Division includes the Inmate Reception Center as well as the following services*)**

**Mail and Visiting**

Checks and delivers mail as appropriate

Provides visiting areas and times as appropriate

**Food Service**

251 employees—21 special trained food mangers

provides 85000 meals *daily*,

All jails have own kitchen except Pitchess North and East which share a kitchen

Also provide food for patrol stations, Mira Loma by contract, special events

Make disciplinary loaf (nutritionally balanced –served with water)  
for inmates in disciplinary isolation

**Medical Services**

Over 1000 personnel (includes doctors, nurses, dentists, technicians, pharmacists, support staff), provide about 8 million contacts a year

Inmates screened at intake for medical, mental and developmental disorders (10 min screening)

Medical personnel at all jails.

**Mental Health** (coordinated with L.A. County Department of Mental Health services)

Mental health units at Twin Towers for Men and Century for Women

Of inmates in system about 2,000 have mental disorders (90% also co-occurrence of drug abuse)

6 outreach teams to find inmates needing mental health (3MCJ, 2 N County, 1 Twin T)

Maintain web site for family to report on inmate needing mental health services

## **Bureau of Offender Programs and Services**

### *Inmate Services Unit*

Oversees Inmate Welfare Fund (money from jail commissary, vending machine, phones and workshop products)

Money used for educational supplies

Develops funding sources

Oversees Chaplaincy Program

Works with AA and NA programs

### *Jail Enterprises Unit*

Trains inmates in vocational skills (especially those making money)

Operates printing, sign production and woodworking shops

### *Community Transitional Unit*

Works to assist inmates with re-entry before and after release

Seeks partnerships with public and private Agencies to assist

Ex. Friends Outside (under contract)

Veterans Administration

## **Transportation** (located downtown)

Move 2900 daily (to 35 courts, to jails, to and from 34 prisons, 20 LASD stations, 13 community correction facilities and 2 juvenile facilities)

78 buses (5 modified for wheelchairs with separate cab for driver)  
several vans and sedans

Also provide transportation for juries and grand juries

*(also under contract to 57 of 58 counties)*

## **Custody Investigative Services Unit**

Investigates crimes that occur in jail system (including court lock-ups, and transportation vehicles)

Consists of canine corp. for search of narcotics in jails

A gang intelligence unit (identifies shot callers and gang members)

Investigates any crimes in custody facilities

## **Internal Affairs**

Investigates policy, equality, and criminal actions by department members

Responds to deputy shootings and significant use of force incidents

Responds to suicides, deaths and potential homicides in the system

**OVERCROWDING:** *(Leaders should review this section in the main report most thoroughly as this is the main emphasis for this study)*

Basically the overcrowding can be summed up as follows:

Too many inmates

Too little staff

Too little space available

1. Too many inmates:

Too much recidivism— estimates are 70% for men, 80% for women

Increasing population

Mandatory arrests increased (drunk driving, domestic violence)

No control over court proceedings and holdings

3 strikes law

Decrease in services for mentally ill and increase in their arrest

Incarceration of drug users

2. Too little staff

Budget constraints cause limits on hiring, overtime

Inefficiency and errors of staff (limited by huge system with limited tools)

3. Too little space

More prisons are currently too expensive

Older prisons are often in need of repairs that close space

## **Remedies:**

1. Early release

2. Educational and vocational programs in jails, with goal of reducing recidivism by improving skills, as well as providing inmates with meaningful ways to spend time

3. Specialized courses to address underlying personal issues

(Ex. Domestic Violence, Drug Abuse, (in jails))

4. Transitional and supportive services (before and after jail)

(Ex. Homeless, mentally ill services, etc.)

5. Programs to replace jail terms (may require law changes)

(Ex. 3 strikes rule; other alternatives to jail such as electronic monitoring)

6. Efforts to decrease inefficiency in court and jails and errors

(Ex. Updating computer systems to decrease inefficiency and errors;  
Rapid processing of some cases)

## **OVERSIGHT**

Board of Supervisors—ultimate responsibility for jails, control the budget

Contracts with several groups for oversight:

Office of Independent Review

PARC- Police Assessment Resource Center

Vera Institute of Justice

Los Angeles County Civil Grand Jury

ACLU (Court Ordered Oversight)

Public Media (Newspapers, WEB, TV)

## **HEALTH CARE**

Population more needy than average population (due to poverty, lack of health care before jail, unhealthy living such as drug use, mental illness, etc.)

System strained by needs of inmates and limited staff

(Ex. All medications removed from inmates due to safety issues—may take up to 5 days to reorder and provide replacement)

Mental Health System is unable to accommodate needs — insufficient general public resources, mental problems are easy to slip through the cracks

In general women's jail is better served than men's jails.

## **RECIDIVISM**

Recidivism is one of major causes of overcrowding of jails and prisons

Programs to reduce recidivism may require intensive intervention (e.g. based on "Principles of Intervention"), are costly, often do not produce big changes in statistics

Difficulty being accepted for jobs after serving time

## **EDUCATION AND VOCATIONAL PROGRAMS** *(designed to reduce recidivism)*

Most programs are run by the Hacienda-La Puente Adult School District

Have experience teaching this population since 1973 (over 100 personnel)

Educational programs mandated by statute to "utilize available resources to develop ... a program with both educational and vocational aspects for inmates. (No inmate considered high risk is eligible for any program)

*Academic Programs: (offered in many but not all jails)*

1. English as a second language

2. Basic Skills Training

Literacy reading 0 to 8<sup>th</sup> grade

Spelling

Basic math

Writing

Speaking

3. General education leading to GED and/or comprehensive high school courses leading to Adult School Diploma  
(School Module Program)



*Vocational Programs: (offered in some but not all jails – must be selected for many programs)*

### VOCATIONAL PROGRAMS

Currently 26 vocational programs are offered. Some of these include working apprenticeships which save the county over one million dollars in services provided by inmates. Other programs such as sign painting may earn money for the jails. Courses presently offered are:

- Animal Attendant/Pet Groomer
- Apprentice Cook
- Automobile Body Repairer'/Detailer
- Automobile dismantler/ salvage and cataloger of parts
- Bicycle/Wheelchair Repair
- Carpenter- Woodworker
- Carpet Layer
- Cement Mason
- Combination Welder
- Custodial Cleaner
- Cooking/ Baking
- Computer Aided Design Technician
- Construction Worker/ Laborer
- Computer (introduction to)
- Construction Worker/Laborer
- Commercial Construction
- Commercial Laundry
- Commercial Painter
- Floor Layer/ Tile Setter
- Landscape Gardening
- Commercial Nursery Operations
- General Office Worker/Office Occupation
- Semi-automatic sewing Machine Operator/ Embroidery
- Sign Painter or Graphic Artist
- Telecommunications (Inmate Answering System)
- Woodworking

### OTHER PROGRAMS

There are a variety of other programs some of which are contracted. Many of these serve a select population such as parents with custody issues or parenting needs.

There are several drug addiction programs. (Some use a religious base)

Religious services are also provided to a broad range of faiths.

There are programs for domestic violence, personal relations, Aids victims and those at risk,

Department of Mental Health runs a variety of programs for the mentally ill.

## **TRANSITIONAL AND POST- JAIL SERVICES**

The transitional services are provided by the Bureau of Offender Programs and Services which has its own unit The Community Transitional Unit. In addition, there is a Veteran's program run through the Veteran's Administration. These programs are designed to decrease recidivism.

### **Community Transitional Unit**

This unit provides most of the transitional and post jail services. It includes 18 trained civilian Custody Assistants who are trained as case managers and overseen by a sheriff's lieutenant and a sergeant. Transitional Services are available to any inmate who makes a request for these services. Specific outreach is made to homeless and veteran inmates.

Contracts with 3 organizations, Friends Outside, EIMAGO, and Volunteers of America.

Specific women's services including:

*Women's Reintegration Program*, a program  
in cooperation with the Department of Mental Health  
focuses on female inmates with mental illness

*MIRACLE/We Care* program  
designed for new and expecting mothers.

Usually the case managers will announce their presence on the loud speaker system in the inmate unit and describe their services. They seek out the veterans and homeless, but all other must make a request for this assistance. They help inmates plan for how they will like after release from jail. Case managers will flag these files and the release staff at the IRC (Inmate Reception Center) will notify the unit when the inmate is about to be released. Case managers then go to the release area to ensure that the inmate has the information needed (e.g. transportation arrangements and information about where to go) They can also coordinate the resumption of Supplemental Security Income (SSI).

Frequently inmates are released during the night when transportation is hard to find and shelters and community services are closed. Even if inmates have not asked for services earlier, they may request them at the time of release, and may then receive assistance, although it is not likely to be comprehensive and is not always available.

If the inmate has been placed in or referred to a particular program such as a residential treatment center, they receive a taxi voucher given directly to the driver with directions to the released inmate's destination. Others will receive up to three bus tokens. The homeless receive help in cooperation with the Department of Public Social Services in obtaining General Relief; a special tote bag with hygiene products, a towel and set of sheets; and information about residential placements and other services.

Eligible men may collect benefits at a cashiering window at the IRC as they are released. Women must go to the South Central District DDPS Office before 1 PM in order to collect benefits. This office is about 2.3 miles from the women's jail facility and is accessible by the local DASH shuttle. Both Friends Outside and Volunteers provide assistance with transportation. This is especially important if the inmate released is female and released late at night.

**Friends Outside** has their own case managers. Smaller than the Community Transition Unit, they provide a broad range of assistance to inmates seeking to reconnect with family, resolve business on the outside, or access reentry resources.

**EIMAGO**, a secular arm of the Union Rescue Mission, provides case managers for a Ready For Work program which includes job placement, social skills development, and other supportive services. Eimago's Just in Reach Program for the homeless focuses on employment, drug and alcohol treatment, housing, and life skills. The contracts for these programs require management of a certain number of inmates and the placement of 70% into housing.

**Volunteers of America** is a non-profit organization whose caseworkers provide help to homeless inmates through its "GRACE" project. These services include emergency shelter, meals, transitional affordable housing, public benefits enrollment assistance life skills training and job development.

#### OTHER PROGRAMS

The Sheriff's Resource Book (*see appendix*) lists 147 programs and resources for a variety of social concerns. These include:

- Drug and Alcohol Rehabilitation Services
- Domestic Violence Services
- Elder Abuse
- HIV/AIDS services
- Mental Health and Counseling Services
- Shelters and Transitional Living Housing
- Sober Living Housing
- Veteran Services
- Vocational and Employment Services

#### COSTS OF JAIL SYSTEM (Year 2010 -2011)

The total budget for the Sheriff's department is \$2.25 Billion  
(shared monies for 7 departments)

##### **Custody Budget** (Custody Operations and Correctional Services)

Gross: \$803,314,000

Net: \$523,933,000 (gross less internal transfers & revenues)

Revenues include federal gov. for immigration detainees &

Inmate Welfare Fund (IMF) income about \$25.45 million

IMF money is mostly from phone and commissary fees. Money from work is limited in that only non-profit and government agencies or people can purchase products. Much work done by inmates, however, saves the jail system a considerable amount.

While the jail system contracts for outside some outside services, many organizations and programs are provided at no charge. Hacienda-La Puente Unified Adult School provides most academic and vocational programs at a cost of about \$10.6 million a year.

LA County, population of more than 9 million, has largest jail system in the U.S.  
Cost per inmate per day about \$89 -- (can go as high \$600-\$700 for medical)  
85 % of budget for employee benefits and salaries  
15% for services, supplies and equipment

## **CONCLUSION**

Jail system largest in the US

Costly, must compete for funds with other county services

Overcrowding due to variety of factors

Underserved segment of population (Ex. Homeless, Mentally Ill)

High Recidivism

Lack of funds to provide sufficient staff and space and to upgrade computer systems for efficiency

Slow court system

Current sentencing laws

Strives to provide adequate health care, safety, rehabilitation, and system efficiency but is often criticized for shortcomings in these areas