



Office of Inspector General County of Los Angeles

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Safe Release from Los Angeles County Jails: Mitrice Richardson and the Protection of Vulnerable Prisoners

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Introduction

On September 17, 2009, 24-year-old Mitrice Richardson was released from the Sheriff Department's Malibu/Lost Hills Station shortly after midnight, following a misdemeanor arrest. She was released into an unfamiliar area with no car, money or cell phone. Ms. Richardson's family filed a missing person's report shortly after her release.

Almost a year later, in 2010, Ms. Richardson's remains were discovered in a remote area a few miles from the Malibu/Lost Hills Station from which she had been released. Ms. Richardson had suffered from bipolar disorder.¹ However, she was never considered for a mental health evaluation, despite her bizarre behavior before her arrest.

Ms. Richardson's mental impairments were not observed or identified while she was in the Department's custody and as a result, she was released without advanced planning or supervision even though she had family members readily available who could have assisted her transition out of custody.

The Office of Inspector General has examined the facts and circumstances surrounding the arrest and release of Ms. Richardson, the Department's actions as a result of the incident, and policy changes made by the Department as result of this incident. While the Department has taken many steps to improve the manner in which it releases vulnerable detainees, it can and must do more to improve the care it provides to such people, both while they are in custody and as they are being released.

Changes need to be made not only at the station level, but also at the Department's central booking, processing and release facility called the Inmate Reception Center (IRC) which is located in downtown Los Angeles.

- Medical screening at the Inmate Reception Center should be improved. Currently, custody assistants who have limited training perform medical screenings. The use of registered nurses would improve triage allowing better and earlier identification of medical and mental health challenges.

¹ According to a letter written by Congresswoman Maxine Waters (California's 35th District) to FBI Director Robert S. Mueller on December 9, 2009, the Los Angeles Police Department's doctors concluded that Ms. Richardson suffered from bipolar disorder. See <https://waters.house.gov/media-center/press-releases/congresswoman-maxine-waters-requests-fbi-probe-disappearance-mitrice>

- The Department should ensure prisoners are aware of their right to make three completed telephone calls, within the local area, while in custody.
- While the Department retains custody of someone it must continue to collect the information necessary to care for them. This includes not only direct observation and evaluation, but an effective means of obtaining information held by outside caregivers. At a minimum, this must include conveying information provided by family members to custodial and health professionals directly responsible for the care of prisoners. Currently, calls made by family members and other concerned caregivers are answered by the Inmate Answering Service (IAS) operators, who are located at IRC. IAS operators cannot access a prisoner's profile, make inquiries regarding a prisoner's medical or mental well-being, nor can they document the details of any calls received limiting their ability to convey critical information. IAS operators could be replaced by an automated answering service that would connect a concerned caller directly to the Medical Command Center (MCC). The MCC has the capability to document a caller's concerns and forward the information to the appropriate custodial or healthcare professional directly responsible for the care of the prisoner.
- When the Department is releasing someone who has been in custody, they must make reasonable efforts to ensure that person will be safe. This includes conveying to prisoners being released critical information regarding family members seeking to assist them. In the case of prisoners who may be unable to care for themselves effectively, it may include direct coordination with caregivers and family members willing to assist. At a minimum, the Department should document the calls received by concerned family members and forward the information to prisoners upon their release. In addition, a free completed "exit call" should be offered at release to help secure transportation or contact with a relative or caregiver for assistance.
- Arresting officers either on patrol or in station jails could benefit from seeking assistance from the Mental Health Team (MET) triage desk to better assess the mental well-being of an arrestee.

Mitrice Richardson

September 16, 2009 Arrest

On September 16, 2009, 24-year-old Mitrice Richardson arrived at Geoffrey's, a restaurant located at 27400 Pacific Coast Highway in Malibu, at approximately 7:00 p.m. in her 1998 white Honda Civic. She was approached by the valet attendant who informed her that there was only valet parking at the restaurant.

Ms. Richardson then exited her car while the attendant went to assist other customers. When the attendant returned to Ms. Richardson's car, he noticed someone was inside his own car that was parked in the corner of the parking lot.

The attendant had left his car door open and his radio on. When he approached his car, the attendant saw Ms. Richardson seated inside with one of his compact discs in her hand. When the attendant asked why she was inside his car, Ms. Richardson replied, "It's subliminal." Ms. Richardson added that she was there to avenge Michael Jackson's death and then started laughing.

Ms. Richardson finally exited the attendant's car and walked over with the attendant to her own car. The attendant had noticed Ms. Richardson's car had wires dangling from its steering wheel and no ignition column, and needed Ms. Richardson's assistance to start it. Ms. Richardson started her car for the attendant and then explained that her car had previously been stolen. Before entering the restaurant, Ms. Richardson handed the attendant a card with her photo on it and the name "Hazel." The attendant later informed the hostess of his interactions with Ms. Richardson and asked her to pass the information on to the restaurant manager.

When Ms. Richardson entered the restaurant, she walked past the hostess station and stood near the sliding door that led to the bar, staring at the lights. When the hostess approached her, Ms. Richardson was silent, but then thanked the hostess after she was seated. Minutes after she was seated, Ms. Richardson walked over to an adjacent table where a large party of seven had been seated and started speaking loudly to them about astrological signs. Noticing that some of the guests at the table appeared uncomfortable, a restaurant employee spoke with one of them who stated that Ms. Richardson's conversation "seemed out of the norm but everything was okay now."

When Ms. Richardson's food arrived, her waiter asked her to return to her table. Ms. Richardson ate half of her meal and drank most of her alcoholic beverage alone, but then rejoined the large party. As the large party started to leave, Ms. Richardson walked over to the restaurant bar, mingled for a few minutes, said goodbye to a few people at the bar and then exited the restaurant without paying. The restaurant manager approached Ms. Richardson outside the restaurant and asked her if she wanted to settle her bill. Ms. Richardson stated that she couldn't since she had no money or other means to pay the bill. The manager escorted her back into the bar where they stood near a computer. Ms. Richardson then became fixated by the numbers on the computer screen and told the manager that the number eight was a world of numbers. Unable to understand her, the manager again asked Ms. Richardson whether she intended to pay her bill to which Ms. Richardson replied, "I am busted. What are we going to do?"

When the manager asked Ms. Richardson if she had any family she could call, she stated that she was from Mars and that she was going to have sex with him. Her response concerned the manager. Shortly after, the manager asked the bartender

to call the Malibu/Lost Hills station. The bartender called the station and reported that a customer was refusing to pay her bill, was "sounding crazy," could possibly be on drugs, and needed to be picked up.

While waiting for the Deputies to arrive, the manager tried explaining to Ms. Richardson that when she enters a restaurant, orders food and consumes it, she is obligated to pay the bill. In response, Ms. Richardson laughed and told the manager that she couldn't pay her bill because of the language of numbers. The manager then walked Ms. Richardson to the hostess station where Ms. Richardson started talking to the hostess about their ages, birthdays and astrological signs. The hostess then asked Ms. Richardson if she had ingested drugs before arriving at the restaurant. Ms. Richardson stated no, but then added that she had a normal day at work, that she watched a soap opera in the break room, and that when a certain actress came on the soap opera, Ms. Richardson received a message from God to leave work. The hostess asked Ms. Richardson if she had any family they could contact and was told "I do not have any parents. The only family I have is my great grandmother." Ms. Richardson then gave the hostess her great grandmother's phone number.

Several of Geoffrey's employees discussed the option of pooling their money to assist Ms. Richardson pay for her bill. However, in their opinion, they felt it would not be safe for her to drive away from the restaurant alone.

Three deputies arrived at the restaurant approximately twenty minutes after the station was called. After speaking with the manager, two deputies spoke to Ms. Richardson to assess what was going on. Ms. Richardson explained that she did not have money to pay for the meal since she did not have her wallet and that she had met some friends at the restaurant and was expecting them to pay for her meal. The deputies, however, were unable to locate any friends of Ms. Richardson.

After getting her consent, deputies searched Ms. Richardson's car hoping to find her wallet. Immediately, the deputies saw that Ms. Richardson's car was in a cluttered state and appeared as though it had been ransacked. Clothes, shoes, compact disks and four empty prescription bottles were scattered throughout the passenger side of her car. A plastic baggie containing a small amount of marijuana was recovered between the driver's seat and the center console. In the trunk, deputies found full gallons of vodka, a half-bottle of tequila, and one-half of a case of beer. Also recovered was a California driver's license in Ms. Richardson's name, but no money

or credit cards were located. No cell phone was retrieved from the car at the time.² Ms. Richardson's car was towed from Geoffrey's parking lot to Malibu Tow without an inventory search.

To determine whether Ms. Richardson was under the influence of alcohol and/or drugs, deputies administered the horizontal gaze nystagmus test (HGN)³ and checked Ms. Richardson's pulse twice. Even though her pulse was slightly below the normal range, deputies concluded that Ms. Richardson was not under the influence of any alcoholic beverages or narcotics.

The manager, who was the only Geoffrey's employee the deputies spoke to at the scene, decided to place Ms. Richardson under a private citizen's arrest for defrauding an innkeeper. While the deputies were completing the paperwork for the private citizen's arrest, the restaurant manager received a call from Ms. Richardson's mother, Latice Sutton. Ms. Sutton expressed her disappointment and concerns about her daughter's actions and stated that she would rather have her daughter arrested so that she could learn her lesson. The manager and Ms. Sutton agreed to settle the bill the next day. Ms. Sutton then spoke to a deputy who informed her that Ms. Richardson was going to be transported to the Malibu/Lost Hills Station.

Latice Sutton's first phone call to Malibu/Lost Hills Station

Shortly before Ms. Richardson arrived at Malibu/Lost Hills Station,⁴ Latice Sutton contacted the station to check on her daughter's status. The deputy who took the call was not sure who Ms. Richardson was and explained that he only knew that a female was currently being transported to the station from Geoffrey's on Pacific Coast Highway. This call was recorded by the Malibu/Lost Hills Station.⁵

Ms. Sutton stated that she was "vacillating" as to whether to let her daughter sit overnight in jail before coming to get her, but wanted to know whether her daughter was going to be booked and then released that night since "it's dark, she

² On September 22, 2009, Los Angeles Police Department (LAPD) Robbery-Homicide detectives, who assumed the investigation of this case after Ms. Richardson was reported missing, recovered Ms. Richardson's cell phone on the floorboard, underneath the right front passenger seat of Ms. Richardson's car at Malibu Tow.

³ Nystagmus is the medical term used to describe the involuntary jerking of the eyeball. When someone is under the influence of alcohol and/or certain drugs, the involuntary jerking of the eyeball becomes more pronounced. The horizontal gaze nystagmus test (HGN) is used by law enforcement agents to examine an individual's nystagmus in order to evaluate whether the person is under the influence. See fieldsobrietytests.org.

⁴ Malibu/Lost Hills Station is located in Agoura Hills, approximately 14 miles from Geoffrey's restaurant in Malibu. (Mileage estimate taken from Google Maps.)

⁵ Lost Hills Station call recorded on September 16, 2009.

doesn't have a car and I don't want her wandering out there." Ms. Sutton explained she was debating whether or not to pick her daughter up that night because she wanted her to "learn her lesson."⁶ Ms. Sutton added, "I think the only way I will come and get her tonight is if you guys are gonna release her tonight. If she's gonna be held in custody for some type of an arraignment tomorrow, then I will wait until tomorrow to come and get her"

The deputy told Ms. Sutton that her daughter's release would depend on what she was arrested for. When the deputy explained that Ms. Richardson could be released by the morning or throughout the night only if she was being brought in for a misdemeanor, Ms. Sutton stated that her daughter "has no place [to go] . . . she's not from that area"⁷ Ms. Sutton added "I would hate to wake up to a morning report 'girl lost somewhere and her head chopped off!' I would have to come get her, oh my god"

After explaining where the station was located, the deputy told Ms. Sutton that the Malibu/Lost Hills Station was set up in such a way that Ms. Sutton's daughter would be separated from others so Ms. Sutton would not have to worry about her daughter's safety. Ms. Sutton quickly responded "Oh yeah, oh no, I feel safe with her being in custody! It's being released that I'm worried about. It's crazy out there!"

Latice Sutton was clearly concerned for her daughter's safety and wanted to pick her up if she was released. However, Mitrice Richardson was never notified of her mother's call.

Booking, Medical Screening and Release

Ms. Richardson arrived at the station at approximately 9:47 p.m.⁸ accompanied by a transporting deputy and was placed in a large booking cell at approximately 9:50 p.m.⁹ where another female was already being housed. Before she was placed in a booking cell, Ms. Richardson's handcuffs were removed from her wrists and a pat-down search was conducted by the jailer. When she entered, Ms. Richardson removed her shoes and socks and sat down on a concrete bench inside of the cell. Her cellmate appeared to be on the phone¹⁰ when Ms. Richardson first entered, but

⁶ *Ibid.*

⁷ *Ibid.*

⁸ According to the time-stamp on the video surveillance of the backdoor entrance of the station.

⁹ According to the time-stamp on the video surveillance inside the booking cell.

¹⁰ Ms. Richardson and her cellmate were allowed to use the station's telephone on the booking counter, accessible through a screen, since the pay telephone inside of the cell was not turned on and/or not in operation.

then hung up seconds later. For the majority of her stay in the cell at that time, Ms. Richardson sat or laid down on the concrete bench.

Ms. Richardson's cellmate was removed from the cell at approximately 10:10 p.m. Approximately six minutes later, Ms. Richardson walked over to the booking window where she engaged in conversation with a deputy. It appears from the video and the time noted on the Arrestee Medical Screening Form (AMSF) that Ms. Richardson's medical screening assessment was being performed at that time. Ms. Richardson's medical screening was completed in approximately four minutes. She then walked back to the bench and for approximately one minute, the grainy video appears to show Ms. Richardson acting fidgety and rocking back and forth while seated on the concrete bench.

Ms. Richardson entered the Livescan area at approximately 10:36 p.m.¹¹ through the back door of her booking cell. Upon entry, she was immediately fingerprinted and photographed. These procedures were completed at approximately 10:49 p.m. Ms. Richardson was then seated on a swivel desk chair next to the jailer. For approximately ten minutes, as the jailer stood working on the computer next to her, Ms. Richardson continuously swiveled from side to side on her chair and, at times, stared at a wall, unengaged.

At approximately 11:00 p.m., Ms. Richardson stood up from the chair, appeared to provide the jailer with an additional computerized fingerprint, and was then returned to the booking cell. When she walked into the cell, she immediately sat down on the concrete bench. Ms. Richardson remained in the booking cell for approximately 53 minutes before she was released. While in the booking cell, Ms. Richardson spent the majority of the time lying down on the concrete bench. She occasionally got up, stood in front of the cell window and appeared to use the phone.¹²

At 11:53 p.m. Ms. Richardson was released from her cell and her shoes and booked personal property were returned to her. The jailer asked Ms. Richardson whether someone was picking her up from the Malibu Lost Hills Station. When Ms. Richardson explained that she was not able to reach anyone, the jailer offered Ms. Richardson the option of remaining at the station until daylight hours, in a private cell. Initially, Ms. Richardson agreed to stay at the station jail, but then changed her mind and stated she wanted to leave. At 11:54 p.m. Ms. Richardson

¹¹ According to the time-stamp on the video surveillance inside the booking cell.

¹² The jail telephone logs that were initialed by Richardson show Richardson called, or tried to call her great grandmother, Mildred Harris, four times. The station telephone in the booking area that Richardson was allowed to use through a screen is not a recorded line.

exited the same backdoor of the station she entered the station from, with the jailer.

Latice Sutton's follow up calls to Malibu/Lost Hills Station

At approximately 5:20 a.m.¹³ on September 17, 2009, Latice Sutton called the station to follow-up on her daughter. She was immediately transferred to the jailer. The call was transferred to a non-recording line.

At approximately 5:35 a.m.¹⁴ Ms. Sutton called the station again wanting to know when a missing person report could be filed. During the call, Ms. Sutton stated that she was "terribly frightened" and "highly concerned" for her daughter. Ms. Sutton explained that she believed her daughter was going to be kept overnight since she was "highly intoxicated." Ms. Sutton repeatedly explained that her daughter was unfamiliar with the area, and believed she was "highly depressed" and in a "depressive state." Ms. Sutton began to cry towards the end of the call. The deputy encouraged Ms. Sutton to wait a couple of hours before filing a missing persons report and, in the meantime, the deputy stated he would follow up with the jailer and make sure Ms. Richardson was not asleep in the lobby.

Ms. Richardson's missing person report was filed with the Los Angeles Police Department (LAPD). During their investigation, the LAPD doctors concluded that Ms. Richardson suffered from a bipolar disorder.¹⁵ Despite strenuous efforts to locate Ms. Richardson, Ms. Richardson's remains were not found until August 9, 2010, in Dark Canyon, a remote location south/southeast of the neighborhood where the Lost Hills station is located.

Mitrice Richardson's Cite and Release

Ms. Richardson was arrested for defrauding an innkeeper, a misdemeanor offense eligible for cite and release at the scene. The deputies, however, chose to take her into physical custody and transport her to the Malibu/Lost Hills Station for booking approximately 14 miles away. The police report from this incident does not articulate the reason why she was taken into physical custody nor does it state the reason why her car was impounded and never inventoried. Even though open

¹³ Call time estimate taken from the confidential OIR report. (Audio recordings given to OIG by the Department are not time-stamped.)

¹⁴ Ibid.

¹⁵ According to a letter written by Congresswoman for California's 35th District, Maxine Waters, to FBI Director, Robert S. Mueller on December 16, 2009, stating that the Los Angeles Police Department's doctors concluded that Ms. Richardson was suffering from bipolar disorder. See <https://waters.house.gov/media-center/press-releases/congresswoman-maxine-waters-requests-fbi-probe-disappearance-mitrice>.

containers of alcohol and marijuana were found in her car, Ms. Richardson passed a field sobriety test and was determined not to be under the influence of any alcohol or narcotics.

On September 20, 2009, four days after Ms. Richardson's arrest and disappearance, the deputy who opted not to cite and release her on scene was interviewed by a lieutenant regarding his decision. The deputy explained that he had decided to "hard-book"¹⁶ Ms. Richardson because he wanted to make sure she was alright. The deputy described her as being "a little ditsy" at Geoffrey's restaurant and although she was not drunk, he felt she was acting unusual which made him uneasy. Ultimately, he described his decision to transport her to the station as being based on instinct. He further stated that back at the station he found her to be well educated, intelligent and articulate, and could not justify holding her further.

Despite the arresting deputy's concerns for Ms. Richardson's well-being, little or no investigation was conducted at the scene. Ms. Richardson had displayed bizarre behavior around multiple restaurant employees, none of whom were interviewed at the time. Law enforcement may properly cite and release a person who has failed to pay a restaurant bill, allowing the criminal justice system to resolve the matter without taking custody of the person charged. However, once the decision was made to take Ms. Richardson into custody and separate her from her car and cell phone, a more thorough investigation, such as speaking to restaurant staff beyond the manager, may well have provided deputies with reason to be concerned about Ms. Richardson's mental state.

Legal Background

Section 853.6(g) of the California Penal Code authorizes law enforcement officials to either cite and release misdemeanor arrestees at the scene or transport the arrestee to a station for booking. The arresting officer is therefore given full discretion to assess the circumstances of the offense and determine whether to cite and release an arrestee or take an arrestee into physical custody and transport him or her to a local detention facility. The decision to transport an arrestee to a local detention facility places a tremendous amount of responsibility on the Department while the person is within its custody. However, there are constitutional limitations on how long a person can be confined without any legal justification. Without any legal justification, a prisoner must be released from custody without any unreasonable delay. Any unreasonable delay could constitute involuntary confinement and violate a prisoner's right to liberty and due process.

¹⁶ "Hard-book" is a term used to describe the process of taking a person into physical custody and transporting them to the station for fingerprinting and identification verification.

The United States Supreme Court has directed that an individual's mental illness alone cannot legally justify involuntary confinement. In *O'Connor v. Donaldson*,¹⁷ the United States Supreme Court stated that "a State cannot constitutionally confine, without more, a non-dangerous individual who is capable of surviving safely in freedom by himself or with the help of willing and responsible family members or friends."¹⁸

California law allows for individuals suffering from a mental illness to be held involuntarily, but only under limited circumstances. Under California Welfare and Institutions Code section 5150, a qualified peace officer¹⁹ or clinician can involuntarily confine an individual who they believe, as a result of a mental illness, is a danger to themselves,²⁰ a danger to others,²¹ or gravely disabled²² for up to 72 hours for treatment and evaluation.²³ This is commonly referred to as a "5150 hold."

Despite the growing awareness of mental disorders, the diagnoses of most mental illnesses are complex. As such, unless an arrestee displays very apparent behaviors that would justify a 5150 hold, law enforcement officials face inherent challenges in evaluating the mental well-being of an arrestee before release. Therefore, the best improvements to release procedures are often those which do not require a mental health diagnosis. However, the Department can benefit from improving its intake procedures and require continuing education and training for all custody personnel in understanding the signs and symptoms of common mental health issues.

LASD Misdemeanor Release Policies and Changes

The Department's Manual of Policies and Procedures (MPP) requires the prompt and safe release of misdemeanor arrestees if there is no further legal and reasonable

¹⁷ *O'Connor v. Donaldson* (1975) 422 U.S. 563.

¹⁸ *Id.* at 576.

¹⁹ "Peace officer" means a duly sworn peace officer who had completed the basic training course established by the Commission on Peace Officer Standards and Training. See California Welfare and Institutions Code section 5008(i).

²⁰ This term is not defined by statute but can be shown through threats or actions by an individual who displays the intent to commit suicide or inflict serious bodily injury on him or herself. See Lanterman-Petris-Short (LPS) Act Training Manual, Los Angeles County Department of Mental Health at 13.

²¹ This term is not defined by statute but can be shown by words or actions indicating a serious intent to cause bodily harm to another person and that it is likely that the person will carry out the threats. See *id.* at 13.

²² A condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter. See Penal Code section 5008(h)(1)(A).

²³ See California Welfare and Institutions Code section 5150(a).

justification to continue confinement.²⁴ Limited exceptions to the release policy include severe intoxication, the need for medical assistance, and domestic violence offenses which could place the victim's safety at jeopardy.²⁵

Consistent with the Department's MPP and state laws, the Malibu/Lost Hills Station Jail Manual states:

It is the policy of the Department to release misdemeanor prisoners in a manner prescribed by law as soon as such persons may be *reasonably and safely* released .²⁶ (Emphasis added)

Mitrice Richardson's release shortly before midnight, into an unfamiliar area, with no car, money or cell phone, may be deemed an unreasonable and unsafe release. Recognizing the inherent dangers in releasing prisoners in the middle of the night after Ms. Richardson's incident, new department-wide policies were implemented and multiple station orders were adopted at the Malibu/Lost Hills station. These included a Voluntary Delayed Release Program (VDR) that now allows a prisoner to voluntarily stay in a custody facility for up to 16 hours or until normal business hours (whichever is shorter), to promote a safe release. In addition, female prisoners are now given careful consideration when eligible for release between the hours of 10:00 p.m. and 6:00 a.m.

Department-wide Policy Changes

MPP 5-03/200.03: Property Retained at Time of Arrest

Recognizing an issue with the retention of personal property at the time of an arrest in the Ms. Richardson incident as well as other similar cases throughout the County, on May 22, 2011, the department-wide policy regarding personal property retained and booked was revised to increase the likelihood that personal items such as cell phones and credit cards will be retained at the time of arrest and booked. The policy states that, when practical,²⁷ the deputy must book with the arrestee certain personal items (such as cellular telephones, credit cards, driver's license, passport, etc.) when the items would provide proof of identification and/or facilitate the identification/booking or release process.

²⁴ See Manual of Policies and Procedures (MPP) section 5-03/115.00, Misdemeanor Prisoners-Release Policy: Misdemeanor prisoners shall be released in a manner prescribed by law as soon as such persons may reasonably and safely be released.

²⁵ See Manual of Policies and Procedures (MPP) section 5-03/115.20, Misdemeanor Release-Exceptions.

²⁶ Malibu/Lost Hills Station Jail Manual.

²⁷ The "when practical" provision was added to allow for when it is not practical to follow the procedure, for example, when an arrestee is in need of immediate medical attention.

Senate Bill 833 – Discharge of Prisoners and the Voluntary Delayed Release Program (VDR)

Senate Bill 833 was introduced and sponsored by the Department in 2014 to amend Penal Code section 4024 to enable prisoners to voluntarily extend time in custody for up to 16 hours. It was implemented department-wide on February 17, 2016:

Upon completion of a sentence served by a prisoner or release of a prisoner...the sheriff may offer a voluntary program to the prisoner that would allow that prisoner to stay in the custody facility for up to 16 additional hours...in order to offer the prisoner the ability to be discharged to a treatment center or during daytime hours. The prisoner may revoke his or her consent and be discharged as soon as possible and practical.²⁸

In practice, participants in the VDR program at a Department facility must be housed in designated holding cells and be given an opportunity to make a reasonable number of phone calls in order to arrange for transportation and to notify the bail/bond agent of their decision to remain in custody.²⁹ As required by law, since the request is voluntary, the arrestee/inmate can revoke their decision at any time. All decisions to remain or revoke participation in VDR must be documented on the "Voluntary Delayed Release Form."³⁰

Releasing Female Prisoners

After the Ms. Richardson incident, Century Regional Detention Facility (CRDF), which houses only female prisoners, implemented Unit Order 5-25-025: Inmate Safe Release Hours on December 13, 2012.³¹ To establish safe hours of release of female prisoners at CRDF:

The release of female inmates shall occur daily between 0600-2200 hours. In the event a release pass is issued between 2200-0600 hours, the inmate shall be given an opportunity to make a phone call in order to secure transportation upon their release.

If transportation can be arranged, CRDF's Watch Commander may authorize the inmate's release between 2200-0600. If a means of transportation cannot be arranged, the inmate shall be informed that she shall remain in custody until after 0600 hours, in order to promote safe release.³²

²⁸ California Penal Code section 4024(b)(1).

²⁹ MPP 5-03/137.00: Voluntary Delayed Release Program (VDR).

³⁰ MPP 5-03/030.10: Arresting Deputy, which previously existed was updated to include the reference to the Voluntary Delayed Release Form.

³¹ The Unit Order was originally drafted in August 2009, but never approved by the Department.

³² See Century Regional Detention Facility Unit Order No. 5-25-025: Inmate Safe Release Hours.

This policy is limited to female prisoners at CRDF.³³

Malibu/Lost Hills Station Order Changes

On August 12, 2010, two new Station Orders were adopted at the Malibu/Lost Hills Station:

Station Order No. 2-01/080.10: Arrestee Release Inquiries

Ms. Richardson was never told at any point that her mother had called the Station wanting to pick her up if she was released. It is clear that the deputy who answered Latice Sutton's initial call and the jailer who processed Ms. Richardson never communicated with one another. Now, under Station Order no. 2-01/080.10, all calls received by Malibu/Lost Hills station regarding an arrestee's anticipated release must be directed to the on-duty station jailer. The jailer must then document the call on an "Arrestee's Release Information Form" which includes the caller's name and phone number. Upon release, the arrestee must be provided with the names and phone numbers on the form and acknowledge receipt.

Station Order No. 2-01/010.15: Arrestees, Telephones & Telephone Calls

Arrestee's calls from the station:

When Ms. Richardson was being held inside of her booking cell, the only operable phone she was able to use was not a recorded line. Therefore, the only apparent evidence that Ms. Richardson called or attempted to call her great grandmother four times is from jail telephone logs that Ms. Richardson initialed. Station Order no. 2-01/010.15 at the Malibu/Lost Hills station now requires all calls made by an arrestee or inmate from the station jail be on a recorded line. The calls must then be digitally stored for a period of two years.

³³ Given the Department's constitutional concerns regarding involuntary confinement, the Department is currently in the process of revising its CFRC policy requiring female inmates eligible for release between the hours of 2200-0600 to remain in custody until 0600 if a means of transportation cannot be arranged for them. Instead, the Department's new policy, if adopted, would give inmates the *option* of remaining in custody until 0600 and be given an opportunity to make a phone call in order to secure transportation upon release (between the hours of 2201-0559). If transportation cannot be arranged, the CFRC watch commander would then be required to follow a list of safeguards before authorizing the inmate's release to help ensure the safe release of the inmate. This would include interviewing the inmate to determine whether an evaluation by a mental health clinician is warranted and offering the inmate a taxi voucher if transportation cannot be arranged by the inmate.

Taking possession of an arrestee's cell phone:

Ms. Richardson was transported to Malibu/Lost Hills Station without her cell phone. Her cell phone was discovered by LAPD during their missing person investigation inside of her car that was towed at the request of the deputies at the time of her arrest without an inventory search.³⁴ Acknowledging the value of access to a personal cell phone upon release, Station Order no. 2-01/010.15 now requires deputies to take a cell phone recovered during an arrest into possession and maintain it with other items removed from the arrestee. Unless the phone is seized as evidence and/or could be instrumental in a crime, an arrestee should be allowed access to it to retrieve telephone numbers as needed and the phone should be returned to the arrestee upon his or her release.

LASD's De-Escalation and Verbal Resolution Training (DeVRT)

In accordance with the *Rosas*³⁵ Settlement Agreement the Department is now required to provide 32 hours of "crisis intervention and conflict resolution training" to all custody personnel. As part of the training, Department personnel are expected to develop an understanding of the signs and symptoms of common mental health issues and develop a more general understanding in handling mentally ill prisoners. The 32-hour course examines core concepts that emphasize effectively working with prisoners with mental illnesses and other disabilities.

As a result, the Department developed its own course entitled "De-Escalation and Verbal Resolution Training" (DeVRT) for Department personnel working with the incarcerated population in the Los Angeles County jail system.

Community Reentry and Resource Center (CRRC)

The Department's Community Reentry and Resource Center (CRRC) located at IRC provides transitional services to inmates upon release from custody. Included in the list of services and benefits available to inmates are the Birth Certificate Program and the Department of Motor Vehicle (DMV) Program.

Inmates who were born in Los Angeles County and have 60 days left to serve until release can apply for a certified copy of their birth certificate through the Department of Registrar Recorder for a \$28 application fee. If the inmate cannot afford to pay the application fee, it will be covered by the Inmate Welfare Fund. The

³⁴ LAPD's Robbery-Homicide detectives recovered Richardson's cell phone on the floorboard underneath the right front passenger seat of her car.

³⁵ See *Rosas, et al. v. McDonnell, et al.*, U.S District Court case number 2:12-cv-00428 DDP.

birth certificate is then booked into the inmate's property and available to him/her upon release.

Inmates who have had a California identification card in the last 10 years and are within 120 days from release can apply for a California identification card through the Department of Motor Vehicles (DMV) for a reduced rate of \$8. Once received, the identification card is booked into the inmate's property and available upon release.

In the fourth quarter of 2017, the Department processed 765 birth certificate and identification card applications which resulted in 696 birth certificates and identification cards being issued.³⁶

Recent Changes to the Arrestee Medical Screening Form (AMSF)

When the Department takes custody of someone, it must collect the information necessary to care for them. This includes proper collection of health information during an arrest and ensuring proper receipt of health information from other agencies transferring custody of a prisoner to the Department.

Every time an individual is booked and processed, the arresting law enforcement agency must fill out several documents upon arrival. This includes a booking and property record; an Arrestee Medical Screening Form (AMSF); a LASD Arrested Person's Children Form (if the arrestee has minor children); a LASD Station Jail Orientation Form; and a LASD/LAPD transfer form.³⁷ The purpose of the documents is for the arresting law enforcement agency to gather and forward as much information as possible to the Department about the prisoner in order to properly assess his or her well-being while in custody.

The required AMSF completed at the time of booking may be the only opportunity the arresting agency has to detect an arrestee's medical and or/mental health issues and accurately transfer the information to the Department. At IRC, the AMSF is transferred to the medical screening intake desk and heavily relied upon by the medical screening staff at intake.³⁸ At the station level, the accuracy of the

³⁶ Reported to the OIG by the Department on February 5, 2018.

³⁷ If the pending charges are a non-citable offense and the prisoner is being held on bail, the Department also requires the arresting law enforcement agency to provide the Department with a Probable Cause Declaration (PCD) within 44 hours of the arrest, otherwise the Department will begin to process the prisoner for release. This requirement is usually satisfied by providing the Department with the police report of the incident.

³⁸ The OIG monitored the medical intake screening process on two separate occasions. During both visits the medical screening staff explained that if an arrestee's answer to a question at the time of the intake process conflicts with what is noted on the AMSF by the arresting officer, the answer on the AMSF takes precedence.

AMSF is even more critical since unlike IRC, there is no opportunity for any further on-site medical or mental health assessment to be conducted.

Until recently, the AMSF consisted of a list of questions requiring the arresting officer to check either a “yes,” “no,” or “refuse” box in response. As a result, the information gathered was limited and potentially misleading. During a field investigation, an arresting law enforcement officer will often inquire about an arrestee’s medical and mental well-being and/or observe bizarre or unusual behavior exhibited by the individual. These inquiries and/or observations could reveal crucial information regarding an arrestee’s medical or mental impairment and therefore should be documented by all arresting agencies and relayed to the Department when transferring custody.

Recognizing the importance of relaying more thorough and complete information about the medical and mental state of an arrestee at the time of a custody transfer, the Department, with recommendations made by the OIG, recently expanded the AMSF (attachment A) to include questions that would solicit a narrative regarding an arrestee’s medical and mental well-being and/or initiate a mental health referral by requiring an additional Behavioral Observation and Mental Health Referral Form (BOMHR) (attachment B) to be completed at the time of booking.³⁹ The initiation of a BOMHR would automatically require a medical and mental health examination to be conducted on the arrestee.

The revised AMSF was approved by the DOJ Monitor⁴⁰ on January 29, 2018.

Challenges Faced in Detecting an Underlying Mental Illness

Mitrice Richardson suffered from bipolar disorder. However, she did not display any overt symptoms of her illness while in custody and denied any past or present mental health issues during her medical screenings. Like many mental health illnesses, bipolar disorder can be difficult to diagnose. Roughly half of people with

³⁹ The Behavioral Observation and Mental Health Referral Form (BOMHR) has been used by the Department in custody since February 1998 but never at the time of booking. In the past, only after the booking process when Department personnel observed an inmate exhibiting concerning behavior was a BOMHR form initiated requiring a medical and mental health evaluation to be conducted. Now, any law enforcement agency that is transferring custody of an arrestee to the Department will be required to initiate a BOMHR at the time of booking if the officer observed the arrestee exhibit any suicidal, bizarre, or unusual behavior at any time since they first made contact with the individual.

⁴⁰ The Department of Justice (DOJ) Monitor is an individual appointed by the court to monitor and report on the implementation of a Settlement Agreement between the United States and the Department.

bipolar disorder see at least three mental health professionals before getting a correct diagnosis.⁴¹

Despite the growing realization of the existence of mental health disorders, the diagnosis of most mental health illnesses is complex. Often, it is only after examination of a patient's full medical and mental health history as well as thorough physical and mental exams that a reliable diagnosis can be identified. Sometimes it may become clear that a mental health problem exists, but the specific disorder may be difficult to identify, resulting in a misdiagnosis. Other times, any diagnosis may be difficult to assess since some individuals display only subtle or no signs of an underlying mental disorder.

Furthermore, mental health disorders can cause people to experience an array of emotional, cognitive and behavioral problems which can make them unaware or unwilling to acknowledge their illness.⁴² As a result, unless an arrestee acknowledges the existence of a mental illness, or displays behavior to justify a 5150 hold, law enforcement officials face inherent challenges in evaluating the mental well-being of an arrestee before release. Accordingly, the best improvements to release procedures are often those which do not require diagnosis.

Treatment of mental illnesses in custody or the diversion of mentally ill prisoners when appropriate depends on prompt diagnosis and treatment, however difficult. Accordingly, the use of all resources available as early as possible is critical.

Recommendations

Medical Screening Intakes Should be Improved

Recognizing the inherent complexities in detecting mental health disorders, the Department should maximize its ability to immediately identify mental illnesses along with other medical conditions.

Currently, in addition to registered nurses, custody assistants who have limited medical and mental health training⁴³ are assigned to the medical screening desk to

⁴¹ See Journal of Affective Disorders, 31 (1994) 281-294, by Jennifer D. Lish, Susan Dime-Meenan, Peter C. Whybrow, R. Arlen Price and Robert M.A. Hirschfield.

⁴² See Courses for Mental Health Professionals, Missing the Diagnosis: The Hidden Medical Causes of Mental Disorders by William Matterson, Ph.D. at www.continuingcourses.net/active/courses/course067.php.

⁴³ Custody assistants who are assigned to the medical intake desk are required to complete a four hour training conducted by medical services personnel before conducting intakes. The

perform medical screening intakes. During the intake, the arrestee is asked a series of questions regarding his medical and mental health history (similar to the AMSF) and the arrestee's vitals are taken to determine whether the arrestee is "ok to book." Only if an arrestee answers affirmatively to any of the medical or mental health questions at intake are they transferred to receive a second medical screening assessment by a registered nurse or other licensed medical staff. Otherwise, the initial medical screening intake is often conducted only by a custody assistant.

Early detection of medical and mental health issues would assist the Department of Health Services (DHS) in providing proper medical services for inmates while in custody and in creating a discharge plan for those leaving custody to ensure their safety and well-being. Registered nurses are more qualified to recognize medical or mental health issues.

The need for higher quality care was addressed in board-motion 16-4432, introduced on September 6, 2016 (attachment C). The motion directed the Director of the Department of Health Services to identify a local, high quality nurse practitioner program with a correctional health-focused curriculum to prepare up to twenty current Medical Services Bureau (MSB) nurses to become family nurse practitioners or psychiatric nurse practitioners to work in the jails. Placing custody assistants at the initial medical screening desk is not consistent with this objective.

Failure to take reasonable steps to identify medical and mental illness can create an unnecessary and substantial risk of injury or death for the prisoner upon release.

Prisoners Should be Notified of Right to Phone Calls from Jail

Record clerks at IRC as well as jailers at the station level should check the "station jail orientation" form to ensure prisoners are aware of their rights, including the right to make three completed telephone calls, within the local calling area, before processing.

California Penal Code section 851.5 makes it clear that "immediately upon being booked and . . . no later than three hours after arrest, an arrested person has the right to make at least three completed phone calls . . ." ⁴⁴ In addition, Penal Code section 851.5(b) requires any police facility or place where an arrestee is detained

four hour training includes two hours of medical training and two hours of mental health training.

⁴⁴ California Penal Code section 851.5(a)(1).

to post a sign listing the prisoner's right to jail calls in bold block type, in a conspicuous place.⁴⁵

As part of the booking paperwork, prisoners are given a "station jail orientation" form which they are to read, sign and return to the Department. Amongst other rights, the form informs the prisoner of his right to three completed telephone calls, within the local calling area, while in custody. Records clerks at IRC as well as jailors at the station level should check the "station jail orientation" form to ensure its completeness before receipt.

In addition, the IRC has only one sign posted in its holding area outlining a prisoner's right to jail calls under the law.⁴⁶ Given the size of the IRC, the Department should post more signs throughout the facility to ensure prisoners are aware of their rights under the law.

Family Calls Advising of Health Issues or Presenting the Possibility of Assistance Upon Release Should be Acted Upon

While the Department retains custody of someone they must continue to collect the information necessary to care for them. This includes not only direct observation and evaluation, but an effective means of obtaining information from outside caregivers. At a minimum, this must include connecting family members to custodial and healthcare professionals directly responsible for the care of a prisoner.

Currently, calls made to IAS operators (located at IRC) by family members or outside caregivers are answered by female prisoners who are assigned to the Inmate Answering Service (IAS). IAS operators have no access to a prisoner's profile and can only provide general information to the caller such as a prisoner's name, booking number and next court date. In fact, the information accessible to an IAS operator is accessible to the general public online. In addition, although calls answered by IAS operators are received on a recorded line, the details of the calls are not documented since IAS operators cannot input any information into a prisoner's profile. Given their limitations, using IAS operators to answer calls from family members and other possible caregivers is not an effective means of obtaining and conveying information.

⁴⁵ See California Penal Code section 851.5(b)(1) and (2) and (3).

⁴⁶ An OIG jail monitor checked all signs posted at the IRC on November 16, 2016.

One of the most important functions of the IAS is to transfer calls to the Medical Command Center (MCC)⁴⁷ if a caller is concerned about a prisoner's medical and/or mental well-being. The MCC has the capability to document the caller's concerns and forward the information to the appropriate custodial or health professional directly responsible for the care of the prisoner. However, a caller must clearly voice a concern regarding the prisoner's medical or mental health to the IAS operator in order to be transferred to MCC. Even then, with limited access and an inability to document information or make proper inquiries, there are no guarantees that a caller's concerns are properly addressed and/or appropriately forwarded to MCC by an IAS operator.

Spouses, family members, and other outside caregivers are often the most reliable sources of information regarding a prisoner's medical and mental health needs. Their calls must be properly documented, inputted and conveyed to the appropriate custodial or healthcare professional directly responsible for the care of the prisoner. Given their limited function, IAS operators could in fact hinder critical medical and mental health information from being properly collected and conveyed to the appropriate custodial or healthcare professional directly responsible for the prisoner. A frazzled loved one calling concerned about a family member in custody may not know that there is a Medical Command Center (MCC) that could assist with addressing a prisoner's medical and mental health concerns. An IAS operator cannot inquire about a prisoner's medical history, she can only make general inquiries. Only if a caller specifically voices a medical or mental health concern does an IAS operator currently transfer the call to MCC.

⁴⁷ The Medical Services Bureau (MSB) provides health care services for all prisoners housed within the Department's jail system. Along with physicians and nurses, the MSB provides dental, pharmacy and laboratory services. As such, the MSB addresses a wide variety of medical and mental health issues. To help direct the medical and mental health concerns of prisoners to the appropriate service provider, in 2010, the MSB created the Medical Command Center (MCC). The MCC processes calls and medical requests by routing them to the appropriate service provider. The MCC is housed within a secured area inside the Twin Towers Correctional Facility (TTCF). Registered nurses are assigned to MCC with at least one always available 24/7. The Department's website provides the public with a direct phone number to MCC to notify the staff of any medical or mental health concerns of a prisoner. In August 2016, a pilot program was implemented requiring a custody assistant to also be assigned to MCC to help facilitate calls. In addition, telephone logs and medical service logs were expanded to help ensure proper documentation of concerns reported and actions taken as a result. As such, if a member of the public notifies the MCC of a medical or mental health concern regarding a prisoner, it is documented on a medical services log and emailed directly to the jail facility where the prisoner is housed. The facility must then address the concern and document any actions taken and return the form to MCC. MSB is no longer a part of the Sheriff's Department, but is part of Custody Health Services, a division of the County's Department of Health Services.

To help handle and properly direct the almost 1,170 calls received per day at IRC, the Department should replace IAS operators with an automated answering system that could, amongst other functions, connect callers directly to MCC if necessary. By bypassing an IAS operator, an automated answering system would allow the option for a caller to be directly connected to MCC. MCC staff can then ensure critical information regarding a prisoner's medical and mental well-being is accurately collected and conveyed to custodial and healthcare professionals directly responsible for the care of a prisoner.

Upon Release Prisoners Should be Notified of Calls Received and Offered an "Exit Call"

When the Department is releasing someone who has been in custody, they must make reasonable efforts to ensure that a person will be safe. This includes conveying to prisoners being released critical information regarding family members seeking to assist them. In case of prisoners who may be unable to care for themselves effectively, it may include direct coordination with caregivers and family members willing to assist. Upon release, a prisoner should be notified of any calls received while in custody and be offered a free completed "exit call" to help secure transportation or contact a relative or caregiver for assistance.

As a result of the Mitrice Richardson incident, the Malibu/Lost Hills Station implemented Station Order No. 2-01/080.10: Arrestee Release Inquires, requiring Department personnel to document and notify arrestees of any incoming phone calls received before their release. The Malibu/Lost Hills Station order requires all calls received regarding an arrestee's anticipated release be documented on a form which includes the caller's name and phone number. Upon release, the arrestee must be provided with the information documented. This requirement is currently limited to the Malibu/Lost Hills Station. A similar procedure should be implemented at all stations as well as IRC.

Notification of calls received upon release coupled with the offer of a free completed "exit call" could help the released prisoner facilitate transportation and/or get assistance from a relative or caregiver to handle any medical or mental health needs. These safeguards would help ensure an arrestee is not released into the streets alone at night with no means of transportation, no money and no cell phone.

Arresting Officers Should Seek Assistance from Mental Health Teams (MET)

Arresting officers either on patrol or in station jails could benefit from seeking assistance from the Mental Health Team (MET) triage desk to better assess the

mental well-being of an arrestee. This help desk employs specialized personnel who have access to databases such as the JHIS and the IS/IBHIS systems that store mental health records. Knowing how to utilize these resources may lead to appropriate diversion of arrestees or an earlier diagnosis of medical or mental impairment. Mandatory trainings created to assist officers in responding to critical incidents should include information on how MET could assist in assessing the medical and mental well-being of an arrestee.

Conclusion

As a result of the tragic circumstances that led to Ms. Richardson's death, the Department has since made several changes to its policies and procedures at the Malibu/Lost Hills Station and to the AMSF. However, in order to effectively safeguard the release of vulnerable detainees, the Department must make similar changes at all of its stations and most significantly to IRC. IRC receives approximately 440 new bookings each day, with a total of approximately 160,000 each year. Within the IRC, the Department's Medical Services Bureau serves as the largest correctional medical service provider of its type in the world.⁴⁸ Independent of this analysis, changes have been made in recent months in an effort to streamline the medical screening at IRC to reduce the delay in providing care to new prisoners. It is important that work continue and we believe it will.

Improving medical intake screenings; replacing IAS operators with an automated answering service with a link to MCC; ensuring proper notification of the right to phone calls from jail; notifying arrestees upon release of any incoming phone calls received while in custody; offering a free completed "exit call" upon release; and training Deputies to utilize the MET triage desk and other available resources as early as possible, could help ensure a prisoner's safe release from Department custody and prevent the tragic circumstances that led to the death of Ms. Richardson.

⁴⁸ See www.LASD.org.

ATTACHMENTS

LOS ANGELES COUNTY UNIFIED
ARRESTEE MEDICAL SCREENING FORM

ARRESTING AGENCY		ARRESTEE NAME				BOOKING NUMBER		DATE			
ARRESTEE QUESTIONNAIRE								YES	NO	REFUSE	
1	Do you feel suicidal or feel like hurting yourself? If yes, complete a Behavioral Observation and Mental Health Referral (Form SH-J-407), Inmate Special Handling Request (Form SH-J-181 or Intranet), and place an "S" (Suicidal) code on the inmate's wristband.										
2	Do any of the following apply to you: (If yes, circle all that apply)										
	Attempted suicide	Mental health issues	Under the care of a mental health professional	Taking psychiatric medications	Hearing things that are not there						
3	Do you require any medical attention? If yes, why:										
4	Do you have any injuries? If yes, what:										
5	Are you currently taking any medications? If yes, complete the below:										
	1) Name:		Dosage:		How Often:						
	2) Name:		Dosage:		How Often:						
	3) Name:		Dosage:		How Often:						
6	Do you have any medical conditions such as: (circle all that apply)										
	HIV/AIDS	Tuberculosis	High Blood Pressure			Diabetes					
	Epilepsy	Dialysis	Open Wound/Abscess/Boil (MRSA)			Other:					
	If yes to "open wound/abscess/boil," describe:										
7	Do you regularly use any Alcohol or Drugs? If so:										
	1) Name:		Last Use:								
	How Often:		How Much:								
	2) Name:		Last Use:								
	How Often:		How Much:								
	3) Name:		Last Use:								
	How Often:		How Much:								
8	Have you ever been in a "special education" class for slow learners or for emotional problems, considered developmentally disabled or a client of a regional center?										
9	Are you receiving ongoing medical treatment from any medical facility and/or assisted living, board and care, rehabilitation center? If yes, name and contact information of the facility/provider.										
	Facility/Provider:		Phone Number:								
10	Females only – Do you have any of the following conditions? (If yes, circle all that apply)										
	Birth Control Medication		Pregnant – If yes, do you have: Vaginal bleeding and/or Abdominal pain								
	Lactating/Breastfeeding		Other:								
ARRESTEE SIGNATURE								DATE			
DEPUTY/OFFICER WITNESSING				EMPLOYEE/ID NUMBER		DATE		TIME			

This form has been reviewed and approved by the Chief Medical Officer and Mental Health Director of Correctional Health Services.
Original signatures are on file with the Medical Services Administration.

ARRESTING DEPUTY/OFFICER OBSERVATION (REQUIRED FOR ALL LASD AND OUTSIDE AGENCY BOOKINGS AT IRC OR SHERIFF STATION JAILS)					YES	NO
1	Does the arrestee appear to have any injuries or medical problems?					
	If yes, describe: ARRESTEES WHO HAVE, OR ARE SUSPECTED TO HAVE, AN ACTIVE COMMUNICABLE DISEASE ARE TO BE SEGREGATED AND TRANSFERRED TO AN APPROPRIATE MEDICAL FACILITY AS SOON AS POSSIBLE. (TITLE 15, ARTICLE 5, SECTION 1051)					
2	Did the arrestee physically resist arrest and/or require the use of force during the arrest?					
	If so, enter Report #: a) If so, did the arrestee receive medical treatment?					
3	Did the arrestee threaten suicide or attempt "suicide by cop" during their arrest? If yes, initiate a Behavioral Observation and Mental Health Referral form (SH-J-407), Inmate Special Handling Request (SH-J-181 or Intranet), and place an "S" (Suicidal) code on the inmate's wristband.					
4	Was the arrestee medically treated and cleared? (OK to Book: attach diagnosis/treatment/recommendations paperwork)					
	Name of clearing medical facility:					
	Provider:		Phone:			
5	Does the arrestee appear to be under the influence of alcohol and/or drugs? If yes, have jailer begin "Intoxication Observation Sheet."					
6	Does the arrestee have any prescribed medications in their property? If yes, list:					
7	Did the arrestee require assistance walking at the time of their arrest? (circle all that apply)					
	Cane	Crutches	Walker	Wheelchair		
8	a) Are you aware if the arrestee is currently under the care of a mental health professional, or has a history of mental illness? If yes, list reason(s), if known.					
	b) Did the arrestee recently exhibit any suicidal, bizarre, or unusual behavioral or is there any other reason to believe the arrestee suffered from a mental illness at the time of the offense? If yes, initiate a Behavioral Observation and Mental Health Referral form (SH-J-407).					
9	Is the arrestee suspected of murdering or attempting to murder a family member?					
DEPUTY/OFFICER NAME					EMPLOYEE/ID NUMBER	DATE

JAILER OBSERVATIONS		YES	NO
1.	Is the arrestee's consciousness level impaired? Examples: difficult to arouse, difficulty breathing, increased lethargy, unaware of their location, name, and date. IF YES, SUMMON PARAMEDICS		
2.	Does the arrestee have obvious symptoms suggesting the need for emergency care? Examples: bleeding, difficulty breathing, cold clammy perspiration, violent shaking, convulsions. IF YES, SUMMON PARAMEDICS		
3.	Does the arrestee appear to have visible signs of alcohol/drug withdrawal? (Examples: profuse sweating, profuse vomiting, anxiety, visual hallucinations. IF YES, SUMMON PARAMEDICS		
4.	Does the arrestee require more than minimal assistance when walking? If yes, obtain medical evaluation.		
5.	Does the arrestee's behavior or statements suggest a risk of suicide? Examples: severe depression, crying, withdrawal, silence, history of previous suicide attempt such as self-inflicted injuries? If yes, place under close supervision/suicide watch, complete a Behavioral Observation and Mental Health Referral form and transport to the appropriate Reception Center.		
6.	Does the arrestee display any of the following behaviors? Examples: responding to something that is not there, withdrawn, bizarre beliefs, rambling nonsensically, overly suspicious, combative without apparent provocation. If yes, complete a Behavioral Observation and Mental Health Referral form (SH-J-407) and segregate and/or transport to the appropriate Reception Center.		
7.	Does the arrestee appear to be developmentally disabled? If needed, refer to the "Quick Reference Guide for Developmentally Disabled," provided in Station Jail Manual. NOTIFY THE APPROPRIATE REGIONAL CENTER (BY ARRESTEE'S ZIP CODE OF RESIDENCE), IF ARRESTEE IS TO BE HELD MORE THAN 24 HOURS. (TITLE 15, ARTICLE 5, SECTION 1057)		

If the arrestee appears to be under the influence of alcohol and/or drugs, the Intoxication Observation Sheet shall be completed.

**** ANY AFFIRMATIVE ANSWER TO THIS QUESTIONNAIRE SHALL BE BROUGHT TO THE ATTENTION OF THE JAIL SUPERVISOR.**

JAILER SIGNATURE	EMPLOYEE/ID NUMBER	DATE	TIME
JAIL SUPERVISOR SIGNATURE	EMPLOYEE/ID NUMBER	DATE	TIME

LOS ANGELES COUNTY UNIFIED

BEHAVIORAL OBSERVATION AND MENTAL HEALTH REFERRAL

1	AGENCY:		REPORT #:	
	AGENCY CODE:		LASD REFERENCE #:	
2	INMATE INFORMATION			
	LAST NAME:		FIRST NAME:	
	DOB:		RACE:	
	SPECIAL HANDLING:		HOUSING LOCATION:	
3	BEHAVIORAL INDICATORS (CHECK ANY THAT APPLY)			
	<input type="checkbox"/> SUICIDAL STATEMENTS OR ACTIONS	<input type="checkbox"/> DANGER TO OTHER INMATES	<input type="checkbox"/> DANGER TO STAFF	
4	OBSERVATIONS			
	INCIDENT DATE:		TIME:	
	LOCATION:			
	OBSERVED BEHAVIORS:			
5	ATTACHMENT			
	WITNESSES (IF YES: NAME(S) AND EITHER BKG, ID or CDL #s)			<input type="checkbox"/> YES <input type="checkbox"/> NO
6	ORIGINATING AGENCY SWORN SUPERVISOR REVIEW			
	NAME	RANK	ID#	DATE
7	LOS ANGELES COUNTY JAIL MEDICAL STAFF ASSESSMENT			
8	LOS ANGELES COUNTY JAIL MENTAL HEALTH SERVICES RECOMMENDATION			
	RECOMMENDED MENTAL HEALTH SERVICES OR PER MEDICAL: <input type="checkbox"/> MENTAL HEALTH UNIT (FIP) <input type="checkbox"/> MODERATE OBSERVATION (HOUSING)			
	<input type="checkbox"/> HIGH OBSERVATION (HOUSING) <input type="checkbox"/> NON MENTAL HEALTH (HOUSING) <input type="checkbox"/> REMAIN IN CURRENT HOUSING			
	LEVEL OF MENTAL HEALTH CARE: <input type="checkbox"/> P0 <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/> PENDING			
9	CELL TYPE (P4 ONLY): <input type="checkbox"/> SINGLE INMATE CELL <input type="checkbox"/> DOUBLE INMATE CELL			
	SAFETY CHECK INTERVAL (ONCE EVERY): <input type="checkbox"/> THIRTY (30) MINUTES <input type="checkbox"/> FIFTEEN (15) MINUTES <input type="checkbox"/> OTHER:			
	CLASSIFICATION: M <input type="checkbox"/> ADD <input type="checkbox"/> DEL S <input type="checkbox"/> ADD <input type="checkbox"/> DEL P <input type="checkbox"/> ADD <input type="checkbox"/> DEL			
	PRECAUTIONS: <input type="checkbox"/> SUICIDE GOWN <input type="checkbox"/> SUICIDE BLANKET <input type="checkbox"/> NO MATTRESS <input type="checkbox"/> NO UTENSILS <input type="checkbox"/> OTHER:			
10	FINAL HOUSING INFORMATION			
	FACILITY	LOCATION	DATE	TIME
10	FINAL HOUSING LOCATION - WATCH COMMANDER'S REVIEW			
	NAME	EMP#	DATE	TIME

MOTION BY CHAIR HILDA L. SOLIS

AGN. NO. _____
September 6, 2016

CORRECTIONAL HEALTH NURSE PRACTITIONER PROGRAM

At the June 9, 2015 Board of Supervisors meeting, the Board approved the proposed integrated jail health services organizational structure and the transition of jail health staff from the Department of Mental Health (DMH) and the Los Angeles County Sheriff's Department (LASD) Medical Services Bureau (MSB) to the Department of Health Services (DHS). The new structure is called the Integrated Correctional Health Services (ICHS).

A critical component of the ICHS program is adequate clinician staffing at all 5 LAC jail sites. Recruitment and retention of quality clinician staff within LAC jails has been challenging, as it is throughout correctional health settings nationwide. The use of mid-level providers in correctional settings has long been used as a key strategy to meet staffing needs and to provide a diverse and committed clinician workforce within correctional settings. LAC already depends on and values many nurse practitioners in LAC jails. Because nurse practitioners can work independently throughout the jails and collaborate well with doctors in the care of patients, recruitment of more nurse practitioners within the ICHS care model will reduce the reliance on physicians as the dominant workforce in the LAC jail and allow for a more balanced and cost effective staffing plan.

In an effort to meet the staffing needs of the ICHS and to provide a career path for nurses who have been committed to patients in LAC jails, expansion of the mid-level provider workforce in the jails is both prudent and strategic.

MOTION

RIDLEY-THOMAS _____

KUEHL _____

KNABE _____

ANTONOVICH _____

SOLIS _____

I, THEREFORE, MOVE that the Board of Supervisors (BOS) direct the Director of the Department of Health Services, to:

1. Identify a local nurse practitioner training program capable of delivering a high quality, correctional health focused curriculum to prepare up to twenty (20) current LASD medical services bureau (MSB) nurses to become family nurse practitioners or psychiatric nurse practitioners to work in the jails; and
2. To execute a contract to begin the 18 month training program this fall or as soon as is possible to provide training to the 20 nurses identified to be part of this program and provide a one-time psychiatric refresher course for 10 Registered Nurses (RN's) who are currently working in the LASD jails. The contract should not exceed \$600,000 for the full-length of the program; and
3. Report back to the BOS within 60 days the progress in achieving recommendations 1 and 2 above including a report on how potential candidates will be or have been selected to participate. This should include a description of how nursing participants will commit to a number of years of service as a nurse practitioner in the LAC jail system in exchange for being part of this exciting program at no expense to them.
4. Direct DHS and LASD to work with CEO Classifications, and report back within 180 days to the BOS, to ensure that currently vacant budgeted positions that are part of MSB or integrated correctional health can be reclassified to ensure an adequate number of nurse practitioner positions are available to hire the newly trained workforce after the training program is completed and that such new positions are creating an a cost neutral manner.



OFFICE OF THE SHERIFF

COUNTY OF LOS ANGELES

HALL OF JUSTICE

JIM McDONNELL, SHERIFF



February 28, 2018

Max Huntsman, Inspector General
Los Angeles County Office of Inspector General
312 South Hill Street, 3rd Floor
Los Angeles, California 90013

Dear Mr. Huntsman:

**RESPONSE TO THE LOS ANGELES COUNTY OFFICE OF INSPECTOR GENERAL
REPORT – SAFE RELEASE FROM LOS ANGELES COUNTY JAILS: MITRICE
RICHARDSON AND THE PROTECTION OF VULNERABLE PRISONERS**

Attached is the Los Angeles County Sheriff's Department's (Department) response to the recommendations made in the Los Angeles County Office of Inspector General (OIG) report, Safe Release from Los Angeles County Jails: Mitrice Richardson and the Protection of Vulnerable Prisoners. We appreciate the OIG's efforts to assist the Department in modifying its policies and procedures over time, and we generally concur with the OIG's recommendations pertaining to the protection of vulnerable prisoners. This unfortunate incident involving Ms. Richardson, however, happened almost nine years ago. Since 2009, we have made significant strides to introduce and train our personnel on multiple new policies and procedures which promote the safe release of people from our jails.

Significantly, the Office of Independent Review (OIR)¹ thoroughly evaluated the circumstances surrounding Ms. Richardson's arrest, release, and the Department's response to her disappearance, issuing three separate reports. The OIR concluded its initial report on July 9, 2010, by stating that "based on the information available at the time of the decisions, each decision and subsequent action [by our personnel] was reasonable." The OIR made a number of recommendations to promote the safe release of arrestees, but found the

¹ The Office of Independent Review ("OIR") was a civilian oversight group consisting of experienced civil rights lawyers created by the Los Angeles County Board of Supervisors which began its work in 2001. The mission of OIR was to monitor the Department, provide legal advice to ensure that allegations of officer misconduct were thoroughly, fairly and effectively investigated, look at its policies and practices, and make recommendations where appropriate to enhance both officer performance and the safeguarding of individual rights.

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Department's inquiry and response to the incident was "thorough and appropriate," and concluded that the Department's investigative efforts to locate Ms. Richardson were "substantial and persistent."² The OIR published its second report in March 2012. This second report contained its evaluation of the circumstances surrounding the discovery and recovery of Ms. Richardson's remains. The OIR made a number of recommendations to improve communications and operations between the Department and the Coroner.³ The OIR completed a third follow-up report in September 2012.⁴ The third report noted the adoption of a Department-wide policy requiring that deputies book arrestee's personal identification and cellular telephones so that they will have these items upon release.⁵

It is undisputed that even highly trained psychiatric and psychological experts sometimes find it very difficult to diagnose bipolar disorder. We note the observation in the OIG report that "[r]oughly half of people with bipolar disorder see at least three mental health professionals before getting a correct diagnosis." The deputies who arrested Ms. Richardson on the night of September 16, 2009, did not see any objective signs of mental illness. At the jail, Ms. Richardson also denied having a mental illness. To increase the odds of being able to help those in need, deputies now receive mental health training which was not available to them in 2009. Hindsight being 20/20, the OIG report suggests that the responding deputies should have interviewed all of the other patrons in the bar instead of just speaking with the restaurant manager, even though this was a minor misdemeanor call for service. Though it would be ideal for our personnel to have the time and resources to investigate every crime in detail regardless of its level of severity, one must be mindful that our resources are limited. Requiring a detailed investigation of all minor incidents would

² See page 2 of "OIR Confidential Report Regarding Circumstances Surrounding Arrest and Release of Mitrice Lavon Richardson and LASD Response to Her Subsequent Disappearance," dated July 9, 2010. While the report was initially confidential to the Board of Supervisors, it has since been posted on the internet at http://file.lacounty.gov/SDSInter/lasd/150500_Richardson_Matrice.PDF. The report additionally noted that neither Ms. Richardson's mother nor grandmother could pay the bill over the phone, neither could pick her up and neither advised deputies that she suffered from a known mental disorder. Additionally, during the booking process, Ms. Richardson advised personnel that she did not suffer from a mental illness, station personnel's observations confirmed her representation and Ms. Richardson twice declined offers to allow her to stay at the station until the arrival of daylight, or her transportation. (*Id.* at p. 3.)

³ See page 2 of OIR's "Report Reviewing the Investigation Regarding the Discovery and Recovery of the Remains of Mitrice Richardson," March 2012, posted on the internet at https://oig.lacounty.gov/LinkClick.aspx?fileticket=J4rKGYjt_sw%3d&portalid=18.

⁴ See pages 146-167 of OIR's "Tenth Annual Report: A Look into the Mitrice Richardson Investigation," September 2012, posted on the internet at https://oig.lacounty.gov/LinkClick.aspx?fileticket=J4rKGYjt_sw%3d&portalid=18.

⁵ *Id.* at pages 166-167.

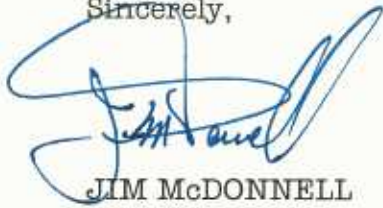
impact overall response times and investigations into serious and violent crimes. Based on their training at the time, which met law enforcement industry standards, even if the deputies had interviewed the other patrons, they may not have referred her to mental health services.

The current training for our personnel and the policies developed based on OIR's prior recommendations together with your current recommendations allow us to better serve our rapidly growing mentally ill population. Once appropriate funding and personnel are provided to staff the additional 37 Mental Evaluation Teams recommended by the Civilian Oversight Commission on February 15, 2018,⁶ our personnel will have even more resources to better serve those in need.

The effort and dedication made by members of the OIG to execute this report are greatly appreciated. We value the OIG's recommendations relating to the treatment of vulnerable detainees while in our custody and as they are released.

The Audit and Accountability Bureau (AAB) has the responsibility to monitor and document the Department's response related to this review. Should you have any questions regarding the Department's response, please contact Captain Steven E. Gross at (323) 307-8302.

Sincerely,



JIM McDONNELL
SHERIFF

Attachment

⁶ See page 31 of the "Report of the Sheriff Civilian Oversight Commission Regarding the Mental Evaluation Team Program of the Los Angeles County Sheriff Department, February 15, 2018, <https://coc.lacounty.gov/LinkClick.aspx?fileticket=NOUC3DWcsp%3d&portalid=35>.

RESPONSE TO THE LOS ANGELES COUNTY OFFICE OF INSPECTOR GENERAL INCIDENT REVIEW REPORT

COUNTY OF LOS ANGELES – SHERIFF

SUBJECT: SAFE RELEASE FROM LOS ANGELES COUNTY JAILS: MITRICE
RICHARDSON AND THE PROTECTION OF VULNERABLE PRISONERS

RESPONSE TO RECOMMENDATIONS BY THE OIG:

1. Medical screening intakes should be improved by allowing only registered nurses to conduct medical screening intakes at the Inmate Reception Center (IRC).

Response: Concur, but this is a recommendation that should be directed to the Department of Health Services (DHS).

The Department concurs with this recommendation. However, the classification of medical personnel responsible for this function is the decision of DHS. Historically, custody assistants have been utilized to supplement this process due to the overwhelming shortage of personnel in the Department's Medical Services Bureau. With the recent transition of jail healthcare to DHS, the participation of custody assistants in this role will be reevaluated as vacancies within DHS are filled.

2. Inmates should be notified of their right to make phone calls from jail facilities.

Response: Concur.

The Department concurs with this recommendation and, as pointed out in the OIG's report, the Department provides all inmates a Station Jail Orientation form which informs them of their right to three phone calls within the local area. The Department also has a policy which addresses a prisoner's right to phone calls. The policy is set forth in the Manual of Policy and Procedures, Section 5-03/055.00, and specifically advises personnel that "an arrested or detained person (adult or juvenile)" has "the right to complete at least three telephone calls." In addition, the policy provides that, "Except where physically impossible, the calls shall be completed no later than three hours after an arrest or detention." While the law and policy only require the calls to be free within the local dialing area, the Department recently expanded its telephone system to allow nationwide calls within the station jails.

Signs are also posted at each jail facility advising prisoners of their right to three phone calls. In response to the OIG's suggestion that additional signs be posted throughout IRC due to its size, the Department added eight signs notifying inmates of their right to phone calls in October 2017.

3. Family calls advising of health issues or presenting the possibility of assistance upon release should be acted upon.

Response: Concur.

The Department concurs with this recommendation. However, the Department does not believe it is necessary to completely eliminate Inmate Answering Service (IAS) operators and replace them with an automated system in order to accomplish this goal. The Department has procured hardware and software for implementation of the automated system as an effort to supplement the IAS operators. Installation has begun and has an expected completion date of August 2018. Ideally, this system will allow for callers to be directly connected to the Medical Command Center (MCC), enhancing communication between concerned family members and friends, while ensuring proper notification of health concerns to DHS personnel who can act upon the information provided. This automated system is expected to handle a majority of the public's requests to conclusion. However, it does not assist those members of the public with additional questions about the jail system which IAS operators can answer. The Department believes having at least the option to talk to a person is of value to the public.

Additionally, direct contact information for the MCC has been posted on the top center portion of the custody portal of the Department's public website. This provides family and friends of arrestees/inmates with immediate 24-hour/7-day a week access to DHS personnel.

4. Prisoners should be notified of calls received upon their release and provided a free "exit call."

Response: Concur in part.

The Department agrees that whenever feasible, inmates should be notified of inquiries made by family or other concerned persons. As noted in the OIG's report, after the incident involving Ms. Richardson, Malibu/Lost Hills Station implemented a Station Order and created a form to be provided to the arrestee upon transfer/release to address this issue. The substance of the order has been approved for adoption in the Station Jail Manual update for the first quarter of 2018, and will thereafter be applicable at all station jails as suggested by the OIG. While implementing this order Department-wide is feasible at the station level, it is not a practical solution in the larger jail system due to the sheer volume, length of stay and transient nature of arrestees/inmates within the jails. The Department is examining what other protocols might be developed to further its ability to ensure that critical information from caregivers or family members seeking to assist at-risk prisoners is provided to the inmates before their release from IRC and the Century Regional Detention Facility (CRDF).

With regard to the recommendation that an "exit call" be provided, telephones are currently available for use by inmates in the release areas of IRC and CRDF. These phones offer the ability to make collect or pre-paid calls from an inmate's account which the inmate or a family member can fund. Additionally, the Department has prepared a Request for Proposal (RFP) for a new phone system which will provide inmates serving extended sentences with a free monthly call and incorporate a free "exit call" to all inmates. This free "exit call" option will extend to all station jails as well as IRC and CRDF.

5. Arresting officers either on patrol or in station jails could benefit from seeking assistance from the Mental Evaluation Team (MET) triage desk to better assess the mental well-being of an arrestee.

Response: Concur.

The Department concurs with this recommendation. Field Operations Support Services (FOSS) is currently working to revise Field Operations Directive 16-003, "Calls for Service Involving Alleged Mentally Ill Persons," to include a patrol mandate that all deputies who bring a suspect to a station jail must contact the MET Triage Desk when there is some indication that a suspect suffers from a mental illness. Upon making a notification that a person in their custody may be mentally ill, MET will check the patient's medical history and discuss possible diversion options with station detectives and/or the watch commander. If, based on the suspect's actions, it is decided that the suspect will remain in custody, MET will attempt to contact the suspect's healthcare provider and/or case manager to see if the suspect is on any medication. The information will then be passed on to IRC personnel via Jail Mental Evaluation Team (JMET) staff in order to ensure continuity of care.