

House Bill 3289 (2019) Report

September 15, 2020



Oregon Criminal Justice Commission

Ken Sanchagrin, JD PhD
Interim Executive Director

The mission of the Oregon Criminal Justice Commission is to improve the legitimacy, efficiency, and effectiveness of state and local criminal justice systems.

Executive Summary

During the 2019 legislative session, the Oregon Legislature passed and the Governor signed House Bill 3289. HB 3289 tasked the Criminal Justice Commission with creating a report examining several topics, including an investigation of the current practices regarding data systems, data collection, and data availability at each jail facility in the state; census information, death rates, and medical conditions of adults in custody (including mental and behavioral health); and health systems in jails, including the manner, cost, and barriers to adequate provision of health care. Further, the bill also created a Jail Advisory Committee consisting of practitioners, subject matter experts, and advocates from a variety of organizations. What follows is the report fulfilling the requirements of HB 3289.

The Criminal Justice Commission completed a survey of Oregon's local correctional facilities and completed a collection of data from jails' records management systems during early 2020. This report summarizes and contextualizes this information. Oregon has 30 county-level jails and 8 municipal jails. In 2019 there were about 175,000 total bookings with a total budget of \$365 million, but bookings and budget varied widely across facilities by jail size and location. In addition, the needs of jails and their surrounding communities, and the ability to serve these needs, varied from jail to jail. Many of the areas of improvement identified for jails are shared system-wide, but the underlying causes of these problems as well as the possible solutions vary.

The Jail Advisory Committee, jail commanders, and other community stakeholders identified several issues with how Oregon's jails serve their communities and helped contextualize the collected survey and data information. Issues identified include the provision of health care, health care staffing, use of force and treatment of incarcerated persons, jail stays for low-level offenses, and, generally, the effectiveness of jail as an intervening treatment.

In particular, the data, Jail Advisory committee, jail commanders, and other community stakeholders all emphasized that Oregon's jails are primarily filled with individuals that regularly cycle in and out of jail, some several times within a short period. These individuals tend to have non-violent, low-level, property and/or drug charges; often have diagnosed mental health issues; and are disproportionately homeless. Jails do not provide the services necessary to help prevent many of these individuals from returning to custody in the future and facilities report that they are under-equipped service providers of last resort for this population. More generally, jails under-provide health care services, especially for mental health and behavior health services, and cannot effectively continue treatment upon jail entry or during reentry to the community. There is currently little to no standardized data collection and reporting on these and other issues, which makes evaluating and reporting on Oregon's jails with objective and continuous data systems an impossibility.

All individuals interviewed for this report, from jail commanders to community service providers, expressed genuine interest in improving Oregon's jails so that they can better serve Oregon's communities. The barriers to better serving communities are, primarily, policy and resource shortcomings. Below are the key policy recommendations that emerged from this effort.

Policy Recommendations

1. Reduce community reliance on jails for management of individuals committing frequent, low-level infractions. Increase resources for community services for these individuals.
2. Reform the process by which individuals with serious mental illness or who are experiencing a mental health crisis encounter local correctional facilities. Increase diversion from jail, especially for individuals experiencing a mental health crisis. Ensure that qualified staff conduct each screening.
3. Ensure Oregon Health Plan (and other insurance coverage) remains intact upon booking, during jail stays, and after reentry.
4. Adopt minimum health care standards for jails.
5. Provide additional resources to recruit and retain medical staff in jails, especially for small and rural jails.
6. Consider jails and prisons as separate entities in all future policy development.
7. Facilitate continuation of treatment upon booking and ensure “warm handoffs” upon reentry.
8. Develop standardized jail inspection process that includes objective inspectors, a randomized inspection schedule, and reports inspection findings to the state.
9. Develop a standardized method and data format for jails to submit data to the Criminal Justice Commission.

Authors and Contributors

HB 3289 stipulated the creation of a Jail Advisory Committee made up of subject matter experts, advocates, and other stakeholders. Specifically, HB 3289 required that the Committee include representatives from a sheriffs' organization, and district attorneys association, a criminal defense association, a civil rights and civil liberties organization, a disability rights organization, the Oregon Health Authority, the Department of Justice, and the Governor's office as well as a representative from the House of Representatives and a representative from the Senate. The Criminal Justice Commission consulted with this Committee as described in the statute to "determine the content and acceptable format for any data, information or documentation submitted by local and regional correctional facilities."

The Criminal Justice Commission would like to thank this committee for their help in constructing the survey and this report. In particular, the Criminal Justice Commission would like to thank Representative Greenlick for his service and offer our sincere condolences to his family.

Adrian Brown	Assistant United States Attorney, Department of Justice
Mae Lee Browning	Legislative Director, Oregon Criminal Defense Lawyers Association
Elmer Dickens	Senior Assistant County Counsel, Washington County
Mitch Greenlick	Representative, Oregon House of Representatives
Mark Greenwald	Research Manager, Oregon Youth Authority
Aaron Knott	Legislative Director, Department of Justice
Courtney Helstein	Lobbyist for ACLU of Oregon
Jason Myers	Executive Director, Oregon State Sheriffs' Association
Justin Nelson	Morrow County District Attorney, Oregon District Attorney Association
Sarah Radcliffe	Managing Attorney, Mental Health Rights Project, Disability Rights Oregon
Clint Riley	Jail Captain, Lane County Sheriff's Office
Constantin Severe	Public Safety Advisor, Oregon Governor's Office
Kelly Simon	Interim Legal Director, ACLU of Oregon
Brian Snaza	Pretrial Services Supervisor, Lane County Circuit Court
Daina Vitols	Presiding Judge, Crook County Circuit Court

Researchers at the Criminal Justice Commission authored this report.

Michael Weinerman	Senior Research Analyst
Katherine Tallan	Research Analyst
Akinbosade Adedayo	Programs Analyst

Table of Contents

Executive Summary	i
Authors and Contributors.....	iii
List of Figures and Tables.....	v
1. Introduction.....	1
2. Jail Survey.....	2
2.1. Budget.....	3
2.2. Staffing and Capacity.....	3
2.3. Health Care	4
2.3.1. General (Physical) Health Care.....	4
2.3.2. Behavioral Health Care.....	6
2.3.3. Reproductive Health Care.....	10
2.3.4. Cost of Health Care.....	11
2.3.5. Barriers to Adequate Provision of Care	11
2.4. Use of Restraint.....	12
2.5. Survey Follow-Up Questions.....	13
2.6. Survey Conclusions	14
3. Jail Data Summary	15
3.1. Missing Data Sets, Missing Variables, and Data Gaps.....	15
3.2. Trends	16
3.3. Demographics	18
3.4. Data Conclusions	22
4. Deaths in Custody	23
5. Best Practices, Policies, and Procedures	24
6. Policy Recommendations and Conclusions	26
Appendix A. Additional Tables	31
Appendix B. Individual Jail Summaries	36
Appendix C. Jail Survey Questionnaire.....	40

List of Figures and Tables

Figure 1.1. Jail Data Received	2
Table 2.1. Missing Survey Data by Question	3
Table 2.3.1.1. Statewide Counts of Daily Medical Needs	4
Table 2.3.1.2. Number of Medical Staff Employed by Oregon Jails.....	5
Table 2.3.2.1. Required Behavioral Health Screenings by Jail Type.....	7
Table 2.3.2.2. Community Behavioral and Mental Health Programs in Jails.....	8
Table 2.3.2.3. Suicide Prevention Methods by Jail Type.....	8
Table 3.1.1. Requested Variable Fields	16
Table 3.2.1. Jail Categories by Operational Capacity.....	16
Table 3.2.2. Summary of Operational Information, OSJCC Surveys, 2018-2019.....	17
Table 3.2.3. Summary of Operational Information from Submitted Jail Data, 2018-2019	17
Table 3.3.1. Proportion of All Bookings by Race/Ethnicity, 2018-2019.....	18
Table 3.3.2. Proportion of Unique Individuals by Race/Ethnicity, 2018-2019	19
Table 3.3.3. Proportion of Bookings and Unique Individuals by Sex, 2018-2019	19
Table 3.3.4. Proportion of Bookings Reporting Homeless/Transient/Houseless, 2018-2019	20
Table 3.3.5. Percentile of Number of Bookings by Individual, 2018-2019.....	20
Table 3.3.6. Most Commonly Occurring Charges ORS # by Frequency of Bookings, 2018-2019.....	21
Table 3.3.7. Most Commonly Occurring Charges ORS # by Unique Bookings, by Sex, 2018-2019	22
Table 4.1. Jails Reporting a Death in Custody, 2018-2019	23
Table 4.2. Bookings with Mortality Information in the Jail Data.....	24
Table A.1. Percentile of Bookings by Age, 2018-2019	31
Table A.2. Percentile of Unique Individuals by Age, 2018-2019.....	31
Table A.3. Most Commonly Occurring Charges ORS #, by Race (Corrected), 2018-2019.....	32
Table A.4. Most Commonly Occurring Charges ORS #, by Housing Status, 2018-2019	33
Table A.5.1. Missing Variables by Jail.....	34
Table A.5.2. Variable List to Accompany Table A.5.1.	35

1. Introduction

Enacted in September 2019, House Bill 3289 tasked the Criminal Justice Commission (CJC) with studying several topics related to local and regional correctional facilities. First, HB 3289 calls for investigation of the current practices regarding data systems, data collection, and data availability at each facility. Second, the bill requires reporting on several topics including census information, death rates, and medical conditions of adults in custody (including mental and behavioral health). Third, the bill placed particular emphasis on health systems in jails, including the manner, cost, and barriers to adequate provision of health care in jails. Fourth, the bill created The Jail Advisory Committee consisting of practitioners, subject matter experts, and advocates from a variety of organizations. The Jail Advisory Committee, a number of jail commanders, and other stakeholders that work with the jail population in Oregon all made invaluable contributions to this report.

Finally, HB 3289 also required the CJC to report whether each jail's standards, policies, and procedures adequately protect the rights of adults in custody under both the Oregon and US constitutions and conform to both national best practices and local promising practices. In so doing, the legislature recognized that there may be inadequate provision of services to adults in custody in jails and these shortcomings may violate state or federal constitutional rights in some cases, including the rights of *Habeas Corpus*, due process,¹ speedy trial, to not be subjected to excessive bail, to not be subject to involuntary servitude absent a conviction, and to not be subject to cruel and unusual punishment. The CJC is not qualified to determine whether these rights are generally or particularly preserved, nor whether the responsibility for the provision of these rights falls with jails or with the courts, but the information provided in this report may better inform discussions about the state of Oregon's jails in state and federal constitutional contexts.²

Oregon statute defines a jail, or local correctional facility, as a place “for the reception and confinement of adults in custody that is provided, maintained and operated by a county or city and holds persons for more than 36 hours.”³ There are 30 county-level jails in Oregon. Morrow and Wallowa counties contract with Umatilla County for jail services and Gilliam, Hood River, Sherman, and Wasco counties share an intergovernmental operation, the Northern Oregon Regional Correction Facilities (NORCOR) located in The Dalles, with Wheeler county contracting with NORCOR for jail services. As described in detail throughout this report, there were roughly 175,000 total bookings and a total budget of \$365 million across all these jails in 2019. In addition to the 30 county jails, CJC also contacted eight municipal jails in creating this report.⁴

The Oregon Sheriffs' Jail Command Council (OSJCC) conducts a survey of county level jails in Oregon each year. This is the single best source of statewide jail information beyond the current effort. The data are summarized at the county level and provide information regarding budgets, bookings, capacity, releases, alternative programs, transports, staffing, select medical information, suicide watches and attempts, and in-jail assaults. While these data provide a broad overview of jail institutions and jail population characteristics, this survey does not cover many details about jail populations and services. Specifically, the survey does not describe demographics of the average jail population, additional

¹ An individual is not deprived of life, liberty, and property without due process.

² An individual with a lengthy detention in jail prior to trial, for example, may lose their employment, health insurance coverage, and/or housing all prior to a trial. This *may* violate these rights, but this is a legal argument that must be decided in a court of law.

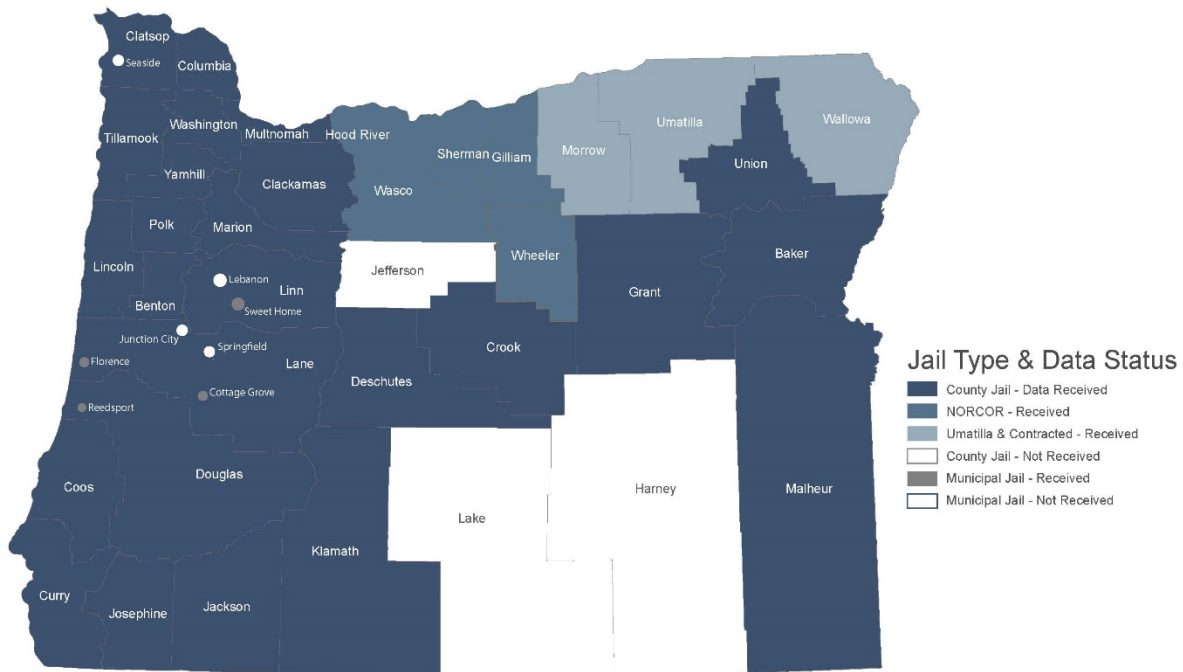
³ As defined in ORS 169.005. This report does not cover “lockups”, defined similarly in ORS 169.005 as “a facility for the temporary detention of arrested persons held up to 36 hours, excluding holidays, Saturdays and Sundays, but the period in lockup shall not exceed 96 hours after booking.”

⁴ Located in Cottage Grove, Florence, Junction City, Lebanon, Reedsport, Seaside, Springfield, and Sweet Home.

population metrics beyond total bookings, average pretrial lengths of stay, average sentence lengths, booking charges and reasons, release reasons, or non-suicide jail deaths. CJC obtained the data collected by OSJCC for 2018, 2019 and used them to supplement the information gathered by CJC for this project.

To build on the information provided by OSJCC, CJC undertook a significant outreach effort to compile the requisite data from each qualifying jail in Oregon. On January 3, 2020, the CJC distributed a request to each of Oregon’s County jails through the Oregon State Sheriff Association (OSSA) and municipal jails through the Oregon Association of Chiefs of Police. This request included a link to an online survey, a description of the data fields requested from each jail’s records management system, and details about the policy documentation requested of each jail with an initial deadline of February 29, 2020. The CJC offered grant funding to jails with limited budgets and/or staff time. A midpoint reminder was sent to all jails on February 3 and a final reminder on February 21. Several facilities had not submitted information at this point and the CJC attempted phone calls to each missing facility on March 6 and again on April 24. The map below depicts the jails that submitted the raw jail data and Appendix B provides more detail about all the information received from each jail.

Figure 1.1. Jail Data Received



Following the introduction, Section 2 summarizes the survey the CJC conducted of jails regarding policies and practices, especially focusing on health care provision in jails. Section 3 summarizes and analyzes the jail data the CJC received. Section 4 provides a summary of the information available regarding deaths in jails and the challenges therein. Section 5 summarizes the information received and gathered regarding jail administration best practices, policies, and procedures. Section 6 offers policy suggestions and concluding remarks.

2. Jail Survey

In response to HB 3289, CJC conducted a survey of all local and regional correctional facilities in Oregon. The CJC designed the survey with input and assistance from the Jail Advisory Committee and addressed multiple topics in line with the requirements of HB 3289. The survey contained 76 questions

(with sub-questions) divided into seven sections: Staffing, Health, Behavioral Health and Substance Use/Abuse, Insurance/Medicaid, Reproductive Health Care, Food, and Isolation and Restraint. The full survey can be found in Appendix C. This section summarizes the findings of the survey.

In total, 32 jails participated in the survey including 27 of 30 county jails and 5 of 8 municipal jails. Appendix B gives information on each jail, including which jails responded to the survey. There was an overall 97% response rate to survey questions for those that responded, but a few questions had notably higher rates of missing responses. All survey questions with a nonresponse rate over 5% are listed in Table 2.1. In some cases, responses may be missing due to the nature of the question, such as numeric answers where a blank answer is equivalent to \$0. Other non-responses may be due to a question not being applicable to a facility. Due to this ambiguity, throughout this section we report on the data as received and do not speculate about the reason(s) for non-response.

Table 2.1. Missing Survey Data by Question

Question	% Missing
Registered Nurse FTE Breakdown	68%
Medical Doctor FTE Breakdown	49%
Number of Medical Staff	25%
Behavioral Health Budget	22%
Percent of intakes in need of Behavioral Health Care	22%
Naltrexone Access	22%
Psychotropic Medication Spend	16%
Use of MAT for Tapering	16%
Methadone Access	16%
Buprenorphine Access	16%
Unfilled Medical position funding	13%
Use of MAT for New Treatment	13%
Behavioral Health Screening	13%
Routine Non-Emergency Medical Provision	9%
Use of MAT for Continuing Treatment	9%
Cumulative Time in Restraints	9%
Physical Health Budget	6%
Annual Forced Releases	6%
Abortion Funding	6%

2.1. Budget

Annually, local correctional facilities in Oregon spend \$329 million statewide, with county jails budgeting \$326 million, and municipal jails budgeting \$2.9 million. Of the statewide total, physical health care accounts for \$42 million and \$9.3 million is budgeted for behavioral health care.

2.2. Staffing and Capacity

The total statewide capacity of Oregon’s jails is reported to be 7,339 beds, with 7,278 of those in county facilities and 61 across the five responding municipal facilities. As of February 2020, the time of the survey, 5,393 adults in custody were held in total across all facilities. Of that total, 5,379 adults in custody were in county facilities and 14 were in municipal facilities.

Because jail populations can exceed a facility’s operational capacity, it is relatively common for jails to engage in forced releases of adults in custody. In 2018, there were 21,061 forced releases statewide, all occurring in county jails. Additional details concerning forced releases by jail type are in Section 3.2.

Concerning staffing, 1,908.6 FTEs were budgeted for jails statewide in 2018, with 1,858.6 in county facilities and 50.0 in municipal facilities. On average, 4% of these budgeted FTEs (for any staff type) remain unfilled as of the time of the survey. Some challenges to filling FTEs (for medical professional positions specifically) are discussed in Section 2.3.1. below.

2.3. Health Care

Survey responses and follow-up discussions with jail commanders indicate that health care provision varies widely across Oregon depending on funding, health care provider availability, and the nature of jail stays. While all jails report making a good faith effort to adhere to best practices and standards, including adherence to the Ossa Jail Standards, the survey collected information concerning some of the differences in health care provision methods between jail types and individual facilities. Three categories of health care are addressed by the survey – general (physical) health care, behavioral health care, and reproductive health care.

2.3.1. General (Physical) Health Care

Physical health care, including routine sick calls, physical health screenings, and the availability, payment for, and provision of these services are described in the survey responses. Statewide, the total annual budget for physical health care in jails responding to the survey is \$42 million. Municipal jails account for only \$1,800 of that total. Six jails report a \$0 physical health care budget, three of which were municipal jails. The three county jails that report a \$0 budget report providing physical health care, but may not have a designated budget line item for that care. Thus, there is a significant gap in our understanding of actual spending on health care in jails.

The majority (75%) of jails that answered the survey have medical staff triage all medical requests in the facility. Non-medical supervisors triage medical requests in four facilities and other non-medical staff triage medical requests in the remaining facilities.

Table 2.3.1.1. Statewide Counts of Daily Medical Needs

Medical Need Type	Avg.	Min.	Max.
Sick Calls/Kites	10	0	57
Physical Medical Requests	8	0	52
Medical Appointments	13	0	72

Table 2.3.1.1. details the average, minimum, and maximum numbers of different medical needs in jails on a daily basis. Based on discussions with the Jail Advisory Committee and jail commanders, the varying nature of these counts is likely due to adult in custody volume as well as length of stay differences between facilities.

Wait times for medical services also vary by facility. About half of all facilities responded that there is typically less than a 24 hour wait for medical care after a request is made, 28% of facilities indicated the wait time was between 24 hours and one week, and the remaining seven facilities noted that while non-emergent appointment wait times varied, emergency health requests were tended to near-immediately. In the majority of facilities (59%), including all municipal jails, adults in custody are not charged for medical appointments or kites⁵, and all but four jails have a medical grievance procedure in place for adults in custody.

Jail facilities utilize multiple methods of health care provision for adults in custody. Larger jails often hire in-house medical staff and/or may contract with outside community health or for-profit health organizations. Smaller jails sometimes have no internal medical staff, but work with county health departments to provide care. To provide more detail, the jail survey asked how routine non-emergency health services are provided at each facility. About half of facilities (53%) answered that the jail provided on-site physicians or other medical employees for health services; 41% of facilities contract with for-profit off-site medical service providers; 38% of facilities responded that independent health service providers provided on-site physicians or other medical services; and 31% contracted with off-site non-profit medical service providers. Some jails provide overlapping services – providing some in-house care

⁵ Kites are written medical requests submitted to jail staff by an adult in custody.

and some contracted care, or some other combination of care methods. The practice in Lane County provides one example of contracted care:

“Because Lane County has contracted medical care, our provider hires all the people that work in our facility. They hire recruits, train, and schedule health care workers. They do a good job of keeping positions filled so that if there has to be a nurse on duty, there is a nurse on duty – they work overtime and staff so that we never go without medical care.”

-- Clint Riley – Lane County Jail Captain

A small proportion of facilities report using telemedicine to provide health care for their adults in custody (16%), but this survey occurred prior to the incidence of COVID-19 in Oregon, which has likely increased the use of telemedicine. The Jail Advisory Committee and jail commanders report that telemedicine is a promising avenue for rural or small facilities to provide care where provision may otherwise face several insurmountable barriers.

There are several challenges related to the provision of health care by in-house medical staff in jails. The jail survey asked how many medical staff are available at each facility during and after standard business hours.⁶ One survey question asks how many medical staff the facility employs (Table 2.3.1.2.). Among facilities reporting that medical staff are available during business hours, on average eight staff are available in-facility during that time and approximately six staff are available in-facility after standard business hours.

Table 2.3.1.2. Number of Medical Staff Employed by Oregon Jails

Number of Staff Employed	Number of Jails
0 (none indicated)	8
1-10	16
11-20	4
21-30	1
31-40	2
100+	1

The survey also gathered information concerning the type of medical professionals working in-facility, detailing the number of each type of personnel, how many hours they spend in consultation (in-person and remotely), their average caseload, and the average wait time for adults in custody to see them. This question had the lowest response rate of any in the survey (see “Medical Doctor FTE Breakdown” and “Registered Nurse FTE Breakdown in Table 2.1. above) and the

breakdowns for medical professionals aside from Medical Doctors and Registered Nurses did not have enough responses to report on. The typical facility responding to this question on the survey indicated that they employed one Medical Doctor and one Registered Nurse. The Medical Doctor typically worked 20-25 hours in-person and provided 1-20 remote consultation hours each week with an average caseload of 80+ patients and an average wait time of over 48 hours. The Registered Nurse worked 30+ in-person hours and 1-10 remote consultation hours with an average caseload of 80+ patients and an average wait time between 1-6 hours and 24 hours.

One potential barrier to health care provision identified by the Jail Advisory Committee was the difficulty many jails have in recruiting, training, and retaining medical staff. Tellingly, in the survey many facilities (38%) report unfilled medical positions. In follow-up conversations, jail commanders and sheriffs explained that there are widespread challenges in hiring and retaining in-house medical staff. Many areas lack qualified local applicants, struggle to recruit candidates from other areas, and have limited budgets that do not allow for competitive salaries.

“One thing jails are trying to do is build funding to be able to pay people parity across the state for particular health care positions. When someone can go to Portland and be a clinician and

⁶ This does not necessarily mean these staff are employed by the facility, but rather how many total staff are working in-facility providing care to adults in custody at a given time.

make a high wage, but in Baker City they would get paid substantially lower, individuals get drawn to one part of the state and it's difficult for smaller agencies in other areas to recruit and attract and retain those health care workers.”

-- Jason Myers – Executive Director of the Oregon State Sheriffs' Association

Many health professionals are unwilling to work in a jail or prison atmosphere, considering jails unsafe or unpleasant. Further, jail commanders report that the panel of jail patients is often complex and challenging and thus requires either experienced staff or mentoring for new graduates. This puts small jails at a particular disadvantage, as many do not have the resources to have a mentor and a mentee on staff at the same time. In all, many jails, especially small and medium jails, struggle to recruit and retain medical staff and this is a barrier to sufficient health care provision in these facilities. Lane Magill, Wasco County Sheriff has seen these issues with NORCOR, one of Eastern Oregon's larger jail facilities:

“Most [nursing staff] applicants usually turn down the position or don't even apply when they find out the pay scale and can make more money with local medical facilities. Additionally, finding health care professionals to work in a jail setting is also difficult. Also one must consider the hiring of employees who can provide behavioral health services as this profession has the same limitations as health care professionals.”

-- Lane Magill – Wasco County Sheriff

Physical health care provision is a massive undertaking for Oregon jails and one that is growing along with jail populations. Whether through in-house care, contracted care, community/county care, telemedicine, or a combination, there are substantial challenges to adequate provision of physical health care in jails. These challenges include, but are not limited to, a lack of funding, lack of available care resources, and difficulty recruiting and retaining health care staff. These challenges are not unique to physical health care, but also apply to behavioral health care provision as discussed in the next section.

2.3.2. Behavioral Health Care

With a total statewide budget of \$9.3 million, behavioral health care makes up 3% of Oregon jails' overall operating budget, but remains less funded than physical health care (which makes up 13%). Of the jails that responded to the survey, 12 report a \$0 behavioral health care budget. Statewide, jails report spending \$1.2 million on psychotropic medications annually, entirely in county jails. No municipal jails report psychotropic medication spending. Responses to a follow-up survey question (see Section 2.5.) indicate that some facilities, while they do have behavioral health services available, do not have a separate budget line item for those services, which accounts for their \$0 response in the original survey. Some others receive behavioral health services through their county health department for which there is no budget line item.

Similar to physical health care, behavioral health care provision varies between facilities depending on funding and availability. The need for behavioral health care in jails, however, is more difficult to measure than physical health needs. While 91% of facilities indicated that they screen for behavioral health disorders at intake, discussions with the Jail Advisory Committee indicated that the screening types and who performs screenings varies significantly by jail. Policies at some jails require behavioral screenings. The types of required screenings and the degree to which they are required across the facilities responding to the survey are detailed in Table 2.3.2.1.

Table 2.3.2.1. Required Behavioral Health Screenings by Jail Type

Screening Type	County Jails		Municipal Jails		Total Facilities	
	Count	Percent	Count	Percent	Count	Percent
Mental Disorders (non-suicide, at intake)	23	85%	3	60%	26	81%
Psychotropic Medication	18	67%	3	60%	21	66%
Mental Disorders (not at intake)	13	48%	0	0%	13	41%
Routine Therapy	11	41%	1	20%	12	38%
Psychiatric/Psychological Evaluation	10	37%	0	0%	10	31%
24-hour mental health care	3	11%	0	0%	5	16%
None/Non-response	4	15%	0	0%	4	13%

On average, jails reported that 29% of those entering their facility require behavioral health care. The Jail Advisory Committee and jail commanders, however, believe this to be an underestimate of the true need. Notably, seven facilities that completed the survey did not respond to that particular question, and thus the true need is likely unknown and requires more work to identify. Jason Myers, Executive Director of OSSA, spoke to what he believes to be the underestimate of the behavioral health need in the survey responses:

“I think the number of people who exhibit a mental health or substance abuse treatment need upon jail entry is pretty high. I think that’s what drives a lot of criminal behavior and brings people into the criminal justice system when they may not necessarily need to be in the criminal justice system. I think that’s the work we’ve been doing – to identify people early on and get them connected with services so they don’t go into the criminal justice system. But there is obviously more work that needs to be done. I would guess, based upon our past surveys of the offender population, probably one in two people are suffering from either mental illness or an addiction disorder or both, and it could be even higher than that. It would be safe to say around 50 percent of the population probably could benefit from these types of supportive services.”
 -- Jason Myers – Executive Director of the Oregon State Sheriffs’ Association

Similarly, Clint Riley noted an even higher prevalence of behavioral health need:

“In my opinion, based on what I’ve seen in my career, I think it’s a high number – up over 80 or 90 percent of people that come to jail have a mental health disorder or an addiction disorder that’s driving their criminality. It’s not that these folks aren’t causing a commotion in the community and that doesn’t need to be addressed, I just don’t always think jail is the right way to deal with it. I’m a big advocate for crisis centers and mental health intervention outside of jail, and I think often people get into the criminal justice side of things when we’re missing the target of what they really need.”
 -- Clint Riley – Lane County Jail Captain

Behavioral health treatment provision takes various forms, including the use of in-house providers, contracted providers, or connections with outside community behavioral and mental health programs. Table 2.3.2.2. reports how community behavioral and mental health programs interact with adults in custody.

Table 2.3.2.2. Community Behavioral and Mental Health Programs in Jails

Survey Question	Jails Reporting “Yes”		Jails Reporting “No”	
	Count	Percent	Count	Percent
Does your facility connect with mental health programs to provide behavioral health services to adults in custody?	28	88%	4	13%
Do community mental health programs serve clients while they are in facility?	26	81%	6	19%
Do community mental health programs serve adults in custody who were not enrolled in the program prior to arrest?	23	72%	8	25%

On average statewide, 4 behavioral medical requests are made per facility per day. This daily request count varies between 0 and 15 across facilities, with four out of five municipal jails reporting zero and a county jail average of 5 daily requests. After a behavioral health request is made, the wait time adults in custody experience for care varies widely by facility. Eight facilities respond that their behavioral health care wait time is 1-24 hours, 11 respond that it’s 2-7 days, three respond that it’s 1-2 weeks, and nine responded “other.” Nearly every facility, however, reports that in the case of a behavioral or mental health emergency, care is provided immediately or near-immediately.

The Jail Advisory Committee also identified suicide and suicide prevention as central concerns during the construction of the survey. In the past 12 months, jails report a statewide total of 212 in-facility suicide attempts. Table 2.3.2.3. details suicide prevention methods by jail type. Every facility reported performing an assessment of suicide risk at intake and the use of at least two other suicide prevention methods.

Table 2.3.2.3. Suicide Prevention Methods by Jail Type

Suicide Prevention Method	County Jails		Municipal Jails		Total Facilities	
	Count	Percent	Count	Percent	Count	Percent
Assessment of risk at intake	27	100%	5	100%	32	100%
Staff training in risk assessment/suicide prevention	26	96%	4	80%	30	94%
Special inmate counseling or psychiatric services	27	100%	1	20%	28	88%
Suicide watch cell or special location	27	100%	1	20%	28	88%
Live monitoring of high risk inmates	24	89%	2	40%	26	81%
Remote monitoring of high risk inmates	16	59%	3	60%	19	59%
Architectural facility modification	4	15%	0	0%	4	13%
Inmate suicide prevention team	3	11%	0	0%	3	9%
Other ⁷	3	11%	1	20%	4	13%

Medication-Assisted Treatment (MAT) is an important behavioral health measure that is often taken by Oregon jails to mitigate addiction and related behavioral health problems in adults in custody. The survey addresses which MAT types are available in-facility and which typical MAT medications are available in-facility. First, there are three basic MAT types addressed in the survey: tapering, continuous treatment, and new treatment. 53% of facilities provide tapering, 63% provide continuous treatment, and 34% provide new treatment, with some facilities providing multiple treatment types. 28% of facilities report no MAT treatment availability or did not answer this question. Access to the proper medication, such as methadone, buprenorphine, or naltrexone, is a critical component of MAT, but 34% of facilities report that individuals in their jail did not have access to any of these three common MAT medications. Of particular concern, these facilities reported that they did not have access to this medication even if it was

⁷ “Other” is a write-in field used by a few facilities to describe suicide prevention methods such as weekly meetings to discuss at-risk adults in custody, suicide prevention smock and blanket, placing adults in custody in cells with one another, referral to mental health or crisis counselor, and an observation log.

being used prior to booking, which signals a large disruption in care for an individual entering the facility. Five facilities report access to all three treatment types and all three medications, whereas six facilities report no access to any of the three types of treatment and no access to any of the three types of medication. All other facilities report some combination of available treatments and medications.

The Jail Advisory Committee, jail commanders, and professionals working with the jail population all indicated that access to non-pharmaceutical mental health treatment is lacking system-wide. Provision of care could be improved by extending access to additional treatments, implementing more judicious use of medications, and improving the guidance and oversight of the use of medications. Geoff Moser, Peer Support Specialist for Mental Health & Addiction Association of Oregon, says that medication administration in jail facilities can be inconsistent and unreliable, and lacks the proper level of continuing care post-release:

“I’ve worked with many [incarcerated persons] that had a difficult time getting their medications in jail in a timely fashion. Psych meds should not be skipped for a week because of bad systems and bureaucracy... I’ve also worked with [incarcerated persons] that could not get their medications at all due to arbitrary rules that the jail has imposed... Lastly, I’ve worked with multiple [incarcerated persons] that have been discharged from [jail] with more than 5 separate medications (including psych meds), with little to no instruction and/or guidance on what to do next.”

-- Geoff Moser – Peer Support Specialist for Clackamas County Behavioral Health Unit – Mental Health & Addiction Association of Oregon

One barrier to MAT provision is a lack of medical and behavioral health staff able to prescribe medication. In some areas there is no medical professional authorized to prescribe psychotropic medication *within the county*, much less one that is available and contracted to visit the jail. In answers to a follow-up survey question (see Section 2.5.), 71% of jails noted having at least some access to a psychotropic medication prescriber, indicating that 29% of jails have no access. Telemedicine may help alleviate some of these staffing barriers. Jail stays shorter than the recommended length of MAT may also undercut MAT, if MAT ceases with reentry. Unless there is a program in place through a relationship with an outside MAT provider, it is difficult for individuals to achieve a regular treatment schedule when released from jail, which reportedly often leads to broken treatment patterns. Lane County Jail is currently pursuing a grant that would allow the jail to begin MAT in-facility and continue to provide MAT to individuals after release. This attempt to avoid a disruption in care and could potentially prevent an adult in custody from returning to jail for a minor drug offense shortly after release.

“Typically what I’ve seen in my career, is that programs in jail take place in low-custody level housing for inmates that are the easiest population to bring the program to. They’ve also got to have 90 or 180 days in jail – if they only have 2 weeks, that’s not enough time for the program. But who needs our help the most? Typically it’s the highest level custody status, sometimes the most disrespectful and combative. So how do we bring in a system that helps those folks without requiring a 90 day sentence to get help? So for our MAT program, anyone that comes into our jail that wants MAT can ask for a screening, then as long as they’re in jail, they’ll be walked through the first steps of a MAT program, and upon release they’ll be referred to a community clinic. Then for folks that continually come back to jail, if they get on a MAT program and cycle through, we’ll be able to continue them on their medication when they return.”

-- Clint Riley – Lane County Jail Captain

In many cases, there is no continued care by community mental health programs post-release. Janie Gullickson, Executive Director of the Mental Health & Addiction Association of Oregon, recalls her personal experience with behavioral health care in jail as one that consisted of a hasty diagnosis and a

prescription, then a lack of direction and assistance after reentry. As someone who has experienced behavioral health treatment in jail and now works to counsel those with similar experiences, she believes that recovery requires better post-incarceration follow-up care than is currently provided:

“Following that period of incarceration I was court ordered to continue taking the antipsychotic medication as if it was the ‘answer’. No follow-up, no other therapeutic offering, just a cocktail of prescriptions. I was over medicated and hopeless. I would have stayed that way if I had never found another way to heal and recover.

There were many people who were diagnosed with serious mental illnesses while in jail and the diagnosis and accompanying stigma followed them for years, even a lifetime, but the possibility of recovery or non-medication interventions were never offered during incarceration in county jail or post-release.”

--Janie Gullickson – Executive Director of the Mental Health & Addiction Association of Oregon

These barriers to adequate care are exacerbated in many small and/or rural jails, where community resources service are lacking in addition to limited jail resources, making continuation of care limited or impossible. Lane Magill, Wasco County Sheriff, faces exactly these limitations:

“The [most important obstacle to health care provision in jails] is adequate services for adults in custody related to behavioral health. Behavioral health covers a myriad of situations but most importantly there is no place for individuals to be treated who are experiencing drug/alcohol and/or mental health issues. It is important to note at NORCOR has approximately 15% of adults in custody experience some sort of mental health problem and well over 60%-70% of adults in custody need some sort of drug or alcohol treatment. Exacerbating the problem even further is when the adult in custody is released and there are limited or non-existent ‘adequate’ services (follow-up mental health services, housing, job placement, continuity of care (OHP insurance), SUD treatment, etc.) which can be provided.”

Behavioral health care, though an essential part of general health care, currently receives less attention and resources from jails than physical health care. While most jails do some behavioral health screening and have some connection to community mental health programs, many do not provide this due to time, budget, and/or resource constraints. Behavioral health care need in jails is high. At the low-end one third of individuals booked into jail likely have some behavioral health or substance abuse treatment need, although other practitioners and experts believe that the share of individuals with behavioral health care needs exceeds fifty percent. This is an area where funding, resources, and policies for care require improvement.

2.3.3. Reproductive Health Care

In addition to general and behavioral health care, jail facilities must provide reproductive health care to adults in custody⁸. The jail survey asked two questions related to reproductive health care: whether pregnancy testing is conducted upon request and whether the facility funds an abortion for an adult in custody. While these questions do provide some insight into reproductive health care provision, they do not provide a complete understanding of access to reproductive health care in Oregon’s jails. Jails largely report conducting pregnancy testing upon request (all but two), but do not typically fund abortions for

⁸ ORS 169.040 requires the provision of necessary medical aid and this typically is understood to include reproductive health care. Whether this includes abortion services, however, is debatable. As described in Section 6., a policy recommendation of this report is to convene a workgroup to specify minimum provision of health care services in jails.

adults in custody (only seven do). Typically, according to the Jail Advisory Committee and jail commanders, this under-provision is a result of there being fewer female adults in custody than male adults in custody and jail stays being typically short. Pregnancy tests are easy to provide and inexpensive, whereas abortion provision is less commonly requested, more complex in decision making, more expensive, and takes longer.⁹

2.3.4. Cost of Health Care

The total statewide jail budget for physical and behavioral health care combined is about \$52 million, which is paid out of jails' overall operating expenses. While this includes all the health care provided by responding facilities, it does not encompass all health care costs associated with jail stays. The disruption in insurance coverage upon jail intake poses a significant cost to adults in custody, to jails, and to Oregon. About half of jail intakes are on the Oregon Health Plan (OHP) at intake. This coverage is discontinued upon jail admittance. This results in a lack of insurance coverage both while in jail and upon release, unless coverage is reinstated with help from jail staff, other service providers, or by the adult in custody alone. On average, jails report 53% of adults in custody are covered by public insurance¹⁰, meaning that over half of individuals entering jails are stripped of their health insurance upon entry, and only 56% of jails report assisting individuals in accessing (or re-accessing) public insurance upon release. Individuals released without reinstated benefits who otherwise would have had insurance coverage pose a significant potential cost to taxpayers through uncovered emergency medical care and face potentially significant personal medical debts.

This lack of coverage also implicates jail health budgets. If an adult in custody has a physical or behavioral health need jails are required to cover the cost of their care. While jail commanders report good will attempts to provide adequate health care, this funding structure incentivizes under-provision of care as the budget is set and an increase in medical provision must be funded from the same pot of money as other jail services. If in-facility providers could bill insurance, then this would help eliminate these disincentives to providing care.

The survey results also revealed additional barriers to reinstating OHP benefits upon release including a lack of training, resources, and staffing; lack of cooperation by the adult in custody; short stays for many adults in custody; and the fact that adults in custody may not have an address or provide their social security number. Even, for example, given enough time and the resources for one staff member who can assist in reinstating coverage, inevitably some adults in custody will be released during that staff member's weekend or holidays.

2.3.5. Barriers to Adequate Provision of Care

There are several barriers to adequate provision of physical and behavioral health care in jails across the state, some of which result from a combination of the factors covered in the preceding sections. First, if adults in custody are receiving MAT services with their insurance prior to their arrest, not only do they stand to lose their health insurance, but they may have a disruption in MAT treatment as well. Many facilities (37%) do not report providing continuous MAT to adults in custody upon admittance and 34%

⁹ One jail commander noted that in his particular jail, in the rare case that a pregnant adult in custody is admitted for a long enough period of time to consider abortion, an open conversation is initiated including consultation with jail health care providers. A plan is made based on the adult in custody's personal situation. Based on survey responses however, this may not be representative of all jails.

¹⁰ According to the jail survey. A study conducted by the Council of State Governments in cooperation with the CJC found that 49% of individuals booked in a subset of Oregon's jails in 2017 were on OHP. *See*, The Council of State Governments. Behavioral Health Justice Reinvestment in Oregon. February 7, 2019.

of facilities indicate that even if individuals were using medications such as methadone, buprenorphine, or naltrexone upon arrest, there is no access to them in-facility.

Secondly, while there is a physical and behavioral health care budget for most jails, jail commanders report that it is not enough. “One barrier to health care provision is funding, because health care is increasingly expensive, and jail budgets are typically limited,” according to Jason Myers. Many jail commanders report that health care needs are expanding more rapidly than the funding to meet these needs. The Jail Advisory Committee and jail commanders report that people cycling in and out of jail on minor, non-violent, drug-related charges drive much of this uptick in need.¹¹ The result is jail facilities becoming large, under-funded health care providers in the community.

Finally, recruiting medical staff to provide care is also a major challenge for jail facilities statewide. Health care budgets do not allow for competitive wages, the jail work environment can be particularly challenging, and new recruits need mentoring, which often is not available in jails with limited (or no) other medical staff. If jails are not able to recruit or maintain the proper medical staffing, health needs are either not met or must be met through outside contracts or community care programs.

2.4. Use of Restraint

The jail survey also addressed use of force and restraint in jail facilities. The vast majority (97%) of jail facilities report that they track the use of restraint in their facility. Tracking is completed through incident reports, use of force reports, and logs. All facilities track and report use of force as required by law. The survey asked about the longest cumulative period of time an adult in custody had spent in restraints for a single incident. Responses varied widely between facilities. This variable response is due largely, CJC believes, to the nature of the question. Clint Riley, who advised during the writing of this question, notes that differences in interpretation may have led to the wide array of answers:

“The majority of the time inmates are moved from point A to point B without restraints in our facility. Our practice is to move inmates unrestrained unless there is an immediate risk of escalation. If we believe there to be a risk to safety or security, inmates may be handcuffed for a few, maybe three, minutes for movement. That is very different from restraining someone who’s actively trying to hurt themselves in a restraint chair for a period of time. If you ask 36 jails that question without telling them exactly what context you’re asking it in, you can get back many different answers because they didn’t know exactly what type of restraint you meant.”

-- Clint Riley – Lane County Jail Captain

Given that the survey question did not specify a definition of restraint, 25% of facilities responded that the longest cumulative time in restraints was less than one hour, 19% responded 1-2 hours, 38% responded 3-5 hours, 3% (one facility) responded 5-10 hours, and 6% (2 facilities) responded 12 hours. Clint Riley gave more context to the type of restraint referenced by his own facility when answering the question:

“Seldom do we restrain somebody for self-harm or for long periods of time. Our restraint chair is for when someone is imminently a danger to themselves or others. In Lane County, when someone is in our restraint chair, our on-call psychiatrist knows, our medical personnel are there

¹¹ The jail data show that about 50% of the jail bookings from 2018-2019 were for individuals booked more than 4 times during that period, with 5% getting booked 20 times or more during that period (see Table 3.3.5.). Further, the vast majority of charges of jailed individuals were for low-level, non-violent misdemeanor and violation charges, but this was even more acute for the group of individuals booked more than 4 times during this period (see Table 3.3.5.).

checking vitals every fifteen minutes, and from the time they go in, we're working to get them to comply and get them out of the chair, and the psychiatrist is approving everything being done.”
-- Clint Riley – Lane County Jail Captain

This policy does not represent all jails, and it is important to note that all uses of restraint are subject to each individual jail's standards and practices. OSSA's Jail Standards extensively outline appropriate use of force and restraint in Oregon jails. Any policies beyond these standards are the jails' own policies, but no jail should have standards less stringent than those outlined by the OSSA. The OSSA Jail Standards on use of restraints outline that “Jails must have policies and procedures that should at a minimum address...when restraint devices should be used to control inmates...criteria and authority for approving use of restraints to control violent inmates; and...training of staff on the use, application, and removal of restraint devices the supervision of restrained inmates, and documentation and other follow-up needs.”¹²

2.5. Survey Follow-Up Questions

While the original jail survey covered a number of topics in detail, after analyzing the survey responses the CJC decided that several follow-up questions could help address the gaps that remained. As such, the following questions were asked of all jail facilities in Oregon¹³:

- 1) Does your facility connect with community mental health programs to provide behavioral health services to inmates? If not, what program/company/organization does your facility contract or partner with to provide those services?
- 2) What is your facility's behavioral health budget? If your facility has no budget for behavioral health, how are behavioral health services paid for?
- 3) Does your facility employ or contract with a medical professional who is able to prescribe psychotropic medication to inmates who need it?
- 4) In 2019, how many in-custody deaths did your facility have?

The first three questions were intended to clarify answers received to the original survey. The fourth question was an attempt to gauge the accuracy of deaths in custody information CJC collected from other data sources, including the jail data sets that the CJC received from the jails. In the paragraphs that follow, the first three questions will be addressed. The final question will be addressed in Section 4.

CJC received 21 responses to the follow-up questions, from a range of county and municipal facilities. Most respondents (76%) report that their facilities do have a relationship or contract with outside mental or behavioral health service providers, whether that be a community program, a county mental health department, or a contracted provider. Those that indicated their facilities do not connect with outside mental or behavioral health programs explained that they either were between providers, use their own medical staff, or transport adults in custody to a local hospital if any behavioral health or mental health need arises.

Behavioral health budget responses were a particular point of interest in this follow-up due to the 22% non-response rate in the original survey. Because care must somehow be administered and cost incurred, CJC wanted to delve into where the funds were coming from. As expected, a few (seven) facilities noted that their behavioral health budget simply does not occupy a separate line in their budget, and that all behavioral health services are paid out of their general jail budget or out of their medical health care budget. Other jails listed the same amount as they did in the original survey, or explained that in contracts with county health services, there was no explicit separate payment out of the jail's budget. Two facilities

¹² OSSA. Jail Standards. Section 500. <https://oregonsheriffs.org/jail-standards/>

¹³ Including those that did not originally respond to the survey, some of which did respond to follow-up questions.

(both municipal) explained that there is neither a behavioral health budget nor any specific behavioral health spending due to behavioral health being handled by transporting adults in custody to hospitals if the need arises and billing through the hospital being handled by the individual's insurance.

Finally, the supplementary question about psychotropic medication was aimed at the intersection between the challenges facilities have in providing MAT and in hiring and maintaining medical personnel. Discussions with the Jail Advisory Committee highlighted interest and concern about a lack of MAT being attributable to a lack of providers in-facility or access to psychotropic medication prescribers, in or out of the facility. 71% of respondents to the follow-up questions noted that they do have some degree of access (either through their own employees, through contracts, or otherwise) to a provider who can prescribe psychotropic medication. Therefore, there are likely other barriers to MAT provision. For example, achieving continuity of care when adults in custody have short lengths of stay and no connection to community programs once released from jail may be difficult or too resource intensive. At present, CJC does not have enough information on the extent of the challenges to MAT provision. This topic should be the focus of future inquiries into behavioral health care provision in Oregon jails.

2.6. Survey Conclusions

Given the data collected for this report, the most glaring challenges to providing health care in a jail facility setting are a lack of funding and a lack of connections with vital community programs. The survey results and conversations with community groups and jail facility officials suggest that continuous OHP coverage for adults in custody is a necessary policy change. Jail stays can be as short as a few hours¹⁴ and ensuring continuation of coverage over these short stays as well as longer stays is vital. Improving insurance coverage of jailed individuals may have positive impacts for the state as a whole, not just for adults in custody.

The Jail Advisory Committee also highlighted the importance of continuity of care and “warm handoffs,” which refer to the direct transfer of a health care or treatment program from the community to jail or from jail through reentry back to the community. This shortfall frequently causes a cycle of jail bookings and releases without any positive interventions, according to Clint Riley and others:

“Many people [upon release] return to whatever crisis they were in that led to their arrest, which typically then reoccurs out in front our jail or within a few blocks of it, which leads to them being arrested again within hours. There's really no system to grab somebody right out of jail, and then there aren't resources in the community to send people to, so we end up in a hurry-up-and-hold-them and hurry-up-and-release-them type of situation. So the warm handoffs that need to happen, that are absolutely imperative, aren't happening with the low-level misdemeanor type folks that we're seeing in jail.”

-- Clint Riley – Lane County Jail Captain

The essential elements to a successful warm handoff are numerous and include community buy-in, facility buy-in, coordinating staff, funding, community resource availability, and a shift in the culture around low-level misdemeanor crimes stemming from mental health and substance abuse issues. According to Jason Myers, behavioral health care and substance abuse treatment in particular are paramount to a successful warm handoff:

¹⁴ About 30% of unique bookings in County jails were found to be “book & releases,” where an individual was booked and released on the same day. For municipal jails this amount was much higher, at 72%, although this is only representative of half the state's 8 municipal jails and does not include the largest of these (Springfield). See Table 3.2.3.

“I would put at the top of the pyramid handoff to a behavioral health service provider. Next would be substance abuse help, or both behavioral health care and substance abuse help if it’s co-occurring disorder. That’s where I think oftentimes people fall through the cracks. Let’s say someone gets arrested and behavioral health issues are the reason or one of the reasons for their criminal behavior – it becomes obvious in jail that they have behavioral health needs, and we need to have those community based providers that corrections deputies can connect them to immediately upon release.”

-- Jason Myers – Executive Director of the Oregon State Sheriffs’ Association

In some cases, specialty drug or mental health treatment courts are able to fill that gap, connecting those in need with community resources, but that is not always the case – especially for adults in custody who may never see drug court, but are instead booked and released frequently without ever making contact with a specialty court.

3. Jail Data Summary

The CJC requested data from every county and municipal level jail in Oregon. Grant funds were available to defray costs of staff time, vendor costs, or any other costs related to fulfilling the request. Every county-level jail submitted data except Harney, Jefferson, and Lake County jails.¹⁵ Every municipal jail submitted data except Junction City, Lebanon, Seaside, and Springfield¹⁶ municipal jails. A standard set of information was requested of each jail (see Table 3.1.1.) with the explicit understanding that not all this information is collected by each jail or that it may not be possible for each jail to provide all this information.

3.1. Missing Data Sets, Missing Variables, and Data Gaps

The data received varied widely by the variables included in the data set, the coding of qualitative variables, and data entry practices. As a result, cross-jail comparisons are limited. Table A.5.1. (see Appendix A and accompanying Table A.5.2.) summarizes which data fields the CJC received from each jail, after preliminary cleaning to create uniform names of variables across data sets.

Tables A.5.1. and A.5.2. broadly describe the data received from counties, but say little about the quality of the data received in each field. For example, we received some amount of bail information from a majority of jails, but this information is incomplete or opaque to the point of precluding bail analysis. Some jails, for instance, report an amount in the “bail amount” field, but no indication if this is the bail set by the judge or the amount paid. This is particularly problematic where \$0 is entered, as it remains unclear whether this indicates an individual was held without bail, was recognizance released with no security requirement, or was offered some bail amount greater than \$0 but did not post bail. Different data keeping practices across and within the same jail by staff further confound accurate analysis of these data. Similar issues span other data fields, including booking reason, release reason, and housing variables.

¹⁵ NORCOR is managed by an intergovernmental group of Hood River, Wasco, Sherman, and Gilliam Counties. Wheeler contracts with NORCOR for jail services. Morrow and Wallowa Counties contract with Umatilla County for jail services. We received data from NORCOR and Umatilla and so count all 7 counties as having submitted data.

¹⁶ Springfield Municipal Jail is the largest municipal jail in the state and is larger than several county-level jails. The omission of Springfield may bias the summary information for municipal jails in this report.

Table 3.1.1. Requested Variable Fields

Internal Jail ID Number (or Municipal ID Number)
State of Oregon SID Number
Booking ID Number
Name (First, Last, and MI)
Date of Birth or Calculated Age
Sex/Gender
Race/Ethnicity
Arresting Agency
Admission Date
Booking Reason/Type
Offense Code (ORS, Muni Code, County Code, etc.)
Offense Code Text Description
Felony/Misdemeanor with Seriousness Level (A, B, C, etc.)
Court Case Number
Bail Amount
Bail Paid (No/Yes and Amount)
Release Date
Release Reason
Security Classification
Housing/Homeless Status

The demographic, offense type, and jail stay duration data fields are more consistent. These data fields, however, are also confounded by differences in data tracking and recording practices across jails. Some jails, for example, track two distinct rows for each of pretrial and sentence stages of an original booking, whereas other jails keep all of that individual’s case information on a single row. In addition, some jails track all charge information on a single row¹⁷ whereas others keep each distinct charge on a separate row. When jails vary by these data tracking practices it makes the data fundamentally different and incomparable across several of these factors. For example, if the data do not differentiate between the pretrial and post-trial jail stays then we cannot describe the pretrial patterns for this jail, but we can do so when these differences are tracked.

3.2. Trends

The American Jail Association categorizes jail size by bed capacity, where mega jails have 1000+ bed capacity, large 250-999, medium 50-249, and small 1-49. Following these guidelines, Oregon’s county level jails are

Table 3.2.1. Jail Categories by Operational Capacity

Jail Category	Jails
Mega – 1000+ beds	Multnomah ¹
Large – 250-999 beds	Clackamas, Columbia, Deschutes, Douglas, Jackson, Lane, Marion, Washington Yamhill
Medium – 50-249 beds	Clatsop, Coos, Crook, Jefferson, Josephine, Klamath, Lincoln, Linn, Malheur, NORCOR, Polk, Tillamook, Umatilla
Small – 1-49 beds	Baker, Benton, Curry, Grant, Harney ² , Lake, Union
Municipal	Cottage Grove, Florence, Junction City, Springfield, Reedsport

¹Multnomah County has two detention centers, but are included.
²Harney County did not submit a response to the OSJCC Survey.

categorized based on the 2019 operational capacity of each jail¹⁸. We separate municipal jails from county-level jails in this report. While these municipal jails would all be categorized as medium or small jails and could be grouped as such, the CJC found that municipal facilities were fundamentally different from county facilities and thus should be described as a stand-alone group. These categories are used in this report from here on to provide summary statistics and are described in Table 3.2.1.

Table 3.2.2. summarizes operational information for jails in each category as provided by jail commanders, averaged across 2018-2019. Average Forced Releases are highest for these large jails, but when compared to medium and small jails the proportion of forced releases to average bookings is not significantly disproportionate for large jails.

¹⁷ With several rows for a unique booking, where a booking has several charges.

¹⁸ Oregon Sheriffs’ Jail Command Council. 2019 Jail Statistics by County.

Table 3.2.2. Summary of Operational Information, OSJCC Surveys, 2018-2019

Jail Category	Average Budget	Average Bookings	Average Operational Capacity	Average Design Capacity	Average Forced Releases
Mega	\$102,820,559	32,056	1,192	2,010	170
Large	\$18,957,928	10,516	362	420	1,685
Medium	\$5,303,787	3,420	137	173	733
Small	\$2,109,585	989	36	36	142
Municipal	(Municipal Jails are not directly surveyed in the OSJCC survey)				

Note: All information is a yearly average based on the two surveys (2018-2019) and then averaged within jail category.

Table 3.2.3. summarizes several key jail population metrics based on the data the CJC received from jails for 2018-2019. Jails included in the OSJCC data set but excluded from the data the CJC received include Jefferson and Lake County Jails, whereas Harney is missing in both data sets. The average length of stay is longest for the large jails and the large category of jails is the only category where the Average Daily Population is above the Average Operational Capacity as reported in the OSJCC Survey (comparing the fourth column of Table 3.2.2. to the final column of Table 3.2.3.). As identified in the Jail Capacity Guide¹⁹, an Average Daily Population above the operational capacity is an indicator of potential overcrowding as the operational capacity accounts for peaks in bookings.

The large jails have a notably different pattern when compared to the other sizes of jails. The proportion of average daily bookings (Admissions + Book & Releases) that are categorized as Book & Releases²⁰ are lower for the large jails (25%) than those in the other county-level categories (28-33%). Mega and Large jails do, however, have a larger proportion of short bookings (1-4 days) than Medium and Small jails, respectively. Taken together, each category of jail tends to have between 60-70% of their bookings at 4 days or less. The 4 days or less category was identified as a threshold since this is, roughly, the upper limit on the days between an arrest and a possible court date.²¹

Table 3.2.3. Summary of Operational Information from Submitted Jail Data, 2018-2019

Jail Category	Average Yearly Bookings ¹			Average Length of Stay ⁴	Average Daily Population ⁵
	All ²	1-4 days in jail (% of total)	Book & Release ³ (% of total)		
Mega	29,727	11,424 (38%)	9,663 (33%)	10.9	977.8
Large	9,087	3,135 (34%)	2,227 (25%)	14.4	366.3
Medium	3,249	1,007 (31%)	915 (28%)	13.8	130.4
Small	764	227 (30%)	235 (31%)	12.6	26.2
Municipal	301	63 (21%)	216 (72%)	2.3	1.4

¹Annual average of two year (2018-2019) of data.

²All bookings includes book & releases as well as admissions for any amount of time.

³Measured as bookings where the booking date and release date are identical.

⁴Individuals still in custody at the end of 2019 have an indeterminate end date in this data set.

⁵Not all individuals in jail at the beginning of 2018 are included in this estimate since they entered jail prior to 2018.

¹⁹ US Department of Justice. Jail Capacity Planning Guide. NIC Accession Number 022722. November 2009.

²⁰ Observations where the booking or admission date is identical to the release date, whereas Admissions have a booking/admission date prior to the release date.

²¹ Hypothetically, if someone is arrested on a Friday night and the following Monday is a holiday the incarcerated individual may not have an available court date for 4 days after booking. Thus this time period may include the most rapid court response possible, given limited schedules in less-resourced jurisdictions.

3.3. Demographics

Race and Ethnicity. Demographics at the booking level vary widely across Oregon’s jails. The process underlying the identification and reporting of race and ethnicity also varied widely across jails. Importantly, race and ethnicity information as represented in Tables 3.3.1. and 3.3.2. include a race correction that probabilistically identifies Hispanic individuals who may have been misidentified as white or are missing race/ethnicity information.²² Some jails may ask adults in custody for their race whereas others may make a determination of race based on the individual’s appearance according to intake staff. Further, some jails report both race and ethnicity, whereas others report a single variable. Finally, many small jails did not report any race or ethnicity information (28% of small jail bookings).

Despite these challenges, there are some notable patterns across jail category by race. The proportion of bookings identified as Black in the state’s one mega-sized jail is nearly 22%, which is much higher than the proportion of Black residents in the Portland metropolitan area where the jail is located. Statewide, the proportion of bookings identified as Black (7.9%) is a larger proportion than the overall population of Black individuals in the state (2.2%), whereas the Asian and white jail populations are lower than the respective state populations. The Hispanic and Native American populations are slightly, but not notably, different from statewide populations. It is important to emphasize, however, that individuals within these two groups are at the highest risk of being misidentified in the data and therefore possibly undercounted.²³

Table 3.3.1. Proportion of All Bookings by Race/Ethnicity*, 2018-2019

Jail Category	Asian	Black	Hispanic	Native American	Other	White	Unknown/ Unreported
Mega	2.7%	21.8%	12.2%	2.1%	0.0%	61.2%	0.0%
Large	1.1%	5.5%	14.0%	0.8%	0.5%	77.8%	1.3%
Medium	0.7%	2.2%	10.4%	4.4%	0.1%	79.4%	2.9%
Small	0.6%	1.5%	12.9%	0.8%	0.0%	56.5%	27.7%
Municipal	1.0%	0.4%	5.8%	0.3%	0.0%	92.2%	0.4%
Total	1.3%	7.6%	12.7%	1.9%	0.3%	74.3%	1.9%

*BIFSG corrected race. See

<https://www.oregon.gov/cjc/CJC%20Document%20Library/RaceCorrectionTechDocFinal-8-6-18.pdf>

Race and ethnicity proportions shift somewhat when we evaluate unique *individuals* over the two-year period rather than unique *bookings*, but the scale of these changes vary by jail size. As reported in Table 3.3.2., the starkest change is with small jails, where the proportion of unique white individuals over the two-year time period is about 12% higher the proportion of unique bookings that are identified as white. This suggests that non-white individuals, and especially those identified as Hispanic or that are unreported or of unknown race/ethnicity, comprise a greater proportion of repeat jail entries than white individuals. Some similar patterns can be found in some other sized jails, but these patterns are inconsistent and of a smaller magnitude.

²² Statewide, the proportion of jail adults in custody identified as Hispanic increases from 6.3% to 11.6%. For more information on the algorithm used to make this correction see Technical Documentation: Probabilistic Race Correction for Hispanics. Criminal Justice Commission. September 2018.

<https://www.oregon.gov/cjc/CJC%20Document%20Library/RaceCorrectionTechDocFinal-8-6-18.pdf>

²³ Statewide statistics based on Census estimates for 2019. <https://www.census.gov/quickfacts/OR>

Table 3.3.2. Proportion of Unique Individuals by Race/Ethnicity*, 2018-2019

Jail Category	Asian	Black	Hispanic	Native American	Other	White	Unknown/Unreported
Mega	3.1%	19.2%	13.8%	1.8%	0.0%	62.0%	0.0%
Large	1.4%	5.9%	15.0%	0.8%	0.7%	75.8%	0.4%
Medium	0.8%	2.4%	11.8%	3.7%	0.1%	78.0%	3.3%
Small	1.0%	1.8%	9.8%	1.1%	0.0%	68.2%	18.1%
Municipal	0.5%	0.5%	5.6%	0.5%	0.0%	92.3%	0.5%
Total	1.5%	7.3%	13.7%	1.8%	0.4%	73.6%	1.7%

*BIFSG corrected race. See

<https://www.oregon.gov/cjc/CJC%20Document%20Library/RaceCorrectionTechDocFinal-8-6-18.pdf>

Sex/Gender. About a quarter of all jail bookings are female, as represented in Table 3.3.3. This pattern is relatively constant regardless of the size of the jail, with the exception that the one mega sized jail has a larger male proportion. Generally, females represented a lower proportion of all individuals that entered jail, suggesting that males, on average, had more repeat bookings from 2018-2019.

Table 3.3.3. Proportion of Bookings and Unique Individuals by Sex, 2018-2019

Jail Category	Bookings			Unique Individuals		
	Female	Male	Unknown/Other	Female	Male	Unknown/Other
Mega	22.9%	77.1%	0.0%	24.4%	75.6%	0.0%
Large	25.1%	74.9%	0.0%	25.6%	74.3%	0.0%
Medium	26.3%	73.2%	0.5%	26.3%	72.8%	0.9%
Small	25.0%	74.6%	0.4%	27.0%	72.4%	0.6%
Municipal	24.9%	74.7%	0.4%	25.9%	73.6%	0.5%
Total	25.0%	74.9%	0.2%	25.6%	74.1%	0.3%

Houselessness. Housing information also suffered from significant missing and/or unknown information.²⁴ Regardless, as shown in Table 3.3.4., of the individuals for whom we received some level of housing information, roughly 14% of bookings had an affirmative indication that they were houseless. This proportion declines to roughly 12% when looking at individuals rather than bookings, suggesting that the houseless are disproportionately rebooked in jail. The patterns in the large and municipal jails, where the amount of unknown or missing information is less than 10%, suggested that the *true* proportion of adults in custody that are houseless may be higher than this 14% figure, but may also vary significantly by jail and community size. Notably, given that the houseless population is only those that are *confirmed* as houseless in these data, these estimates of houselessness among the jail population should be considered conservative (i.e., low) estimates.

²⁴ Houselessness was identified either by a bivariate field indicating houselessness directly or by a text search of a text housing data field. Text was searched for the values “HOMELESS” or “TRANSIENT,” which were both identified as codes by which houselessness was indicated. There are several shortcomings in these data. First, in some cases the data field contains the address of a shelter or a mailing address (e.g., a PO box) and remain marked houseless. The CJC did not have the resources available to systematically identify all the shelters in the state and thus cannot systematically identify these entries in the data. Further, a PO box address may or may not indicate houselessness. Further, there was significant missing information in the Mega, Medium, and Small jail categories, with only large and municipal jails reporting large proportions of housing information for their populations.

Table 3.3.4. Proportion of Bookings Reporting Homeless/Transient/Houseless, 2018-2019

Jail Category	Bookings			Unique Individuals		
	Reports Housing	Homeless	Unknown/ Other	Reports Housing	Homeless	Unknown/ Other
Mega	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Large	68.7%	23.7%	7.6%	73.1%	21.2%	5.7%
Medium	22.3%	5.7%	72.0%	24.4%	4.6%	71.0%
Small	15.8%	3.4%	80.8%	14.1%	3.8%	82.1%
Municipal	82.3%	17.7%	0.0%	84.8%	15.2%	0.0%
Total	42.7%	14.1%	43.2%	44.4%	12.1%	43.5%

Booking and Charge Characteristics. Table 3.3.5. provides a perspective on the frequency of bookings by individual over the 2018-2019 study period. The fourth column and last row of Table 3.3.5., for example, shows that 50% of individuals booked during this period were booked greater than 4 times. At the upper end, several individuals are booked repeatedly, sometimes averaging two booking per month or more. At a minimum, these data suggest that the vast majority of individuals booked in jail are rebooked at some point in the near future. Here, for example, we see that 75% of the population was booked twice in this two-year period and 50% were booked four or more times. In sum, Oregon’s jails are populated by people highly likely to return to jail.

Table 3.3.5. Percentile of Number of Bookings by Individual, 2018-2019

Jail Category	5 th Percentile	25 th Percentile	50 th Percentile	75 th Percentile	95 th Percentile
Mega	1	2	5	10	22
Large	1	2	4	8	20
Medium	1	2	3	7	18
Small	1	2	4	10	45
Municipal	1	2	4	8	16
Total	1	2	4	8	20

Table 3.3.6. represents the most commonly occurring charges for the population as a whole as well as for two sub-populations²⁵, those booked 1-4 times from 2018-2019 and those booked 5 or more times. Of all the charges in the first column under “Total,” every charge except methamphetamine possession was exclusively a misdemeanor or was neither a misdemeanor nor a felony. That is, only methamphetamine possession *could* be a felony charge. Thus, the most frequently occurring charges are misdemeanor or lower infractions. The most commonly occurring codes were missing or omitted codes. Charges with missing information could indicate a number of situations. In some cases, these may be errors of omission on the part of staff, but in others, they may indicate a non-charge hold or some other situation. Without more information it is difficult to determine what proportion of these charges represent which situations.

There are a few notable differences between the 1-4 bookings and 5+ bookings populations. First, the percent of all bookings for low-level crimes for the 5+ bookings group is much higher (52%) when compared to the 1-4 bookings group (40%), suggesting that the 5+ bookings are more likely than not to have at least one of these charges. Further, some particular charges are much more likely for the 5+

²⁵ How charges are represented in these data, however, varied by jail. In some situations, we received a single charge for each individual, universally across the jail. In other situations, we received a separate row for each charge. Taking these data as they are and acknowledging the likely inaccuracies involved with having only a single charge per booking for every booking, we calculate the most commonly occurring charges by sex in Table 3.3.7. below (and race, housing status, frequency of bookings in Appendix A). The information may be read as follows: in the first column we find that for all individuals (Total) 5% of all charges were methamphetamine possession. Sometimes these were standalone charges and sometimes they occurred in combination with other charges, which we do not differentiate here. Instead, this represents the proportion of all charges a group received for the most commonly occurring charges. Appendix A contains similar tables of most commonly occurring charges by housing status and race (Tables A.3.-A.4.).

bookings group. Second degree trespass is more than twice as likely in the 5+ group, for example. Failure to appear charges (FTA), thefts, parole violations, and methamphetamine possession are all more prevalent in this group as well. This pattern mirrors that described by jail commanders, the Jail Advisory Committee, and other community service providers who all agree that jails have become the default case management system for repeat, low-level offenders who are often houseless, often have substance abuse disorders, and often have mental health issues, traumatic brain injuries, or other chronic health issues. Jails report a lack of sufficient resources to manage this population and an inability to provide the services this population needs to break the cycle of exiting and reentering their facilities.

Table 3.3.6. Most Commonly Occurring Charges ORS # by Frequency of Bookings, 2018-2019

Total		1-4 Bookings		5+ Bookings	
Charge	%	Charge	%	Charge	%
[Missing ORS #]*	10.0%	[Missing ORS #]*	9.1%	[Missing ORS #]*	11.0%
Probation Violation	6.7%	Probation Violation	6.1%	Probation Violation	7.4%
Meth. Possession	5.0%	Meth. Possession	4.0%	Meth. Possession	5.9%
FTA (2 nd)	3.8%	FTA (2 nd)	3.2%	Trespass (2 nd)	4.9%
Trespass (2 nd)	3.5%	DUII	3.1%	FTA (2 nd)	4.4%
Theft (2 nd)	3.1%	Reckless Driving	3.1%	Parole Violation	3.7%
Theft (3 rd)	2.9%	Assault (4 th)	2.6%	Theft (3 rd)	3.6%
Parole Violation	2.8%	Theft (2 nd)	2.6%	Theft (2 nd)	3.5%
FTA (non-specific)	2.4%	Harassment	2.2%	FTA (non-specific)	2.9%
Disorderly Conduct (2 nd)	2.2%	Trespass (2 nd)	2.1%	Disorderly Conduct (2 nd)	2.3%
Reckless Driving	2.0%	Disorderly Conduct (2 nd)	2.1%	County Hold	2.3%
All other ORS #s	55.7%	All other ORS #s	59.9%	All other ORS #s	47.9%

*A significant proportion of the reported jail data are missing an ORS #. It remains unclear if these are intentional omissions or a characteristic of the data systems.

Table 3.3.7 provides a similar breakdown to Table 3.3.6. above, but does so by sex. Between these groups²⁶, women have much more frequent occurrence of failure to appear at court dates (FTA). Notably, 2.6% of all charges for the female group were FTA in the 1st degree, which is the only FTA that is a felony charge and is not among the most common charges for the male population. One possible dynamic at play in this instance is that females are much more likely to be the primary care giver for dependents, have fewer opportunities to leave the home, and have less flexibility in scheduling court dates. The confluence of these factors could make females more likely to miss court dates. The result of this dynamic may be more frequent and more severe FTA charges for the female group relative to the male group. Adjustments to directives for charging, issuing, and arresting for FTA warrants could help alleviate this disproportionate impact, in addition to changing how court dates are set and providing court date reminders via text and phone.²⁷

²⁶ Only one individual in the data we received was affirmatively identified as transgender and so data for this group were not identified here. Many jails either don't track this information or lack the capacity or training to do so effectively.

²⁷ For additional, similar breakouts for most commonly occurring charges by group see Appendix A.

Table 3.3.7. Most Commonly Occurring Charges ORS # by Unique Bookings, by Sex, 2018-2019

Total		Female		Male	
Charge	%	Charge	%	Charge	%
[Missing ORS #]	10.0%	[Missing ORS #]	10.2%	[Missing ORS #]	9.9%
Probation Violation	6.7%	Probation Violation	7.6%	Probation Violation	6.4%
Meth. Possession	5.0%	Meth. Possession	5.4%	Meth. Possession	4.8%
FTA (2 nd)	3.8%	FTA (2 nd)	4.9%	FTA (2 nd)	3.5%
Trespass (2 nd)	3.5%	Theft (2 nd)	4.7%	Trespass (2 nd)	3.5%
Theft (2 nd)	3.1%	Theft (3 rd)	3.8%	Parole Violation	3.0%
Theft (3 rd)	2.9%	Trespass (2 nd)	3.5%	Theft (3 rd)	2.6%
Parole Violation	2.8%	FTA (non-specific)	3.0%	Theft (2 nd)	2.5%
FTA (non-specific)	2.4%	FTA (1 st)	3.6%	Disorderly Conduct (2 nd)	2.3%
Disorderly Conduct (2 nd)	2.2%	Heroin Possession	2.2%	FTA (non-specific)	2.2%
Reckless Driving	2.0%	Parole Violation	2.2%	Assault (4 th)	2.0%
All other ORS #s	55.7%	All other ORS #s	49.8%	All other ORS #s	57.2%

*A significant proportion of the reported jail data are missing an ORS #. It remains unclear if these are intentional omissions or a characteristic of the data systems.

Bail. The data received from jails regarding bail offered and bail paid are imperfect, even relative to the other jail data the CJC received. Some jails report that they receive this information directly from the courts via the Oregon Judicial Department (OJD). OJD reports that their bail data system is, at present, unreliable and an area that they are actively working to improve. Across all jails, however, it remains unclear what data come from OJD, what data the jail tracks itself, and what data are actually missing (as opposed to implying that bail was not offered). For these reasons, the CJC has decided to omit all summary information of these bail data from this report.

3.4. Data Conclusions

In conclusion, the jail data the CJC received are imperfect in several respects. Several jails did not submit data. Some jails submitted data that were incomplete within some data fields. Jails had wide-ranging data tracking methods and data accuracy and consistency issues. Altogether, these issues suggested that regular submission of these statewide data, in their present form, would be challenging for both a set of jails and for the CJC to report on.

Beyond suggesting that data consistency and integrity be a focus of data reporting going forward, however, these data did provide a window into some important characteristics in Oregon’s jails. There are some significant patterns in demographics by jail size. First, Oregon’s jails are predominantly populated by individuals held for misdemeanor or lower charges. Second, a large proportion of the jail population identifies or is identified as homeless, and this is likely an undercount of the true homeless proportion. Third, while the data did have some information regarding bail offered, bail paid, deaths in custody, and other topics, the data were so problematic in several of these fields that they do not provide much insight into these factors across the state. Finally, the data received included no information regarding health care provision, use of restraints, and other important interactions with the jail at the individual level. Some jails may track this information by individual, but a standardized system that protects individuals’ private information is necessary.

The CJC recommends that the state’s jails implement and standardize improvements to data systems and data tracking processes. The CJC can provide this guidance and technical assistance to jails, provided adequate resources to do so. A starting place for this coordination could be collaboration with OSSA to incorporate jail data standards into the Jail Standards.

4. Deaths in Custody

HB 3289 also required the CJC to collect and study data regarding death rates in Oregon’s jails and report on the overall availability of these data. Separate from the data draw and survey effort conducted, the Oregon DOJ began tracking deaths in custody beginning in October 2019. The CJC also received the data gathered and used in the report on deaths in jail in the Pacific Northwest in Oregon Public Broadcasting’s reporting.²⁸ A follow-up question to the survey was also sent to each jail asking specifically for the number of deaths that occurred in the jail in 2019 (see Section 2.5.). The data draw received by the CJC also had some information regarding deaths, but this information is incomplete and is not a sufficient description or explanation of deaths in Oregon’s jails. Below we describe outreach efforts regarding data on deaths in jails, the information the CJC has received to date, the shortcomings of this information, challenges in accurately measuring and tracking deaths in jails across all of Oregon’s jails, and potential improvements to data systems and data keeping practices regarding deaths in custody.

The Oregon DOJ began tracking deaths in custody, jails, and prisons beginning in October 2019. In addition to obtaining these data from DOJ, the CJC also obtained the deaths in jails for 2008-2018 data compiled by OPB, asked each jail for the number of deaths in their facilities in 2019, received deaths in jails data tracked by Disability Rights of Oregon, and examined the data received through the 2018-2019 raw data draw for information regarding deaths both in general and to confirm known deaths in custody. Overall, this information provides a patchwork picture of deaths in custody.

The raw data draw has multiple fields that may contain information regarding adult in custody mortality rates. As with all the other jail data, these practices vary widely across jails. Further, without additional information it is unclear whether this information describes a death in

custody or is a case management record keeping practice to keep track of individuals who have died either in or out of custody. Three data fields²⁹ contained some information regarding the individual’s death for the years 2018-2019. The Release Reason variable contained the text DECEASED, DEAD, DEATH, or DIED for 10 individuals.³⁰ Yamhill County Jail also had 103 individuals with DECEASED appearing in the name field and Lane County Jail included DECEASED in the security class field for 34

Table 4.1. Jails Reporting a Death in Custody, 2018-2019

Jail	Year	
	2018 ¹	2019 ²
Benton	1	--
Clackamas	0	1
Coos	0	1
Deschutes	1	0
Jackson	0	1
Josephine	1	0
Klamath	0	1
Lane	1	1
Lincoln	1	0
Linn	0	1
Multnomah	1	1
Umatilla	1	--
Washington	1	--
Yamhill	1	0
Total	9	7

¹Based on data received from OPB. Wilson, C. et al. “Booked and Buried: Pacific Northwest Jail’s Mounting Death Toll.” OPB. April 02, 2019. <https://www.opb.org/news/article/jail-deaths-oregon-washington-data-tracking/>. Received on August 26, 2020.

²Based on supplementary survey question submitted to jail commanders and DICRA data collected by ORDOJ. The CJC did not receive responses from all jails and so the 7 figure for 2019 is undercounting. Counties. “--” indicates that the CJC did not receive a response to the supplementary questions form that jail.

²⁸ Wilson, C. et al. “Booked and Buried: Pacific Northwest Jail’s Mounting Death Toll.” OPB. April 02, 2019. <https://www.opb.org/news/article/jail-deaths-oregon-washington-data-tracking/>. Received on August 26, 2020.

²⁹ These data fields had various names and coding conventions across the different data sets, so we use the name of the variable as standardized for this report instead of the variable names unique to each jail.

³⁰ The only individual with the text SUICIDE in this field included the text SUICIDE WATCH.

individuals. In the Yamhill and Lane scenarios, we disregarded these data from further exploration as these death rates do not align with other sources of data.

Table 4.2. Bookings with Mortality Information in the Jail Data, 2018-2019

Jail	Race		
	Black	White	Total
Clackamas	0	1	1
Deschutes	0	1	1
Jackson	0	1	1
Josephine	0	1	1
Lane	0	1	1
Marion	0	1	1
Multnomah	1	0	1
Umatilla	0	1	1
Washington	0	2	2
Total	1	9	10

The 10 individuals with an indication of deceased in the release reason variable were distributed across county jails and reported race as follows in Table 4.1. Integrity checks were conducted in several respects to examine the validity of this information. Based on data received from Oregon DOJ, there were two confirmed deaths in jails from October 2019 through December 2019. One case was in Jackson County and is the death flagged in the release reason variable for Jackson County in the table above.³¹ The second case was in Coos County. The data received from Coos County Jail, however, did not include release reason³² and, while this individual was found in the data, there was no indication in the data that they died while in jail.

Similarly, there was a relatively high profile case of a death in jail in Lincoln County in October 2018.³³ In this case, the individual’s records are found in the jail data the CJC received, but there is no indication in the data that the person died while in custody. Therefore, while the data sets the CJC received from the jails may identify *some* deaths in custody, we know that the data do not identify all deaths in custody. Further, while some individuals identified in the text search were confirmed to have died in jail, we do not know that *every* individual identified with the text search actually died in custody. Thus, given current adult in custody tracking practices and data keeping practices within most jails, identifying all deaths in jails requires regular, jail-by-jail, qualitative investigation.

Jail commanders report several barriers to tracking deaths in jails along with cause of death. In some cases, individuals leave the jail and enter a hospital where the death then occurs. In this case, even if the jail receives the medical examiner’s report, it is not always obvious what the proximate cause of death was when a medical reason for death is listed. Similarly, a health crisis may begin outside of jail that the arresting staff and intake staff are unaware of that then escalates in jail.

At present, information on all known deaths in custody is regularly reported to the Bureau of Justice Statistics (BJS). Given the above limitations in observing all deaths in custody, a simple, low-cost improvement to current tracking systems would be for the jails to send these data both to BJS and to the CJC.

5. Best Practices, Policies, and Procedures

The primary source of best practices, policies, and procedures for Oregon’s jails is the OSSA’s Jail Standards. These standards are more extensive than the standards present in many other states and OSSA updates them once every 2 years (with the latest iteration released in May 2019).³⁴ OSSA develops and

³¹ Notably, the DOJ information indicates that this individual died by suicide, but the jail data only indicate “DIED.”

³² Coos County Jail was just one of several jails that did not submit Release Reason as part of the data draw.

³³ Crombie, N. “Lincoln County agrees to \$850,000 settlement in jail death.” *The Oregonian*. May 16 2020. <https://www.oregonlive.com/crime/2020/05/lincoln-county-agrees-to-850000-settlement-in-jail-death.html>

³⁴ The OSSA Jail Standards provide 195 pages of policies and rationale for these policies. Topics include Administration, Admission and Release, Inmate Management, Inmate Communication, Security and Control, Inmate Services, Inmate Health Care, Sanitation and Maintenance, and Inmate Programs and Activities. The document also provides guidance regarding the format of inspections, training manual for inspectors, compliance document format

maintains these additional standards internally and holds their copyright. O SSA recognizes that the standards applicable to large jails may not be suitable to small jails and vice versa, and thus allows for a formal process of adjusting these standards on a jail-by-jail basis.

O SSA reports that every Oregon Sheriff has agreed to use these standards and that O SSA, in cooperation with the Department of Corrections (DOC), inspects each county-level jail biennially.³⁵ Oregon statute, in ORS #169.076, stipulates 14 standards that are required of each facility, while O SSA standards include these points but also include over 300 additional points of compliance. Some jails, through a formal appeal process, receive exceptions to some standards that are not applicable in their specific case. The standards stipulate that formal inspections be conducted biennially and at least one informal, self-inspection be conducted in the off year. The O SSA inspections require formal, documented proofs from the jails to show compliance.

DOC jail inspector Ted Nelson reports that, in 12 years of inspecting correctional facilities, he has had no issue gaining compliance when confronting conditions below O SSA's standards. Jurisdictions, according to Nelson, recognize the importance of compliance and the repercussions should they not cooperate with inspectors' requirements. Should a facility remain out of compliance, ORS 169.080 stipulates that DOC report the case to the Oregon Department of Justice to pursue further action, up to and including suing the jurisdiction for non-compliance. In addition, the DOC provides technical assistance to jurisdictions at the jurisdiction's request.³⁶

The O SSA inspection process is voluntarily adhered to by the state's sheriffs and jails. The inspections are meant to be a tool to standardize practices across all the state's jails. As such, these inspections require significant preparation time from both inspectors and jail staff. Therefore, O SSA's exhaustive inspections are not suitable to an expedited and impromptu schedule. Jail commanders and O SSA report a willingness to add non-jail staff to their inspection teams and to participate in shorter, randomized, state-sanctioned inspections, but that these internal O SSA inspections are not suitable for that type of process.

The policies the CJC received from individual jails varied widely. Many jails submitted all forms involved in day-to-day jail operations (e.g., intake forms, medical request forms) and exigent event forms (e.g., grievance forms, use of restraint forms). Some jails submitted policy and procedure manuals as well, that include all internally developed jail policies. Jail commanders report that, at a minimum, jails comply with the O SSA Jail Standards and thus the policies received directly from the jails either mirror the O SSA guidelines or describe jail-specific standards that are more stringent than the O SSA Jail Standards. Further, at time of writing (September 2020) O SSA reports that they are developing a set of model policies that will be offered to small jails in the event that a local government or jail has insufficient resources to develop internal policies and procedures. These model policies are scheduled to be completed by the end of 2020 and offered free of charge.

and submittal to O SSA, and sample documents to submit and receive regarding an inspection. Oregon jail standards are copyrighted and only available through written request of OSJCC or accessible through the OSJCC website. For this report the CJC relied on the version available on the O SSA website, <https://oregonsheriffs.org/jail-standards/>

³⁵ In addition to County Jails (30 facilities, inspected every 2 years), DOC inspects all city local correctional facilities (6 facilities, inspected every 2 years), 4-hour temporary hold facilities (56 facilities, inspected every 3 years), 96-hour lock-ups (3 facilities, inspected every 2 years), and juvenile detention facilities (13 facilities, inspected yearly). See ORS Chapter 169.

³⁶ Technical Assistance ranges from advice for developing policies and procedures to guidance regarding construction and renovation.

6. Policy Recommendations and Conclusions

HB 3289 asked the CJC to recommend policies to improve jails' provision of services to their respective communities. In this section, the CJC summarizes the barriers found in the provision of care, the impediments found in data systems, and the potential improvements to jail oversight and administration. The Jail Advisory Committee and several jail commanders were vital to the formation of these recommendations. The recommendations address a few broad and general patterns: frequent bookings for low-level crimes for individuals who need services rather than reentering the criminal justice system; under-provision of health care in jails; and different scopes and scales of problems and potential solutions in rural/small compared to urban/large jails.

Policy Recommendation 1:

Reduce community reliance on jails for management of individuals with frequent, low-level infractions. Increase resources for community services for these individuals.

The Jail Advisory Committee, jail commanders, and professionals who work with the jail population all report that jails have become, by default, the main public system that manages the houseless population and others with frequent, low-level criminal infractions.³⁷ Many individuals cycle in and out of jail, never receiving any services that help break this cycle, all while imposing significant costs on the system. These individuals disproportionately have substance abuse issues, diagnosed (or undiagnosed) mental health issues, and are arrested and booked on low-level crimes (e.g., drug, disorderly conduct, trespassing, failure to appear warrants). Smaller, more rural communities do not always have housing and other services available and even communities that do currently provide services may not have sufficient resources. Jails must also be equipped with staff trained and designated to provide a “warm handoff” to these service providers when individuals leave jail.

Policy Recommendation 2:

Reform the process by which individuals with serious mental illness or who are experiencing a mental health crisis encounter local correctional facilities. Increase diversion from jail, especially for individuals experiencing a mental health crisis. Ensure that qualified staff³⁸ conduct each screening.

Members of the Jail Advisory Committee and jail commanders consistently assert that jails are unable to serve the needs of individuals experiencing a mental health crisis, who the Council of State Governments found consist of 27% of jail bookings in Oregon³⁹. Recently, the OSSA approved a new standard allowing jails to not accept a person who is seriously mentally ill and in crisis into the jail until the officer who made the arrest has the person evaluated by a hospital. This standard, however, is not statutorily mandated and has received pushback from some hospitals and law enforcement agencies, resulting in inconsistent application. Further, some hospitals reject admissions from jails or law enforcement. The Jail Advisory Committee recommends that the legislature requires 1) universal use of pre-booking screenings, 2) each jail be able to identify individuals not appropriate for jail who they do not have the resources to

³⁷ While the houseless population and “frequent fliers,” or those with frequent low-level arrests and bookings, are not one and the same, all discussions the CJC had on this topic suggested that there is significant overlap between these two groups of people.

³⁸ Namely, a nurse, social worker, qualified mental health professional, hospital staff, or a deputy with mental health care training.

³⁹ In addition, this study found that 38% of booked individuals had a substance use disorder and 15% had both a mental illness and a substance use disorder. In 2017 in Clackamas, Deschutes, Jackson, Marion, Multnomah, Umatilla, Washington, and NORCOR jails. *See*, The Council of State Governments. Behavioral Health Justice Reinvestment in Oregon. February 7, 2019.

care for and divert them towards appropriate resources, and 3) require hospitals to admit individuals transferred from jails. It is clear, however, that in addition to these recommendations, it is also necessary for local organizations and stakeholders to improve relations and communications so that barriers between local correctional facilities and service providers can be addressed.

Policy Recommendation 3:

Ensure Oregon Health Plan (and other insurance coverage) remains intact upon booking, during jail stays, and after reentry.

A study conducted by the Council of State Governments in cooperation with the CJC found that 49% of individuals booked in Oregon’s jails were on OHP⁴⁰ and jail commanders report that individuals on OHP insurance lose coverage when booked in jail. When leaving jail these individuals must re-enroll in OHP if they want to begin receiving coverage again. Some larger, better resourced jails report that they have or are actively developing programs to help individuals re-enroll upon exit, but most smaller jails did not (or could not) develop such a program. Jail commanders said that the most straightforward policy solution would be to allow detainees to stay on OHP coverage while in jail.

The potential benefits of this reform are many. First, the extension of OHP would preclude the need for re-enrollment programs and prevent the loss of coverage that often follows release from jail when previously covered individuals fail to reenroll. Second, this policy change would allow jails to bill OHP for medical service, thereby avoiding budgetary limitations to the provision of health care. Third, it would also lead to better continuity in care, particularly for individuals receiving treatment for addiction and other behavioral health issues. Fourth, beyond jails, this would prevent a set of costly health care visits to the state: if a released individual has a health care emergency and no coverage then that individual must pay the full cost of that visit (or the state and taxpayers must pay this cost, if the individual cannot pay for the visit).

Addressing this issue will be difficult as it may require federal policy changes to ensure continuation of Medicare coverage during local jail stays. Oregon’s Senator Merkley has proposed legislation to address this issue at the federal level. At time of writing, it remains unclear whether state-level policy could address this gap in coverage without federal fixes.⁴¹

Policy Recommendation 4:

Adopt minimum health care standards for jail.

The CJC recommends that the state develop minimum standards for health care provision required of each jail. The CJC, however, is not qualified to suggest what these standards should be and recommends the creation of a workgroup to codify these standards.⁴²

Policy Recommendation 5:

Provide additional resources to recruit and retain medical staff in jails, especially for small and rural jails. Provide best practices for, including specifying the limitations of, indefinite provision of telemedicine in jails.

⁴⁰ See footnote 39.

⁴¹ See, for example, Wilson, Conrad. “Jail Inmates Could Receive Federal Healthcare Under Sen. Jeff Merkley Proposal.” OPB. Oct 24, 2019. <https://www.opb.org/news/article/oregon-senator-merkley-jail-inmates-federal-healthcare-proposal/>

⁴² Other state workgroups and OHA may have already laid the groundwork for these standards. See, for example, <https://www.oregon.gov/OHA/hsd/bhp/Pages/Oregon-Performance-Plan.aspx>

Jails report significant barriers to provision of care, especially in small and medium jails. Recruiting and retaining medical staff is challenging due to safety concerns and because new graduates are ill-suited to independently provide services for a jail population, which tends to represent a complex panel of patients. Some jails report success with new graduates who receive mentorship from experienced providers during their probationary period, but again, this requires additional jail staff and resources that many smaller facilities lack. Some jails also report it is a challenge to recruit medical staff to rural areas and/or an inability to compete with other providers regarding compensation. Policies to better recruit and retain medical staff in jails could be the topic of an entire research report unto itself, but a few potential policies could pay dividends. First, it could be possible to develop better mental health care screenings at the point of entry into correctional facilities so that high needs individuals could be diverted from jails prior to entry. Second, increased resources for medical staff compensation and increased incentives to work in jails and in rural areas could be provided. Third, infrastructure could be built to provide mentorship opportunities for staff in smaller jails. Finally, the state should consider funding and standardizing a permanent expansion to telemedicine capacity. The Jail Advisory Committee acknowledged that telemedicine may address many current barriers to health care provision, especially during the COVID-19 pandemic, but emphasized that telemedicine is not and cannot be a standalone strategy to alleviating barriers to health care provision.

Policy Recommendation 6:

Consider jails and prisons as fundamentally separate entities in all future policy development.

Jail commanders report that the policies stipulating that individuals be removed from OHP rolls were designed with prisons in mind, where individuals are exclusively incarcerated for a sentence following conviction for a crime and for a longer period than in jails. In this case, and others, the confluence of prisons and jails in legislation has led to policies that may be well-suited to prisons, but are often not well-suited to jails. Relative to prisons, jails have much lower average lengths of stay, include individuals that are awaiting trial and have not been convicted, and include a greater proportion of people held exclusively for lower-level crimes. Future policy development, therefore, ought to consider prisons and jails separately.

Policy Recommendation 7:

Develop best practices and provide technical assistance to jails to facilitate continuation of treatment upon booking and ensure “warm handoffs” to health services upon reentry.

In addition to gaps in insurance coverage upon reentry back into the community, the Jail Advisory Committee, jail commanders, and survey responses all report several other health care provision gaps surrounding the reentry process. Individuals who begin treatment in jail (e.g., MAT) are often not in jail long enough for the treatment to be effective. Some jails report having solid “warm handoff” practices where direct referral to community treatment providers accompanies reentry, but this practice is resource intensive and requires a community provider and a jail relationship with that community provider. Some Oregon communities and jails lack these resources. Further, the Jail Advisory Committee and jail commanders all report that reliable housing is consistently a necessary, but not sufficient, condition for successful reentry. Again, some better-resourced counties can provide housing services, but many communities cannot currently provide full housing services upon reentry. The CJC recommends, therefore, that best practices be developed surrounding the continuation of treatment post-release to ensure warm handoffs to community health services.

Policy Recommendation 8:

Develop standardized jail inspection process that includes objective inspectors, a randomized inspection schedule, and reports inspection findings to the state.

Jail commanders and inspectors report a robust and thorough jail inspection process with standards established by OSSA that are more stringent than many standards and practices applied in jurisdictions outside of Oregon. This system includes a nearly 400-point check and formal, electronic documentation to demonstrate compliance. Inspection teams are constructed from jail staff from across the state and each inspection requires extensive preparation by the inspection team.

This inspection process enables the state's jails to standardize internal jail processes and practices across the state, but does not serve the goals of state oversight and transparency. Jail commanders report that these OSSA inspections are ill-suited for shorter, randomized, impromptu inspections as they were not designed for that purpose and they currently require significant staff time, which is not available at the spur of the moment. The CJC recommends that objective, non-jail staff be added to OSSA's inspections teams and that the state develop a process for impromptu, randomized inspections that do not overly burden jail resources.

Policy Recommendation 9:

Develop a standardized method and data format for jails to submit data to the CJC. Provide technical assistance to jails that need to update their internal jail data systems to comply and/or train staff to use these new systems. Include administrative, health, safety, and mortality data.

Many of the questions highlighted in HB 3289 are not fully answerable with the currently available data. There are 17 different jail data systems used across the 30 county-level jails and 8 municipal jails. Even where these systems are the same the data fields used by a given jail may differ than those used by another. Further, as described throughout this report, data entry conventions vary widely and preclude answering several basic questions in most jails. One of these areas, for instance, is data on bail, including how many individuals were offered security release, who posted bail, and the amount they posted or how long individuals were detained during the pretrial period. Another is race and/or ethnicity, as some jails do not collect ethnicity data at all and there is a lack of standardization insofar as how these data are collected (e.g., self-reported race versus perception of an individual's race entered by jail staff versus the importation of race data from other sources, such as arrest records). Finally, information concerning deaths in custody was also lacking.

Due to these issues, the present data gathering process required substantial staff time for the initial outreach, for the subsequent follow-up, and finally to process the data to be as uniform across jails as possible. Additionally, the singular nature of this data set limits the ability of researchers to look at either time trends or advanced summary metrics, such as average daily populations, as there is a start date to the data before which individuals entered the jail, but are not tracked in the current data set since the data are defined by entry date. Best data management practices would establish better data tracking processes at the jail level and guide jails on how to pre-process the data to be uniform upon submission to the CJC (where needed), and standardize data submission on a schedule (e.g., monthly, quarterly).

Several larger jails have made significant investments in their jail data systems and report that replacing these systems with a new data system is both unnecessary and a waste of resources. These jails also report that transforming their data to conform to CJC requirements and submitting these data at regular intervals are not substantive barriers for their jails. Several small or medium jails, however, face significant technical and staff resource barriers to data submission including, in some cases, looking up cases by hand and entering these cases into Excel. In these situations, the CJC could facilitate the provision of a user-friendly data management system that minimizes staff time and requisite technical expertise, automating data entry for several fields, and automating data submission to the CJC at regular intervals. Through coordinating with larger jails and providing technical assistance to smaller jails a statewide jail data system could be constructed that both facilitates more rigorous jail analysis in the future and minimizes the strain on limited fiscal resources in small jail operations.

Finally, as discussed in Section 4, the data collected for this project were insufficient to identify deaths in custody during the study period. Local correctional facilities currently provide detailed reports on each individual death that occurs in custody to the Bureau of Justice Statistics (BJS) via the Mortality in Correctional Institutions (MCI) program in an effort to comply with the federal *Death in Custody Reporting Act of 2013* (DCRA). These data include information on the demographics of the deceased individual (gender, race/ethnicity, age) and the circumstances surrounding the death (date of admission, date/time of death, location, manner of death, and a textual description of the circumstances leading to the death). These rich data, however, are reported only in the aggregate by BJS, which means, at best, the most Oregon specific information reported is the death in custody rate per 100,000 population for the state as a whole. Further, data reporting by BJS lags significantly, as the most recent report available for the MCI program is from 2016.⁴³

Recently, the Bureau of Justice Assistance (BJA) mandated that all states begin to collect death in custody data on their own and report those data to BJA quarterly. If a state does not comply, then BJA has the option to reduce the state's annual federal Byrne JAG grant award by 10%, which would equate to around a quarter of a million dollars for the State of Oregon. The CJC, as the State Administering Agency for the Byrne JAG grant program in Oregon, is tasked with this reporting compliance. As such, based on the BJA requirement as well as the issues identified with death in custody tracking discussed throughout this report, the creation of a partnership between local correctional institutions and the CJC for the sharing of death in custody data is highly recommended. The benefits of the creation of this partnership would be immediate and far reaching, as the state would have up to date information on all deaths quarterly, along with the important detailed contextual information surrounding the deaths. These data would be useful to policymakers, practitioners, and other stakeholders. The costs would also be minimal to local correctional institutions, as they already collect the required data fields for the BJS MCI program and report to BJS regularly. Thus, the only additional requirement on local correctional facilities would be to send the data currently submitted to BJS to the CJC as well.

Jail Advisory Committee members also suggested that jails submit aggregate health and safety information to the CJC annually. The OSSA Jail Standards includes standards regarding health and safety of adults in custody and tracking of this information, but does not provide for standardized submission of these data. This information would include data on the use of force, the use of restraints, suicide attempts, health care budgets, and behavioral health budgets.

⁴³ Please see *Mortality in Local Jails, 2000-2016 – Statistical Tables*, located at <https://www.bjs.gov/content/pub/pdf/mlj0016st.pdf>.

Appendix A. Additional Tables

No notable differences were found for age of adult in custody by size of jail (Table A.1.), where the median adult in custody in jail was about 34 years old and 90% of intakes were between about 20-59 years old. These ages skew slightly upwards when we look at unique individuals rather than unique bookings (Table A.2.), but not by a significant proportion. Nevertheless, this suggests that younger individuals are likely to be booked more frequently than older individuals.

Table A.1. Percentile of Bookings by Age, 2018-2019

Jail Category	5 th Percentile	25 th Percentile	50 th Percentile	75 th Percentile	95 th Percentile
Mega	21	28	34	43	57
Large	21	27	34	43	57
Medium	21	28	35	44	59
Small	20	27	34	44	58
Municipal	20	27	33	43	59
Total	21	27	34	43	58

Table A.2. Percentile of Unique Individuals by Age, 2018-2019

Jail Category	5 th Percentile	25 th Percentile	50 th Percentile	75 th Percentile	95 th Percentile
Mega	21	28	35	44	58
Large	21	27	35	44	59
Medium	21	28	36	47	61
Small	21	27	35	47	61
Municipal	21	28	36	46	62
Total	21	28	35	45	60

Table A.3. Most Commonly Occurring Charges ORS #, by Race (Corrected), 2018-2019

Total		Asian		Black		Hispanic		Native American		White	
Charge	%	Charge	%	Charge	%	Charge	%	Charge	%	Charge	%
[missing ORS #]*	10.0%	[missing ORS #]*	6.6%	Trespass (2nd)	5.0%	[missing ORS #]*	14.0%	[missing ORS #]*	10.3%	[missing ORS #]*	9.4%
Probation Violation	6.7%	Probation Violation	4.8%	Meth. Possession	4.9%	Probation Violation	7.0%	Probation Violation	8.4%	Probation Violation	7.2%
Meth. Possession	5.0%	Trespass (2nd)	4.1%	[missing ORS #]*	4.9%	FTA (2nd)	4.9%	Meth. Possession	4.9%	Meth. Possession	5.2%
FTA (2nd)	3.8%	Meth. Possession	4.0%	Theft (2nd)	3.9%	Meth. Possession	4.0%	FTA (2nd)	4.0%	FTA (2nd)	4.0%
Trespass (2nd)	3.5%	DUII	3.3%	Assault (4th)	3.9%	DUII	2.5%	Trespass (2nd)	4.0%	Trespass (2nd)	3.5%
Theft (2nd)	3.1%	County Hold	3.2%	Probation Violation (137.540)	3.6%	Theft (2nd)	2.4%	Disorderly Conduct (2nd)	3.2%	Parole Violation	3.2%
Theft (3rd)	2.9%	Assault (4th)	3.1%	Theft (3rd)	3.0%	Trespass (2nd)	2.4%	Theft (2nd)	3.1%	Theft (2nd)	3.1%
Parole Violation	2.8%	Theft (3rd)	3.0%	County Hold	2.9%	FTA (1st)	2.3%	Theft (3rd)	3.0%	Theft (3rd)	2.9%
FTA (non-specific)	2.4%	Theft (2nd)	2.8%	Probation Violation	2.9%	Theft (3rd)	2.3%	FTA (non-specific)	2.8%	FTA (non-specific)	2.7%
Disorderly Conduct (2nd)	2.2%	FTA (2nd)	2.7%	Harassment	2.7%	Reckless Driving	2.2%	Recommitment to prison for certain violations	2.8%	Disorderly Conduct (2nd)	2.2%
Reckless Driving	2.0%	Reckless Driving	2.6%	Disorderly Conduct (2nd)	2.4%	Assault (4th)	2.1%	Probation Violation (137.540)	2.2%	Reckless Driving	2.0%
All other ORS #s	55.7%	All other ORS #s	59.8%	All other ORS #s	59.9%	All other ORS #s	53.9%	All other ORS #s	51.3%	All other ORS #s	54.6%

*A significant proportion of the reported jail data are missing an ORS #. It remains unclear if these are intentional omissions or a characteristic of the data system.

Table A.4. Most Commonly Occurring Charges ORS #, by Housing Status, 2018-2019

Total		Housed		Unhoused		Missing/Unknown	
Charge	%	Charge	%	Charge	%	Charge	%
[missing ORS #]*	10.0%	[missing ORS #]*	10.6%	[missing ORS #]*	11.2%	[missing ORS #]*	9.1%
Probation Violation	6.7%	Probation Violation	9.1%	Probation Violation	8.8%	FTA (non-specific)	5.2%
Meth. Possession	5.0%	FTA (2nd)	5.6%	FTA (2nd)	6.4%	Meth. Possession	5.1%
FTA (2nd)	3.8%	Meth. Possession	4.6%	Parole Violation	5.5%	Trespass (2nd)	3.9%
Trespass (2nd)	3.5%	Theft (2nd)	3.7%	Meth. Possession	5.3%	Probation Violation	3.9%
Theft (2nd)	3.1%	Parole Violation	3.4%	Trespass (2nd)	5.3%	County Hold	3.8%
Theft (3rd)	2.9%	FTA (1st)	2.9%	Criminal Trespass (2nd)	3.8%	DUII	3.2%
Parole Violation	2.8%	Theft (3rd)	2.8%	Theft (3rd)	3.2%	Probation Violation (137.540)	3.1%
FTA (non-specific)	2.4%	Trespass (2nd)	2.4%	FTA (1st)	3.0%	Theft (3rd)	2.8%
Disorderly Conduct (2nd)	2.2%	Reckless Driving	2.3%	Hold/out of county warrant	2.8%	Assault (4th)	2.8%
Reckless Driving	2.0%	Contempt of Court	2.3%	Theft (2nd)	2.8%	Harassment	2.7%
All other ORS #s	55.7%	All other ORS #s	50.4%	All other ORS #s	41.9%	All other ORS #s	54.4%

*A significant proportion of the reported jail data are missing an ORS #. It remains unclear if these are intentional omissions or a characteristic of the data system.

Table A.5.1. Missing Variables by Jail*

Jail	Variables**																		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Baker	X	M	M	M	M	M	M	M	M	X	M	M	S	S	M	M	S	M	X
Benton	M	X	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	S	X
Clackamas	X	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Clatsop	X	M	M	M	M	M	M	M	M	M	M	M	M	S	M	M	M	M	X
Columbia	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	S	M
Coos	M	M	M	M	M	M	S(<1%)	M	M	X	M	M	S(<1%)	S(<1%)	M	M	S(<1%)	M	S(<1%)
Cottage Grove	M	M	M	M	M	M	M	M	M	S	M	M	M	M	M	M	M	X	M
Crook	M	X	M	M	M	M	M	M	M	X	M	M	X	M	X	M	M	X	X
Curry	M	M	M	M	M	M	M	M	M	X	M	M	X	X	M	M	X	S	X
Deschutes	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Douglas	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Florence	M	M	M	M	M	M	M	M	M	M	S	S	M	M	M	M	M	M	M
Grant	M	M	M	M	M	M	M	M	M	X	M	M	X	X	M	M	X	M	X
Jackson	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Josephine	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Klamath	M	X	M	M	M	M	M	M	M	M	M	M	M	M	S	M	M	X	X
Lane	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Lincoln	M	M	M	M	M	M	M	M	M	X	M	M	M	M	M	M	M	M	X
Linn	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	X
Malheur	X	X	M	M	M	M	M	X	M	X	X	X	X	X	X	M	X	X	X
Marion	M	M	X	M	M	M	M	M	M	M	S	M	M	S	X	M	M	M	M
Multnomah	M	M	M	M	M	M	M	M	M	M	M	M	M	M	X	M	M	M	X
NORCOR	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Polk	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	S	M	X
Sweet Home	M	M	M	M	M	M	M	M	M	M	X	M	X	M	M	M	M	X	M
Tillamook	M	M	M	M	M	M	M	X	M	S	M	M	S	M	M	M	M	X	M
Umatilla	X	M	M	M	M	M	M	X	M	X	M	M	M	S	S	M	M	M	X
Union	X	M	M	X	M	M	M	M	M	M	X	X	M	S	M	M	X	M	M
Washington	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Yamhill	M	X	M	M	M	M	M	M	M	M	X	X	X	M	M	M	M	X	X

* M = Most or All (>50%), S = Some (<50%), X = Missing (0%).

**See Table A.5.2. below for variable codes A-S.

Table A.5.2. Variable List to Accompany Table A.5.1.

Code	Variable
A	Internal Jail ID Number
B	SID Number
C	Booking ID Number
D	Name
E	DOB or Age
F	Sex/Gender
G	Race/Ethnicity
H	Arresting Agency
I	Admission or Book Date
J	Booking Reason/Type
K	Offense Code
L	Offense Code Description
M	Felony/Misd. with Seriousness
N	Court Case Number
O	Bail Information
P	Release Date
Q	Release Reason/Type
R	Security Class
S	Housing/Homelessness Status

Appendix B. Individual Jail Summaries

Below is a brief summary of the data and other information the CJC received from each jail that received our request. Again, the CJC requested data for 2018-2019 (see Section 3.1. for more details). Generally, data were received at the booking or charge level, but required significant processing to normalize the information across jails. The summaries presented below represent the processed data rather than the raw, unprocessed data. Booking level data have a single entry or row for each unique booking event. Charge level data have a single entry or row for each charge. There may be multiple charges per booking, but we did not receive all of this information from every jail.

Importantly, no description of bail data received or not received is included below. Even where bail data were submitted, the CJC would need to conduct a significant outreach effort with each jail to determine the coding conventions for that particular jail.

The CJC also received form and policy submissions from many jails. These submissions are not summarized below, as these submissions constituted several hundred pages for some jails and comparisons and complete reporting was not feasible.

Baker County Jail

We received jail data, a completed survey, and a set of forms from Baker County Jail. After cleaning and removing duplicates, there were 1,458 observations in the data set at the booking level. The Baker County Jail data included neither booking reason/type information nor housing information.

Benton County Jail

We received jail data and a set of forms from Benton County Jail. Benton County Jail did not complete the survey. After cleaning and removing duplicates, there were 7,057 observations in the data set at the charge level. The Benton County Jail data the CJC received included neither the SID number nor housing information.

Clackamas County Jail

We received jail data, a completed survey, and a set of forms from Clackamas County Jail. After cleaning and removing duplicates, there were 41,755 observations in the data set at the charge level.

Clatsop County Jail

We received jail data, a completed survey, and a set of forms from Clatsop County Jail. After cleaning and removing duplicates, there were 9,617 observations in the data set at the charge level. The Clatsop County Jail data omitted housing information.

Columbia County Jail

We received jail data, a completed survey, and a set of forms from Columbia County Jail. After cleaning and removing duplicates, there were 10,664 observations in the data set at the charge level.

Coos County Jail

We received jail data, a completed survey, and a set of forms from Coos County Jail. After cleaning and removing duplicates, there were 8,901 observations in the data set at the charge level. The Coos County Jail data had a few large gaps in the submitted data for the fields of race/ethnicity, crime seriousness, release reason/type, and housing status.

Cottage Grove Municipal Jail

We received jail data, a completed survey, and a set of forms from Cottage Grove Municipal Jail. After cleaning and removing duplicates, there were 411 observations in the data set at the charge level.

Crook County Jail

We received jail data, a completed survey, and a set of forms from Crook County Jail. After cleaning and removing duplicates, there were 3,699 observations in the data set at the charge level. The Crook County Jail data set did not include booking reason/type information nor did it include information regarding the seriousness of crimes.

Curry County Jail

We received jail data, a completed survey, and a set of forms from Curry County Jail. After cleaning and removing duplicates, there were 822 observations in the data set at the booking level. Booking reason/type was an important omitted factor in this data set.

Deschutes County Jail

We received jail data, a completed survey, and a set of forms from Deschutes County Jail. After cleaning and removing duplicates, there were 20,001 observations in the data set at the charge level.

Douglas County Jail

We received jail data, a completed survey, and a set of forms from Douglas County Jail. After cleaning and removing duplicates, there were 22,648 observations in the data set at the booking/charge level.

Florence Municipal Jail

We received jail data, a completed survey, and a set of forms from Florence Municipal Jail. After cleaning and removing duplicates, there were 3,060 observations in the data set at the charge level.

Grant County Jail

We received jail data, a completed survey, and a set of forms from Grant County Jail. After cleaning and removing duplicates, there were 425 observations in the data set at the booking level. The Grant County Jail data set was missing information both on booking reason/type and release reason/type in addition to housing status.

Harney County Jail

We received no data or documentation from Harney County Jail. Harney County Jail did not complete the survey.

Jackson County Jail

We received jail data and a set of forms from Jackson County Jail. After cleaning and removing duplicates, there were 61,220 observations in the data set at the charge level. Jackson County Jail did not complete the survey.

Jefferson County Jail

We received a completed survey, but no data or documentation from Jefferson County Jail.

Josephine County Jail

We received jail data, a completed survey, and a set of forms from Josephine County Jail. After cleaning and removing duplicates, there were 19,602 observations in the data set at the charge level.

Junction City Municipal Jail

We received no data or documentation from Junction City Municipal Jail. Junction City Municipal Jail did not complete the survey.

Klamath County Jail

We received jail data, a completed survey, and a set of forms from Klamath County Jail. After cleaning and removing duplicates, there were 14,658 observations in the data set at the charge level. The Klamath County Jail data set did not include SID numbers, which would be important to link these data to other criminal justice data sets, and also omitted housing information.

Lake County Jail

We received a completed survey, but no data or documentation from Lake County Jail.

Lane County Jail

We received jail data, a completed survey, and a set of forms from Lane County Jail. After cleaning and removing duplicates, there were 52,467 observations in the data set at the charge level.

Lebanon Municipal Jail

We received a completed survey, but no data or documentation from Lebanon Municipal Jail.

Lincoln County Jail

We received jail data, a completed survey, and a set of forms from Lincoln County Jail. After cleaning and removing duplicates, there were 13,513 observations in the data set at the charge level. The Lincoln County Jail data omitted booking reason/type information as well as housing information.

Linn County Jail

We received jail data, a completed survey, and a set of forms from Linn County Jail. After cleaning and removing duplicates, there were 31,490 observations in the data set at the charge level. Linn County Jail did not include housing information in this data set.

Malheur County Jail

We received jail data, a completed survey, and a set of forms from Malheur County Jail. After cleaning and removing duplicates, there were 4,175 observations in the data set at the booking level. The Malheur County Jail data set omitted several important data fields, including SID number, arresting agency, offense codes and descriptions, charge seriousness, booking and release reason/type, and housing information.

Marion County Jail

We received jail data, a completed survey, and a set of forms from Marion County Jail. After cleaning and removing duplicates, there were 27,135 observations in the data set at the booking level. Marion County Jail worked with the CJC to resolve several data integrity issues in the initially submitted data. Marion County Jail staff also explained that Marion County Jail is in the process of migrating to a new jail management system.

Multnomah County Jail

We received jail data, a completed survey, and a set of forms from Multnomah County Jail. After cleaning and removing duplicates, there were 138,370 observations in the data set at the charge level. The Multnomah County Jail data omitted housing information.

NORCOR – Northern Oregon Regional Correctional Facilities

NORCOR is an intergovernmental correctional institution, governed jointly by Hood River, Wasco, Sherman, and Gilliam Counties. Wheeler County contracts with NORCOR for jail services. We received jail data, a completed survey, and a set of forms from NORCOR. After cleaning and removing duplicates, there were 11,178 observations in the data set at the charge level.

Polk County Jail

We received jail data, a completed survey, and a set of forms from Polk County Jail. After cleaning and removing duplicates, there were 11,371 observations in the data set at the charge level. Housing status was omitted from the Polk County Jail data set.

Reedsport Municipal Jail

We received a completed survey and the data system from Reedsport Municipal Jail, but the CJC did not have sufficient resources to derive useable data from this data system.

Seaside Municipal Jail

We received no data or documentation from Seaside Municipal Jail. Seaside Municipal Jail did not complete the survey.

Springfield Municipal Jail

We received no data or documentation from Springfield Municipal Jail. Springfield Municipal Jail did not complete the survey.

Sweet Home Municipal Jail

We received jail data, a completed survey, and a set of forms from Sweet Home Municipal Jail. After cleaning and removing duplicates, there were 1,367 observations in the data set at the charge level. The Sweet Home Municipal Jail data set includes offense descriptions, but omitted ORS codes as well as charge seriousness information.

Tillamook County Jail

We received jail data, a completed survey, and a set of forms from Tillamook County Jail. After cleaning and removing duplicates, there were 8,520 observations in the data set at the charge level. The Tillamook County Jail data set omitted arresting agency and inconsistently tracked charge seriousness.

Umatilla County Jail

Morrow and Wallowa Counties contract with Umatilla County Jail for jail services. We received jail data, a completed survey, and a set of forms from Umatilla County Jail. After cleaning and removing duplicates, there were 14,940 observations in the data set at the charge level. The Umatilla County Jail data set omitted information on arresting agency, booking reason/type, and housing status.

Union County Jail

We received jail data, a completed survey, and a set of forms from Union County Jail. After cleaning and removing duplicates, there were 3,241 observations in the data set at the charge level. The Union County Jail data set did not include the adult in custody's name, offense code, offense description, and release reason/type.

Washington County Jail

We received jail data, a completed survey, and a set of forms from Washington County Jail. After cleaning and removing duplicates, there were 54,794 observations in the data set at the charge level.

Yamhill County Jail

We received jail data, a completed survey, and a set of forms from Yamhill County Jail. After cleaning and removing duplicates, there were 12,490 observations in the data set at the booking level. The Yamhill County Jail data set omitted SID number, offense code, offense description, charge seriousness, and housing information.

Appendix C. Jail Survey Questionnaire



House Bill 3289 Survey

INTRODUCTION

1. What is the name of your correctional facility?

2. What is your facility's overall annual budget? (enter numeric value)

3. What is your facility's annual physical health budget? (enter numeric value)

4. What is your facility's annual behavioral health budget? (enter numeric value)

5. How many medical staff are available at your facility? (enter numeric value)

During standard
business hours?

After standard
business hours?

6. Does your facility have written policies aside from the Oregon State Sheriff's Jail Standard?

No

Yes (please specify)

7. Which of the following does your facility create and maintain detailed records of? (check all that apply)

- Medical supplies, particularly of narcotics, barbiturates, amphetamines and other dangerous drugs.
- Administration of medications (voluntary and involuntary), including psychotropic medication.
- Distribution of medication when medical staff is not on site.
- Diagnosis of complaints
- Special treatment programs, such as alcohol and drug dependency.

8. How often are inmates in general population observed by correctional officers (not including (not including observation through monitoring devices or high risk, medical observation, or suicide watch)?

- Every 30 minutes
- Hourly
- Every 2 Hours
- Every 6 Hours
- Other (please specify)

9. What type of work hour tracking does your facility use? (check all that apply)

- Card swiping
- Manual signing
- Face recognition time clock
- Time clock punch in
- Other (please specify)

10. Within what time frame after booking does an inmate get to make a phone call?

- Immediately
- Within the hour
- Between 2 to 4 hours
- Other (please specify)

11. How much does your facility spend on psychotropic medications annually? (enter numeric value)

12. What is your facility's designed capacity? (enter numeric value)

13. How many inmates do you currently have in your facility? (enter numeric value)

14. How many forced releases did you have in 2018? (enter numeric value)



House Bill 3289 Survey

STAFF

15. How many full-time equivalent (FTE) positions were budgeted for your facility in the last annual budget? (enter numeric value)

16. What percentage of the budgeted FTE positions for your facility are not yet filled? (enter numeric value)

17. Do you have funding for any of the following positions, but cannot currently fill them?

Medical

Security

Non-Security

If yes for any of the above, please specify.

18. How many security, non-security staff and medical staff do you currently have at your jail?

Security staff	<input type="text"/>
Non-security staff	<input type="text"/>
Medical staff	<input type="text"/>

19. Is inmates' out-of-cell time regularly impacted by staffing shortages? If so, provide details.

- Yes
- No

If yes, provide details

20. What are the total number and average number of work hours for your physical, behavioral, and dental medical staff in a month?

	Number of Personnel	In Person Consultation Hours Per Month	Remote Consultation Hours Per Month	Average Monthly Case Load (Last 6 Months)	Average Wait Time in The Last 6 Months
Medical Doctor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Licensed Nurse Practitioner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physician Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Licensed Vocation Nurse Physician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nursing Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pharmacy Technician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dentist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinician (Authorized to Prescribe Psychiatric Medications)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



House Bill 3289 Survey

HEALTH

For the purpose of this survey, "Health Services" shall be defined as by the Department of Corrections and shall include:

- **Community or provider office and hospital visits and related services provided, including diagnostics, treatments, consultations, or second opinions,**
- **Jail health care provider clinic, infirmary, and hospital visits for initial evaluations, diagnostics, treatments, consults, or second opinions,**
- **Surgical and anesthesiology services,**
- **Dental care,**
- **Physical, occupational, and speech therapy,**
- **Radiology, nuclear medicine, and ultrasound, laboratory, and other diagnostic services,**
- **Dressings, casts, and related supplies,**
- **Anesthesia and oxygen services,**
- **Blood derivatives and related services,**
- **Radiation therapy and chemotherapy, and**
- **Health appraisals to determine programming or work restrictions.**

21. At intake, what vital signs do you check? (check all that apply)

- Body temperature
- Pulse rate
- Respiration rate (rate of breathing)
- Blood pressure

22. What is the name of your health care service provider, if provided by private contract?

23. Which of the following does this facility have a policy to screen inmates for, and how often? (Please indicate all that apply.)

	At Admission	Annually or at Regular Interval	Random Sample	Upon Request	Upon Clinical Indication of Need	After Possible Exposure	Never	Other
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

24. Who triages medical requests in your facility?

- Supervisor
- Medical staff
- Non-Medical staff
- Other (please specify)

25. What is the average number of sick calls/kites received daily? (enter numeric value)

26. What is the average number of physical medical requests received daily? (enter numeric value)

27. What is the average number of behavioral medical requests received daily? (enter numeric value)

28. How long (on average) after a sick call/kite is made does an inmate see medical staff?

- No Wait Time
- 1-6 Hours
- 7-12 Hours
- 13- 24 Hours
- Other (please specify)
- 1-3 Days
- 4-7 Days
- 2 Weeks
- Over 2 Weeks

29. How long after a behavioral health request is made does an inmate see medical staff on average?

- 1-24 Hours
- 2-7 Days
- 1-2 Weeks
- Other (please specify)
- 4 Weeks
- 6 Weeks
- Over 6 Weeks

30. What is the average number of medical appointments in your facility per day? (enter numeric value)

31. Are inmates charged fees for kites or medical appointments?

- Yes
- No

32. Does your facility have a medical grievance procedure in place for inmates?

- Yes
- No

33. How long does your medical grievance procedure take on average before resolution?

- 1 Week
- 2 Weeks
- 3 Weeks
- Other (please specify)
- 4 Weeks
- 5 Weeks
- Over 6 Weeks



House Bill 3289 Survey

BEHAVIORAL HEALTH AND SUBSTANCE USE/ABUSE

34. What percentage of inmates booked into your facility within the past year were identified as needing behavioral health services? (enter numeric value)

35. What protocols do you have in place to detox inmates? ("Detox" is the managed withdrawal from alcohol or drugs by medical or other trained professional.)

36. How many inmates are currently on your detox protocol? (enter numeric value)

37. How does your facility provide routine non-emergency health services to inmates? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> On-site staff physicians or other medical employees of the jail | <input type="checkbox"/> Off-site medical services provided by non profit contracted run facilities |
| <input type="checkbox"/> On-site physicians or other medical services provided by Independent health services | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Off-site medical services provided by contracted run facilities for profit | <input type="checkbox"/> None |

38. What is the total number of suicide attempts at your facility in the past 12 months? (A suicide attempt is a fatal/nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.) (enter numeric value)

39. What specific procedures for suicide prevention does your facility follow? (check all that apply)

- Assessment of risk at intake
- Staff training in risk assessment/suicide prevention
- Special inmate counseling or psychiatric services
- Live monitoring of high risk inmates
- Remote monitoring of high risk inmates
- Other (please specify)
- Suicide watch cell or special location
- Inmate suicide prevention team
- Architectural facility modification
- None

40. Does your facility screen for behavioral health disorders at intake?

- Yes
- No

41. Which of the following medication-assisted treatment options for opioid addiction does your facility offer to treat substance use disorders ? (Medication-assisted treatment combines behavioral therapy and medications to treat substance use disorders)

Tapering	<input type="checkbox"/>
Continuous Treatment	<input type="checkbox"/>
New Medication-assisted treatment	<input type="checkbox"/>

42. Do inmates in your facility have access to the following if they were using it prior to being booked?

Methadone	<input type="checkbox"/>
Buprenorphine	<input type="checkbox"/>
Naltrexone	<input type="checkbox"/>

43. What other ways do you provide treatment to inmates suffering from behavioral health disorders?

44. Does your facility have a confidential space for behavioral health consultations?

- Yes
- No

45. Does your facility connect with community mental health programs to provide behavioral health services to inmates?

- Yes
- No

46. Do community mental health programs serve clients while they are in facility?

- Yes
- No

47. Do community mental health programs serve inmates who were not enrolled in the program prior to their arrest?

- Yes
- No

48. Which of the following behavioral health screenings are required by policy at your facility? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Screening at intake for mental disorders (except suicide) | <input type="checkbox"/> Routine therapy/counseling by a trained professional |
| <input type="checkbox"/> Mental evaluation and assessments (other than at time of intake) | <input type="checkbox"/> Prescription, distribution, or monitoring the use of psychotropic medications to inmates |
| <input type="checkbox"/> 24-hour mental health care | <input type="checkbox"/> Psychiatric or Psychological evaluation and assessments (other than at time of intake) |



House Bill 3289 Survey

INSURANCE/MEDICAID

49. Does your facility assist inmates in getting access to Medicaid before or upon release?

- Yes
- No

50. How many inmates did your facility assist in re-enrolling in Medicaid upon their release in the year 2018? (enter numeric value)

51. What procedures do you have in place for helping recently released inmates access Medicaid?

52. What are the barriers your facility encounters in providing access to Medicaid upon release?

53. What percentage of inmates are covered by public insurance? (enter numeric value)

54. What percentage of inmates are covered by private insurance? (enter numeric value)



House Bill 3289 Survey

REPRODUCTIVE HEALTH CARE

55. Does your jail conduct pregnancy testing for inmates upon request?

- Yes
- No

56. Does your facility fund an inmate's abortion procedure?

Yes

No



House Bill 3289 Survey

FOOD

57. How does your facility discern inmates' allergies and special religious food restrictions?

58. How does your facility honor and handle inmates' dietary restrictions?



ISOLATION AND RESTRAINT

In this survey, restraint references any highly restrictive equipment, such as a restraint chair or its equivalent.

59. What type of restraints are used in your facility?

60. Is the use of restraints tracked and/or documented?

- Yes
- No
- If yes, how is this restraint tracked?

61. What type of professionals oversee the use of restraints?

62. How are the professionals listed above involved in the use of restraints?

63. What is the longest cumulative period of time an inmate has spent in restraints for a single incident in the last 12 months?

- Less than 1 Hour
- 1-2 Hours
- 3 -5 Hours
- 5- 10 Hours
- 12 Hours
- 24 Hours
- Over 24 Hours

64. Are facility employees specially trained on the use of restraints?

- Yes
- No

If yes, how is the training done?

65. Is the use of force tracked and/or documented?

Yes

No

66. What is your facility's most restrictive unit/highest level of classification?

67. In the unit listed above, how many minutes do inmates spend out of their cell per day?