MULTNOMAH COUNTY

CHANGES IN MULTNOMAH COUNTY'S JAIL POPULATION

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ANALYSIS AND POLICY DISCUSSION BRIEF

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EXECUTIVE SUMMARY

Building on the recent National Institution of Corrections analysis of Multnomah County, the following report utilized their expert models to examine in-depth the recent changes in the county's jail population and frame the changes to County-wide policy.[1] Between May 2001 and August 2003 (28-months), a reduction in jail capacity led to a decrease in the jail's average daily population (ADP) by 322 beds. This reduction was examined to determine the profile of the person that was no longer being housed in jail.

The beds went unfilled mostly due to the reduction in admissions. More than half of the total decline was accounted for in the reduction of drug offense jail admissions. Specifically, a decline in the admissions where a drug possession was the most serious offense accounting for 30% of the overall decrease. The demographic profile of this group was a middle-aged or older, white male who was awaiting trial where their most serious offense was the possession of a controlled substance. A conservative cost estimate of $115 per day, found that the reduction in ADP for possession alone avoided the county $11,040 per day or more than $4 million over the year. Barring any substantial change in policy for this group of offender, it would be reasonable to assume that any restoration in resources would be accounted for by this group, at a rate of about 1:3. This means that for every 10 beds restored, three would be used to house older white males awaiting trial whose primary charge is the possession of a controlled substance.

Several policy options to manage this population in a different and likely more cost-effective manner are discussed. These include increasing police enforcement's field options; reducing the group's rate of failure to appear in courts; improving current outpatient treatment completion rates for targeted populations; triaging drug offenders for treatment in the criminal justice system; and improving available treatment system data and analyses. This report also suggests strategies to manager further jail bed reductions. Regardless of which alternatives may be considered, they will be less effective without the adoption of a clear multi-agency strategy to manage this population as a system.

BACKGROUND

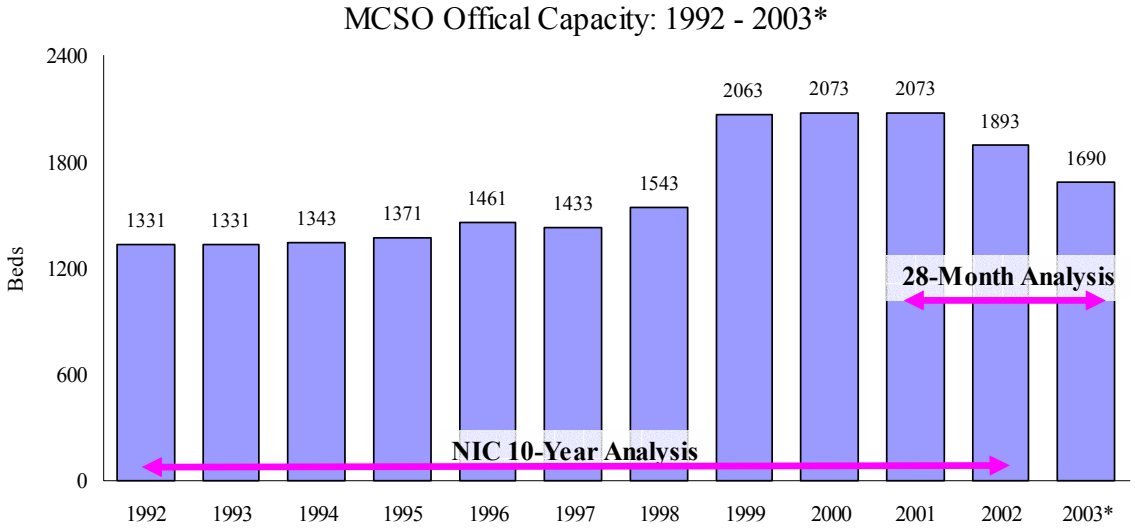
In September of 2003, technical assistance experts from the National Institute of Corrections (NIC) performed a local assessment of the Multnomah County public safety system.[2] The consultants offered observations and modeling tools to assist Multnomah County in the further analysis of their local system, specifically the management of the most expensive public safety resource—the jail. According to the consultants and published references on jail management, holding capacity steady, a jail's population is affected by only two critical components: the number of admissions and the length of

[1] Wasson B. & Cushman, B. (2003). *National Institute of Corrections: Local system assessment Multnomah County Oregon*. TA #03J1061
[2] Ibid.

stay.[3] From that postulate, recommendations were given to the County on how to better understand policy decisions and their effect as a system and how to further manage the local system. One such recommendation was to perform more in-depth analyses using their tools to determine in greater detail the drivers of the recent changes. The purpose of this report is to better understand these drivers for our local system, determine recent changes in our system resulting from budget constraints, and identify their policy implications.

CHANGES IN JAIL POPULATION

Like other jurisdictions, Multnomah County had substantially expanded jail facilities over the last decade (Figure 1), and with it, increased average daily population (ADP increased by 512). The NIC consultants determined that the increase in the ADP over the last 10 years (1992-2002) was driven mostly by an increase in the average length of stay (ALS) as opposed to increased admissions (Appendix A).[4] Their analysis was a high level review of the local system but did not offer details as to why ALS was the driver. The consultants recommended that Multnomah County "drill-down" further to determine what characteristics drove the increases in the average length of stay.



Source: MCSO
*Budgeted Capacity for FY03-FY04

Figure 1. MCSO Jail Capacity

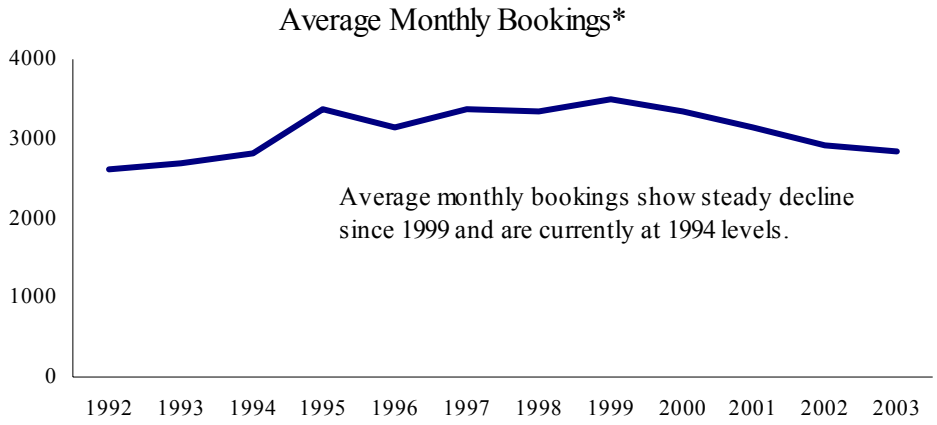
As the consultants pointed out, the last decade at Multnomah County saw a large scale jail expansion, from 1,331 beds to a peak of 2,073 beds in August 1999.[5] However, since that peak, the county bed capacity has decreased starting in June 2001 and as of August

[3] Cushman, B. (2002). *Preventing Jail Crowding: A Practical Guide*, Second Ed. National Institute of Corrections #016720. Pg 2.
[4] Wasson B. & Cushman, B. (2003). *National Institute of Corrections: Local system assessment Multnomah County Oregon*. TA #03J1061.
[5] Source. MCSO Jail capacity history.

2003 was 1690. Like many other jurisdictions, the decrease was based on reduced revenues.[6]

The consultants illustrated the big-picture trends by beginning their 10-year analysis in 1992, during which time a large expansion had taken place. Using the NIC jail management model this report examined a more recent 28-month period (May 2001 and August 2003), during which a decline occurred (Figure 1). During that time period, the average daily population in the jail declined by 322 (see Appendix B). This more recent decline is in sharp contrast to the 10-year average presented by the NIC consultants who concluded that the rise in ADP was due to increases in the average length of stay for offenders. One important reason for this difference is due to the sensitivity of the jail population model. This model is sensitive to both start and end points, and as such, determining these points should be based on a rational reason or theory. The more recent reduction that is central to current policy discussions is masked in the overall 10-year model. Because of the importance of current policy analyses, it was decided to analyze more recent data using month-level detail over performing more in-depth analyses of the 10-year trend.

This analysis was carried out using the same methodology as the NIC consultants. As noted above, examining monthly data from May 2001 to August 2003 depicted a far different pattern than that of the 10-year trend.[7] The recent decline of 322 ADP over this 28-month period was driven not by changes in average length of stay, but instead mostly due to the reduced number of admissions (accounts for 84% of decline, see Appendix B). This data appears consistent with overall booking trends which have been in decline for several years, and are currently at 1994 levels (Figure 2). This is also consistent with jail admission policy changes, which reduced admissions during much of that period.[8]



*Standard & Turn-self-in (TSI) bookings. Note, 2003 includes January through August.

Figure 2. Average Monthly Bookings Since 1993

[6] Campbell (2003). *Dollars and sense: Legislator's views on prisons, punishment, and the budget crisis*. The Vera Institute and The National Conference of State Legislatures.
[7] Source: Decision Support System-Justice (DSSJ). Note, custody data availability began May 2001.
[8] DCJ sanction reduction policy and the MCSO booking policy #02-11 (5/2/02), revised #03-08 (4/2/03).

The loss of 322 ADP was drilled down to identify the specific drivers associated with the reduction (i.e., what was the profile of those 322 no longer in jail). The analysis began by examining the primary charge sub-groups. The sub-groups were based on DSSJ categories grouped into drugs, property, person, and driving under the influence (DUII) offenses.[9] The summary of the changes in these sub-groups is presented in Table 1. Note that these four sub-groups accounted for a majority, but not all offenses in the public safety system (e.g., vehicle crimes, local ordinances, behavioral crimes).[10]

Table 1. Changes in Jail ADP by Crime Sub-groups

	Summary of 28-Month Changes			
Crime Sub-groups (Appendices B-F)	Average Daily Population (ADP)	Admissions	Average Length of Stay (ALS)	Percent of the 322 Reduced ADP
Drugs	-168.3	-144.9	-23.4	52%
Property	-51.0	-40.4	-10.5	16%
Person	-23.7	-118.0	94.3	7%
DUII	-14.2	-84.9	70.7	4%
Other (imputed)[11]	-64.7	118.2	-182.9	21%
Overall	**-321.9**	**-270.0**	**-51.8**	**100%**
		84%	**16%**	

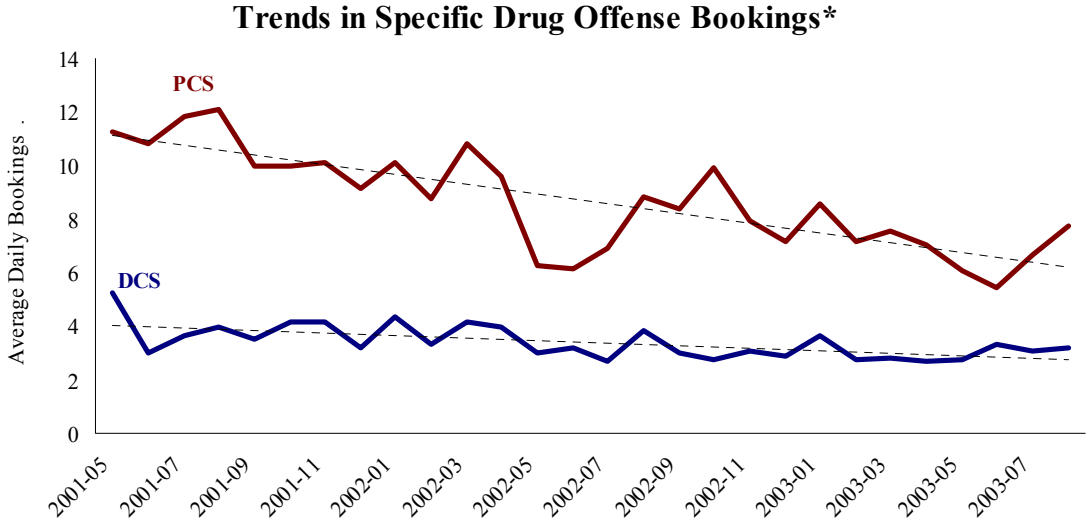
Using the DSSJ, the number of standard and turn-self-in (TSI) admissions, the average daily population (ADP), and the average length of stay (ALS) were captured monthly for each offense sub-groups for the 28-month period. Table 1 shows the change in ADP and the amount of change that was due to changes in admissions and ALS. The change in ADP is equal to the summation of the change in admissions and the change in ALS. The four sub-categories accounted for 80% of the decline in ADP. The "other" category was imputed from the total and the four sub-groups.

Slightly more than half of the reduction in ADP was linked to persons charged with a drug offense as their most serious charge, while 16% were for property offenses. Interestingly, ALS during this period of decline was mixed when examining sub-categories. While ALS of drug and property offenses declined, the ALS of DUII and person crimes increased. The increased ALS off-set the declines due to reduced admission, accounting for a smaller change in these sub-groups overall (Appendices C-F).

[9] Many offenders in the public safety system have more than one charge, however a primary (or most severe) charge is captured. Unless otherwise specified, all data came from the Decision Support System-Justice (DSSJ) public safety data warehouse. DUII is a specific offense of the vehicle sub-group.
[10] The NIC jail management model is based on a high-level annualized review of changes in a jail system. Utilization of the model in a monthly fashion will offer greater system detail, but may introduce increased error. An analysis of this possible introduction determined that the overall results were largely unchanged.
[11] The sub-groups other was imputed based on the difference in the total change less each of the sub-groups contribution. Others would include such crimes as vehicle crimes, behavioral crimes, other ORS and non-ORS offenses, fugitive holds, etc. which were likely impacted by booking policy changes.

DRUG OFFENSE BOOKED

The data found that 52% of the decline in total ADP was accounted for by drug-related offenses. Declines were shown in both drug admissions and the average length of stay for these crimes; 86% was due specifically to reduced admissions (Appendix C).[12] Drug offenses included a variety of possession (PCS), distribution (DCS), manufacture (MCS), and other offenses (e.g., tampering with drug evidence). While a variety of charges existed in this sub-group, most of the bookings were for either PCS (66%) or DCS (26%).[13] Figure 3 depicts the average daily booking rates for PCS and DCS over the past 28 months.



*Standard and Turn-self-in bookings only.

Figure 3. Average Daily Bookings for Specific Drug Offenses

A steady decline in PCS was noted since 2001 with a noticeable decrease during May 2002.[14] This decrease coincides with a Sheriff's Office booking policy change which no longer allowed for possession offenses to be "bookable" charges.[15] According to MCSO research staff, the rebound seen shortly thereafter in PCS bookings was due to increases in failure-to-appear (FTA) warrants for those originally booked on a primary drug

[12] The Sheriff's Office has noted the relationship between those frequently booked individuals and drug related charges (40%), mental health, housing, and other health related issues. Multnomah County Sheriff's Office (2002). *The booking frequency project*. Proposal to the National Institute of Justice. Pg. 18.

[13] Bookings are not exactly the same as admissions—you may be booked, but not held in custody due to a variety of release mechanisms. For the purposes of this report and due to inherent limitations with the available data, bookings will be used interchangeably with admissions, but caution should be applied when interpreting this data. PCS can include various schedules I-IV, but were typically PCS-I and PCS-II.

[14] Several policy changes occurred May 2001, including DCJ change in sanction policy to reduce bed use, and a change in DA possession prosecutions.

[15] In addition to PCS, several other charges were no longer bookable. Those with warrants issued were still booked into jail, typically for failing to appear (FTA).

charge.[16] This suggested that after May 2002, those who were booked and released on the original drug charge were subsequently rebooked into jail due to failing to appear on the original charge. Thus, most of the decline in admissions was specifically due to reductions in PCS bookings on original charges, and it's likely that a greater reduction would have been seen had the FTA's not increased.[17]

Figure 4 depicts the decreased flow of ADP over the last 28 months by drivers. Beginning with the overall 322 ADP decline, drug offenses accounted for 52% of the decline in ADP. This was mostly due to the reduction in admissions (86% of drugs). Specifically, it was the reduction in admissions for possession offenses, which accounted for 30% of the total 322 ADP reduction.

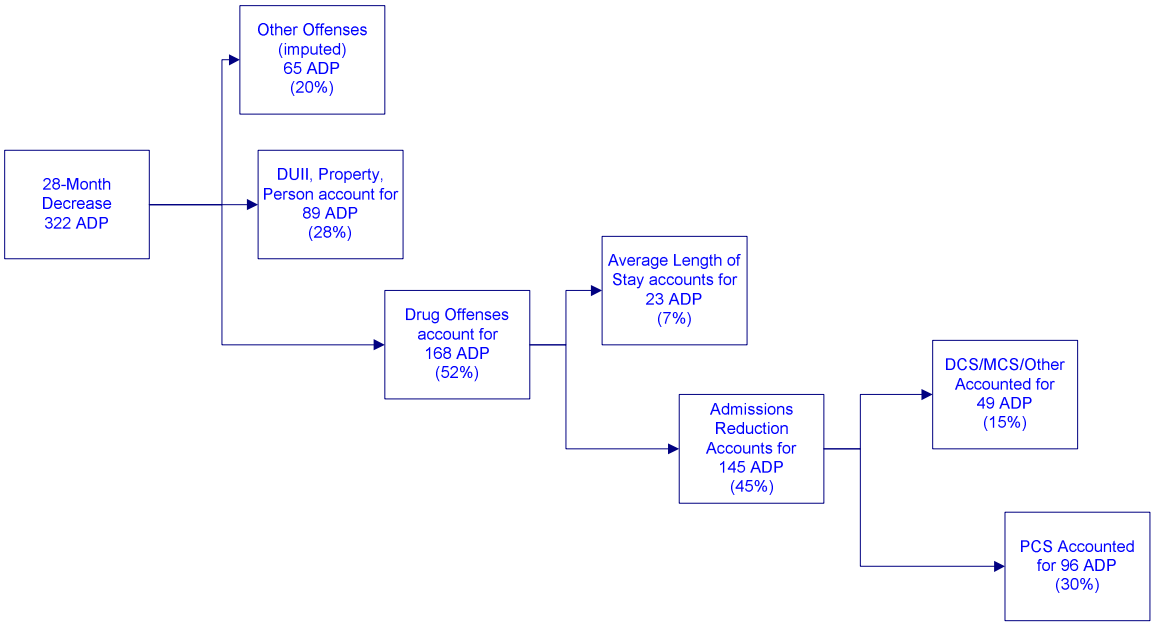


Figure 4. Flow Chart Accounting for the Decreased in ADP

DEMOGRAPHICS OF THOSE ADMITTED

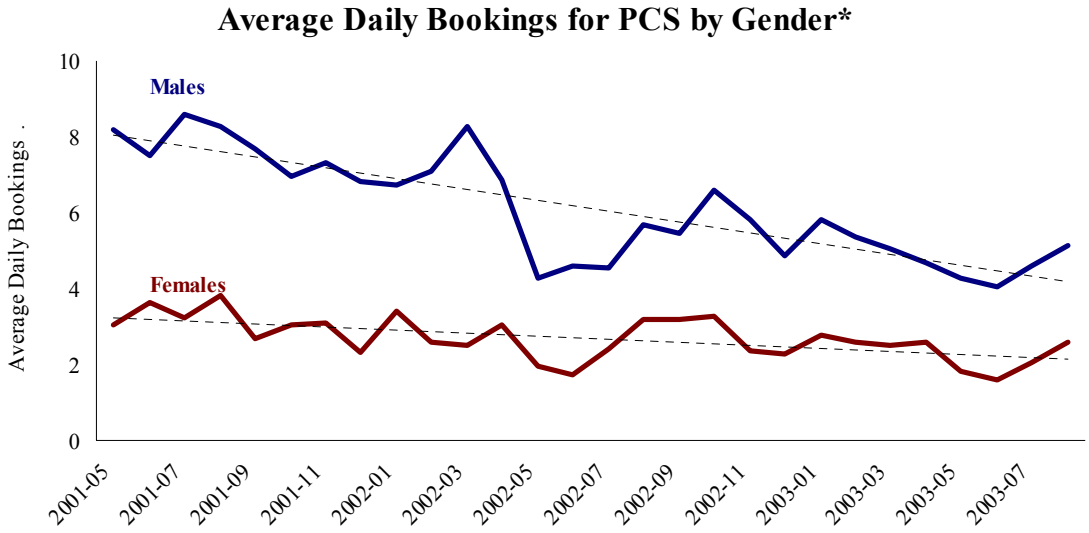
Focusing specifically on possession offenses—as they accounted for a substantial proportion of the overall decline—a demographic snapshot of those most affected by the

[16] An increase in PCS bookings due to warrants was noted beginning June 2002, while bookings for original charges remained low consistent with the booking policies #02-11 and #03-08. This suggests that a further decline in ADP for this population is possible by reducing drug FTA. The MCSO research data suggests that most warrants related to primary drug charges were for failure to appear.

[17] FTA appear to be a substantial problem. Preliminary data suggests that FTAs are associated with 1/3rd of all standard bookings and prosecution cases. Conservative estimates suggest booking costs alone of between $1-$2 million. Several local reports have previously identified the problem and recommended action, but none have shown the high cost associate with FTAs (see Bennett, D. & Lattin, D. (2001). *Multnomah County Pre-trial Services Overview*. Pg 29.; Multnomah County Local Public Safety Coordinating Council (2002). *Racial Over-Representation in the Criminal Justice System: Task Force Report 2001-2002*. Pg 11.).

reduction in ADP was performed. This section examines gender, age, and racial traits of those most affected by the reduction in admissions. Figure 5 shows the average daily bookings with a primary charge of possession for males and females.

Males accounted for a substantially higher proportion of the average daily bookings, overall more than twice the rate as females. This rate appeared to decrease over the last 28-months. While both genders showed decreases over the time period, males decreased at a far greater rate than females. Note that the sharp decline which coincided with the change in MCSO booking policy (May 2002) was more prominent for males than for females.



*Standard and Turn-self-in bookings only.

Figure 5. Average Daily Bookings for PCS by Gender

Next, an examination of the age cohorts was performed to determine if patterns in cohort bookings were present (Figure 6). The age of offenders booked for possession was separated into four categories: 18-25, 26-35, 36-45, and 46+. The examination of cohort data showed that older cohorts accounted for more of the daily bookings than did younger cohorts, however all groups saw reductions in the booking rates with similar patterns.[18] Note that all cohorts showed sharp declines coinciding with the change in MCSO booking policy of May 2002.

[18] Not all categories have equal amounts of persons due to unequal age groupings. While this makes comparisons less appropriate, it does not diminish the fact that older cohorts appeared more likely to be booked than did younger cohorts. Also note that very few bookings occurred for those over persons over 55 years of age. Trend lines were not added because they added little value to the figure.

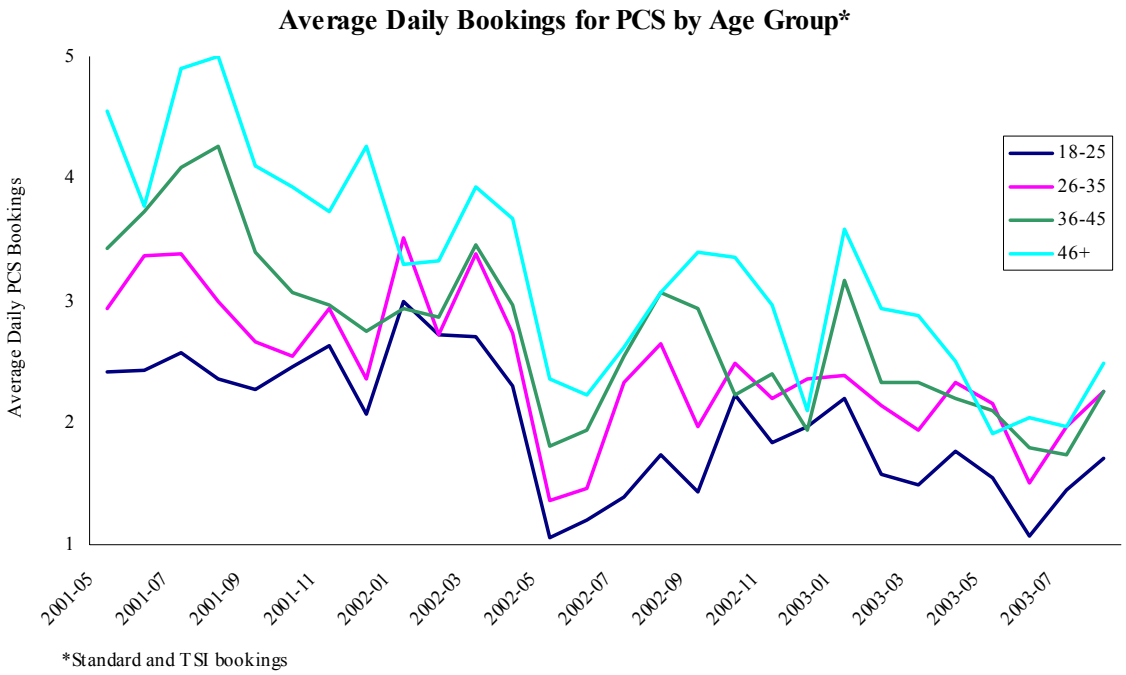
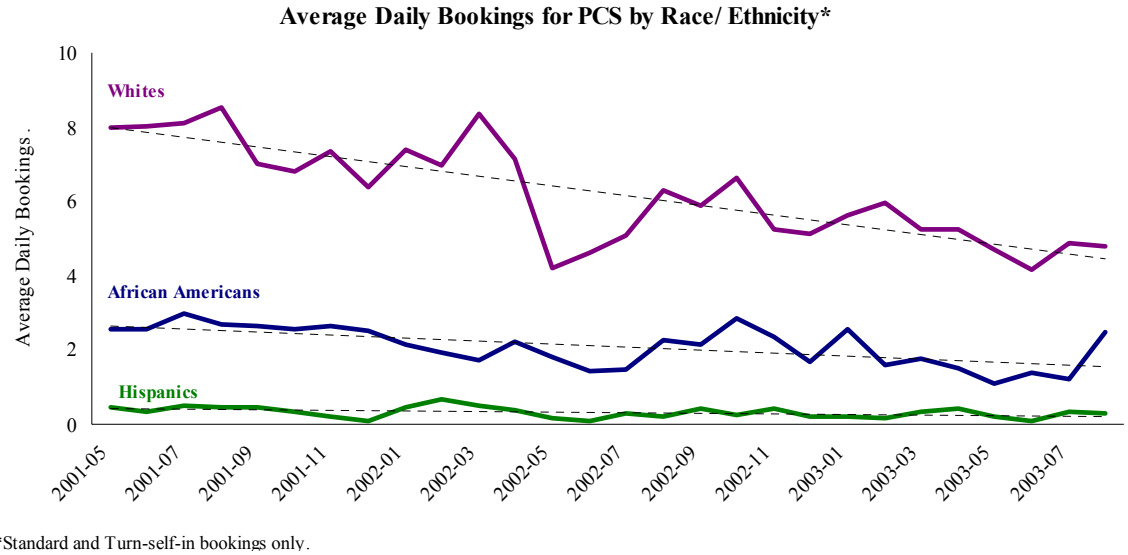


Figure 6. Average Daily Bookings for PCS by Age Cohort

Finally, admissions data for various racial and ethnic groups was examined. Not all groups had enough data to be represented, therefore only three groups were presented. Whites, African-Americans, and Hispanics accounted for the greatest number in average daily bookings.[19] Whites accounted for the greatest number of average daily bookings for possession (71% of total PCS over 28-month period), followed by African-Americans (24%) and Hispanics (4%), respectively. While each group saw declines in the admissions during the time-period, Whites appeared to fall at a greater rate than other racial groups (Figure 7). Note that the point of sharpest decline in Whites coincided with the change in MCSO booking policy.

[19] Native Americans and Alaskans, Asians, accounted for very few cases and were not included in the figure.



*Standard and Turn-self-in bookings only.

Figure 7. Average Daily Bookings for PCS by Race/ Ethnicity

The demographics analysis of the decline in possession admissions over the last 28 months found that the majority of the decline was not due to a reduction in general population, but instead a specific sub-group of offender. This offender was typically an older white male. This profile was most pronounced when one examined the change in MCSO booking policy of May 2002—other racial groups did not show the same level of reduction during that period. While all groups appeared to have declined, it was this group that comprised the majority of the 30% ADP reduction seen since May of 2001.

This profile fits closely with that of the Arrestee Drug Abuse Monitoring Program (ADAM) sponsored by the National Institution of Justice.[20] According to 2002 ADAM data, the average Multnomah County male arrestee testing positive for drugs was 33 years old, 57% White, 20% African-American, with a history of arrests (88%). Of those, 69% tested positive for at least one of 10 drugs, with marijuana being the most common substance (37.5%).[21]

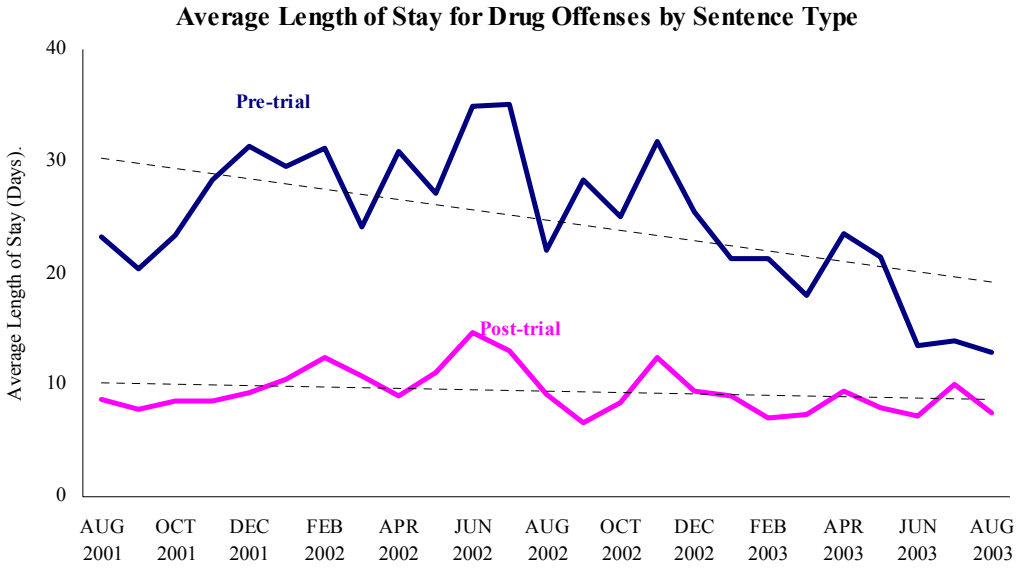
Drug Offenses and Average Lengths of Stay

The average length of stay for drug offenses showed a decline accounting for about 7% of the overall average daily population (ADP). Matching booking data with custody data for those with a primary drug offense, an examination of the amount of time spent in jail pre-trial and post-trial was performed.[22] Data over the 28-month period was collected beginning with all releases where the primary booking charge was for a drug offense.

[20] National Institute of Justice (2002). *ADAM: Preliminary data on drug use & related matters among adult arrestees & juvenile detainees*.
[21] Ibid. Tables 2 – 8.
[22] These systems are not specifically designed to allow for simple analyses of the amount of time spent in jail either pre-trial or post-trial. Because of this, the results while generally applicable should be considered overall estimations.

Due to the range restrictions associated with the custody data, data was presented from August 2001 to August 2003.[23]

As shown in Figure 8, the average length of stay (ALS) for pre-trial was considerably longer than for post-trial time. This may be the case for several reasons: many sentences compensate the post-trial sentence by crediting the offender with time already served awaiting trial; offenders who were sentenced to prison would remain in local custody for very short periods of time; and those who were serving time on a turn-self-in sentence can sometimes generate multiple short-term bookings.



*Standard and Turn-self-in bookings only. Data was collected beginning May 2001.

Figure 8. Average Length of Stay for Drug Offenses by Sentence Status

Over the last 28 months, the amount of time in pre-trial has been reduced substantially, while the post-trial ALS had remained constant. This was consistent with the MCSO policy changes and the matrix policy; those already sentenced would be unlikely to leave their custody due to matrix—that would likely occur for those awaiting trial, who have yet to be found guilty of a crime. The results suggest the reduction in the ADP that was due to a decreased length of stay for drug crimes was driven almost completely by the reduction in the amount of time persons spent awaiting trial.

[23] At the starting point of the custody snapshot data—May 2001—inmates who were mid-sentence do not provide full data. To estimate the appropriate starting point with adequate data we determined the average 28-month LOS was 14.9 days (all groups, pre, post, etc.) with a standard deviation (SD) of 26.6. Taking the mean at a 95% confidence interval, we choose to ignore cases for 68 days. Thus, we report from August 2001 on.

DISCUSSION

Consultants from the National Institute of Corrections identified what drove changes in the Multnomah County jail's average daily population (ADP) increase over a 10-year trend. While their high-level review offered useful historical context illustrating overall increases and provided useful tools for future analyses, it focused on historical jail management issues and less on the contemporary concerns for policy makers.

Following the consultant's methodology and model, this report analyzed more recent jail population and utilization data. The model identified a reduction in capacity over the last 28-months which led to a decrease in the jail's average daily population by 322. The Sheriff's decision to decrease jail capacity and bookings over the past 28 months was logical based on declining revenues. While ADP decreases were noted in all crime categories—mostly due to reductions in admissions—more than half of the total decline was accounted for in the reduction of drug offense admissions. Indeed, nearly a third of the 322 ADP decrease was due to possession. The typical profile was a middle-aged or older, white male who was awaiting trial where his most serious offense was the possession of a controlled substance. These general findings, while offering greater detail, are nonetheless consistent with a report produced in 2000, finding greater workload in the public safety system due to drug offenses and population growth.[24]

This finding has several impacts to county policy regarding the management of the criminal justice system. The decline in capacity, and thus ADP, was driven by a reduction in public resources, impacting what appears to be the least dangerous offender in half the cases.[25] The system responded to this decline by focusing less of the limited resources on managing a group of lower risk offenders. Barring any substantial change in policy for this group of offender, it would be reasonable to assume that any restoration in resources would be accounted for with a return of this group, at a rate of 1:3. This means that if 10 beds were restored, three would be used to house older white males awaiting trial whose most serious offense was for the possession of a controlled substance.

At a conservative cost of $115 per day, the reduction in ADP for possession alone avoided the county an estimated $11,040 per day, or more than $4 million per year.[26] What happened to community indicators during this period of reduced jail capacity? During that same time period of steadily reduced capacity, reported index crimes ebbed and flowed showing no relationship to the capacity change.[27] Additionally, the Portland Police Bureau recently reported that victimization rates, fear of crime and crime in

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[24] Carlson, J. (2000). *If crimes is dropping, why isn't our workload*. Multnomah County Evaluation and Research Unit.

[25] In terms of likelihood to harm persons or property. This is consistent with the "offender stream" management philosophy of the public safety group and best practices of devoting the greatest amount of resources to the most risky of offenders and focusing less on the easier to manage low-level offender (e.g., DCJ case bank for low-level offenders and specialized caseloads for medium and high risk offender).

[26] System cost for a jail bed. Each facility's bed cost varies. Source: Chief Deputy Tim Moore, MCSO.

[27] The Public Safety Monthly Brief for September 2003 showed decreasing jail capacity while reported offenses increased and decreased throughout the same time period. Budget Office (2003). *Public Safety Monthly Brief: September 2003*.

Portland neighborhoods remained comparatively low from 2000 to 2003.[28] The question remains, that given a future resource restoration is the citizen of Multnomah County best served by a policy incarcerating middle-aged or older, white males awaiting trial where their most serious offense was the possession of a controlled substance? It is clear there will always be citizens who possess illicit substances, but from a policy perspective is incarceration the best, most cost-effective way to manage this population?[29] Has the county clearly articulated what the jails are to be used for and the kind of offender that should be housed there?

POLICY IMPLICATIONS

Similar to the managed health care models (e.g., low-cost mental health outpatient, outreach and supports versus expensive in-patient hospitalization), the jail could be managed around the same resource concept. To reduce crime and recidivism and increase public safety and accountability, the most expensive resources should be used the most sparingly and for those who cannot be managed and held accountable with other less expensive resources. This means sufficient cost effective alternatives to incarceration (e.g., standard or enhanced electronic monitoring) and necessary support services (e.g., housing, food, healthcare, etc.) must be in place to manage this population.[30] This is consistent with recommendations by the Sentencing Project, suggesting that the criminal justice system was not designed as a social service delivery system, and that those with a drug problem in the criminal justice system are likely those of lower socio-economic status less likely to readily receive treatment in the community.[31] Below several policy points are listed as ways to think about managing this population.

Policy discussion #1: Increase enforcement's field options. Recent independent analyses of the Multnomah County public safety system found that enforcement officers were limited in the number of field options at their disposal. The report suggested offering officers a wider array of options other than to simply cite and release or book into jail.[32] Similar field options were developed in 1971, when Multnomah County as a system, took

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[28] Portland Police Bureau (April 2003). *2002-2004 Community Policing Strategic Plan.* Pg 8. http://www.portlandpolicebureau.com/PDFs/Strategicplan02_04.pdf

[29] Research shows that incarceration is not an effective form of treatment for those with substance abuse problems. See MacKenzie, D. L. & Uchida, C. D. (1994). *Drugs and crime: Evaluating public policy initiatives*. Sage Publications, Thousand Oaks Ca.; Caulkins, J. (1997). *Are Mandatory Minimum Drug Sentences Cost-Effective?* RAND Corporation #RB-6003. http://www.rand.org/publications/RB/RB6003/ ; Reuter, P. (2003). *Middle markets for drugs: Assessing the enforcement potential*. Presentation for the National Institute of Justice Annual Research and Evaluation Conference (July 2003).

[30] Multnomah County Sheriff's Office (2002). *The booking frequency project*. Proposal to the National Institute of Justice.

[31] The Sentencing Project. (2001). *Drug policy and the criminal justice system*. Pg 7. http://www.sentencingproject.org/pdfs/5047.pdf. The Sentencing Project is a nationally recognized non-profit source of criminal justice policy analysis and information which promotes reduced reliance on incarceration and increased use of more effective and humane alternatives to deal with crime.

[32] Note that a recent report suggested that police officers needed greater options besides cite and release or book into jail, see Bennett, D. (2001). Multnomah County criminal justice management project: Law enforcement (November 2001). Page 25.

steps to manage another problem population that was a workload strain on the public safety system—the chronic public drunk.[33]

The opening of the Hooper Sobering Program and subsequent addition of the Central City Concern Hooper Inebriate Emergency Response Service (CHIERS)—an outreach van to pick up inebriated people off Portland's streets—allowed more cost-effective management of this chronic, problem population. Hooper allowed inebriates, who were routinely associated with violence, a safe place to recover and a chance to engage with addiction treatment options outside of the formal criminal justice system.[34] It also allowed for both treatment referrals and social services referrals to occur, while cost-effectively managing this disruptive population in the community. In FY02, the Hooper sobering program provided nearly 12,000 sobering episodes, more than 3,400 transports, more than 2,700 sub-acute alcohol and drug detoxification episodes, and nearly 2,000 referrals for alcohol and drug treatment, housing, and support services.[35] This successful program increased police field options by offering alternatives to jail for this sub-population and engaged this population in a treatment continuum.[36]

Recently, the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) sponsored national multi-site study of jail diversion programs for those with mental illness and alcohol and drug problems. One site utilized a pre-booking diversion design where specially trained police officers escorted those persons with community disturbances to a treatment location instead of jail. The outcomes of diversion compared to a non-diverted comparison group found significant short-term improvement in mental health functioning for those diverted. More importantly, the study included a cost-effectiveness analysis that determined that over a 12-month period the diversion participants' public safety costs were managed at a significantly lower cost than were the non-diverted participants.[37] The authors stated, "…from the perspective of the criminal justice system, diverting such a population [of mentally ill and alcohol and drug affected] from jail represents significant cost savings."[38]

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[33] Carlson, J. (2000). *If crimes is dropping, why isn't our workload*. Multnomah County Evaluation and Research Unit. PowerPoint slide #14.

[34] Bureau of Justice Statistics. (1999). *Substance Abuse and Treatment, State and Federal Prisoners, 1997*. Violent offenses were more likely to be committed by someone under the influence of alcohol (42%) than drugs (29%), cited in The Sentencing Project. (2001). *Drug policy and the criminal justice system*. Pg 4.; Charles E. Culpepper Foundation and the Robert Wood Johnson Foundation (1998). *Behind bars: Substance abuse and America's prison population*. Pg. 33. Found that 21% of state inmates and 11% of federal inmates serving time for violent crime admitted being under the influence only of alcohol at the time of their offense, with less than 4% for cocaine, crack and heroin.

[35] Central City Concern (2002). *Pathways to self-sufficiency: Annual report 2002*. Pg. 7. http://www.centralcityconcern.org/CCC%202002%20Annual%20Report.pdf

[36] This was after the Oregon Legislature defined alcoholism as a disease and not a responsibility of the criminal law system.

[37] Health care costs did increase for the diversion participants, from increased access and utilization.

[38] RTI International (2002). *Assessment of the cost-effectiveness of Memphis's jail diversion program: Final report*. Prepared for SAMHSA, project number 07980.005. Pg. 13. Note that the community health care costs were significantly higher for the diverted group because more participants received in-patient treatment services.

In a separate but related analysis of DSSJ bookings for possession, preliminary results found 43% of all drug and alcohol bookings were for a single charge of possession. If two possession charges were recorded at the time of booking, the amount increased to 47% (i.e., two charges were filed, each for possession). That figure translated into approximately seven bookings per day, or 6% of all bookings. Less than 20% were booked on original charges, with the majority (47%) booked on warrants. Nearly three-quarters of the warrants were for failure to appear (FTA).[39] These numbers suggest a substantial, identifiable chronic sub-population, cycling in and out of local jails because they were unable to present themselves at court. If a pre-booking variant of Hooper were available allowing enforcement officers alternatives other than booking into jail for those persons who were solely caught in possession of a controlled substance, more than 2,550 bookings annually could be diverted from the jails into treatment services. Based on various cost estimates for bookings that could avoid between $525,000 and $616,000 per year. Cost avoided savings due to increased jail capacity, likelihood of treatment engagement and completion, and avoided costs in court services should also materialize.[40] Additionally, FTA rates would also likely decline.

Policy discussion #2: Decrease failure to appear rates. Failure to appear (FTA) rates appear to consume a substantial amount of time in the criminal justice system. These occur when a person not in jail fails to arrive at their arraignment or trial. Many reasons for not showing up to court have been previously discussed including difficultly navigating the court system, failing to remember a hearing, or consciously avoiding a hearing. Research on local pre-trial programs release programs found a low FTA rate.[41] It is likely that the rates are highest for persons released on their own recognizance either at booking or by the judge.[42] Since third party releases are rarely ever used and no reminder system, with the exception of formal pre-trial programs exist, it is likely that a number of FTAs are due simply to people not being reminded. Several low-cost changes could be employed to reduce the FTAs including: expanding pre-trial supervision programs to include persons released on their own recognizance, releases from custody to third parties, and utilization of phone notification systems to remind persons of their upcoming court dates. Regardless, FTA rates should be regularly monitored and efforts to reduce the FTA rates should be considered.

Policy discussion #3: Improve current outpatient treatment completion rates. It is often stated that greater treatment availability is needed for the population of drug user. However, several local treatment providers recently stated that outpatient treatment's flexibility allowed easily for capacity accommodation, suggesting that outpatient

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[39] Nice, M. (2003). *Assessing PCS Bookings in Multnomah County*. Preliminary draft. Note 74% were for standard bookings, 15% TSI bookings, and 11% cite and ID bookings.

[40] Crumpton, D. (2001). *A Transactional and Institutional Cost Analysis of the Multnomah County Criminal Justice System: Serious Adult Crimes*. Pg. 33. Crumpton determined FY00 cost per booking was $206 for standard bookings; Multnomah County Sheriff's Office (2003). *Activity based costing at MCDC: Preliminary numbers on booking and release* (PowerPoint Slide 15). The MCSO estimated that total cost to the county per booking (included Corrections Health and DCJ Recog-unit) for the FY03 budget was $250 for standard bookings, $214 for TSI, and $188 for cite and ID.

[41] Bennett, D. & Lattin, D. (2001). *Multnomah County Pre-trial Services Overview*.

[42] Preliminary data from DCJ finds that those persons released at Recog had an FTA rate of 55%.

treatment availability was not the problem.[43] The problem appeared to be in outpatient completion rates and long-term outcomes.

Local treatment completion rates were found to be substantially higher for those in residential treatment (57%-68%) than for those in outpatient treatment (40%-54%).[44] However, outpatient treatment has consistently been found to be a more a cost-effective treatment modality than residential treatment due to its low cost per day.[45] Those in Multnomah County jails who tested positive for drugs had previously received treatment at some of the highest rates in the nation, but also had some of the lowest stable housing rates in the nation.[46] This illustrates the need to increase successful treatment completion by coupling outpatient treatment with appropriate support services.[47]

Steps to improve treatment success should include a focused increase in treatment support services, specifically A&D-free housing and relapse prevention services.[48] For example, in FY02 the average daily cost of outpatient treatment was $7, and with A&D-free housing it was an additional $21, for a total of $28 per day.[49] While recent budget data showed a substantial increase in the county's outpatient treatment budget, treatment access and support services funding has declined. It is precisely these services that enhance treatment and completion, and thus cost-effectiveness. Not including the additional costs of the criminal justice system (e.g., courts, prosecution, indigent defense, etc.), this means that nearly four offenders could receive one day of cost-effective treatment and night of housing found to reduce recidivism and addiction for the cost of

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[43] A meeting of the Local Public Safety Coordinating Council's Alcohol and Drug Criminal Justice Working Group, 11/13/03. Both departments showed over 100% utilization of outpatient slots for FY02. This is also consistent with anecdotal reports from County MHAS staff. This is not to say that access issues do not exist, especially with residential treatment.

[44] While the likelihood of completion is greater with residential treatment, there is no evidence suggesting residential is more effective than outpatient treatment. National Institute of Corrections (2002). *Promoting Public Safety: Using effective interventions with offenders*. Section 5, Tab C (CPAI Area 3: Program characteristics).

[45] California Department if Alcohol & Drug Programs (1994). *Evaluating recovery services: The California drug and alcohol treatment assessment* (CALDATA); Finigan, M. (1996). *Societal Outcomes and Cost Savings of Drug and Alcohol Treatment in the State of Oregon*. NPC Research, Portland Oregon. Note, outpatient treatment is not appropriate in all cases.

[46] National Institute of Justice (2002). *ADAM: Preliminary data on drug use & related matters among adult arrestees & juvenile detainees*. The majority of positives were for marijuana. Median stable housing over the last 30 days was 88%, Multnomah County tied for the third worse stable housing rate (of 36). Multnomah County had the highest population who self-reported receiving outpatient treatment in the last year (13% males and 18% females).

[47] Herbert & Louis (2000). *Central City Concern: Portland addiction acupuncture center program evaluation*. Pg. 16-17 and Table 2. All insurance plans found greater successful completion for those clients matched with A&D free housing. Note this program includes several other support services (e.g., acupuncture, mentoring, etc.) and results should be considered preliminary.

[48] While an overall increase in funding in A&D treatment occurred between FY02 & FY04 due to temporary ITAX funds, it appears that a 9% *decrease* in adult A&D-free housing and decreases in other relapse prevention and supports occurred. See Nice, M. (2002). *Multnomah County alcohol and drug treatment system: FY2004(Draft #2)*. Presented to the Local Public Safety Coordinating Council Alcohol & Drug Criminal Justice Working Group 5/22/03.

[49] Nice, M. (2002). *Multnomah County alcohol and drug treatment system: FY2002*. Board presentation 4/2/02.

one night of incarceration which has not been shown as effective form of addiction treatment.[50]

Policy discussion #4: Triage drug offenders in the criminal justice system. The previous sections identified system options for policing and incarceration, but equally important policy discussions regarding the best management of offender resources should also be asked of the backend of the system. Expanding early disposition programs for simple possession offenses is another option worth exploring. This would allow faster disposition of drug possession cases prosecuted as misdemeanors, or further reduced to violations.[51] The early disposition should avoid a jail sentence, but would allow for bench probation so repercussions for offenders found in violation would still be available. Instead of jail time, treatment referrals, community service or fines would be the sentence. A limit could be imposed so that those who continue to be brought before the court could be moved into various drug court avenues. Washington County as a way to manage their 'bulge' cases held over during the last state cut.[52] Early disposition would require a judge, prosecutor, defense attorney, and early discovery and it could be done under existing court infrastructure such as community court. This would likely save community justice resources as the cases would be managed from bench probation and not require formal community supervision, as well as reduce indigent defense costs.[53]

New thinking on existing drug court programs (i.e., Clean Court, DUII diversions, and S.T.O.P. Court) recommend re-evaluating the offenders that are being processed. For example, experts have recently challenged the notion that drug courts and sanctions for technical violations were suitable for all drug offenders.[54] Sarah Hart, director of the National Institute of Justice, questioned whether those who were in court mandated treatment for marijuana use, and likely displacing other offenders with more significant substance use issues, was the best use of limited treatment resources.[55] Peter Reuter, founder of the RAND Drug Policy Research Center, further stated, "...they [criminal justice treatment agents] sort of don't recognize that they have a lot of marijuana patients, and … I think it's a reasonable inference that there are a lot of people who are in the

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[50] Treatment affects individuals differently and while shown to be cost effective, relapse is common for patients. See U.S. Department of Health and Human Services, Substance Abuse and mental health services administration. (1998). *Continuity of offender treatment for substance abuse disorders from institution to community* (TIP #30). Pg 2.; Robert Wood Johnson Foundation (2001). *Substance abuse: The nation's number one health problem*. Pg. 111; State of California Alcohol & Drug Programs (1994). *Evaluating Recovery Services: The California Drug & Alcohol Treatment Assessment*. pg 85.; Finigan, M. (1996). *Societal Outcomes And Cost Savings Of Drug And Alcohol Treatment In The State Of Oregon*. NPC Research; MacCoun, R. J. & Reuter, P. (2001). *Drug war heresies*. Cambridge University Press. Pg 30-35.

[51] Recent changes in Oregon Law allow the District Attorney to charge drug possession felonies as misdemeanors (HB2865). The District Attorney also has discretion to reduce misdemeanors to violations, which are not subject to jail.

[52] Jim Hennings, Metropolitan Public Defender. Conversation on options regarding cases processing for possession 11/25/03.

[53] Ibid.

[54] Urban Institute (2003). *Reducing Drug Use and Crime: Strategies that Work (April).* http://www.urban.org/url.cfm?ID=900599

[55] Ibid., Sarah Hart, Director of the National Institute of Justice, and previous chief counsel for the Pennsylvania Department of Corrections and prosecutor in the Philadelphia District Attorney's Office.

treatment system being treated for a legal problem, not for a substance abuse problem."[56] These sentiments were also echoed by California Superior Court Judge James Gray who wrote,

> "Drug courts should be used only for *problem* drug users whose *conduct* brings them into the system. If a person commits an assault, a forgery, a theft, or drives under the influence of cocaine or some other illicit drug, and he has a drug problem of any kind, charge him with that [non-drug crime] and send him to drug court. Through drug court he can serve an appropriate time in jail, make restitution to the victim(s), and be coerced into drug treatment. But it is counterproductive to bring people into the criminal justice system simply for their choice of drugs, and, as we have seen, the collateral harms to society of trying to prohibit these drugs are enormous. The problem users will find their way into the court system anyway; the non-problem users are best addressed by education and medical care [emphasis added]."[57]

Policy discussion #5: Improve available treatment data and analyses. According to current estimates, Multnomah County spends nearly $32 million on alcohol and drug treatment, mostly as community based treatment for adults.[58] The majority of this treatment is for persons actively involved in the criminal justice system either through supervision or by court influence.[59] Multnomah County as a treatment system has not defined successful completion, developed ways to determine the treatment outcomes and overall effectiveness of the system. While data collection varies, analytical capacity at the county has been reduced, diminishing the amount of local treatment information available. This was identified as a concern and recommendation in a recent independent evaluation of the County's public safety system in general.[60] Thus, policy decisions at a system's level, are not being based on the best available data.

While treatment overall has been found effective, its efficacy varies depending on population, substance, and treatment modality. Drug treatment is not one-size fits all, and without analyses to determine effective treatment components and protocol, dosage, and client match, it invariably leads to less efficient use of resources. For example, drug court treatment effectiveness research has found mixed results, however treatment expenditures continue to increase for the criminal justice population.[61] Recent research suggests

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[56] Ibid., Peter Reuter, University of Maryland (School of Public Affairs and the Department of Criminology), senior economist at RAND and a member of the Office of National Drug Control Policy Committee on Data Research and Evaluation.

[57] Gray, J. P. (2001). *Why our drug laws have failed and what we can do about it: A judicial indictment of the war on drugs*. Temple University Press. Pg.188-189.

[58] Nice, M. (2002). *Multnomah County alcohol and drug treatment system: FY2004(Draft #2)*. Presented to the Local Public Safety Coordinating Council Alcohol & Drug Criminal Justice Working Group 5/22/03.

[59] DCJ provides 43% of all treatment services all for those on supervision (medium and high risk), while it is estimated that a third of the 54% of MHAS treatment is for persons actively on supervision (low and limited risk).

[60] Wasson B. & Cushman, B. (2003). *National Institute of Corrections*: *Local system assessment Multnomah County Oregon*. TA #03J10613.

[61] Listwan, S. J., Sundt, J. L., Holsinger, A. H., & Latessa, E.J. (2003). *The effects of drug court programming on recidivism: The Cincinnati experience*. Crime and Delinquency 49(3), pg. 389.; Roman,

varying results are due to inconsistent treatment quality and various delivery models.[62] While one of the county departments that provides substantial treatment has evaluation professionals on staff, the county's largest treatment department currently has no analytical ability, thus no way to determine the outcomes of their investment. Regardless, as a system, Multnomah County is currently unable to monitor the success of their sizable treatment investment.

The drug landscape for Multnomah County has changed and systematic monitoring needs to occur to maximize treatment effectiveness. Annual Portland Police Bureau statistical reports since 1998 showed drug arrests rates for all types of offenses had fallen, driven by declines in cocaine and heroin arrests. Simultaneously, marijuana (mostly for less than one oz.) and methamphetamines arrests had increased.[63] The majority of drug offenses were for possession versus distribution or manufacture. However, a recent report which included data from the Arrestee Drug Abuse Monitoring (ADAM) project showed little overall change in percent of arrestees testing positive for illicit substances even though treatment utilization appears to be increasing.[64] The report goes on to identify that substance use trends varied substantially by various demographic characteristics.

There needs to be dedicated capacity in the county to regularly collect, analyze, and disseminate in a timely fashion the various substance abuse data. As a system, analyses must determine where and for whom the most effective treatment is occurring and work with providers to increase the effectiveness of their program's outcomes. Additionally, an organization needs to be in place with a mission to monitor the overall treatment system across various departments, stakeholders, and providers and to assist with data driven policy direction.

CONCLUSIONS

Between May 2001 and August 2003, the average daily population (ADP) in jail dropped by 322. A large proportion of this population was for persons with possession offenses. The effects on the community appear, at least with most current information, insignificant. Several policy options have been outlined for more general and in-depth discussion based on historical policies, the most up-to-date research results, and expert

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J., Bhati, A., & Townsend, W. (2003). *Estimates of recidivism rates for drug court graduates*. Presentation at the National Institute of Justice Annual Conference on Criminal Justice Research (July, 2003).

[62] Anspach, D., Taxman, F. S., & Bouffard, J. A. (2003). *What works in drug courts? Quality matters*. Presentation at the National Institute of Justice Annual Conference on Criminal Justice Research (July, 2003).; National Institute of Corrections (2002). *Promoting Public Safety: Using effective interventions with offenders*. Section 5, Tab C (CPAI Area 3: Program characteristics).

[63] Portland Police Bureau. *Annual Statistical Reports (1993-2000)*. Note, data for 2001 & 2002 are draft data provided by the PPB Statistical Support Unit. http://www.portlandpolicebureau.com/reports.html; Excluding methamphetamines, this is reasonably consistent with national data finding decreases in cocaine and heroin use and increases in marijuana use (1988-2000). ONDCP (2002). *Drug availability estimates in the United States*. NCJ 197107. Pg 148-152. http://www.whitehousedrugpolicy.gov/publications/pdf/drugavailability.pdf

[64] Caubet, S. & Nice, M. (2004). *Local trends in illicit substance use*. Multnomah County Budget Office Report #003-04.

opinions. They are only discussion points for the public safety system, that should be further explored, and either pursued or rejected.

Multnomah County is still facing considerable financial difficulties, including the possibility of a substantial system impact due to the failure of ballot measure 30 and the subsequent state loss and the upcoming FY06 loss of $40 million in local programs from the sunset of a temporary income tax (ITAX). It is important for the system to constantly reexamine itself, align itself with what works and determine the best balance between policy and available resources.

Regardless of what alternatives may be considered, they will be less effective without a clear multi-agency strategy to manage this population differently ***as a system***.[65] Arresting persons for possession only to matrix them later or, holding them in custody only to prosecute them as violators in community court, is an example of a fragmented reactionary policy. Various partner agencies, both County and others, have already responded independently to decreasing public safety resource levels. And, in responding to those challenges, no single partner in the system should have to carry the entire burden to make the local system viable. A system which fails to align its most expensive resources with its greatest risks is one that is less effective and wasteful. In the future, simply restoring resources without a systematic policy framework for guidance will only continue the current state of fragmentation and fail to adequately manage those populations where more cost-effective alternatives are known to exist.

NOTE

At the time of this printing, additional declines were occurring in the available jail bed capacity of Multnomah County (as of 2/27/04 official capacity was 1,636).[66] Examining January 2004 jail population snapshot data for primary drug offenses identified an average daily population of 139 (8% of the total population). Approximately, 62% were for possession offenses, suggesting that additional jail capacity could be made available for property and violent offenders and reduction in matrix releases if community options were in place. Utilizing this jail population data and available substance abuse data can be instrumental in crafting a system response to adequately manage this resource reduction. Identifying and focusing system services, matched to specific sub-populations, can significantly reduce the need for costly incarceration options.

[65] This is consistent with recommendation #3, "The LPSCC needs to develop a consistent set of purposes for the adult corrections programs in the county that is applied to institutions and field programs alike. There should be a system-wide commitment to the achievement of the state outcome measures as a beginning point in this purpose focus. Wasson B. & Cushman, B. (2003). National Institute of Corrections: *Local system assessment Multnomah County Oregon*. TA #03J10613. pg. 34

[66] Source. MCSO Jail capacity history.

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APPENDIX A: 10-YEAR CHANGE IN JAIL DETAIL

Historical Impacts of Changes in Numbers of Admissions and Lengths of Inmate Stay

Multnomah County Jails, 1992 - 2002

Year	Average Daily Population	Annual Change in Average Daily Population	Number of Admissions	Annual Change in Admissions	New Length of Stay of Change in Admissions	Number Bed Days Consumed (Saved) by Added (or Fewer) Bookings	Number of Beds Required for Change in Admissions	Number of Jail Beds Required for Change in Length of Stay	Number Of Jail Bed Days Required For Change in LOS	Net Change in Bed Days Required
1992	1,335		31,356							
1993	1,333	-1.97	32,315	741	15.34	11,367	31.1	-33	(12,071)	(704)
1994	1,322	-11.82	34,053	2,327	14.65	34,091	93.4	-105	(38,405)	(4,314)
1995	1,359	37.08	40,678	6,625	12.97	85,926	235.4	-198	(72,387)	13,534
1996	1,434	75.12	38,109	(2,569)	14.37	(36,917)	-101.1	176	64,320	27,419
1997	1,424	-9.82	40,540	2,431	14.02	34,083	93.4	-103	(37,668)	(3,584)
1998	1,717	293.45	40,267	(273)	16.47	(4,496)	-12.3	306	111,599	107,109
1999	2,006	288.24	42,153	1,886	18.25	34,420	94.3	194	70,788	105,208
2000	2,053	47.8	40,321	(1,832)	19.36	(35,468)	-97.2	145	52,925	17,447
2001	1,963	-90.45	37,634	(2,687)	20.3	(54,546)	-149.4	59	21,517	(33,014)
2002	1,847	-115.63	34,958	(2,676)	20.05	(53,654)	-147.0	31	11,450	(42,205)
Change	**512**						**+41**	**+471**		

Source: Wasson B. & Cushman, B. (2003). National Institute of Corrections*: Local system assessment Multnomah County Oregon*. TA #03J1061, pg 15.

APPENDIX B: 28-MONTH CHANGE IN JAIL DETAIL

Historical Impacts of Changes in Numbers of Admissions and Lengths of Inmate Stay

Multnomah County Jails, May 2001 – August 2003: All Offense

Year – Month	Average Daily Population	Annual Change in Average Daily Population	Number of Admissions	Annual Change in Admissions	New Length of Stay of Change in Admissions	Number Bed Days Consumed (Saved) by Added (or Fewer) Bookings	Number of Beds Required for Change in Admissions	Number of Jail Beds Required for Change in Length of Stay	Number Of Jail Bed Days Required For Change in LOS	Net Change in Bed Days Required
2001-5	1985.4		3340		20.2279					
2001-6	1909.9	-76	3069	-271	20.7441	-5,622	-187.4	111.8	3,355	-2,267
2001-7	1898.8	-11	3180	111	18.3748	2,040	65.8	-76.8	-2,381	-342
2001-8	1839.5	-59	3365	185	19.3146	3,573	115.3	-174.6	-5,413	-1,840
2001-9	1869.4	30	3086	-279	17.8253	-4,973	-165.8	195.7	5,872	899
2001-10	1860.5	-9	3122	36	19.7148	710	22.9	-31.8	-987	-277
2001-11	1889.8	29	2840	-282	21.5717	-6,083	-202.8	232.1	6,962	879
2001-12	1903.2	13	2852	12	21.3627	256	8.3	5.2	160	416
2002-1	1915.1	12	3149	297	19.1317	5,682	183.3	-171.5	-5,315	367
2002-2	1915.8	1	2827	-322	20.7795	-6,691	-239.0	239.7	6,712	21
2002-3	1924.6	9	3092	265	18.6632	4,946	159.5	-150.8	-4,674	271
2002-4	1908.6	-16	3134	42	18.8795	793	26.4	-42.4	-1,271	-478
2002-5	1791.5	-117	2697	-437	21.546	-9,416	-303.7	186.6	5,785	-3,631
2002-6	1765.7	-26	2651	-46	20.5766	-947	-31.6	5.8	173	-773
2002-7	1840.9	75	2963	312	21.2465	6,629	213.8	-138.6	-4,298	2,331
2002-8	1860.3	19	3100	137	18.7194	2,565	82.7	-63.3	-1,964	601
2002-9	1862.7	2	2947	-153	17.4722	-2,673	-89.1	91.5	2,744	70
2002-10	1850.2	-12	3012	65	20.5441	1,335	43.1	-55.5	-1,722	-387
2002-11	1827.6	-23	2744	-268	20.28	-5,435	-181.2	158.5	4,756	-679
2002-12	1786.5	-41	2618	-126	23.275	-2,933	-94.6	53.6	1,661	-1,272
2003-1	1715.3	-71	2958	340	22.1697	7,538	243.2	-314.4	-9,746	-2,208
2003-2	1586.5	-129	2620	-338	21.0727	-7,123	-254.4	125.6	3,516	-3,607
2003-3	1507.6	-79	2748	128	17.322	2,217	71.5	-150.4	-4,663	-2,446
2003-4	1472.2	-35	2781	33	16.6224	549	18.3	-53.7	-1,611	-1,062
2003-5	1475.0	3	2843	62	19.4189	1,204	38.8	-36.0	-1,117	87
2003-6	1501.8	27	2670	-173	15.126	-2,617	-87.2	114.0	3,421	804
2003-7	1571.8	70	3009	339	19.8857	6,741	217.5	-147.5	-4,572	2,169
2003-8	1663.6	92	3107	98	17.7928	1,744	56.2	35.6	1,102	2,846
Change	**-321.9**						**-270.0**	**-51.8**		
							84%	**16%**		

APPENDIX C: 28-MONTH CHANGE IN JAIL DETAIL FOR DRUG OFFENSES

Historical Impacts of Changes in Numbers of Admissions and Lengths of Inmate Stay

Multnomah County Jails, May 2001 – August 2003: Drug Offense Category

Month-Year	Average Daily Population	Annual Change in Average Daily Population	Number of Admissions	Annual Change in Admissions	New Length of Stay of Change in Admissions	Number Bed Days Consumed (Saved) by Added (or Fewer) Bookings	Number of Beds Required for Change in Admissions	Number of Jail Beds Required for Change in Length of Stay	Number Of Jail Bed Days Required For Change in LOS	Net Change in Bed Days Required
2001-5	301.2		557		14.224					
2001-6	272.7	-28	453	-104	15.3606	-1,598	-53.3	24.8	744	-854
2001-7	250.7	-22	512	59	14.6167	862	27.8	-49.9	-1,546	-684
2001-8	242.5	-8	529	17	14.2286	242	7.8	-15.9	-494	-252
2001-9	220.6	-22	449	-80	13.3518	-1,068	-35.6	13.7	410	-658
2001-10	235.7	15	479	30	14.749	442	14.3	0.8	26	468
2001-11	234.9	-1	483	4	14.4585	58	1.9	-2.8	-83	-25
2001-12	247.6	13	445	-38	16.1114	-612	-19.7	32.5	1,008	396
2002-1	229.0	-19	501	56	12.8692	721	23.2	-41.9	-1,300	-579
2002-2	200.3	-29	414	-87	14.7086	-1,280	-45.7	17.1	478	-802
2002-3	203.9	4	497	83	11.7822	978	31.5	-27.9	-866	112
2002-4	200.1	-4	457	-40	14.3097	-572	-19.1	15.2	456	-116
2002-5	188.7	-11	332	-125	15.7954	-1,974	-63.7	52.3	1,621	-353
2002-6	187.4	-1	316	-16	19.3962	-310	-10.3	9.0	271	-39
2002-7	171.1	-16	323	7	19.6153	137	4.4	-20.7	-641	-503
2002-8	165.7	-5	439	116	10.9003	1,264	40.8	-46.2	-1,433	-169
2002-9	160.6	-5	397	-42	11.1981	-470	-15.7	10.6	317	-153
2002-10	174.7	14	421	24	10.9348	262	8.5	5.6	175	437
2002-11	157.6	-17	367	-54	17.2696	-933	-31.1	14.0	419	-513
2002-12	161.1	4	341	-26	13.8174	-359	-11.6	15.2	470	110
2003-1	151.1	-10	409	68	9.7995	666	21.5	-31.6	-978	-312
2003-2	145.0	-6	327	-82	11.8801	-974	-34.8	28.7	803	-171
2003-3	124.4	-21	342	15	10.0184	150	4.8	-25.5	-789	-639
2003-4	102.6	-22	339	-3	10.3405	-31	-1.0	-20.8	-623	-654
2003-5	95.0	-8	302	-37	10.4216	-386	-12.4	4.8	150	-236
2003-6	88.8	-6	301	-1	8.1569	-8	-0.3	-5.9	-178	-186
2003-7	107.9	19	324	23	8.877	204	6.6	12.5	388	592
2003-8	132.9	25	376	52	9.6737	503	16.2	8.8	274	777
Change	**-168.3**	**-168.3**					**-144.9**	**-23.4**		
							86%	**14%**		

APPENDIX D: 28-MONTH CHANGE IN JAIL DETAIL FOR PROPERTY OFFENSES

Historical Impacts of Changes in Numbers of Admissions and Lengths of Inmate Stay

Multnomah County Jails, May 2001 – August 2003: Property Offense Category

Month-Year	Average Daily Population	Annual Change in Average Daily Population	Number of Admissions	Annual Change in Admissions	New Length of Stay of Change in Admissions	Number Bed Days Consumed (Saved) by Added (or Fewer) Bookings	Number of Beds Required for Change in Admissions	Number of Jail Beds Required for Change in Length of Stay	Number Of Jail Bed Days Required For Change in LOS	Net Change in Bed Days Required
2001-5	184.2		461		16.9737					
2001-6	162.4	-22	525	64	15.2236	974	32.5	-54.3	-1,629	-655
2001-7	151.1	-11	502	-23	14.7838	-340	-11.0	-0.3	-10	-350
2001-8	162.3	11	577	75	17.1105	1,283	41.4	-30.2	-935	348
2001-9	172.0	10	515	-62	12.0887	-749	-25.8	35.6	1,032	283
2001-10	170.0	-2	534	19	20.2762	385	12.8	-14.9	-446	-61
2001-11	199.0	29	462	-72	23.2658	-1,675	-55.8	84.9	2,546	871
2001-12	206.6	8	456	-6	19.767	-119	-3.8	11.4	355	236
2002-1	217.2	11	535	79	19.4563	1,537	49.6	-39.0	-1,209	328
2002-2	217.3	0	451	-84	23.8164	-2,001	-74.1	74.2	2,003	3
2002-3	223.0	6	441	-10	18.0744	-181	-6.0	11.7	350	169
2002-4	229.8	7	433	-8	15.3138	-123	-4.1	10.9	327	204
2002-5	209.1	-21	386	-47	24.2476	-1,140	-36.8	16.1	498	-642
2002-6	206.3	-3	365	-21	20.6905	-435	-14.5	11.7	352	-83
2002-7	204.0	-2	437	72	20.4443	1,472	47.5	-49.8	-1,544	-72
2002-8	197.7	-6	455	18	23.2998	419	13.5	-19.8	-613	-194
2002-9	199.3	2	455	0	13.1134	0	0.0	1.6	49	49
2002-10	208.9	10	463	8	16.3423	131	4.2	5.3	165	296
2002-11	206.4	-2	378	-85	26.6639	-2,266	-75.5	73.1	2,192	-74
2002-12	190.6	-16	341	-37	27.1798	-1,006	-32.4	16.6	515	-490
2003-1	145.5	-45	413	72	28.3247	2,039	65.8	-110.9	-3,436	-1,397
2003-2	138.8	-7	372	-41	22.4245	-919	-32.8	26.1	732	-187
2003-3	111.0	-28	307	-65	23.1552	-1,505	-48.6	20.8	644	-861
2003-4	96.4	-15	318	11	19.3603	213	7.1	-21.8	-653	-440
2003-5	86.6	-10	339	21	28.7047	603	19.4	-29.2	-904	-301
2003-6	86.7	0	283	-56	18.5829	-1,041	-34.7	34.7	1,042	2
2003-7	104.2	17	375	92	28.5615	2,628	84.8	-67.3	-2,085	542
2003-8	133.2	29	463	88	13.0138	1,145	36.9	-7.9	-245	900
Change	**-51.0**	**-51.0**					**-40.4**	**-10.5**		
							79%	**21%**		

APPENDIX E: 28-MONTH CHANGE IN JAIL DETAIL FOR PERSON OFFENSES[67]

Historical Impacts of Changes in Numbers of Admissions and Lengths of Inmate Stay

Multnomah County Jails, May 2001 – August 2003: Person Offense Category

Month-Year	Average Daily Population	Annual Change in Average Daily Population	Number of Admissions	Annual Change in Admissions	New Length of Stay of Change in Admissions	Number Bed Days Consumed (Saved) by Added (or Fewer) Bookings	Number of Beds Required for Change in Admissions	Number of Jail Beds Required for Change in Length of Stay	Number Of Jail Bed Days Required For Change in LOS	Net Change in Bed Days Required
2001-5	503.4		448		21.9982					
2001-6	525.0	22	363	-85	29.3403	-2,494	-83.1	104.8	3,143	649
2001-7	508.7	-16	413	50	23.0442	1,152	37.2	-53.5	-1,657	-505
2001-8	507.0	-2	396	-17	22.7488	-387	-12.5	10.7	333	-54
2001-9	509.6	3	410	14	27.9432	391	13.0	-10.4	-313	78
2001-10	486.1	-24	350	-60	30.621	-1,837	-59.3	35.8	1,109	-729
2001-11	517.9	32	366	16	25.1482	402	13.4	18.5	554	956
2001-12	521.8	4	378	12	24.888	299	9.6	-5.7	-178	121
2002-1	527.9	6	367	-11	27.5261	-303	-9.8	15.8	490	187
2002-2	509.2	-19	332	-35	27.8248	-974	-34.8	16.1	451	-522
2002-3	511.0	2	384	52	26.4332	1,375	44.3	-42.6	-1,319	55
2002-4	527.5	17	385	1	31.1387	31	1.0	15.5	464	495
2002-5	522.0	-6	397	12	32.9559	395	12.8	-18.3	-567	-171
2002-6	517.0	-5	404	7	21.1603	148	4.9	-9.9	-298	-150
2002-7	566.2	49	433	29	29.2945	850	27.4	21.9	677	1,527
2002-8	563.7	-2	418	-15	21.5472	-323	-10.4	7.9	246	-77
2002-9	587.6	24	393	-25	26.363	-659	-22.0	45.8	1,375	716
2002-10	589.6	2	381	-12	31.89	-383	-12.3	14.3	444	61
2002-11	579.1	-10	359	-22	23.7299	-522	-17.4	7.0	209	-313
2002-12	543.7	-35	368	9	35.3627	318	10.3	-45.7	-1,417	-1,099
2003-1	526.7	-17	369	1	42.2132	42	1.4	-18.4	-569	-527
2003-2	493.1	-34	313	-56	43.6688	-2,445	-87.3	53.7	1,504	-941
2003-3	488.8	-4	367	54	26.4762	1,430	46.1	-50.4	-1,562	-132
2003-4	482.9	-6	342	-25	27.1424	-679	-22.6	16.7	502	-176
2003-5	486.5	4	373	31	33.1421	1,027	33.1	-29.6	-917	110
2003-6	503.4	17	410	37	18.9734	702	23.4	-6.5	-194	508
2003-7	502.6	-1	406	-4	28.9992	-116	-3.7	2.9	90	-26
2003-8	479.7	-23	385	-21	30.5789	-642	-20.7	-2.2	-68	-710
Change	**-23.7**	**-23.7**					**-118.0**	**94.3**		
							498%	**-398%**		

[67] Includes person and person-sex offenses.

APPENDIX F: 28-MONTH CHANGE IN JAIL DETAIL FOR DUII OFFENSES

Historical Impacts of Changes in Numbers of Admissions and Lengths of Inmate Stay

Multnomah County Jails, May 2001 – August 2003: DUII Offense Category

Month-Year	Average Daily Population	Annual Change in Average Daily Population	Number of Admissions	Annual Change in Admissions	New Length of Stay of Change in Admissions	Number Bed Days Consumed (Saved) by Added (or Fewer) Bookings	Number of Beds Required for Change in Admissions	Number of Jail Beds Required for Change in Length of Stay	Number Of Jail Bed Days Required For Change in LOS	Net Change in Bed Days Required
2001-5	142.3		440		12.1823					
2001-6	138.3	-4	326	-114	15.9546	-1,819	-60.6	56.7	1,700	-119
2001-7	150.6	12	339	13	15.8372	206	6.6	5.7	177	383
2001-8	146.8	-4	364	25	13.809	345	11.1	-15.0	-465	-120
2001-9	153.8	7	349	-15	11.8977	-178	-5.9	13.0	389	211
2001-10	171.0	17	365	16	13.7956	221	7.1	10.1	312	533
2001-11	165.0	-6	285	-80	17.4584	-1,397	-46.6	40.6	1,217	-180
2001-12	162.0	-3	305	20	13.4964	270	8.7	-11.7	-362	-92
2002-1	166.0	4	368	63	14.4073	908	29.3	-25.3	-786	122
2002-2	156.4	-10	349	-19	13.6816	-260	-9.3	-0.3	-9	-269
2002-3	160.0	4	354	5	12.0575	60	1.9	1.7	54	114
2002-4	164.0	4	348	-6	14.1665	-85	-2.8	6.8	203	118
2002-5	168.3	4	330	-18	12.2444	-220	-7.1	11.4	353	133
2002-6	165.3	-3	276	-54	14.9383	-807	-26.9	24.0	719	-88
2002-7	146.0	-19	321	45	16.4516	740	23.9	-43.2	-1,339	-598
2002-8	150.4	4	334	13	11.7744	153	4.9	-0.6	-17	136
2002-9	142.4	-8	311	-23	15.4142	-355	-11.8	3.8	115	-240
2002-10	141.9	-1	332	21	12.6353	265	8.6	-9.1	-282	-16
2002-11	157.3	15	294	-38	17.9946	-684	-22.8	38.2	1,147	463
2002-12	149.0	-8	252	-42	25.853	-1,086	-35.0	26.7	827	-258
2003-1	129.8	-19	319	67	19.8842	1,332	43.0	-62.2	-1,927	-595
2003-2	122.0	-8	306	-13	13.2927	-173	-6.2	-1.7	-47	-220
2003-3	127.3	5	288	-18	11.3003	-203	-6.6	11.9	369	165
2003-4	127.0	0	263	-25	8.0359	-201	-6.7	6.4	192	-9
2003-5	125.9	-1	311	48	18.3332	880	28.4	-29.5	-915	-35
2003-6	122.4	-3	232	-79	18.5585	-1,466	-48.9	45.4	1,362	-104
2003-7	126.0	4	340	108	18.7724	2,027	65.4	-61.8	-1,916	112
2003-8	128.1	2	273	-67	12.343	-827	-26.7	28.8	892	65
Change	**-14.2**	**-14.2**					**-84.9**	**70.7**		
							599%	**-499%**		

APPENDIX G: 28-MONTH DRUG PRE-TRIAL/POST-TRIAL CUSTODY DETAIL

	Average Number of Days in Jail when Booked with a Primary Drug Charge	
Month & Year	Pre-trial Days	Post-trial Days
MAY 2001*	5.34	3.97
JUN 2001*	7.58	6.58
JUL 2001*	14.61	8.02
AUG 2001	23.22	8.67
SEP 2001	20.37	7.82
OCT 2001	23.42	8.57
NOV 2001	28.35	8.61
DEC 2001	31.32	9.33
JAN 2002	29.45	10.51
FEB 2002	31.09	12.48
MAR 2002	24.16	10.8
APR 2002	30.89	9.04
MAY 2002	27.14	11.03
JUN 2002	34.94	14.65
JUL 2002	35.02	13.04
AUG 2002	22.06	9.17
SEP 2002	28.38	6.62
OCT 2002	25.05	8.34
NOV 2002	31.79	12.5
DEC 2002	25.51	9.43
JAN 2003	21.34	8.95
FEB 2003	21.33	7.09
MAR 2003	18.00	7.29
APR 2003	23.51	9.4
MAY 2003	21.42	7.94
JUN 2003	13.54	7.17
JUL 2003	13.92	10.02
AUG 2003	12.87	7.54

*Note these first three months are not included to control for range restriction errors. Beginning with the booking data for those discharged in a given month/year whose primary charge was for a drug offense, all related offender custody data was merged to determine the number of pre-trial and post-trial days held in jail. Hold and other days were not presented.