

# MULTNOMAH COUNTY

## FY 2024 Budget Work Session Follow Up

### Sheriff's Office

May 9, 2023



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#### Question 1: Jail Beds

**Commissioner Meieran (District 1):** Please provide the context and data for establishing the need for one infectious disease dorm. How many adults in custody currently need to be housed in these beds. How do you partner with Corrections Health in this area?

#### Response:

MCSO has had 1,117 funded jail beds for the last several years. We book over 1,000 individuals per month. This creates a fluid and diverse population of people entering and exiting our corrections settings daily. We have run at almost full capacity with frequent emergency population releases up until Feb. 2020. This meant almost every bed was occupied and the ability to move individuals into the most appropriate settings for their needs was limited. Due to COVID-19 and potentially significant and deadly impacts within congregate settings, those incarcerated within Multnomah County corrections facilities were reviewed and released if eligible by court order or other supervising body. Since that time, we have maintained a healthy and safe capacity around 75%-80%, allowing for properly designated supportive housing units.

MCSO has two designated “medical” units - one at MCDC and one at MCIJ. These units are acute clinical settings for managing critical injuries, chronic medical issues, and significant illness. They are equipped with special HVAC, electrical outlets, ADA accommodations for space/access, and 24/7 clinical and corrections staff. Corrections Health (CH) manages the detection and management of all clinical care needs within MCSO facilities. This includes historically an annual “flu season” where an infectious disease protocol process (identify, isolate in respiratory isolation cells, and place dorm on precaution) was in place throughout the entire facilities beginning in the late fall through winter.

At the onset of the COVID-19 pandemic, CH implemented their infectious disease protocol to manage all individuals booked into custody. MCSO repurposed multiple units to provide for early observation housing at MDCDC and then isolation settings when the virus was diagnosed to reduce the likelihood of mass exposure. As testing and vaccination became available, these mitigating interventions were rolled into the protocol. Together, MCSO and CH successfully made it through the defined pandemic without a fatality and successfully supported thousands of individuals' medical needs while incarcerated.

We have learned that the current footprint of funded jail beds allows for quick and supportive housing areas to support clinical needs of many people at once.

### **Question 2: Mental Health Unit**

**Commissioner Meieran (District 1):** What is the investment in the Mental Health unit? How has the level of need been identified? What is the programming and what will the funds from MCSO be used for?

#### **Response:**

MCSO designates multiple housing areas for adults in custody with mental health needs and they range from acute single cell units to open dorm settings. A dedicated MH Deputy and MH Sergeant are also funded at MDCDC to allow for streamlined access to care and facilitating specialized care plans, as well as the Programs Unit of civilian staff for facilitating all "case management" type services with all adults in custody. Looking at all of these areas combined, MCSO funds an approximate total of \$11.7 million to house individuals with mental health concerns and focus on facilitating access to care and supporting case management type needs. Housing areas that are designated to MH support are not organized into standalone program offers. The funding total of \$11.7 million used to answer this question has been calculated by using percentages from several program offers.

All clinical care for psychiatric services is provided by Multnomah County Health Dept., Corrections Health, and is not funded within MCSO's budget. Individuals are identified by medical/mental health screening staff at any stage of incarceration. This includes immediately upon booking or at any point based

upon a request for services, medical records review, or active and observed behaviors or symptoms.

### **Question 3**

**Commissioner Meieran (District 1):** There have been 104 cases of surrender of firearms for people of danger to selves or others. How does this compare with the prior year? What is the trend? Was there increased investment here over the last two fiscal years? How much is being invested in this program?

#### **Response:**

MCSO's Civil Process Gun Dispossession program offer was first requested in FY 2023 and was not picked up within the General Fund. Through ARP, we've had FY 2023 - \$314,382 with 2.00 FTE and for FY24 - \$358,536 with 2.00 FTE. The difference in funding is related to the increase in personnel costs only.

With these dedicated resources for dispossession, our trend of removing firearms from those most at risk to use them has continued to increase. In 2021, 145 firearms were dispossessed. In 2022, 356 firearms were dispossessed. Since our report of 104 firearms was shared in early May, we've already removed another 50 firearms. We are on track to likely dispose of 400 firearms in 2023.

### **Question 4: Work Crews**

**Commissioner Meieran (District 1):** Work crews - Can you speak to the impact of eliminating this program offer?

#### **Response:**

This reduction eliminates three corrections deputies and one corrections sergeant dedicated to facilitating and supervising adult in custody work crews. Over the years, these FTE supervised crews were focused on outside work activity related to contracts with other organizations. As a result of a declining sentenced population and COVID-19, individuals eligible for outside work programs have naturally diminished. In addition, through policy reform and new law around the previous requirement for sentenced individuals to perform work functions, the use of "inmate labor" has significantly been reduced. Previous contracts with the City of Portland, Metro, and ODOT were all ended. All work is now voluntary and connected to the custodial settings, such as housing area workers, janitorial, and laundry.

