

# Multnomah County Public Safety System Planning Report

## *Planning Committee Vision*

*The goal of public safety is to work as partners with community members to protect people and prevent crime through a coordinated system that is just and accountable to all.*

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## Participants

A special thanks to all who participated in this process, including elected officials, policy-makers, staff of government and community-based agencies, and community representatives. The hard work of many contributed to the process, this report, and the companion materials.

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- Doug Bray, Trial Court Administrator
- John Connors, Metropolitan Public Defenders
- Bill Farver, Multnomah County CEO
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- Steve Liday, Former Director, Department of Community Justice
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<sup>1</sup> MPD: Multnomah Public Defenders Office, DCHS: Dept. of County Human Services, DCJ: Dept. of Community Justice, MCSO: Multnomah County Sheriff's Office, LPSCC: Local Public Safety Coordinating Council

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# Multnomah County Public Safety System Planning Report

## *Planning Committee Vision*

*The goal of public safety is to work as partners with community members to protect people and prevent crime through a coordinated system that is just and accountable to all.*

## Introduction

For over a decade, Multnomah County has been recognized nationally for being a leader in the implementation of evidence-based practices in its public safety system. From the City of Portland’s community-policing initiatives, to the Court’s investment in drug courts, and the County’s development of a continuum of substance abuse treatment options for offenders, the jurisdiction has invested in proven programs and practice to help improve public safety.

In keeping with the research on what works to reduce offenders’ risk to commit new crimes, the jurisdiction invested in effective and evidence-based programs and services. Across the system, stakeholders collaborated to build the best possible programs and service delivery, within the available resources. These efforts combined to develop a continuum of sentencing options for judges, including an array of sanctions and services that could be woven together to match each individual offender’s risks and needs in a way that best optimized his or her chances of leaving the criminal justice system and living a crime free life as a productive citizen.

## *The Outcome Data*

These investments corresponded with positively affected public safety outcomes:

- **Reduced Crime:** State crime statistics indicate that Part 1 crimes decreased steadily from 2003 to 2006 following an increase over the four years prior (Figure 1). Part 1 crimes include murder, rape, robbery, aggravated assault, burglary, larceny, vehicle theft, and arson<sup>2</sup>.

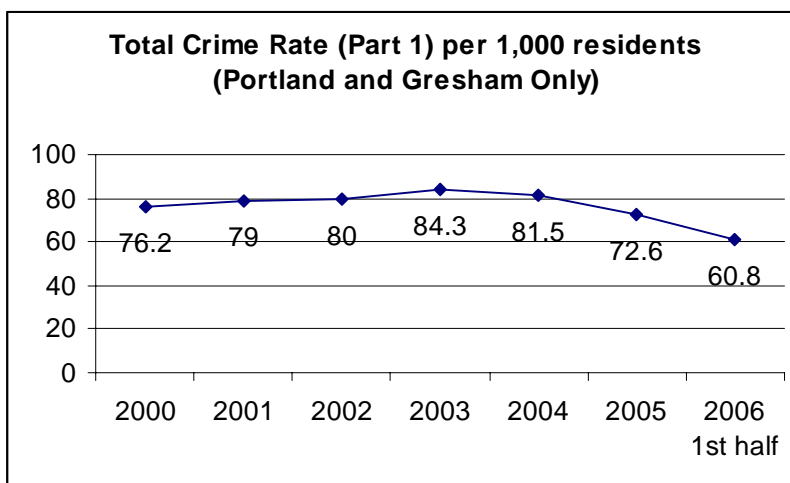


Figure 1

<sup>2</sup> Porter, B., Roche, H., Liday, S., Marcy, S., Li, M., Hudson, R., et al. (March 2007) Outcome Team Safety: FY 2008 Budget Priority Setting Multnomah County Oregon. Available at:

- Reduced Recidivism: The three year reoffense rate of adult offenders on post-prison supervision decreased from 37.9% in 1998 to 27.8% in 2004. The rates of adult offenders on probation decreased from 27.8% in 1998 to 23.3% in 2004 (Figure 2)<sup>3</sup>. In November 2007, a presentation for the Governor’s Re-Entry Council indicated a cost savings of \$2,250,000 in State corrections costs for each point of recidivism reduction<sup>4</sup>.

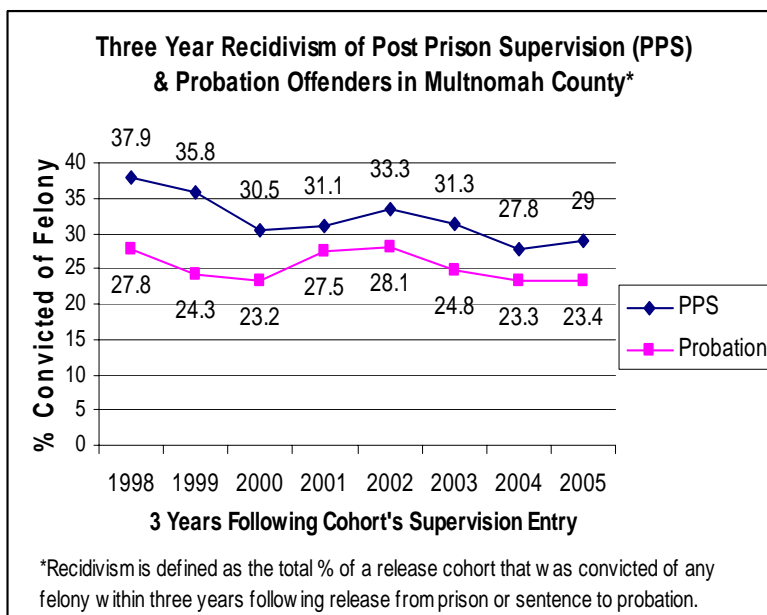


Figure 2

### The Current Crisis: Drastic Budget Reductions

Unfortunately, the County has been plagued with decreasing resources and annual budget deficits over the last six years. These resource reductions, combined with state and federal budget cuts have slowly eroded the progress made in terms of system capacity and alignment with the research. Service delivery has been reduced across the public safety system, including those departments that provide preventative and early intervention services proven by research to keep people from entering the criminal justice system. As a result of these decisions, stakeholders no longer believe that the system has the infrastructure necessary to sufficiently manage the offender population. Judges feel that their only sentencing options are “jail or no jail.” Offenders sit in expensive jail beds while they wait for less expensive and more appropriate residential treatment beds. Individuals with mental illness are jailed instead of treated and then set free without critical release planning. These practices represent neither wise use of public resources, nor do they contribute to community safety. In fact, it’s very likely that as a result of the degraded system resources, the community will begin to experience increased reoffending as seen in the slight up tick of recidivism rates in 2005 (Figure 2).

The budget cuts are not over. The County faces an additional \$18.7 million revenue shortfall for fiscal year 2009 and County departments are being asked to trim 3% from their current funding level budgets. While the shortfall will be somewhat mitigated by one-time-only revenue, ongoing reductions in revenue will be necessary again in fiscal year 2010. The state’s

[http://www2.co.multnomah.or.us/County\\_Management/Budget/FY%202008/Outcome%20Team%20Docs/Safety%20FY%202008%20Report.pdf](http://www2.co.multnomah.or.us/County_Management/Budget/FY%202008/Outcome%20Team%20Docs/Safety%20FY%202008%20Report.pdf).

<sup>3</sup> Community Corrections Outcome Measures for 1<sup>st</sup> Half of 2005. Oregon Department of Corrections. (January 2006). Available at [http://www.oregon.gov/DOC/TRANS/CC/outcome\\_measures.shtml](http://www.oregon.gov/DOC/TRANS/CC/outcome_measures.shtml).

<sup>4</sup> Presentation for the Governor’s Re-Entry Council, (November 2007) Salem, Oregon.



funding picture also looks bleak with talk of a recession and the corresponding potential business income tax reductions. There is no easy way to absorb these resource reductions. Absent substantial changes in revenue predictions or the passage of a levy, the County will be forced to take a hard look at eliminating significant service components. Reducing workload (offender flow into the system) to balance with available revenue may be a better option than slowly eroding services across the system through incremental reductions. Since 2002, this type of annual incremental cut has critically damaged the County's ability to manage higher risk offenders in less expensive and more effective alternatives to jail, effectively increasing the cost of managing the same population. Eliminating residential alternatives to jail, such as River Rock, the Restitution Center, and Forest Project, has forced the County to hold these offenders in overcrowded and expensive jail beds, wasting resources, contributing to staff and inmate in-jail safety issues, and potentially increasing recidivism. In addition, these facilities are difficult, if not impossible, to replace. Just some of the program and service areas in which investments and capacity have been lost, include:

- Community-based supervision for most misdemeanants, treatment capacity, and other sentencing options:
  - In 2005 the Restitution Center was closed. This program was operated by the Multnomah County Sheriff's Office (MCSO) for 17 years before being closed in 2004. The program provided a structured alternative to jail that allowed offenders to continue working during the day. This facility is no longer available.
  - In 2005, Forest Project was closed. This eliminated a residential sentencing and sanctioning alternative to jail for adult and juvenile offenders that also provided work crew services to national forests and the Columbia Gorge communities. This facility / site is no longer available.
  - In 2006, River Rock, a secure alcohol and drug treatment program, was closed, eliminating all secure, intensive residential treatment for the highest risk offenders on supervision, including sex offenders. This facility is no longer available.
  - In 2007, misdemeanor supervision was reduced by half, eliminating all formal supervision of Class C misdemeanors including all drug, DUII, and property offenses. Over 500 misdemeanor cases were returned to the court for supervision, eliminating formal supervision as an option for these offenders, and potentially increasing jail bed use.
  - In 2008, 1.1m and 9 FTE were eliminated from the Addiction Services Outreach Team, eliminating services to over 1,700 clients per year. These services included outreach, pretreatment readiness, care coordination and related services to high need / high cost clients with chronic substance abuse, mental illness, and criminality.
  - Between 2002 and 2008, external revenue sources for treatment were reduced by the following: -3m in Oregon Health Plan revenues, -1m in State Mental Health Grant, -5m from the ITS pilot project, -1.1m in Medicaid Federal Match Project, -2.8m in various federal grant awards, -500k in local school district funding, and -600k in State Services to Children and Families and Child Abuse Multidisciplinary Intervention (CAMI) funds.
- Jail Services and Corrections Health
  - Between 2002 and 2008, MSCO eliminated 160 FTE's, 210 jail beds, and 160 work release beds.

- The construction of Wapato, a state of the art new jail facility was completed in 2004, but the facility was never opened due to lack of operating funds.
- In 2007, due to ongoing staffing reductions, corrections health services program levels fell below the requirements to maintain accreditation in the corrections health facilities
- Court Services, Prosecution, and Defense
  - In 2002, community courts were reduced from four neighborhood location to two location in downtown Portland.
  - During 2003, from March 1 to June 30, the court closed on each Friday due to the reductions in funding established by the Oregon Legislature over 5 Special Sessions in 2002.
  - In 2003, the number of victims advocates in the District Attorney's Office were reduced, decreasing the amount of emergency services provided to victims of crime

The research tells us that these types of evidence-based programs and services have positive affects on the public safety outcomes of reduced crime and recidivism. Therefore, we can assume that eliminating these components of a healthy continuum of sanctions and services will most likely lead to increased crime and offender recidivism. The State measures recidivism as a new felony conviction within the three years following entry to post-prison supervision or probation, consequently the impact of the last few years of service reductions may not be fully felt for several years to come.

Recognizing the urgency of addressing these issues given the ongoing revenue shortfalls facing the County, Multnomah County Chair Ted Wheeler commissioned the Crime and Justice Institute (CJI) to conduct this public safety system planning process. The County's long history of collaboration provided a framework for policy-makers and elected officials to come together, focus on the current system gaps and deficiencies, and develop proposals and recommendations for alleviating those gaps. Some of the proposals developed through this process are designed to restore services that were eliminated through the successive budget cuts of the last six years. Others are new ideas, proposals for increasing the effectiveness of the system and gaining new efficiencies. All of the proposals were developed by cross-system teams of people who understand the system and who are committed to providing the community the most effective and efficient services possible within the County's very limited resources.

## Study Purpose and Process

This planning process began in June and was designed to bring together local public safety stakeholders to build on the local jurisdiction's collaborative history, consider the system in its entirety, and identify priorities to help guide the County in achieving its public safety goals. Participant names and affiliations are listed in the beginning of this report and included elected officials, policy-makers, and over 75 line staff, managers, and other representatives from the County, Courts, Cities of Portland and Gresham, and community-based organizations. The willingness of these stakeholders to put aside individual interests and engage in candid discussion about the systemic issues facing the jurisdiction is unique. Their willingness to continue these discussions on an ongoing basis sets the stage for refining the way the system works together, filling service gaps, and focusing on components that promise better return on investment.

The companion *State of the System* report that accompanies this report provides more detail regarding the process that was used to accomplish the goals of this project, and the current strengths and challenges faced by the public safety system, including crime trends, budget and service reductions, and public perception. The following provides a brief overview of the project process.

The Crime and Justice Institute (CJI) worked closely with the County Chair's Office to determine the work structure and process for this project. CJI is committed to building capacity and ensuring ongoing commitment within jurisdictions; therefore, this process relied heavily on the participation and engagement of policy makers and elected officials, and their staff. The bulk of the project work was conducted by two teams: a Planning Committee and a Core Work Group.

### *The Planning Committee*

The Planning Committee was chaired by Presiding Judge Dale Koch of the Multnomah County Circuit Court. Members included Criminal Justice Advisory Committee (CJAC) and invited others. By utilizing the existing CJAC (with additional members added to ensure key stakeholder representation) as the Planning Committee we took advantage of a group that is already familiar with working together, supporting streamlined consensus building and more efficient use of decision makers' time. CJAC held a series of meetings as the Planning Committee:

- Three meetings were held in conjunction with regularly scheduled CJAC meetings. During these meetings, the Planning Committee developed a framework for decision-making, including visioning, identifying themes and areas of consistency / inconsistency with that vision, and defining outcomes and measures.
- In September, a two-day work session was held, during which the Planning Committee reviewed the draft State of the System Report, came to consensus on the system goals and integrated outcomes and measures, and incorporated the information into a series of recommendations for system enhancements and efficiencies.
- An additional half-day work session was held in December. In preparation for that session Planning Committee members reviewed fifty-three proposals developed by the Core Work Group and completed an on-line survey designed to prioritize the discussion of those proposals. During the work session, participants discussed the merits of the identified proposals and identified short and long term priorities related to system enhancement efforts. Participants also recognized the need to continue the planning discussion and recommended continued meetings to further this work.

### *The Core Work Group*

The Core Work Group (CWG) was chaired by Doug Bray, Multnomah County Circuit Court Trial Court Administrator. The CWG, which began as a group of about 25 policy analysts and managers, met regularly throughout the planning process and acted as a high capacity work team representing stakeholder agencies, County departments, and community-based organizations. The group initially gathered and developed information and system diagrams that provided the framework for the Planning Committee discussions. Following the Planning Committee's September retreat, the CWG was expanded to include over 60 stakeholder staff

from across the system. This expansion allowed for inclusion of additional subject matter experts and the development of multiple, more inclusive work teams focused on specific topic areas, including mental health, substance abuse treatment, transition, sanctions, pretrial and case processing, specialty courts, technology, general capacity, and victims. The teams used their knowledge of the system and their individual expertise to develop the 53 proposals considered by The Planning Committee and included in this report.

### *Input Gathering Process*

In addition to the work of the two committees, a concurrent process was conducted as a means of gathering input from community leaders, the general public, representatives of community-based organizations and advocates, and line staff from various public safety organizations. This process included a series of input gathering activities:

Public Input Survey – A public opinion survey regarding responses to criminal behavior was developed and posted on the county web for several weeks in August. The survey questions included questions extracted from national surveys to allow for comparison. Over 1,200 responses were received and survey results were compiled and analyzed by the County's Budget and Research Unit.

Community Leader Conversation Group – a meeting of community opinion leaders was co-convened by Chair Wheeler and Judge Koch. The goal was to gather input from and have a conversation with community leaders who have a broad, big picture perspective of public safety in this jurisdiction prior to the retreat.

Community Discussion Groups – the chair's office convened three focus groups and conducted multiple phone interviews to gather input using questions from the public input survey. These groups represent various issues, i.e., communities disproportionately represented, active community members, victims' advocates, service and program providers, and ex-offenders. Representatives from these focus groups attended the September Planning Committee retreat to provide input in a town hall style conversation.

Line Staff Discussion Groups – Six line staff discussion groups were convened, including staff from the following agencies: District Attorney's Office, Metropolitan Public Defenders, Multnomah County Sheriff's Office Corrections Officers, Multnomah County Sheriff's Office Law Enforcement Officers, Health Department Corrections Health staff, Department of Community Justice Parole and Probation Officers, Portland Police, and Gresham Police. Each discussion group involved approximately ten participants and focused on questions regarding system strengths and weaknesses.

### *Juvenile Justice Planning*

Juvenile Justice: Due to time and budget limitations, juvenile justice was determined to be outside of the scope of this project. Despite this artificial separation, project participants recognize that juvenile justice is an inextricably linked component of the public safety system. Related discussions that focused on the juvenile justice system were held concurrent with this process under the aegis of the County's Juvenile Justice Council. The Council's charge is to track and coordinate legislative, practice, and policy changes that impact the juvenile delinquency system, with special attention to reduction of minority over-representation at all points in the juvenile justice system (especially confinement to juvenile detention) and streamlining court/probation/legal processes. Members include representatives from the Department of Community Justice, Department of County Human Services, Courts (family court judges/referees), District Attorney's office, defense bar, police, mental health department,

community-based organizations, and school leadership. The Council identified and began development of a set of concepts related to juvenile justice system enhancements. These concepts include the following:

- Focusing on an Assertive Continuing Care model. This model has been shown to increase retention in continuing care for adolescents leaving residential treatment and to improve the likelihood of sustained abstinence from drugs.
- Responding to the need for juvenile community residential programming for African-American gang and high risk youth on probation.
- Developing internship / vocational skills programming for high risk youth designed to curb delinquent behavior.
- Implementing a promising new adaptation of the research-based multi-systemic therapy (MST) program design to provide intensive family-based services to youthful sex offenders.
- Expand intervention services for low risk youth through DCJ's Juvenile Delinquency and Intervention Program (JDIP) and community-based youth/family serving programs contracted through DCHS. These culturally, developmentally and gender appropriate services would include interventions for: less serious misdemeanor offenses; sexually inappropriate behaviors, animal cruelty, and early onset violence for youth 12 years old and younger; fire-setter assessment and intervention; minor in possession and less than an ounce referrals for education and treatment; collaboration with stakeholders to curb curfew violations; Tri-Met fare violations; and truancy.

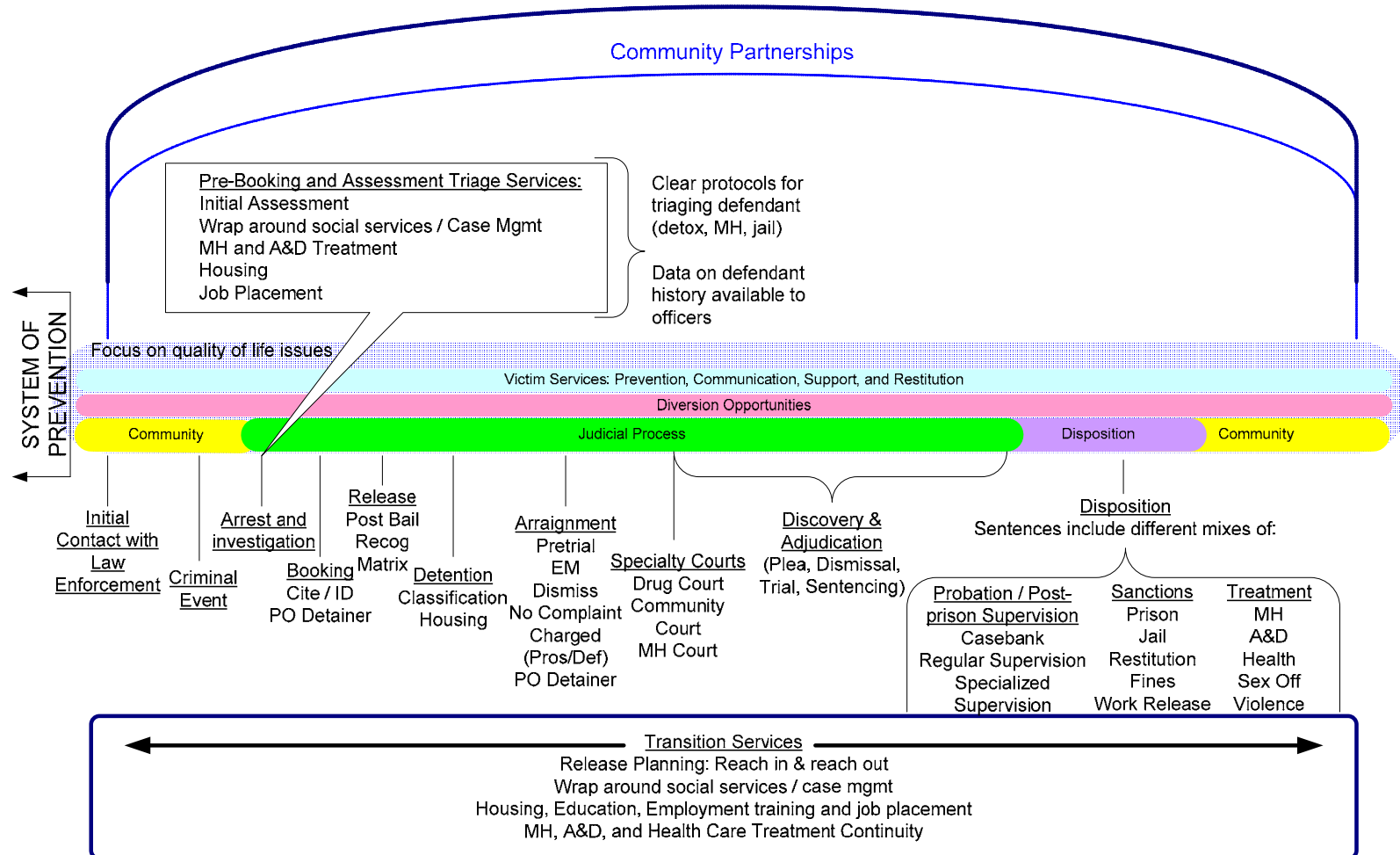
## **Integration and Balance: The Ideal Public Safety System**

As the Planning Committee began its work together, participants emphasized the need for balance across the system, including proportional investment in prevention, early intervention, services to victims, adjudication, in-custody, transitional services, and community-based supervision (Figure 3). The framework developed by the Planning Committee included a vision statement: *The goal of public safety is to work as partners with community members to protect people and prevent crime through a coordinated system that is just and accountable to all, decision-making principles, and performance measures (included in the State of the System Report).* The initial recommendations for system enhancements and efficiencies identified by the Planning Committee were built from this framework and included potential policy and practice changes in the areas of mental health triage, pretrial, case processing, alternative sanctions, specialty courts, treatment, transition from prison and jail to the community, victim services, technology, and system coordination.

**Figure 3**

Multnomah County Public Safety System  
*Ideal System*  
 Public Safety Planning Process  
 September 11, 2007

Community Education and Prevention / Full Array of Health and Social Services



## Proposals for System Enhancement and Increased Efficiency

The Core Work Group took the initial recommendations from the Planning Committee and, using a proposal template designed to focus on policy and research issues, developed fifty three proposals. While some of the proposals are still somewhat incomplete (due to time constraints) and in need of additional policy and budget analysis to facilitate their consideration, the majority provide a brief summary of and justification for the proposal, reference to related research and policy implications, and estimated costs of the proposed policy or practice change.

### *Prioritization Criteria*

The Core Work Group identified a set of criteria by which they rank ordered the proposals and the Planning Committee completed an on-line prioritization exercise using this same criteria.

- Provides early access, matches offenders with appropriate interventions / treatment
- The benefit outweighs the cost.
- Makes effective use of resources
- Measurable
- Based in evidence-based practices
- Increases system capacity for offenders, victims and treatment
- Enhances collaborative efforts
- Enhances community safety
- Reduces probability of re-offense
- Makes the system more fair, just and equitable
- Balances community based programming with jail
- Targets public safety plan priorities
- Prevents new crime

While this ranking exercise provided a method of prioritizing proposals on which to focus the December discussion, participants expressed frustration in the short timeline allotted to this planning process and the desire to continue analysis and discussions regarding system priorities and strategies for making the most effective use of available resources.

### Short and Long-Term Priorities

During the time available to them, the Planning Committee discussed the merits of various proposals and conducting an initial categorization of proposals into short and long term priorities. Short term priorities are those the Planning Committee believes can and should be addressed within the next year, with the long term priorities following soon thereafter. While the short term priorities are most likely achievable within current resources, the long term priorities are much more dependant on identification of new resources.

### *Short-Term Priorities*

- Continue the feasibility study and begin planning for implementation of the Integrated Criminal Justice Information System (CJIS). An integrated CJIS will enable the real time flow of data between state and local criminal justice agencies and their individual data systems creating system efficiencies such as single point of entry, electronic transfer of forms, and reduce reliance on paper driven processes.
- Implement the corrections health transition planning with a court interface for inmates with acute diseases and/or mental illness. This program, composed of registered nurses and case managers, will coordinate the return to the community for detainees with serious medical and mental health conditions. The transition plans will target stabilization of chronic and acute diseases as well as mental health conditions and will work in collaboration with the courts and disposition plans. Successful return to the community includes medical and mental health services along with supportive community partnerships for treatment, housing, insurance, transportation etc.
- Conduct a coordinated planning process for proposed mental health system enhancements: This recommendation stems from the development of three proposals for Behavioral Health Triage, Mental Health Crisis Respite and a Secure Mental Health Sub-Acute Facility; all part of the effort to build a community-based safety net for adults with serious mental illness. Currently, the County has walk-in clinics, mobile crisis outreach and a 24 hour call center to respond to adults experiencing a mental health crisis. These services are critical to assess mental health crisis, refer to treatment, and advise police and jails about the best interventions for people with serious mental illness. However, none of the current options are residential. Today, if a person experiencing a serious mental illness can not remain stable in their current living situation and/or is a danger to themselves or others the only option for housing is jail or hospitalization. Both are very expensive and the jail is not a mental health treatment facility. Often, the person in crisis could be stabilized in a less intensive, more appropriate setting.

The Behavioral Health Triage Center would serve as a place for law enforcement and others to take people in crisis. If the center is co-located with and/or works closely with substance abuse sobering-- these two services could serve as drop of points for law enforcement. The police then would not have to determine if crisis behavior is caused by drugs, alcohol or mental illness. Experts at the Behavioral Health Triage and Sober Center could determine the cause of the behavior and develop a plan for on-going follow up. From these front end services, when appropriate, adults could be taken to Mental Health Sub-Acute Center or Substance Abuse Detox for a relatively short period of stabilization.

Mental Health Crisis Respite offers a safe environment for individuals who can not stay in their current foster home, residential care facility, personal home or other environment and who voluntarily chose to seek respite. The presence of respite often stops the escalation of a mental health crisis before it comes to the attention of the public safety system. Without the safe haven that respite can provide, adults with mental illness can remain in their crisis state and become more desperate which can result in a need for a public safety response.

- Continue implementation and incorporate evaluation of Mental Health Specialty Court: A pilot is scheduled to begin operations in the spring of 2008. It will provide Court oversight



for probation violations by persons with substantial mental health issues. This limited program should be supported with appropriate supervision and services and evaluated for potential expansion.

- Conduct coordinated planning for substance abuse treatment with the goal of developing and maintaining balanced capacity across the system, including non-criminal and criminal justice related treatment and a full continuum of both residential and outpatient treatment.
- Conduct facility planning to make the most effective use of the system's existing facilities, i.e., Inverness, MCDC, and Wapato. Opportunities for utilization may include, but are not limited to jail beds, treatment beds, work release center beds, etc.
- Enhance criminal justice systems research capacity. Fund a dedicated, independent systems researcher to examine cross-agency criminal justice system data to identify and quantify improvements to the criminal justice system.
- Implement a Domestic Violence One-Stop Center. This center would provide a secure facility with services frequently needed by victims of domestic violence. Services for victims and their children include advocacy, safety planning, crisis intervention, health care, support groups, restraining order assistance, and access to police, child welfare and self-sufficiency workers, housing programs and other services.
- Fully implement Video Arraignment / Video Conferencing: The county currently uses two different styles of video conferencing. County IT has implemented an ISDN connection type using Poly Com equipment and the Courts have an IP based Cisco system. Purchasing a Video Conference Bridge will allow the two technologies to work together to provide greater coverage and potential usage of Video Conferencing.
- Restore Adult Misdemeanor supervision: In 2007, DCJ reduced misdemeanor supervision in half, returning over 500 misdemeanor cases (property, drug, DUII, and some person to person crimes) back the Courts for supervision, eliminating formal supervision, potentially increasing jail bed use, and substantially limiting the sentencing options for the Court. Many of these misdemeanor offenders are mentally ill or have chronic drug and alcohol problems. For others, their misdemeanor offense is a potential precursor to the commission of increasingly serious offenses in the future. This proposal would re-establish probation supervision as a sentencing option for the court to respond effectively to this stream of offenders, and provide a means to hold mid-level offenders accountable.
- Continue implementation of Booking-Pretrial-Classification-Corrections Health Common Database (Phase I and II) and Adult Recog Expanded Interview Program. Phase I is currently underway and establishes a common data stream for all Multnomah County Detention Center bookings. As an inmate progresses through each stage on the reception floor (flowing from entry into custody to release) the data builds serially. In Phase II information assembled through Phase I will be provided to jail counselors and Department of Community Services' Pretrial Supervision Program staff.

## *Long Term Priorities*

- Implement mental health system enhancements as identified through the recommended coordinated planning process
- Implement Transitional Centers (Housing) for Releasing and Homeless Offenders by increasing available transitional housing by approximately 500 units, including transitional centers' transitional / supportive housing and housing vouchers for the following population groups releasing from prison, jail and/or treatment:
  - High-risk and violent offenders (including predatory sex offenders using structured transitional housing and transition center)
  - Special Needs including Mental Health, Developmentally Disabled and Physically Challenged including links to enhanced mental health services
  - Cognitively and Physically ready to Work (using Transition Center and semi-structured transitional housing)
- Implementation of the Integrated Criminal Justice Information System (CJIS)
- Following the pilot implementation and evaluation, fully fund and provide for sustainability of Mental Health Specialty Court
- Based on the recommendations from the coordinated planning for substance abuse treatment, develop additional secure and community-based residential substance abuse beds.
- Fund and hire additional victims' advocates in the District Attorney's office by increasing the numbers of victim advocates to levels approaching those recommended by the Oregon Department of Justice and the National Association of VOCA Assistance Administrators. The recommend ratio is one Victim Advocate to every three Prosecuting Attorneys. In 2005 the reported statewide average was one to four. Multnomah County's average is one to 13 (6.5 advocates to 88 FTE Deputy District Attorneys). The current ratio in Multnomah County does not allow for adequate service to victims of crime.

## **The Full Array of Proposals**

The Planning Committee was not content simply highlighting a small number of the fifty-three proposals as short and long term priorities, therefore the following section provides an overview of all of the proposals. The Committee felt that all fifty-three proposals were critical to more effectively managing the system and requested that the planning process and related discussions be ongoing, that analysis and development of proposals be continued, and that the system continue to work collaboratively toward more effective use of its limited resources. That includes a focus on practices that are research-based and cost beneficial (i.e., the financial benefits outweigh the costs). While the research on what works to improve public safety outcomes is plentiful, the available economic analysis regarding the long term financial benefits as compared to costs of public safety practices is much more limited. Brief overviews of each (extracted from the proposals and other information sources) and are included here. For purposes of this report, the fifty three system efficiency and enhancement proposals have been broken into the following six categories: substance abuse treatment, mental health triage,

transitional services, capacity for in-custody and community-based supervision, enhanced case processing and system integration, and services to victims.

### *Substance Abuse Treatment*

There is a clear need for additional treatment capacity across the County's system. Conservatively, on any day more than 500 Multnomah County residents are on waiting lists to enter publicly-funded, drug/alcohol residential treatment. After twice closing secure residential treatment facilities and losing the resources invested in establishing those programs, the system is without secure treatment options. Community-based residential treatment options are also limited. Approximately 70 offenders at any one time take up valuable jail beds while waiting for much less expensive and more appropriate community-based residential bed availability. Over the last six years, the Department of County Human Services has cut over \$18 million in prevention and early intervention services for non-criminal justice and some criminal-justice clients (largely due to state and federal revenue reductions)<sup>5</sup>. These clients, who might otherwise have been served outside of the criminal justice system, are now more likely to commit substance abuse related crimes before receiving treatment.

The County attempted to purchase 12 additional treatment beds during the fiscal year 2008 budget cycle, but found that there were no additional community-based beds available for purchase. The instability of ongoing funding remains a disincentive for community-based providers to invest in the development of additional residential treatment bed capacity. Plans for enhancing residential services must include long term funding commitments of at least ten years to allow for siting, structure rehab or building, and program development and startup.

The present outpatient addictions system does not meet the treatment needs of criminal justice clients. Treatment slots available through the Department of Community Justice's contracts with community-based providers are often full, creating waitlists for treatment. Higher levels of care, intensive outpatient and day treatment, are practically non-existent. Peer mentors and housing, both shown to be strong influences on successful recovery, are the exception rather than the rule. The evidence shows that a coordinated system of care, including treatment, peer mentors, housing (with case management), and aftercare will lead to increased recovery and a successful re-entry to the community. Clients who have completed detox and a residential program will benefit from having the wrap-around services necessary to sustain a recovery lifestyle.

Planning committee members recognized the importance of maintaining balance across the system, including prevention, early intervention, and post-adjudication treatment resources. Planning members agreed that individuals should not have to commit a crime to access substance abuse treatment. The recommendations illustrate this commitment to a balanced system that reflects the research regarding what works to both reduce substance abuse and reoffending of offenders with substance abuse issues.

**What the research says:** The National Institute on Drug Abuse (NIDA) states that while approximately half of local jail inmates suffer from substance abuse issues, very few actually receive any treatment while incarcerated. *Left untreated, drug-abusing offenders can relapse to drug use and return to criminal behavior. This jeopardizes public health and public safety*

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<sup>5</sup> Joplin, L., Clawson, E., Ruscoe, T. et. al (2007) Multnomah County Public Safety System State of the System Report. Multnomah County, Oregon. p 13.

leading to re-arrest and re-incarceration, further taxing an already over-burdened criminal justice system<sup>6</sup>. During 2003, 74.7% of the adult males arrested and booked in the Multnomah County jail tested positive for drugs<sup>7</sup>.

There is research showing that successful treatment is associated with desired outcomes (reducing drug use, criminal behavior, arrests, increasing employment, health, stable housing and income), as well as being cost effective. One example studied health care costs post treatment, comparing the medical costs of people who received treatment for their alcoholism with those of people who needed, but did not receive treatment. The study demonstrated that *treatment had begun to reduce healthcare costs by as much as 55 percent*<sup>8</sup>. The Finigan report, published by the Oregon Department of Human Resources, concludes that *every tax dollar spent on treatment produced \$5.60 in avoided costs to the taxpayer*<sup>9</sup>.

The literature also indicates that mandated or coerced treatment is effective. *Most studies suggest that outcomes for those who are legally pressured to enter treatment are as good as or better than outcomes for those who entered treatment without legal pressure. Those under legal pressure also tend to have higher attendance rates and to remain in treatment for longer periods, which can also have a positive impact on treatment outcomes*<sup>10</sup>.

Multnomah County's own evaluation of its residential treatment indicates that of those offenders exiting treatment in 2003 there was a 20% reduction in one year arrest rates. Further, those who exited and had a length of stay greater than 90 days had a 32% reduction in one year arrest rates<sup>11</sup>.

The Washington State Institute for Public Policy (WSIPP) reports recidivism reduction and cost benefit information for various types of offender drug treatment<sup>12</sup>:

Program Type	Effect on Crime Outcomes	Benefits Minus Cost
Drug treatment in community	-9.3%	\$10,054
Drug treatment in prison (therapeutic communities or outpatient)	-5.7%	\$7,835
Adult drug courts	-8%	\$4,767
Drug treatment in jail	-4.5%	Not estimated at this time

<sup>6</sup> *Treating Offenders with Drug Problems: Integrating Public Health and Public Safety*. National Institute on Drug Abuse. Available at <http://www.nida.nih.gov/drugpages/CJfactsheet.html>.

<sup>7</sup> *Arrestee Drug Abuse Monitoring Program Report: Portland – Multnomah County. 2003 Adult Male Program Findings*. (2004). Available at <http://www2.co.multnomah.or.us/Public/EntryPoint?ch=5c6bfc7d4af1e010VgnVCM1000003bc614acRCRD>.

<sup>8</sup> *Primer 3: A Sound Investment: Identifying and Treating Alcohol Problems*. (2003). *Ensuring Solutions to Alcohol Problems*. George Washington University.

<sup>9</sup> Finigan, M. (1996). *Societal Outcomes And Cost Savings Of Drug And Alcohol Treatment In The State Of Oregon*. Available at <http://www.npcresearch.com/Files/SOCS.pdf>.

<sup>10</sup> *Principles of Drug Abuse Treatment for Criminal Justice Populations*. (2006). National Institute on Drug Abuse. Available at [http://www.drugabuse.gov/PODAT\\_CJ/faqs/faqs2.html](http://www.drugabuse.gov/PODAT_CJ/faqs/faqs2.html).

<sup>11</sup> Pascual, K. and Rhyne, C. (May 2007). *Recidivism Rates for DCJ Offenders Exiting Residential A&D Treatment in 2003, 2004, and 2005*. Multnomah County Department of Community Justice, Oregon. Available at [http://www.co.multnomah.or.us/dcj/A\\_D\\_Tx\\_Recidivism\\_Rpt\\_2007.pdf](http://www.co.multnomah.or.us/dcj/A_D_Tx_Recidivism_Rpt_2007.pdf).

<sup>12</sup> Aos, S., Miller, M., Drake, E. (October 2006). *Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates*. Washington State Institute for Public Policy. Available at <http://www.wsipp.wa.gov/rptfiles/06-10-1201.pdf>.

In 2006, NIDA reported that *Drug abuse treatment is cost effective in reducing drug use and bringing about associated healthcare, crime, and incarceration cost savings. Positive net economic benefits are consistently found for drug abuse treatment across various settings and populations. The largest economic benefit of treatment is seen in avoided costs of crime (incarceration and victimization costs), with greater economic benefits resulting from treating offenders with co-occurring mental health problems and substance use disorders. Residential prison treatment is more cost effective if offenders attend treatment post release, according to research. Drug courts also convey positive economic benefits, including participant-earned wages and avoided incarceration and future crime costs.*"

**The Proposals:** The Planning Committee included in their short term priorities, the desire to engage in a coordinated planning process for substance abuse treatment with the goal of developing and maintaining balanced capacity across the system, including non-criminal and criminal justice related treatment and a full continuum of both residential and outpatient treatment. That planning process should consider, but not be limited to the following proposals that were developed through this process:

- Continuum of Care Enhancements: Enhance and expand the current addictions continuum of care, expanding day treatment and intensive outpatient capacity, and add aftercare, peer mentors and housing for clients leaving residential care. (Planning Committee rated as High Priority)
- Residential Alcohol and Drug Beds: Commit to 10 years of funding for 100 residential drug treatment beds for adult men. Treatment could be up to six months, but based on history, the average length of stay will be 90 days. The program will serve 400 offenders annually. The County funds less than 100 beds for male offenders and 40 for female offenders. (Planning Committee rated as High Priority)
- Wapato Alcohol and Drug Treatment: This in-jail alcohol and drug program will treat 100 men and 50 women at any one time. It is designed to treat both pre-trial and sentenced offenders assessed as needing treatment and having enough time in custody to complete a substantial portion of treatment (average of 90 days). (Planning Committee rated as High Priority)
- Sex Offender Treatment: Enhance subsidy funding for sex offender treatment services specifically objective arousal / interest assessment and increased treatment dosage for high risk offenders. (Planning Committee rated as High Priority)
- Drug Court: Expand services to allow the Drug Court to operate every judicial day with expanded treatment services for participants, especially transition services. Provide case management staff for the court. (Planning Committee rated as Medium Priority)
- Workforce Development: Alcohol and Drug Treatment Programs funded by Multnomah County have had a difficult time recruiting, hiring and retaining a diverse workforce. This proposal will add one staff person devoted to working with providers to better analyze the issues surrounding workforce development, both in terms of diversity and long term training and retention of staff. (Planning Committee rated as Low Priority)

## *Mental Health Triage*

Multnomah County lacks a suitable continuum of treatment alternatives for persons with serious mental illness. In order to stabilize or protect an individual, law enforcement is currently forced to choose between hospital admission or incarceration. Both choices are more restrictive and expensive than other programs tailored to specific types of crises experienced by these persons. Discussion groups with line-staff from corrections health, jails, and law enforcement all identified services to mentally ill as a high priority. Law enforcement staff felt frustrated that the only options available to them when dealing with individuals exhibiting mental illness are to transport them to jail or the emergency room. Corrections health staff described their frustration with mentally ill inmates being released without stabilization, medication, or much needed discharge planning.

Again, funding instability has created a volatile system where investments in system enhancements and program development are often lost. Investments in proposals such as the A Secure Mental Health Sub-Acute Facility for Adults should not be considered unless funding sources can realistically project a ten-year funding commitment. The expenses associated with initial facility development, staff training, etc. will not begin to demonstrate appreciable savings until the 3rd or 4th year of operation.

**What the research says:** The research on the connection between people with mental illness and the corrections system is clear; they are *falling through the cracks of this country's social safety net and are landing in the criminal justice system at an alarming rate*<sup>13</sup>. A 2006 Bureau of Justice Statistics (BJS) report indicated that 54% of local jail inmates had reported symptoms of mania, 30% major depression, and 24% psychotic disorders, such as delusions or hallucinations<sup>14</sup>. A September 2006 County Budget Office Evaluation report on Corrections Health Services reported that in fiscal year 2006, a total of 6,571 psychiatric alerts were issued from health screenings, representing 21% of all positive medical screens.

Nationally, inmates with mental health problems also have high rates of substance dependence or abuse, experience homelessness, and are victims of physical or sexual abuse. BJA reports that 76% of local jail inmates with mental health problems were dependent on or abusing drugs or alcohol, 17% said they were homeless in the year before their incarceration, and 24% reported past physical or sexual abuse<sup>15</sup>.

Goin writes that *containing people with mental illnesses in jails and prisons is not an effective or wise fiscal investment*<sup>16</sup>. The Pennsylvania Department of Corrections estimates it costs \$140/day to incarcerate an inmate with a serious mental illness, while it only costs \$80/day for an average inmate. Inmates with mental illness also tend to have longer jail stays and return more frequently, further exacerbating the cost-ineffectiveness of their incarceration<sup>17</sup>. The award winning Chicago project, Thresholds, State, County Collaborative Jail Linkage Project, provides services to nonviolent people who have mental illnesses who are involved in the

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<sup>13</sup> *Criminal Justice / Mental Health Consensus Project*. (June 2002). Council of State Governments. Available at [http://consensusproject.org/the\\_report/](http://consensusproject.org/the_report/).

<sup>14</sup> James, D. and Glaze, L. (September 2006). *Mental Health Problems of Prison and Jail Inmates*. Office of Justice Programs, Bureau of Justice Statistics. Available at [www.ojp.usdoj.gov/bjs/abstract/mhppij.htm](http://www.ojp.usdoj.gov/bjs/abstract/mhppij.htm).

<sup>15</sup> Ibid.

<sup>16</sup> Goin, M. (May 2004). *Mental Illness and the Criminal Justice System: Redirecting Resources Toward Treatment, Not Containment*. The American Psychiatric Association. Arlington, VA. (p.5).

<sup>17</sup> Ibid.

criminal justice system. The costs associated with running this program are approximately \$26/day compared to estimates of \$70/day for keeping offenders in the Cook County jail and \$500/day for holding offenders in a public psychiatric hospital. They estimated a one-year savings in jail costs of \$157k and savings in hospital costs of \$917k<sup>18</sup>.

Beyond the fiscal issues, incarcerating mentally ill offenders instead of treating them in the community worsens their illness. *Studies suggest that delaying treatment results in permanent harm, including increased treatment resistance, worsening severity of symptoms, increased hospitalization and delayed remission of symptoms*<sup>19</sup>. In 1999, Washington State passed legislation to better identify and provide additional mental health treatment for offenders with mental illness. Washington State Institute for Public Policy (WSIPP) published findings on program outcomes in 2007. The report indicates that two-and-a-half years following prison release, program participants were 24% less likely to recidivate than similar offenders who did not participate in the program<sup>20</sup>.

There are many additional studies that support the relationship of post release mental health services and reduced recidivism. A 1994 study on jail recidivism indicated that recidivism was directly related to the receipt of fewer services than the clients reported they needed<sup>21</sup>. In 1999, Berecochea and Liu found that among mentally ill parolees in California, each additional visit to an outpatient psychiatric clinic was associated with decreased parole revocations back to prison, allowing the parolees to remain in much less expensive community-based parole supervision for an average of 21 additional days<sup>22</sup>.

*For many individuals, contact with the corrections system represents the first time they have been screened or identified as having a mental health problem, and for others, the stressful nature of an incarceration environment triggers predispositions to mental illnesses*<sup>23</sup>. Building system capacity to triage offenders before they enter the system can facilitate the connection with treatment services and avoid future criminal justice involvement.

**The Proposals:** The Planning Committee included in their short term priorities, the desire to conduct a coordinated planning process for three mental health system enhancement proposals focused on triage. The short term priorities also included a proposal for the mental health court scheduled to begin operations in the spring of 2008. A fifth mental health focused proposal was not included on the short term priorities.

- A Secure Mental Health Sub-Acute Facility for Adults: The sub-acute facility is a 16-bed facility offering short-term mental health treatment in a secure locked environment to approximately 600 individuals per year. Facility staffing includes physical and mental health professionals. Triage services in the proposed budgets are limited to the needs of the facility. (Planning Committee rated as High Priority)

<sup>18</sup> Helping Mentally Ill People Break the Cycle of Jail and Homelessness: The Thresholds, State, County Collaborative Jail Linkage Project, Chicago. (October 2001). *Psychiatric Services*. Vol. 52 No. 10. p. 1382.

<sup>19</sup> Goin, M. (May 2004). *Mental Illness and the Criminal Justice System: Redirecting Resources Toward Treatment, Not Containment*. The American Psychiatric Association. Arlington, VA. (p.4).

<sup>20</sup> Lovell, D. and Mayfield, J. (March 2007). *Washington's Dangerous Mentally Ill Offender Law: Program Costs and Developments*. Washington State Institute for Public Policy. Available at <http://www.wsipp.wa.gov/intro.asp>.

<sup>21</sup> Solomon, P., J. Draine and A. Meyerson. (1994). Jail recidivism and receipt of community mental health services. *Hospital and Community Psychiatry*, 45(8): 793-797.

<sup>22</sup> Berecochea, J. and R. Liu. (1999). *Seriously mentally disordered offenders and recidivism*. California Department of Corrections, Sacramento, Calif.

<sup>23</sup> McCuan, R., Prins, S., and Wasarhaley, N. (August 2007). Resources and Challenges: Corrections and Mental Health Collaborations. *Corrections Today*.

- Mental Health Crisis-Respite Facility for Adults: The crisis-respite facility is a 16-bed brief inpatient program offering two kinds of emergency interventions; crisis-respite and '23-hour' respite. It provides a safe environment for persons with serious mental illness whose normal milieu has been temporarily disrupted. (Planning Committee rated as High Priority)
- Behavioral Health Triage for Adults: Housing several acute behavioral health services under 'one roof' could multiply the value and efficiency of each service. These facilities could share a central triage unit to evaluate potential admissions and coordinate patient transfers. (Planning Committee rated as High Priority)
- Continue implementation and incorporate evaluation of Mental Health Specialty Court: A pilot is scheduled to begin operations in the spring of 2008. It will provide Court oversight for probation violations by persons with substantial mental health issues. This limited program should be supported with appropriate supervision and services and evaluated for potential expansion. (Planning Committee rated as High Priority)
- Resource Database and Public Safety Mental Health Training Liaison: This proposal is comprised of two elements to enhance MH information and training. 1) A resource data base supplies general information to the public and specific information directed to the needs of police, jails and other agencies; and 2) A Public Safety Training Liaison provides consistent face-to-face training and information to police and other corrections agency staff. (Planning Committee rated as Medium Priority)

### *Transitional Services from Jail and Prison to the Community*

The provision of transitional services to offenders reentering the community from prison and jail has emerged as a top national priority and Oregon has been a leader in this arena. The potential reduction in recidivism achieved by providing well planned and coordinated transitional services is well documented. While Multnomah County has made investments in the provision of transitional services, the general consensus from planning participants is that there is a need for additional investment in services such as housing, substance abuse treatment, employment assistance, reentry support to the offender and his or her family, and basic life skills training. In general, project participants were in agreement that transitional services are lacking.

Lack of housing for offenders is of particular concern. On any given day, numerous offenders enter homelessness when released from prison, jail, and/or treatment. In conjunction with best practices and the report, Home Again: A Ten Year Plan to End Homelessness in Portland and Multnomah County, additional housing and targeted services are required to insure the releasing offenders depart the criminal justice system permanently<sup>24</sup>. Offenders are saturating the system's current shelter system making it difficult for homeless individuals to access appropriate and needed services.

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<sup>24</sup> Citizens Commission on Homelessness. (2004). *Home Again: A Ten Year Plan to End Homelessness in Portland and Multnomah County*. Portland, Oregon. Available at <http://www.portlandonline.com/shared/cfm/image.cfm?id=130590>.



**What the research says:** Currently, over two million people are incarcerated in the United States<sup>25</sup>. Following tremendous growth in rates of incarceration over the past 20 years, record numbers of individuals are making the transition from institutional to community living. The issue of reentry has garnered increasing attention over the past decade, particularly for state and federal prisons, and more recently for jails.

Most inmates leave prison to return to neighborhoods where they once lived. Some find families, friends, mentors or a church to help with the transition. However, for others, everyday life is full of frustration – housing is expensive, jobs are hard to find – and illegal activities are readily available once again. During the same time period of increasing incarceration rates, *rehabilitation* was de-emphasized, and services for prisoners diminished in scope and quality. The availability of GED classes, substance abuse treatment, and job skills training decreased both within correctional institutions and at community agencies. Therefore, incarcerated individuals often leave prisons and jails with little preparation for their new lives – and they move to communities that have fewer resources than in the past.

Given the lack of resources for offenders, it is not surprising that many often recidivate (i.e., return to prison/jail after being released). The most recent three year recidivism statistics available from the Oregon Department of Corrections are for individuals released from prison on post prison supervision and those entering probation in the first half of 2004: 31.3% of the 2,764 prison inmates released during the first half of 2004 have been convicted of a new felony since their release, and 26.2% of the 4,658 offenders who were sentenced to probation during the first half of 2004 have been convicted of a new felony<sup>26</sup>. Nationally, recent recidivism rates from the Bureau of Justice Statistics found that 41% of individuals released on parole in 2002 returned to prison<sup>27</sup>.

Research has shown that connecting offenders to housing reduces the risk of committing new crimes. As Petersilia notes, *Housing and homelessness affect recidivism (re-arrest rates)...and parolees' homelessness influences overall crime rates in the community*<sup>28</sup>. Using evidence-based approaches and innovative partnerships with community housing organizations reduces re-offenses among extremely high-risk offenders by targeting homelessness and related factors that destabilize an offender's living situation and spur new criminal activity.

**The Proposals:** The Planning Committee included in their short term priorities, the implementation of corrections health transition planning. In their long term priorities, they included a proposal for increased transitional housing for offenders leaving prison and jail. In addition to these two highlighted proposals, additional transitional proposals were rated as high priority.

- Implement the corrections health transition planning with a court interface for inmates with acute diseases and/or mental illness. This program, composed of registered nurses and case managers, will coordinate the return to the community for detainees with serious medical

<sup>25</sup> Harrison, P.M., and Beck, A.J. (May 2006). *Prison and Jail Inmates at Midyear 2005*. Washington, DC, US Department of Justice, Bureau of Justice Statistics, NCJ 213133. Available at [www.ojp.usdoj.gov/bjs/abstract/pjim05.htm](http://www.ojp.usdoj.gov/bjs/abstract/pjim05.htm)

<sup>26</sup> *Recidivism of New Parolees and Probationers*. (November 2007). Oregon Department of Corrections, Salem, Oregon. Available at <http://www.oregon.gov/DOC/RESRCH/docs/Recid.pdf>.

<sup>27</sup> Glaze, L. (2003). *Probation and Parole in the United States, 2002*. Bureau of Justice Statistics Bulletin. Available at <http://www.ojp.usdoj.gov/bjs/abstract/ppus02.htm>.

<sup>28</sup> Petersilia, J. (2003). *When Prisoners Come Home: Parole and Prisoner Reentry*. New York, Oxford University Press

and mental health conditions. The transition plans will target stabilization of chronic and acute diseases as well as mental health conditions and will work in collaboration with the courts and disposition plans. (Planning Committee rated as Short Term and High Priority)

- Implement Transitional Centers (Housing) for Releasing and Homeless Offenders by increasing the available transitional housing by approximately 500 units, including transitional centers' transitional / supportive housing and housing vouchers. (Planning Committee rated as Long Term and High Priority)
- Transition Vocation Team: A Transition Vocation Team of community-based employment case managers and job developers will work with offenders exiting prison and jail, helping a minimum of 200 per year obtain and retain employment. The Transition Vocation Team will function as part of the proposed multi-disciplinary Transition Service Coordination Teams. Contracted through the Londer Learning Center, it will serve offenders releasing from prison and jail to the proposed transition centers, Forest Camp, treatment programs, and community at large. (Planning Committee rated as High Priority)
- Transition Services Coordination: Transition Service Coordination Teams, working with the proposed Transition Centers, will link multiple disciplines and agencies (health, housing, vocation, family and community relationships) with community supervision to reduce crime and the risk of re-offense. A Transition Services Advisory Committee will function as part of the Local Public Safety Coordinating Council (LPSCC), linking Multnomah County re-entry efforts to the Governor's Re-Entry Council. (Planning Committee rated as High Priority)

### *Capacity for In-custody and Community-based Supervision*

In response to decreasing revenue over the last six years, the County has eliminated many components in its continuum of sanctions and services. Multiple in-custody and community-based options for supervision and sanctioning offenders have been cut, including a secure residential treatment, an adult and juvenile forest project work camp, a work release center, and an in-jail assessment and treatment readiness program. In addition, budget cuts have reduced in-custody and field-based supervision by reducing the number of jail beds and eliminating community-based supervision for specific misdemeanor crimes. Judges, who previously had access to a more robust continuum of sentencing options, now express frustration with the current limited "jail or no jail" option.

**What the research says:** The amount of capacity a system needs for both in-custody and community-based supervision options is dependant upon many variables, including its values, its resources, and the needs of its community. The vision developed by the Planning Committee includes the desire to *protect people and prevent crime*. To achieve that vision within limited resources and using research-based principles, the system would need to identify which offenders are likely to recidivate and to respond in a way that reduces the likelihood of that recidivism and protects people. The research is clear on how jurisdictions can achieve that objective.

The research on what works to reduce offender recidivism focuses on principles of risk, need, and treatment:

- Risk (who to target): Assessing for level of risk to reoffend allows systems to triage offenders and to focus on *those offenders who pose the higher risk of continued criminal conduct. This principle states that our most intensive correctional treatment and intervention programs should be reserved for higher-risk offenders*<sup>29</sup>. Placing lower risk offenders into intensive intervention programs both increases their criminality due to the co-mingling with higher risk offenders and disrupts and degrades their pro-social networks and supports, such as marriage and family, employment, and school participation. Expending criminal justice resources on lower risk offenders therefore, would be contra-indicatory to the objective of reducing recidivism.
- Need (what to target): The need principle identifies certain *criminogenic factors that are highly correlated with criminal conduct. This principle states that programs should target crime producing needs, such as anti-social attitudes, values, and beliefs, anti-social peer associations, substance abuse, and other factors that are highly correlated with criminal conduct*<sup>30</sup>.
- Treatment (how to target): The treatment principle identifies how to target risk and need factors, including using behavioral programming. These types of programs focus on the current circumstances and risk factors that surround the offender's behavior, they are action oriented, and they teach offenders new skills to replace their criminal behavior through practice and role playing<sup>31</sup>.

These principles can be applied throughout the system, from pretrial through sentencing, in-custody, and community-based supervision. The research indicates that following these principles can lead to substantial reductions in recidivism and increased public safety. In a 2006 report, WSIPP reported that reductions in recidivism were achieved by adult drug courts at 10.7%, by drug treatment in the community at 12.4%, and by cognitive-behavioral treatment programs at 8.2%<sup>32</sup>.

Managing basic system capacity to optimize available resources must be considered as an integral part of implementing evidence-based practices. Deficiencies in system capacity, such as jail overcrowding, high community supervision caseloads, and lack of corrections health staffing lead to safety issues, staff burnout, and interfere with the system's ability to reduce recidivism by focusing on the principles of risk, need, and treatment. The proposals developed through this Planning Process are designed to rebuild some of the system capacity that has recently been eliminated.

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<sup>29</sup> Latessa, E. (2004). From Theory to Practice: What Works in Reducing Recidivism? *State of Crime and Justice in Ohio*. 170-171.

<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

<sup>32</sup> Aos, S. Miller, M., and Drake, E. (2006) *Evidence-Based Adult Corrections Programs: What Works and What Does Not*. Olympia: Washington State Institute for Public Policy. Available at <http://www.wsipp.wa.gov/intro.asp>.

## The Proposals:

- Reestablish the Adult and Juvenile Forest Project: The Forest Project was a work alternative to jail and juvenile detention that previously reduced arrests for adult offenders by 67% annually. The Forest Project held adult offenders and juvenile delinquents responsible for their actions by requiring them to perform community service at a remote location, where they also attend programs designed to address criminal thinking, improve their decision-making, and build skills. (Planning Committee rated as High Priority)
- Reopen a Work Release Center: Reopening a work release center for 120 program participants serving male and female criminal justice clients who are completing a court imposed sentence or sanction as an alternative to jail. Program participants would reside in the work release center while working in the community. (Planning Committee rated as High Priority)
- Restore Supervision of Certain Adult Misdemeanors: Restores supervision to high risk offenders convicted of misdemeanor crimes that was cut in fiscal year 2007. This proposal addresses a gap in the public safety system by creating the capacity to supervise and change the behavior of approximately 500-600 offenders convicted of misdemeanor offenses. (Planning Committee rated as High Priority)
- Establish a Corrections Health Evaluation and Court Support Program: This program, composed of health, mental health, and counselor professionals will work to identify and evaluate the unstable, medically needy offenders with medical and mental health problems. These evaluations will occur early in the incarceration period and will allow for stabilization, appropriate interventions, and working with the courts to develop a plan that is responsive to the offenders' needs. (Planning Committee rated as High Priority)
- Open Closed Modules at the MCDC Jail: Open two previously closed modules at the MCDC Jail and provide inmate services to those occupying the 64 additional beds. (Planning Committee rated as High-Medium Priority)
- Three Dormitories at the Wapato Jail: Opens three dormitories at the Wapato Jail and provides services for 225 inmates. (Planning Committee rating was evening split between High, Medium, and Low Priority)
- Enhanced In-Jail Assessment and Transition Planning: Addresses the loss of capacity to assess inmate needs, provide in-jail programs, and transition support. (Planning Committee rated as Medium Priority)
- Decrease Caseload Size for Adult Felony Supervision: Adult Felony Supervision supervises 7,700 adults on probation and parole, changing their behavior and reducing the risk they will re-offend. (Planning Committee rated as Medium Priority)
- Establish a Domestic Violence Specialty Court: Expand the current Domestic Violence (DV) Specialty Court services to provide for Victim Case Managers as part of the court. (Planning Committee rated as Medium Priority)
- Expand Community Courts: Return the Community Courts to their Communities to assist in solving community quality of life crime problems. (Planning Committee rated as Medium Priority)

- Additional Felony and Misdemeanor Disposition Resources: Provide additional judicial and district attorney capacity for trials and pleas in the Criminal Procedure Court. (Planning Committee rated as Medium Priority)
- Establish a Gambling Docket: Create a supported gambling docket or associate gambling dockets with existing specialty courts. (Planning Committee rated as Low Priority)
- Establish a Restitution Docket and Collection Team: Creates a supported restitution docket or associate restitution dockets with existing specialty courts and a collection team comprised of a Probation/Parole Officer and a Collections Specialist to aggressively collect restitution. The collection team will work cooperatively with the Courts' Restitution Docket. (Planning Committee rated as Low Priority)

### *Enhanced Case Processing and System Integration Proposals*

The inability to quickly share and monitor information about offenders across the system decreases its ability to swiftly process cases, share critical information about offender behavior and characteristics, and decreases system efficiency. Currently the County and its partners invest millions of dollars into information technology such as DSS-Justice, eSWIS, CRIMES, and other data systems. However, there is little capacity dedicated to systematically examining the complex data collected in these data warehouses. The sharing of *live* information across the system is limited due to the lack of an integrated data system. Technology, such as video-conferencing, has been partially funded, but not fully implemented or used. Focusing resources on developing appropriate technology and information sharing and analysis capacity will increase system efficiency and provide an ongoing comprehensive look at system data, assisting independent agencies and policy groups to better understand the systemic consequences of policy and operational actions.

**What the research says:** A 2000 BJA report *recommends and encourages the development and implementation of integrated information systems*<sup>33</sup>. The National Center for State Courts reports that *Stakeholders are discovering that communication, cooperation, and collaboration among agencies are overriding issues of funding, hardware, software, [and] data ownership comprehensive offender-tracking systems complete with biometric identifiers and criminal histories*<sup>34</sup>. These issues of information sharing, case processing efficiencies, and the use of technology are inherent in many of the Planning Committee's proposals and were an ongoing them in planning discussions.

#### **The Proposals:**

- Integrated Criminal Justice Information System (CJIS): An integrated CJIS enables the real time flow of data between state and local criminal justice agencies and their individual data systems creating system efficiencies such as single point of entry, electronic transfer for forms, and reduces reliance on paper driven processes. (Planning Committee rated as Short, Long Term, and High Priority)

<sup>33</sup> *Report of the National Task Force on Federal Legislation Imposing Reporting Requirements and Expectations on the Criminal Justice System: Findings and Recommendations*. (2000). Office of Justice Programs, Bureau of Justice Statistics. pg 2.

<sup>34</sup> Walker, L. (2002). *Integrated Criminal Justice Information Systems Trends in 2002: Communication, Collaboration, and Cooperation*. National Center for State Courts.

- **Enhance Criminal Justice Systems Research Capacity:** Fund a dedicated independent systems researcher to examine cross-agency criminal justice system data to identify and quantify improvements to the criminal justice system. (Planning Committee rated as Short Term and High Priority)
- **Continue implementation of Booking-Pretrial-Classification-Corrections Health Common Database (Phase I and II) and Adult Recog Expanded Interview Program.** Phase I is currently underway and establishes a common data stream for all Multnomah County Detention Center bookings. As an inmate progresses through each stage on the reception floor (flowing from entry into custody to release) the data builds serially. In Phase II information assembled through Phase I will be provided to jail counselors and Department of Community Services' Pretrial Supervision Program staff.
- **Fully implement Video Arraignment / Video Conferencing:** The County currently uses two different styles of video conferencing. County IT has implemented an ISDN connection type using Poly Com equipment and the Courts have an IP based Cisco system. Purchasing a Video Conference Bridge will allow the two technologies to work together to provide greater coverage and potential usage of Video Conferencing. (Planning Committee rated as Short Term and High Priority)
- **Standardized Police Reports:** Creates a standardized format for reports created by the multi-jurisdictional police agencies in Multnomah County to use and to be stored in a centralized database. These reports can be shared by the community partners from arrest, prosecution to supervision. (Planning Committee rated as High Priority)
- **Pretrial Kiosk Supervision:** Currently recog officers release from jail approximately 250 defendants per month to report to Pretrial Services Program for supervision while awaiting the disposition of their case. These are low risk defendants as assessed by the recog risk assessment tool. This addresses the duplication of services that occurs in the pretrial continuum and shifts the personnel time the PSP officer would spend conducting an additional interview with the defendant to technology, KIOSK. The personnel hours saved by duplicate intake functions will be shifted to speedier in custody evaluations which would result in fewer jail beds days for those defendants released to PSP. (Planning Committee rated as High Priority)
- **Tracking Custody Pretrial Offenders Return to Jail when Oregon State Hospital (OSH) Determines Capacity to Stand Trial:** Establish a tracking mechanism for Sheriff's inmates, held on pretrial matters, who are removed from the jail and held by the OSH pending notice that the offender gains, or re-gains, the capacity to stand trial under ORS 161.370 (4). Upon return of the inmate to the Sheriff's custody, there will be an immediate notice from the jail to the Chief Criminal Judge and the Trial Court Administrator that the person has been returned. (Planning Committee rated as High Priority)
- **Automate and Enhance the Length of Stay (LOS) Analysis Using DSS-J:** Provides an on demand report from the Decision Support System for Justice (DSS-J) on the length of stay in jail on pretrial matters for individuals by age classifications, charges, defendant, judge assigned (if any), and counsel for the parties. (Planning Committee rated as High-Medium Priority)

- **Adult Recog Expanded Interview Program:** Approximately 25% of the defendants seen by Recog are released without the benefit of a comprehensive warrant check and an interview to determine defendant's likelihood of return to Court for their arraignment and risk for committing a new offense in the community if released from custody. (Planning Committee rated as High-Medium Priority)
- **Restore the Holds Team established under the 1998 Public Safety Levy:** This expedites the disposition of local charges when an offender cannot be released on a releasable local charge due to an extra-jurisdictional hold for the prisoner's transport. The goal in reaching the earliest possible resolution of the local offense is to transport the prisoner to the holding jurisdiction and increase jail bed availability. (Planning Committee rated as Medium Priority)

### *Services to Victims*

One of the roles of the public safety system is to provide assistance to victims of crimes. Currently, in Multnomah County support to crime victims is not adequate nor is it adequately addressed in the operations of all segments of the criminal justice system. No one agency *owns* victims' services and various components of service delivery and advocacy are spread across County departments, including the District Attorney's Office, the Department of Community Justice, and the Department of County Human Services. There are a host of councils and advocacy groups, but systemic commitment and coordination seems to be lacking.

Providing adequate resources to develop a more thoughtful and systematic approach to victims' services would move the county closer to achieving the Planning Committee's desired performance measure of empowering and restoring victims. Related to that performance measure, the Committee identified the following objectives:

- Decrease number of victims,
- Increase the percent of victims reporting that the system responds to their needs (such as a call, decision, action, etc.),
- Increase in the number of educational opportunities for victims to be 'educated' and have information available to them at each decision point in the system, and
- Increase the percent of victims who report that loss is addressed to the extent possible (housing, employment, restitution, etc.)

A well coordinated system of victims' services would include both government and the community: law enforcement, prosecutors, judges, advocates, faith groups, peer support groups, friends, family, and culturally-sensitive social services. The purpose of such a system is to help victims establish their safety, navigate through the complex justice system, exercise their rights to be involved and heard by the justice system, and recover financially and emotionally, as much as possible. The underlying principles to developing such a system include:

- Recognize the needs of victims of all crimes -- person-to-person violence, theft and property crimes.
- Support victims who do not report the crime, such as: victims of sexual assault, non-documented people, victims of gay bashing, domestic violence, recent immigrants, etc.
- Acknowledge that many groups are underserved, and representatives must be actively invited to help design how we might better serve them.

- Build on the current work of the four groups that now focus on coordinating services to victims of specific crimes:
  - Family Violence Coordinating Council
  - Adult Abuse Steering Committee
  - Child Abuse Multi-disciplinary Team
  - Sexual Assault Response Team
- Dedicate staffing resources to helping all segments of the criminal justice system better address the needs of victims.
- Seek long-term stable funding for programs shown to be effective, but that are currently funded through short-term, one-time-only, or other unstable funding sources<sup>35</sup>.

**What the research says:** According to the analysis by the Bureau of Justice Statistics, teens and young adults experience the highest rates of violent crime. In 2005, 45% of murder victims were between the ages of 20 to 34 years old. Adults who were 65 years or older were disproportionately affected by property crimes. Between the years of 1993 and 2002, more than nine out of ten crimes against the elderly compared to four out of ten crimes against individuals between the ages of 12 to 24 were property crimes. Household income levels also affect an individual's potential to be a victim of crime. In 2005, households with an annual income of under \$7,500 were robbed and were victims of assault at a significantly higher rate than households earning more<sup>36</sup>.

The proposals listed in this section respond to the recognized need to maintain and enhance existing services to victims as an integrated component of the public safety system.

### The Proposals:

- Domestic Violence (DV) One-stop Center: This proposal would provide a secure facility with services frequently needed by victims of DV and their children, including advocacy, safety planning, crisis intervention, health care, support groups, restraining order assistance, and access to police, child welfare and self-sufficiency workers, housing programs and other services. (Planning Committee rated as Short Term and High Priority)
- Victim Advocates: Provides victims of crime in Multnomah County with a meaningful role in the criminal justice system by providing additional victim advocates to the District Attorneys Office, at levels approaching those recommended by the Oregon Department of Justice and the National Association of VOCA Assistance Administrators. (Planning Committee rated as a Long Term and High Priority)
- Mental Health Services for Children Exposed to Trauma (CARES): Currently, Multnomah County does not have trained mental health professionals available to provide timely, evidenced based mental health treatment for children exposed to trauma resulting from child sexual abuse, physical abuse, neglect, emotional abuse, exposure to domestic violence, or exposure to critical incidents (e.g. witness to murder). This proposal seeks to fill that gap. (Planning Committee rated as High Priority)
- Secure Child Abuse Multi-Disciplinary Team (MDT) Website for the Sharing of Child Abuse Injury Photographs: Allows DHS, law enforcement, the medical community and prosecutors

<sup>35</sup> Robison, B. (November 2007). *Victim Safety, Empowerment, and Recovery*. Multnomah County Department of Community Justice. Multnomah County, Oregon.

<sup>36</sup> Victim Characteristics. (2005). Office of Justice Programs, Bureau of Justice Statistics. Available at [http://www.ojp.usdoj.gov/bjs/cvict\\_v.htm](http://www.ojp.usdoj.gov/bjs/cvict_v.htm).



to store and retrieve photographs taken of children's injuries. (Planning Committee rated as High-Medium Priority)

- **Vulnerable Adult Specialist Team-Pilot Forensic Capacity:** This is a joint proposal with the District Attorney and Sheriff's Office to improve investigations and prosecution rates for crimes against elders and persons with disabilities. (Planning Committee rated as Medium Priority)
- **Domestic Violence Enhanced Response Team (DVERT):** This proposal provides on-going funding for a grant-funded (ends in 2009) multi-disciplinary, multi-jurisdiction response to high danger/high risk domestic violence perpetrators and victims. The DVERT provides collaborative, seamless services by police, District Attorney Deputies and Assistants, Child welfare, civil attorneys, animal control and other agencies depending on the needs of the case. (Planning Committee rated as Medium Priority)
- **Sexual Assault Response Team (SART) Coordinator:** Improves multi-agency response to victims/survivors of sexual assault. (Planning Committee rated as Medium Priority)
- **Domestic Violence Police Advocate Teams:** Provides three community-based DV advocates to work with specialized DV police officers. Advocate-officer teams respond and provide follow-up investigation, safety planning, referral and access to other services, and assistance in obtaining restraining orders or participating in prosecution. (Planning Committee rated as Medium Priority)
- **Improving Government and Community Response to DV:** Funds a DV specialist to assist the Family Violence Coordinating Council in assessing criminal justice system interventions, and developing and implementing recommendations to improve effectiveness. The specialist will staff newly emerging collaborative efforts, such as DV Fatality Review, Stalking Committee, DV Court, and Batterers Intervention Program monitoring. (Planning Committee rated as Medium Priority)
- **Court Affiliated Victim Advocates:** Funds two victim advocates to provide safety-focused assistance to victims of DV who are receiving services from the Court. Services will focus on services, such as safety planning, referral/access to other needed services, assistance in navigating systems, to victims required to appear in contested restraining order hearing and those who assailant is on bench probation. (Planning Committee rated as Medium Priority)
- **Nurse Family Partnership (NFP) / Nurse Home Visits:** Increase NFP services in Multnomah County. NFP is a highly-refined and successful approach using nurse home visiting. The intervention achieves three important objectives: Improve pregnancy outcomes by helping women practice sound health-related behaviors, including obtaining good prenatal care, improving diet, and reducing use of cigarettes, alcohol, and illegal drugs. Improve child health and development by helping parents provide more responsible and competent care for their children; Improve families' economic self-sufficiency by helping parents develop a vision for their own future, plan future pregnancies, continue their education, find work, and when appropriate, strengthen partner relationships. (Planning Committee rated as Medium Priority)
- **Domestic Violence/Sexual Assault Community Prevention:** Program offer funds a DV -Sexual Assault Specialist to develop and implement a full range of prevention activities focused on community organizations (schools, employers, health care providers and religious groups). Specialist would develop or identify existing evidence-based curricula and provide opportunities for training in collaboration with public safety experts and victim advocates. (Planning Committee rated as Medium Priority)

- **Victim Services Program Analyst** : To provide staff to the Criminal Justice Advisory Council (CJAC) and the Local Public Safety Coordinating Council (LPSCC) to work with criminal justice agencies, and groups that work with victims, to build a comprehensive continuum of support for crime victims. (Planning Committee rated as Low Priority)

## Additional Planning Committee Recommendations

In addition to the fifty-three proposals developed by the planning participants, there were a series of recommendations that came from the September Planning Committee work session that were not necessarily resource dependant. Those recommendations merit inclusion in this report and further consideration by the Planning Committee members:

- 1) **Technology:** Implement an information technology planning process for the public safety system that incorporates:
  - a) The identification of efficiencies that can be achieved in the short-term, long-term strategies, and balanced investment;
  - b) Reward of innovation;
  - c) Implementation of incremental work;
  - d) Provision of access to electronic restraining order information to all; and
  - e) Development of protocols to facilitate sharing of documents electronically.
- 2) **System Coordination:** Identify and explore potential areas of efficiencies, and improved communication and coordination, such as:
  - a) Implementing a Public Safety Performance Board
  - b) Conducting joint budgeting for all county law enforcement agencies
  - c) Implementing a single screening and testing process for law enforcement staff
  - d) Developing a process for coordinating jail beds region-wide
  - e) Convening regular retreats / forums as a coordinated course check
  - f) Improving realistic communication with the public
  - g) Convening a forum for education on evidence-based practices
  - h) Implementing a problem-solving process for high-level agency heads
  - i) Convening a group to study the implications and feasibility of centralizing law enforcement in county under one process or user board.

## Consultant Recommendations

CJI believes strongly in supporting process and decision-making from within jurisdictions, therefore this report relies heavily on the difficult work completed by the Core Work Group and the Planning Committee. Based on our review of the County's information, discussions with project participants, and our knowledge of public safety systems across the system, we encourage Multnomah County to consider several recommendations.

**Continue the Collaborative Work:** Project participants overwhelmingly appreciated the ability to come together and problem solve across agencies, departments, and service areas. It's approached as a luxury that doesn't occur very often and we encourage leadership to make this the *way we do business*. Policy leaders and elected officials should continue to foster and support ongoing forums for this type of work, commit staffing support, and invest their time in system-wide problem solving.

**Implement the Planning Committee Recommendations:** The Planning Committee identified short and long term recommendations related to the proposals reviewed at the December retreat. Implementing the short term recommendations will require the investment of time, staffing resources, and some financial resources. We recommend that the County move forward with the short term recommendations as soon as possible. Those recommendations represent critical pieces that must be in place before the system can know where it stands in terms of its data; make more effective use of existing technology investments; and begin planning for where it wants to go with mental health, substance abuse services, and facilities. Accomplishing these short term priorities over the next year will set the stage for further enhancements, such as the long term priorities identified by the Planning Committee.

**Identify the Low Hanging Fruit:** In addition to the short and long term priorities, the planning Committee members identified several ideas for efficiencies that could be achieved with minimal or no additional resources. The County should consider reviewing these proposals forthwith. This will not only help to maintain the momentum of this planning work, but also potentially achieve system savings in the next fiscal year.

- **Proposals Identified as High Priority and less than \$150k**
  - Dedicated Criminal Justice Systems Research Capacity (approx \$150k/yr)
  - Pretrial Supervision: Kiosk Supervision (approx \$107k/yr)
  - Wireless Internet Connectivity / Courthouse Wi-Fi (approx \$50k one-time-only + \$21.4k/yr)
  - Video Arraignment / Video Conferencing (approx \$50k one-time-only + ongoing maintenance not yet determined)
- **Proposals Identified as Medium Priority and less than \$150k**
  - Court Affiliated Victim Advocates (approx \$137k/yr)
  - Additional Felony and Misdemeanor Disposition Resources (approx 127k/yr)
  - Improving Government and Community Response to Domestic Violence (approx \$105k/yr)
  - Holds Team (undetermined one-time-only costs + \$100k/yr)
  - Domestic Violence/Sexual Assault Community Prevention (approx \$100k/yr)
  - Sexual Assault Response Team (SART) Coordinator (approx \$2k one-time-only + \$81k/yr)

**Coming Together to Serve the Community:** The County is in a position of decreasing resources partially because of its funding structure and partially because of the State's economic situation. Other governmental entities are not facing the same financial crisis (the City of Portland predicted a \$34m surplus for its fiscal year 2008-2009 budget). Given the imbalance in resources, we urge these entities to work together to ensure that the community receives the best value for the available resources. The City of Portland has recently purchased jail beds from the County (P57), invested in housing for homeless populations (Home Again, A 10-Year Plan to End Homelessness), and began development of a citywide drug strategy in collaboration with other stakeholders. The County and the Cities of Portland and Gresham are inextricably linked geographically, demographically, and financially. We urge these local governmental entities to work more closely together on an ongoing basis. This collaborative work may take the form of endeavors such as joint planning and coordination of services, joint

budgeting, or regional coordination of jail beds and law enforcement (as discussed by the Planning Committee).

## Conclusion

Most of the issues facing Multnomah County are not unique. A 2005 survey by the National Institute of Corrections asked correctional executives to rate the issues needing attention or change in their agencies. The top responses for community corrections included insufficient program capacity for offenders and insufficient staffing to manage offenders. The top responses for jails included lack of planning for staffing needs, limited facility capacity, and the need for increased offender mental health services<sup>37</sup>. These concerns echo those of the participants in this planning process.

While total expenditures have continued to increase across all functions of state and local government, public safety system costs have led that increase. *In 2003 the United States spent a record \$185 billion for police protection, corrections, and judicial and legal activities. Expenditures for operating the Nation's justice system increased from almost \$36 billion in 1982 to over \$185 billion in 2003, an increase of 418%. Local governments funded half of all justice system expenses*<sup>38</sup>. Despite these national trends, the State of the System Report includes a review of budget changes for Multnomah County's public safety agencies between fiscal years 2002 and 2008 that indicates an overall net decrease of .89% or \$2.7 million (adjusted for inflation). This overall decrease is largely related to cuts in prevention and treatment interventions, including an \$18m reduction (state and federal revenue) in the Department of County Human Services' budget and \$900k in the Department of Community Justice budget. These reductions are offset however, by increases of \$10m (Sheriff's Office), \$4m (District Attorney's Office), and \$1.4m (Courts) over the same time period.

Department	FY 2002 Adopted			FY 2008 Adopted			Variance (less inflation**)	% Change
	General Fund	Other	Total	General Fund	Other	Total		
Public Defender*	NA	NA	\$8,329,458	NA	NA	\$9,383,873	\$186,485	2.24%
Mult. Co Circuit Court*	NA	NA	\$8,383,579	NA	NA	\$10,683,979	\$1,426,831	17.02%
Gresham PD	No info	No info	\$0	No info	No info	\$0	\$0	
PPB	No info	No info	\$0	No info	No info	\$0	\$0	
DA	\$14,125,233	\$5,111,445	\$19,236,678	\$19,635,781	\$5,801,621	\$25,437,402	\$4,196,262	21.81%
DCJ	\$43,760,728	\$29,669,552	\$73,430,280	\$51,108,105	\$29,067,545	\$80,175,650	-\$906,065	-1.23%
MCSO	\$77,863,250	\$14,177,728	\$92,040,978	\$96,065,165	\$15,775,269	\$111,840,434	\$10,208,786	11.09%
Health Dept.	\$11,575,275	\$0	\$11,575,275	\$12,996,230	\$0	\$12,996,230	\$214,811	1.86%
DCHS***	\$12,861,460	\$78,190,378	\$91,051,838	\$17,851,255	\$64,640,243	\$82,491,498	-\$18,047,942	-19.82%
<b>Total</b>	<b>\$160,185,946</b>	<b>\$127,149,103</b>	<b>\$304,048,086</b>	<b>\$197,656,536</b>	<b>\$115,284,678</b>	<b>\$333,009,066</b>	<b>-\$2,720,831</b>	<b>-0.89%</b>

\* Public Defender and Mult. Co Circuit Court budget numbers represent 2002 and 2007 adopted budgets. The Court numbers represent approximations based on the 1999 National Ctr for State Courts workload study which indicated that 43% of the court's resources are allocated to criminal cases.

\*\*CPI-W Inflation Calculator: inflation rate of 10.42% from 2002 to 2007 dollars (<http://www.bls.gov/cpi/>)

\*\*\*DCHS provides services to a variety of clients, including corrections.

Considering the last six years of budget reductions in prevention, treatment, and community-based supervision services and potential for further cuts looming ahead, the County faces even more difficult decisions about reducing public safety services. There are no easy answers. It is apparent that previous decisions have *thinned the soup*, eliminating sentencing, sanctioning, services, and treatment options that are proven to improve public safety outcomes. Future

<sup>37</sup> *NIC Correctional Needs Assessment: Findings of a National Survey of Correctional Leaders.* (2005). National Institute of Corrections. Washington, DC.

<sup>38</sup> *Justice Expenditure and Employment in the United States, 2003.* (April, 2006). Bureau of Justice Statistics Bulletin. Washington, DC. Available at <http://www.ojp.usdoj.gov/bjs/pub/pdf/jeeus03.pdf>.

budget cuts may require that the County reexamine its workload, reducing or eliminating certain services and flows of offenders into the system. Absent revenue projection improvements or a voter approved levy, many of the proposals included in this report will not be implemented eliminating potential efficiencies and system enhancements and further degrading the public safety system.

What is unique about this County is the willingness and ability of policy-makers and elected officials to come together in a collaborative process, consider issues from a systemic perspective, and develop proposals that support the more effective and efficient operation of the entire system. Planning participants have expressed the desire to continue working on these issues, to continue both policy and operational level inter-agency discussions and problem solving. It is incumbent upon the leadership of the County, the Courts, and the Cities of Portland and Gresham, to support this continued work. Championing this type of collaboration, providing sufficient staffing resources, and building forums in which it can occur will help to restore a healthy public safety system; A system in which agencies come together on a regular basis to coordinate their knowledge, resources, services, and time towards the goal of providing the community with the most effective services possible.