

**Minutes of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Tuesday, November 13, 2018**

BOARD BRIEFING

Chair Deborah Kafoury called the meeting to order at 10:09 a.m. With Commissioners Jessica Vega Pederson and Meieran present. Vice-Chair Lori Stegmann and Commissioner Loretta Smith was excused.

Also attending Taja Nelson, Assistant Board Clerk.

B.1 State of Multnomah County: Leading Causes of Death. Presenters: Rachael Banks, Public Health Director and Dr. Franklin, Principal Epidemiologist & Director.

Chair Kafoury: VERY SNEAKY. GOOD MORNING. WELCOME TO MULTNOMAH COUNTY. TODAY WE HAVE A COUPLE OF BOARD BRIEFINGS. WE'RE GOING TO START WITH A BRIEFING FROM THE HEALTH DEPARTMENT ON LEADING CAUSES OF DEATH. RACHEL? THAT'S YOU.

Rachael Banks: GOOD MORNING, CHAIR, COMMISSIONERS. FOR THE RECORD I'M RACHAEL BANKS. I'M THE M.C. FOR OUR PRESENTATION TODAY. REALLY TO INTRODUCE YOU TO DR. FRANK FRANKLIN, OUR DIRECTOR OF COMMUNITY EPIDEMIOLOGY SERVICES WHO IS GOING TO KICK US OFF GIVING YOU AN OVERVIEW OF OUR LEADING CAUSES OF DEATH IN MULTNOMAH COUNTY.

Dr. Frank Franklin: GOOD MORNING. CHAIR, CHAIR, COMMISSIONERS. THANK YOU FOR HAVING ME. WE'LL DO A PRESENTATION GIVING AN OVERVIEW. CAN YOU HEAR ME? PROVIDING AN OVERVIEW OF LEADING CAUSES OF DEATH IN MULTNOMAH COUNTY AND CAUSES OF HEALTH. ALL RIGHT. LET'S GO WITH THIS. THAT DIDN'T GO AS PLANNED. THE SOCIAL DETERMINANTS OF HEALTH INCLUDE SES, EDUCATION, NEIGHBORHOOD, PHYSICAL ENVIRONMENT, EMPLOYMENT, SOCIAL SUPPORT AND ACCESS TO HEALTH CARE SERVICES. THE SOCIAL DETERMINANTS OF HEALTH UNDERSCORE THE FACT THAT AN ESTIMATED TWO-THIRDS OF HEALTH STATUS AND WELL-BEING ARE DEPARTMENT ON THE ENTHE INDIVIDUAL BUT ONE-THIRD MAY BE ATTRIBUTED TO AN INDIVIDUAL OCCURS IN THE CONTEXT OF SOCIAL DETERMINANTS OF HEALTH AND THOSE CHOICES ARE ALSO POSITIVELY ASSOCIATED WITH THE SOCIAL DETERMINANTS OF HEALTH. THIS IS HERE WHAT YOU SEE IS THE FIVE DOMAIN MODEL USED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION GIVING US A PRETTY PICTURE OF THE SOCIAL DETERMINANTS OF HEALTH AND HOW WE THINK ABOUT THEM IN

PUBLIC HEALTH. WE HAVE ECONOMIC STABILITY, TWO, EDUCATION, HEALTH CARE AND HEALTH, NEIGHBORHOOD AND BUILT ENRICHED, SOCIAL AND COMMUNITY CONTEXT. THE CONSEQUENTIAL RELATIONSHIP BETWEEN HEALTH STATUS AND WELL-BEING AND SOCIAL DETERMINANTS OF HEALTH FORCES PUBLIC HEALTH TO ALIGN ITS EPIDEMIOLOGY AND MONITORING CAPACITY WITH THE SOCIAL DETERMINANTS OF HEALTH. IN OTHER WORDS TRADITIONAL DATA REGARDING MORTALITY, MORBIDITY AND ASSOCIATED BEHAVIORS MUST BE ANCHORED WITH DATA CAPTURING MEANINGFUL MEASURES OF SOCIAL DETERMINANTS OF HEALTH AT THE LOCAL AND NEIGHBORHOOD LEVEL. ALTHOUGH MEANINGFUL AND RELIABLE IS ONLY THE TIP OF THE ICEBERG AND CANNOT BE THE FINAL STEP.

Dr. Frank Franklin: TO MOVE THE NEEDLE, EPIDEMIOLOGY HAS TO ENGAGE A MORE INTENTIONAL APPROACH TO SYSTEMATICALLY CAPTURING LIFE DATA. SUCH AS UTILIZATION DATA REGARDING PRIMARY CARE, URGENT CARE AND HOSPITALIZATION DATA. SO HERE WE MOVE INTO THE SLIDE, A BAR GRAPH THAT REFLECTS LEADING CAUSES OF DEATH IN UPPING MULTNOMAH COUNTY. CANCER IS NUMBER ONE FOLLOWED BY HEART DISEASE, CEREBRAL VASCULAR DISEASE AND UNINTENTIONAL INJURY. THE GOAL AND THE VISION OF THE COMMUNITY EPIDEMIOLOGY SERVICE IS NOT ONLY TO QUANTIFY THE SEVERITY, EFFECT AND IMPACT OF MORBIDITY AND MORTALITY IN MULTNOMAH COUNTY BUT TO UNDERSTAND AND QUANTIFY THE CONDITIONS THAT SHAPE THOSE OUT COMES. HERE WE HAVE A COMPARISON BETWEEN THE UNITED STATES AND MULTNOMAH COUNTY. MULTNOMAH COUNTY HAS A SLIGHTLY LOWER AGE ADJUSTED MORTALITY RATE OF UNINTENTIONAL INJURIES COMPARED TO THE UNITED STATES HOWEVER COMPARED TO THE U.S. MULTNOMAH COUNTY HAS MORE PRONOUNCED MORTALITY RATE OF ALZHEIMER'S, DIABETES AND SUICIDE. IN TERMS OF HEART DISEASE MULTNOMAH COUNTY HAS A LOWER MORTALITY RATE COMPARED TO THE U.S. HOWEVER IN TERMS OF CANCER AND UNINTENTIONAL INJURY WE SEE MORTALITY IN MULTNOMAH IS COMPARABLE WITH THE U.S. THIS FIGURE HERE BREAKS DOWN THE RATE OF DEATH BY FIREARMS IN THE UNITED STATES, OREGON AND MULTNOMAH COUNTY.

AMONG ALL CAUSES OF DEATH BY FIREARMS MULTNOMAH COUNTY HAD THE LOWER RATE IN THE STATE OF OREGON AS A WHOLE AND THE UNITED STATES. ALTHOUGH FIREARM DEATH RATES GREATER IN OREGON THAN IN THE U.S. THE RATE FOR MULTNOMAH COUNTY IS ON PAR WITH THE NATIONAL RATE. FINALLY THE RATES OF HOMICIDE DEATH RITES BY FIREARMS IN MULTNOMAH COUNTY IS HIGHER IN THE STATE BUT NEARLY HALF THAT OF THE NATIONAL RATE. HERE WE HAVE AGE ADJUSTED SUICIDE RATES PER 100,000. SUE SITE RAID IN MULTNOMAH COUNTY TRAILS THE STATE OF OREGON, HOWEVER THE SUICIDE MORTALITY RATE NORTHBOUND MULTNOMAH COUNTY AND WITHIN THE STAY ARE HIGHER THAN THE NATIONAL RATE. HERE THIS TABLE SHOWS US THE OVER ALL BLACK-WHITE MORTALITY RATIOS AND STRATIFIED BY GENDER. THE TABLE NOT ONLY

DEMONSTRATES BLACK-WHITE DIFFERENCE IN MORTALITY, IT ILLUSTRATES THE BLACK-WHITE DIFFERENCE IN DISPARITY. RATIO ONE COULD BE INTERPRETED AS OBSERVED NUMBER EOF DEATHS IN THE AFRICAN-AMERICAN POPULATION BEING EQUAL TO THE NUMBER OF EXPECTED DEGHTS IN THE WHITER IN THE WHITE POPULATION. THIS MEANS AN EXPOSE THE GROUT THERE'S ARE 32% GREATER NUMBER OF CASES OF CANCER RELATED TO MORTALITY THAN IN THE REF RENT POPULATION. THE OVER ALL BLACK-WHITE STANDARD MORTALITY RATIO IS 1.11. SO THIS SLIDE -- WE TOOK A CHANCE AND SCRATCHED THE SURFACE TO BETTER UNDERSTAND THE TRENDS AND MORTALITY RATIOS AS IT RELATES TO BLACK-WHITE STANDARDIZED MORTALITY. HERE WE SEE KNEEO PLATFORM, HEART, UNINTENTIONAL INJURY AT THE TOP THREE LEADING CAUSES OF DEATH. WE HAVE ONE FIVE-YEAR PERIOD 2007 TO 2011, COMPARED TO 2012 THROUGH 2016. WE SEE AN INCREASE IN CANCER BETWEEN TWO TIME PERIODS. WE ALSO SEE AN INCREASE IN UNINTENTIONAL INJURY BETWEEN THE TWO TIME PERIODS. WITH A SLIGHT DECREASE IN CEREBRAL VASCULAR DISEASE.

Chair Kafoury: DR. FRANKLIN, CAN YOU DESCRIBE TO US WHAT GIVE US EXAMPLES OF WHAT'S AN UNINTENTIONAL INJURY? BROAD CATEGORY.

Dr. Frank Franklin: IT IS. AN INJURY EPIDEMIOLOGY THERE ARE TWO CATEGORIES. ONE IS UNINTENTIONAL, THE OTHER IS INTENTIONAL. UNINTENTIONAL CAR CRASHES, PEDESTRIAN CRASHES, IF YOU WILL, WE ALSO HAVE OVERDOSE RELATED DEATHS THAT MAY BE UNINTENDED OR ARE UNINTENDED. THOSE ARE THE BIG BUCKETS. CAR CRASHES ARE THE BIGGEST PIECE OF THAT AS WELL AS POISON OF A DRUG RELATED DEATH THAT WASN'T INTENDED BY THE INDIVIDUAL. THIS SLIDE AGAIN SPEAKING OF MANNER OF DEATH WE LOOK AT MANNER AND CAUSE OF DRUG AND ALCOHOL FATALITIES IN THE PORTLAND TRI-COUNTY AREA. THIS COMES FROM THE MEDICAL EXAMINER SO HERE WE SEE OF ALL THE ACCIDENTS OR UNINTENTIONAL INJURIES ASSOCIATED WITH DRUG AND ALCOHOL FATALITIES. THE MAJORITY OF THEM ARE UNINTENTIONAL. ORANGE BUCKET, OR AS IT READS ON THE SLIDE, ACCIDENT.

Commissioner Meieran: CAN I ASK A QUESTION ABOUT THAT? IN TERMS OF ALCOHOL RELATED DEATHS, MY UNDERSTANDING IS THEY WERE MUCH HIGHER THAN DRUG RELATED DEATHS. WHEN YOU TALK ABOUT LIKE IS THAT A DIRECT -- AN OVERDOSE OR ARE THOSE ALL THE OTHER ASSOCIATED CONDITIONS RELATING TO ALCOHOL USE THAT CONTRIBUTE TO DEATH? IS THIS -- HOW DOES THIS -- IT'S VERY EASY TO SAY THEY TOOK AN OPIOID OVERDOSE AND DIED FROM THAT. ALCOHOL IS LESS LIKE AN OVERDOSE USUALLY. IT'S A COMBINATION OF FACTORS. HOW DOES IT MEASURE THAT ALCOHOL COMPARED WITH SOME OF THE OTHER DRUGS THAT THAT ARE MENTIONED?

Dr. Frank Franklin: WELL, ALCOHOL IS ONE OF THE LEADING FACTORS OR -- UNINTENTIONAL INJURIES. MOST EVENT ARE NOT NECESSARILY ALWAYS SORT OF CLEAN. SO WE LOOK AT THE UNDERLYING CAUSE ASSOCIATED OR UNDERLYING CAUSE OR FACTOR CONTRIBUTING TO THE FATALITY AND ALCOHOL IS GENERALLY GREATER THAN COMPARED TO OTHER DRUGS.

Commissioner Meieran: SO IT PLAYS AN OVER SIZE ROLE IN A WHOLE ARRAY OF OTHER INJURIES AND CAUSES OF DEATH, BUT WHEN YOU SAY DIRECT ATTRIBUTE THAT'S A DIFFERENT MEASUREMENT?

Dr. Frank Franklin: I WILL LEAD MORE TO DIRECT ATTRIBUTE. I DON'T WANT TO CONFUSE THE AUDIENCE THAT IT'S THE SOLE ATTRIBUTE BUT MORE ANCILLARY, SOMEONE HAD A GLASS OF WINE WHILE WE HAPPENED TO DOCUMENT THE FATALITY.

Commissioner Meieran: OKAY.

Dr. Frank Franklin: HERE WE HAVE ALCOHOL RELATED DEATHS BY YEAR IN OREGON. FROM 2001 TO 2015. WE SEE THERE'S BEEN AN INCREASE. THIS RATE REFLECTS 31 PER 100,000 WITH INCREASE TO 43 PER 100,000 OVER THAT TIME PERIOD. THE SLIDE I BORROWED FROM MY ESTEEMED COLLEAGUE. MOST PEOPLE KNOW I DON'T LIKE TO DRAW MUCH ON SLIDES BUT I DECIDED TO USE THIS IN HOMAGE TO DR. LEWIS. COMPARING ALCOHOL RELATED DEATHS OR RATES OF ALCOHOL RELATED FATALITIES COMPARED TO RATES OF OPIOID RELATED FATALITIES OVER THE SAME TIME PERIOD. THIS IS NOT AN EXACT MATCH BECAUSE THE METHODS ARE SLIGHTLY DIFFERENT, BUT DEFINITELY COMPARABLE.

Rachael Banks: DOES THAT ANSWER YOUR QUESTION, THESE SLIDES, COMMISSIONER MEIERAN, ABOUT ALCOHOL?

Commissioner Meieran: IT'S A LITTLE CONFUSING TO ME, BUT I THINK I UNDERSTAND. JUST LIKE THE LAST ONE SHOWED A VERY MUCH LOWER -- IF YOU GO TO THAT SLIDE IT SAYS 6.4 COMPARED TO 43 FOR ALCOHOL WHICH WOULD BE MORE WHAT I WAS EXPECTING, THEN GO TO THE PREVIOUS SLIDE -- OR THE SLIDE BEFORE THAT, THE SLIDE BEFORE THAT. IT SAYS ALCOHOL IS THIS MUCH LOWER PERCENTAGE WHEREAS ANY OPIOID IS THIS MUCH HIGHER PERCENTAGE OF DEATH. THOSE SEEM LESS MANY MORE DEATHS RELATED TO ALCOHOL ON THAT GRAPH SLIDE THAN OPIOIDS.

Dr. Frank Franklin: THIS IS FINE. THIS IS GOOD. WE HAVE TO TAKE IT IN CONTEXT. THIS IS A COUNT THEN PERCENTAGES. SO WHAT WE'RE LOOKING AT HERE IS 80% OF THE DEATHS ARE 417, SO THE BAR GRAPH SOMETIMES CAN DISTORT THE ACTUAL MAGNITUDE OR PERCENTAGES WHICH YOU SEE VISUALLY. SO THIS IS JUST SAYING AGAIN OUT OF THE 417, 80% OF THESE DEATHS CAN BE ATTRIBUTED TO SOME TYPE OF UNINTENTIONAL EVENT RELATED TO DRUG

AND ALCOHOL. THEN WHEN WE MOVE HERE, WE ARE LOOKING AT RATES PER 100,000.

Commissioner Meieran: OKAY.

Dr. Frank Franklin: HERE'S THE SLIDE THAT DEMONSTRATES WHAT THEY CALL DRUG CATEGORIES. WE SEE ALCOHOL, THE WAY THE GRAPH IS ORGANIZED HERE, THE BLUE BARS REPRESENT HARM TO USERS, AND THE RED PORTION OF THE BAR REPRESENTS HARM TO OTHERS. WE SEE WHEN WE LOOK AT ALCOHOL, APPROXIMATELY 45, 48% RELATES TO HARM TO OTHERS. REMAINING IS HARM TO THE USER. BUT 72% RELATED HARM IS ASSOCIATED WITH ALCOHOL CONSUMPTION COMPARED TO TOBACCO, COCAINE, AND SO ON. DOES THAT HELP FLESH IT OUT A LITTLE BIT?

Commissioner Meieran: HIS IS FROM 2010, SO RETROSPECTIVE FROM 2010. JUST FROM WHAT I UNDERSTAND CURRENTLY, THE STATE OF THINGS, AT LEAST IN MULTNOMAH COUNTY, THERE IS A HIGHER METHAMPHETAMINE DEATH RATE. THIS MAKES IT LOOK LIKE THE HARM TO -- OKAY. NEVER MIND. THIS MAKES SENSE, BUT I THINK THINGS ARE CHANGING SO I AM SURE THERE'S NOT CURRENT LITERATURE ON THAT. BUT IT DOES MAKE SENSE.

Dr. Frank Franklin: SO THIS MEASURE HERE IS CALLED YEARS OF POTENTIAL LIFE LOSS. IN ADDITION TO US ATTEMPTING OR MOVING FORWARD WITH QUANTIFYING THE MAGNITUDE OF THE ISSUE, UNDERSTANDING ITS RELATIVE EFFECTS, WE WANT TO LOOK AT THE IMPACT OF FATALITIES. HERE'S POTENTIAL LIFE LOSS REFLECT PREMATURE MORTALITY THAT A COMMUNITY EXPERIENCE. WE HAVE SORT OF THESE ARE ORGANIZED BASED ON THE TEN LEADING CAUSES OF DEATH, NOT NECESSARILY RANKING ORDER OF POTENTIAL LIFE LOSS. WHEN WE CONSIDER CANCER BETWEEN BLACK AND WHITE WE SEE APPROXIMATELY 1800 YEARS OF POTENTIAL LIFE LOSS AMONG THE AFRICAN-AMERICAN POPULATION COMPARED TO THE REFERENCE GROUP 1571. WHEN WE LOOK AT DISEASE OF THE HEART UNINTENTIONAL INJURY, CEREBRAL VASCULAR DI'S WE SEE THE YEARS OF PREMATURE MORTALITY IN MULTNOMAH COUNTY. THIS WILL LOOK A LITTLE DIFFERENT. THE UTILITY PLAYS OUT FURTHER WHEN YOU LOOK BY NEIGHBORHOOD OR CENSUS TRACK BASED ON LEADING CAUSE OF DEATH AND AGE DISTRIBUTION, PREMATURE MORTALITY WILL LOOK DIFFERENT.

Commissioner Meieran: CAN I ASK ONE OTHER?

Dr. Frank Franklin: SURE. PLEASE.

Commissioner Meieran: SO IN AN EARLIER SLIDE, WHEN YOU POINTED TO --

Dr. Frank Franklin: DO YOU REMEMBER THE NUMBER?

Commissioner Meieran: SORRY. IT WAS WHERE YOU HAD LIKE THE RATIOS.

Dr. Frank Franklin: SURE.

Commissioner Meieran: IT WAS THIS ONE. LIKE DRUG RELATED DEATHS AT THE BOTTOM SUGGEST THAT FOR YOUR DESCRIPTION THERE WAS A HIGHER BLACK RELATED -- LIKE 11% HIGHER FOR THE DRUG RELATED --

Dr. Frank Franklin: 11% APPROXIMATELY MORE CASES OF FATALITY OR MORTALITY ASSOCIATED WITH DRUG USE.

Commissioner Meieran: GO BACK TO THE CURRENT SLIDE, 13. IT'S HIGHER FOR BLACKS IN THAT ONE, 11%. THIS ONE SAYS DRUG RELATED DEATHS, THERE'S A LOWER NUMBER OF BLACKS THAN WHITES IN THIS ONE.

Dr. Frank Franklin: YES.

Commissioner Meieran: HOW DO YOU RECONCILE THOSE TWO?

Dr. Frank Franklin: OKAY, SO LET'S GO BACK TO THE FIRST SLIDE. WHEN WE LOOK AT STANDARD MORTALITY RATIOS WE TAKE INTO CONSIDERATION THE NUMBER OF OBSERVED DEATHS WE SEE IN A STUDY POPULATION AND COMPARE IT TO THE NUMBER OF EXPECTED DEATHS WE WOULD SEE IF THAT MORTALITY RATE WAS COMPARABLE OR THE SAME. WE LOOK AT NUMBER OF EXPECTED DEATHS IN THE BLACK POPULATION IF THE MORTALITY WAS THE SAME AS THE WHITE POPULATION. HERE WHEN WE SEE DRUG RELATED DEATHS WHAT THAT SAYS IS THAT 11% OF THE CASES OR 11% ADDITIONAL CASES OF MORTALITY OCCUR WITH AFRICAN-AMERICAN POPULATION IF THEY HAVE THE SAME MORTALITY RATE AS THE WHITE POPULATION. THIS IS NOT NECESSARILY A MEASURE OF DIFFERENCE IT'S A MEASURE OF RELATIVE DISPARITY OR DIFFERENCE.

Commissioner Vega Pederson: I HAVE A QUESTION. DO WE HAVE SIMILAR NUMBERS FOR, LIKE, NATIVE AMERICAN POPULATIONS, ASIAN AMERICAN POPULATIONS, FOR THIS DATA AS WELL?

Dr. Frank Franklin: WE CAN GET THOSE NUMBERS. I DON'T HAVE THEM WITH ME TODAY.

Commissioner Vega Pederson: I WOULD LOVE TO SEE THOSE.

Dr. Frank Franklin: SURE. LET ME JUST QUALIFY USUALLY GO WITH THE BLACK-WHITE RATIO BECAUSE THEY REFLECT THE SPAN OF DISPARITIES. DISPARITIES GENERALLY FOLLOW ALONG WITH SOCIAL GRADIENT SO WE WOULD SEE SIMILAR SLOPES WITH SIMILAR MAGNITUDES OF DISPARITY WITHIN OTHER POPULATIONS BUT AGAIN THE BLACK-WHITE GIVES THE

BREADTH OR DEPTH OF DISPARITY. SO I'M SORRY, BACK TO THE POTENTIAL LIFE LOSS. YEARS OF POTENTIAL LIFE LOSS ALSO TAKE INTO CONSIDERATION THE AGE. IT CAN BE SLIGHTLY SKEWED DEPENDING ON THE NUMBER OF DEATHS ACROSS A PARTICULAR AGE GROUP. HERE THE NUMBER IS HIGHER IN THE WHITE POPULATION BECAUSE YOU MAY HAVE A GREATER NUMBER OF THOSE WHO DIE EARLIER. HERE WHAT WE HAVE IS A FRAME OR STRUCTURAL DETERMINANTS OF HEALTH AND EQUITIES.

Dr. Frank Franklin: I LIKE TO USE THIS TO DISCUSS PARSING OUT THIS IDEA OF SOCIAL TERMS OF HEALTH MORE CLEARLY. WE OFTEN TALK ABOUT THE SOCIAL DETERMINANTS OF HEALTH IN TERMS OF THEIR ROLE IN PRODUCING HEALTH, STATUS AND WELL-BEING, WHICH IS TRUE, THERE'S A POSITIVE ASSOCIATION BETWEEN HEALTH STATUS AND WELL-BEING WHEN WE CONSIDER SOCIAL DETERMINANTS OF HEALTH BUT THE EXPOSURE TO THE ADEQUATE QUANTITY AND QUALITY OF SOCIAL DETERMINANTS ARE LARGELY DRIVEN BY SOCIAL CLASS, GENDER, ETHNICITY, OCCUPATION. WHEN WE THINK OF STRUCTURAL INEQUITIES WE SEE IN THE SECOND COLUMN THAT INFLUENCES THE PROBABILITY YOU WILL OR WILL NOT BE EXPOSED TO ADEQUATE DETERMINANTS OF HEALTH. WHEN I WAS PREPARING FOR THIS PRESENTATION LAST WEEK A WISE PERSON ASKED ME TO TALK ABOUT A STORY. I'M SURE SOME OF MY COLLEAGUES ARE PROBABLY LAUGHING BECAUSE THEY KNOW THAT I CRINGE A LITTLE BIT OR CHUCKLE IN A HUMOROUS WAY WHEN IT COMES TO TELLING STORIES. NOT BECAUSE I DON'T THINK STORIES HAVE VALUE MORE SO BECAUSE I HAVE SPENT PROBABLY 20 YEARS OF MY LIFE UNDERSTANDING AND TRAINING IN THE SCIENCES, THE LAW AND EPIDEMIOLOGY AND WE ORDER STORIES SECONDLY OR THIRD OR TERTIARY SPEAKING BECAUSE WE SEE THEM AS ANECDOTAL, NOT EMPIRICAL. HOWEVER, TAKING THE ADVICE OF THE WISE PERSON OVER THE WEEKEND I HAD A CHANCE TO THINK ABOUT THIS AND TRIED TO COME UP WITH WHAT'S THE STORY DO I WANT TO TELL. I READ A THOUSAND STORIES.

Dr. Frank Franklin: I SHOULD BE ABLE TO COME UP WITH ONE OFF THE TOP OF MY HEAD. I BEGAN TO THINK ABOUT, OKAY, WE HAVE ANOTHER PERSON, A PERSON I COULD THINK OF. THEN AS I STARTED THINKING ABOUT THIS STORY FOR ANOTHER PERSON, I BEGAN TO REALIZE AND THINK ABOUT THIS IDEA OF OTHERRISM. WHEN WE TALK ABOUT OTHERRISM IT'S A TERM USED IN CONCEPTUAL TERM USED IN SOCIAL SCIENCES AND THE LAW BUT IT'S ALSO USED SOME YEARS BACK IN A FAMOUS SPEECH BY MARTIN LUTHER KING WHO TALKED ABOUT THE OTHER AMERICA. IN AMERICA WE HAVE THIS THING CALL OVERRISM. IT WORKS IN BOTH DIRECTIONS. AMERICAN DREAM, AMERICAN STORY OF WORKING HARD, DOING WELL, BEING PROSPEROUS, AND THAT'S A STORY OF SOME PEOPLE IN AMERICA AND OTHERS IN AMERICA THAT WE'RE WILLING TO EMBRACE. ON THE SAME SIDE OF THAT COIN THERE'S ANOTHER OTHERRISM, AND THAT'S THOSE WHO ARE LESS FORTUNATE, WHO ARE UNDERSERVED, MARGINALIZED, DISENFRANCHISED, DISPLACED, YOU NAME

IT. THAT STORY WE ARE LESS LIKELY OR LESS WILLING TO EMBRACE. WHEN YOU -- I WAS THINKING ANOTHER STORY, ANOTHER WORD, IT'S A STORY OF AN OTHER PERSON. AN OTHER PERSON. REALLY THERE'S NO OTHER AMERICA.

Dr. Frank Franklin: RIGHT? COUPLE WEEKS AGO I WAS IN A SUPERMARKET AND THERE WAS A -- FOOTBALL SEASON, YOU KNOW I LIKE FOOTBALL. GO, EAGLES! I WAS RUSHING TO GET SOMETHING, GETTING READY FOR A GAME OR SOMETHING, ABOUT FOUR WEEKS AGO. I'M IN LINE AND I DIDN'T WANT TO DO SELF-CHECKOUT. I DIDN'T FEEL LIKE BEING BOTHERED. YOU LOOK AROUND AND SEE WHO HAS THE LEAST AMOUNT OF GROCERIES. THERE WAS A WOMAN IN FRONT OF ME WHO HAD A CARD FULL OF GROCERIES. SHE WAS ALL WRAPPED UP AND READY TO GO. OKAY, I'M GOING TO GET IN AND GET OUT. AS THE WOMAN PROCEEDED TO MOVE FORWARD TO PAY FOR THE GROCERIES THE CART OF GROCERIES, THE TRANSACTION DIDN'T GO THROUGH THE NORMAL ORDER THAT I'M USED TO. PAY THE CREDIT CARD, SWIPE AND WALK OUT. IT BECAME VERY COMPLICATED. I THOUGHT IT WAS GOING TO MOVE QUICKLY. THERE'S GOING TO BE A PROBLEM HERE. SO THE CASHIER AND THE WOMAN ESSENTIALLY DIDN'T HAVE ENOUGH MONEY TO PAY FOR THE GROCERIES. SO THERE WAS THIS IDEA OF MOVING THE WOMAN AND HER CHILD TO THE NEXT AISLE OVER. I BEGAN TO LOOK AT THE YOUNG MAN, ABOUT EIGHT YEARS OLD, GOOD KID, JUST LAUGHING, HAVING A GREAT TIME.

AND AT THAT MOMENT I KNEW THIS WAS GOING TO BE A LONG SORT OF UNCOMFORTABLE SITUATION FOR THE MOTHER AND PERHAPS THE CHILD HIMSELF. I DID NOT WANT -- THERE WAS SOMETHING INNOCENT IN HIS EYES, SOMETHING THAT WE ALL SEE IN KIDS AND THAT WE ALL PROBABLY HAVE WHEN WE WERE YOUNGER. I DIDN'T WANT TO INTERRUPT IN HIS MIND THAT MOMENT, THAT PERFECT PLACE. I DIDN'T WANT THE WOMAN TO HAVE TO ENDURE THAT WITH HER CHILD. SO THE CASHIER MOVES TO THE OTHER LINE, I GET MY FOOD AND REACH OVER TO THE CASHIER AND SAY, HEY, I'M TRYING TO WHISPER, HAVE SOME LEVEL OF DISCUSSION. HOW MUCH IS THE FOOD? SHE GIVES ME THIS LOOK, HOW DARE YOU. I SAY, I JUST WANT TO PAY FOR THE FOOD. DON'T TAKE EVERYTHING OUT THE CART. I'LL JUST PAY FOR THE FOOD. AND SHE LOOKED AT ME, I SAID, YEAH, I DON'T KNOW HOW MUCH. LOOKS LIKE A LOT BUT I'LL PAY FOR IT. SO I WOUND UP SPENDING QUITE A DEAL MORE OF MONEY THAN I ANTICIPATED, BUT AT THAT MOMENT, WHEN THIS WOMAN WAS IN LINE IN FRONT OF ME, AND WHEN I MADE THE OBSERVATION SHE WAS NOT GOING TO BE ABLE TO PAY FOR HER FOOD, WHETHER IT WAS TRUE OR NOT, AT THAT MOMENT I ENGAGED IN THIS OTHERISM. BECAUSE I MADE AN OBSERVATION, I MADE A JUDGMENT THAT BECAUSE SHE DIDN'T SWIPE THE CARD THAT I KNEW THERE WAS GOING TO BE A PROBLEM. AND I OTHERIZED HER FOR MY OWN CONVENIENCE. BUT AT THAT MOMENT, I DIDN'T KNOW I WAS GOING TO BE BEHIND HER ANY MORE THAN SHE KNEW SHE WAS GOING TO BE IN FRONT OF ME, BUT AT THAT

MOMENT THAT NARRATIVE WAS OURS. IT WASN'T HER STORY. THAT WAS OUR STORY. SO WHEN WE THINK ABOUT SOCIOECONOMIC POSITION, RACE, CLASS, GENDER, THOSE ARE THINGS WE ALL CAN RELATE TO. THERE IS NO OTHER SUPERMARKET FOR PEOPLE WHO DON'T HAVE MONEY OR WHO ARE LESS FORTUNATE. THERE'S NOT ANOTHER SET OF PHYSICIANS TO CARE FOR THIS OTHER POPULATION. THERE'S NOT ANOTHER SET OF MENTAL HEALTH PROVIDERS TO CARE FOR THIS OTHER POPULATION. THERE'S NOT ANOTHER AMERICA. THERE'S NOT ANOTHER OREGON. THERE'S NOT ANOTHER MULTNOMAH COUNTY. THERE'S ONLY ONE. IT'S ALL OF OUR STORY. I CAN HONESTLY SAY I'M PROUD OF THE WORK RACHEL IS DOING AND THAT YOU ARE STEPPING INTO THE SPACE OF BOARD OF HEALTH BECAUSE IT DEMONSTRATES THAT YOU SEE AND HAVE THE FORESIGHT THAT THERE IS ONLY ONE MULTNOMAH COUNTY. IT'S ALL ABOUT STORIES. NOT JUST ANOTHER STORY. IT'S OUR STORY. SO THEN WE HAVE TO DECIDE AS A COUNTY, AS PEOPLE WHO ARE RESPONSIBLE FOR IMPROVING HEALTH AND WELL-BEING OF MULTNOMAH COUNTY CITIZENS, ARE WE GOING TO BE SOMEONE OR AN ENTITY THAT DISRUPTS OR ENABLES INEQUITY? THANK YOU.

Dr. Frank Franklin: DO WE HAVE ANY OTHER QUESTIONS? QUESTIONS OR COMMENTS?

Commissioner Meieran: THANK YOU FOR THAT. GOING BACK TO JUST SOME OF THE STATISTICS, IS THERE ANY BREAKDOWN BY AGE? I BELIEVE CAUSE OF DEATH FOR YOUTH AND YOUNGER ADULTS IS A VERY DIFFERENT PICTURE FROM THAT OVER ALL MORTALITY RATE. LIKE SUICIDE IS ONE OF THE LEADING CAUSES ALONG WITH UNINTENTIONAL INJURIES FOR YOUTH.

Dr. Frank Franklin: THE STANDARD MORTALITY RATES ARE AGE ADJUSTED SO WE HAVE TAKEN INTO CONSIDERATION AGE. YEARS OF POTENTIAL LIFE LOST HAVE NOT BEEN MODIFIED FOR AGE.

Commissioner Meieran: OKAY, BUT I MEAN SPECIFICALLY IF YOU LOOK AT YOUTH THEY HAVE -- IT WOULD BE A DIFFERENT PICTURE OF WHAT THE LEADING CAUSE OF DEATH IS. NOT AN AGE ADJUSTED GRAPH OF WHAT LEADING --

Dr. Frank Franklin: IF YOU DIDN'T ADJUST FOR AGE AND YOU JUST LOOKED INTO PARTICULARLY AGE CATEGORY, NUMBERS WOULD LOOK DIFFERENT BUT THE FACT THAT WE HAVE ADJUSTED FOR AGE THE NUMBERS ARE NOT NECESSARILY SKEWED AGAINST AGE. DOES THAT --

Commissioner Meieran: BUT IT WOULD BE DIFFERENT IF WE SAY WE WANT TO DECREASE WHATEVER THE LEADING CAUSE OF DEATH IS FOR CHILDREN. IT WOULD BE WE WOULDN'T BE LOOKING AT THE HUGE CARDIOVASCULAR DISEASES WOULDN'T BE THE LEADING THING THAT WE WOULD LOOK AT. IT

WOULD BE SUICIDE OR UNINTENTIONAL INJURY. THERE'S A DIFFERENT PERSPECTIVE THAT YOU WOULD HAVE.

Dr. Frank Franklin: YES. IT WOULD BE SUICIDE AND UNINTENTIONAL INJURIES DEPENDING ON THE AGE. IF YOU'RE TALKING ABOUT TWO TO FIVE YOU MAY NOT SEE THAT. YOU ALWAYS SEE VARIATION MORTALITY OUT COMES DEPENDING ON THE AGE.

Commissioner Meieran: THANKS.

Commissioner Vega Pederson: THANKS FOR THIS PRESENTATION. I HAD A COUPLE OF QUESTIONS. I HAVE LIKE NO HEALTH BACKGROUND, AND DIDN'T DO VERY WELL IN STATISTICS. I'M JUST PREFACING THAT SO YOU CAN HELP ME UNDERSTAND. ON SLIDE SIX AND SEVEN, JUST LOOKING AT THE SUICIDE RATE, IT LOOKS LIKE IF YOU LOOK AT MULTNOMAH COUNTY WE HAVE LIKE LOWER THAN OREGON AND ABOUT THE SAME AS THE U.S. ON THAT SLIDE BUT IN SEVEN IT LOOKS LIKE TO ME WE'RE ABOVE THE U.S. SO WHAT'S THE DIFFERENT INFORMATION BEING SHARED ON THOSE TWO SLIDES?

Dr. Frank Franklin: ARE YOU SAYING SIX AND SEVEN --

Commissioner Vega Pederson: I'M SORRY, I'M LOOKING I THINK AT 5 AND 6. YES. 5 AND 6.

Dr. Frank Franklin: OKAY. SO THIS RIGHT HERE IS FIREARM RELATED DEATHS. THE REASON I FIND THIS TO BE IMPORTANT IS BECAUSE FIREARMS CAN BE ATTRIBUTED TO THE BULK OF SUE SIEPPEDZ AND HOMICIDES. SO THIS IS SLIGHTLY DIFFERENT IN THIS SLIDE WE'RE PARTICULARLY LOOKING AT ALL CAUSES OF DEATH ASSOCIATED WITH FIREARMS AND THEN WE BREAK IT OUT IN TERMS OF SUICIDE AND HOMICIDE. THIS SLIDE HERE REPRESENTS THE AGE ADJUSTED SUICIDE RATE REGARDLESS OF MECHANISM USED.

Commissioner Vega Pederson: OH, GOTCHA. OKAY. THANK YOU.

Chair Kafoury: ONE OF THE REASONS THAT WE WANTED TO START THIS CONVERSATION IS TO GIVE COMMISSIONERS AND THE PUBLIC AN IDEA OF AS THE BOARD OF HEALTH WHAT AREAS WE MIGHT WANT TO BE LOOKING INTO. SO TODAY'S PRESENTATION WAS MEANT TO BE A REAL BROAD OVERVIEW AND TO ELICIT YOUR FEEDBACK IF THERE ARE AREAS THAT YOU WANT TO DELVE INTO FURTHER AS WE LOOK TO SETTING OUR AGENDA IN THE NEW YEAR FOR THE UPCOMING YEAR WHERE WE'RE GOING TO FOCUS. FOR EXAMPLE, IF YOU'RE INTERESTED IN HAVING A FOCUS ON YOUTH, LEADING CAUSES OF YOUTH SUICIDE OR WHATEVER, IF YOU WANTED WE CAN CARVE THAT OUT. IF YOU WANT TO LOOK AT DIFFERENT DISEASES BY DIFFERENT RACE AND ETHNICITY WE CAN TALK ABOUT THAT AS WELL. REALLY THE WORLD IS YOUR OYSTER HERE. WE HAVE SOME REALLY TALENTED FOLKS IN

THE HEALTH DEPARTMENT WHO ARE READY, WILLING AND EXTREMELY EXCITED TO DELVE INTO THIS DATA AND TO HELP COME UP WITH AREAS. BUT I ALSO DON'T WANT US TO GET TOO CAUGHT UP IN THE NUMBERS BECAUSE WE -- WHEN WE LOOK TO WHERE WE'RE HEADING FOR THE YEAR WE WANT TO LOOK AT -- WE WANT TO LOOK AT WHAT ARE THE THINGS THAT WE CAN TACKLE AS A COUNTY. I THINK HAVING THIS BROAD, HIGH LEVEL VIEW IS REALLY IMPORTANT AS WE MOVE FORWARD. IT'S REALLY EASY TO GEEK OUT AND GET REALLY IN THE WEEDS ON THE DATA, BUT LOOKING AT -- WE WANT TO SEND THE STAFF OUT AS WELL TO LOOK AT WHAT OTHER COMMUNITIES ARE DOING, WHAT ARE SOME TOOLS WE HAVE AS THE COUNTY TO ADDRESS THESE ISSUES. WE CAN SPEND AS MUCH TIME AS YOU WANT TO TALK ABOUT IT BUT WE WANT TO GET TO ACTIONS, WHAT CAN WE DO TO MAKE A DIFFERENCE. RACHEL?

Rachael Banks: I THINK SIMILARLY, THANK YOU, CHAIR KAFOURY, WE WANTED TO GET THIS DATA IN FRONT OF YOU AND TALK ABOUT LEADING CAUSES OF DEATH WHICH ARE CHRONIC DISEASE AND INJURY BROADLY SPEAKING AND SHOW WHAT THAT LOOKS LIKE IN MULTNOMAH COUNTY AND SOME OF THE CONTRIBUTING FACTORS. WE'RE HAPPY TO DIVE DEEPER IN DIFFERENT AREAS. THERE'S A LOT OF WAYS TO SLICE AND DICE THE DATA. WHAT REMAINS CLEAR IS THAT CHRONIC DISEASE AND INJURY ARE THE BIGGEST PROBLEMS IN OUR COMMUNITY IN TERMS OF MORTALITY PERSPECTIVE. THEN OF COURSE THERE'S QUALITY OF LIFE AND A VARIETY OF OTHER THINGS THAT WE DIDN'T SHARE. IT'S CLEAR THAT WE HAVE DISPARITIES, THE LARGEST OF THOSE ARE BLACK AND WHITE. WE KNOW THAT WE CAN DO SOMETHING ABOUT THESE THINGS AND WE WANT TO DO SOMETHING ABOUT IT.

Chair Kafoury: THANK YOU. I ALSO WANTED TO THANK YOU FOR YOUR STORY. I THINK YOU DID A NICE JOB OF TYING THINGS UP AT THE END. IT'S A GOOD THING FOR US ALL TO REMEMBER AS WE'RE LOOKING AT NUMBERS SOMETIMES THAT TELLS ONE STORY BUT THEN WHEN YOU THINK ABOUT IT IN HUMAN TERMS IT REALLY -- IT TELLS THE SAME STORY BUT IN A DIFFERENT WAY.

Dr. Frank Franklin: ABSOLUTELY.

**B.2 Board Briefing on revisions to the Jail Capacity Management Plan.
Presenter: Michael Reese, Sheriff.**

Chair Kafoury: THANK YOU. MICHAEL REESE, SHERIFF, PLEASE COME UP. OUR NEXT BOARD BRIEFING IS ON JAIL CAPACITY MANAGEMENT PLAN.

Mike Reese: GOOD MORNING, CHAIR. I'M MIKE REESE. I'M THE SHERIFF OF MULTNOMAH COUNTY. I'M HONORED TO BE HERE TODAY. WE'RE HERE TO PRESENT AN UPDATED JAIL CAPACITY MANAGEMENT PLAN COMPLETE WITH

A RESOLUTION FOR BOARD CONSIDERATION. MAINTAINING THIS PLAN IS IMPORTANT BECAUSE IT REFLECTS COMPLIANCE WITH LAW, BUDGET AUTHORIZATIONS, PROFESSIONAL PUBLIC SAFETY OPERATIONS AND COMMUNITY EXPECTATIONS. JOINING ME TODAY ARE SEVERAL OF OUR PROFESSIONAL STAFF REPRESENTING PLANNING AND RESEARCH, FACILITIES SERVICES AND CORRECTIONS RECORDS.

Mike Reese: TRULY VALUE THE WORK OF JOHN, KATIE AND REBECCA AND YOU'LL UNDERSTAND WHY AS WE GET INTO HIS PRESENTATION. I WOULD LIKE TO THANK OUR MCSO LEADERSHIP TEAM AND ASSISTANT CHIEF FOR THE PORTLAND POLICE BUREAU JAMIE RESH, WHO IS HERE WITH US. FOR THE BENEFIT OF THOSE WATCHING JAIL CAPACITY MANAGEMENT PLAN IS ADOPTED TO LAW. BUDGET AUTHORIZATIONS, PROFESSIONAL PUBLIC SAFETY OPERATIONS AND COMMUNITY EXPECTATIONS. CONSEQUENCES OCCUR QUICKLY IF OUR OPERATIONS DO NOT COMPLY WITH THIS PLAN. IT RESOLVES A POPULATION EMERGENCY IF THE NUMBER OF ADULTS IN OUR MULTNOMAH COUNTY FACILITY REACHES 95% OF OUR AUTHORIZED CAPACITY, 1192. FORCED RELEASE PROCEDURES ARE BASED ON RISK TO COMMUNITY SAFETY MEANING WE HOLD THOSE REPRESENTING THE GREATEST RISK AND RELEASE THOSE WHEN WE GET TO FORCED RELEASE THAT POSE THE LEAST RISK. OUR CRIMINAL JUSTICE SYSTEM PARTNERS IDENTIFIED IN THE JAIL CAPACITY MANAGEMENT PLAN HAVE RECOMMENDED AMENDING FORCED RELEASE CRITERIA AND SCORING WHICH I'LL COVER MORE IN A MOMENT. FIRST I WANT TO PROVIDE A LITTLE HISTORICAL CONTEXT FOR OUR DISCUSSION. SO BACK IN MAY OF 2016, THE ADOPTED BUDGET SET PLANS INTO MOTION TO REDUCE FACILITY CAPACITY.

IN SEPTEMBER 2016 FUNDING FOR DORM 4 WAS CONCLUDED AND THEREFORE THAT DORM WAS CLOSED. THE COUNTY'S AUTHORIZED JAIL CAPACITY WENT FROM 1310, WHICH IT HAD BEEN FOR MANY YEARS, TO 1251. IN NOVEMBER 2016, THE BOARD APPROVED A RESOLUTION TO REFLECT THIS CHANGE IN AUTHORIZED CAPACITY AND UPDATED THE CAPACITY MANAGEMENT PLAN TO INCLUDE A YELLOW ALERT OR RED ALERT OR EMERGENCY POPULATION NOTICE. IN DECEMBER OF 2016 THE BOARD AUTHORIZED TEMPORARY FUNDING TO KEEP DORM 5 OPEN THROUGH END OF FISCAL YEAR AND CONSEQUENTLY IN JULY OF 2017 FUNDING FOR DORM 5 CONCLUDED AND THAT DORM CLOSED. THE COUNTY'S AUTHORIZED JAIL CAPACITY WENT FROM 1251 TO 1192. THE BOARD APPROVED A RESOLUTION AT THAT TIME TO REFLECT THIS CHANGE. SINCE JULY OF 2017, WHEN THE TWO DORMS CLOSED, IT MEANS NOW THAT THERE ARE 448 AUTHORIZED BEDS AT THE MULTNOMAH COUNTY DETENTION CENTER AND 744 AUTHORIZED BEDS AT THE INVERNESS JAIL. THE JAIL CAPACITY MANAGEMENT PLAN BEFORE YOU TODAY CONTINUES TO REFLECT 1192 JAIL BEDS ACCORDINGLY. NOW I'M GOING TO TURN IT OVER TO JOHN, OUR PLANNING AND RESEARCH MANAGER, FOR A LITTLE CONTEXT TO SOME OF THE DRIVERS AND MITIGATION STRATEGIES FOR JAIL CAPACITY MANAGEMENT PLAN.

John Carmsmulland: THANK YOU, SHERIFF. GOOD MORNING, CHAIR, COMMISSIONERS, I'M JOHN CARMSMULLAND. I'M PLANNING AT RESEARCH DIRECTOR. I WANT TO PROVIDE A LITTLE BIT OF INFORMATION ABOUT HOW THE COW JAIL POPULATION AND ASSOCIATED FACTORS HAVE CHANGED AND HOW SOME OF THE CHANGES MAY BE INFLUENCING THE NEED FOR FORCED RELEASE. ON FROM THE LEFT SIDE WE IDENTIFIED A SUBSET OF NUMEROUS FACTORS THAT CAN IMPACT SIZE AND CHARACTERISTICS OF A PERSON IN CUSTODY. WHEN CRIME AND ARRESTS INCREASE WE MAY EXPECT AN OVERALL INCREASE IN THE NUMBER OF INDIVIDUALS BOOKED INTO THE JAIL.

WHILE WE HAVEN'T SEEN INCREASES IN CRIME AND ARRESTS ACROSS THE BOARD OVER THE LAST SEVERAL YEARS AND COMMENSURATELY OVER ALL STANDARD BOOKINGS HAVE NOT INCREASED SOME CRIMES HAVE INCREASED. ONE IS PROPERTY CRIMES, WHICH HAS CONSISTENTLY INCREASED YEAR OVER YEAR, AND MOTOR VEHICLE THEFT IN PARTICULAR HAS INCREASED IN RECENT YEARS. ONE THING THAT HAS CHANGED VERY SIGNIFICANTLY AT THE JAIL ARE THE CHARGES OF INDIVIDUALS IN CUSTODY, IN PARTICULAR THE NUMBER OF INDIVIDUALS THAT ARE HELD ON SEVERE CHARGES WITH LENGTHY PRETRIAL STAYS. SO TO GIVE AN EXAMPLE OF THIS, AS OF OCTOBER OF 2016, WE 6102 INDIVIDUALS IN CUSTODY WHO TO DATE HAD BEEN HELD FOR MORE THAN 150 DAYS IN ADVANCE OF THEIR TRIAL. AS OF OCTOBER 1 OF THIS YEAR, JUST TWO YEARS LATER, WE HOUSE 169 SUCH INDIVIDUALS. THAT'S A 70% INCREASE IN TWO YEARS. SIMILARLY IN 2016 MCSO HOUSED 60 INDIVIDUALS ON MURDER RELATED CHARGES AND AS OF THIS PAST OCTOBER THAT NUMBER IS UP TO 76, WHICH IS A 27% INCREASE. INCIDENTS OF FAILURE TO APPEAR AMONG INDIVIDUALS BOOKED AT THE JAIL ALSO APPEAR TO BE ON THE RISE. IN 2010, 16% OF THE STANDARD BOOKINGS THAT WE PROCESSED HAD AN ASSOCIATED WARRANT FOR FAILURE TO APPEAR. THIS ROSE TO 18% BY 2014 AND IS 24% AS OF LAST OCTOBER. INDIVIDUALS WITH PREVIOUS FAILURES TO APPEAR ARE LESS LIKELY TO BE ELIGIBLE FOR RECOGNIZANCE RELEASE, MORE LIKELY TO REMAIN IN CUSTODY.

AS THESE AND OTHER FACTORS HAVE SHAPED THE POPULATION OF ADULTS IN CUSTODY, COMMUNITY PARTNERS HAVE BUILT AND EXPANDED A CONTINUUM OF CARE FOR ALL JUSTICE INVOLVED INDIVIDUALS. PRIMARY GOAL IS TO IMPROVE OUT COMES BUT FOR MANY THIS MEANS MOVING INDIVIDUALS OUT OF JAIL OR PREVENTING THEM FROM COMING TO JAIL IN THE FIRST PLACE. A LINCHPIN IS THE RECOG PROCESS OPERATED BY THE DEPARTMENT OF COMMUNITY JUSTICE. JUST TWO YEARS AGO 28% OF ALL RELEASES FROM MCSO JAILS WERE RECOGNIZANCE RELEASES. TODAY THE NUMBER IS 34%, A 21% OVER TWO YEARS. OTHER EFFORTS IN CONTINUUM OF CLARE INCLUDE LAW -- SUPERVISIONAL WITH THE GOAL OF IMPROVING OUT COMES FOR JUSTICE INVOLVED INDIVIDUALS. UNFORTUNATELY THESE EFFORTS HAVE NOT BEEN SUFFICIENT TO PREVENT JAIL OVERCROWDING

AND SUBSEQUENTLY FORCED RELEASE. I'LL TURN IT OVER TO KATIE, WHO MANAGES OUR FACILITIES SERVICES DIVISION TO DISCUSS THOSE ISSUES IN DETAIL.

Katey Berger: I'M KATEY BERGER THE FACILITY SERVICES SECTION DIRECTOR. I'M HERE TODAY TO DISCUSS FURTHER WHAT HAPPENS WHEN OUR JAIL CAPACITY RISES TO INDICATE A POPULATION EMERGENCY. SHERIFF'S OFFICE EARLY WARNING NOTIFICATION KNOWN AS YELLOW ALERT ADVISORY. THIS IS SENT TO OUR CRIMINAL JUSTICE PARTNERS AND STAKEHOLDERS SUCH AS YOURSELVES WHEN WE HIT THAT 90% CAPACITY. OVER THE LAST YEAR AND A QUARTER OUR FACILITIES HAVE OPERATED AT OR ABOVE 90% FOR A TOTAL OF 323 DAYS. ROUGHLY 70% OF THE TIME. AT 90% OUR PARTNERS ARE ASKED TO CLOSELY MONITOR JAIL BED USAGE AND REVIEW AREAS TO MAXIMIZE THEIR ALTERNATIVES SUCH AS OUR RECOGNIZANCE RELEASES AND PRETRIAL RELEASES. UPON RECEIVING THE ALERT GIVEN THAT 90% CAPACITY HAS BECOME MORE THE NORM THAN EXCEPTION OUR PARTNERS SUCH AS DCJ HAVE CREATED AND IMPLEMENTED STRIEM LINED PROCESS. IF THESE EARLY WARNING MEASURES FAIL TO STABILIZE AND DECREASE CAPACITY PRESSURE THE JAIL POPULATION CONTINUES TO RISE AND OUR POPULATION EMERGENCY EXISTS UPON REACHING THAT 95% CAPACITY. FOR THE SAME TIME PERIOD AS THE PREVIOUS SLIDE THE LAST YEAR AND A QUARTER OUR JAIL POPULATION HAS REACHED 95% 56 TIMES TRIGGERING AN EMERGENCY POPULATION NOTIFICATION. THESE RED ALERTS REQUIRE OUR PARTNERS TO TAKE IMMEDIATE ACTION TO REDUCE JAIL BED USAGE. THIS INCLUDES DIRECT COMMUNICATION WITH OUR STREET LAW ENFORCEMENT VIA BOAC TO USE ALTERNATIVES TO JAIL AS WELL AS CONTINUING EARLY WARNING MEASURES THAT MAXIMIZE RECOGNIZANCE AND PRETRIAL RELEASE. 90% DEFINES CRITICAL MASS. OUR ABILITY TO SAFELY HOUSE INDIVIDUALS WHO ARE VULNERABLE AND HIGH RISK BECOME DIFFICULT. HOUSING CONFIGURATION IS DESIGNED BY MANAGES LIGHT GROUPS OF PEOPLE AND AT 95% IT BECOMES VERY CHALLENGING TO FIND APPROPRIATE SPACE TO DO SO. AT THIS CRITICAL PHASE DEPARTMENT OF COMMUNITY JUSTICE HAS BEEN AN EXTREMELY VALUED PARTNER. UPON THAT EMERGENCY RELEASE EMERGENCY RED ALERT NOTICE A PAROLE AND PROBATION OFFICERS REVIEW THE NUMBER OF INDIVIDUALS WITHIN OUR FACILITIES AND BEGIN IDENTIFYING A GROUP TO REDUCE SANCTIONS AND DROP HOLDS. I'LL NOW TURN IT OVER TO REBECCA TO TALK MORE ABOUT WHAT HAPPENS WHEN WE DO HIT THAT EMERGENCY FORCED RELEASE.

Rebecca: THANK YOU, KATIE. I'M HERE TODAY TO EXPLAIN THE FINAL STEPS OF OUR EMERGENCY RELEASE PROCESS. AS YOU CAN SEE, WE HAVE FORCED RELEASED A TOTAL OF 232 INDIVIDUALS SINCE JULY OF 2017. WHEN OUR POPULATION REACHES 95% CAPACITY THE CORRECTIONS SHIFT LIEUTENANT REQUESTS LIST OF POTENTIAL FORCED RELEASES. A LIST IS GENERATED FROM OUR JAIL MANAGEMENT SYSTEM. EACH PERSON IS QUERIED THROUGH MULTIPLE LAW ENFORCEMENT DATA SYSTEMS TO

DETERMINE RELEASE CAPABILITY. A LIST OF POTENTIAL FORCED RELEASE IS SEND TO CORRECTIONS, MEDICAL FOR FINAL APPROVAL. RELEASE PAPERWORK IS PREPARED FOR EACH PERSON AND RELEASED INFORMATION IS ENTERED INTO OUR JAIL MANAGEMENT SYSTEM WHICH TRIGGERS RELEASE OF INMATES FROM OUR FACILITY. THIS PROCESS TAKES TWO TECHNICIANS APPROXIMATELY THREE TO FOUR HOURS TO COMPLETE DUE TO MULTIPLE TASKS THAT MUST BE COMPLETED. TECHNICIANS ARE UNDER INTENSE PRESSURE WHEN PERFORMING THESE TASKS AS THEY ARE AWARE OF THE IMPACT ON OUR COMMUNITY. IF THE NEW JAIL CAPACITY MANAGEMENT PLAN IS ADOPTED WE WILL NEED TO PROGRAM OUR JAIL MANAGEMENT SYSTEM IN ORDER TO ADDRESS THESE CHANGES TO THE PLAN. I WILL NOW GIVE THE PRESENTATION BACK TO THE SHERIFF.

Mike Reese: THANKS, REBECCA.

Commissioner Meieran: I CAN I JUST ASK A QUICK QUESTION GOING BACK TO THAT SLIDE?

Mike Reese: SURE.

Commissioner Meieran: IT REALLY STANDS OUT THAT LIKE MARCH OF LAST YEAR WAS LIKE 67 OR 60 SOMETHING PEOPLE. WHATEVER. 50 TO 60 PEOPLE. OCTOBER THE YEAR BEFORE WAS ABOUT 50 PEOPLE. I KNOW ALL OF THIS IS OUTLIERS BUT THOSE ARE EVEN MORE SIGNIFICANTLY OUTLIERS. DID SOMETHING SPECIFIC HAPPEN IN MARCH THAT THERE WAS THAT MANY PEOPLE THAT -- IT JUST -- IT'S THREE TIMES HIGHER THAN --

Mike Reese: JUST HAPPENED. WE'RE ALWAYS AT THAT CRITICAL POINT IN CAPACITY, AND SO SIMPLE THINGS LIKE A FEW MORE PEOPLE COMING IN FROM THE U.S. MARSHAL'S, ADMISSION TO ADDRESS CRIME IN A CERTAIN NEIGHBORHOOD CAN TIP US OVER. SO WHEN WE'RE AT 90% TO 95% DAILY, A FEW ADDITIONAL PEOPLE COMING INTO THE SYSTEM AND A FEW LESS PEOPLE MAYBE GOING OUT THE OTHER END CAN TIP US OVER.

Commissioner Meieran: OKAY.

Mike Reese: I THINK KATIE'S POINT, ONE OF THE THINGS THAT HAS REALLY HELPED IN MARCH WE STARTED TO SEE A LOT OF RELEASES. THAT'S ABOUT THE TIME THAT WE REALLY ENGAGE WITH DCJ TO WORK AT THE FRONT END TO STOP THESE FORCED RELEASES WE COULD RELEASE PEOPLE THAT WERE IN ON SANCTIONS AND DCJ HAS BEEN AN INCREDIBLY GOOD PARTNER IN DOING. THAT LET'S TALK ABOUT THE JAIL CAPACITY MANAGEMENT PLAN COMMITTEE AND THE WORK WE HAVE DONE TODAY. TO THIS END WE MET AS PART OF THE PLAN THERE'S AN IDENTIFIED STAKEHOLDER COMMITTEE AND TO THIS END WE MET WITH THE REVIEW COMMITTEE PARTNERS LISTED HERE. WE DID SO BECAUSE THIS IS A BOARD GENERATED DOCUMENT. THESE

PARTNERS ARE SPECIFICALLY REFERENCED WITHIN THE JAIL CAPACITY MANAGEMENT PLAN. THEY ALSO HAVE A DIRECT CONNECTION TO ADULTS IN OUR CUSTODY. IT'S IMPORTANT TO NOTE MCSO ALSO COMMUNICATED WITH OTHER STAKEHOLDERS INCLUDING LOCAL PUBLIC SAFETY COORDINATING COMMITTEE AND LAW ENFORCEMENT.

Mike Reese: WE APPRECIATE THEIR INSIGHTS AS WELL. I WANT TO TAKE A MOMENT TO HIGHLIGHT THE GRAY WORK DCJ HAS DONE IN PARTNERSHIP WITH US IN THIS EFFORT. HERE ARE SOME OF THE RECOMMENDATIONS THAT CAME OUT OF OUR COMMITTEE EFFORT. AS YOU KNOW, THIS REVIEW OF THE PLAN WAS PRECIPITATED BY RELEASE, POTENTIAL RELEASE OF A VERY HIGH SCORING INDIVIDUAL IN CUSTODY ON CRIMINAL CHARGES, AND WE REALIZED THAT THE PLAN THAT HAD BEEN IN PLACE HAD NEVER ANTICIPATED FOLKS WITH SUCH A HIGH SCORE BEING RELEASED BEFORE. SO THE CAPACITY MANAGEMENT PLAN REVIEW COMMITTEE SUGGESTED SEVERAL EDITS, THE FIRST BEING THAT BALLOT MEASURE 11 AND DOMESTIC VIOLENCE CRIMES SHOULD BE INELIGIBLE FOR FORCED RELEASE. WE TESTIFIED EARLIER FORCED RELEASE PROCEDURES ARE BASED ON RISK TO COMMUNITY SAFETY AND INDIVIDUALS WITH PERSON CRIMES AT THESE LEVELS SHOULD NEVER BE RELEASED DUE TO OVER POPULATION. THE FACT THAT WE HAVE TO EXPRESS THIS WITHIN THE PLAN FURTHER SPEAKS TO THE CHANGING JAIL POPULATION THAT JOHN POINTED OUT.

A DECADE AGO FRANKLY WE NEVER ANTICIPATED THAT WE WOULD HAVE PEOPLE WITH THIS TYPE OF SCORING ELIGIBLE FOR RELEASE. ANOTHER RECOMMENDATION FROM OUR PARTNERS IS LISTING UNAUTHORIZED USE OF A VEHICLE AS A SPECIAL CONSIDERATION. SPECIAL CONSIDERATION MEANS A PERSON WHOSE CURRENT CHARGES RELATE TO UNAUTHORIZED USE OR POSSESSION OF A STOLEN VEHICLE WOULD BE THE LAST CATEGORY ELIGIBLE FOR FORCED RELEASE. IT WOULDN'T PREVENT PEOPLE FROM BEING RELEASED FOR ARRESTS FOR UUMV, BUT THEY WOULD BE THE LAST CATEGORY RELEASED. WHILE IT'S A CRIME IN AND OF ITSELF IT'S AN ACTION THAT FACILITATES OTHER CRIMES. OUR COMMITTEE SHARES AN INTEREST IN KEEPING OUR COMMUNITY SAFE AND BELIEVES THIS PARTICULAR CRIME IS WORTHY OF SPECIAL CONSIDERATION. IT'S ALSO ONE OF THOSE TYPES OF CRIME WHERE IT'S A CHRONIC OFFENSE SO PEOPLE THAT STEAL CARS DO SO FREQUENTLY AND BY KEEPING THEM IN CUSTODY WE MAY PREVENT ADDITIONAL UUMV THEFT IN OUR COMMUNITY. BECAUSE INDIVIDUALS LEAVING CUSTODY DUE TO OVER POPULATION MUST STILL BE HELD ACCOUNTABLE A PROVISION IS ADDED TO THE PLAN AND REFLECTS STATE STATUTE. WITH THESE ADDITIONS THE PLAN SCORING CRITERIA WAS MODIFIED AND IS READY FOR YOUR ATTENTION. HERE'S WHERE WE'RE GOING. MULTNOMAH COUNTY, OUR CRIMINAL JUSTICE SYSTEM PARTNERS, LOCAL, SOCIAL SERVICE PROVIDERS HAVE PROGRESSIVE PRACTICES IN PLACE TO DIVERT PEOPLE FROM INCARCERATION. YOU HEARD ABOUT LEAD AND SOME OF THE WORK WE'RE DOING AT THE FRONT END. WE WORK TO

STABILIZE PEOPLE IN CUSTODY AND HAND OFF TO THE COMMUNITY WHEN OFFENDERS ARE RELEASED. THIS REFLECTS A TAIL YOU'RE OF OUR COUTH'S ABILITY TO MEET OUR REHABILITATION GOALS. TO PREPARE FORCED RELEASES ARE A PROBLEM FOR OUR COMMUNITY AND FOR OUR CRIMINAL JUSTICE SYSTEM PARTNERS.

Mike Reese: ONE EXAMPLE WHERE FORCED RELEASES HAVE A NEGATIVE IMPACT IS OUR JUSTICE REINVESTMENT PROGRAM. I THINK IT'S IMPORTANT TO HIGHLIGHT THE FACT THAT THE JAIL REDUCTION STRATEGIES THAT WERE UNDERTAKEN IN THE SPRING OF 2016 ALSO CAME ABOUT AS WE WERE AGGRESSIVELY WORKING WITH THE JUSTICE REINVESTMENT PROGRAM IN A STATEWIDE EFFORT TO REDUCE INCARCERATION IN OUR STATE PRISON SYSTEM. WE'RE HOUSING MORE OFFEND THERE'S WOULD HAVE PRESUMPTIVELY GONE TO BE PRISON IN THE PAST IN OUR LOCAL JAIL POPULATION IN HOPES OF HOLDING THEM ACCOUNTABLE LOCALLY WHILE ALSO PROVIDING THEM ALTERNATIVES TO INCARCERATION, POST ADJUDICATION, SERVICES AND OTHER WAYS TO BREAK THE CYCLE OF RECIDIVISM. OUR FORCED RELEASES IMPACT US. 48 INDIVIDUALS WERE RELEASED WHILE HOUSED IN OUR TREATMENT READINESS STORM. 49 WERE RELEASES AS PART OF THE REINVESTMENT JUSTICE PROGRAM. WE DID A LISTENING SESSION WITH MEMBERS OF OUR TREATMENT READINESS PROGRAM, ADULTS IN CUSTODY AND WERE HOUSED IN A TREATMENT READINESS DORM RECEIVING SERVICES FROM VOLUNTEERS OF AMERICA. THEY TOLD US IN A LISTENING SESSION THAT WHEN THEY WERE FORCE RELEASED OUT IT HURT THEIR RECOVERY EFFORTS AND OFTEN LED TO ADDITIONAL CRIMES AS THEY RECIDIVATED WHILE OUT OF CUSTODY. ADDITIONALLY, BECAUSE EVERY BED IS NEEDED IN THE JAIL SYSTEM WE FILL ALL AVAILABLE BEDS IN THE TREATMENT READINESS DORM WITH OFFENDERS WHO ARE NOT PART OF THAT PROGRAM SO THAT DORM HOUSES 78 INDIVIDUALS.

IF WE ONLY HAVE 50 PEOPLE WHO ARE PART OF THAT TREATMENT READINESS DORM WE STILL NEED TO USE THE OTHER 28 BEDS SO WE CALL THOSE POPOVERS. THEY ARE COMING INTO THAT DORM AND NOT NECESSARILY THERE AS PART OF THE TREATMENT READINESS PROGRAM. THEY ARE THERE ON CRIMINAL CHARGES. THEY CAN BE AS WE HEARD IN THE LISTENING SESSION VERY DISRUPTIVE TO THE RECOVERY ENVIRONMENT. SO MOVING FORWARD, I ASKED FOR YOUR SUPPORT FOR THIS RESOLUTION AUTHORIZING THE NEW JAIL CAPACITY MANAGEMENT PLAN. I ALSO BELIEVE THAT WE SHOULD DO ALL POSSIBLE TO ALLEVIATE THE JAIL POPULATION EMERGENCIES. ONE OPTION THAT I WOULD ASK FOR YOUR CONSIDERATION AS WE MOVE FORWARD IS TO PROPOSE TO FUND FROM OTHER REVENUE SOURCES THE MAJOR POPULATION, MULTNOMAH COUNTY JUSTICE POPULATION AS A SEPARATE DORM, NOT PART OF OUR AUTHORIZED CAPACITY. SO LOOKING AT STATE FUNDS, MACARTHUR FUNDS OR OTHER REVENUE SOURCES TO HOUSE FOLKS THAT WOULD HAVE PRESUMPTIVELY

GONE TO PRISON PRIOR TO THE JRI WORK IN OUR LOCAL JAIL SYSTEM, AND MEETING THEIR NEEDS AND TRYING TO BREAK THE CYCLE OF RECIDIVISM FOR FOLKS THAT WOULD HAVE GONE TO PRISON HAD WE NOT INVESTED IN THAT EFFORT AS WELL. SO IN CLOSING I JUST WANT TO SAY AS YOU CAN SEE FROM THE NUMBERS WE'RE OPERATING AT 90% CAPACITY ALMOST EVERY DAY. IT IS INCREDIBLY DIFFICULT ON OUR STAFF WORKING IN THE JAIL AND WHEN WE GET TO POPULATION EMERGENCIES IT'S INCREDIBLY DIFFICULT ON OUR STAFF AND RECORDS DIVISION TO HAVE TO PREPARE FOR IT AND FRANKLY IT'S HARD ON THE ADULTS IN OUR CUSTODY. IT PUTS THEM IN HOUSING SITUATIONS THAT ARE NOT IDEAL AND CAN HURT THEIR RECOVERY AND OUR EFFORTS AT BREAKING RECIDIVISM. THANK YOU.

Chair Kafoury: QUESTIONS? COMMENTS?

Commissioner Meieran: ONE QUESTION. I'M NOT A GREAT STATISTICS PERSON. IN TERMS OF JUST THE DEFINITIONS OF THE 100% AND 95%, IF WE LITERALLY CAN'T GET TO -- IF IT'S UNSAFE AT WHAT WE DEFINE AS 95% OR RED ALERT, SHOULDN'T THAT BE THE 100%? IF WE DON'T EVER GO OVER 90, 95, DOES THAT MAKE SENSE TO YOU OR 90 SHOULD BE THE NEW 95? ORANGE IS THE NEW BLACK OR WHATEVER?

Mike Reese: I THINK AS THE JAIL CAPACITY HAS SHRUNK SO WE HAVE GONE FROM 1310 TO 1192, IT'S MADE IT EVEN MORE CHALLENGING TO FIND APPROPRIATE HOUSING FOR THE ADULTS IN CUSTODY. SO WHEN WE GET TO THAT -- WHEN WE'RE AT 90% BECAUSE AS YOU HEARD FROM THE WORK THAT JOHN IS DOING IN TRACKING THE FOLKS IN CUSTODY, IT'S A DIFFICULT POPULATION TO MANAGE. OUR CLASSIFICATION WORK UNIT WORKS REALLY HARD TO FIND SAFE PLACES TO HOUSE PEOPLE BUT AS THE POPULATION HAS COMPRESSED IT BECOMES HARDER TO FIND THOSE SAFE PLACES. WE CAN'T USE EVERY BED. SO OFTEN THERE'S BEDS IN THE MODULE AT MDCDC THAT HOUSES WOMEN PRISONERS BUT THE FOLKS IN BOOKING ARE ALL MEN. AGAIN, THAT'S WHERE THAT CLASSIFICATION PROCESS COMES INTO PLAY AND HOW WE MOVE PEOPLE AROUND THE SYSTEM TO TRY TO MANAGE IT AS BEST AS WE CAN BUT THE CLOSER YOU GET TO THAT 95% THE HARDER THAT BECOMES. WHAT WE HAVE TO HAVE A CAPACITY SOMEWHERE TO SAY IT'S 100%, 95% IS THE NEW 100%. IT REALLY IS, WHERE WE START TO BREAK DOWN AS A SYSTEM.

Commissioner Meieran: I REALLY APPRECIATE HOW YOU BROKE IT DOWN AND EXPLAINED IT.

Commissioner Vega Pederson: THANKS FOR THE PRESENTATION. I THINK THIS IS SOMETHING THAT WE'RE ALL VERY CONCERNED ABOUT, SOMETHING THAT HAS COME UP EVER SINCE I HAVE BEEN HERE AND HOW WE CAN MEET OUR JUSTICE REINVESTMENT GOALS, FINDING COMMUNITY BASED SOLUTIONS FOR TREATMENT AND MENTAL ILLNESS AS WELL AS MANAGING THE

POPULATIONS WE HAVE AND KNOWING THERE ARE DEMANDS ON OUR COUNTY JAILS THAT ARE STRESSFUL. WE'RE TRYING TO HAVE THOSE COEXIST. IT'S GREAT THAT YOU HAVE BEEN SUCH A STRONG PARTNER HELPING FIGURE THIS OUT WITH DCJ, AND AS WE'RE HAVING THIS CONVERSATIONS WITH THE OTHER PUBLIC SAFETY PARTNERS AS WELL. THIS I THINK IS JUST ANOTHER STEP IN THAT DISCUSSION THAT WE'RE HAVING ON HOW TO SOLVE THIS PROBLEM. I DID HAVE A COUPLE OF QUESTIONS. FOR THE TREATMENT READINESS DORM KNOWING THAT IT'S ABOUT I THINK YOU SAID 79 FOLKS --

Mike Reese: I BELIEVE 78 BEDS IN THAT DORM.

Commissioner Vega Pederson: BUT THE ACTUAL POPULATION THAT'S IN THE TREATMENT READINESS PROGRAM CAN FLUCTUATE, I KNOW THAT 14 DAYS IS AVERAGE OVER ALL STAY FOR SOMEBODY WITHIN OUR COUNTY JAILS. WHAT'S THE AVERAGE STAY FOR FOLKS IN THE TREATMENT READINESS DORMS?

Mike Reese: JOHN AND HIS TEAM HAVE LOOKED AT THAT. IT VARIES GREATLY. THE AVERAGE IS 30 DAYS, BUT IT CAN VARY FROM A FEW DAYS TO SEVERAL MONTHS.

Commissioner Vega Pederson: OKAY.

Mike Reese: THESE ARE FOLKS THAT ARE TYPICALLY AWAITING ADJUDICATION IN OUR CRIMINAL JUSTICE SYSTEM AND BECAUSE OF THE WORK WE HAVE DONE AROUND JUSTICE REINVESTMENT AT THE FRONT END OF THAT PROCESS WE KNOW MORE ABOUT WHAT IS DRIVING THEIR CRIMINAL BEHAVIOR THAN WE DID IN THE PAST. MANY OF THESE FOLKS OBVIOUSLY HAVE ADDICTION ISSUES AND SO WE'RE DOING EVERYTHING WE CAN TO PROVIDE THEM PRE-TREATMENT SERVICES WHILE THEY ARE IN CUSTODY KNOWING ONCE THEY ARE RELEASED FROM CUSTODY THEY ARE LIKELY TO BE SANCTIONED BY THE COURT AND DCJ TO ATTEND SOME SORT OF TREATMENT PROGRAM.

Commissioner Vega Pederson: THEY ARE MOSTLY YOU SAID PRETRIAL. THEY COULD CONTINUE -- SOME MAY BE RELEASED, SOME MAY BE GOING TO FURTHER SENTENCING.

Mike Reese: THAT'S CORRECT.

Commissioner Vega Pederson: THEN WE TALKED A LITTLE BIT ABOUT THIS BEFORE. FOR THE FEDERAL MARSHAL BEDS, WE OBVIOUSLY HAVE THE CONTRACT WITH THEM BEING ABLE TO PROVIDE BEDS BUT DON'T HAVE A LOT OF CONTROL OVER THE NUMBER OF FOLKS THEY SENDS OR MINIMUM OR MAXIMUM THAT THEY WOULD SENDS US. AS THAT NUMBER FLUCTUATES IT

CAN HAVE AN IMPACT ON OUR ABILITY TO HOUSE FOLKS COMING FROM MULTNOMAH COUNTY. WHAT IS -- SO I GUESS I'M CURIOUS IF THAT -- IF THERE'S A CYCLE OF HOW THEIR DEMAND FOR OUR BEDS GO. IF THERE'S CERTAIN PREDICTABILITY IN HOW THEY ARE USING THE BEDS OR IF THAT'S SOMETHING THAT IS JUST WE DON'T REALLY KNOW OR WE HAVEN'T SEEN A PATTERN OF IT.

Mike Reese: WE'RE PART OF A NATIONAL SYSTEM WHERE THEY HOUSE INMATES IN THEIR SYSTEM IN LOCAL JAIL POPULATIONS AS THEY NEED BED SPACE SO YOU MAY HAVE SOMEONE COMING INTO THE FEDERAL COURT SYSTEM FOR TRIAL PROCESSES AT OUR FEDERAL COURTHOUSE SO WE WANT TO HOUSE THEM DOWNTOWN. IT IS UNPREDICTABLE BUT WE DO TRACK THEM. TYPICALLY 100 PRISONERS, THAT NUMBER KEEPS TICKING UP SO IT'S A DRIVER DRIVING OUR CAPACITY AND WE ARE WORKING WITH COUNTY COUNSEL AND OUR FISCAL TEAM TO RENEGOTIATE THE CONTRACT WITH THE U.S. MARSHALS RIGHT NOW.

Commissioner Vega Pederson: I WOULD BE INTERESTED IN IF WE HAD AN IDEA OF HOW MUCH THE COST TO MULTNOMAH COUNTY IS FOR THE USE OF THE BEDS BASED ON THAT, IN THAT TYPICAL POPULATION COMING FROM IT. AS WE'RE NEGOTIATING THE CONTRACT JUST TO KNOW WHAT OUR COST IS FOR THOSE -- FOR BEING ABLE TO PROVIDE THAT SERVICE.

Mike Reese: WE DON'T KNOW THE AVERAGE COST FOR THOSE FOLKS BECAUSE THEY ARE OFTEN HIGH NEEDS INMATES SO THEY COME WITH MEDICAL NEEDS THAT THEN ARE COVERED BY CORRECTIONS HEALTH. SO I KNOW IT'S BEEN A HUGE PROBLEM FOR CORRECTIONS HEALTH HAVING THOSE INMATES IN OUR SYSTEM. THAT'S ONE OF THE AREAS WE HAVE HIRED A NATIONAL EXPERT TO HELP RENEGOTIATE THE CONTRACT WITH THE U.S. MARSHALS BASED ON THE FACT THAT THEY HAVE HIGH NEEDS THAT THEY ARE COMING INTO OUR SYSTEM WITH, AND AS WE'RE REQUIRED TO PROVIDE FOR THOSE NEEDS WE WANT TO RECOVER THE APPROPRIATE COSTS. WE'LL BE LOOKING AT CORRECTIONS HEALTH COSTS AS WELL AS PART OF THIS PROCESS.

Commissioner Vega Pederson: OKAY. THANK YOU.

Chair Kafoury: THANK YOU. THIS IS AN IMPORTANT CONVERSATION TO HAVE AS WE HEAD INTO A TIGHT BUDGET YEAR FOR US. ALSO REMINDER AS WE ARE STARTING THE LETTING LAKEFRONT SESSION IN 2019 AND AS ALWAYS I'M SURE THEY WILL BE LOOKING TO REDUCE FUNDING THAT COMES OUR DIRECTION SO WE NEED TO KEEP THAT IN MIND AS WELL. THANK YOU.

Mike Reese: THANK YOU.

Chair Kafoury: SOMETHING ELSE YOU WANTED TO SAY?

Mike Reese: NO. THANK YOU FOR THE PRESENTATION, THE OPPORTUNITY TO PRESENT TODAY AND AGAIN, I JUST WANT TO HIGHLIGHT THE GREAT WORK OUR CORRECTIONS PROFESSIONALS DO EVERY DAY WORKING IN THIS CHALLENGING ENVIRONMENT. THANK YOU.

Chair Kafoury: THANKS. WE'LL BE BACK THURSDAY TO VOTE ON THIS NEW PLAN. THANKS. ALL RIGHT. NOTHING ELSE ON THE AGENDA FOR THIS MORNING BUT WE WILL BE BACK ON THURSDAY.

ADJOURNMENT – 11:14 a.m.

[CAPTIONS PROVIDED BY LNS CAPTIONING AND MAY INCLUDE INACCURATE WORDS OR PHRASES DUE TO SOUND QUALITY, OTHER TECHNICAL DIFFICULTIES AND/OR SOFTWARE ERRORS.]

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Submitted by:
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