

**Corrections Grand Jury  
2024 Report**



**Review of the Correctional Facilities  
In Multnomah County, Oregon**

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## EXECUTIVE SUMMARY

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The Multnomah County Sheriff’s Office has experienced many difficult years surrounding staffing and facilities. The Multnomah County jail system is in crisis and at risk of jeopardizing public health and safety.

All stakeholders expressed frustrations with the compounding effects of the ongoing MCSO staffing shortages. The criminal justice system is also severely impacted by the shortage of court appointed attorneys for people charged with crimes. The buildings and facilities that house Multnomah County jails, in particular MCDC, are rapidly deteriorating. They are not adequately addressing the population’s mental health and substance abuse needs.

This CGJ is strongly recommending swift action by Multnomah County leadership to solve the staffing and facility crises that are further outlined in this report and align the work with the goal of rehabilitation.

## INTRODUCTION

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### Statutory Background

Pursuant to Oregon Revised Statute (ORS) 132.440, a Corrections Grand Jury convened on October 4, 2024, with the ultimate goal of writing a public report about the condition and management of the four correctional facilities in Multnomah County.

ORS 132.440:

- At least once yearly, a grand jury shall inquire into the condition and management of every correctional facility and youth correction facility as defined in ORS 162.135 in the county.
- The grand jury is entitled to free access at all reasonable times to such correctional facilities and juvenile facilities, and, without charge, to all public records in the county pertaining thereto.
- Other than indictments presented under ORS 132.310 or presentments presented under ORS 132.370, the grand jury shall issue no report other than a report of an inquiry made under this section.

### Methodology

Seven jurors were selected to serve as the 2024 Corrections Grand Jury (CGJ). Over the period of five weeks, the CGJ made inquiries into the condition and management of the four correctional facilities located within Multnomah County. To inform this report, the jurors toured all four facilities and heard testimony from a variety of staff and stakeholders involved in various capacities with the corrections system. A list of witnesses that provided testimony appears at the end of this report. The four correctional facilities located within Multnomah County are as follows:

- **Multnomah County Detention Center (MCDC)**—Maximum security jail and booking center located at 1120 SW 3<sup>rd</sup> Ave., Portland, OR 97204
- **Multnomah Country Inverness Jail (MCIJ)**—Medium security jail located at 11540 NE Inverness Dr., Portland, OR 97220

- **Columbia River Correctional Institution (CRCI)**—Minimum security state prison located at 9111 NE Sunderland Ave., Portland, OR 97211
- **Donald E. Long Juvenile Detention Home (JDH)**—Youth detention home located at 1401 NE 68th Ave., Portland, OR 97213

## **PRIORITY RECOMMENDATIONS**

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### **Staffing**

- The Multnomah County Board of Commissioners must provide funding to hire additional Human Resource and Background Investigator positions. These positions should be permanent to allow the Multnomah County Sheriff’s Office (MCSO) to achieve and maintain full staffing.
- MCSO Human Resources (HR) should aggressively prioritize reducing the time it takes to recruit, hire, and onboard new deputy corrections officers.

### **Replacement Facility**

- MCSO must initiate a feasibility study to replace their two aging jails, MCDC and MCIJ, with a goal of identifying a location that could consolidate operations into one facility.
- MCSO must prioritize best practices of rehabilitative and restorative justice in their replacement facility.

### **Mental Health and Substance Use Disorder (SUD) Services**

- The 2024 National Institute of Corrections’ (NIC) Mental Health Report<sup>1</sup> outlines a number of changes that MCSO must implement to improve the quality of the services they provide. MCSO must urgently address these recommendations.
- Corrections Health should continue to advance its plan to increase the use of medication assisted therapy (MAT) for the treatment of SUD, including a plan to initiate Methadone treatment in its facilities.

### **Communication**

- Effectively implement the goals outlined in the Corrections Recommendation Project<sup>2</sup> which formalizes the partnership between MCSO and county partners (i.e., Correction Health and County Facilities).
- County Facilities and MCSO should establish clear and regular lines of communication between senior management and building-level staff to quickly address longstanding facilities issues.

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<sup>1</sup> January 12, 2024 Suicide Prevention and Mental Health Policy, Procedure, and Practice Review – Technical Assessment for the Multnomah County Detention System; <https://www.mcso.us/sites/default/files/2024-02/2024%20NIC%20T.A.%20REPORT%20%26%20ATTACHMENTS.pdf>

<sup>2</sup> Corrections Recommendations Project | Multnomah County Sheriff’s Office; <https://www.mcso.us/corrections-facilities-division/corrections-recommendations-project>

## **Transitional Housing**

- Multnomah County should utilize existing funds to provide housing for adults in custody (AIC) transitioning out of a correctional facility.
- MCSO should develop a robust transition team to facilitate the release of AICs to housing.

## **Attorney Access**

- The Oregon Legislature must provide wage parity between public defenders and district attorney's offices in order to attract a larger pool of public defenders.
- MCSO must stabilize staffing in order to ensure AICs have adequate access to legal counsel.

## **KEY FINDINGS**

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### **Staffing**

The staffing shortage across the Multnomah County corrections and criminal justice systems remains an exceptional challenge. It is nearing a crisis point that will further erode the morale of current employees, result in a poor standard of care for AICs, reduced AIC services, and negatively impact public safety. We urge the county and all relevant stakeholders to act with more urgency to address the longstanding Human Resources' department challenges and fill open funded positions within MCSO Corrections.

The corrections and law enforcement divisions are operating below minimum staffing levels; the department is struggling to meet the demands placed on it by the criminal justice system. The challenges are most acutely felt in the corrections division, which must maintain 24/7 operations to attend to the AICs under their care.

The staffing challenges manifest in the following ways:

- Reduced booking hours at MCDC;
- Extended AIC unit lock downs, requiring AICs to spend extended time in isolation;
- Limited professional and social visiting hours;
- Delay in access to medical care;
- Limited or non-existent AIC programming and support services;
- Delayed AIC transports and cascading courtroom scheduling challenges;
- Increased staff burnout and reduced staff retention;
- Potential for forced release of AICs due to staffing capacity limitations.

Hiring and staffing challenges have been mentioned in previous CGJ reports but county leadership has failed to make progress in addressing the staffing crisis. The pace of hiring must increase for both HR and corrections staff. Many funded and unfilled MCSO positions remain open due to HR hiring delays. Testimony suggests that there is no apparent structure of responsibility and accountability in addressing the HR issues. The primary issue lies in the HR's hiring process and underfunding for HR staff.

Following testimony from stakeholders across the criminal justice system including the Chief Criminal Judge, representatives of the Multnomah County District Attorney's Office, criminal

defense attorneys, and MCSO staff, we foresee unmanageable strains that will push the corrections system over the brink of operational capacity. All stakeholders must plan for the expected increase in AIC population.

### **MCDC Facility Maintenance**

The current state of the facility is declining rapidly, requiring an increasing number of repairs to maintain the safety and stability for the AICs and staff who work in the facility. The CGJ found the costs associated with maintaining and operating the current MCDC facility are becoming significant and necessary to maintain until a new facility is built.

There were some parts of the building that became a more significant maintenance issue after a fire was started inside during 2022. The 2024 ice storm left the building without heat for four days, exponentiating the need for repair and constant maintenance leading to increased costs for the county. Future inclement weather events can be expected to have a significant impact on the facility like the winter of 2024.

Maintenance issues have been highlighted in CGJ reports for several years, yet little to no progress has been made towards a long-term solution. The following maintenance concerns were noted:

- Outdated electrical;
- Poorly functioning water and waste water systems;
- Persistent water damage;
- Poor lighting;
- Broken and unreliable elevators;
- Outdated HVAC.

The escalating maintenance and repair costs of MCDC call for an expedited exploration of a replacement facility, but the outstanding maintenance tickets indicate the Multnomah County Facilities Department needs to have better accountability to the jail facilities across the county.

### **Multnomah County Replacement Corrections Facility**

The testimony provided to this CGJ echoed testimony from previous years about MCDC being built in 1981 with a planned 20-year expectancy. MCDC is now 43 years old and major building systems are near or past their useful life. MCIJ was built in 1988 and will soon reach the same level of repairs as MCDC. Neither facility meets the current needs of the population or provides adequate services to address rehabilitative needs and correctional best practices.

The CGJ heard testimony that discussions for a replacement facility were initiated during the writing of this report. Given this, there should be a higher level of urgency to move the effort forward quickly while maintaining a robust process and keeping the public informed. The goals of the redesign effort should be increased space and operational efficiency, better AIC supports and programming, reduced AIC transportation needs, and reduced building maintenance costs.

Multnomah County correctional facilities are on the frontline of the public safety challenges in many aspects, and are currently failing to sustain our community's needs and rehabilitative goals. The CGJ acknowledges the cultural shift from incarceration as punishment to rehabilitative and

restorative justice practices. The history of incarceration-based punishment has been a barrier to community support for a replacement facility. A new facility should prioritize providing mental health services, substance use treatment, and transition planning to better support re-entry of AICs into the community.

### **Mental Health Care and Substance Use Disorder Treatment**

Following the unprecedented seven deaths of AICs in 2023 and three deaths in 2022, MCSO underwent a review conducted by Margaret E. Severson, resulting in the 2024 NIC Mental Health Report. The report was provided to Sheriff Morrissey-O'Donnell on January 12, 2024, and outlined observations from the review and provided recommendations to MCSO. The report found that “there are practices and omissions occurring in (the) jails that do not comport with the constitutional standards, accreditation standards, and professional practice standards.”

This report provides an extensive overview of the mental health services, challenges, and deficiencies. This information is invaluable to MCSO and Corrections Health (CH). The report should be the guide for addressing mental health challenges faced by AICs, MCSO, and CH. The provision of mental healthcare for AICs is certainly unbelievably challenging. The lack of community behavioral health resources likely creates an environment with many people experiencing severe and persistent mental illness who interact with the corrections system rather than engaging with community-based treatment. Improving the mental healthcare services in the correctional facilities can increase the likelihood of success of AICs in reintegration into communities and lower the rate of individuals living with untreated mental illness that we see on our streets.

A key component to behavioral healthcare is addressing the substance use crisis that plagues our community and permeates corrections facilities. Nationally, nearly two thirds of AICs have a documented substance use disorder (SUD)<sup>3</sup>. Overdose is the leading cause of death among people released from incarceration with a risk that is 10 times greater than the general population. The risk of overdose is particularly heightened for women and people within their first two weeks after release.

Currently, MCSO uses buprenorphine for the treatment of opioid use disorder (OUD) though like in the community setting, buprenorphine is likely underutilized. The CGJ heard testimony noting that buprenorphine is insufficient for AICs with severe OUD due to the increase in fentanyl in the community. In addition to the life threatening impacts of untreated SUD, AICs who do not receive necessary medication for opioid use disorder (MOUD) require a higher level of care while in custody, fail to return for court hearings, and have high rates of recidivism. There is advocacy for the addition of methadone as an option for treatment of severe OUD though regulatory restrictions on methadone make this challenging. The Oregon Legislature has allocated \$10 million in grants<sup>4</sup> to use for jail-based MOUD programs. For 2023-2025, Multnomah County has been awarded \$663,910.00. Corrections Health is currently exploring options to overcome the regulatory restrictions on methadone treatment such as partnering with a community provider to administer

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<sup>3</sup> Fatal and nonfatal opioid overdose risk following release from prison; <https://www.sciencedirect.com/science/article/abs/pii/S2949875923000218?via%3Dihub>

<sup>4</sup> 2023-25 Jail-based Medications for Opioid Use Disorder Program Formula Grant Disbursement; [https://www.oregon.gov/cjc/jmoud/Documents/JMOUD\\_Formula\\_Funding\\_Table\\_2023-2025.pdf](https://www.oregon.gov/cjc/jmoud/Documents/JMOUD_Formula_Funding_Table_2023-2025.pdf)



this service or becoming licensed as an Opioid Treatment Provider (OTP). Developing and launching a methadone program should be prioritized in addition to increasing the utilization of buprenorphine-based treatments.

While MOUD is a crucial part of treatment for OUD, robust and comprehensive mental and behavioral health services are also vital. The 2024 NIC Mental Health Report noted that while there were self-help programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), there does not appear to be dedicated treatment curriculum. Providing this comprehensive treatment and monitoring outcomes is necessary in addressing the SUD crisis.

MCSO and CH do not have a system to generate data regarding rates of mental illness and co-occurring disorders. The 2024 NIC Mental Health Report notes that this data is important in “planning housing designations, staffing, deployment of staff, services offered inside the jail, outreach to the community and for planning the county’s future.” The data is also important to communicate to the community the reality of the current state of the needs of the AIC population.

When staffing is low, units are closed so neither walk or recreation time is provided. Spending 24 hours a day alone just eating and sleeping is unhealthy by any standard.

Six of the seven deaths occurred within close proximity to another (two deaths 11 days apart, two deaths five days apart, and two deaths 12 days apart), suggesting that increased security checks are necessary within the first two weeks after a death. Nine out of the ten deaths of AICs in 2022 and 2023 had one or more substances on toxicology reports raising the alarm that MCSO should take immediate actions to reduce unnecessary prescribing and implement more effective screening for contraband substances.

## **Public Defense**

Indigent defense within the Multnomah County Court system is served by two public defense firms, the Metropolitan Public Defenders (MPD) and Multnomah Defenders, Inc. (MDI), as well as the Portland Defense Consortium (PDC). There are also several private criminal defense attorneys willing to take court appointments. With that said, there are not enough criminal defense attorneys to represent indigent criminal defendants within the system. For the past 31 months, many defendants that qualified for indigent defense have not received an attorney to assist in the defense of their cases. This has resulted in a lack of justice due to cases stalling for extended periods while indigent defendants await the appointment of counsel, cases being dismissed over prosecutor objections for a lack of counsel within a reasonable amount of time, and delayed court proceedings. It is a major stressor on the operations of the criminal justice system, which ultimately affects the operations of MCSO with repeated pre-trial AIC transports and extended AIC stays before court appearance.

Criminal defendants that are in custody without representation are at risk of having their constitutional rights violated. Pursuant to a federal judge’s ruling, there is a seven-day deadline for state courts to appoint counsel. If counsel is not appointed within the seven-day deadline, the defendant is required to be released from custody without consideration of any release criteria pending a new court appearance date, including the considerations of the victim. If counsel still cannot be appointed, the court is faced with either dismissing or further delaying the case. In

February of 2022, Multnomah County District Attorney Mike Schmidt called ‘the lack of public defenders a threat to public safety’. This crisis has reached a new level of urgency, detrimentally impacting all aspects of the criminal justice system, including violating the statutory and constitutional rights of crime victims.

Staffing shortages at MCDC and MCIJ have also decreased access for criminal defense attorneys to their clients that they represent and are in custody pending trial. Defense attorneys have an ethical obligation to review all discovery with their clients. If they are unable to meet with their clients due to restricted or cancelled visitor hours or phone hours, the AICs may have further delays in the resolution of their cases. The longer defense attorneys represent a particular client, the fewer additional clients they can take, which leads to fewer available attorneys to appoint to new indigent defendants.

### **Transitional Resources**

The CGJ recognizes that correctional facilities do not exist in isolation within our community and that the resources provided to community members for housing, education, employment, and healthcare impact the people who are interacting with the correctional facilities and our community as a whole.

Multnomah County has the responsibility to provide supportive housing services to AICs as they leave the system to prevent recidivism. AICs remaining in custody waiting for shelter beds, or returning into the criminal justice system due to lack of housing is unacceptable. Multnomah County has the resources to fund housing but has failed to utilize these funds.

### **Public Awareness**

Generating public awareness of the needs of MCSO is crucial in addressing the challenges that have been outlined in this report. The CGJ encourages the county to engage in a public education campaign about the importance of this work and bolster support amongst the community. The CGJ was alarmed by the state of the staffing and facilities, especially MCDC, and hopes the community becomes aware of this dire situation.

## **MULTNOMAH COUNTY SHERIFF’S OFFICE**

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### **Staffing**

Previous CGJ reports, dating back to at least 2017, have observed the staffing shortages at every level of MCSO. This year’s CGJ makes the same observations and recognizes the compounding effects of staffing shortages over the past several years. This is urgent due to an anticipated increase in pre-trial AIC detentions coming in 2025 as a result of a new Presiding Judge Order. Within MCDC and MCIJ, there are posts which must be filled in order for the jails to function. The shortages in available staff to fill these posts lead to a heavy reliance upon overtime. On any given day, corrections deputies are required to work mandatory overtime (MOT), averaging at least one MOT per week.

The reliance on MOT to fill essential operational requirements has, and will continue to, severely and adversely affect staff morale and retention, resulting in early retirement and unexpected staff vacancies. This will further compound the staffing shortages. Vacancies at MCSO are outpacing hiring. Staff stress and work-related burnout has a negative effect on the corrections environment,

which includes the wellbeing of staff, supervision of the AICs, and quality of life for AICs while in custody. Despite these challenges, the CGJ admired the dedication and professionalism of the MCSO Corrections staff.

We assert that county leadership needs to fully recognize that staffing remains an exceptional challenge for MCSO. Public safety is at risk when a correction facility does not function properly. Solving the shortages in staffing at MCSO corrections must be a priority. The staffing shortages have a cascading effect. For example, the average reported delay this year caused by AIC transport was 33 minutes, totaling over 120 hours in delayed time across the entire court system. This does not include cancellation of subsequent cases due to previous delays or rescheduled cases.

## **MCSO Facilities**

### MCDC

This facility is located in the Multnomah County Justice Center building, which also houses the Portland Police Bureau (PPB) Central Precinct. The Justice Center is majority owned by Multnomah County, with PPB owning most of the remaining share, and a third owner having a small ownership share.

The building was designed for single bed capacity, but supported double bunks for a number of years. Double bunking has since been discontinued, but the theory of witnesses interviewed at MCDC is that the extra load on the building's systems caused them to age more quickly and outpace the regular maintenance program.

It was noted back in the 2021 CGJ report that upgrades were needed due to the age of the building, including "Upgrad[ing] fixtures, partitions and flooring in staff restrooms, as they are 38 years old." The 2022 CGJ report called out maintenance as "an ongoing challenge" with "increased wear and tear due to the facility historically operating at or near capacity; logistical difficulty in making repairs to occupied areas; the timely sourcing of specialized materials and fixtures; corrections escorts required for maintenance personnel; and damage sustained during recent civil unrest." In 2023 the CGJ noted that the building elevators fail often and briefly trapped several jurors inside an elevator car during their tour.

The 2024 CGJ observed many facility issues as identified in the previous reports including water damage to ceiling tiles, and reports of repeated water line failures. The CGJ witnessed several nonfunctioning lights and cells that were out of order due to electrical or plumbing issues. The CGJ heard testimony from an AIC and a defense attorney regarding rusty colored water and poor mattresses.

Witnesses testified that there was an evaluation of the building that determined a full upgrade to the building systems would cost nearly \$250 million. It was further clarified through testimony that critical systems updates to keep the building functional would be closer to \$100 million, but that would not include seismic upgrades.

Based on witness testimony, the CGJ requested a facility maintenance ticket report. There are currently 245 open maintenance tickets for MCDC that include tickets opened as far back as February 2022, though most are from 2024. There are currently 33 toilets in MCDC with open

tickets because they are leaking, non-functioning, or barely functioning. There are still open tickets from November 9, 2023, that read, “Circuit needs to be marked with ‘Do not switch off’ and the plug with ‘Do not unplug’ for a vaccine refrigerator.” and another from March 20, 2024, asking “Change air filters for PGE vault. Last time it was logged as changed was 2021.”

### MCIJ

This facility is a medium and minimum-security jail with a mix of open dormitory and single cell housing. The facility has a current funded capacity of 14 open dormitories with 682 beds, with a total capacity of 18 dormitories and 937 beds. MCIJ and MCDC act as one system for MCSO to manage the AIC population. AICs are transferred to MCIJ after undergoing intake at MCDC based on the current classification system. They are also transferred back to MCDC for release. The CGJ observed MCIJ to be at a satisfactory state of repair and operations despite approaching its end of life.

### **Multnomah County Replacement Corrections Facility**

The 2017 CGJ recommended that “Multnomah County be proactive in planning for the maintenance and eventual replacement of these physical structures,” and the 2018 CGJ noted in their report, “Building will not withstand major earthquake and cannot be feasibly reinforced.” This CGJ was appalled to learn that MCSO and its partners have only now undertaken conversation for building replacement.

Most recently, a Contraband Mitigation Assessment<sup>5</sup> report published July 2, 2024, stated, “MCDC facility has reached the age out stage and no longer meets today’s correctional needs. The needs assessment, planning, design, building, and transition to a new facility...is a necessary process to ensure modern facilities are in place to meet community values and maintain safety and security of staff, the community and those in custody.”

There is overwhelming cause to start the process of planning for a new facility due to:

- Escalating maintenance costs;
- Expensive partial systems replacement costs already under way;
- The layout of the current facility which is detrimental to the preferred rehabilitative approach;
- Two separate facilities resulting in duplicate costs and increased transportation costs.

MCSO and its stakeholders have known for many years that MCDC did not meet the needs of the corrections system and was past the planned useful life of the building.

### **AIC Services and Support**

AICs are provided with programs and services to increase the opportunities to become law-abiding members of the community through education, interventions, employment, motivation enhancement, and skill-building. Programs and corrections staff partner to ensure safety, compliance with constitutional and statutory provisions, to provide effective methods of detention, intervention, and prevention. A goal of the programs unit is to implement services in support of a

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<sup>5</sup> Contraband Mitigation Assessment Report; <https://www.mcso.us/sites/default/files/2024-07/NIC%20contraband%20report.pdf>

rehabilitative approach to the criminal justice system. This is present in each of the facilities we visited, despite the staffing issues which have impacted the effectiveness of these programs and their growth.

### Jobs

Currently at MCSO facilities, AICs are eligible for a job once they have been sentenced. They are paid \$1 a day for their work. Staff and AICs testified that the opportunity to work provides a sense of pride, ownership, and structure. However, there is a lack of job opportunities available to AICs due to insufficient staffing. This is compounded for the population of women in custody due to the structural limitations of the facilities. Prior to the COVID-19 pandemic, there was a satisfactory level of work for AICs. Previously, AICs could work in the laundry facility and in the kitchen at MCIJ. However, due to the increase in AIC population from post-adjudication to pre-adjudication, it is not feasible or realistic to have a large portion of AICs with work opportunities.

MCIJ was unable to continue the kitchen employment program due to the lack of eligible AICs. The CGJ agrees with MCSO staff testimony that there is a tremendous benefit to providing this employment opportunity to AICs. This should be revisited with the implementation of the new AIC classification system.

### Programs

The MCSO Programs Unit provides services such as individual counseling, de-escalation intervention, group facilitation, access to the law library, transition planning, medication support and recovery services, Americans with Disabilities Act (ADA) reviews, and Prison Rape Elimination Act (PREA) education. MCIJ provides programs such as AA, NA, meditation, anger management courses, parenting classes, finance and budgeting classes, support for literacy, General Education Degree (GED) programs, and some college classes. Constraints at MCDC prevent these programs from being provided in that facility. The Programs Unit also assist with voter registration and partner with elections officials to ensure access to voting for AICs who qualify.

After a pause due to the COVID-19 pandemic, programs are beginning to slowly return with the help of volunteers. There are classrooms dedicated to programs at both MCDC and MCIJ, however with staffing limitations, programs are not able to fully resume. Given the design of MCDC, program offerings are grossly insufficient.

Speaking with the MCSO programs manager was illuminating and encouraging for the CGJ. The dedicated staff displayed innovative thinking and a passion for providing services for AICs. The MCSO Programs Unit has worked to utilize art therapy with lower-level disciplinary individuals which help them build skills. The unit hopes to expand programming within MCSO such as work release programs, direct funded placements, treatment dorms at MCDC, therapeutic support groups, and provide smaller ratios between staff and AICs to advance the goal of aligning with rehabilitative missions.

While AICs are under the care of MCSO, there is an opportunity to rehabilitate individuals, reduce the impact of trauma that occurs by nature of incarceration, address social determinants of health, provide services that will improve outcomes, and reduce recidivism. It is crucial that funding these

services be prioritized to lower rates of homelessness as well as treat mental illness and SUD while improving public health and safety and reducing intergenerational trauma.

### **Current programs and services within MCSO facilities**

<b>Programs</b>	<b>Facilities</b>
Mailroom	MCDC, MCIJ
Law Library	MCDC, MCIJ
Treatment Readiness Dorm	MCIJ
AIC Management (AIC orientation, 1:1 counseling, de-escalation, intervention, group facilitation, etc.)	MCDC, MCIJ
KYTE responses, PREA and ADA reviews	MCDC, MCIJ
Work Crew screens	MCIJ
Alcohol-drug intakes/treatment referrals/INPA placements	MCDC, MCIJ
Navigator Services and release/transition planning	MCDC, MCIJ
Medication Support and Recovery (assigning peer supports and screen/referrals for opiate maintenance)	MCDC, MCIJ
Notary Public services	MCDC, MCIJ
Voter registration	MCDC, MCIJ
Programming (alcohol/drug education, relapse prevention, cognitive/behavioral education, life skills, literacy, High School completion, AA/NA, etc.)	MCIJ
Pre-Employment Program (PEP – Pathways to Employment) services	MCIJ
Part of Multi-disciplinary team for managing acute/chronic MH AICs and coordination with forensic diversion	MCDC, MCIJ
Close street supervision support: pre-trial screens/referrals and releases	MCDC

#### Treatment and Intervention

The CGJ heard testimony about the 75-bed treatment readiness dorm at MCIJ that provides additional support for AICs who identify as having an SUD and are planning to engage in treatment after release; this dorm is supported by Volunteers of America. Testimony revealed that additional treatment readiness dorms would be beneficial given the high rates of AICs with SUD, though treatment readiness groups need to be kept small to maximize their impact.

From interactions with various staff, they recognize mental health support and SUD treatment are necessary tools, and are dedicated to improving mental health services. However, until the staffing crisis is resolved and facilities are built to support it, there is no pathway for fully functional and effective mental health support.

#### Pathways to Employment Program

The Pathways to Employment Program (PEP) provides employment readiness education and skills to the AICs who are preparing for release. It is evident to the CGJ that PEP has made a substantial impact. PEP utilizes materials to help the AICs develop tools such as emotional intelligence, money management, and job skills.

The PEP program partners with a local non-profit SE Works, as well as Aramark and other local employers. The CGJ was impressed with the dedication and enthusiasm of the PEP director. The

director thinks the program could be greatly expanded if there was funding for an in-house counselor.

The AICs historically have had the opportunity to gain on-the-job experience by working alongside kitchen staff, receiving food handling certification and kitchen management experience that they can utilize upon release.

#### Transition Planning

Challenges with finding housing for AICs after release impedes AICs from successfully achieving employment. Program staff would benefit from a robust county-led housing and transitions program with appropriate funding. Appropriate release planning can reduce the risk of recidivism, relapse of SUD, and re-traumatization.

#### Tablet Program

Testimony received from multiple witnesses highlighted the benefits of implementing a one-to-one tablet program for all AICs. Tablets are useful for reviewing discovery materials, telehealth appointments, accessing mail, providing controlled entertainment, and reducing introduction of contraband, among other uses. The CGJ understands that MCSO is exploring the establishment of a tablet program. We strongly encourage MCSO to follow through with implementation and address barriers that have prevented this program from launching in previous years.

#### **Legal Resources**

MCDC and MCIJ have experienced shutdowns on a regular basis due to the lack of staffing. These shutdowns happen without notice and often impact AICs' access to their attorney and the legal library. Attorneys at MCIJ are only notified of visiting hour changes when they arrive at the facility and are turned away.

#### **Collaboration**

Addressing the concerns outlined in this report will require stronger cooperation between all county agencies particularly MCSO, Multnomah County Human Resources, Community Justice, Local Public Safety Coordinating Council, County Assets, Facilities and Property Management, Corrections Health, Circuit Courts, the Multnomah County District Attorney's Office (MCDA), PPB, Multnomah County Commissioners, and Homeless Services.

Silos within Multnomah County appear to be inhibiting the collaboration between MCSO, CH, facilities department, and HR. Improving communication between departments is key to resolving the long-standing systemic issues that have historically prevented MCSO from fully achieving its mission.

We are encouraged by the newly launched Corrections Recommendations Project which has created a mechanism of accountability and structure for collaboration among Multnomah County partners. Creating work groups to achieve goals that have been outlined in various reports is a significant step forward in improving communication among the various stakeholders. The planned monthly updates, which are publicly available on the MCSO website, will be important for the public to hold the county accountable to their progress.

## **PREA**

PREA is a federal law that was first introduced in 2003, which seeks to eliminate sexual assault and sexual misconduct in all state and federal correctional facilities. PREA's jurisdiction applies to all federal and state correctional facilities, but not county-run facilities such as MCDC and MCIJ. Federal funding for correctional facilities often requires PREA compliance, and as a result, MCDC and MCIJ are held to PREA standards despite not falling under PREA's primary jurisdiction.

These two facilities fall under MCSO authority for their operations and management. There is a dedicated PREA Coordinator and PREA Compliance Manager responsible for both of the facilities. Every AIC is given a PREA Response Pamphlet, which informs them on what is considered a PREA violation and the methods they can use to report it. PREA reports are done annually, but at the time of this 2024 CGJ report, the 2023 PREA report was not yet released. The last available report assessed PREA conditions from 2022 and found them to be fully compliant. All staff are given PREA training at hiring and yearly. All volunteers and contractors are trained as well.

Anyone in the correctional facility can receive a report of sexual abuse or sexual harassment. AICs can also report any fears of retaliation by staff for any incidents involving staff members. This includes neglect or a violation of that staff's responsibilities. There are several written forms of reporting;

- Submit a Grievance;
- Submit a Service Request Form, commonly referred to as kite;
- Request a friend or family member to make the report.

The Jail Detective receives these reports and will investigate them. If further action is needed, the case will be sent to the MCDA's office for prosecution or to Internal Affairs for additional investigation. The MCSO PREA Response Supervisor Checklist is completed by the supervisor when a PREA report has been made. Captain Denise Diamond has taken extra care to ensure compliance with PREA regulations. Upon her retirement this year, MCSO will lose her extensive expertise and value in this area. MCSO should continue its efforts to achieve the high standards she has set.

## **Diversity, Equity, and Inclusion Initiatives**

The county's Diversity, Equity, and Inclusion (DEI) initiatives were mentioned in previous reports, but this year's CGJ did not hear any testimony regarding this effort. MCSO's Equity and Inclusion manager position has been vacant since April 2023, and we understand an offer has been extended to a candidate with the expectation the position will be filled this fall. DEI remains a priority for our community and we hope future CGJs have the opportunity to further delve into this work. In the current cultural environment, these types of positions are essential to public agencies and we hope the position will be filled soon and receive full support from MCSO executive leadership and staff.

## **Disciplinary Policies and Regulations**

Rehabilitation has been a goal of the corrections industry since the early 2000's, yet MCSO demonstrates a higher use of disciplinary action than rehabilitative methods.



There are multiple levels of disciplinary action and each level involves a review by a Sergeant. Disciplinary actions may include the following:

- Administrative isolation;
- Limited phone privileges;
- Reduced visitation.

When there is a lack of staffing, portions of the facility are shut down in order to prioritize the operation of other areas. These shutdowns are occurring on a regular basis. This imposes unintentional disciplinary-like measures, despite their necessity to the function of the facility. Shutdowns impact the administration of medications, access to attorneys either by phone or in person, access to outdoor/recreational areas, visitations, and phone calls.

The 2024 NIC Mental Health Report found that units which arguably require the most staffing to maintain and operate, are often the ones that receive the least due to facility closures. These units include disciplinary, mental close, and suicide watch. The report also mentions MCDC's use of administrative isolation is an indication the staff did not feel safe.

Pre-COVID 19 deaths of AICs were almost unheard of each year. Their occurrence was rare, and the unusual spike in deaths from 2022-2023 triggered this mental health assessment. There have been 10 deaths from 2022-2023, six of them were suicides. At the time of this CGJ, there had been one AIC death and it was listed as natural causes.

## **Food**

Aramark is the contractor that provides meals at both MCDC and MCIJ. The CGJ was provided the AIC lunch of the day at MCIJ which consisted of enchilada casserole, two pieces of wheat bread, white rice, vitamin C drink, and an apple for dessert. All meals are reviewed by a nutritionist out of Colorado who ensures that meals are low sodium and meet nutritional standards. While the meal met nutritional standards, this CGJ did not find its meal to be particularly enjoyable.

The two AICs that the CGJ interviewed at MCDC and MCIJ testified negatively about the meals and rotation of the menu; this is the worst part of their experience. Because of the poor quality of the meals, AICs rely on highly processed commissary food. The AICs have constant access to water.

Aramark accommodates medical and religious diets. However, the CGJ heard testimony from AIC counsel that medical diets are not always followed and have led to health complications for AICs. This CGJ feels that the budgetary constraints lead to low quality food and recognize that it impacts the health and wellbeing of the AICs. The CGJ recommends improving food quality and choice to benefit the lives and outcomes of AICs.

## **Additional MCSO Recommendations**

In addition to the priority recommendations previously provided, the CGJ also provides the following recommendations for consideration:

- Establish a service animal therapy program for AICs and staff;
- Reinstate the garden program;

- Increase outside volunteer opportunities;
- Increase the frequency of the art therapy program;
- Hire additional positions for the Programs Unit.

We commend MCSO for the staffing goals set forth in the ‘Corrections Recommendations Project’. Many of the recommendations that have been outlined, mirror those we have observed. MCSO and county leadership need to evaluate the effectiveness of the human resources function, and ensure proper fit across the department.<sup>6</sup>

The CGJ also recommends streamlining the navigation of the MCSO Corrections Recommendation dashboard<sup>7</sup> by directly linking recommendations to goals, allowing for ease of reviewing the progress of each recommendation. This dashboard has only recently been publicly available and a very small percentage of goals have been met at the time of the 2024 CGJ. The CGJ hopes future CGJs will be able to review and comment on the progress of this massive project.

MCSO should establish an interdepartmental staffing task force with the express goals of:

- Filling human resources recruiting and backgrounds positions;
- Creating an aggressive recruitment strategy that reflects the current and future needs of the system;
- Explore ways to streamline the application and hiring process, reducing friction points throughout;
- Identify a third-party hiring agency to aid with filling open positions;
- Support current MCSO staff by focusing on retention and career growth;
- Consider retaining retired staff members in an on-call pool to be used as an alternative to MOT;
- Prioritize hiring personnel who have previously obtained a security clearance.

## **MULTNOMAH COUNTY HEALTH DEPARTMENT CORRECTIONS HEALTH DIVISION**

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### **Medical Services**

Medical and mental health care at the county jails is administered by CH under the Multnomah County Health Department. Nurses, providers and other medical staff employed by CH assess AICs at intake and provide ongoing care and medication management.

The CGJ heard testimony regarding the medical intake review, which is conducted by Registered Nurses (RNs), to identify the immediate needs of AICs, review their medical history, conduct mental health screenings, and assess suicide and withdrawal risk. At this portion of intake, CH staff may transfer AICs to a local hospital’s emergency department for urgent medical conditions such as infections and injuries or flag AICs for suicide risk.

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<sup>6</sup> Sheriff says it will take “years” to sufficiently staff Multnomah County Jails; <https://www.wweek.com/news/2024/09/02/sheriff-says-it-will-take-years-to-sufficiently-staff-multnomah-county-jails/>

<sup>7</sup> Corrections Recommendations Project; <https://www.mcsos.us/corrections-facilities-division/corrections-recommendations-project>

During custody, AICs can request medical visits through a medical request form. During detention, medical staff is able to provide some preventative care such as labs and vaccinations. MCDC houses AICs with the highest level of mental health and medical comorbidities in mental health and medical units. It was reported that CH is frequently using travel nurses to staff their facilities due to difficulties in hiring and retaining staff, creating a greater cost to CH and reducing continuity and team development. CH also provides access to dental services at both MCDC and MCIJ. Additionally, the CGJ heard testimony that MCIJ provides gynecological care to AICs through a partnership with Oregon Health & Science University (OHSU) gynecology residents. To improve access to care, CH is exploring possible grant funding for a tablet program that would allow them to increase the access to medical and mental health services through telehealth. The CGJ recommends advancing this program as a mechanism to increase healthcare and mental health services. Testimony from AICs at both MCDC and MCIJ reported that they were satisfied with the healthcare they received while in custody.

Testimony was provided noting that staff meets weekly with a transgender review board to review and discuss AICs who identify as transgender or gender non-conforming. CH is able to continue gender affirming hormone management for patients currently on this treatment but are unable to initiate this care for patients not currently on hormone therapy. The CGJ recommends that the transgender healthcare and classification process based on gender identity be reviewed by a community member who identifies as transgender or a medical/mental health professional with expertise caring for this population.

### **Recent Challenges for Corrections Health**

Medical care for AICs can be uniquely challenging given the many marginalized identities of this population. The life experiences of AICs often include Adverse Childhood Events (ACE's), poverty, limited education, lack of housing, SUD, and exposure to violence. All of these experiences increase an individual's risk for poor health outcomes, and greater morbidity and mortality. Given these risk factors, AICs require greater attention to care and necessitate higher quality in their medical care.

In April, 2024, CH nurses represented by Oregon Nurse's Association (ONA), presented a letter<sup>8</sup> outlining many concerns about CH leadership and conditions that impact their ability to provide care and ensure the safety of AICs. Ninety-seven percent of ONA nurses expressed support for a vote of no confidence towards select members of the CH leadership team suggesting significant discontent among nursing staff about their leadership and working conditions. The ONA letter highlighted a number of requests from ONA members to CH leadership, including:

- 1) Improving communication, transparency, and accountability from upper leadership;
- 2) Increasing and improving staffing and retention for permanent staff;
- 3) Providing workplace stability, training, and development;
- 4) Improving employee morale;
- 5) Making data-driven decisions.

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ONA Final CH Vote of No Confidence;

<sup>8</sup>[https://cdn.ymaws.com/www.oregonrn.org/resource/resmgr/news/Final\\_CH\\_VoteofNoConfidence\\_.pdf](https://cdn.ymaws.com/www.oregonrn.org/resource/resmgr/news/Final_CH_VoteofNoConfidence_.pdf)

In response to these requests, CH has made many changes and is working on implementing further system changes. Since ONA raised concerns, CH has changed leadership with the termination of the previous CH director and with the appointment of a new interim director. They have added three additional positions including an Executive Team Administrative analyst, Management Analyst, and MCDC RN Supervisor. CH is working to strengthen its relationship with ONA, Local 88, and MCSO. Staff members are also being provided with additional corrections health specific continuing education at the National Commission on Correctional Health Care (NCCHC) conferences. CH has added additional governance structures with the addition of Quality Improvement committees for each of the following:

- Suicide Prevention;
- Patient Safety;
- Policy;
- MOUD Committee.

CH is providing training and tools to managers to address accountability and performance. As staffing has been challenging for CH, they are undergoing “aggressive recruiting” to fill existing vacancies. They are adding additional full time equivalent providers and nursing staff. Finally, they are developing a comprehensive plan to meet and/or exceed the expectations of the NCCHC as it relates to accreditation.

The CGJ applauds the CH leadership for its work in addressing staff concerns. The CGJ encourages CH and MCSO to elevate its commitment to providing quality care to adults and youth in custody. The 2024 NIC Mental Health Report noted that CH offered no formal process for providing chronic care services to AICs nor the observation of 14-day health or mental health review documentation. AICs are at higher risk for chronic conditions such as diabetes, cardiovascular diseases, asthma, and Chronic Obstructive Pulmonary Disease among other conditions. Improving the chronic disease care provided to AICs can impact their long-term health and the health of the community at large.

## **COLUMBIA RIVER CORRECTIONAL INSTITUTION**

CRCI is operated by the Oregon Department of Corrections (DOC), with a capacity of housing 595 AICs. There are 540 beds funded and currently 500 AICs in 8 housing units. CRCI is populated by AICs who have five or fewer years remaining to serve on their sentence, and serves as a release facility for those AICs in DOC custody who will reside in Multnomah County, Clackamas County, or Washington County following release. CRCI houses AICs who are lower risk, both behaviorally and medically. The focus of AICs’ time at CRCI is to prepare for life post-incarceration. CRCI is now averaging 80-90% capacity. The facility has a focus on programs and the facility functions with open dormitory settings, with roughly 60-70 AICs per dormitory, and one transition-to-release unit. The facility has an open layout, high ceilings, and an abundance of art created by the AICs.

### **Facility Maintenance**

CRCI has employed technicians to maintain the facility and receives support from AICs with specialized training and skills in applicable trades. The superintendent testified to the positive relationship he has with the facility maintenance team and the active approach they have taken in upgrading and updating the facilities. Several items mentioned in the 2022 CGJ report included

several major upgrades such as “a new roof, installation of energy-efficient windows, central laundry facility upgrades, the addition of a roof for the outdoor weight-lifting area, and upgrades to the sewer system.”

The roof replacement project is currently in progress. The installation of energy-efficient windows has yet to move forward. Central laundry facility upgrades are also reported to be in progress and the outdoor weight-lifting area roof has been purchased, but needs installation. The first phase of the sewer system upgrades started in the kitchen area and are planned to include the rest of the facility.

After a sanitary line failed in February of 2024, the kitchen facility began a complete renovation. While construction is taking place, all meals are prepared in a mobile kitchen which limits their equipment and capacity. CRCI is optimistic that the kitchen will be up and running the week of November 15, 2024, and keeps the AICs updated on the completion timeline. The staff at CRCI is aware that the sanitary line failure in the kitchen could happen across the entire facility. They are proactively addressing this issue to keep AICs safe and the facility fully functioning.

The Superintendent highlighted an upgrade to the HVAC system and centralized controls for the facility as part of a statewide upgrade project. Swamp coolers are being used to reduce the air temperature, and indoor air scrubbers have been added to remove air pollution, contaminants, odors, and dust. Additional cameras have been installed to enhance security and safety.

### **Healthcare**

The CGJ heard testimony that healthcare is provided by one full-time primary care provider, appropriate nursing/support staff, and an outside provider who focuses on regular HIV and hepatitis C treatment. The facility provides age-appropriate care for the population. Supervision of medical and mental health services is centralized through the state with leadership in Salem. CRCI currently has a lead RN who is on call 24 hours a day, seven days a week. This individual has only had 13 days without taking a call in the last three years.

Medical charts are still on paper with a plan to transition to an electronic health record system in June, though they have not developed a plan for this transition. An AIC testified that the healthcare is satisfactory but they have been waiting two years for eyeglasses.

### **Co-Occurring Disorder Unit**

CRCI provides a dedicated dorm with 50 beds for AICs with dual diagnoses of SUD and mental health disorders who are within 9-12 months of release. This dorm provides more intensive therapy with individual therapy, group therapy, and additional education such as anger management classes. Currently, three AICs are acting as peer mentors and have certification in treatment of SUD. These mentors are able to break down barriers for AICs who are reluctant to be vulnerable with staff.

This program facilitates transition coordination for AICs as they prepare for release. AICs are provided with care coordination connecting to community services and 30 days of medication at release. The program would benefit from increased services teaching AIC living skills such as

cooking, household chores, and employment skills. Additionally, the program would benefit from expansion given the high rate of AICs needing this level of support.

### **Programs, Jobs, Education, and AIC Opportunities**

CRCI provides limited opportunities in accordance with Measure 17 requirements that AICs engage in education, employment, or treatment. AICs show a desire for programming, but lack of staff makes it difficult to fulfill the programming requests. AICs and staff testified that additional educational programs such as certificate and degree programs would be well utilized. Extensive volunteer vetting and space restrictions limit community partner support.

The Institutional Work Programs assigns AICs to job positions across the facility. Performance Recognition and Awards System points are assigned to various jobs based on job complexity and paid to AICs with a monetary value. AICs are required to fill out the job applications, and possibly complete an interview process for employment. These standards allow AICs to navigate the job process just like they will once they are released. Although in the past CRCI has offered outside work crew job opportunities, these are not currently available due to contraband problems.

The COVID-19 pandemic shut many of the programs in the CRCI facility and restricted visitation, causing AICs to feel isolated. However, with the return to pre COVID-19 visiting hours, AICs are much happier and have better morale after getting to interact with their loved ones.

Currently there are twelve AIC tutors that help peers earn GEDs. In the past CRCI has been able to utilize a pre-trade program that was grant funded allowing AICs to explore various trades and obtain certifications. This is currently not being offered. The Portland Community College coordinator would love to see this program come back. However, it is not feasible at this time due to lack of space and volunteers. CRCI still offers some peer led classes, such as Getting Out by Going In, in which AICs build a variety of skills to prepare for life after release.

AICs who are preparing for release are connected with a variety of resources such as transitional housing, job opportunities, and various government programs including Supplemental Nutrition Assistance Program (SNAP) and Oregon Health Plan (OHP). A warm handoff to services is important for AIC success.

### **Legal Resources**

CRCI provides a law library staffed with a legal coordinator and two AIC paralegals. The paralegals help other AICs with legal research and provide scheduled one-on-one sessions. The law library is a small space with no privacy partitions. There is a separate small room where AICs can call legal counsel, however it is not sound proof and a loud fan is used to mask conversations, which is often ineffective.

### **PREA**

Annual PREA audits are performed on this facility and published online<sup>9</sup>. According to the 2023 report, the PREA compliance manager position was vacant for several months in 2022, creating

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<sup>9</sup> Oregon PREA Statistics and Reports; <https://www.oregon.gov/doc/prison-rape-elimination-act/Pages/statistics-and-reports.aspx>

several compliance issues. CRCI failed their 2023 PREA audit, with six standards not met. There were also concerns stated about the priority and support given to this position to maintain compliance for future audits. An additional or fully dedicated PREA compliance position was recommended in the 2023 report. CRCI reassigned a correctional lieutenant from his regular duties to focus solely on PREA compliance. The latest audit visit was completed on August 1, 2024, and the report is not yet published. The CRCI superintendent testified that the audit found CRCI is now 100% PREA compliant. Prioritizing the hiring of a fully dedicated PREA compliance manager is critical for maintaining PREA compliance in the future.

### **Transitional Leave**

Transitional leave is a program available for some AICs that are exiting the DOC facilities. It allows for a smoother, supervised release back into the community, in an attempt to overcome AICs' struggles to find transitional housing. We learned while touring CRCI that many AICs are losing transitional leave due to a lack of housing within the community. The window to access this leave is very small. Once the window closes, the opportunity is gone, which means the AIC will have to complete the term of incarceration without accessing transitional leave.

### **Food**

Food services are prepared by staff and supervised AICs with a menu rotation as provided by the DOC, which oversees all prisons in the State of Oregon. CRCI has experienced the closing of its kitchen since February 2024, due to the previously mentioned sanitary line failure. A mobile temporary kitchen is currently cooking hot meals for breakfast and dinner, but only a sack lunch is provided for the noon meal.

During the CRCI visit, the CGJ experienced the sack lunch and had the option between peanut butter and jelly and a roast beef sandwich. The CGJ empathized with the AICs who have spent months being served these less than satisfactory meals. The CRCI menu is reduced to a two-week rotation because of the kitchen remodel. After months of delays, the remodel should be completed in mid-November. Although we did not try the usual meals that the AIC's get when the kitchen is fully functional, testimony was provided that AICs often enjoy the normal menu. When a certain meal is disliked, the kitchen manager will share the feedback with state food services.

### **CRCI Recommendations**

The CGJ makes the following recommendations based on our observations at CRCI:

- Expand release planning to ensure all staff has the education and support needed to make AIC transition into the community as uncomplicated as possible. Exiting prison can be a challenging event for an AIC. As they return to the community, it is important that the transition be supported through resources within the community;
- Relocate the law library to a larger space that addresses limited space and confidentiality concerns;
- Hire additional healthcare staff to reduce the burden of afterhours call on current RN staff;
- Leave classrooms open for a certain period of time during the evening to allow AICs to expand education and other relevant programs;

- Streamline the process to approve outside volunteers to introduce additional opportunities such as yoga, more math classes, life skills, and other courses;
- Work closely with PCC to re-establish the pre-trades program;
- Encourage collaboration between state and county officials to fund a shared community-based release center where AICs can safely and appropriately assimilate back into the community.

## **DONALD E. LONG JUVENILE DETENTION HOME**

JDH is operated by the Multnomah County Department of Community Justice. There is a forty-bed funded capacity shared between Multnomah and Washington Counties. At the time of the CGJ visit, JDH census was at 25 youth including three females and 22 males, all between the ages of twelve and nineteen years. It was testified that the average length of stay is fourteen days.

The majority of youth in detention are pre-adjudicated. Very few are serving a detention sanction, as Oregon law limits sanctions to eight days per case. Youth are evaluated every ten days to determine whether detention is still the least restrictive means to ensure the welfare of the youth and safety of the community while the youth are pending adjudication.

Restorative justice and communication skills are a primary focus of the facility. This model teaches empathy and communication skills to youth by practicing conflict resolution and accountability.

### **Facilities**

The youth are housed in living spaces with an average staff to youth ratio of 1:8 during the day and 1:16 at night. A recent remodel of some living spaces was completed on schedule. Not all of the living spaces are currently being used, but most youth will be transferred to the newly renovated living spaces. The unused spaces are being repurposed for programming.

The newly renovated living spaces at JDH are designed to enhance safety, and promote growth for youth. Key enhancements include the following features;

- Chalk boards in the rooms;
- Redesigned sinks and toilets;
- Reduced blind spots;
- Safety glass along the upper railing;
- Resurfaced blacktop;
- Improved lighting;
- Improved smoke detection;
- Artwork chosen by youth;
- A medical isolation room with window to staff area;
- Remodeled staff observation area with improved space and monitoring tools.

Staffing for the facility is lacking. There are six total vacancies, including three mental health staff. They use a hiring agency called Cell Staff to help recruit and fill the open positions. A Juvenile Custody Services Specialist (JCSS) paid internship training program gives experience and training to new hires and is funded by the open vacant positions. This gives individuals the opportunity to gain experience and become qualified for a JCSS staff position.



## **Healthcare**

Health services at JDH are administered by CH. A health review is performed upon intake including medical history, medications, mental health, and substance use. For youth who are at JDH longer, CH provides a full history and physical exam.

CH is working on a process for early identification of psychosis. Mental health and physical therapy providers are available weekly. Dental services are available every other week. CH is involved in weekly interdisciplinary meetings with mental health providers and Juvenile Court Counselors (JCC). There is also a focus on connecting youth to services outside the clinic at time of discharge.

They are working on NCCHC Certification, but will need to identify how to meet the 24-hour medical coverage requirement. The CGJ heard testimony that the nursing staff felt supported by the leadership of CH and were satisfied with their responsiveness to their needs. The CGJ heard testimony that many of the females in care had been victims of human trafficking and could benefit from dedicated services to meet their unique needs. CH also highlighted a need for improved educational outreach and health curriculum for youth.

## **Programs and Education**

Currently at JDH, youth have access to four teachers and are required to participate in class from 9:00 am to 3:30 pm. The Bars to Bridges program works to return youth to their school community and the staff work to obtain their previous educational records in order to understand their learning history. After school learning activities are available for the youth to participate in and create a sense of community.

The youth are appointed JCCs when their case is issued. The JCCs help the youth navigate the process and provide support. As noted previously, JDH emphasizes restorative practices. For example, the youth participate in circle conversations to openly discuss their feelings and perspectives after a conflict occurs within the living space, what could be done differently the next time, and how to repair the social damage.

Visitation hours are from 9:00 am to 5:00 pm on the weekends, and 9:00 am to 8:00 pm Monday through Friday. The youth are granted one personal phone call, and one professional phone call per day. Additional phone privileges are available on an as needed basis.

This CGJ heard testimony that youth benefit from trauma informed spaces, such as separate spaces for dining, sleeping, and relaxation. Currently there are a number of volunteer-led programs such as sports, chaplain services, therapy dog visitation, and a sweat lodge.

Staff testified that a tablet program would be highly beneficial. Although the youth are only allowed to review discovery with their attorneys, tablets would offer additional educational resources. This could help youth with different educational levels and allow youth interested in certain topics to explore those interests.

## PREA

Reports on this facility are not publicly available, but PREA audits are performed regularly and JDH passed their most recent PREA audit.

## Food

The facility has its own kitchen staff to provide meals for youth, staff, and visitors and also provides a catering service. This CGJ received a made to order sandwich form that allowed us to personalize our meals. Lunches also included a choice of chips and sodas. The CGJ was impressed with the quality of the food. Within the detention home there are opportunities for the youth to work in the kitchen and garden, which helps create a sense of responsibility and opportunity. The national school lunch program funds breakfast, a snack, and lunch, while the county funds dinner. Overall, we are pleased with the nutritional services and opportunities provided by JDH.

## Recommendations

The CGJ supports the following additional improvements at JDH:

- Specialized services for human trafficking victims;
- Restorative spaces for youth by separating eating, sleeping, and living environments;
- A tablet program;
- Space in the open area of dorms for group activities.

## JAIL INSPECTIONS

ORS 169.076 is the governing statute which outlines 14 jail standards. The MCSO published the Corrections Recommendations Project with specific goals of ensuring compliance with state and county legislation. The following are the methods through which Multnomah County ensures their facilities are compliant:

Governing Authority	Summary of function	Facilities under purview
Corrections Grand Jury <ul style="list-style-type: none"><li>• <a href="#">ORS 132.440</a></li></ul>	ORS 132.440 is the governing authority which implements the MCGJ's "Inquiry into conditions in correctional and youth correction facilities." Annual practice.	MCDC, MCIJ, CRCI, JDH
OSSA Jail Standards Inspection <ul style="list-style-type: none"><li>• <a href="#">Oregon State Sheriff's Association (OSSA)</a></li></ul>	"Best practices and guidelines for the operation of jails in the State of Oregon." Bi-annual practice.	MCDC, MCIJ
Oregon State Jail Inspection <ul style="list-style-type: none"><li>• <a href="#">ORS 169.076</a></li></ul>	Oregon Statute that contains 14 jail standards and over 300 individual requirements.	MCDC, MCIJ, CRCI, JDH
Board of County Commissioners inspection <ul style="list-style-type: none"><li>• <a href="#">ORS 169.040</a></li></ul>	Oregon statute requiring an inspection by the board of county commissioners "at least once in each regular term and may visit local correctional facilities within the county that are not operated by the county."	MCDC, MCIJ

<p>Multnomah County Correction Facilities Community Inspection Program</p> <ul style="list-style-type: none"> <li>• <a href="#">Measure 26-233</a></li> </ul>	<p>In addition to ORS 169.040, a new inspections program requires Multnomah County Board members “to conduct at least one additional inspection of County jails per calendar year, with at least one volunteer member of the public to accompany the Board.”</p>	<p>MCDC, MCIJ</p>
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## **SPECIAL THANKS**

We extend our gratitude to all of the witnesses who provided testimony in the makings of this report. A special thank you to Multnomah County Deputy District Attorney Jeffrey M. Lowe, Multnomah County Deputy District Attorney Travis Sewell, and Captain Denise Diamond for their guidance throughout this process.

## **2024 MULTNOMAH CORRECTIONS GRAND JURY WITNESS LIST**



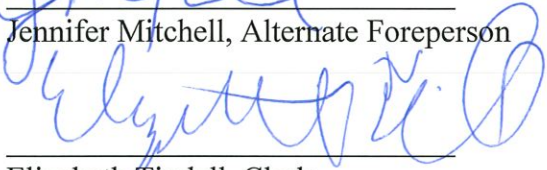
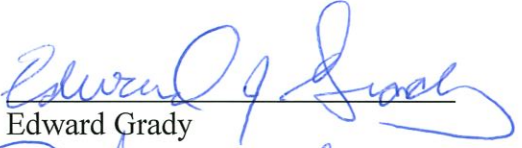
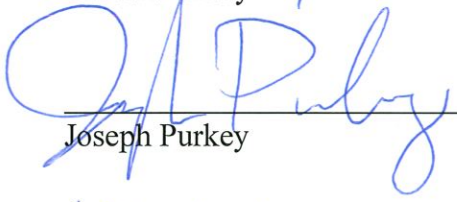
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Captain Denise Diamond, Corrections Compliance Manager  
Captain Brian Parks, MCDC Facilities Commander  
Sergeant Mihai Bascuti, Corrections Operations  
Eleazar Lawson, MD, Multnomah County Medical Director, Corrections Health  
Captain Kurtiss Morrison, MCIJ  
Sergeant Steven Nicholson, Corrections Operations  
Sergeant Brandon Pedro, Corrections  
Corrections Deputy Lorae Ross, PEP Program  
Corrections Deputy Nicole Buscher, Union President  
Jennifer Grogan, MCSO Human Resources Manager  
Lieutenant Dylan Lerch, Deputy Sheriff, Jail Detective  
Chief Deputy Steven Alexander, Agency Services  
Chief Deputy Stephen Reardon, Corrections Facilities  
Multnomah County Sheriff Nicole Morrisey O'Donnell,  
Ken Jerin, Juvenile Services Division Manager  
Multnomah County District Attorney Mike Schmidt  
Senior Deputy District Attorney Kate Molina, Juvenile Unit  
Deputy District Attorney Travis Sewell, Justice Integrity Unit  
Deputy District Attorney Jeffrey M. Lowe, Pre-Trial Unit  
Belinda Pascaul, Community Justice Program Manager  
Honorable Michael Greenlick, Multnomah County Chief Criminal Court Judge  
Grant Hartley, Multnomah County Director, Metropolitan Public Defenders  
Jessica Vega Pederson, Multnomah County Chair  
Lance Hemsworth, MCSO Investigator  
Dylan Lerch, MCSO Investigator  
Scott Schlimpert, MCSO Finance Manager  
Jon Harms Mahlandt, MCSO Chief of Business  
Katie Burgard, MCSO Chief of Staff  
Captain Rian Hakala, outgoing MCSO Training  
Captain Doug Asboe, incoming MCSO Training Captain  
Corrections Lieutenant Alice Blair, MCDC  
Captain Brett Russell, MCDC  
Captain William Hong, Multnomah County Central Courthouse Court Services  
Jenny Carver, Deputy Chief of Staff, Multnomah County Central Courthouse  
Corrections Lieutenant Matthew Tiffany, Facility Services  
Dan Zalkow, Division Facilities Manager  
Halcyon Dodd, MCDC Nursing Manager, Corrections Health  
Steven Ciccotelli, MCDC Programs Unit Manager  
Tony Gaines, MCDC Deputy Director of Corrections Health  
Michelle Cannavino, MCDC Mental Health Program Manager, Corrections Health  
Corrections Sergeant Jordan Bryant, Mental Health unit lead  
Corrections Deputy Suad Mehmedovic, MCDC, Mental Health unit  
Corrections Lieutenant Elias Fernley, MCDC Day shift  
Corrections Lieutenant Chris Monahan, MCIJ Shift Lieutenant  
Mariana Orellano, MCIJ Nursing Supervisor Corrections Health

Tim Victorella, MCDC Quality Manager  
Deputy Director of Operations Valdez Bravo, Corrections Health  
Bailey Macleer, Aramark  
Edward Climer, Aramark  
Corrections Deputy Robert Bovey, MCIJ Mental Health Unit  
Matthew Ballard, CRCI IWP Services Coordinator  
Frank Hernandez, CRCI Food Services Manager  
Stacey Jackson, CRCI ESS2/ADALIO/PIO/Grievance Coordinator/Mailroom & Canteen Supervisor  
Caleb Platies, CRCI Legal Coordinator  
Jason Hanson, CRCI Superintendent  
Allison Lea, CRCI Behavioral Health Unit Manager  
Dane Koznek, CRCI Nurse Manager  
Sarah Mooney, CRCI PCC Corrections Education Transitions Manager  
E. Schulz, CRCI Deputy  
Willie Schaffer, CRCI Mental Health & SUD Counselor  
Mary Pachall, CRCI Unit 5  
James Hartman, JDH Intern Deputy District Manager  
Sarah Mullen, Interim Executive Director of Public Safety  
Micah Hibpshman, CRCI AIC Transition & Resource  
Brandon Carter, CRCI AIC  
Anthony Morris, MCDC AIC  
Jessica Brooks, MCIJ AIC  
Enrique Martinez-Perez, CRCI AIC, Paralegal  
Kyron Trevino, CRCI AIC, Paralegal  
David Dillon, CRCI AIC, Lead Cook  
Brandon Carter, CRCI AIC  
D. Whittacker, CRCI AIC  
Kevin Samuel Munday, CRCI AIC

**2024 CORRECTIONS GRAND JURY SIGNATURES**

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Pedro Gomez, Foreperson  
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Jennifer Mitchell, Alternate Foreperson  
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Elizabeth Tindell, Clerk  
\_\_\_\_\_  
Edward Grady  
\_\_\_\_\_  
Joseph Purkey  
\_\_\_\_\_  
Elizabeth Rees  
\_\_\_\_\_  
Karrie Edmunds