

2025 Corrections Grand Jury Report



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To our neighbors across Multnomah County:

Most of us came into this process with the same assumptions many people carry—that jails operate in the background of daily life, separate from the issues that affect our communities. What we learned is that the jail system is woven far more tightly into public safety, housing stability, mental-health care, and the timeliness of our courts. Its challenges ripple outward into the community; its strengths do the same.

We also saw an uncomfortable truth: our jails were built for a different era. They were not designed for the behavioral health needs we see today, nor for the volume of people entering custody with untreated medical and psychiatric conditions. Aging infrastructure, chronic understaffing, and limited program access create conditions that are harder on everyone, staff and adults in custody alike.

During our facility tours, we were repeatedly impressed that staff showed professionalism and care under extraordinarily difficult conditions, often while managing mandatory overtime and facilities that no longer match the demands placed upon them. Their commitment underscores the urgency of supporting a system that asks so much of them.

The jail system is not separate from our community. It is one of the systems holding it together. Strengthening it strengthens everything connected to it.

Our responsibility is to report accurately on what we observed and on what the system needs to function safely and effectively.

Sincerely,

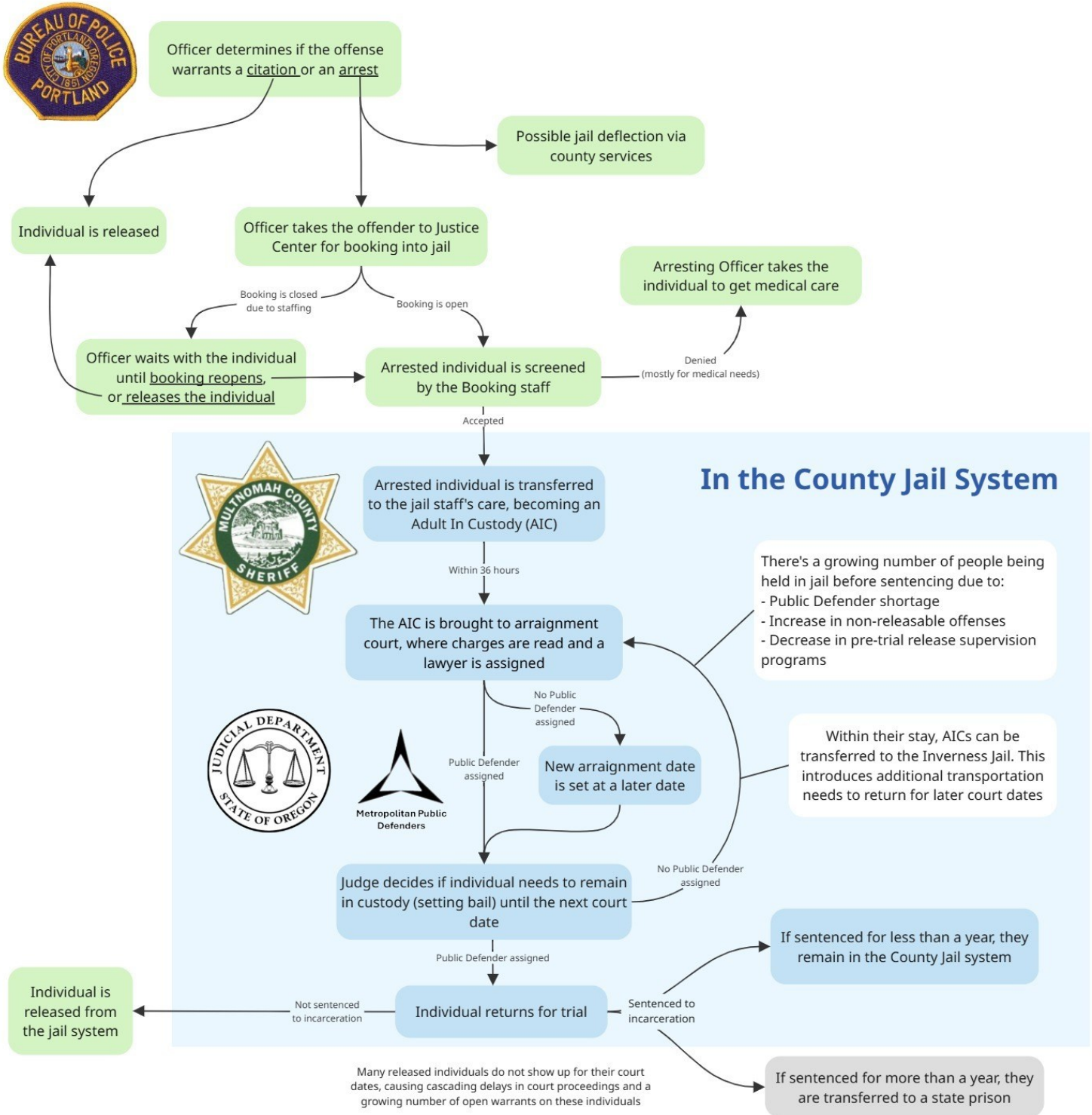
The 2025 Multnomah County Corrections Grand Jury

Methodology

Seven jurors were selected to serve as the 2025 Corrections Grand Jury (Grand Jury). Over a period of five weeks, the Grand Jury made inquiries into the condition and management of the four correctional facilities located within Multnomah County. To inform this report, we the jury toured all four facilities, observed operations, reviewed documents, and heard testimony from adults in custody¹ (AICs) as well as a variety of staff and stakeholders involved with the jails and corrections process.

¹ Research from the Vera Institute, Prison Policy Initiative, and FWD.us shows that dehumanizing labels like inmate and prisoner can stigmatize people long after they leave custody, reinforcing barriers to stability and rehabilitation. Holding space for the possibility of growth and change means recognizing that a person's identity is larger than their current circumstances. We use "adult in custody" because it is the term adopted by Multnomah County and the Oregon Department of Corrections to reflect person-first language and avoid assigning permanent identities to temporary legal statuses.

The AIC Journey Through Corrections



How Agencies Interact Across Multnomah County's Justice System

Every agency controls different segments of an AIC's journey through the criminal justice system, and they all depend on each other to keep the system moving smoothly. As each agency plays their own distinct role in the overall process, the efficiency and effectiveness of the whole system depends on their alignment, communication, and infrastructure planning.



The **Portland Police Bureau as well, as other local law enforcement²**, functions as the system's incident responders and primary dispatch. Their actions determine when and how potential cases first enter the system.

Police officers' discretion in issuing citations, making arrests, or diverting individuals shapes the volume and type of traffic directed toward the District Attorney's Office. Their reports and decisions form the foundation upon which later stages of the system must operate.

When responder capacity is strained—due to booking closures caused by staffing shortages, surges in calls for service, etc.—delayed response times and inconsistent enforcement ripple downstream, affecting the system's overall predictability and stability. Police agencies do not control the broader network, but strongly influence when, why, and how the system becomes activated.

Multnomah County Sheriff's Office (MCSO) operates and manages the jails where AICs wait until the next step of the process opens. Their facilities absorb the system's congestion whenever downstream delays occur, whether from stalled cases, attorney shortages, postponed hearings, or lack of staff to transport AICs.

MCSO manages custody, safety checks, classifications, and movement within the jail. When staffing shortages, closed posts, or medical transport reduce capacity, the whole system becomes strained. They bear the immediate impact of every bottleneck elsewhere in the network, making them a critical pressure point in the system's stability.



² Law enforcement agencies: Portland Police, Gresham Police, Mult. Co. Sheriff, Oregon State Police, Port of Portland, and TriMet.

The **Courts** dictate when cases advance, when they pause, and when they resolve. When essential components of the system fail, the courts cannot move AICs through the system, forcing them into reactive rescheduling.

In this way, the courts remain the coordinating center of the entire network, yet their ability to manage flow is constrained by external bottlenecks, infrastructure deficits, and capacity failures upstream and downstream. The result is a system where courts are responsible for movement but repeatedly deprived of the conditions required to achieve it.



Public defenders provide the constitutional safeguards that prevent the system from operating blindly or unjustly.

When public defenders are available and adequately resourced, the AICs receive meaningful representation. In Multnomah County, defense counsel shortages mean that many individuals are left without representation entirely, bringing parts of the system to a standstill.

Law enforcement refers cases to the **District Attorney's Office (DA)**, who decides which criminal incidents become formal cases, what charges are filed, and how quickly a case enters the court system.

DA decisions shape the volume, type, and urgency of cases moving toward the courts. The DA controls entry, and thus, have a decisive influence on how much pressure the rest of the system must absorb.



Department of Community Justice (DCJ) is responsible for community-based monitoring of individuals out of custody who are on formal probation or pretrial supervision.

When capacity is strained by high caseloads or limited treatment access, it leads to higher rates of recidivism and system re-entry. DCJ does not control case entry, but its day-to-day operations determine whether the entire network remains safe, stable, and navigable.



The **Board of County Commissioners** sets long term priorities that determine funding levels for MCSO and the DA.

The Board's funding and policy decisions impact every downstream agency. All other system partners operate inside the budgetary system the Board controls.

The **broader public** sentiment, political priorities, statewide ballot measures, media narratives, and community expectations all exert pressure on the system's infrastructure and decision-making.

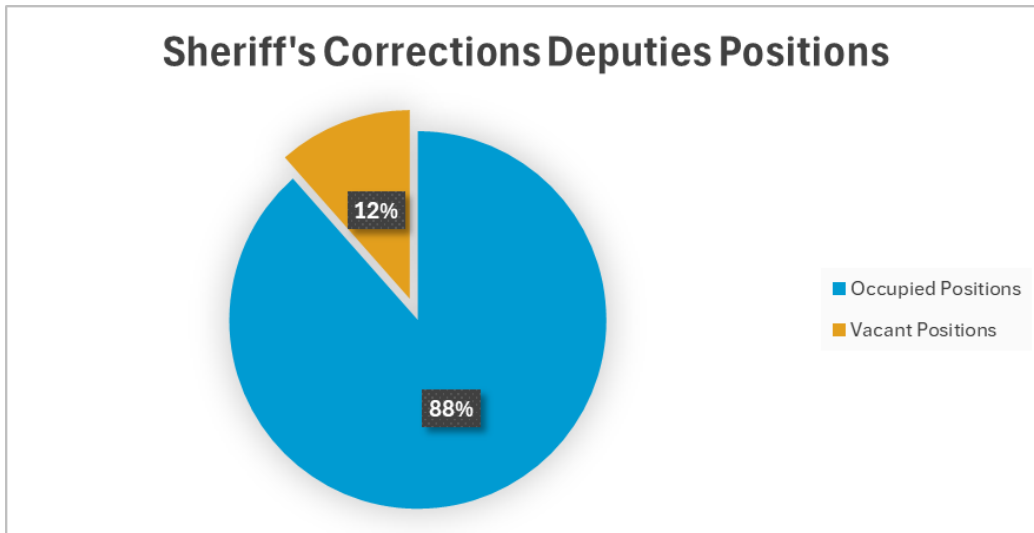
These forces can generate periods of turbulence or calm, influence funding allocations, and alter the volume and type of cases entering the system. They may create sudden surges in demand for punitive responses or shifts toward treatment and reform; they can also limit the system's capacity by affecting recruitment, retention, and public support for necessary investments.



System-Wide Issues

MCSO Staffing

As of October 2025, the Sheriff's Office has 43 vacancies across 373 funded Corrections Deputy positions. The staffing shortage—now more than five years long—continues to affect operations at both Multnomah County Detention Center (MCDC) and Multnomah County Inverness Jail (MCIJ).



The causes for the staffing issues within MCSO are numerous and compounding:

- **A large wave of retirements** over the past five years.
- Operating two **aging facilities** that require more staff due to their layouts, blind spots, and maintenance issues.
- A higher number of AICs with **high-acuity mental health needs**, which increases required staff-to-AIC ratios.
- **Additional staffing demands** created by PREA requirements, updated transport regulations and training standards, and expanded state leave laws.³
- **Transport and security demands** associated with the new courthouse were never added to staffing models.

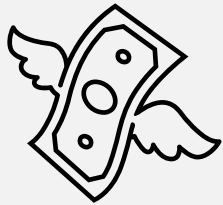
The last staffing study was completed in 2006, leaving the County without a modern assessment of what is needed today.

³ Oregon provides several forms of job-protected leave, including Paid Leave Oregon (family, medical, and safe leave), the Oregon Family Leave Act (OFLA), and the federal FMLA. Employees may also use accrued sick time. Larger employers often must coordinate these overlapping programs, which can result in extended, legally protected absences.

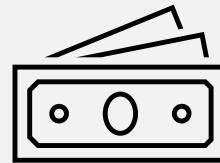
Impact of Staffing Challenges

Reliance on Mandatory Overtime

Mandatory overtime has become the default way the Sheriff’s Office fills staffing gaps. The Grand Jury observed deputies working extended shifts while visibly fatigued. This increases safety risks for staff and AICs, contributes to irritability and burnout, and makes it harder to retain trained deputies.



In FY25, MCSO used 172,279 overtime hours (472 OT hours every day), costing \$11.4 million.



For context, the FY26 personnel budget for corrections facilities is \$109 million for 402.92 FTEs.

Booking Closures Due to Understaffing

Booking—Multnomah County’s entry point into the jail system—has closed 48 times in the past two years, sometimes for multiple hours or an entire shift. Over 60% of closures happen because staff were reassigned to basic daily duties like meal delivery. This means the jail does not have the staffing capacity to run intake while also safely operating the facility.

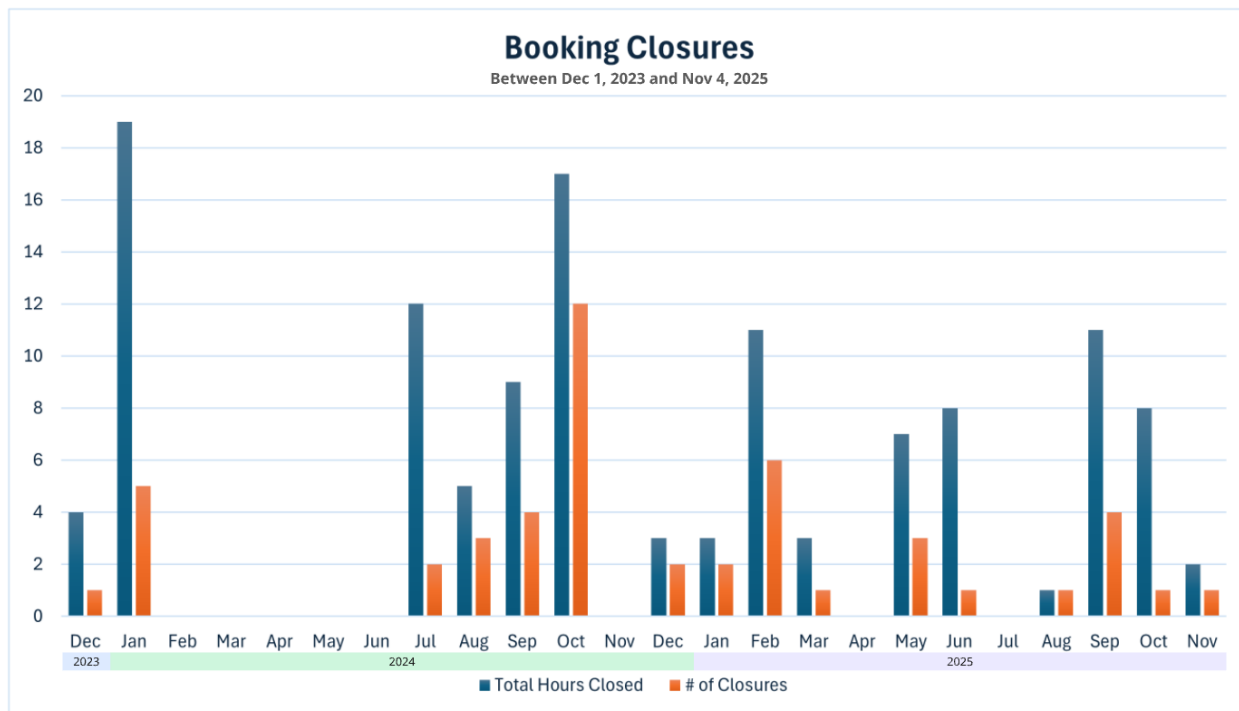
When booking is closed, police officers may be forced to:

- Cite-and-release⁴ individuals who would otherwise be booked.⁵
- Wait long periods with arrestees or divert to hospitals.
- Decrease patrol coverage because officers are out of service.
- Delay risk assessments and medical screenings.

⁴ The purpose of this directive is to govern when sworn members will issue a criminal citation-in-lieu of a custodial arrest.

⁵ ORS 133.055 allows for a citation to be issued when a person is arrested for a Class C felony or any misdemeanor or violation level offense, except for domestic violence assault, menacing, or violation of a protective order, as defined in ORS 133.310(3).

Testimony about the frequency of closures varied across MCSO, PPB, and County leadership, indicating gaps in communication and tracking. The Grand Jury finds that booking closures are systemic, driven directly by chronic staffing shortages, and disrupt every part of the criminal-justice process.⁶



AIC Isolation & Out-of-Cell Time

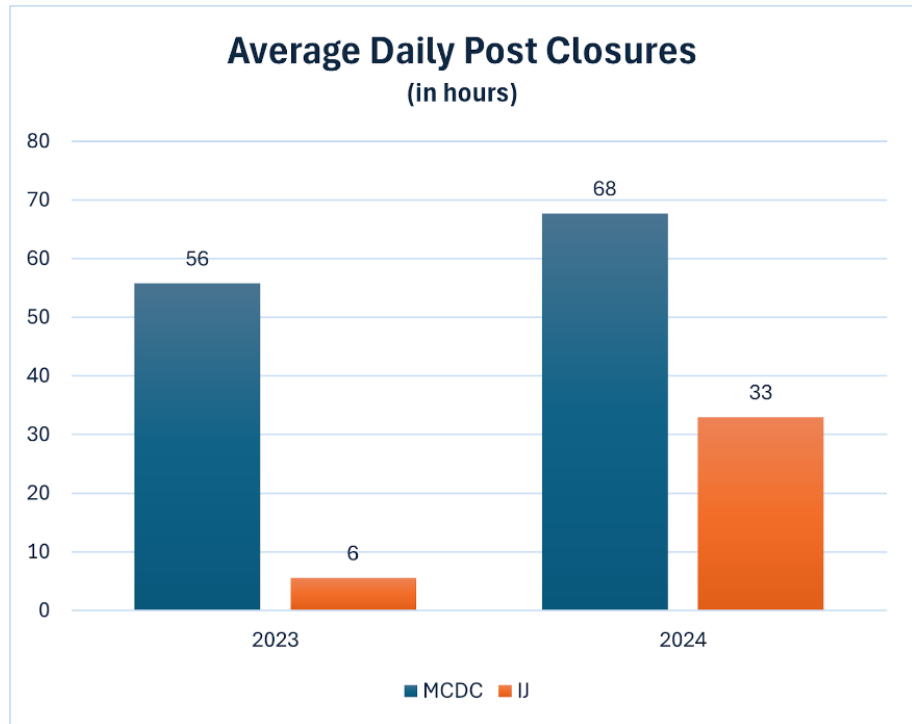
Staff shortages cause frequent dorm or post closures, leaving many AICs confined to their cells far longer than intended. At MCDC, some deputies reported AICs being locked in their cells for up to 23 hours per day, conditions one AIC described as “solitary confinement.”

Reduced staffing also limits access to programming and classes, visitation, legal counsel, showers, phones, and recreation. These limits are especially severe in mental-health and protective-custody units, where supervision needs are higher. Limited out-of-cell time harms mental and physical health and reduces opportunities for stabilization, rehabilitation, and successful reentry.

Posts are frequently closed because deputies must occupy suicide-watch posts, including high-risk units at MCDC. Data for 2025 shows 24 suicide attempts occurred at MCDC, while attempts at MCIJ remain lower at eight in total.

⁶ This is supported by the MCSO statements in the [Interagency Recommendations Project](#) presentation indicating that operational failures in booking create systemwide “downstream impacts” on patrol, court timelines, and medical systems. In practice, booking closures create a *de facto* limitation on what offenses can be enforced during those hours.

Testimony from jail leadership confirmed that suicide-watch staffing is already strained and often requires pulling deputies from other essential duties.



Limited Visitation & Legal Counsel

Staff shortages have caused inconsistent or canceled visitation hours as well as reduced phone access for attorneys and families. Access to legal counsel is a constitutional right and the failure of the jail system to allow for attorney-client communication on a regular and predictable schedule infringes on this right.

When people in custody cannot reliably communicate with their attorneys:

- Court processes slow down
- Hearings are delayed
- Plea negotiations stall
- Pre-trial detention grows longer

These delays compound existing staffing strain and increase the length of stay for AICs.

Court Services Unit – Transport Delays

On paper, the Court Services Unit is fully staffed. In practice, deputies are routinely pulled to cover shortages inside the jail. As a result, the unit is unable to meet transport obligations reliably. Transport failures ripple throughout the system, delaying arraignments⁷, hearings, case resolution, and release decisions.

⁷ This is not referring to the statutory timeline.



In 2025, courthouse staff recorded 257 hours of transport-related delays



40 canceled hearings due to missed transports

The actual impact is likely higher because of inconsistent record-keeping. The Grand Jury finds that transport reliability is a systemic problem, not an isolated operational issue.

Staffing Issues Recommendations



1 - Updated Staffing Study

The Grand Jury recommends MCSO commission an updated post-factor staffing study.



2 - Prioritize Hiring in the Court Services Unit

The Grand Jury recommends prioritizing the staffing studies and the addition of staff to the Court Services Unit. This team directly impacts the efficiency of the courts and overall time AICs spend in the jail system.



3 - Expand the Formal Retire-Rehire Program

The Grand Jury recommends that MCSO and Multnomah County HR expand the retire-rehire program. The program should define clear eligibility criteria, term limits, pay structure, and assignment rules, ensure compliance with Public Employees Retirement System (PERS) and labor-contract requirements, and operate within existing authorized positions.



4 - Cross-Agency Collaboration for Recruitment

The Grand Jury encourages the MCSO HR department to have open and regular lines of communication with other law enforcement agency HR departments in the region to trade notes on effective recruitment practices and partner on recruitment



5 - Continue HR Department Investment

The Grand Jury supports the 2024 increase in funding for the Sheriff's HR department and recommends that this investment remains intact to continue hiring and improving the retention of deputies in Corrections. We encourage additional recruitment efforts in digital marketing and creative outreach.



6 - Cross-Agency Collaboration for Recruitment

The Grand Jury encourages the MCSO HR department to have open and regular lines of communication with other law enforcement agency HR departments in the region to trade notes on effective recruitment practices and partner on recruitment events.



7 - Explore County Employee Referral Bonus Program

The Grand Jury supports the 2024 increase in funding for the Sheriff's HR department and recommends that this investment remains intact to continue hiring and improving the retention of deputies in Corrections. We encourage additional recruitment efforts in digital marketing and creative outreach.

The Changing Jail Population

Deputies, behavioral health staff, and other stakeholders repeatedly told the Grand Jury that the "typical" jail profile has changed sharply over the past decade; national and state-level data confirm these shifts. Below is a brief overview of the most significant changes shaping daily operations, safety, and AIC length of stay.

Adults in Custody Have More Serious Mental Health Needs

Deputies and staff consistently reported a steep rise in adults who arrive in custody with untreated or destabilizing mental health conditions.⁸ During a single morning observing arraignment court, the Grand Jury witnessed several individuals who appeared unable to cognitively follow the proceedings and this was a pattern staff said has become increasingly common.

⁸ Oregon Council for Behavioral Health, Behavioral Health Needs Assessment, 2024.

Fentanyl Use Is Reshaping Jail Operations

The prevalence of fentanyl in Multnomah County has fundamentally altered the jail environment. Staff describe a daily influx of individuals who are actively intoxicated, in acute withdrawal, experiencing fentanyl-involved behavioral crises, or struggling with polysubstance use.

These cases are more volatile, more medically complex, and more time-intensive to manage than prior eras involving primarily alcohol, methamphetamine, or heroin. Deputies report increased behavioral instability, medical emergencies, and contraband linked to fentanyl, all of which require additional staffing and clinical support.

Housing Instability Drives Jail Cycling

Housing instability has become one of the strongest predictors of jail involvement, both before and after custody.⁹ During our observations of arraignments in the JC3 courtroom:

- One individual openly stated they did not want to be released because jail was “a good place to rest.”
- Another worried their recent arrest would cause them to lose the housing voucher they had finally secured.

According to MCSO’s lead Programs Coordinator, at least 311 adults were released to houselessness in October 2025, and he believes the true number is closer to 400 per month due to underreporting. This mirrors national data.¹⁰

People experiencing houselessness are jailed at significantly higher rates and return to jail more frequently due to the lack of stabilization supports.^{11, 12}

The result is a high-volume, high-turnover population repeatedly entering and exiting custody, a cycle that stretches staff thin and increases length of stay.

Broader research mirrors what the County is experiencing:

- Up to 67% of people experiencing houselessness in the U.S. live with at least one mental health disorder, and 40% live with a serious mental illness (SMI).
- Oregon-specific analyses estimate that roughly 40% of unhoused adults have an SMI.
- National data show that 1 in 3 unhoused adults experience both a mental illness and a substance use disorder.

⁹ SAMHSA & HUD Joint Report on Homelessness and Co-Occurring Disorders, 2023.

¹⁰ Fazel, S. et al. Prevalence of Mental Illness Among Individuals Experiencing Homelessness. JAMA Psychiatry, 2024.

¹¹ City of Portland, Unsheltered Homelessness Briefing, 2023.

¹² Portland State University’s Homelessness Research & Action Collaborative, 2024.

Use of Force Incidents Concentrated in High-Acuity Units

Use-of-force incidents are most often concentrated in units housing individuals with the highest behavioral health needs. According to the 2023 MCSO Use of Force Report¹³ and staff testimony, the highest rates occur in detox, mental-health close custody, and special-management housing. These units serve people experiencing acute withdrawal, psychiatric crises, or significant distress—conditions that require intensive staffing and clinical support.

Deputies described relying on team-based de-escalation strategies; however, chronic staffing shortages and limited clinical capacity reduce the effectiveness of these approaches. Staff testified to situations in which they were required to manage psychiatric crises without sufficient support, increasing the likelihood of force being used to prevent harm.

These patterns highlight system-level constraints: limited access to behavioral health stabilization, insufficient clinical partnership models, and facilities not designed for modern mental-health care.

The Jail Is Functioning as a Behavioral Health and Housing System (Without the Funding to Be One)

Across all interviews, a consistent theme emerged: the jail system is absorbing the consequences of gaps in the behavioral health, housing, and community stabilization systems. Because no other part of the system is adequately resourced to handle them, the jail is now a:

- Crisis stabilization point
- Emergency detox location
- *De facto* mental health unit
- Triage point for service linkage
- Temporary shelter

The mismatch between what jails are designed to do and what they are now required to do is a core driver of operational strain in Multnomah County today.

¹³ Use of Force Report (2023): <https://www.mcso.us/media/341/download?inline>

Is Jail the Right Setting?

Testimony from MCSO, Corrections Health, and community partners indicated that the jail is increasingly serving as a default crisis-response center for people with high behavioral health needs.

Staff across agencies told the Grand Jury that many individuals held briefly in custody would be better served in facilities that provide medical stabilization, detox support, or immediate access to mental-health treatment.

This does not negate public-safety needs. Rather, the Grand Jury recognizes that jail alone cannot address the medical, psychiatric, and housing drivers that contribute to repeat system involvement.



8 - Continue to Develop the Deflection Center

The Grand Jury recommends additional support be given to the newly created Deflection Center. It needs to be well resourced and well connected with other community services, agencies, and not-for-profit organizations to relentlessly pursue individuals who require SUDs intervention.

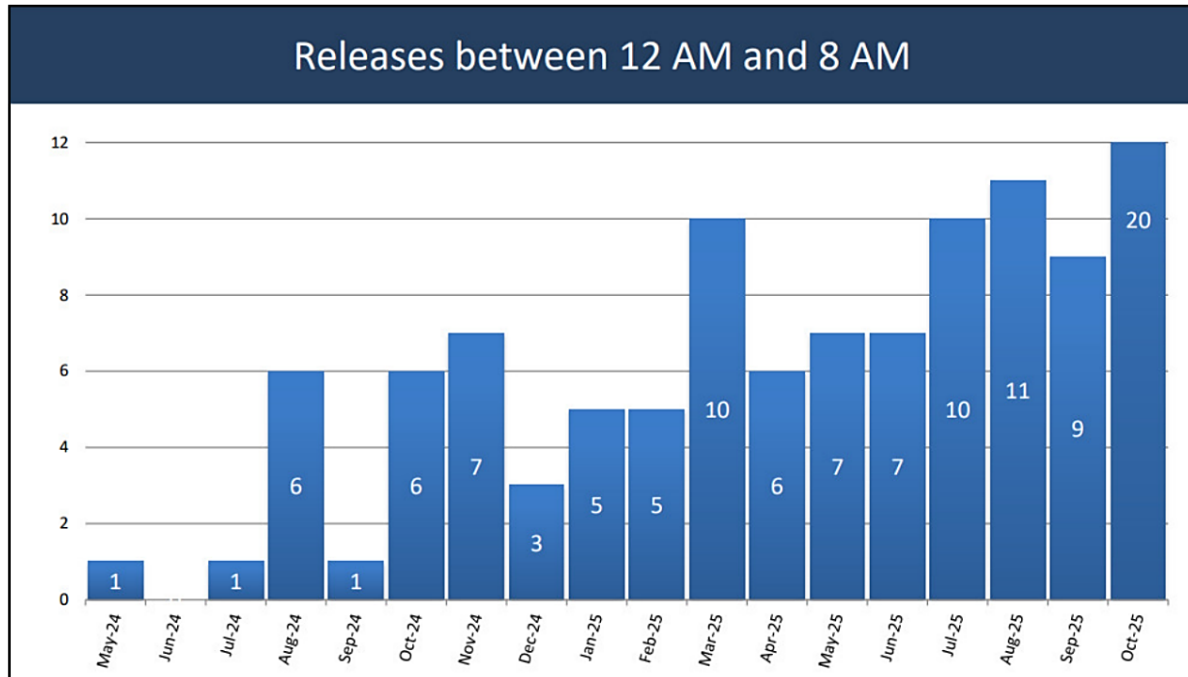
Lack of Services Upon Release

The Grand Jury observed that many AICs with acute mental-health needs or active substance use disorders cycle repeatedly through the jail, often after short stays that do not meaningfully address their underlying conditions. This cycle strains every part of the system, increases costs for taxpayers, and does little to improve long-term public safety. For example, between May 2024 and October 2025, MCSO released dozens of individuals between midnight and 8 a.m., including 20 releases in October 2025 alone. Early-morning releases limit access to public transit, service providers, shelter intakes, and supportive contacts.

These patterns reflect broader system gaps rather than individual choices. When releases occur during hours with limited transportation, housing, or crisis service availability, people are more likely to remain unstably housed, return to use, or experience psychiatric decompensation. These conditions heighten the risk of future police contact.

Transition Centers: What Other Counties Show is Possible

Clackamas County operates a centralized Transition Center on its jail campus that provides mental-health and addiction treatment, peer mentoring, employment and housing support, GED programming, and health-care coordination for individuals released from both the county jail and state prisons.



The Clackamas model was initially funded through Oregon’s Justice Reinvestment Grant Program and operates with evidence-based practices and validated risk-and-need assessments. Its sustainability demonstrates that a Transition Center can be both fiscally viable and operationally manageable when built through a state-county partnership. An evaluation of 1,669 Transition Center participants found an 80% reduction in the odds of rearrest,

Compared to similar individuals released without Transition Center support, evidence from Clackamas County shows:



80% lower odds of rearrest

90% lower odds of reconviction

99% lower odds of reincarceration

a 90% reduction in the odds of reconviction, and a 99% reduction in the odds of reincarceration for those who used the Center.

Pima County, Arizona, has reported similar success with a co-located transition center model that integrates reentry navigation, treatment services, and community-based supports. Multnomah County leadership has already begun reviewing those results.

A centralized Transition Center adjacent to the jail would make release more orderly, strengthen public safety, and align Multnomah County with practices already shown to work in peer jurisdictions.



9 - Establish a Centralized Transition Center Adjacent to the Jail

The Grand Jury recommends that Multnomah County develop a centralized Transition Center that all releasing adults in custody pass through before reentering the community. Models in Clackamas County and Pima County demonstrate that a Transition Center can significantly reduce recidivism, improve public safety, and streamline coordination across behavioral health, housing, and justice partners. The County should evaluate available property adjacent to MCDC and explore partnerships with the State of Oregon to develop a facility that supports timely stabilization, reduces repeat justice involvement, and improves long-term public safety outcomes.

A Multnomah County Transition Center should:

- Provide a single, predictable exit point where releasing individuals can access housing navigation, behavioral health support, ID and benefits enrollment, employment services, and peer mentoring
- Ensure continuity of medications and treatment, particularly for individuals with serious mental illness or substance-use disorders
- Offer digital literacy and job-readiness support essential for early stability
- Use evidence-based risk/need tools to match individuals to appropriate services
- Leverage state Justice Reinvestment funding, existing behavioral health contracts, and potential future state partnerships to build a sustainable model



10 - Suicide Prevention Training

We recommend deputies take refresher courses on suicide prevention on an annual or biannual basis to ensure their practices reflect evidence-based programming. In all facilities toured by the Grand Jury, staff consistently used outdated and stigmatizing terminology to refer to suicide completion. We recommend sharing language guidelines used by the American Psychological Association and American Psychiatric Association.¹⁴

Racial Disparities and Organizational Culture

Why Culture Matters for Safety

In correctional settings, safety is shaped not only by staffing levels and policies but also by the signals people see around them each day. Trauma-informed models¹⁵ emphasize psychological safety, trust, and transparency. When adults in custody perceive the environment as biased or hostile, cooperation decreases, tensions rise, and communication breaks down—conditions that increase safety risks for both staff and AICs. For these reasons, cultural cues inside a jail function as operational factors, not symbolic ones.

Symbolic Messaging and Trust

During tours, the Grand Jury observed Thin Blue Line¹⁶ decals displayed on lockers and in areas visible to staff and adults in custody. Because this symbol has been widely adopted by extremist and white-supremacist groups, many law-enforcement agencies nationwide prohibit its display in professional settings.¹⁷ In a jail environment, where neutrality and

¹⁴ <https://www.psychiatry.org/getattachment/9c5b890e-4b60-4bf8-ad3a-567da1ee73b5/Resource-Document-Suicide-in-Media.pdf>

¹⁵ [What is Trauma Informed Care?](#) Trauma Informed Oregon, Regional Research Institute for Human Services.

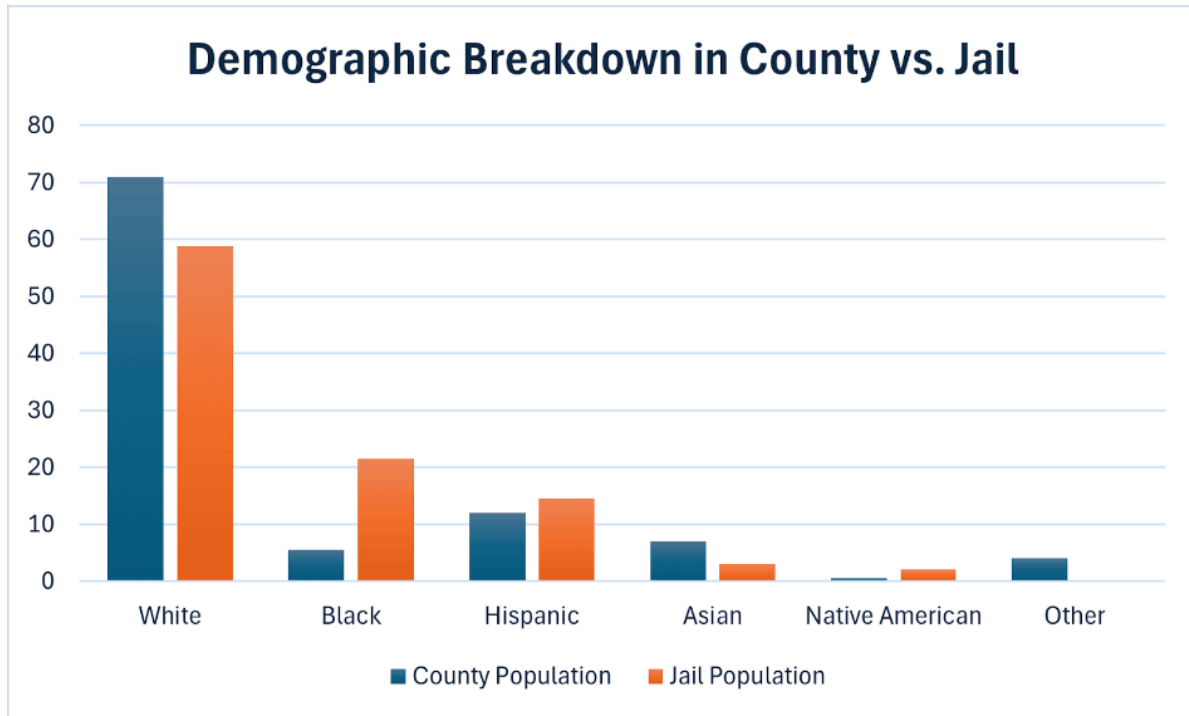
¹⁶ While some individuals use the Thin Blue Line symbol to signal general support for law enforcement, the symbol has also been widely adopted by extremist, white nationalist, and anti-government groups in recent years. Southern Poverty Law Center, Anti-Defamation League (ADL) Hate Symbols Database.

¹⁷ Because of these associations, many law-enforcement agencies nationwide restrict its display in operational settings to avoid signaling bias, political alignment, or hostility toward community members. Policies adopted by departments in Los Angeles, San Francisco, Chicago, Philadelphia, and the Oregon State Police, among others, restricting Thin Blue Line imagery in public-facing or operational spaces.

professionalism are essential for safety, its presence sends a signal that may undermine trust in grievance processes, staff impartiality, and overall facility legitimacy.

Documented Racial Disparities

Concerns about cultural signals are heightened by existing racial disparities within sanctioning outcomes.



MCSO’s demographic analysis¹⁸ shows that:

- Black/African American and Native American/Alaska Native individuals are incarcerated at rates significantly higher than their share of the county population.
- Disparities appear across multiple sanction types, including jail sanctions and revocations.

These patterns are consistent with national research on correctional equity and indicate that disparities arise not from isolated decisions but from systemic factors.

¹⁸ Multnomah County Racial & Ethnic Disparities Report; DCJ Auditor Report, 2024.

Impact of Probation Sanctions on Stability

Sanctions¹⁹ have cascading effects that disproportionately harm marginalized communities. Because disparities exist in sanctioning, these harms fall disproportionately on Black, Indigenous, and other communities of color.

The County Auditor's Report identifies the following consequences:

- Loss of housing or shelter access
- Disrupted employment or job prospects
- Interruption of substance-use treatment or medical care
- Destabilization of individuals with mental-health conditions
- Harm to family stability, including child-custody challenges

Taken together, the combination of cultural signals inside the facilities and disproportionate sanction outcomes indicates a system-level concern that extends beyond individual staff behavior. Addressing these disparities requires coordinated attention across policy, training, and oversight.

Siloed Data & Communication Issues

Agencies within the justice system use separate operational and data systems, each governed by different legal, clinical, and administrative requirements.²⁰ Corrections Health recently adopted EPIC, which contains protected health information and cannot be broadly shared under HIPAA. MCSO uses a separate jail-management system; DCJ, courts, and law enforcement each use their own systems as well.

Testimony indicated that these systems are not intended to be merged, and in some cases legally cannot be. The issue identified by staff was not the lack of a single integrated system, but the lack of real-time shared operational information, for example, booking-closure notifications, transport delays, or jail capacity. This is a systemwide issue affecting coordination and predictability.

¹⁹ Department of Community Justice: Jail sanctions are worsening inequities and outcomes. <https://multco.us/info/departement-community-justice-jail-sanctions-are-worsening-inequities-and-outcomes#section-1>

²⁰ The County Auditor's DCJ report shows: (1) DCJ uses siloed data systems that do not share real-time information with MCSO or Corrections Health; (2) Sanctions and technical violations occur without coordinated case planning; (3) Mental health and substance-use histories do not reliably flow between agencies; and (4) Referrals and assessments lack standardization and are inconsistently documented.

Tracking and Reporting Metrics

Current reporting captures basic operational data (e.g., average daily population, use-of-force incidents), but Multnomah County lacks many of the core metrics now standard in peer jurisdictions. These gaps limit the County's ability to design accurate staffing models, plan for a new facility, meet equity goals, and support reentry.

What Multnomah County Does Not Track

Multnomah County does not track the following metrics in any usable way.

1. Equity outcomes

No published jail equity analysis using:

- Race/ethnicity + Length of Stay (LOS)
- Race/ethnicity + access to programs
- Race/ethnicity + outcomes
- Race/ethnicity + use-of-force patterns

2. Behavioral Health (BH) Access Metrics

- Time to BH assessment
- Time to Substance Use Disorder (SUD) screening
- % receiving medication within target timeframe
- % needing antipsychotics
- Completion rates for BH treatment in custody
- Connection to BH care upon release

3. Reentry Outcomes

- Housing status on release
- Connection to services
- Digital literacy
- Employment readiness
- Warm handoffs
- Recidivism indicators at 30/60/90 days

4. Classification fairness metrics

- % of AICs over-classified
- LOS by classification level
- Discipline outcomes by classification
- Disparities in classification

5. In-custody injuries

Corrections Health may record clinical data, but it doesn't integrate with MCSO incident data. This makes trend spotting difficult.

6. Transfers to/from Oregon State Hospital

This is not tracked in a way visible to the public.

7. Integrated population health data to track

- Illness burden
- Chronic conditions
- Medication load
- BH acuity trends over time
- SUD prevalence

8. Service completion of programs, classes, or behavioral health treatment

Metrics Other Jurisdictions Track

For a full list and details, please see page 52 of the Appendix.

Other counties already track these measures as part of routine oversight.

For example:

- Los Angeles County tracks housing at release, service connection, reentry program completion, and 30/60/90-day recidivism as part of its Justice Metrics Framework.²¹
- King County in Washington tracks housing placement, warm handoffs, behavioral health linkage, and post-release outcomes through its Jail Health and Reentry dashboards.^{22 23}
- San Francisco²⁴ and Santa Clara²⁵ Counties track employment-readiness milestones, digital literacy progress, and verified service connections for reentering adults.

Establishing a similar framework in Multnomah County would align local practice with regional and national standards and produce the evidence base required for long-term planning, resource allocation, and improved outcomes for adults in custody.

²¹ Los Angeles County Justice Metrics Framework, Justice, Care and Opportunities Department (JCOD), 2023–present.

²² King County Jail Population & Operations Dashboard, Department of Adult & Juvenile Detention, 2022–present.

²³ King County Reentry Services Dashboard, Behavioral Health and Recovery Division.

²⁴ San Francisco Sheriff's Office / Five Keys Schools Program, Annual Performance Metrics Report, 2023.

²⁵ Santa Clara County Office of Reentry Services, Annual Reentry Outcomes Report, 2023.



11 - Establish a Core Metrics System & Dedicated Analyst

The Grand Jury recommends the County invest in a unified data-collection system and hire a full-time metrics analyst to ensure consistent tracking of essential indicators across MCSO, Corrections Health, DCJ, and court partners. A standardized metrics framework will support accurate staffing models, inform new jail-design requirements, and strengthen operational decision-making.

Key metrics should include:

- Jail Conditions & Safety: Use-of-force incidents, in-custody injuries, suicide attempts, grievance resolution times.
- Equity Indicators: Racial/ethnic disparities in bookings, length of stay, classification, and access to services.
- Behavioral Health Access: Timeliness of mental-health and substance-use assessments; service completion rates.
- Reentry Outcomes: Housing status at release, connection to services, program participation, warm handoffs, and 30/60/90-day reengagement or recidivism indicators.



12 - Annual Public Oversight Session

The Grand Jury recommends that the Board of County Commissioners hold an annual public work session reviewing systemwide progress on corrections-related findings.

This session should include participation from MCSO, the District Attorney's Office, the Circuit Court, Corrections Health, DCJ, and JOHS, and should evaluate progress on:

- Corrections Grand Jury recommendations
- 2024 NIC Technical Assistance Report
- OSP in-custody death reviews, PREA audits
- The Auditor's DCJ sanctions report
- Relevant internal or external audits

Regular, public review will ensure transparency, shared accountability, and timely follow-through on persistent issues, while grounding policy decisions in accurate, up-to-date data.

Close Street Supervision Program

Close Street is a key part of Multnomah County’s pretrial release system. It provides structured supervision for people who do not require detention to ensure court appearance and community safety.

Testimony from the Sheriff and other stakeholders indicated that Close Street is not a mandated function of the Sheriff’s Office.²⁶ As a result, the Sheriff’s Office is considering withdrawing from the program due to budget constraints.

Performance Measures					
Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Total number of referrals to the Close Street program	2,055	845	2,702	3,000
Output	Average number of supervised people per deputy	205	80	338	340

Source: https://multco.us/file/fy_2026_mcsos_requested_program_offers/download

What happens if Close Street goes away?

- More people remain in custody awaiting trial
- More people remain in jail rather than under supervision in the community
- Jail staffing and capacity pressures increase
- Court scheduling delays grow
- Pretrial flow slows systemwide

Because of these impacts, many counties operate their supervised-release programs within DCJ rather than the Sheriff’s Office.

²⁶ Under Oregon law, the Sheriff must operate the county’s jails, provide for the custody, care, and transport of individuals held by court order, and ensure courtroom security—mandated duties outlined in ORS 169.320, ORS 206.010, and ORS 206.160. Programs like Close Street are not legally required but can significantly reduce the number of people held in custody and thereby lower the cost of meeting these mandated obligations. As a result, defunding non-mandated programs may increase overall expenditures even if it reduces the Sheriff’s discretionary program budget.



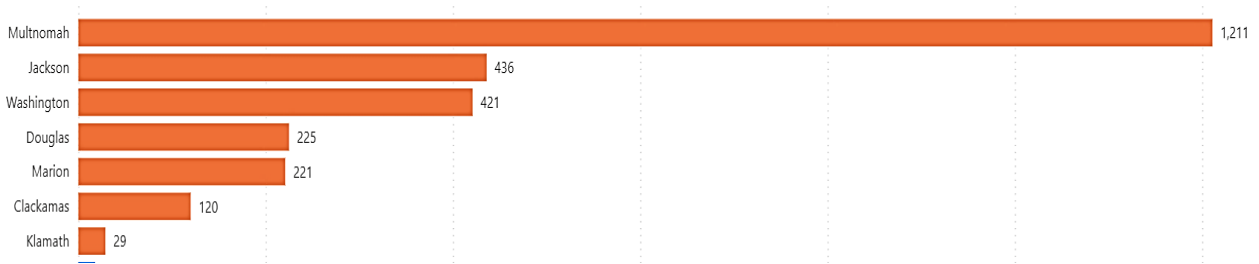
13 - Close Street Supervision Evaluation

The Grand Jury recommends that policymakers, including the Sheriff and the Multnomah County Board of Commissioners, conduct a full fiscal and operational evaluation before making any decision about discontinuing Close Street. Because the program reduces jail populations and produces measurable cost savings once 15–20 individuals are supervised in the community rather than detained, the County should ensure that a well-funded, professionally staffed supervised pre-trial release program remains in place. Given its systemwide impact, the Grand Jury recommends that any changes to Close Street involve coordination with the Board of County Commissioners and the Department of Community Justice.²⁷

Public Defender Shortage

As of December 2, 2025, the Oregon Public Defense Commission reported 1,211 people charged with crimes did not have legal representation.²⁸ This absence of counsel delays case movement at every stage and raises constitutional concerns under the Sixth Amendment, including the rights to counsel, a speedy trial, and meaningful access to the courts.²⁹ During our observation of arraignment court, the Grand Jury saw dozens of individuals—many recently arrested—who could not be assigned a lawyer because no public defender was available.

UNREPRESENTED INDIVIDUALS WITH CHARGES PENDING



²⁷ SB 1145 requires the State of Oregon to fund and operate community-based supervision and sanctions for people on felony probation and post-prison supervision. In most counties, these functions—including pretrial supervised release—are housed within the Department of Community Justice. Multnomah County is an outlier in having Close Street located within the Sheriff’s Office, which is not required to operate it.

²⁸ Oregon Public Defense Commission. [Unrepresented Persons Dashboard](#), 12/2025. Official statewide count of individuals without counsel.

²⁹ U.S. Constitution, Sixth Amendment. Guarantees right to counsel, speedy trial, and meaningful access to court.

What the Grand Jury Heard from Public Defenders

Public defenders described several operational barriers that limit their ability to represent clients consistently and efficiently:

- Delays accessing clients when jail posts are closed due to low staffing
- Insufficient confidential video-conference space
- Limited private phone access for AICs (e.g., one unsecured attorney phone per MCIJ dorm)
- Court hearings rescheduled because transports cannot be completed
- Increased time required to review newly mandated body-worn camera footage
- Difficulty retaining new attorneys beyond three years because of workload and compensation³⁰
- Maximum Allowable Caseload (MAC) caps the number of cases an attorney may ethically accept³¹

These impacts compound existing staffing shortages, booking closures, and transport failures, contributing to a cycle in which legal process slows, custody lengths increase, and public confidence erodes.³²

Public Defender Workforce Stability

Oregon continues to experience one of the highest public defender attrition rates in the United States. Statewide data shows:

- More than 30% of Oregon public defenders leave within three years of entering the field.
- Among new attorneys at OPDS-contracted nonprofits, roughly half do not remain beyond year three.
- Multnomah County–based provider offices report annual turnover ranging from 20% to 35%, depending on the office and year.
- In 2024, OPDC reported that the overall public-defense workforce shrank for the third year in a row, even as caseloads continued to rise.

³⁰ OPDC Workforce Dashboards 2023–2025; Oregon State Bar Criminal Law Section Reports. Data showing 20–35% annual turnover and rapid early-career attrition.

³¹ Oregon Public Defense Commission. Maximum Allowable Caseload (MAC) Implementation Guidance, 2023. Details MAC rules and ethical caps.

³² Sixth Amendment Center. Oregon’s Public Defense System: A Blueprint for Reconstruction, 2022. Explains systemic interactions between defense shortages, jail backlog, and case delays.



14 - Public Defender Crisis

It is important that the DA's office, Multnomah County Circuit Court, the Oregon Public Defense Commission (OPDC), and the local public defense bar come together to resolve this issue so that cases can be resolved more quickly, thereby reducing the associated jail burden and restoring constitutional rights to the accused by providing them with a court-appointed attorney in a timely manner. The Grand Jury encourages OPDC to allow for more reliance on public defense consortiums to alleviate the backlog of cases.

The Fiscal Landscape Shaping Multnomah County's Jail System

Multnomah County's decisions about staffing, capital planning, and operational priorities in its jail system occur within a complex fiscal and political landscape. Only one-quarter of the County's \$4 billion budget is discretionary³³, and public safety services rely heavily on this limited fund. This flexible portion relies heavily on property tax revenue, which has declined sharply due to falling commercial real estate values and property reassessments permanently lowering the tax base.

When projected revenues are flat or declining, the cost of personnel³⁴ limits the County's ability to expand services, even when the need is clear. The Department of Community Justice (DCJ) and the Multnomah County Sheriff's Office (MCSO) face significant reductions in Community Corrections³⁵ funds provided by Senate Bill 1145³⁶. This means

³³ [Budget Office projects \\$10.5 million shortfall for Multnomah County's FY 2026-27 budget | Multnomah County](#)

³⁴ These losses are expected to persist, creating a structural gap between revenue and rising personnel and retirement costs. According to the County's Budget Office, each 1% salary increase equates to approximately \$4.1 million and each 1% PERS increase equals approximately \$2.9 million. These numbers explain why staffing decisions are so difficult. Adding new positions, expanding hours, or creating specialized teams also automatically increases long-term salary and retirement costs across the entire system. The result is a structural deficit projected at \$10.5 million next year, rising to \$33.8 million by 2029-30.

³⁵ It's important to know what Community Corrections actually funds: probation officers, parole officers, pretrial supervision, case management, treatment coordination, reentry support, and some alternatives to detention. These are the people and programs seeking to reduce jail use by offering service-based interventions, diverting behavioral health crises away from jail and into treatment, and providing reintegration support.

³⁶ SB 1145 requires the State of Oregon to fund and operate community-based supervision and sanctions for people on felony probation and post-prison supervision. In most counties, these functions—including pretrial supervised release—are housed within the Department of Community Justice.

the state is giving the County less money to supervise the very people the state expects them to supervise.

Major investments such as staffing studies, long-term capital plans, or facility modernization are perceived as financially and politically risky. As a result, large scale decisions often default to incrementalism and reactive approaches rather than long-range planning. Our findings show that system-wide misalignment, rather than the actions of any single agency, is the primary driver of the challenges Multnomah County faces today.

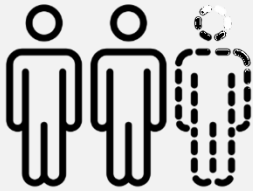
Unlike health, housing and houseless services funded through state and federal dollars or dedicated taxes, **the jail system has no dedicated funding stream.**

Jails rely almost entirely on the discretionary general fund. **This places the jail system in direct competition with every other general-fund dependent service.**

Understanding these limits helps explain why challenges repeat year after year.

MCSO Facility Reports

The Sheriff's Office operates two jail facilities in the county, though they mostly function as one operation shaped by three notable realities:



A chronically understaffed and overworked workforce



A jail population with increasingly acute behavioral health and medical needs



An aging facility and equipment no longer aligned with modern operational demands

Multnomah County Detention Center (MCDC)

1120 SW 3RD AVE., PORTLAND, OR 97204

MCDC is a maximum-security jail located downtown in the Justice Center building, near City Hall and the courthouse. MCDC is the central facility for booking, classification, and mostly short-term detention.

Staffing and Capacity

MCDC is funded for approximately 210 corrections deputies and currently operates with roughly 166 filled positions. The facility typically houses between 375–450 AICs. The typical operating capacity is 80-85%.

Building Age and Condition

MCDC occupies the upper floors of the Justice Center and opened in 1983. Much of its core infrastructure reflects original construction and is now more than 40 years old.

During the Grand Jury site visit, the facility showed signs of significant wear and delayed maintenance, including:

- An infirmary with visibly worn furniture and non-functional sinks
- Camera blind spots and repeated security-camera failures
- Temperature and ventilation issues
- Door and elevator malfunctions
- Aging intercoms and limited sightlines for supervision

This facility has never been retrofitted for modern seismic standards, presenting serious life-safety risks for both staff and AICs.

The Grand Jury observed ongoing electrical system repairs requiring complex coordination to avoid disrupting daily operations. Numerous staff testified that modernization is becoming increasingly costly, for example, the Grand Jury observed ongoing electrical work³⁷ that will take four years and \$30 million to complete.

We heard testimony that access to recreational spaces, programming, socialization, and learning opportunities are limited by both building design and staffing constraints.



15 - Ensure Booking is Open 24/7

Prioritize keeping the Booking post open at all times as implied by state law. ORS 206.010(1).

Operational Functions

All adults entering or leaving the county jail system are processed through MCDC's booking and release unit. During booking, individuals undergo an initial classification assessment, which determines security level and housing placement.

³⁷ https://multco.us/file/capital_budget/download Justice Center's Bus Duct

Testimony from staff and AICs noted that older classification practices³⁸ tended to unfairly classify individuals, in part because the system relied on subjective decision-making. MCSO has recently partnered with the National Institute of Corrections to implement a more objective and evidence-based assessment tool. The Grand Jury recommends that the 2026 Grand Jury review the impact of this change on incident rates, dorm placement, and population management.

MCDC manages medical care, segregation, disciplinary housing, and protective-custody units. Because of the building's layout and location, the population includes:

- Individuals staying fewer than five days
- Individuals who require maximum oversight
- Individuals awaiting evaluation for medical or mental-health needs

It's important to note that jail churn,³⁹ the constant movement of people entering and leaving the jail, reflects how heavily local jails are used as short-term holding facilities. The facility is built entirely of single-person cells and was designed for direct supervision, meaning deputies must maintain continuous visual contact whenever an AIC is outside their cell.

Summary

MCDC plays a central role in public safety and behavioral health stabilization. However, aging infrastructure, chronic staffing shortages, and increasing medical and behavioral health needs create significant operational strain and ongoing risks for deputies and adults in custody. Addressing these limitations is essential to maintaining a safe and functional facility.

³⁸ The Grand Jury heard testimony that misclassification during intake can result in individuals being placed in inappropriate units for their mental health, delays in psychiatric evaluations, and self-harm incidents.

³⁹ Jail churn also reflects that any of the same individuals cycle in and out repeatedly. These returns usually mirror unmet needs in the community: unstable housing, untreated mental health conditions, substance use, and lack of consistent support.



16 - Pilot Program: Hospital-Based Booking Program

Undertake a pilot to implement a remote or telebooking workflow for AICs hospitalized at OHSU, Adventist, and Legacy and create procedures for provisional booking where ID is confirmed later if a mobile fingerprint scanner is not available. This would allow officers to complete probable cause affidavits remotely; drastically limit the time police officers must remain bedside once remote booking is completed. This will require expanded hospital-MCSO coordination.



17 - Ensure Compliance with County Language Access Policy

Given the high-stakes nature of jail operations it is essential that AICs can understand posted information without relying solely on staff assistance or English fluency. Updating signage is a low-cost, high-impact step toward ensuring meaningful access and compliance with County standards.

The Grand Jury recommends that MCSO in partnership with the Office of Diversity & Equity complete a full signage audit to bring all correctional facilities into compliance with Multnomah County's Language, Communication and Cultural Access Policy.⁴⁰

Multnomah County Inverness Jail (MCIJ)

11540 NE INVERNESS DR., PORTLAND, OR 97220

MCIJ is a medium-security facility located in Northeast Portland near PDX airport. The jail opened in 1988 and expanded in 1998. It is the County's largest jail by bed count and primarily uses an open-dorm design.

Staffing and Capacity

At the time of the Grand Jury visit, it operated with significant vacancies, which varied depending on paid leave, medical leave, and training demands. MCIJ contains 682 funded

⁴⁰ Multnomah County Administrative Procedure DEI-2 requires departments to translate "vital documents" into the languages of commonly encountered LEP groups, maintain nondiscrimination signage with taglines in the top fifteen languages, and ensure culturally and linguistically appropriate access to services. Jail facilities fall squarely within these requirements due to the legal, medical, and safety information conveyed through posted signage. [Policy](#).

beds, with 575 occupied during the Grand Jury visit. Roughly 80% of the population is unsentenced, awaiting resolution of their cases.

Building Age and Condition

MCIJ primarily consists of large open dormitories housing 50–75 people per dorm, along with bathrooms, showers, dayroom seating, and outdoor recreation areas. The facility is newer than MCDC but still shows signs of strain and deferred maintenance, such as:

- A year-old roof leak in the acute mental health dorm had been cordoned off with caution tape.
- Many housing-unit cameras are 8–10 years old, with some reported to be 20 years old.
- HVAC systems are past end-of-life, but staff reported being told to “use it until it fails,” making temperature and air regulation inconsistent.
- The facility is scheduled for a roof replacement in 2026, part of a six-year capital cycle.

Repairs are often delayed because work crews must be escorted and housed AICs relocated, which is difficult in dorms of 50–75 individuals. Staff described many routine projects as slow, resource-intensive, and frequently deferred.

Operational Functions

Most AICs get sent to MCIJ for extended stays in the jail system, with an average length of 126 days. The facility consists of open dorms, employing mostly direct supervision. These shared spaces have 50–75 beds per dorm, as well as seating areas, televisions, bathrooms and showers. Each of the dorms has an outdoor area for recreation (basketball hoop), however, low staffing can limit the availability of outdoor access.

There is one separate women’s dorm with an average occupancy of 35-40 AICs that is kept private from male AICs. There are also some single-cell layouts, such as Dorm 15 which houses those with acute behavioral health needs.

Most AICs are given a job upon entering MCIJ. Most involve cleaning the facilities, but some notable positions also include the laundry service and onsite water recycling. A digital law

Water and Energy Efficiency

MCIJ recycles approximately 60% of its water, equivalent to 5.5 million gallons per year, and recovers heat from wastewater systems. This reduces operational costs related to water and electricity.

This practice is not widely known outside the facility and represents a notable sustainability achievement for a jail of its size.

library utilizing LexisNexis is provided to AICs when staffing allows for escort to and from the room.

MCDC and MCIJ: Food, Diet, and Commissary

Aramark provides meals at MCIJ and MCDC, following nutritionist guidelines which contribute to persistent complaints about food quality and lack of seasoning. Both AICs interviewed from these locations started by saying the food was awful and bland. Commissary provides AICs with more desired (and less healthy) food options for purchase, and most will resort to “seasoning” their daily meals with crushed chips or the like. Corrections Health reported that 20–50% of AICs receive medically or religiously required special diets.

The Grand Jury did eat one of the meals that was part of the new “enhanced menu” being rolled out and found it to be bland and mildly unappetizing, but acceptable for nutritious and caloric needs. The Grand Jury stresses that food is one of the only things that AICs look forward to in their day, and its quality day-to-day does have a noticeable impact on incident levels. Improving food quality will enhance health outcomes and reduce reliance on expensive commissary items.

Commissary review showed that hair-care products for textured hair were not available to indigent AICs, though standard shampoo and conditioner were.



18 - Improve dietary options.

The Grand Jury recommends improving dietary options and addressing nutritional gaps at MCDC and MCIJ. Dietary assessments during intake should be strengthened to ensure medical, allergy-related, and religious dietary needs are consistently documented and met. The County should consider simple enhancements such as providing salt and pepper at mealtimes and incorporating more fresh items where feasible.

MCDC and MCIJ: Programs & Reentry Preparation

The types of programs that are available at MCIJ include:

- High school courses
- Transitional care groups
- Women’s groups (Pathfinder)
- Young men’s groups

- Religious and chaplain services
- A treatment-readiness dorm (for men only)

Additionally, MCIJ runs a food-handler certification program funded through renewable scholarships (approximately \$2,500 per person). Classes run twice per quarter with cohorts of about five AICs, prioritizing individuals nearing release. A POIC-funded four-week reentry program teaches soft skills and employment readiness for individuals with confirmed release dates. Additionally, a tablet program for AICs has been pursued for seven years, and staff testified that rollout would be completed by the 2026 Corrections Grand Jury.

We were pleased to see a variety of programs being thoughtfully led by Steve Ciccotelli's operations team; however, we were disheartened to learn that programs themselves are regularly canceled due to low deputy staffing to provide escorts and supervision.

Due to the typically short stays and high security classification of the population, as well as physical building constraints, very little to no programming is offered at MCDC. Sadly, this results in those individuals not having much opportunity for growth or change during their incarceration.

MCDC and MCIJ: Health Services

Health services at both MCDC and MCIJ are provided by the County. At MCIJ, one physician and two nurses are available at all times, with each provider seeing roughly six appointments per day. County Health workers feel that their staffing levels are adequate, relying on students, travel nurses, and mandatory overtime to fill positions.

Acute behavioral health and substance-use cases cause the most stress for the health system in the jails. Medication for Opioid Use Disorder (MOUD) is a nationally recognized best practice that reduces withdrawal-related medical emergencies, lowers suicide risk, decreases recidivism, and significantly reduces overdose deaths in the days and weeks following release. MCDC received \$663,910 (2023–2025) to implement the MOUD program, and a guest-dosing model was approved in October 2025. However, **implementation is stalled because required facility upgrades are not feasible given MCDC's deteriorating physical condition.**

Other testimony included:

- Weekly case-consultation meetings among the clinical team.
- Routine medical assessments conducted within two weeks of intake.
- Physical therapy and obstetric services are available.

- Medical visits often take longer in custody due to high-acuity needs and individuals past experiences of medical trauma.



19 - Implement the MOUD Program at MCDC

The Grand Jury recommends that Multnomah County and MCSO prioritize implementation of the Medication for Opioid Use Disorder (MOUD) program at MCDC. The County should clearly define the necessary facility modifications and operational planning to activate MOUD services, ensuring that individuals with opioid-use disorder receive evidence-based treatment during custody and continuity of care upon release. If this is not possible in the current facilities, ensure this need is addressed during any planning for future construction.

MCDC and MCIJ: Behavioral Health

The Behavioral Health Team (only two sworn MCSO staff) is responsible for suicide-watch coordination, crisis intervention, Aid & Assist processes, and serving as liaisons for mental health cases. Six county health clinicians support them, but the combined resources remain inadequate for the increasing acuity of the jail's populations. Staff testified that mental-health services are reduced first during staffing shortages at the jail, limiting access to cohort groups, assessments, and therapeutic programming.

MCDC and MCIJ: Recommendations



20 - Expanded Use of Video Conferencing for Court Appearances and Legal Counsel

The Grand Jury recommends building a more robust telecommunications program within all of the correctional facilities. Audiovisual communication has advanced dramatically in the last few years. According to witness testimony, Tillamook County has used a system that heavily relies on remote audiovisual communication very successfully. Reaching out to their county's leadership to find out the lessons learned from implementing such a system could help the MCSO and County Commissioners avoid reinventing the wheel and planning for foreseeable challenges.



21 - New Jail Facility Planning

Multnomah County should begin planning for a modernized jail facility to replace and consolidate the aging MCDC and MCIJ buildings. Operating two separate facilities creates significant inefficiencies and duplicative operational roles. Aging infrastructure also poses ongoing health, safety, and security risks for staff and adults in custody.

Because a significant portion of today's jail population presents with high behavioral health needs, any planning for a modern facility should be coordinated with the State of Oregon. The Grand Jury recommends that Multnomah County seek state partnership and explore opportunities to align jail-facility planning with statewide investments in mental-health infrastructure, including the possibility of co-locating or jointly developing a second Oregon State Hospital facility for mental health treatment for justice-involved individuals. Broad, consistent public input increases the likelihood of state partnership on a modern, clinically informed facility.

The County has already set aside \$150,000 in FY26 for Jail Design Requirements; the next step is to complete that analysis and initiate a land-lease or site-feasibility study. The 2026 Grand Jury should report on the findings and guide next-phase planning.



22 - Expand Confidential Attorney Communication Spaces

The Grand Jury recommends increasing confidential in-person attorney-client communication spaces at both MCDC and MCIJ. Testimony revealed that limited access to private phones and insufficient AV equipment in rooms delays legal communication, extends time in custody, and creates barriers for public defenders. Confidential communication is a constitutional requirement and the current infrastructure does not meet demand. The County should invest in modern, private spaces that allow attorneys to reach their clients without unnecessary delays.



23 - Capital Prioritization for Life-Safety & Critical Jail Infrastructure

The Grand Jury recommends that Multnomah County formally prioritize jail maintenance and essential infrastructure upgrades by integrating custody-specific needs into the County’s CAP-1 capital scoring⁴¹ process and adopting a life-safety⁴² weighted approach.

To address these long-standing problems, the Grand Jury recommends:

Weighted CAP-1 Scoring for Custody Facilities

The County should publicly score corrections capital requests under CAP-1 and adopt a weighted system that elevates life-safety, security, and reentry-critical spaces. This does not require new funding—only an adjustment to how projects are ranked relative to other County facilities.

Classification of Major Failures as Public-Safety Emergencies

Persistent deficiencies in security-critical infrastructure (e.g., locking mechanisms, HVAC, camera coverage) should qualify for contingency funding in the same way as other life-safety emergencies.

A Prioritized Capital Plan for MCDJ and MCIJ

The County should develop and publish a clear capital plan that addresses high-risk failures, reduces the maintenance backlog, and ensures rapid response to urgent repairs. Increasing facilities staffing or contract support may be necessary to meet demand.

A weighted and transparent capital-planning process would allow the County to protect staff, meet constitutional obligations, comply with PREA standards, and provide humane and safe housing environments—without creating a new funding stream.

⁴¹ CAP-1 is the County’s scoring system for deciding which building projects get funded first. It ranks all County facilities on the same criteria (safety, resilience, equity, cost). Because the system is facility-neutral, urgent jail repairs often compete with libraries, clinics, and offices and can fall behind other projects. Weighting CAP-1 for life-safety in secure environments would simply ensure that critical failures in jails are ranked with appropriate urgency.

⁴² In county capital-planning language, “life-safety” refers to any condition in a building where failure could directly endanger human life like staff or AICs. This includes fire protection (sprinklers, alarms), structural integrity, emergency egress (doors, locks, gates), electrical and HVAC systems, and critical communications such as cameras and intercoms.

MCDC and MCIJ: Tablet Program

Tablets are an effective and cost-efficient means of improving reentry preparedness and reducing institutional conflict. Tablets help support AIC education, communication, mental health stabilization, grievance filing, reading, and program engagement. They may also enable AICs to review all discovery items in preparation for their court cases.

Testimony from staff and AICs highlighted that tablets reduce idleness, support behavioral regulation, and provide meaningful access to resources even during lockdowns or staffing shortages.

Expansion of the tablet program should include increased access to GED preparation, college-credit coursework, vocational materials, job-readiness programs, digital literacy training, peer support content, and mental-health resources. The Grand Jury witnessed a tablet program in use and working well at CRCI.



24 - AIC Tablet Program

The Grand Jury recommends the full implementation of the AIC tablet program at both MCDC and MCIJ within the next year, the 2025 Grand Jury urges the 2026 Grand Jury to report on the progress of the implementation of this program. The Grand Jury also recommends providing access to college-credit courses for adults in custody across all facilities. The County should strengthen partnerships with local colleges, increase access to secure technology for hybrid or remote instruction, and ensure that AICs can continue coursework upon release through coordinated enrollment and transcript support. Education should be incorporated as a core component of reentry planning.

Donald E. Long Juvenile Detention Home (JDH)

1401 NE 68TH AVE., PORTLAND, OR 97213

JDH is operated by the Department of Community Justice (DCJ) and serves youth ages 12–19 from Multnomah County. The facility has 64 funded beds with most youths staying an average of 14 days. Nearly all are pre-adjudicated. Youth are reevaluated every 10 days to ensure detention remains the least restrictive and safest option.⁴³

⁴³ Oregon law places strict limits on juvenile detention. Under ORS 419C.453 and related provisions, detention sanctions are capped at eight days per case, and courts must review every youth's status at least every ten days to ensure detention remains the least restrictive and safest option. These rules are designed

JDH uses a trauma-informed and restorative model that emphasizes communication, accountability, and emotional skill-building rather than compliance-based punishment.

Staffing & Facilities

Youth are housed under staffing ratios of 1:8 during the day and 1:16 at night. JDH is currently well-staffed, with 38 full-time staff and two Sheriff's deputies assigned to transport for court. A paid internship program helps develop future staff, supplemented by temporary workers.

Recent renovations were designed with youth input and created calmer, safer living environments. Improvements include:

- Better sightlines and upgraded safety glass
- Improved lighting and smoke detection
- Redesigned bedrooms
- Enhanced staff-observation areas

These changes support JDH's trauma-informed approach and reduce opportunities for harm.

Healthcare

Corrections Health (CH) provides medical and mental health care at JDH. Intake includes medical, mental health, substance use, and medication reviews. Youth who remain longer receive full physical exams and complete health histories. Healthcare services include:

- Weekly interdisciplinary meetings with mental-health providers and Juvenile Court Counselors (JCCs)
- Dental care on site two days per month
- Weekly physical therapy
- Regular medication management by two psychiatric mental-health nurse practitioners and additional clinicians

CH staff reported rising mental-health acuity, particularly among older male youth, and are developing early-psychosis screening protocols.⁴⁴

to prevent unnecessarily long stays, keep detention focused on safety rather than punishment, and prioritize services and community-based supports whenever possible.

⁴⁴ Statewide data show a significant rise in mental-health needs among youth. The Oregon Health Authority reports increasing rates of depression, anxiety, suicidal ideation, and early-psychosis symptoms among adolescents, with youth of color and LGBTQ+ youth experiencing disproportionate impacts. Juvenile-justice facilities across the state have reported higher acuity during intake and greater demand for specialized mental-health care, aligning with what JDH staff described to the Grand Jury.

Statewide data⁴⁵ show a significant rise in mental-health needs among youth.⁴⁶ The Oregon Health Authority reports increasing rates of depression, anxiety, suicidal ideation, and early-psychosis symptoms among adolescents, with youth of color and LGBTQ+ youth experiencing disproportionate impacts. Juvenile-justice facilities across the state have reported higher acuity during intake and greater demand for specialized mental-health care, aligning with what JDH staff described to the Grand Jury. All JDH staff receive mental health training in trauma-informed care.

CH noted the need for expanded health-education programming for youth. JDH is pursuing National Commission on Correctional Health Care (NCCHC) accreditation, though meeting 24-hour medical coverage requirements remains a challenge.

The Grand Jury also heard that many girls in custody have histories of trafficking. We are encouraged by the Sex Traffic Vulnerability Screening and hope it is paired with specialized services to support these youth.



25 - Sex Trafficking Services

The Grand Jury recommends expanding specialized services for youths with sex-trafficking histories. The County should strengthen screening at intake, increase access to trauma-informed programming, and develop partnerships with community providers who specialize in supporting trafficking survivors.

Programs & Education

The Multnomah Education Service District (MESD) provides full-day schooling (9:00 a.m.–3:30 p.m.). About 80% of youth have an Individualized Education Plan (IEP). Programming includes:

- Academic tutoring and after-school activities
- Skill-building workshops
- Bars to Bridges educational support
- Library access, music, art, and sports
- Religious and spiritual services
- Therapy-dog visits through Dove Lewis
- Diversion partnerships with Latino Network and POIC

⁴⁵ Oregon Health Authority. Data Report on the Oregon System of Care (Feb 2025). Oregon Health Authority, Behavioral Health Division.

⁴⁶ Oregon Health Authority. Youth MHSIP Survey Report 2024. Health Policy & Analytics Division; Oregon Behavioral Health Advisory Council. Youth Behavioral Health Needs Assessment. 2023.

- 3D printer and forklift simulation station

Juvenile Court Counselors (JCCs) help youth navigate the legal process, support crisis de-escalation, and assist with discharge planning. Staff also use restorative-justice practices, such as facilitated circles to address conflict when it arises.

Job-readiness opportunities available after detention include forklift training, gardening, and culinary arts. Recent accomplishments include several high-school graduations, family senior-portrait opportunities, and expanded college-transition partnerships.



26 - Implement Access to Tablets for Youth at Donald E. Long

The Grand Jury recommends expanding access to tablets for youth detained at Donald E. Long. Tablets have proven highly effective in adult facilities for supporting education, maintaining family connections, de-escalating stress, and providing constructive activities during periods of restricted movement. Testimony from staff indicated strong interest in similar access at JDH.

A tablet program should include educational content, literacy tools, vocational modules, mental health resources, and secure communication options that support family engagement. Providing youth with technology that mirrors real-world learning environments will improve educational continuity and support successful reintegration.

Meals

Meals are prepared onsite with fresh ingredients. Youth select options using an “offer vs. serve” model that reduces waste and supports autonomy. During our visit, the Grand Jury observed high-quality meals, including a made-to-order burrito bar and homemade desserts.

Youth may work in the garden as part of skill-building and responsibility programs. Breakfast, lunch, and snacks are funded through the National School Lunch Program. The County funds dinner. A small café is available for family visits and staff.

Columbia River Correctional Institute (CRCI)

9111 NE SUNDERLAND AVE, PORTLAND, OR 97211

CRCI is a minimum-security, state-run facility that primarily houses adults preparing for release. On the day of the Grand Jury’s visit, 473 AICs were present. Average length of stay

at CRCI is 7-8 months, though some stay longer depending on eligibility of transitional leave. The facility's stated mission is reentry preparation.⁴⁷

Building Design

CRCI is a two-story building with large windows, murals, and open movement between jobs, classrooms, the cafeteria, and recreation areas. Housing is dormitory-style with 50 AICs in bunk beds arranged along the walls, with shared bathrooms, a dayroom, and tablets for legal and educational use.

There are plans to move the law library to a larger room with a more private space for attorney-client meetings.

Overall, the facility's physical environment is more modern than the County's jails but still requires upgrades to support consistent programming and reentry preparation.

The recreation yard includes a walking track, weights, phones, and open green space, but no overhead weather cover. Staff told the Grand Jury that a roof for the outdoor gym has been purchased but has been awaiting installation for two years. AICs reported limited yard use during winter and rainy seasons, contributing to increased time spent indoors.

Staffing

CRCI leadership reported being close to fully staffed, but line staff described persistent gaps due to medical transports, workers out on leave, and state leave laws that have not yet been accounted for in the staffing model. Mandatory overtime is common. During the Grand Jury visit, one lieutenant was in the middle of a 16-hour shift and was noticeably fatigued.

These staffing gaps have several operational impacts:

- Recreation yard closures, which increase tension in dorms.
- Reduced access to programs when staff must be reassigned to basic security functions.
- Staff fatigue, which several employees described as affecting morale, communication, and relationships with AICs. Staff told the Grand Jury that "kindness wears off" when they are required to work prolonged shifts.

⁴⁷ Oregon DOC's 2024 Reentry and Rehabilitation report documents higher acuity among adults preparing for release, including chronic conditions, mental-health needs, and limited computer literacy.

Food and Commissary

CRCI's kitchen was recently remodeled after a 2024 closure. Two 48-foot mobile kitchens remain on-site for emergencies. Meals observed by the Grand Jury were adequate in nutrition and portion size.

AICs consistently reported problems accessing medically appropriate diets, especially for chronic medical conditions such as Crohn's disease. These complaints echoed similar concerns heard in other facilities.

Programming and Job Training

Every AIC at CRCI is assigned a job supporting daily operations. Compensation is point-based; 5% of earned points is held in savings and converted to cash at release.

Reentry programming includes:

- Portland Community College pre-trades program⁴⁸
- Food handlers card and flagging certification
- Gardening and beekeeping
- GED preparation
- Parenting classes
- Eligibility for transfer to South Fork Forest Camp for fire-crew training
- Access to tablets for education and legal resources

Both AICs and staff expressed that basic computer-skills training is urgently needed, particularly for individuals who have been incarcerated long-term and face a digital landscape that has changed dramatically. The Grand Jury spoke with one AIC who earned a bachelor's degree at another facility and hopes that access to college-level coursework becomes available at CRCI as part of its reentry focus.

Health Providers and Services

AICs reported mixed experiences with medical care. Some described long delays and high thresholds for being seen, including:

- Cases where individuals collapsed before receiving medical attention
- Reports of prolonged, untreated symptoms such as rectal bleeding

Other AICs praised medical staff for helping them obtain needed surgeries or specialty care. Medical services include:

- Medical exams (usually within ~6 days)
- Full-time licensed clinical social worker (LCSW) for behavioral health
- Dentist on site four days per week (quick access for emergencies and wait times up to six months for routine care)

⁴⁸ [Portland Community College – Swan Island Trades Center | TradeSchoolDudes.com](https://www.portlandcommunitycollege.edu/programs/industry-partnerships/swan-island-trades-center/)

- Contracted optometrist once per month (long wait for glasses)

CRCI’s medical team reported feeling adequately staffed while preparing for the statewide transition to the CareFusion⁴⁹ electronic health record system in 2026.



27 - Complete the Outdoor Gym Cover

The outdoor gym roof should be installed as soon as possible, especially entering the rainy season. The Grand Jury also recommends adding weather coverage over the outdoor phone booths.



28 - Improve Release Communications with Multnomah County

Testimony from the release counselor indicated that releases to Multnomah County cause anxiety and uncertainty due to incomplete information in the System OMS platform. Unlike other counties, Multnomah County DCJ does not consistently upload detailed housing plans or probation officer assignments. The Grand Jury recommends that Multnomah County adopt the same OMS practices as other counties to ensure coordinated, predictable release planning.



29 - Improve Staffing and Reduce Mandatory Overtime

CRCI relies heavily on mandatory overtime to meet staffing minimums. The Grand Jury recommends exploring hourly, as-needed, or on-call corrections positions to supplement staffing, reduce burnout, and support staff with caregiving or work-life balance needs.

⁴⁹ The CareFusion transition is described in DOC’s 2025 implementation memo (publicly available).



30 - Improve Medical, Dental, and Vision Access

The Grand Jury recommends that CRCI reduce wait times for medical, dental, and vision services to ensure timely and clinically appropriate care. Testimony indicated significant delays for routine dental procedures, eye glasses, and follow-up appointments, resulting in prolonged discomfort, missed work opportunities, and preventable health deterioration.



31 - Expand Access to College Credit Courses

College credit courses should be available in-person or online. Many AICs spend 5–25 years in custody, and access to higher education significantly improves employment opportunities and reentry outcomes.



32 - Add Digital Literacy & Computer Skills Programming

The Grand Jury recommends creating digital-literacy and computer-skills programming at CRCI to support employment readiness and successful reentry. Testimony indicated that many adults in custody have limited experience with email, online forms, digital job applications, and basic computer navigation—skills that are essential for securing employment, accessing services, and managing daily life upon release.

PREA Standards and Compliance

The Corrections Grand Jury reviewed PREA (Prison Rape Elimination Act) compliance across three operations:

- Multnomah County’s adult jails (MCDC and MCIJ)
- Donald E. Long Juvenile Detention Home (JDH)
- Columbia River Correctional Institution (CRCI)

Across all inspections, interviews, and document reviews, the Grand Jury found that staff at all facilities demonstrated strong understanding of PREA responsibilities. PREA procedures were consistently integrated into day-to-day operations.

Based on the review of allegation data, policies, staff interviews, and independent audit results, the Grand Jury finds no systemic PREA compliance failures at MCDL, MCIJ, JDH, or CRCI. All three operations demonstrate functional reporting and investigative structures, consistent staff training, and clear operational integration of PREA requirements.

Why PREA Reporting Numbers Are High in Well-Functioning Facilities

PREA's design assumes that safe, well-trained facilities produce higher numbers of reports, because:

- Staff are mandatory reporters
- Reporting pathways are easy to access
- AICs trust staff enough to report
- Anonymous and third-party reporting increases total allegations
- Every concern is recorded and investigated, even when it is clearly false or misinterpreted

National experts emphasize that low reporting can indicate unsafe conditions, fear of retaliation, or a lack of staff oversight.

PREA in Multnomah County's Adult Jails (MCDL and MCIJ)

The PREA allegation data provided to the Grand Jury reflect no evidence of systemic PREA non-compliance. Trends at both jails are consistent with national patterns for similar-size facilities.⁵⁰

Recent PREA Trends (MCDL + MCIJ)

Most allegations were classified as unfounded after investigation.

- None remained open at the time of Grand Jury review
- Most reports involved staff-on-AIC allegations, nearly all determined to be unfounded, often through video surveillance evidence

⁵⁰ PREA Adult Jail Trends: Bureau of Justice Statistics, Sexual Victimization in Prisons and Jails Reported by Inmates, 2018–2021.

- Allegation volumes and dispositions align with national benchmarks for jail facilities⁵¹
- When an allegation is substantiated, legal action is taken, for example, the Grand Jury was made aware of two substantiated misconduct allegations in FY25, one of which resulted in prosecution⁵²

These findings indicate a functioning PREA response system with timely investigations, appropriate classification, and established oversight procedures.



33 - Address PREA Blind Spots in Facility Design

Prioritize the elimination of PREA-related blind spots and ensure sight-and-sound supervision. This includes increasing fixed posts in vulnerable modules, expanding camera coverage, addressing structural blind spots, and reconfiguring cell fronts when feasible.

The Grand Jury recommends that MCSO strengthen protections for vulnerable adults in custody by improving housing decisions, enhancing camera coverage and sightlines in high-risk areas through a PREA-focused capital plan for a new facility, and standardizing PREA-related training, reporting, and coordination across security, medical, behavioral health, and investigative staff.



34 - Hire Additional PREA Coordinators

Both MCDL and MCIJ reported increased PREA workload due to training requirements, documentation, evidence-protocol standards, and behavioral health needs in the AIC population. The facilities would benefit from two additional PREA-dedicated positions.



35 - PREA Staffing Levels in Adult Jails

Both MCDL and MCIJ reported increased PREA workload due to training requirements, documentation, evidence-protocol standards, and behavioral health needs in the AIC population. The facilities would benefit from two additional PREA-dedicated positions.

⁵¹ National disposition patterns: DOJ PREA Resource Center, Adult Facility PREA Audit Aggregate Data Review, 2023.

⁵² [Statement on Alleged Misconduct by Corrections Deputy | Multnomah County Sheriff's Office](#)

PREA at Donald E. Long Juvenile Detention Home (JDH)

JDH's PREA materials are subject to strict confidentiality requirements under Oregon and federal law.⁵³ Because of these statutory limits, JDH could not share certain PREA records with the Grand Jury. This is normal for juvenile facilities and does not indicate non-compliance.

Independent PREA Oversight of JDH

JDH undergoes independent DOJ-certified PREA audits through the Oregon Department of Corrections PREA Auditing Program. The most recent audit report⁵⁴ found:

- Substantial compliance with PREA juvenile standards
- One corrective action: updating retaliation-monitoring procedures
- No sexual assault nurse examiner exam (SANE) / SAFE exams during the audit period, but all evidence-protocol requirements were met

Overall, JDH maintains a well-functioning PREA system that meets federal requirements for youth safety.

PREA at Columbia River Correctional Institution (CRCI)

The Grand Jury reviewed CRCI's most recent independent PREA audit (2024).⁵⁵ The facility was found to be substantially compliant with PREA standards. Audit findings showed that PREA allegations were:

- Investigated promptly
- Classified accurately (unfounded, unsubstantiated, substantiated)
- Free of systemic patterns of retaliation or investigation delay

No corrective actions were required at the end of the audit period. Minor recommendations were noted, but none suggested gaps in compliance.

⁵³ ORS 419A.255 Confidentiality of juvenile court and detention records; ORS 419B.035 Confidentiality of child-abuse reports; 34 USC § 11167 Confidentiality of juvenile-justice records; PREA Juvenile Standards (28 CFR Part 115) with information about additional privacy protections for youth.

⁵⁴ JDH PREA Audit (2022): Oregon Department of Corrections PREA Auditing Program.

⁵⁵ CRCI PREA Audit (2024): Oregon Department of Corrections PREA Auditing Program.

Conclusion

The Jail System as a Core Service for the Community

Historically, jail services have not received recognition or prioritization as a core service of the County and the Grand Jury has concerns about what that means for the broader community.

For many people, jail is the first point of real medical or psychiatric stabilization. It is where medications are restarted, referrals happen, and basic needs finally receive attention. Whether or not we believe jails should play this role, the reality is that they do, and the strength of this system affects outcomes far beyond its walls.

The people we met working inside the jail system showed remarkable compassion under extraordinary conditions, often working long hours, without enough support, and still choosing to hold the system together with integrity. Their commitment gave us a clearer sense of what is at stake.

Real change will require coordinated action: modern facilities, stronger mental-health partnerships, consistent oversight, and data systems that actually reveal what is happening day to day. The community deserves a jail system that is safe, transparent, and grounded in dignity. And people inside the system, staff and AICs, deserve conditions that match the values we say we hold.

We offer this report with urgency and hope. The challenges are real, but they are solvable. Strengthening the jail system strengthens the community it serves.

Grand Jury Recommendations: Implementation Roadmap

This accountability matrix summarizes key recommendations from the Corrections Grand Jury. Each row identifies the lead agency, urgency, implementation difficulty, and expected timeline for action on the recommendation.

Rec #	Short Title	Lead Agency	Urgency	Difficulty	Timeline
1	Updated Staffing Study	MCSO	High	Medium	Short-term
2	Hire Court Services Staff	MCSO	High	Medium	Short-term
3	Expand Retire–Rehire Program	MCSO (with County HR)	Medium	Medium	Medium-term
4	Regional Recruitment Collaboration	MCSO HR	Medium	Low	Short-term
5	Maintain Sheriff HR Investment	Board of County Commissioners	High	Medium	Short-term
6	Cross-Agency Recruitment Collaboration	MCSO HR	Medium	Low	Short-term
7	Employee Referral Bonus Program	Multnomah County HR	Medium	Medium	Medium-term
8	Support & Resource Deflection Center	Multnomah County (Health/Behavioral Health & JOHS)	High	High	Medium-term
9	Centralized Transition Center	Multnomah County (Chair/Board)	High	High	Long-term
10	Annual Suicide Prevention Training	MCSO	Medium	Low	Short-term
11	Core Metrics System & Analyst	Multnomah County (Chair/County Management)	High	High	Medium-term
12	Annual Public Oversight Session	Board of County Commissioners	Medium	Low	Short-term
13	Close Street Program Evaluation	Board of County Commissioners (with Sheriff & DCJ)	Medium	Medium	Short-term

14	Resolve Public Defender Crisis	Oregon Public Defense Commission (with DA & Courts)	High	High	Medium-term
15	Ensure Booking Open 24/7	MCSO	High	Medium	Short-term
16	Hospital-Based Remote Booking Pilot	MCSO	Medium	Medium	Medium-term
17	Language Access Compliance & Signage	MCSO (with Office of Diversity & Equity)	Medium	Medium	Medium-term
18	Improve Jail Dietary Options	MCSO (with Corrections Health)	Medium	Medium	Medium-term
19	Implement MOUD at MCDC	Multnomah County Health Department (Corrections Health)	High	High	Medium-term
20	Expand Video Court & Legal Teleconferencing	MCSO (with Circuit Court & IT)	Medium	Medium	Medium-term
21	Plan for New Jail Facility	Multnomah County (Chair/Board)	High	High	Long-term
22	Expand Confidential Attorney Spaces	Multnomah County Facilities (with MCSO)	High	Medium	Medium-term
23	Prioritize Jail Capital & Life-Safety	Multnomah County (Chair/Facilities/Budget)	High	Medium	Medium-term
24	AIC Tablet Program Implementation	MCSO	Medium	Medium	Short-term
25	Sex Trafficking Services for Youth	Department of Community Justice (Juvenile Services)	Medium	Medium	Medium-term
26	Youth Tablet Access at Donald E. Long	Department of Community Justice (JDH)	Medium	Medium	Medium-term
27	Complete Outdoor Gym Cover	Oregon DOC (CRCI Facilities)	Medium	Low	Short-term
28	Improve Release Communication in OMS	Department of Community Justice	Medium	Medium	Short-term
29	Improve CRCI Staffing & Reduce OT	Oregon DOC (CRCI)	High	Medium	Medium-term
30	Improve CRCI Medical/Dental/Vision Access	Oregon DOC (CRCI Health Services)	High	Medium	Medium-term

31	Expand College Credit Courses	Oregon DOC (with Higher Education Partners)	Medium	Medium	Medium-term
32	Digital Literacy & Computer Skills at CRCI	Oregon DOC	Medium	Medium	Medium-term
33	Address PREA Blind Spots in Design	Multnomah County Facilities (with MCSO)	High	High	Medium-term
34	PREA Workload & Dedicated Positions (Adult Jails)	MCSO	High	Medium	Short-term
35	PREA Staffing Levels – Additional Positions	MCSO	High	Medium	Short-term

APPENDIX

What Other Jurisdictions Track

1. Housing Status on Release

Los Angeles County Sheriff's Department (LASD Reentry Dashboard)

- Tracks housing at release, transitional placement, shelter connection

San Francisco Sheriff's Office Reentry Services

- Tracks permanent housing placements and "housing retention" 90 days post-release.

King County (WA) Reentry & Housing dashboard

- Tracks discharge housing, referrals, and successful warm handoffs.

2. Connection to Services

King County (Jail Health + Reentry Services)

- Tracks SUD treatment linkage, MAT continuation, primary-care connection.

San Diego Sheriff (Reentry Services Unit)

- Tracks referrals completed; services accepted vs declined

Santa Clara County (CA) Office of Reentry Services

- Tracks "service uptake," "successful transitions," and "verified community linkages."

Takeaway: Multnomah County is behind the curve here. Service-connection tracking is a recognized national benchmark.

3. Digital Literacy (emerging best practice)

This is newer but several counties now track it because of tablet programs.

Los Angeles County Probation / Men's Central Jail Tablet Program

- Tracks digital literacy modules completed.

Colorado Department of Corrections (state)

- Tracks digital literacy courses + proficiency assessments.

Cook County (IL) Reentry Program

- Tracks "digital readiness" as part of reentry planning.

4. Employment Readiness

San Francisco Sheriff's Five Keys Program

- Tracks job-readiness milestones, certifications, resumes created

Santa Clara County Reentry Services

- Tracks “employment readiness scores.”

King County (Community Corrections)

- Tracks pre-release employment prep + job placement.

Takeaway: Employment tracking is a national standard for reentry-oriented systems.

5. Warm Handoffs

Warm handoff tracking is now a big deal nationally.

San Diego Sheriff Reentry Program

- Tracks warm handoffs to SUD treatment and shelters.

Los Angeles Homeless Services Authority

Citations for County Dashboards & Metrics Systems

Los Angeles County

- Los Angeles County Justice, Care, and Opportunities Department (JCOD). “Justice Metrics Framework.” Los Angeles County, 2023–present. Tracks rapid recidivism (30/60/90 days), housing at release, program participation, service connection, clinical linkage.
- Also relevant: Office of Diversion & Reentry (ODR). “Housing and Reentry Outcomes Dashboard.” LA County CEO / ODR, annual.

King County, Washington

- King County Department of Adult & Juvenile Detention. “Jail Population & Operations Dashboard.” King County, 2022–present. Tracks bookings, behavioral health indicators, releases, housing linkage, length of stay, warm handoffs, service engagement.
- King County Behavioral Health and Recovery Division. “Reentry Services Dashboard.” Tracks housing placement post-release, treatment linkage, system transitions.

San Francisco County

- San Francisco Sheriff’s Office & Five Keys Schools Program. “Annual Performance Metrics Report.” San Francisco, 2022–present. Tracks digital literacy, employment readiness, GED and vocational progress, verified service connections.
- San Francisco Adult Probation Department. “Reentry Division Annual Report.”

Santa Clara County (CA)

- Santa Clara County Office of Reentry Services. “Annual Reentry Outcomes Report.” Tracks housing stability, employment-readiness benchmarks, program completion, service utilization, reentry indicators.

San Diego County

- San Diego Sheriff’s Department. “Reentry Services & Community Transition Annual Report. Tracks warm handoffs, service connections, housing navigation, treatment linkage.

Cook County (IL)

- Cook County Sheriff’s Office. “Reentry & Community Transitions Dashboard.” Tracks digital literacy, job-readiness markers, education completion, post-release contact rates.

New York City (NYC DOC + Mayor’s Office of Criminal Justice)

- NYC Department of Correction. “Monthly Public Safety & Jail Operations Dashboard.” Includes: short-interval recidivism, program participation, reentry metrics.
- NYC Mayor’s Office of Criminal Justice (MOCJ). “Reentry Services Performance Report.”

Colorado Department of Corrections (state level, but widely cited)

- Colorado DOC. “Reentry Services Dashboard.” Tracks digital literacy readiness, employment readiness, skill benchmarks, warm handoffs to community providers.

Key Local Homelessness & Behavioral Health Trends Relevant to Jail Population

High-impact stats from PSU-HRAC’s 2024 homelessness report and related local counts.

Source: Portland State University Homelessness Research & Action Collaborative (HRAC), 2024
 Secondary Sources: Tri-County (Clackamas, Multnomah, Washington) 2023–2025 PIT Counts; Oregon Housing & Community Services

Regional Homelessness Trends

Metric	Figure	Why It Matters for Jail System
Tri-County homelessness up 61% (2023 → 2025)	61% regional increase	More people living unsheltered = more crisis encounters (public disturbance, trespass, disorder, survival crimes) that flow into jail.
Multnomah County homelessness up ~67% (2023 → 2025)	67% county increase	Large influx upstream increases the number of AICs with untreated MH/SUD needs and unstable housing.
32% increase in statewide year-round shelter beds	Added 2,455 beds statewide	Shows major efforts are underway, but still outpaced by need. Jails become “the only guaranteed bed” for some.
Doubled-up homelessness rising	Significant undocumented increase	People not counted in PIT still rely on jail for stability, medication, sleep, detox, or respite.

Behavioral Health–Homelessness Overlap (Oregon Trends)

These are statewide but consistent with Multnomah County’s observations and local testimony.

Condition	Prevalence Among People Experiencing Homelessness	Jail-Relevant Impact
Serious Mental Illness (SMI)	≈ 25–30% have SMI	Aligns with what deputies told you: more high-acuity AICs; increased need for MH units; more arraignment confusion/competency issues.
Substance Use Disorder (any)	≈ 60–70% statewide	Matches MCSO testimony: rising fentanyl use → higher behavioral volatility, detox needs, contraband pressure, medical strain.

Co-occurring MH + SUD	≈ 40%	These are the people most likely to churn in and out of jail without stable services.
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Housing → Jail Touchpoints

Pattern	Local Evidence	Jail-Relevant Effect
Many AICs are unhoused upon entry	MCSO reports 311 confirmed releases to houselessness in Oct 2025; staff estimate true number closer to 400/month	Jail is functioning as <i>de facto</i> shelter; destabilized re-entry cycles → immediate recidivism risk.
Some AICs prefer to stay in jail rather than return to streets	Directly observed this in arraignment court	Shows jails are absorbing housing failures; length of stay grows when release is unsafe.
Arrest → loss of shelter bed	AIC testimony observed by Grand Jury	Jail churn actively disrupts housing stabilization efforts, making re-entry harder.

Offense Profile Shift (Local Criminal Justice Trend)

Trend	Local Data	Jail-Relevant Effect
Higher proportion of Measure 11 (serious violent) charges	Staff repeatedly told you most current AICs are now in for M11 crimes	Longer length of stay, more court resets, more protective custody needs, more MH/SUD complications.
Lower misdemeanors due to capacity limitations	PPB testimony: officers avoid certain arrests due to booking closures	Distorts jail population: only highest-acuity or highest-danger remain → more complex population to manage.

Changing Jail Population: Contextual Data Snapshot

Issue Area	What We Observed	Supporting Context (Local/State Data)
Serious Mental Illness	High number of AICs struggling to track arraignment proceedings; deputies report sharp increase in acuity.	~30–40% of people experiencing homelessness in Portland report a serious mental illness (PSU Homelessness Count 2024).
Substance Use Disorders (especially fentanyl)	Increased bookings involving intoxication; more behavioral dysregulation and contraband incidents.	~50% of people experiencing homelessness in Portland report chronic substance use (PSU 2024). Fentanyl-related overdoses increased 533% statewide (OHA).
Housing Instability	Multiple AICs reported that custody was the safest or most stable place they had to sleep.	20,000+ Oregonians experience homelessness annually; Multnomah County has the highest rate in the state (PSU 2024).
Repeat Admissions / “Churn”	Staff reported the same individuals cycling in and out frequently.	Nationally, ~55% of people admitted to local jails return within one year (BJS).
High-Acuity Charges (Measure 11)	Majority of AICs in custody for person-crimes or mandatory-minimum offenses.	Measure 11 offenses now make up ~40%+ of Multnomah County indicted felony cases (MCDA annual data).

These are all real statistics from PSU’s 2024 statewide homelessness report, the Oregon Health Authority, and the Bureau of Justice Statistics.

Why This Report Matters to Different Parts of the Community

The jail system is a critical stabilizing point within the County's public safety, housing, health care, and behavioral health systems. Below we outline why the jail's functioning matters to different constituencies, each of whom experiences system impacts in distinct ways.

1. Why This Matters to Residents Concerned About Public Safety

Delays in the system mean people aren't assessed, supervised, or connected to services when they should be and that directly affects public safety. Preventable lawsuits drain public funds and inefficient processing increases per-case cost. When cases stall, individuals who pose a risk may be released earlier or with less supervision than intended, while others who need treatment or stabilization wait longer to receive it. Delays in booking reduce police ability to respond to calls. Transport shortages delay court proceedings and slows down justice for victims and the community. Release coordination failures increase unsheltered homelessness.

Even if you never interact with the justice system, you live inside the conditions it creates. When the jail system is understaffed or overwhelmed, people who pose ongoing safety risks move through the system more slowly, monitoring is delayed, and release decisions are made without timely information. Police response times slow because officers are stuck waiting at hospitals or transport hubs instead of returning to patrol.

Public safety is so much more than just police. It requires functioning courts, stable jail capacity, reliable transport, and coordinated services. A stable jail improves neighborhood safety even for people who never interact with it.

2. Why This Matters to Behavioral Health & Housing Advocates

The jail is one of the few reliable entry points for BH assessments. Many people entering jail are also experiencing homelessness, untreated mental illness, or addiction, and the jail is often the point where individuals reconnect with services, start medication, or enter treatment. When the system is unstable, people fall through gaps instead of being linked to housing and support programs driving homelessness. Bottlenecks in jail movement delay access to behavioral health evaluations and discharge planning. A stable jail system is part of crisis stabilization and housing continuity.

When the jail backs up:

- Detox and treatment placements get delayed
- Release planning gets scrambled
- People cycle between jail, emergency rooms, and the streets
- Housing providers can't plan because they don't know when someone will be released

If the bottleneck is jammed, the entire continuum of care slows down and people stay unhoused and unwell longer.

3. Why This Matters to Victims & Survivors

Case delays prolong stress, uncertainty, and trauma. Court resets mean victims prepare themselves emotionally over and over. When cases are stalled or dismissed for procedural reasons, victims feel abandoned by the system. Timely, predictable court movement is a core part of victim-centered justice. Operational stability allows the county to provide trauma-informed services.

The system's pace determines how quickly a survivor can access safety, clarity and closure.

When cases are delayed:

- No-contact orders may be postponed
- High-risk defendants may return to the community without clear supervision plans
- Victims wait longer to learn what will happen next

A delayed case prolongs trauma, and a reliable system is part of survivor safety.

4. Why This Matters to Taxpayers

This report matters because we the public deserve to know what our taxes actually pay for. The jail system uses general fund dollars, meaning we are paying for staff overtime, unplanned extended stays, medical care during long delays, transport inefficiencies, and administrative redundancy. Untreated behavioral health issues cost more downstream (ER, shelters, police time). Every reset wastes prosecutorial, defense, and judicial time, and when hearings are set over or people wait longer in jail because the next step is stalled, taxpayers pay for every additional day. Delays cost money. Efficiency saves money. Improving system flow protects our wallets as much as our safety. Stable operations are cheaper than crisis operations.

5. Why This Matters to the Board of County Commissioners

Commissioners decide funding allocations under severe fiscal constraints, so they need clear, plain-language information about what's working, what isn't, and what's at risk. This report gives them data they do not currently receive through any other channel. It identifies structural problems that require multi-year planning, not quick fixes.

Court failures turn into political crises. Public safety narratives shape election cycles. Upstream investment reduces downstream liability. Structural constraints (Measures 5/50, property tax declines, COLA and PERS obligations) limit flexibility, but prioritization still matters. The jail systems functioning determines the credibility of multiple County systems and the Board cannot solve what it cannot see.

The Board sets priorities, allocates resources, and governs long-term planning. They inherit the consequences of every deferred decision and every structural gap that accumulates over years.

This report provides:

- Clear documentation of system stress points
- Data to justify resource allocation
- A foundation for long-term planning instead of emergency triage
- A roadmap for stabilizing systems that affect every other County priority

A functional jail system is a foundational public service.

6. Why This Matters to AICs & Their Families

Operational stability protects due process by improving fairness and predictability. Delays extend time away from family and community, and time in custody without adjudication. Staffing shortages reduce access to programs and services. Inconsistent movement through the system can mean missed programs, delayed reentry planning, and longer waits for treatment or court. Families bear the emotional and financial weight of that uncertainty. A predictable system is a more humane system.

Most people in custody return to the community. Their stability on release is shaped by the stability of the system they moved through.

When the jail is understaffed or overcapacity:

- People stay longer than necessary
- Access to programming and treatment shrinks
- Release planning becomes unpredictable
- Families lose housing, income, childcare, or medical care while waiting for courts to catch up

Delays affect families, neighborhoods, and long-term stability of our communities.

7. Why This Matters to Law Enforcement, Jail Staff and First Responders

A functioning jail makes upstream policing more humane and less chaotic. When jail staffing is short, LEOs are pulled from patrol, deputies are pulled to court security, and forces jail staff to pivot to other duties. Transport delays force LEOs to wait with people in police custody longer than necessary, sometimes for weeks or months. Booking restrictions directly impact officers' ability to respond to new calls reducing arrest capacity. Strained jail capacity affects crisis response, especially for people experiencing behavioral health emergencies. Bottom line, public safety agencies cannot function independently because all their operations directly rely on jail stability and indirectly on court stability.

The stability of frontline workers depends on the stability of the system:

- When jail beds are unavailable, officers spend hours "babysitting" in ER hallways
- When transport is understaffed, officers sit in cars instead of patrolling
- When staffing is thin, deputies face higher burnout and higher-risk incidents
- When community supervision gets stretched thinner, it increases risk for everyone

You can't have safe streets with an unsafe or unstable back-end system.

8. Why This Matters to Public Defenders

Caseloads spike when the system slows down, forcing clients to wait longer for hearings, evidence, and plea decisions. Reset hearings multiply work that defenders already struggle to keep up with. Unpredictability makes case strategy harder and increases burnout. A clogged system undermines constitutional rights.

9. Why This Matters to Prosecutors

Case delays weaken evidence, witness memory, and victim participation. Reset hearings waste attorney time and strain trial court administration staff. Even the most prepared prosecutor cannot

move cases through a stalled system, and slow movement undermines public trust in the DA's office's ability to act.

10. Why this Matters to the Court System

Courts rely on timely transport and consistent jail staffing to run hearings. When movement slows down, judges must reset hearings, delay arraignments, and manage backlogs. Judicial efficiency depends on jail stability because the court cannot function faster than the slowest link in the system.

11. Why This Matters to Multnomah County as a Whole

Public safety outcomes, housing stability, behavioral health access, and fiscal responsibility are interconnected. Every major county initiative intersects with the justice system somewhere, so neglecting the jail system undermines progress made elsewhere. Stability in the jail system is stability for the entire county infrastructure.

Even though only a small percentage of residents will ever enter custody, the ripple effects reach everyone. A backlog in one agency becomes strain on another. Instability in jails becomes instability in housing, behavioral health, 911 response, and community safety. A dependable justice system benefits everyone not because of who it serves directly, but because of what it supports indirectly.

WITNESS LIST

Aaron Van Houte, Lieutenant
Alex Smith
Alice Blair, Captain, MCSO
Allison Lea, Licensed Clinical Social Worker, CRCI
Bailey Macleer, Aramark
Barbara Marcille, Multnomah County Trial Court Administrator
Brandon Pedro, Sergeant, MCSO
Brian Hughes, Portland Police Bureau Central Precinct Commander
Brian O'Connor, Registered Nurse, Multnomah County Health
Brian Parks, Captain, MCSO
Charles French, Multnomah County Deputy District Attorney (retired)
Chris Hanks, Registered Nurse, Multnomah County Health
Chris Monahan, Lieutenant, MCSO
Chris Wingerd, Program Supervisor, MCSO
Christopher Michael McKane
Corinne Wilson, Deputy, MCSO
Curtis Sanders, Lieutenant, MCSO
Damiyon Brown
Dane Koznek, Registered Nurse, Manager, CRCI
Deondre Rosemon
Donna Robinson, Release Councilor, CRCI
Doug Asboe, Captain, MCSO
Edward Climer, District Manager, Aramark
Ederlinda Ortiz, Multnomah County Health Program Supervisor
Edward Tynan, Portland Police Bureau Identification Technician
Elias Fernley, Lieutenant, MCSO
Halcyon Dodd, Registered Nurse, Manager, Multnomah County Health
Hunter Crenshaw, Sergeant
Isaura Ascensio, Program Supervisor, Multnomah County Health
James Hartman, Community Justice Senior Manager, DCJ
Jeffrey Heinrich, Human Resources Director, MCSO
Jeffrey Lowe, Multnomah County Senior Deputy District Attorney
Jenny Carver, Deputy Chief of Staff, MCSO
Jessica Vega Pederson, Multnomah County Chair
John Sarre, Public Defense Attorney
Jonathan Harms Mahlandt, Chief of Business Services, MCSO
Jordan Bryant, Sergeant, MCSO
Juan Roldan, Sergeant, MCSO
Julia Brim-Edwards, Multnomah County Commissioner
Kate Molina, Multnomah Senior Deputy District Attorney
Katie Burgard, Chief of Staff, MCSO
Kevin Snelson, Lieutenant
Kurtiss Morrison, Captain, MCSO
Kyla Armstrong-Romero, Division Director, DCJ
Kyle Tallabas, Interim Superintendent, CRCI
Lance Hemsworth, Captain, MCSO
Larae Ross, Deputy, MCSO
Lorie Dolo Scott, Registered Nurse, MSN, Director, Multnomah County Health
Mariana Orellana, Registered Nurse, Manager, Multnomah County Health
Mary Paschal, Transition Coordinator, CRCI
Matt Tiffany, Lieutenant, MCSO
Matthew Ballard, Work Program Coordinator, CRCI
Honorable Michael Greenlick, Multnomah County Chief Criminal Judge
Miguel Angel Alcazar-Pacheco
Natalie Minas, Multnomah County Chair Policy Advisor
Nathan Vasquez, Multnomah District Attorney

Nicole Buscher, Deputy, MCSO
Nicole Morrissey O'Donnell, Multnomah County Sheriff
Pat Lynch, Curriculum Developer, MCSO
Paul Jackson
Pete Moseler, Lieutenant, MCSO
Richard Bruno, Medical Director, Multnomah County Health
Robert Bovey, Deputy, MCSO
Robert Herriott, Community Justice Manager, DCJ
Robert Morris
Sarah-Ray Rundle, Multnomah Deputy District Attorney
Scott Graham, Sergeant
Scott Schlimpert, Senior Finance Manager, MCSO
Scott Wheeler, Custody Services Specialist, DCJ
Shannon Singleton, Multnomah County Commissioner
Skyler McShane, Library Coordinator, CRCI
Stacy Jackson, Supervisory Executive Assistant, CRCI
Stan Hall, Program Communications Coordinator, DCJ
Stephen Kane, Medical Director, Multnomah County Health
Stephen Reardon, Chief Deputy, MCSO
Steven Alexander, Chief Deputy, MCSO
Steven Ciccotelli, LCSW, Program Manager, MCSO
Steven Nicholson, Sergeant, MCSO
Ted Occhialino, Public Defense Attorney
Tony Gaines, Corrections Health Deputy Director, Multnomah County Health
Travis Sewell, Multnomah Deputy District Attorney
Trinity DeMoulin, LPC, Behavioral Health Supervisor, Multnomah County Health
Valdez Bravo, Deputy Director, Multnomah County Health
Vincent Jones-Dixon, Multnomah County Commissioner
Wendy Castillo
William (Bill) Hong, Captain, MCSO
William Balaska, Sergeant, MCSO

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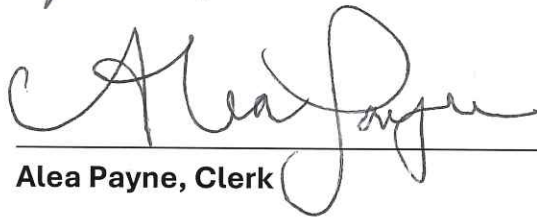
JUROR SIGNATURES



Gordon Pinkerton, Foreperson



Tyler Lynch, Alternate Foreperson



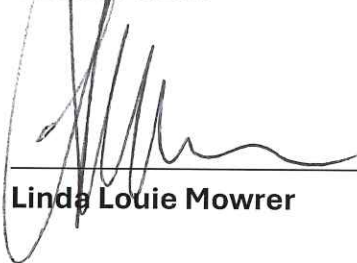
Alea Payne, Clerk



Taishona Carpenter



Shaunti Basil



Linda Louie Mowrer



Mingus Mapps