MDC Receiving Screen Preliminary Data Review, February-May 2019

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Introduction

This is an initial and preliminary review of a small selection of data collected during the Bernalillo County Metropolitan Detention Center (MDC) intake process using the recently implemented (February 2019) Receiving Screen form. In the coming months we hope to conduct a more detailed review of data and we hope this review spurs on-going discussions on how to use these data for a variety of purposes including describing the population arrested and booked into the MDC in Bernalillo County, MDC operations, strategic planning, and reentry. It is important to screen everyone who enters a jail at or around the time of booking. Further, these screens should be based in best practices, whenever possible brief validated screens should be used, the information should be electronic, and the information should be used to further assess those who are screened and who need additional assessment.

Individuals booked into jails have diverse needs and risks, their length of stay is brief compared to prison stays, many individuals are released to the community without any supervision or guidance, and screening as part of the process of focusing on offender reentry presents an opportunity for improving public safety. Screening allows for identifying individuals who are going to release from jail early, to help determine eligibility for programs in the jail and community, and for classification. Because jail staff have a limited amount of time to screen a valid screen needs to be brief, limited in scope, and simple in format. The screen also needs to provide clear information and a basis for a decision to complete an assessment. The screen should be able to be administered by non-professional staff or in a group setting.

This review describes a sample of arrestees booked into the Bernalillo County Metropolitan Detention Center (MDC) between February 1 and May 20, 2019. Individuals are reported by select variables from the Receiving Screen Form, which includes the screening instruments in the Risk Framework Form. The Receiving Screen Form is administered to all arrestees at arrival at the MDC. Section I reports information on a select set of screening questions including housing insecurity, veteran status, pregnancy, and infectious diseases. Section II reports on the set of validated screens designed to screen for mental health, alcohol use, drug use, risk of sexual abuse or victimization, suicide risk, and risk to recidivate for individuals' responses to questions at their *most recent* booking.   Section III reports on booking data that was matched to intake screening data. This includes information on charges, length of stay and demographic information. During the covered period 6,388 individuals accounted for 7,526 bookings into MDC. The mean count of bookings per individual was 1.2, the median was 1, and bookings per individual ranged from 1 to 7 bookings.

I. Description of Arrestees by Status Condition by Month

Arrestees by Month

Table 1 presents the number and percent of unique individuals booked into MDC by month. Each count represents unduplicated arrestees per month but an individual may have been arrested in more than one month. A total of 7,207 unique person-months are represented across nearly four full months in Table 1, with March having the highest arrestee count at 2,058 individuals. May has the smallest count

because the data only include bookings through May 20, 2019; the month with the next smallest arrestee count is February at 1,773 individuals.

Table 1. Arrestees by Month

	Count	Percent
February	1,773	24.6
March	2,058	28.6
April	1,926	26.7
May	1,450	20.1
Total	7,207	100.0

Housing Insecurity

Table 2 presents the number and percent of individuals by month who reported not living in stable housing during the past 60 days and being concerned about not having stable housing in the next 60 days. April had the largest counts of arrestees reporting present and perceived future housing insecurity at 541 (28.1%) and 267 (13.9%) unique individuals, respectively. Of the three full months February had the least of each count at 448 (25.3%) and 217 (12.2%) unique individuals, respectively. In total, 1,790 unique person-months or 24.8% indicated current housing insecurity and 913 or 12.7% indicated concern about future housing insecurity.

Table 2. Arrestees Reporting Present and Perceived Future Housing Insecurity, by Month

	February	March	April	May	Total
No Stable Housing Past 60 Days (Count)	448	488	541	313	1,790
No Stable Housing Past 60 Days (%)	25.3	23.7	28.1	21.6	24.8
Concerned About Stable Housing in Next 60 Days (Count)	217	241	267	188	913
Concerned About Stable Housing in Next 60 Days (%)	12.2	11.7	13.9	13.0	12.7

Table 3 presents the number and percent of female arrestees by month as well as the number and percent of all female arrestees reported being pregnant and having recently delivered a baby. Out of the total 7,207 unique person-months in the data 1,859 or 25.8% were female. Of these 1,859 arrestees, 21 or 1.1% reported being pregnant and 43 or 2.3% reported having delivered a baby recently. March had the highest count of pregnant individuals at 9 (1.7% of the monthly total) while April had the highest count of individuals who reported recently delivering a baby at 18 (3.6% of the monthly total). May had the smallest of each count with 2 (0.5%) arrestees reporting being pregnant and 7 (1.7%) reporting having delivered a baby recently, but the full month with the smallest counts is February at 5 (1.1%) and 8 (1.8%), respectively.

Table 3. Female Arrestees Reporting Being Pregnant and Having Recently Delivered a Baby, by Month

	February	March	April	May	Total
All Females	437	519	501	402	1,859
Pregnant (Count)	5	9	5	2	21
Pregnant (%)	1.1	1.7	1.0	0.5	1.1
Delivered Baby Recently (Count)	8	10	18	7	43
Delivered Baby Recently (%)	1.8	1.9	3.6	1.7	2.3

Table 4 presents the number and percent of arrestees by month who reported having been exposed to or diagnosed with Hepatitis, a venereal or sexually transmitted disease, HIV/AIDS, or any other infectious disease, and who reported receiving treatment for the disease(s). For reference, the number and percent of arrestees who reported currently having health insurance are also shown. In total, 876 (12.2%) unique person-months indicated exposure to or diagnosis with an infectious disease, 191 (2.7%) indicated having received treatment, and 3,446 (47.8%) indicated having health insurance. February had the highest count and percent of arrestees reporting infectious disease and treatment at 247 (13.9% of the monthly total) and 65 (3.7% of the monthly total), respectively, while March had the greatest number of arrestees reporting currently having health insurance at 951 (46.2%). Other than May, the full month with the lowest counts was April for infectious disease (224 or 11.6%) and treatment (38 or 2.0%), but February had the smallest count for health insurance (915 or 51.6%).

Table 4. Arrestees Reporting Infectious Disease, Treatment, and Health Insurance Status, by Month

	February	March	April	May	Total
Exposure to or Diagnosis of Infectious Disease (Count)	247	243	224	162	876
Exposure to or Diagnosis of Infectious Disease (%)	13.9	11.8	11.6	11.2	12.2
Received Treatment (Count)	65	56	38	32	191
Received Treatment (%)	3.7	2.7	2.0	2.2	2.7
Currently Have Health Insurance (Count)	915	951	944	636	3,446
Currently Have Health Insurance (%)	51.6	46.2	49.0	43.9	47.8

Table 5 presents counts of arrestees by month who reported having used any of ten categories of illicit substances within the previous six months. The counts in each column are not mutually exclusive as individuals could have reported using substances from more than one category in a single month, so the final rows of the table present the count and percent of arrestees who reported having used at least one category of substances. In total, 3,362 unique person-months or 46.6% indicated use of at least one category of illicit substances in the past six months, with the highest count indicating prior use of street opioids at 1,349 arrestees. When broken out by month, however, more individuals indicated prior cannabis than street opioid use in February (336 vs. 316) and March (379 vs. 369). March had the highest counts of arrestees for every substance category except inhalants (April and May had the largest counts), street opioids (April), and other substances (February). April had the highest relative quantity of individuals claiming prior use of at least one substance category at 49.0% within the month.

Table 5. Arrestees Reporting Previous Six Month Use of Illicit Substances, by Month

	February	March	April	May	Total
Cannabis	336	379	359	241	1,315
Cocaine	52	57	56	51	216
Prescription Stimulants	8	10	9	9	36
Methamphetamine	352	463	445	284	1,544
Inhalants	0	0	1	1	2
Sedatives	59	61	52	33	205
Hallucinogens	4	11	1	3	19
Street Opioids	316	369	394	270	1,349
Prescription Opioids	105	134	129	91	459
Other Substances	35	13	26	11	85
At Least One Substance (Count)	824	953	944	641	3,362
At Least One Substance (%)	46.5	46.3	49.0	44.2	46.6

Table 6 presents counts of arrestees by month who answered affirmatively to items indicating risk for sexual abuse or victimization, as well as the count and percent of arrestees who answered yes to at least one item (rows are not mutually exclusive). A total of 1,033 unduplicated person-months or 14.3% were indicated to be at risk for committing sexual abuse or being sexually victimized by at least one item. The item with the greatest total count, at 513 unique individuals per month, asked whether the respondent had ever been a victim of sexual abuse; this item also had the largest count during each individual month. February had the highest counts of arrestees for every risk item except that asking whether the individual had ever been arrested for a sex offense (March had the largest count). February also had the highest relative quantity of persons indicating risk by one item or more at 18.4% within the month.

Table 6. Arrestees Indicating Risk of Sexual Abuse or Victimization, by Month

	February	March	April	May	Total
Has the patient ever been a victim of sexual abuse?	155	152	113	93	513
Does the patient feel vulnerable?	25	10	3	5	43
Has the patient ever been arrested for a sex offense against an adult or a child?	21	24	17	14	76
Does the patient identify as or can be perceived as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming?	32	15	8	5	60
Does the patient have a physical disability or developmental delay/disability?	35	11	2	6	54
Is this the patient's first time being arrested?	105	105	90	81	381
Is the patient of small stature or small physical build?	42	29	15	6	92
At Least One Item (Count)	327	290	222	194	1,033
At Least One Item (%)	18.4	14.1	11.5	13.8	14.3

Table 7 presents counts of arrestees by month who responded affirmatively to each item of the Columbia-Suicide Severity Rating Scale (C-SSRS). The C-SSRS is designed to identify individuals at risk for

suicide and assess the severity of their risk. As Items 1 and 2 primarily screen for suicide ideation and the remaining items are asked following affirmative responses to the first two, whether an arrestee answered "yes" to either of these items serves as a general indicator of any suicide risk. Counts and percentages by month for having answered "yes" to either Item 1 or 2 are therefore shown in the final rows of the table. A total of 321 unduplicated person-months or 4.5% indicated any suicide risk as measured by affirmative answers to either Item 1 or Item 2, and the largest counts for any item either in total or separately by month are evident for Item 1 (a total count of 310). March had the largest counts for each item in the scale, and May had the highest percentage of arrestees indicating any suicide risk via Items 1 or 2 at 4.6%.

Table 7. Arrestees Indicating Suicide Risk According to C-SSRS Items, by Month

	February	March	April	May	Total
Item 1. Within the past month, have you wished you were dead or wished you could go to sleep and not wake up?	74	91	79	66	310
Item 2. Within the past month, have you had any actual thoughts of killing yourself?	62	69	63	46	240
Item 3. Within the past month, have you been thinking about how you might do this?	47	60	50	38	195
Item 4. Within the past month, have you had these thoughts and some intention of acting on them?	48	59	44	33	184
Item 5. Within the past month, have you started to work out the details of how to kill yourself? Do you intend to carry out this plan?	31	45	37	30	143
Item 6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?	38	48	36	29	151
Item 7. Was this within the past 3 months? (re: suicidal behavior)	30	42	28	24	124
Yes to Either Item 1 or Item 2 (Count)	79	93	82	67	321
Yes to Either Item 1 or Item 2 (%)	4.5	4.5	4.3	4.6	4.5

Table 8 presents counts of arrestees by month who reported having ever served in any branch of the U.S. military. For reference, the table also shows counts and percentages of arrestees who ever served in at least one branch and who are current veterans. Of the total number of unduplicated person-months 134 or 1.9% indicated service in at least one branch and 92 or 1.3% indicated current veteran status. Among branches the Army had the highest total count at 76 and this branch also had the largest counts of arrestees in each individual month. March had the highest counts and percentages for each branch, for individuals reporting service in at least one branch, and for individuals reporting current veteran status.

Table 8. Arrestees Reporting Military Service and Current Veteran Status, by Month

	February	March	April	May	Total
Air Force	6	7	1	3	17
Army	24	25	19	8	76
Coast Guard	0	1	0	0	1
Marine Corps	7	8	3	3	21
Navy	2	12	2	4	20
At Least One Branch (Count)	39	52	25	18	134
At Least One Branch (%)	2.2	2.5	1.3	1.2	1.9
Veteran (Count)	28	35	17	12	92
Veteran (%)	1.6	1.7	0.9	0.8	1.3

Table 9 presents counts of arrestees by month who reported health insurance coverage. A total of 3,445 unique individuals per month or 47.8% reported health insurance coverage by at least one provider, and Medicaid was the provider with largest counts in total and by month. The months with the largest counts varied widely across insurance providers: February had the highest number of arrestees reporting coverage by Medicare, private insurance, or "other" providers; March's counts were greatest for coverage by Veteran's Health Care; and April had the largest counts for coverage by Medicaid or Indian Health Services. For coverage by at least one health insurance provider, March had the highest count at 951 persons and February had the highest percentage within the month of 51.6%.

Table 9. Arrestees Reporting Health Insurance Coverage, by Month

	February	March	April	May	Total
Medicaid	701	776	810	566	2,853
Medicare	31	28	20	18	97
Private	89	77	46	28	240
Indian Health Services	9	14	19	11	53
Veteran's Health Care	16	20	9	6	51
Other	86	57	67	23	233
At Least One Provider (Count)	914	951	944	636	3,445
At Least One Provider (%)	51.6	46.2	49.0	43.9	47.8

II. Description of Arrestees by Screening Instrument at their Most Recent Booking
Substance Use According to Question 1 of the NIDA Modified ASSIST V2.0
Table 10 presents counts and percentages of affirmative responses for ten categories of illicit substances respondents were asked whether they had used in the previous 6 months (alcohol is not included). The category with the highest count was methamphetamine with 1,251 individuals (19.6%) giving a "yes" response, followed by cannabis with 1,133 "yes" responses (17.8%) and street opioids with 1,100 "yes" responses (17.3%). A total of 2,839 or 44.6% of respondents indicated using illicit substances from at least one category listed in the last 6 months including 1,784 for one category, 740 for two categories, 236 for three categories, and 79 for four or more categories.

Table 10. Substance Use in the Previous Six Months Frequencies, by Category

	Yes (Count)	Yes (%)
Cannabis	1,133	17.8
Cocaine	175	2.7
Prescription Stimulants	31	0.5
Methamphetamine	1,251	19.6
Inhalants	2	0.0
Sedatives or Sleeping Pills	163	2.6
Hallucinogens	13	0.2
Street Opioids	1,100	17.3
Prescription Opioids	388	6.1
Other Substances	67	1.1
Total "Yes" to at least one item	2,839	44.6

Columbia-Suicide Severity Rating Scale (C-SSRS)

Table 11 presents counts and percentages of affirmative responses to the seven items of the Columbia-Suicide Severity Rating Scale (C-SSRS). The counts in Table 11 are not mutually exclusive because an individual could have responded "yes" to more than one question; each percentage represents the proportion of the count who responded affirmatively out of the 6,368 individuals who provided any response to each item. According to the Response Protocol to the C-SSRS screening, a behavioral health referral is advised for the 264 individuals who answered "yes" to Item 1 (4.1%) and the 203 individuals who answered yes to Item 2 (3.2%). A same-day behavioral health evaluation and possible suicide precautions are recommended for the 165 persons who answered "yes" to Item 3 (2.6%) and the 26 persons who answered "yes" to Item 6 but indicated their suicidal behavior was not within the past 3 months (0.4%). Finally, immediate suicide precautions are recommended for the 158 individuals who answered "yes" to Item 4 (2.5%), the 126 individuals who answered "yes" to Item 5 (2.0%), and the 104 individuals who answered "yes" to Item 6 and indicated their suicidal behavior was within the past 3 months (1.6%).

Table 11. Response Frequencies to Items in the C-SSRS

	Yes (Count)	Yes (%)
Item 1. Within the past month, have you wished you were dead or wished you could go to sleep and not wake up?	264	4.1
Item 2. Within the past month, have you had any actual thoughts of killing yourself?	203	3.2
Item 3. Within the past month, have you been thinking about how you might do this?	165	2.6
Item 4. Within the past month, have you had these thoughts and some intention of acting on them?	158	2.5
Item 5. Within the past month, have you started to work out the details of how to kill yourself? Do you intend to carry out this plan?	126	2.0
Item 6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?	130	2.0
Item 7. Was this within the past 3 months? (re: suicidal behavior)	104	1.6

Risk of Potential Sexual Victimization and/or Abusiveness

Table 12 presents counts and percentages of affirmative responses to seven items measuring individuals' potential for committing sexual abuse or being sexually victimized. Items with the highest frequencies of affirmative responses were having been a victim of sexual abuse at 433 persons (6.8%) and being arrested for the first time at 365 persons (5.7%). The other five items had much lower frequencies, including being of small stature or physical build at 79 (1.2%), having been arrested for a sex offense at 59 (0.9%), having a non-heterosexual sexual orientation or non-conforming gender identity at 51 (0.8%), having a physical or developmental disability at 41 (0.6%), and feeling vulnerable at 33 (0.5%). A total of 901 or 14.1% of respondents answered "yes" to at least one sexual victimization/sexual abuse risk item including 773 to one item, 102 to two items, 20 to three items, and 6 to four items.

Table 12. Response Frequencies to Items Measuring Potential for Sexual Abuse Commission or Victimization

|	Yes (Count)	Yes (%)
Has the patient ever been a victim of sexual abuse?	433	6.8
Does the patient feel vulnerable?	33	0.5
Has the patient ever been arrested for a sex offense against an adult or a child?	59	0.9
Does the patient identify as or can be perceived as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming?	51	0.8
Does the patient have a physical disability or developmental delay/disability?	41	0.6
Is this the patient's first time being arrested?	365	5.7
Is the patient of small stature or small physical build?	79	1.2
Total "yes" to at least one item	901	14.1

Proxy Risk to Recidivate Screener

Table 13 presents counts and percentages of individuals for total scores received on the Proxy Risk to Recidivate Screener. The Proxy tool assigns a score from 0-2 for current age and from 1-3 for age at first arrest and number of prior arrests. The sum of the scores on the three items gauges an individual's recidivism risk with a score of 2 indicating lowest risk and a score of 8 indicating highest risk. The proxy score ranges for each item (e.g., current age >= 31 receives a score of 1, 27-30 receives a score of 2, and <= 26 receives a score of 3) should be tailored to the relevant population such that they divide the population into equal thirds and the distribution of total scores is approximately normal (Bogue, Woodward, & Joplin, 2006). The mean and median total proxy scores in Table 4 both have a value of 5 and the distribution of scores in Figure 1 approximates a normal curve, suggesting the proxy score ranges in use by MDC are appropriate.

Table 13. Total Proxy Score Frequencies and Descriptive Statistics

Total Proxy Score	Count	Percent
2	234	3.7
3	568	8.9
4	970	15.2
5	2,318	36.4
6	1,751	27.5
7	478	7.5
8	56	0.9
Total	6,375	100.0
Median	5	
Mean	5.0	

Figure 1. Total Proxy Score Histogram
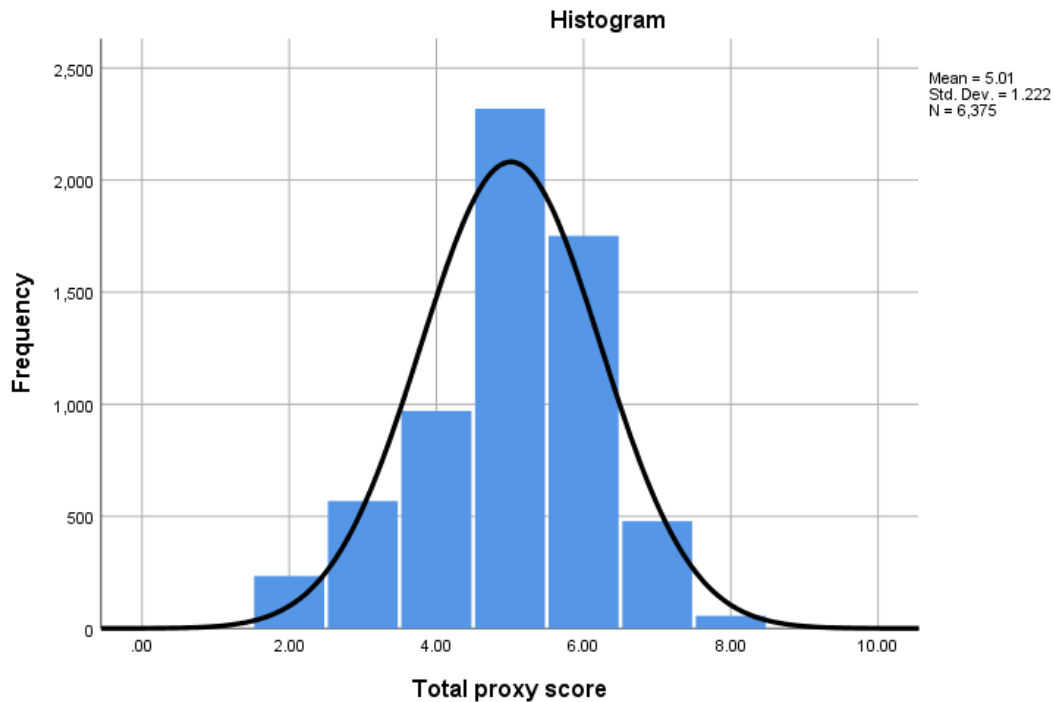
Alcohol Use Disorders Identification Test-Consumptions (AUDIT-C)
Table 14 shows counts and percentages of individuals for total scores received on the Alcohol Use Disorders Identification Test-Consumptions (AUDIT-C). The AUDIT-C tool assigns a score from 1-4 for how often respondents reported consuming an alcoholic beverage in the past year, how many drinks respondents reported having on a typical day in the past year, and how often respondents reported consuming at least 6 drinks on one occasion in the past year. The sum of the scores on the three items gauges the likelihood that an individual's drinking behavior is affecting his or her safety. A score of 4 or higher for men, or 3 or higher for women, indicates hazardous drinking or active alcohol use disorders.

Of the 4,682 male respondents booked within the timeframe, 1,189 or 25.4% had an AUDIT-C score of at least 4 with 224 having a score of exactly 4, 403 having a score from 5-8, and 562 having a score from 9-12. Of the 1,693 female respondents, 557 or 32.9% had an AUDIT-C score of at least 3 with 127 having a score of exactly 3, 91 having a score of exactly 4, 136 having a score from 5-8, and 203 having a score from 9-12. Both men and women had an average AUDIT-C score of 2.4.

Table 14. Total AUDIT-C Score Frequencies and Averages, by Sex

Score	Men		Women	
	Count	Percent	Count	Percent
0	2,779	59.4	961	56.8
1	185	4.0	74	4.4
2	271	5.8	101	6.0
3	258	5.5	127	7.5
4	224	4.8	91	5.4
5-8	403	8.6	136	8.0
9-12	562	12.0	203	12.0
Total	4,682	100.0	1,693	100.0
Mean	2.4		2.4	

Drug Abuse Screening Test (DAST-10)

Table 15 displays counts and percentages of individuals for total scores received on the Drug Abuse Screening Test (DAST-10). The DAST-10 tool assigns points based on respondents' answers to questions concerning their involvement with drugs other than alcohol. The total score ranges from 0-10 and gauges a respondents' degree of problems related to drug abuse. Of the 6,375 individuals providing responses to the DAST-10 questions at their latest booking, 4,156 or nearly two-thirds (65.2%) had a total score of 0 indicating "no problems reported" and another 1,219 or one-fifth (19.1%) had a total score from 1-2 indicating a "low level" of drug abuse problems. The remainder comprised 663 (10.4%) individuals with a score from 3-5 indicating "moderate level," 289 (4.5%) individuals with a score from 6-8 indicating "substantial level," and 48 (<1%) individuals with a score from 9-10 indicating "severe level." The average respondent had a total DAST-10 score of 1.1 and fell within the "low level" drug abuse problems range.

Table 15. DAST-10 Score Range Frequencies and Average Score

DAST-10 Score Range & Level	Count	Percent
0: No Problems Reported	4,156	65.2
1-2: Low Level	1,219	19.1
3-5: Moderate Level	663	10.4
6-8: Substantial Level	289	4.5
9-10: Severe Level	48	0.8
Total	6,375	100.0
Mean Score	1.1	

Brief Jail Mental Health Screen

Table 16 presents counts and percentages of affirmative responses to eight items of the Brief Jail Mental Health Screen (BJMHS). The BJMHS screens for individuals who may benefit from further mental health evaluation. For the 6,375 individuals who provided responses, the items with the largest counts of "yes" responses were whether respondents were currently taking medication for emotional or mental health problems at 578 (9.1%) and whether respondents had ever been hospitalized for emotional or mental health problems at 358 (5.6%). Believing that someone could control one's mind (89 "yes" responses or 1.4%) and feeling that others could know one's own thoughts (84 "yes" responses or 1.3%) had the next highest affirmative frequencies. Less than 1% agreed with any of the remaining items. A total of 889 individuals (13.9%) answered "yes" to at least one BJMHS item including 630 to one item, 207 to two items, and 52 to three or more items.

Table 16. Response Frequencies to Items in the BJMHS

	Yes (Count)	Yes (%)
Item 1. Do you currently believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?	89	1.4
Item 2. Do you currently feel that other people know your thoughts and can read your mind?	84	1.3
Item 3. Have you currently lost or gained as much as two pounds a week for several weeks without even trying?	36	0.6
Item 4. Have you or your family or friends noticed that you are currently much more active than you usually are?	16	0.3
Item 5. Do you currently feel like you have to talk or move more slowly than you usually do?	27	0.4
Item 6. Have there currently been a few weeks when you felt like you were useless or sinful?	52	0.8
Item 7. Are you currently taking any medication prescribed for you by a physician for any emotional or mental health problems?	578	9.1
Item 8. Have you ever been in a hospital for emotional or mental health problems?	358	5.6
Total "yes" to at least one item	889	13.9

The BJMHS advises further mental health evaluation for any individual who answered positively to at least two of the first six items listed in Table 16. Table 17 shows counts and percentages of persons for each possible number of times a respondent could have answered "yes" to BJMHS items #1-#6. A total of 79 persons answered affirmatively to two more of these items and are therefore recommend for further mental health evaluation based on these questions alone. In addition, the BJMHS advises evaluation for anyone who answered "yes" to either Item #7 or Item #8. When these criteria are included, the total number of individuals for whom further mental health evaluation is recommended rises to 801 (12.6%).

Table 17. Frequencies of Number of Times
Respondents Answered "Yes" to BJMHS Items #1-#6

	Count	Percent
Yes to 0 items	6,176	96.9
Yes to 1 item	120	1.9
Yes to 2 items	63	1.0
Yes to 3 items	9	0.1
Yes to 4 items	5	0.1
Yes to 5 items	1	0.0
Yes to 6 items	1	0.0
Total	6,375	100.0

Opioid Risk Tool

Table 18 presents counts and percentages of individuals for total scores received on the Opioid Risk Tool (ORT). The ORT tool assigns points based on respondent answers to questions concerning age, mental health status, and personal and family history of substance abuse. Items are weighted differently for men and women but the total score ranges from 0-26 for both groups. The total score gauges a respondent's degree of risk for opioid abuse upon receiving opioid therapy for pain management. Of the 6,375 individuals providing responses to the ORT questions at their latest booking, 3,219 or just over half (50.5%) had a total score from 0-3 indicating a low risk for future opioid abuse. Another 1,832 (28.7%) had a total score from 4-7 indicating moderate risk for future opioid abuse, and 1,324 (20.8%) had a total score of at least 8 indicating high risk for future opioid abuse. The average respondent had a total ORT score of 4.4 indicating moderate risk for opioid abuse.

Table 18. ORT Score Range Frequencies and Average Score

ORT Score Range & Level	Count	Percent
0-3: Low Risk for Opioid Abuse	3,219	50.5
4-7: Moderate Risk for Opioid Abuse	1,832	28.7
8-26: High Risk for Opioid Abuse	1,324	20.8
Total	6,375	100.0
Mean Score	4.4	

III. Description of Arrestee Bookings for January through June 2019

For the above sample of arrestees who responded to the Receiving Screen Form between February 1 and May 20, 2019, this section reports on the bookings they accumulated between January and June of 2019 (data on all arrestees booked into MDC were available through June 2019 at the time of writing). Data on bookings into MDC for the first six months of 2019 were merged with Receiving Screen data on each individual's first name, last name, and date of birth. Of the 6,388 individuals who responded to the Receiving Screen Form, 6,225 or 98.2% had bookings information (including crime type and charge class for their most serious charge) and 5,727 or 89.7% had length of stay information. There were 163 arrestees (2.6%) in the Receiving Screen data with no first name/last name/date of birth identifier match within the MDC bookings data.

Table 19 presents counts and percentages of arrestees by the number of bookings they accumulated between January and June 2019. In total, the 6,225 individuals accounted for 8,740 admissions into MDC during the timeframe, with 4,473 persons or 71.9% being booked only once and 1,211 persons or 19.5% being booked twice. The remaining 541 persons or 8.6% were booked between 3 and 11 times. The average number of admissions was 1.4 and the median was 1.

Table 19. Bookings into MDC Frequencies for Receiving Screen Sample

Number of Bookings	Count	Percent
1	4,473	71.9
2	1,211	19.5
3	394	6.3
4	98	1.6
5	31	0.5
6	15	0.2
7	1	0.0
8	1	0.0
11	1	0.0
Total	6,225	100.0
Mean	1.4	
Median	1.0	

Table 20 presents counts and percentages of arrestees by categories of jail length of stay in days. Lengths of stay were summed across each individual's bookings before frequencies and descriptive statistics were calculated. Of the 5,727 arrestees with length of stay information for the timeframe, 2,561 or 44.7% had a total length of stay that amounted to 1 day or less and another 1,185 or 20.7% were held for a total of 2 to 5 days. The remaining one-third had total length of stays summing to 6 days or longer, with 70 individuals or 1.2% being held for more than 75 days within the six-month period (the maximum was 122 days). The average total length of stay was 9.3 days and the median was 2 days.

Table 20. Total Length of Stay Category Frequencies for Receiving Screen Sample

Length of Stay (in Days)	Count	Percent
1 or less	2,561	44.7
2-5	1,185	20.7
6-15	892	15.6
16-25	423	7.4
26-40	335	5.8
41-75	261	4.6
76+	70	1.2
Total	5,727	100.0
Mean	9.3	
Median	2	

Information on bookings included charge class and crime type for the most serious charge on each booking. To simplify presentation, 16 of 23 crime types were collapsed into three categories as shown in Table 21. Of the remaining seven, four—DWI, judicial interference, other public order, and weapons—are presented as is and three—traffic, other, and unknown—are excluded. The jail data also included bookings coded as probation violation, felony warrant, misdemeanor warrant, and court appearance, but since these do not indicate new offenses they are also excluded.

Table 21. Classification of 16 Crime Types into Three Crime Categories

Drug	Property	Violent
Drug Possession	Arson	Assault
Drug Trafficking	Burglary	Battery
	Fraud	Homicide
	Larceny-Theft	Kidnapping
	Motor Vehicle Theft	Robbery
	Stolen Property	Sexual Offenses
	Other Property	Other Violent

Table 22 presents descriptive statistics on arrestee bookings by crime category/type and charge class. The counts of individuals represent the number of arrestees with at least one booking for each crime and charge category combination between January and June 2019. For bookings where the most serious charge class was a misdemeanor, the largest number of arrestees were booked for at least one DWI offense (914 individuals), followed by violent offenses (595 individuals) and property offenses (180 individuals). Among bookings with a most serious charge involving a felony, the largest number of arrestees were booked for at least one violent offense (882 individuals), followed by property offenses (769 individuals) and drug offenses (684 individuals). Regardless of offense and charge class, the average number of bookings per person ranged from 1.0 to 1.3 and the median was consistently 1.

Table 22. Descriptive Statistics on Bookings for the Receiving Screen Sample, by Crime Category/Type and Charge Class

	Misdemeanor			Felony		
	Individuals	Mean	Median	Individuals	Mean	Median
Drug	97	1.1	1	684	1.3	1
Property	180	1.2	1	769	1.3	1
Violent	595	1.2	1	882	1.2	1
DWI	914	1.1	1	26	1.1	1
Judicial Interference	135	1.1	1	61	1.1	1
Other Public Order	30	1.0	1	9	1.0	1
Weapons	11	1.1	1	29	1.1	1

Table 23 presents descriptive statistics on total jail length of stay in days, summed across each individual's bookings, by crime category/type and charge class. For bookings with a most serious charge of a misdemeanor, the average total length of stay per person was greatest for judicial interference offenses at 8.3 days (median = 2 days), followed by property offenses at 6.6 days and violent offenses at 3.8 days. Among bookings with a most serious charge involving a felony, the highest mean total length

of stay per person was for weapons offenses at 16.6 days (median = 7 days), followed by judicial interference offenses at 13.5 days and property offenses at 11.1 days.

Table 23. Descriptive Statistics on Total Jail Length of Stay (in Days) for the Receiving Screen Sample, by Crime Category/Type and Charge Class

	Misdemeanor			Felony		
	Individuals	Mean	Median	Individuals	Mean	Median
Drug	93	3.3	0	596	9.2	2
Property	171	6.6	1	641	11.1	3
Violent	576	3.8	1	701	10.3	3
DWI	898	1.9	0	23	8.2	2
Judicial Interference	117	8.3	2	51	13.5	6
Other Public Order	29	2.9	0	8	0.1	0
Weapons	11	0.6	0	26	16.6	7

Conclusion

This brief report was a preliminary review of data from the recently implemented (February 2019) MDC Receiving Screen form administered to all arrestees at the time of booking and described a sample of arrestees booked into the Bernalillo County Metropolitan Detention Center (MDC) between February 1 and May 20, 2019. The review included a section reporting on a select set of screening questions including housing insecurity, veteran status, pregnancy, and infectious diseases. A second section focused on a set of validated screens designed to screen for mental health, alcohol use, drug use, risk of sexual abuse or victimization, suicide risk, and risk to recidivate. Section III reports on booking data that was matched to the intake screening data. This section includes information on length of stay and charges. This is an initial and preliminary review of a small selection of data collected during the Bernalillo County Metropolitan Detention Center (MDC) and in the coming months we hope to conduct a more detailed review of data. As noted in the introduction it is important to screen everyone who enters a jail at or around the time of booking using validated screens and best practices. These data can be used by Bernalillo County for a variety of purposes including to further assess those who are screened and need additional assessment, to help determine eligibility for programs in the jail and community, as part of the reentry process, and to help identify individuals who are going to release quickly from the jail. These data can be used to help improve public safety.

References

Bogue, B., Woodward, W., & Joplin, L. (2005). Using a proxy score to pre-screen offenders for risk to reoffend. Retrieved July 10, 2019, from http://www.pacenterofexcellence.pitt.edu/documents/Using_a_Proxy_Score_to_Pre-screen_Offenders_(Bogue,Woodward,Joplin_2006).pdf.