

# Bernalillo County MDC Receiving Screen Preliminary Data Review, February-May 2019



Prepared by: University of New Mexico Institute for Social Research

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Sam Torres, M.A., and Paul Guerin, Ph.D.

In this brief: The goal of this review was to describe a sample of arrestees booked into the Bernalillo County's MDC using data collected via the Receiving Screen form.

The full report can be found at: <http://cara.unm.edu/reports/index.html>

## Highlights:

- 6,388 arrestees accounted for 7,526 bookings over a nearly four month period in early 2019.
- Less than half of the individuals arrested reported having health insurance (47%).
- Almost one-quarter reported lacking stable housing in the months preceding arrest (23%).
- More than 40% indicated having used at least one category of illicit substances in the prior 6 months.
- The most commonly reported categories of illicit substance use were methamphetamine (20%), cannabis (18%), and street opioids (17%).
- Half of arrestees indicated moderate (29%) to high (21%) risk for opioid abuse upon receiving opioid therapy for pain management.

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## Report in Brief: MDC Receiving Screen Preliminary Data Review

This review describes a sample of 6,388 arrestees who accounted for 7,526 bookings into Bernalillo County's Metropolitan Detention Center (MDC) between February 1 and May 20, 2019. The description relies on data collected during intake using the Receiving Screen form implemented in February 2019.

This review is intended to spur ongoing 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 including for operations, strategic planning, and reentry.

### Background: Purposes of Screening

Although individuals booked into jails have diverse risks and needs, their length of stay is brief compared with prison stays and many individuals are released to the community without any supervision or guidance. Screening allows for identifying early release individuals, facilitates determination of eligibility for jail and community programs, and assists classification. As part of the process of focusing on offender reentry, screening can improve public safety.

Because jail staff have limited time for screening, a screen needs to be limited in scope and simple in format. Jail screens should be based in best practices and validated whenever possible. The information should be collected in electronic form and used to further assess those who are screened and who need additional assessment. It should also be administrable by non-professional staff or in a group setting.

### Arrestee Status Conditions

Responses to status condition questions indicated less than half of arrestees had

health insurance at the time of their most recent booking (Table 1). Of the 6,368 respondents, 12% indicated exposure or diagnosis with an infectious disease, and 3% indicated receiving treatment for that disease. Less than 1% of all respondents reported being pregnant or having recently delivered a baby, but among the 1,675 female arrestees (26.3%) the percentages rose above 1% for each condition.

About 2% reported having ever served in the military and 1% indicated being current veterans. Nearly one-quarter responded they had not been residing in stable housing during the past 60 days and 12% indicated being concerned about not having stable housing in the next 60 days.

### Responses to Screening Instruments

This section describes arrestee responses to seven screening instruments included in the Receiving Screen form. Tabulations of responses to the NIDA Modified ASSIST V2.0 (Table 2) and to two example screening instruments (Table 3) are presented to illustrate the nature of instrument items.

Table 1. Frequency Table for Arrestee Status Conditions

Condition	Count	Percent
Infectious Disease	731	11.5
Disease Treatment	163	2.6
Pregnant Female	19	0.3
Recent Baby Delivery	36	0.6
Health Insurance	2,963	46.5
Military Service	123	1.9
Current Veteran	83	1.3
Unstable Housing	1,468	23.1
Housing Concern	738	11.6

Continued:

- One-quarter of male and one-third of female arrestees indicated hazardous alcohol consumption behavior.
- 14% indicated at least one indicator of risk for engaging in sexual abuse or experiencing sexual victimization.
- From January through June 2019, the average respondent to the Receiving Screen form was booked 1.4 times and was held in jail for 9.3 days.
- During the first six months of 2019, only among arrestees who reported prior opioid use, the average respondent was booked 1.7 times and was held in jail for 14.2 days.
- Arrestees reporting prior opioid use had a higher proportion of the same offenses with a felony charge than individuals with no past opioid use.

Table 2. Report of Substance Use in the Previous Six Months, by Category

	Count	Percent
Cannabis	1,133	17.8
Cocaine	175	2.7
Prescription Stimulants	31	0.5
Methamphetamine	1,251	19.6
Inhalants	2	0.0
Sedatives	163	2.6
Hallucinogens	13	0.2
Street Opioids	1,100	17.3
Prescription Opioids	388	6.1
Other Substances	67	1.1
At Least One Category	2,839	44.6

**1. NIDA Modified ASSIST V2.0.** A total of 2,839 or 45% of respondents reported using illicit substances during the previous 6 months from at least one of the ten categories listed in Question 1 of the NIDA Modified ASSIST V2.0 (Table 2). The percentage figure may be an undercount since a prior report on data from the 2003

Arrestee Drug Abuse Monitoring (ADAM) Program found that about 61% of sampled arrestees booked in Bernalillo County tested positive for any of nine substances at the time they were admitted.

**2. Columbia-Suicide Severity Rating Scale (C-SSRS).** The seven items of the C-SSRS are designed to flag individuals who may benefit from interventions to reduce suicide risk. Respondents had the option of answering affirmatively to more than one question. A referral is advised for respondents who answered yes to Items #1-#2; a same-day behavioral health evaluation is advised for agreement with Item #3; and immediate suicide precautions are advised for agreement with Items #4-#7. No item in the C-SSRS received agreement from more than 5% of arrestees in the current sample (Table 3).

**3. Risk of Sexual Victimization or Abuse.** Seven items on the Receiving Screen form measured potential for committing sexual abuse or being sexually victimized. A total of 901 or 14% of respondents agreed with at least one risk item and two items had agreement greater than 5% (“Has the patient ever been a victim of sexual abuse?” at 6.8% and “Is this the patient’s first time being arrested?” at 5.7%). Agreement with the other items was much lower (Table 3).

**4. Alcohol Use Disorders Identification Test-Consumptions (AUDIT-C).** The AUDIT-C gauges the risk of respondents’ drinking behavior to their safety based on scores ranging from 0-4 for three items measured for the past year: how often alcoholic beverages are

## Methodology

Our review described the set of arrestees booked into MDC between February 1st and May 20th, 2019, in four ways. First, we drew on responses to receiving screen status condition questions to describe arrestees’ treatment for infectious disease, pregnancy history, health insurance status, military service, and housing condition. The full report describes these conditions for each individual per month as well as at the time of arrestees’ most recent booking. For the sake of simplicity this report in brief only details individuals’ status conditions at the time of their most recent booking. A total of 6,368 individuals responded to the status condition questions.

Second, we used responses to screening instrument questions to describe arrestees’ mental health, alcohol use, drug use, risk of sexual abuse or victimization, suicide risk, and risk to recidivate. Instruments were administered to 6,388 arrestees at their time of admission.

We describe individuals using these instruments for their most recent booking only.

Third, we merged the receiving screen data with booking and length of stay data. Greater data availability for the bookings data allowed us to describe booking characteristics for January through June 2019. We described total booking counts, crime type- and charge class-specific booking counts, and length of stay summed for each individual over the period of data availability. Of the 6,388 arrestees who responded to the screening instruments, 6,225 had bookings information and 5,727 had length of stay information.

Finally, we re-analyzed the bookings and length of stay data for the subset of arrestees who reported having used street or prescription opioids in the previous six months according to Question 1 of the NIDA Modified ASSIST V2.0. This subset had 1,427 arrestees with bookings information and 1,253 with length of stay information.

Table 3. Representative Statements and Percentage Agreement from Example Screening Instruments

Items Measuring Suicide Risk from the C-SSRS		Items Measuring Sexual Abuse or Victimization Risk	
Statement (In past month, has respondent...)	% Agree	Statement (Which of the following apply)	% Agree
...wished to be dead?	4.1	Victim of sexual abuse?	6.8
...had any actual thoughts of killing yourself?	3.2	Feel vulnerable?	0.5
...been thinking about how you might do this?	2.6	Been arrested for a sex offense?	0.9
...had these thoughts and some intention of acting?	2.5	Identify as gay/lesbian/bisexual/transgender?	0.8
...started to work out details of how to kill oneself?	2.0	Have a physical or developmental disability?	0.6
Ever done anything to end his or her life?	2.0	First time being arrested?	5.7
Within the past 3 months? (re: suicidal behavior)	1.6	Of small stature or physical build?	1.2

consumed, how many drinks are consumed on a typical day, and how often at least 6 drinks are consumed on a single occasion. The scores for the three items are summed and a total score of 4 or higher for men, or 3 or higher for women, indicates hazardous drinking. Of the 4,682 male respondents, 1,189 or 25% had a total score of 4 or greater. Of the 1,693 female respondents, 557 or 33% had a total score of 3 or greater.

**5. Drug Abuse Screening Test (DAST-10).** The DAST-10 assesses degree of substance abuse problems involving drugs other than alcohol. Answers indicating more advanced substance abuse for ten yes/no questions are assigned a point and respondents' summed answers then range in value from 0-10. More than 80% of arrestees had a score of 2 or below, but 663 persons or 10% had a score from 3-5 indicating a moderate level of substance abuse. Another 289 or 5% had a score from 6-8 indicating a substantial level of abuse and a final 48 or 1% had a score from 9-10 indicating a severe level of abuse.

**6. Brief Jail Mental Health Screen (BJMHS).** The BJMHS uses eight items to identify individuals who may benefit from further mental health evaluation. The items are not mutually exclusive and respondents could agree with more than one. A total of 889 or 14% arrestees responded affirmatively to at least one item, with "Are you currently taking any medication prescribed for you by a physician for any emotional or mental health problems?" (9.1%) and "Have you ever been in a hospital for emotional or mental health problems?" (5.6%) having the highest levels of agreement.

**7. Opioid Risk Tool (ORT).** The ORT determines degree of risk for opioid abuse upon receiving opioid therapy for pain management based on ten items 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. About half of arrestees' scores indicated low risk but 1,832 or 29% had a score from 4-7 indicating moderate risk and 1,324 or 21% had a score of at least 8 indicating high risk.

### Arrestee Bookings for Full Sample

This section describes jail bookings and length of stay for a subset of the arrestees who responded to the Receiving Screen form. This information was aggregated for each individual over the January-June 2019 period and matched to names and dates of birth in the Receiving Screen data, resulting in 6,225 arrestees

with bookings information and 5,727 with jail length of stay information (see "Methodology" box).

The 6,225 individuals accounted for 8,740 bookings over the six-month period. About 71% of arrestees were booked only once and nearly 20% were booked twice, but the remaining 9% were booked between 3 and 11 times (mean = 1.4). Of the 5,727 arrestees with length of stay information, 45% spent 1 day or less in jail and another 21% spent between 2 and 5 days in jail. The remaining one-third spent 6 days or longer in jail and 1% (70 individuals) spent more than 75 days incarcerated (mean = 9.3).

Information on bookings included charge class and crime type for the most serious charge on each booking. Of 23 crime types, 16 were collapsed into three categories of drug, property, and violent offenses (Table 4). Of the remaining 7 crime types, 4—DWI, judicial interference, other public order, and weapons—were left as is and 3—traffic, other, and unknown—were excluded. Bookings and length of stay were then reexamined across these 7 crime categories and 2 charge classes (misdemeanor and felony).

For bookings where the most serious charge was a misdemeanor, arrestees were most frequently booked for a DWI offense, followed by violent and property offenses (left-hand side of Table 5). For felony bookings arrestees were most frequently booked for a violent offense, followed by property and drug offenses. Across offense and charge types average bookings per person ranged from 1.0 to 1.3. Among misdemeanor bookings, average length of stay was highest for judicial interference offenses at 8.3 days, followed by property offenses at 6.6 days and violent offenses at 3.8 days (right-hand side of Table 5). For felony bookings the longest mean stay duration was for weapons

Table 4. Classification of 16 Crime Types into Three 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 5. Individuals and Mean MDC Booking Counts and Lengths of Stay for Most Serious Charge, by Charge Class and Crime Type

	Booking Counts				Bookings Length of Stay (in Days)			
	Misdemeanor		Felony		Misdemeanor		Felony	
	Individuals	Mean	Individuals	Mean	Individuals	Mean	Individuals	Mean
Drug	97	1.1	684	1.3	93	3.3	596	9.2
Property	180	1.2	769	1.3	171	6.6	641	11.1
Violent	595	1.2	882	1.2	576	3.8	701	10.3
DWI	914	1.1	26	1.1	898	1.9	23	8.2
Jud. Int.	135	1.1	61	1.1	117	8.3	51	13.5
Public Order	30	1.0	9	1.0	29	2.9	8	0.1
Weapons	11	1.1	29	1.1	11	0.6	26	16.6
<b>All Offenses</b>	<b>6,225</b>	<b>1.4</b>			<b>5,727</b>	<b>9.3</b>		

offenses at 16.6 days, followed by judicial interference offenses at 13.5 days and property offenses at 11.1 days.

### Arrestee Bookings for Opioid-Using Sample

The final section describes jail bookings and length of stay only for arrestees who reported prior six month street or non-medical prescription opioid use. This selection resulted in 1,427 arrestees with bookings information and 1,253 with length of stay information.

Although a majority of both the overall and opioid-using samples were booked only once, 29% of the opioid-using arrestees were booked twice and 16% were booked three times (compared to 20% and 9% among the general sample, respectively) (mean = 1.7). While half of the opioid-using sample had a total length of stay of 5 days or less, the corresponding proportion among the overall sample was nearly two-thirds. The remaining half of opioid-using arrestees spent 6 days in jail or longer, with 1% held for more than 75 days (compared to one-third and 1% in the general sample, respectively) (mean = 14.2).

Opioid-using individuals were most commonly booked for a violent offense among bookings where a misdemeanor was the highest charge and for a drug offense when a felony was the highest charge. Like the overall sample, average bookings for each offense and charge combination ranged from 1.0 to 1.3 per person. However, except for judicial interference and weapons offenses, a larger proportion of individuals were booked for a felony charge for that offense among the opioid-using sample than among the total sample.

Regarding total length of jail stays within the opioid-using sample, averages per person were highest for public order offenses among misdemeanor bookings (mean = 18.5) and for weapons offenses among felony bookings (mean = 21). Except for judicial interference and weapons offenses, a larger proportion of individuals within this sample were booked for a felony charge for each offense type than overall.

### Conclusion

Drawing on responses to status condition and screening instrument questions included on the recently implemented Receiving Screen form, and supplementing these data with bookings information, this review described the set of 6,388

arrestees booked into MDC between February 1 and May 20, 2019. At their most recent booking about half of the individuals admitted into MDC reported not having health insurance and almost one-quarter indicated lacking stable housing in the preceding months.

Responses to screening instruments indicated at least 2 of every 5 arrestees reported having used at least one category of illicit substances in the prior 6 months, with the most prevalent acknowledgements of use for methamphetamine (20%), cannabis (18%), and street opioids (17%). One-quarter of males and one-third of females indicated hazardous drinking behavior; 16% indicated at least a moderate level of illicit substance abuse (with almost half reporting at least a moderate risk level for opioid abuse upon receiving opioid therapy); and 14% agreed with at least one indicator of risk for sexual abuse or victimization. Arrestees reporting prior opioid use had higher average booking counts and durations, and a higher proportion of the same offenses with a felony charge, than individuals with no past opioid use.

This brief is a preliminary review of a subset of data collected during admission into MDC. 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 further assessment, determining eligibility for jail and community programs, identifying early release individuals, and facilitating reentry. These data can help improve public safety.



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