

# Salem Area Institutions

Correctional and mental  
health institutions and  
the ex-institutional  
population

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Bureau of Governmental Research and Service  
University of Oregon

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Correctional and mental  
health institutions and  
the ex-institutional  
population

by Karen M. Seidel and Carol A. Heinkel

Bureau of Governmental Research and Service  
University of Oregon

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- City of Keizer
- City of Salem
- Marion County
- Polk County
- Salem Transit District
- Salem-Keizer School District
- Chemeketa Community College

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## FOREWORD

Deinstitutionalization policies and problems of overcrowding, combined with a high concentration of state correctional and mental health institutions, are seen by local government officials in the Salem metropolitan area as placing a disproportionate burden on public safety and social service delivery systems. As a result of their concern, seven local government agencies contracted with the Bureau through the Mid Willamette Valley Council of Governments to conduct an analysis of "ex-institutional" population in the Salem area. This report provides initial findings and background information for the Mid Willamette Valley Council of Governments, the cities of Salem and Keizer, Marion and Polk counties, Salem-Keizer School District, Chemeketa Community College, and the Salem Area Mass Transit District.

Karen Seidel, Bureau Senior Research Associate, and Carol Heinkel, Bureau Research Assistant, conducted the study, which analyzes the concentration of state mental health and corrections facilities in the Salem metropolitan area and examines its impact on Salem area inmate and patient population, admissions, readmissions, and discharges. The findings presented here address one part of the larger policy issue of prison overcrowding which is currently confronting the state of Oregon. They also highlight a second policy area, less visible than the corrections dilemma, but of equal importance to local governments in the mid-Willamette Valley region: some state policies and programs for Oregon's mentally ill appear to have a "magnet" effect, attracting mentally ill individuals from throughout the state to the Salem area, many of whom are then discharged into and remain in the Salem area.

The ADP Support Services Section of the Corrections Division and the Program Analysis Section of the Mental Health Division furnished extensive data for the study. Niel Chambers, Corrections Division ADP Manager, provided data files, access to institutional records, and professional guidance. Kent Ward, CDRC Community Placement Supervisor, and OSP, OSCI and OWCC Records Office staff gave invaluable assistance in gaining access to and interpreting inmate records. In addition, Dr. Clinton Goff, Corrections Division Assistant Administrator, consulted on research design and data availability. Assistance also was provided by Dr. James Heuser, director, Crime Analysis Center; April Lackey, executive director, Board of Parole; and Billy Wasson, director, Marion County Community Corrections Department.

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The study also benefited from the guidance of Ken Viegas, associate professor of Human Services and director of the University of Oregon's master's degree program in corrections, who served as project consultant. Kevin Knudtson, Bureau Research Assistant, provided critical assistance as computer programmer and in data collection. The efforts of Joyce Ray, who edited the report, and Bobbette Elliott who word processed it, are sincerely appreciated.

Jeff S. Luke, Director  
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## EXECUTIVE SUMMARY

Because of Oregon's historical constitutional requirement that all state institutions be located in the county containing the state capital, Marion County has a high concentration of correctional and mental health institutions.

- The city of Salem had the highest proportion of institutional population to total population of any U.S. city between 50,000 and 250,000 in 1980.
- The Salem metropolitan area, which includes Marion and Polk counties, had the fourth highest proportion of institutional population of any U.S. metropolitan area between 150,000 and 500,000 in 1980.
- The city of Salem had the fourth highest proportion of adult corrections institutional capacity and inmate population of any U.S. capital city in 1985.

### Corrections

Until Eastern Oregon Correctional Institution was opened in September 1985, all state correctional facilities were located in the Salem area.

- Oregon State Penitentiary (OSP), Oregon State Correctional Institution (OSCI), and Oregon Women's Correctional Center (OWCC) are the state's major maximum- and medium-security facilities. These facilities, plus OSP's Farm Annex, the Corrections Division Release Center, the Women's Release Unit, and the Correctional Treatment Program at Oregon State Hospital, are all located in the Salem area.
- In 1986, approximately 3,500 inmates were housed in these correctional institutions.

Despite substantial admission and inmate population increases in state correctional facilities since 1980, the Salem area admission and population rates (number per 10,000 population) were very similar to the statewide rates in 1985.

- Between 1980 and 1985, admissions to state prisons from the Salem area more than doubled; the statewide increase was 44 percent. In 1985, there were 9 admissions per 10,000 population from both the Salem area and the state of Oregon.
- Similar increases in inmate population occurred during that five-year period. In 1985, 457 state prison inmates had been sentenced from the Salem area, or 18 inmates per 10,000--the same as the statewide ratio.

- The Eugene and Portland metropolitan areas both had relatively higher admissions and inmate population rates than the statewide average.

The rate of inmate departures into the Salem area from state correctional facilities was higher than the statewide departure rate, and, with one exception, higher than all other regions of the state in 1985.

- Long-term leaves to the Salem area were two-thirds higher than the statewide average (in terms of leaves per 10,000 population) and considerably higher than any other region.
- The parolee release rate into the Salem area was over 80 percent higher than the statewide average and 60 percent higher than the Portland and Eugene metropolitan areas.
- Short-term leaves from the Corrections Division Release Center appeared to be concentrated in the Willamette Valley, particularly in Marion and Polk counties. For a period of two and one-half months in 1986, the destination of all leaves from the Correctional Treatment Program was the city of Salem.
- Over half of all escapes from Corrections Division supervision occurred in the Salem area; the majority involved inmates walking away from minimum-custody facilities, and the rest were inmates not returning to custody from leaves in Marion and Polk counties.
- The majority of escapee arrests occurred in the Portland area and out of state, indicating that most escapees do not stay in the Salem area.

In general, the proportion of inmate departures into the Salem area was approximately double the proportion of inmate admissions from that area in 1985.

- Salem area admissions to state correctional facilities represented 9 percent of all Oregon admissions.
- Long-term leaves, parole, and discharge are the most significant forms of inmate departure because they involve the most persons and the greatest amount of time spent in the community. About 16 to 18 percent of the departures were into the Salem area, or almost double that area's share of admissions.
- For other types of departures, the Salem area was the location of about one-quarter of short-term leaves from CDRC, almost all leaves from CTP, and over one-half of all escapes in 1985.

## Mental Health

Eighty percent of the over 2,400 persons in Oregon's mental hospitals and training centers were concentrated in Oregon State Hospital (OSH) and Fairview Hospital and Training Center in 1986.

- Oregon State Hospital in Salem, Dammasch Hospital in Wilsonville, and Eastern Oregon Psychiatric Center in Pendleton provide general psychiatric services to mental health patients on a regional basis. Prior to the opening of Dammasch in 1961, Oregon State Hospital was the sole source of the state hospital psychiatric services for all of western Oregon. It continued to serve much of the western and central parts of the state until its catchment area was reduced to three counties in 1983.
- In addition to general psychiatric services provided to individuals in its catchment area, Oregon State Hospital provides specialized psychiatric services in three programs: forensic psychiatric, geropsychiatric treatment, and child and adolescent treatment. These statewide programs attract psychiatric patients from throughout the state and constituted 82 percent of OSH population in 1986.
- Long-term residential care and treatment for mentally retarded and developmentally disabled persons is provided at Fairview in Salem and Eastern Oregon Treatment Center in Pendleton. Fairview is by far the larger facility, now serving over 90 percent of the clients since the original Pendleton training center was converted to a correctional facility in 1985.

Generally, use of state hospitals and training centers is highest in areas near the facilities. The Salem area has a higher rate of state hospital and training center use than any other region in Oregon.

- Umatilla, Marion and Multnomah counties--three counties in close proximity to state hospitals--had the highest first admission rates to state hospitals of all Oregon counties in 1986.
- Compared statewide, the Salem area had a higher rate of first admissions to general psychiatric services and to all three statewide psychiatric programs at Oregon State Hospital in 1986. This may be due partly to the lack of alternative facilities in the area, particularly for emergency psychiatric services.
- Since 1981, the Salem area has had the highest rates of first admissions to state training centers.

A concentration of ex-institutionalized state hospital patients in the Salem area is indicated by high readmission rates from that area.

- The Salem area readmission rates to general psychiatric services and to all three statewide programs at OSH are at least double the statewide readmission rate.
- The Salem area geropsychiatric readmission rate was five times the statewide rate in 1986.
- The Salem area general psychiatric and forensic readmission rates were twice as high as the first admission rates in 1986.
- In 1986, general psychiatric readmission rates were highest for Marion, Polk, Umatilla and Multnomah counties, indicating that ex-institutional patients cluster around state hospitals.

High readmission rates to state hospitals from the Salem area in 1986 appeared to be due to higher-than-normal rates of client discharges into the Salem area.

- Compared statewide, the Salem area received the largest proportion of patient discharges from all four state hospital psychiatric programs relative to regional population. For each program, the discharge rate to Marion and Polk counties was at least double the statewide rate.
- More than half of new forensic, geropsychiatric and child and adolescent treatment patients who originally resided outside the Salem area were discharged into the Salem area. For the Child and Adolescent Program, the high discharge rate into the Salem area is linked, at least in part, to the location of MacLaren and Hillcrest Training Schools in Marion County.
- Both the Salem area and Eastern Oregon experienced relatively high rates of resident discharges from the state training centers, although in terms of actual numbers, state training center admissions, readmissions and discharges are very low because the resident population is quite stable.

Individuals discharged from state mental institutions primarily reside in their own, a relative's, or a friend's home; in residential care facilities; or in local correctional or court facilities. Living arrangements of clients discharged to the Salem area do not differ significantly from those discharged statewide.

- In 1986, over one-third of all discharged general psychiatric patients lived with friends or alone, and the same proportion of those discharged for the first time lived with family. Readmitted patients were more likely than new patients to be discharged to residential programs rather than to family living arrangements.

- Since most admissions to the Forensic Program are for court-ordered evaluation, many forensic patients are discharged to local correctional facilities or back to courts for disposition. Subsequent living arrangements of this group are not known. Only about 12 percent of forensic patients discharged to the Salem area lived with families in 1986.
- The majority of training center residents are discharged to residential programs; statewide, only 2 percent lived with families in 1986.

Ex-institutionalized patients and residents are not discharged exclusively into Mental Health Division (MHD) residential facilities. There are 37 MHD residential facilities in the Salem area, constituting 15 percent of total state facilities.



## INTRODUCTION

## Historical Perspective

Public policies regarding the institutionalization of criminals and mentally ill persons in the United States have undergone significant transformation, particularly in the last twenty years. In the early 1960s, diversion and deinstitutionalization in mental health and corrections became the preeminent public policy objective. Irving Goffman, author of The Asylums, provided the initial framework for examination of the potentially negative impact of traditional interventions. Emerging concern with stigma, labeling and tracking provided intellectual support for development of alternatives to institutionalization. This perspective led to significant professional interest in avoiding ceremonies and processes that might confirm and reinforce a deviant role and resulted in a major shift in public policy which, since the early nineteenth century, had emphasized the need to institutionalize individuals in large, centralized facilities.

Historically, the mentally ill were confined predominantly in poorhouses and jails. Around 1825, a new belief that mental illness could be cured led to a rapid proliferation of state mental hospitals. Between 1825 and 1865, the number of state hospitals for the mentally ill grew from two to sixty-two.<sup>1</sup> That reform movement resulted in the institutionalization of individuals with mental disorders, with hospital treatment guided by the medical model of diagnosis and administration of various forms of therapy. As a part of the reform movement, Oregon State Hospital was established in Salem in 1883 to provide psychiatric diagnostic and treatment services for the mentally ill in Oregon.

By the early twentieth century, however, optimism in the curability of mental illness had declined. Rapid industrialization and population growth in the United States led to sharp increases in the number of hospitalized persons and, in some hospitals, resulted in lower patient-care standards. Until the 1950s, states continued to house patients in mental hospitals, but often with little hope of positive rehabilitation. The result was "custodialization" of the mentally ill.

A second major reform in the field of mental health emerged during the 1950s, fueled by three factors: (1) the ability to treat the mentally ill outside a hospital setting with the use of drug therapy, (2) the desire to economize and to reduce the large amount of public funds allocated to state mental hospitals, and (3) a shift in mental health policy from a preference for centralized, institutional care to an emphasis on decentralized, community-based mental health care.

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1. Norman Dain, Concepts of Insanity in the United States (New Brunswick, New Jersey: Rutgers University Press, 1964).

As a result, recent federal and state mental health policies have focused on deinstitutionalizing the mentally ill, which has caused large decreases in patient population at state and county psychiatric hospitals. In 1955, the hospital population of state and county facilities nationwide was approximately 559,000. By the early 1980s, fewer than 130,000 persons were institutionalized in hospitals.<sup>2</sup> Oregon followed that trend by deinstitutionalizing its mentally ill, and an influx of mentally or emotionally disturbed persons into local communities has occurred. While the Oregon Mental Health Division has taken steps to encourage service provision to the mentally ill in their own communities, the process was initiated only recently, and a concentration of general psychiatric patients near state hospitals is still prevalent.

Similar national trends have emerged in the field of corrections. Beginning in the 1960s, a transformation occurred in public policy--from an emphasis on concentrating criminals in large institutions to efforts aimed at regionalizing correctional facilities and providing alternatives to incarceration. In 1975, Governor Straub established a task force to study the state's criminal justice system and to make recommendations to reduce the reliance on institutionalization. The task force conducted evaluations and compiled a landmark statistical overview of the system (Oregon's Criminal Justice System: A Statistical Overview, 1976) and developed the Oregon Corrections Master Plan. A major element of the master plan was the recommendation for a statewide system of community corrections to provide alternatives to holding minor felons in secure custody. The recommendation was implemented with passage of the Community Corrections Act by the 1977 legislature.

Following the enabling community corrections legislation, a Governor's Task Force on Regional Correctional Facilities was established. Its work overlapped with the involvement of the federal district court which, in 1980, declared that unconstitutional conditions existed in Oregon prisons due to inmate overcrowding. A combination of the failure of community corrections to decrease institutionalization and the restraints on prison population created by federal court intervention led to legislative submission of a bond measure for prison construction in 1980. The measure failed, and a reduced bond request, submitted to the voters in 1982, also failed. In 1983, the legislature authorized conversion of the Eastern Oregon Hospital and Training Center in Pendleton to a 350-bed, medium-security correctional facility, but the new facility has not significantly reduced overcrowding pressures on the total correctional system.

Both the emphasis on community corrections and the involvement of the federal court have mirrored national trends. The most recent national concerns have been risk assessment, selective incarceration, "just

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2. Richard Lamb, "Deinstitutionalization and the Homeless Mentally Ill," Hospital and Community Psychiatry, vol. 35 (1984), pp. 899-907.

desserts," and punishment. Those concerns were reflected in Oregon by completion of the Oregon Prison Overcrowding Project in 1985, which dealt with risk assessment and equitable assignment of sanction. The project recommended establishment of a Criminal Justice Council. The 1985 legislature authorized the Council and charged it, in part, with developing a statewide system of sanction/risk management.

Because of Oregon's historical constitutional requirement that state institutions be located in Marion County, and insufficient state fiscal resources for regional facilities, most individuals institutionalized in state correctional and mental health facilities remain in the Salem metropolitan area. Similarly, the lack of sufficient funding for community mental health and community correctional programs creates significant problems when patients and inmates are released into the community. These problems are concentrated in the Salem area, placing stress on public services provided and financed by local government agencies.

#### Purpose of the Study

All Oregon correctional institutions were located in Marion County until late 1985, when EOCI was opened in Pendleton. In addition, all statewide Mental Health Division programs and the state's largest center for the developmentally disabled are in Marion County. This study was undertaken to ascertain whether the Salem area receives a disproportionate share of ex-institutional correctional and mental health clients because of the proximity of those institutions. To accomplish this, departures of inmates and mental health patients into the Salem area were compared with departures to other regions of the state, and admissions from the Salem area to state institutions were compared with the number of persons discharged or released into that area.

Section one examines Oregon's historical constitutional requirement that all state institutions be located in Marion County and compares the resulting institutional concentration with other capital cities and with cities and metropolitan areas of similar size. Also, the attitudes of Oregon residents toward community problems are examined, and Salem area attitudes are compared with statewide attitudes.

The corrections and mental health sections describe the population and programs of the state institutions and analyze institutional population and admission trends and regional distribution of institutional population and admissions. The various types of inmate and patient departures from institutions are analyzed by region of departure, and departures into the Salem area are compared with admissions from that area. In addition, community living arrangements of mental health patients after discharge are discussed.

To facilitate the analysis, the state was divided into seven sub-state regions defined by the following groups of counties:

Salem Metro Area: Marion, Polk  
Portland Metro Area: Clackamas, Multnomah, Washington  
Eugene Metro Area: Lane  
Rest of Valley: Benton, Linn, Yamhill  
Northwest Oregon: Clatsop, Columbia, Lincoln, Tillamook  
Southwest Oregon: Coos, Curry, Douglas, Jackson, Josephine  
Eastern Oregon: Eighteen counties east of the Cascades

Institutional admissions from, and departures to, the Salem area compared with other regions of the state are shown in tabular format as total numbers, percent of state total, and ratios per 10,000 of the region's population (see the Appendix for regional population figures).

THE SALEM AREA  
COMPARED WITH OTHER AREAS

### Summary

Between 1908 and 1972, the Oregon Constitution required that, with certain exceptions, all state institutions be located in the county containing the state capital. That requirement is the primary reason for the current concentration of mental health and correctional institutions and institutional population in the Salem area. In 1980, the city of Salem had the highest proportion of institutional population to total population of any U.S. city between 50,000 and 250,000, and the Salem metropolitan area ranked very high when compared with metropolitan areas of similar size. Also, Salem ranks fourth when total correctional institution capacity and inmate population as a percent of city population are compared with capital cities of other states.

### Constitutional History of Siting Oregon Public Institutions

Currently, most of Oregon's state mental health facilities and correctional institutions are located in Marion County. The siting of Oregon public institutions in Marion County was initially required by a constitutional amendment adopted June 1, 1908. Article XIV, section 3, of the Oregon Constitution of 1859 was amended to read:

All the public institutions of the state not located elsewhere prior to January 1, 1907, shall be located in the county where the seat of government is, excepting where otherwise ordered by an act of the legislative assembly and is ratified by the electors of the state at the next general election following such act, by a majority of all the votes cast on the question of whether or not such act shall be ratified. [Oregon Code 1930, vol. 1., p. 193.]

That provision was then amended by referendum on November 4, 1958, when sections 1 and 3 of article XIV were repealed and replaced. Section 1, which provided for the selection of a state capital yet to be determined, was repealed, and a new section was adopted that read: "The permanent seat of government for the state shall be Marion County." A new section 3 was enacted that read as follows:

All public institutions of this state, other than institutions outside Marion County prior to November 1, 1958, shall be located in Marion County; except that an act of the Legislative Assembly which is ratified by a majority of the votes cast thereon at the next general election held after the passage of such Act may order the location of any public institution to be outside Marion County. [Oregon Laws 1957, p. 1360.]

On November 7, 1972, article XIV, section 3, was repealed by referendum. (Oregon Laws 1971, vol. 2, p. 2260.) But the existence of the requirement from 1908 to 1972 had a profound impact on the size of Marion County's institutional population.

Results of the Constitutional Requirement

The concentration of state institutions in the Salem area is clearly a result of Oregon's historical constitutional requirement. Between 1866, when the penitentiary was moved from Portland to Salem, and 1985, when the Eastern Oregon Correctional Institution began operation in Pendleton, all state correctional institutions were located in Marion County. The two largest Mental Health Division hospitals also are located in Marion County. Oregon's state correctional institutions and hospitals are listed in table 1 by location and date of establishment.

TABLE 1

Oregon Correctional Institutions and Mental Hospitals

Name	Location	Date Established
Oregon State Correctional Institution	Salem	1955
Oregon Women's Correctional Center	Salem	1965
Oregon State Penitentiary <sup>a</sup>	Salem	1866 <sup>b</sup>
Corrections Division Release Center	Salem	1977
Eastern Oregon Correctional Institution <sup>c</sup>	Pendleton	1985
F. H. Dammasch State Hospital	Wilsonville	1961
Eastern Oregon Psychiatric Center	Pendleton	1985
Eastern Oregon Training Center	Pendleton	1985
Fairview Training Center	Salem	1908
Oregon State Hospital	Salem	1883

Source: Oregon Blue Book (1985-86).

<sup>a</sup>The penitentiary also maintains a farm annex near Salem and a forest camp near Tillamook.

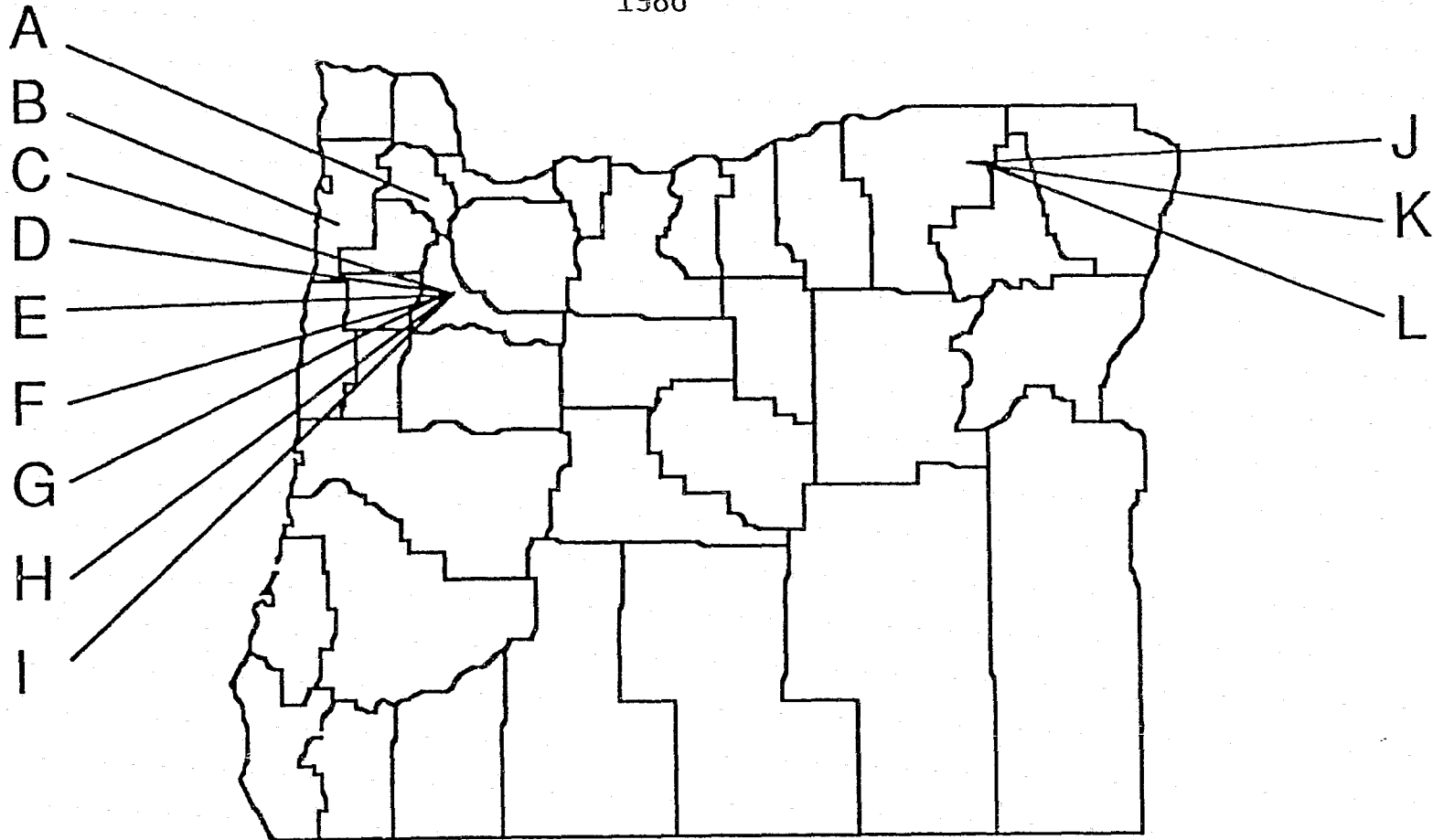
<sup>b</sup>Between 1851 and 1866, the penitentiary was located in Portland.

<sup>c</sup>The 1983 legislature authorized conversion of the Eastern Oregon Hospital and Training Center [established in 1913] to a 350-bed, medium-security facility.



FIGURE 1

LOCATION OF OREGON CORRECTIONAL AND MENTAL HEALTH INSTITUTIONS  
1986



- A. Dammasch State Hospital
- B. Forest Camp
- C. Farm Annex
- D. Oregon State Hospital
- E. Fairview Hospital  
and Training Center
- F. Oregon State Penitentiary

- G. Oregon State Correctional Institution
- H. Correctional Division Release Center
- I. Oregon Women's Correctional Center
- J. Eastern Oregon Training Center
- K. Eastern Oregon Psychiatric Center
- L. Eastern Oregon Correctional Institution

In 1980, the city of Salem had the highest proportion of institutional population of any U.S. city between 50,000 and 250,000 population (see table 2). Institutional population includes residents of mental hospitals, state and local correctional facilities, and other hospitals, schools and homes that provide care for persons with special physical, mental or emotional needs. Residents of homes for the aged are not included. The proportion of institutionalized persons in the top ten cities in Salem's size class ranged from 2.1 percent in Joliet, Illinois, and Pontiac, Michigan, to 6.0 percent in Salem.

TABLE 2

U.S. Cities Between 50,000 and 250,000 with the Highest Proportions  
of Institutional Population to Total Population  
1980

City	Population		% of Total Population in Institutions	Institutional Population, by Type	
	Total	Institutional <sup>a</sup>		Mental Hospitals <sup>b</sup>	All Others <sup>c</sup>
Salem OR	89,233	5,388	6.0%	825	4,563
Columbia SC	101,208	4,477	4.4	1,581	2,896
Vineland NJ	53,753	2,233	4.2	—	2,233
Mansfield OH	53,927	2,144	4.0	40	2,104
Tuscaloosa AL	75,211	2,735	3.6	1,075	1,660
Cranston RI	71,992	2,305	3.2	661	1,644
Waltham MA	58,200	1,392	2.4	530	862
Raleigh NC	150,255	3,257	2.2	709	2,548
Joliet IL	77,956	1,661	2.1	67	1,594
Pontiac MI	76,715	1,630	2.1	962	668

Source: Bureau of the Census, 1980 Census of Population, General Social and Economic Characteristics (individual state reports), table 117.

<sup>a</sup>Excludes residents of homes for the aged.

<sup>b</sup>Residents of mental hospitals include patients receiving care in mental hospitals or psychiatric wards, receiving mental health services in general hospitals or veterans' hospitals, or receiving care in alcoholic treatment and drug addiction centers.

<sup>c</sup>Residents of other institutions include inmates of prisons, reformatories, jails and work houses; hospitals or wards for chronic diseases (except mental); schools, homes, hospitals or wards for the mentally or physically handicapped; orphanages and other homes for dependent and neglected children; residential treatment centers for emotionally disturbed children; training schools for juvenile delinquents; and homes for unwed mothers. For the U.S. as a whole, inmates of correctional institutions represent 58 percent of the population in "other" institutions.

In 1980, the proportion of total population that was institutionalized in the ten metropolitan areas with the highest proportions of institutionalized persons ranged from 1.2 to 4.2 percent (see table 3). The Salem metropolitan area (Marion and Polk counties) ranked fourth, with 2.6 percent of the area's 1980 population living in institutions. The Jackson, Michigan, and Poughkeepsie, New York, metropolitan areas ranked first and second.

TABLE 3  
Metropolitan Areas Between 150,000 and 500,000 with the Highest Proportions of Institutional Population to Total Population 1980

Metropolitan Area	Population		% of Total Population in Institutions	Institutional Population, by Type	
	Total	Institutional <sup>a</sup>		Mental Hospitals <sup>b</sup>	All Others <sup>c</sup>
Jackson MI	151,495	6,330	4.2%	11	6,319
Poughkeepsie NY	245,055	8,482	3.5	2,335	6,147
Columbia SC	410,088	10,630	2.6	3,477	7,153
Salem OR	249,895	6,024	2.4	838	5,186
Lynchburg VA	153,260	2,391	1.6	2,085	306
Topoka KS	185,442	2,405	1.3	945	1,460
Vallejo CA	334,402	4,491	1.3	1,897	2,594
Stockton CA	347,342	4,210	1.2	126	4,084
St. Cloud MN	163,256	1,922	1.2	483	1,439
Salinas CA	290,444	3,430	1.2	24	3,406

Source: Bureau of the Census, 1980 Census of Population, General Social and Economic Characteristics (individual state reports), table 117.

<sup>a</sup>Excludes residents of homes for the aged.

<sup>b</sup>Residents of mental hospitals include patients receiving care in mental hospitals or psychiatric wards, receiving mental health services in general hospitals or veterans' hospitals, or receiving care in alcoholic treatment and drug addiction centers.

<sup>c</sup>Residents of other institutions include inmates of prisons, reformatories, jails and work houses; hospitals or wards for chronic diseases (except mental); schools, homes, hospitals or wards for the mentally or physically handicapped; orphanages and other homes for dependant and neglected children; residential treatment centers for emotionally disturbed children; training schools for juvenile delinquents; and homes for unwed mothers. For the U.S. as a whole, inmates of correctional institutions represent 58 percent of the population in "other" institutions.

Salem is compared with all other state capitals, based on the number and capacity of state adult correctional institutions, in table 4. The table excludes juvenile correctional institutions and community correction facilities. Compared with the forty-nine other capital cities, Salem ranked fourth in terms of adult correction institutional capacity compared with total population.

In 1985, forty-one of the fifty state capitals either had no adult correctional institutions or had one or more institutions with a total capacity of less than 1 percent of the city population.<sup>3</sup> Four capital cities had institutional capacities between 1 and 2 percent of total city population. The institutional capacity of two cities was between 2 and 3 percent of city population: Trenton, New Jersey, had one correctional institution with a capacity of 1,913 inmates, 2.1 percent of Trenton's population; and Salem, Oregon, had four institutions with a total capacity of 2,424, 2.7 percent of Salem's population.

The remaining three cities, with institutional capacities over 3 percent of city population, were Columbia, South Carolina, Carson City, Nevada, and Jefferson City, Missouri. The eleven correctional institutions in Columbia had a combined capacity of 3,161, equal to 3.2 percent of total city population. The four institutions in Carson City had a combined capacity of 1,675 inmates, equal to 4.7 percent of city population, and capacity of the three facilities in Jefferson City was 2,739, 7.8 percent of city population. One reason for the high rankings of Jefferson City and Carson City is that their 1984 populations were relatively small.

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3. Correctional institutions were assigned to cities based on the mailing address of the institution.

TABLE 4

Adult Correctional Institutions Located in Salem  
Compared with Institutions in Other State Capitals  
1985

City	Institution(s)	Security Level	Capacity	Total Capacity As % of City Population
Montgomery AL	Red Eagle Honor Farm	Min	179)	0.5%
	Kilby Corrections Facility	Max, Med, Min	710)	
Juneau AK	Lemon Creek Correctional Center	Max, Med	162	0.7
Phoenix AZ	Arizona Center for Women	Min	154)	0.0
	Alhambra Reception & Treatment Center	Max, Med, Min	) 170)	
Little Rock AR	None			—
Sacramento CA	None			—
Denver CO	None			—
Hartford CT	None			—
Dover DE	Kent Correctional Institution	Max, Med	60	0.3
Tallahassee FL	None			—
Atlanta GA	Metro Correctional Institution	Close Security	699)	0.2
	Atlanta Advancement Center	Min	156)	
	New Horizons Center	Min	85)	
	Metro Transitional Center	Min	47)	
Honolulu HI	Oahu Correctional Center	Med, Min	601	0.1
Boise ID	Idaho State Correctional Institution	Max, Med, Min	720	0.7
Springfield IL	None			—
Indianapolis IN	Indiana Women's Prison	Max	131)	0.0
	Indianapolis Work Release Center	Min	) 48)	
	Indianapolis Women's Work Release	Min	) 35)	
Des Moines IA	None			—

City	Institution(s)	Security Level	Capacity	Total Capacity As % of City Population
Topeka KS	Kansas State Reception & Diagnostic Center	Max	88)	0.2%
	Kansas Correctional-Vocational Training Center	Min	180)	
	Topeka Work Release Center	Min	24)	
Frankfort KY	Frankfort Career Development Center	Min	75	0.3
Baton Rouge LA	State Police Barracks	Min	140	0.0
Augusta ME	None			—
Annapolis MD	None			—
Boston MA	Park Drive Pre-Release Center	Min	50	0.0
Lansing MI	None			—
St. Paul MN	None			—
Jackson MS	None			—
Jefferson City MO	Algoa Correctional Center	Med	470)	7.8
	Missouri State Penitentiary for Men	Max	1,628)	
	Central Missouri Correctional Center	Med, Min	641)	
Helena MT	None			—
Lincoln NE	Diagnostic & Evaluation Center	Max	176)	0.6
	Lincoln Correctional Center	Med, Min	308)	
	Nebraska State Penitentiary	Max, Med, Min	550)	
Carson City NV	Nevada State Penitentiary	Max	546)	4.7
	North Nevada Correctional Center	Med	795)	
	Nevada Women's Correctional Center	Med	166)	
	North Nevada Honor Camp	Min	168)	
Concord NH	New Hampshire State Prison	Max, Med, Min	350)	1.2
	Concord Community Corrections Center	Min	25)	
Trenton NJ	New Jersey State Prison	Max	1,913	2.1

City	Institution(s)	Security Level	Capacity	Total Capacity As % of City Population
Santa Fe NM	Penitentiary of New Mexico	Max, Med, Min	994	1.9%
Albany NY	None			—
Raleigh NC	Central Prison	Max	1,000]	1.2
	Correctional Center for Women	Max, Med, Min	500]	
	Triangle Corrections Center	Min	450]	
	Wake Advancement Center	Min	50]	
Bismark ND	North Dakota Penitentiary	Max, Med, Min	354]	1.0
	North Dakota State Farm	N/A	104]	
Columbus OH	Orient Correctional Institution	Min	1,500]	0.3
	Central Ohio Forensic Unit	Max	74]	
Oklahoma City OK	Mabel Bassett Correctional Center	Max, Med, Min	298	0.1
Salem OR	Oregon State Penitentiary (including Farm Annex)	Max, Med, Min	1,464]	2.7
	Oregon State Correctional Institution	Max, Med, Min	476]	
	Oregon State Women's Correctional Center	Med, Min	80]	
	Corrections Division Release Center	Min	404]	
Harrisburg PA	None			—
Providence RI	None			—
Columbia SC	Campbell Work Release Center	Min	100]	3.2
	Central Correctional Institution	Max, Med	1,215]	
	Goodman Correctional Institution	Min	187]	
	Kirkland Correctional Institution	Max, Med	448]	
	Manning Correctional Institution	Med	346]	
	Maximum Security Center	Max	77]	
	Reception & Evaluation Center	Max	192]	
	Walden Correctional Institution	Min	150]	
	Stevenson Correctional Institution	Min	129]	
	Women's Correctional Center	Med, Min	173]	
	Watkins Pre-Release Center	Min	144]	
Pierre SD	None			

City	Institution(s)	Security Level	Capacity	Total Capacity As % of City Population
Nashville TN	Tennessee State Penitentiary	Max, Med, Min	1,185)	0.4%
	Tennessee Prison for Women	Max, Med, Min	350)	
	Middle Tennessee Reception Center	N/A	) 600)	
	Daberry Correctional Institution	Max	) 285)	
Austin TX	None			—
Salt Lake City UT	None			—
Montpelier VT	None			—
Richmond VA	Virginia State Penitentiary	Max, Med, Min	800	0.4
Olympia WA	None			—
Charleston WV	Charleston Release Center	Min	25	0.0
Madison WI	None			—
Cheyenne WY	None			—

Source: American Correctional Association Directory (1985); 1984 population estimates from Bureau of the Census, Local Population Estimates, series P-26, no. 84 (June 1986).

Note: Includes all adult institutions and release centers with capital city mailing addresses. Does not include juvenile institutions or community correction facilities.



The 1984 inmate population of the nine state capitals with 1985 institutional capacities greater than 1 percent of total city population is shown in table 5. The number of inmates in correctional institutions in Salem, Jefferson City, Columbia and Concord was at least 20 percent higher than their institutional capacities.

TABLE 5

Capacity and Inmate Population of Adult Correctional Institutions:  
State Capitals Where Capacity is 1 Percent  
or More of City Population  
1985

State Capital	1985 Capacity		1984 Inmate Population	
	Total	% of City Population	Total	% of City Population
Jefferson City MO	2,739	7.8%	3,913	11.2%
Carson City NV	1,875	4.7	1,640	4.6
Columbia SC	3,181	3.2	3,796	3.8
Salem OR	2,424	2.7	3,288 <sup>a</sup>	3.6
Trenton NJ	1,913	2.1	1,906	2.1
Santa Fe NM	994	1.9	698	1.3
Raleigh NC	2,000	1.2	N/A	—
Concord NH	375	1.2	460	1.5
Bismark ND	458	1.0	465	1.0

Source: American Correctional Association Directory (1985); 1984 population estimates from Bureau of the Census, Local Population Estimates, series P-26, no. 84 (June 1986).

<sup>a</sup>Includes forest camp in Tillamook County.

### Residents' Perceptions of Community Problems

Each year since 1978, the Department of Justice Crime Analysis Center has mailed the Survey of Serious Crime to a random sample of individuals selected from the Department of Motor Vehicles files. The survey attempts to gauge Oregonians' perceptions of crime and their opinions on a variety of criminal justice issues. Respondents are asked to rate the seriousness of fourteen community problems. Of these problems, which are listed in rank order of seriousness in table 6, violent crime, property crime (burglary and theft), and drug abuse might be more likely to be rated as serious in the Salem area because of its high concentration of prison and mental health facilities. If Salem area residents

TABLE 6

Community Problems Ranked by Severity  
Salem Metropolitan Area and Oregon  
1980, 1983, 1985

Rank	1980		1983		1985	
	Salem Metro Area	Oregon	Salem Metro Area	Oregon	Salem Metro Area	Oregon
1	Cost of Living	Cost of Living	Unemployment	Unemployment	Unemployment	Property Taxes
2	Property Crime	Unemployment	Cost of Living	Property Taxes	Property Taxes	Unemployment
3	Alcohol Abuse	Alcohol Abuse	Property Crime	Alcohol Abuse	Property Crime	Alcohol Abuse
4	Drug Abuse	Drug Abuse	Property Taxes	Cost of Living	Alcohol Abuse	Drug Abuse
5	Unemployment	Property Crime	Alcohol Abuse	Drug Abuse	Drug Abuse	Property Crime
6	Property Taxes	Property Taxes	Drug Abuse	Property Crime	Cost of Living	Cost of Living
7	Violent Crime	Juvenile Delinquency	Juvenile Delinquency	Juvenile Delinquency	Violent Crime	Juvenile Delinquency
8	Juvenile Delinquency	Violent Crime	Violent Crime	Violent Crime	Juvenile Delinquency	Violent Crime
9	Quality Education	Quality Education	Poverty	Poverty	Poverty	Poverty
10	Pollution	Zoning	Quality Education	Quality Education	Quality Education	Zoning
11	White Collar Crime	Poverty	Zoning	Zoning	Zoning	Quality Education
12	Poverty	Pollution	Pollution	Pollution	Pollution	Domestic Violence
13	Zoning	White Collar Crime	Domestic Violence	White Collar Crime	Domestic Violence	Pollution
14	Domestic Violence	Domestic Violence	White Collar Crime	Domestic Violence	White Collar Crime	White Collar Crime

Source: Crime Analysis Center, "Survey of Serious Crime." [Question was "Rate the seriousness of each of the following issues for your community."]

Note: Issues were ranked by severity on a scale of 1 to 5, from which a weighted average was computed for a rank score.

perceive that inmates and patients exiting state prisons and hospitals are committing crimes in that area, those issues would be expected to be ranked highly as serious community issues.

Responses from Marion and Polk counties were isolated from the statewide results to determine whether residents of those two counties perceived the seriousness of community crime problems any differently than residents of the state as a whole. Comparisons were made for the years for which data files were available, 1980, 1983, and 1985. The Marion and Polk sample is small, but it can be used to provide general inferences.<sup>4</sup>

When statewide responses are compared with those from Marion and Polk counties, several trends are evident.

- There is general consistency between regional rankings and statewide rankings. For example, the Salem area's top five issues in 1980 and 1985 also were given top priority statewide. Furthermore, Salem area residents seldom ranked an item more than two positions above or below the statewide ranking.
- Property crime appeared to be the one issue considered somewhat more serious by Salem area residents than by Oregonians as a whole. Salem area residents ranked property crime second in 1980 and third in 1983 and 1985, while the state ranked it fifth in 1980, sixth in 1983, and fifth in 1985.
- Violent crime, on the other hand, appeared to be ranked similarly by both the two counties and the state as a whole. Marion and Polk residents ranked violent crime within one step of the statewide results in each of the three study years, and violent crime was consistently ranked seventh or eighth throughout the three years.
- The two counties and the state as a whole also ranked drug abuse as a serious community problem. For each of the three years, drug abuse was ranked in or near the top five by both.
- Juvenile delinquency, a community problem that might be attributed to nearby state facilities, also showed no great deviation from statewide perceptions. In each year, juvenile delinquency was ranked by Salem area residents within one step of its statewide ranking. And when Salem area residents deviated from the state scale, they ranked it lower than the state ranking.

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4. The Crime Analysis Center received 1,048 responses to its survey in 1985, 1,041 in 1983, and 1,061 in 1980. Of these responses, 101 were from Marion and Polk counties in 1985, 93 in 1983, and 106 in 1980.

The Crime Analysis Center's Survey of Serious Crime suggests that residents of the Salem area may perceive property crime to be a more serious problem for their community than do residents of the state as a whole.<sup>5</sup> But their perceptions of the seriousness of violent crime, juvenile delinquency, and drug abuse closely parallel those of all Oregon residents.

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5. In 1985, Marion County did have the second highest reported property crime rate of any county in Oregon. (Source: Executive Department, Law Enforcement Data System, Report of Criminal Offenses and Arrests, 1985, Salem, (June 1986).)

OREGON CORRECTIONAL INSTITUTIONS

## ADMISSIONS AND INMATE POPULATION

### Summary

Salem area correctional institutions contained almost 3,500 inmates in 1986, a 40 percent increase since 1976. Composition of the inmate population by nature of offense, based on Class C and "other" felony classifications, changed very little during that period; but a significant increase occurred in number and proportion of inmates committed for person crimes compared with property or statutory crimes.

In 1985, 457 inmates of state correctional institutions and 219 new court commitments to correctional institutions were sentenced from the Salem metropolitan area. They represented slightly over 9 percent of Oregon's inmate population and of statewide institutional admissions. The ratios of Salem area inmates and admissions per 10,000 residents of Marion and Polk counties were close to the state average. Since 1980, inmate population and admissions from the Salem area have more than doubled.

### Historical Background

Until September 1985, all Oregon state correctional institutions were located in the Salem area, with the exception of the penitentiary's Forest Camp in Tillamook County. In 1985, the Eastern Oregon Correctional Institution (EOCI) was opened at the site of the Eastern Oregon Hospital and Training Center in Pendleton. The first inmates of EOCI were transferred from Salem facilities.

Oregon's correctional institutions are listed in table 7 by location, opening date, and capacity. Convicted felons sentenced to state institutions are assigned to the Oregon State Penitentiary (OSP), the Oregon State Correctional Institution (OSCI), and the Oregon Women's Correctional Center (OWCC). These three institutions retain jurisdiction over the inmates until they are released to parole or discharged. Most inmates are transferred to either the Corrections Division Release Center (CDRC) or the Women's Release Unit (WRU) approximately eight months before their parole release date or discharge. Those inmates must be minimum-custody and be eligible for temporary leaves. Other minimum-custody status inmates from the penitentiary may be transferred to the Farm Annex and the Forest Camp. Some inmates are transferred to the Correctional Treatment Program at the Oregon State Hospital; since March 1986, this program has been classified and licensed by the state as an adult residential treatment facility. It includes the Mental or Emotionally Disturbed Program, Sex Offender Unit, Social Skills Unit, and Cornerstone Program for chemically dependent recidivist offenders.

TABLE 7

Correctional Institutions  
State of Oregon

Name	Location	Date Opened	1985 Capacity	Description
<b>Oregon State Penitentiary:</b>				
Main Building	Salem	1866 <sup>a</sup>	1,264	Provides housing and confinement to convicted male felons in a maximum-security facility
Farm Annex	Salem	1930	200	Provides work opportunities in general farming procedures for minimum-custody inmates
Forest Camp	Tillamook	1957	75	Provides work opportunities in forest management methods for minimum-custody inmates through a cooperative program between the state Forestry Department and the Corrections Division
Oregon State Correctional Institution	Salem	1959	476	Provides medium/maximum security and confinement for men under age 26 serving sentences for felony corrections
Oregon Women's Correctional Center	Salem	1965	80	Houses female felony offenders under close supervision
Eastern Oregon Correctional Institution	Pendleton	1985	350	Authorized by the 1983 legislature as a medium-security facility for eastern Oregon convicted felons
Corrections Division Release Center <sup>b</sup>	Salem	1977	400	Houses minimum-security men and women who are eligible for temporary leave and are preparing for release; develops and coordinates release programs

Source: American Correctional Association Directory (1985); Oregon Blue Book (1985-86).

<sup>a</sup>Between 1851 and 1866, the penitentiary was located in Portland.

<sup>b</sup>Includes the Women's Release Unit at the Oregon State Hospital.

For table 8, which shows inmate population of correctional institutions in the Salem area from 1976 through the first ten months of 1986, inmate population is defined as "bedspace occupancy" (number of persons physically residing in institutions on the first day of the month). This does not include escapees or those on temporary leave or transferred to other prisons or jails.

TABLE 8

Average Annual Inmate Bed Population  
Oregon Correctional Institutions in Salem Area  
1976-1986

Year	OSP		Farm			OSK			Total
	OSP	(Salem Jail)	OSCI	Annex	OWCC	WRU	CDRC	Wards	
1976	1,408	43	723	194	83	—	—	17	2,468
1977	1,468	43	668	188	80	30	158	31	2,664
1978	1,442	17	674	181	71	29	162	26	2,602
1979	1,477	—	752	204	70	36	203	41	2,783
1980	1,462	—	766	194	66	27	202	99	2,816
1981	1,387	—	770	130	68	10	221	100	2,685
1982	1,496	—	980	210	76	26	292	109	3,187
1983	1,601	—	952	209	79	37	343	114	3,332
1984	1,622	—	932	207	83	35	323	109	3,310
1985	1,700	—	983	209	109	42	319	115	3,476
1986 <sup>a</sup>	1,701	—	979	217	121	36	314	113	3,481

Source: Corrections Division, monthly bed population, by institution, 1975-1986.

Note: Average annual population equals bedspace occupancy of each facility and is the twelve-month average of first-of-the month counts.

<sup>a</sup>Annual average based on bed population for the first ten months.

From 1976 to 1986, total inmate population increased from 2,468 to 3,481, a growth rate of 41 percent. Population increased in most years during the ten-year period. Decreases occurred in only three years--1978, 1981, and 1984. The 5 percent decrease between 1980 and 1981 probably resulted from the August 1980 U.S. District Court ruling that population levels and resulting conditions of confinement at OSP, OSCI and the Farm Annex violated the constitutional rights of inmates and the subsequent court order to reduce bed population at these



institutions by substantial amounts.<sup>6</sup> The slight decrease in population between 1983 and 1984 may have been the result of the 1983 legislature's decision to increase long-term temporary leave before parole or discharge from 90 to 180 days.

#### Inmate Population and Admissions, by Region of Sentencing

Recent trends in Oregon correctional institution inmate population and admissions reveal changes in the geographic distribution of inmates.<sup>7</sup> Table 9 shows inmate population, percent distribution of inmate population, and inmate population per 10,000 residents, by region of sentencing. Similar information for total admissions is provided in table 10.<sup>8</sup> The regions used for analysis are listed in the introduction.

The number of persons for whom the Corrections Division was responsible and who were sentenced in Marion or Polk counties rose from 215 in 1980 to 457 in 1985 (see table 9A). The inmate population originating from the Salem area, thus, more than doubled in the five-year period, compared with a statewide increase of only 45 percent. Except for the 1980-81 period, when the increase in inmates from the Salem area (and from all other substate regions) was insignificant, the annual rates of increase ranged from 15 percent (between 1984 and 1985) to 27 percent (between 1981 and 1982).

The large relative increase in inmate population sentenced to state institutions from the Salem area since 1980 also is reflected in the proportion of total inmate population from the Salem area (see table 9B) and in the ratio of inmate population to resident population (see table 9C). In 1980, the Salem area accounted for 6.5 percent of total inmate population sentenced in Oregon; in 1985, its share was 9.6 percent.

Similarly, the ratio of inmates from the Salem area was 8.5 per 10,000 residents of Marion and Polk counties in 1980, which was the lowest ratio of inmates to residents of any of the defined substate regions

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6. The court order was appealed, and a stay of the order was granted in January 1981. The Ninth U.S. Court of Appeals vacated the order and returned it to the district court. A new trial concluded in December 1982, finding that conditions in the questioned facilities were not unconstitutional.

7. Region of sentencing is aggregated from county of sentencing data. The county of sentencing is usually, but not necessarily, the county in which the crime was committed.

8. Admissions consist of new court commitments. They do not include transfers to Oregon institutions or recommitments for parole or rules violations.

TABLE 9

Inmate Book Population, by Region of Sentencing  
Oregon Correctional Institutions  
1980-1985

Region	1980	1981	1982	1983	1984	1985	Average 1980-85
<b>A: Inmate Population</b>							
Salem Metro Area	215	220	279	334	398	457	317
Portland Metro Area	1,365	1,360	1,634	1,744	1,808	1,974	1,647
Eugene Metro Area	454	469	518	567	588	625	537
Rest of Valley	229	231	252	264	256	271	251
Northwest Oregon	148	145	172	176	191	209	173
Southwest Oregon	467	480	489	523	571	591	520
Eastern Oregon	419	427	458	497	489	536	488
State Total	3,297	3,331	3,802	4,104	4,302	4,763	3,933
<b>B: Percent of Total</b>							
Salem Metro Area	6.5%	6.6%	7.3%	8.1%	9.3%	9.6%	8.1%
Portland Metro Area	41.4	40.8	43.0	42.5	42.0	41.4	41.9
Eugene Metro Area	13.8	14.1	13.6	13.8	13.7	13.1	13.6
Rest of Valley	6.9	6.9	6.6	6.4	6.0	5.7	6.4
Northwest Oregon	4.5	4.3	4.5	4.3	4.4	4.4	4.4
Southwest Oregon	14.2	14.4	12.9	12.7	13.3	12.4	13.2
Eastern Oregon	12.7	12.8	12.1	12.1	11.4	13.4	12.4
State Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
<b>C: Inmates per 10,000 Residents</b>							
Salem Metro Area	8.5	8.6	11.1	13.3	15.6	17.7	12.5
Portland Metro Area	13.0	12.8	15.3	16.5	16.9	18.3	15.5
Eugene Metro Area	16.5	17.0	19.1	21.1	21.9	23.2	19.8
Rest of Valley	10.7	10.7	11.7	12.3	11.9	12.6	11.6
Northwest Oregon	11.8	11.6	13.5	13.9	14.9	16.3	13.7
Southwest Oregon	12.7	13.0	13.4	14.4	15.7	16.0	14.2
Eastern Oregon	11.8	11.9	12.8	14.0	13.6	17.8	13.7
State Average	12.5	12.5	14.3	15.6	16.2	17.8	14.8

**Source:** Corrections Division, monthly computer printouts (PP30-TC06); 1980-85 population from Center for Population Research and Census, Portland State University (see the Appendix).

**Note:** The inmate book population includes all persons for whom the Corrections Division's institutions are responsible, including inmates on temporary leave, inmates transferred to other prisons or jails, inmates in Oregon State Hospital for treatment authorized by Corrections Division, and escapees.

The county of sentencing is the county of the most serious crime if the offender was convicted and sentenced in more than one county. If an offender is returned to an institution because of a rules violation, the original county of sentencing still applies. If an offender is returned to an institution because of commission of a new crime, the new county of sentencing applies only if the new crime is more serious than the original crime.

The annual average figure is the 12-month average of the first-of-the-month counts of all inmates sentenced in Oregon counties. It does not include inmates committed from other states or federal institutions.

and amounted to two-thirds of the statewide average (12.5 inmates per 10,000 residents). Between 1980 and 1985, inmate population increased at a higher rate than did Oregon's total population, and the ratio of inmates to residents increased in all regions. However, the greatest growth in the ratio of inmates to resident population occurred in the Salem area, rising from 8.5 inmates per 10,000 residents in 1980 to 17.7 in 1985. In 1985, the Salem area ratio was equal to the statewide ratio, but it was still lower than the inmate-to-resident ratios of the state's two larger metropolitan areas, Portland and Eugene.

Similar trends are evident when the Salem area is compared with other state regions on the basis of new admissions to the state's correctional institutions. Admissions from Marion and Polk counties increased from 96 in 1980 to 219 in 1985, a growth of 128 percent compared with a statewide growth in prison admissions of 44 percent (see table 10A). As a result of this increase, admissions from the Salem area represented slightly over 9 percent of all Oregon admissions in 1985, while they had represented a little less than 6 percent in 1980 (see table 10B). When calculated on the basis of admissions per 10,000 residents, Salem area admissions rose from 3.8 to 8.5 over the five-year period (see table 10C). The Salem area admissions-to-residents ratio in 1985 was slightly less than the statewide ratio (8.9) and less than the Portland and Eugene area ratios (9.4 and 11.2, respectively).

TABLE 10

New Court Commitments, by Region of Sentencing  
Oregon Correctional Institutions  
1980-1985

Region	1980	1981	1982	1983	1984	1985	Average 1980-85
<b>A: Number of New Commitments</b>							
Salem Metro Area	96	122	149	176	213	219	163
Portland Metro Area	571	614	737	728	862	1,010	754
Eugene Metro Area	229	242	276	271	256	303	263
Rest of Valley	138	114	129	113	132	161	131
Northwest Oregon	71	91	81	98	104	111	93
Southwest Oregon	259	201	258	279	284	332	269
Eastern Oregon	287	220	282	253	269	239	258
State Total	1,651	1,604	1,912	1,918	2,120	2,375	1,930
<b>B: Percent of Total</b>							
Salem Metro Area	5.8%	7.6%	7.8%	9.2%	10.0%	9.2%	8.4%
Portland Metro Area	34.6	38.3	38.5	38.0	40.7	42.5	39.1
Eugene Metro Area	13.9	15.1	14.4	14.1	12.1	12.8	13.6
Rest of Valley	8.4	7.1	6.7	5.9	6.2	6.8	6.8
Northwest Oregon	4.3	5.7	4.2	5.1	4.9	4.7	4.8
Southwest Oregon	15.7	12.5	13.5	14.5	13.4	14.0	13.9
Eastern Oregon	17.4	13.7	14.7	13.2	12.7	10.1	13.4
State Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
<b>C: New Commitments per 10,000 Population</b>							
Salem Metro Area	3.8	4.8	5.9	7.0	8.4	8.5	6.4
Portland Metro Area	5.4	5.8	6.9	6.9	8.1	9.4	7.1
Eugene Metro Area	8.3	8.8	10.2	10.1	9.5	11.2	9.7
Rest of Valley	6.4	5.3	6.0	5.3	6.1	7.5	6.1
Northwest Oregon	5.7	7.3	6.4	7.7	8.1	8.7	7.3
Southwest Oregon	7.1	5.5	7.1	7.7	7.8	9.0	7.4
Eastern Oregon	8.1	6.2	7.9	7.1	7.5	6.7	7.2
State Average	6.3	6.0	7.2	7.3	8.0	8.9	7.3

Source: Corrections Division, "Class C and Other Commitments to OSP, OSCI, OWCC (as reported), by County."

### Inmate Population and Admissions, by Type of Offense

The principal changes in composition of the inmate population between 1977 and 1984 were relative increases in person offenders and relative decreases in property and statutory offenders<sup>9</sup> (see table 11). During that eight-year period, person offenders increased by 88 percent, property offenders increased by 36 percent, and statutory offenders decreased by 14 percent. Recent information indicates that those trends have continued.<sup>10</sup> Large increases in the number of persons convicted and sentenced to state institutions for sex offenses (rape, sodomy and sex abuse), burglary, robbery and homicide were principally responsible for the overall growth in inmate population.

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9. A number of offense classification systems exist. Two systems are used in this report. A person offense is directed against a person, a property offense is directed against property, and a statutory offense involves a statute and is not considered an offense against a person or property. For purposes of coding offenses into the computer for the Corrections Division Offender Tracking System, an offense directed against a person is considered more serious than any offense directed against property, and an offense against property is considered more serious than any offense involving a statute violation.

In addition, felons are classified as A felons, B felons, C felons, and unclassified felons, as stipulated in ORS 161.535. The particular classification of each felony defined in the Oregon Criminal Code (with the exceptions of murder and treason) is designated in the section defining the crime. This classification may be considered as a general measure of offense severity since, according to ORS 161.605, "the maximum term of an indeterminate sentence of imprisonment for a felony is as follows: (1) for a Class A felony, 20 years; (2) for a Class B felony, 10 years; and for a Class C felony, 5 years."

10. Data for November 1, 1986, show the following distribution of inmate population: person offenders, 57.7 percent; property offenders, 35.3 percent; and statutory offenders, 7.0 percent.

TABLE 11

Inmate Population, by Person, Property, and Statutory Offense  
Oregon Correctional Institutions  
Selected Dates, 1977-1984

Offense	1/1/77		1/1/79		6/12/81		1/26/83		11/1/84	
	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
<b>Person:</b>										
Robbery	551	19.4%	546	18.4%	654	20.9%	787	19.8%	859	19.6%
Homicide	306	10.8	369	12.5	415	13.3	484	12.2	559	12.7
Assault	170	6.0	194	6.5	214	6.8	214	5.4	264	6.0
Rape	160	5.6	257	8.7	332	10.6	384	9.7	421	9.6
Sodomy	59	2.1	90	3.0	124	4.0	155	3.9	217	4.9
Sex Abuse	34	1.2	49	1.7	68	2.2	82	2.1	139	3.2
Kidnapping	28	1.0	32	1.1	22	0.7	20	0.5	21	0.5
Other	28	1.0	25	0.8	9	0.3	27	0.7	32	0.7
<b>Total</b>	<b>1,336</b>	<b>47.2%</b>	<b>1,562</b>	<b>52.7%</b>	<b>1,738</b>	<b>55.5%</b>	<b>2,153</b>	<b>54.3%</b>	<b>2,512</b>	<b>57.2%</b>
<b>Property:</b>										
Burglary	731	25.8	715	24.1	738	23.6	986	24.9	1,041	23.7
Theft	213	7.5	205	6.9	195	6.2	261	6.6	290	6.6
Vehicle Theft	96	3.4	107	3.6	116	3.7	127	3.2	83	1.9
Forgery	92	3.2	85	2.9	76	2.4	100	2.5	112	2.6
Arson	23	0.8	30	1.0	36	1.2	53	1.3	56	1.3
Fraud	15	0.5	5	0.2	4	0.1	7	0.2	1	0.0
Vandalism	6	0.2	6	0.2	5	0.2	13	0.3	18	0.4
<b>Total</b>	<b>1,176</b>	<b>41.5%</b>	<b>1,153</b>	<b>38.9%</b>	<b>1,170</b>	<b>37.4%</b>	<b>1,547</b>	<b>39.0%</b>	<b>1,601</b>	<b>36.5%</b>
<b>Statutory:</b>										
Drugs	205	7.2	106	3.6	72	2.3	91	2.3	109	2.5
Escape	42	1.5	17	0.6	31	1.0	19	0.5	15	0.3
Weapons	16	0.6	19	0.6	14	0.4	19	0.5	19	0.4
Driving	16	0.6	67	2.3	78	2.5	110	2.8	106	2.4
Fail to Appear	9	0.3	14	0.5	11	0.4	8	0.2	14	0.3
Other	33	1.2	24	0.8	16	0.5	18	0.5	13	0.3
<b>Total</b>	<b>321</b>	<b>11.3%</b>	<b>247</b>	<b>8.3%</b>	<b>222</b>	<b>7.1%</b>	<b>265</b>	<b>6.7%</b>	<b>276</b>	<b>6.3%</b>
<b>Total Reported</b>	<b>2,833</b>	<b>100.0%</b>	<b>2,962</b>	<b>100.0%</b>	<b>3,130</b>	<b>100.0%</b>	<b>3,965</b>	<b>100.0%</b>	<b>4,389</b>	<b>100.0%</b>

**Source:** Corrections Division, special computer runs.

**Note:** Inmate population includes all persons for whom the Corrections Division's institutions are responsible, including inmates on temporary leave, inmates transferred to other prisons or jails, inmates in Oregon State Hospital for treatment authorized by Corrections Division, and escapees. The most serious offense is tabulated if the offender was convicted and sentenced for more than one offense.

Between 1977 and 1985, Class C felon admissions represented about half of all admissions to state correctional institutions (see table 12). While this proportion has fluctuated over the years, from 47 percent in 1980 to 53 percent in 1982, no consistent pattern is evident in the annual figures for Class C felon and other felon admissions. Since 1977, C felon admissions have increased by 54 percent, other felon admissions by 49 percent, and total admissions by 51 percent.

TABLE 12

New Court Commitments, by Class C Felons and All Other Felons  
Oregon Correctional Institutions  
1977-1985

Year	Class C Felons	% of Admissions	Other <sup>a</sup> Felons	% of Admissions	Total Admissions
1977	753	48.0%	816	52.0%	1,569
1978	845	50.6	826	49.4	1,671
1979	907	51.2	865	48.8	1,772
1980	779	47.2	872	52.8	1,651
1981	762	47.5	842	52.5	1,604
1982	1,004	52.5	908	47.5	1,912
1983	983	51.3	935	48.7	1,918
1984	1,067	50.3	1,053	49.7	2,120
1985	1,158	48.8	1,217	51.2	2,375
1977-1985 Average	918	49.7%	926	50.3%	1,844

Source: Corrections Division, "Class C and Other Commitments to OSP, OSCI, OWCC (as reported), by County."

<sup>a</sup>Other felons include Class A, Class B, and unclassified.

Institutional Releases, by Length of Stay

A recent analysis of releases from Oregon correctional institutions reveals that the median length of stay of institutional releases has declined slightly, from 14 months in 1977 and 1978 to 12 months in 1983 (see table 13). However, opposing length-of-stay trends are evident when A and B felon releases are compared with C felon releases. The median length of stay for both A and B felons

increased between 1978 and 1983--from 16 to 22 months for A felons and from 16 to 19 months for B felons. Conversely, the length of stay of C felons decreased from 13 months in 1977 to 8 months in 1983. Thus, the average time served by inmates sentenced for more serious crimes has increased in recent years, while the time served for less serious crimes has decreased.

TABLE 13

Institutional Releases,  
by Median Length of Stay and Type of Felony  
Oregon Correctional Institutions  
1977-1983

Most Serious Crime	FY 1977	FY 1978	FY 1982	FY 1983
<b>A-Felony</b>				
Number of Cases	174	406	418	501
Length of Stay	16	18	21	22
<b>B-Felony</b>				
Number of Cases	30	98	121	101
Length of Stay	16	19	20	19
<b>C-Felony</b>				
Number of Cases	351	649	678	820
Length of Stay	13	12	8	8
<b>Total Releases</b>				
Number	555	1,153	1,217	1,422
Length of Stay	14	14	13	12

Source: Crime Analysis Center, Department of Justice, Outcome Measure and Related Data to Support Evaluation of the Community Corrections Act of 1977 (Salem, March 1985).

Note: Releases include persons who entered prison as new court commitments. Length of stay is shown in months and is defined as the time from admittance to final release from the correctional institution, including time spent on temporary leave, but excluding time spent in local jails.



### Movements of Inmate Visitors

In July 1986, a Corrections Division study was undertaken to document residence locations of persons eligible to visit inmates and residence changes made after the inmate was committed to a state correctional facility.<sup>11</sup> About 24 percent of all inmates on July 23, 1986, had no visitors recorded on the institutions' official visitor lists. An estimated 15,650 eligible visitors were listed for inmates with one or more eligible visitors. About 16 percent of those visitors, approximately 2,500 to 2,600, lived in the Salem area (see table 14).

As shown in the table, the net movement of visitors into and out of various regions of the state between the time of inmate commitment and July 23, 1986, was fairly insignificant. The only significant movement was to "other" locations--out of the state or unknown. However, the net mobility figures conceal total visitor migration to and from sub-state areas; they show only that in-migration and out-migration were relatively balanced. For example, about 10 percent of all inmate visitors living in Marion and Polk counties in July 1986 had moved there since the inmate was committed to a correctional facility.

Slightly over 70 percent of all visitors who moved into the Salem area were related to inmates; the rest were friends. Inmate family members who moved to the Salem area constituted about 60 to 100 family units, i.e., one or more persons related to an inmate. Slightly less than half the family units were inmate spouses with one or more children. Approximately 70 to 100 children of inmates moved to the Salem area with their father or mother.

Nine percent of inmate visitors who lived in the Salem area when the inmate was committed had moved elsewhere by July 1986. No information was collected on the reasons for visitor moves, i.e., whether visitors moved into or out of the Salem area because the inmate was incarcerated in Marion County or for other reasons. However, judging by the relationship between visitors and inmates, more closely related family members (spouses and children) tended to move into the Salem area, while less closely related family members (cousins, brothers-in-law, nephews, fathers, mothers) moved out of the Salem area. In addition, a slightly greater proportion of visitors who moved away from the Salem area were friends of inmates compared with visitors who moved in. Thus, some indirect evidence exists that the movement of many

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11. The number of eligible visitors of a 20 percent sample of inmates under the supervision of the Corrections Division on July 23, 1986, was tabulated by visitor location at the time the inmate was committed and by current visitor residence. The relationship of the visitor to the inmate also was recorded. Figures shown in this section are estimates derived from the 20 percent sample and represent preliminary study findings.

visitors to the Salem area may be related to the presence of an inmate in a correctional facility, while visitors who leave the Salem area may do so for other reasons.

The Corrections Division study provides no explicit time frame. The movement of visitors to and from the Salem area was measured over an indefinite period--from the time the individual inmate was committed to July 1986. Therefore, no conclusions can be drawn regarding the number of inmate families or children who take up residence in Marion and Polk counties in a specific year or month.

TABLE 14

Residence of Inmates' Eligible Visitors  
at Time of Inmate Commitment and on July 23, 1986

Region	At Time of Inmate Commitment		July 23, 1986	
	Number	% of Total	Number	% of Total
Salem Metro Area	2,545	16.3%	2,580	16.5%
Portland Metro Area	5,595	35.8	5,350	34.2
Eugene Metro Area	1,565	10.0	1,535	9.8
Rest of Valley	1,320	8.4	1,200	7.7
Northwest Oregon	550	3.5	550	3.5
Southwest Oregon	1,415	9.0	1,315	8.4
Eastern Oregon	750	4.8	715	4.6
Other <sup>a</sup>	1,910	12.2	2,405	15.3
Total	15,650	100.0%	15,650	100.0%

Source: Corrections Division, Planning and Program Review Unit, Inmate Visitor Study (1987), based on a 20 percent sample of inmates on July 23, 1986.

<sup>a</sup>Out of the state or unknown.

## INMATE DEPARTURES INTO THE COMMUNITY

### Summary

Analysis of Oregon state correctional institution admissions and departures reveals that the Salem area (where all correctional facilities were located until Eastern Oregon Correctional Institution opened in September 1985) received relatively more inmates leaving correctional facilities than were admitted to state prisons from that area. Departures to the Salem area by short- and long-term leave, parole, and escape were all relatively higher than departures to the state as a whole and to the Portland and Eugene areas, the other two major urban areas in the Willamette Valley. In 1985, the Salem area did receive a disproportionate share of ex-institutionalized persons from the state correctional institutions.

### Type of Inmate Departures, by Region of Departure

Inmates leave Oregon correctional facilities and re-enter the community in a number of ways. The sequence of movement from institution to community that involves the majority of inmates and represents the greatest amount of time they spent outside the institution is:

- (1) Granting of long-term temporary leave;
- (2) Release to parole; then
- (3) Discharge from parole.

Other methods by which inmates leave correctional facilities include:

- (1) Short-term temporary leave;
- (2) Escape; and
- (3) Supervised trips.

Each type of inmate exit is described below. The number and geographic location of the inmates or releasees in the community also are analyzed. Finally, the outflow of inmates and releasees to the Salem area and to other regions of the state is compared with admissions to state correctional institutions from those regions.

### Long-Term Temporary Leave

Long-term temporary leave may be granted for a period of up to 180 days preceding the inmate's established parole-release or discharge date. To be eligible for temporary leave, an inmate must meet statutory

requirements and Corrections Division criteria.<sup>12</sup> If leave criteria are met, an inmate may develop a leave plan with assistance from a release services counselor, taking into account the inmate's needs for housing, clothing, transportation, vocational training, employment, alcohol/drug rehabilitation and other therapy. If the plan is approved by the releasing authority, long-term leave is granted, and inmate supervision is transferred to the appropriate field services office. The primary purpose of a leave is to allow an inmate to locate housing and employment and to develop coping skills in a local community while under active supervision before release to parole.

The long-term leave program began in 1980, when "terminal leaves" of up to 90 days were approved by the special session of the Oregon legislature. This program took the place of residential work and educational release houses which had operated in various locations throughout the state.<sup>13</sup> The program was extended by the 1983 legislature, which authorized the Corrections Division to grant up to 180 days of temporary leave from prison before parole or discharge. Because of sentence expiration and other reasons, the average long-term leave is slightly over 100 days.

Between 1983 and 1985, when long-term leaves were extended to a maximum of 180 days, the number of inmates supervised by field offices increased from 380 to 478 (see table 15). Probably due to greater opportunities for housing and employment in large urban areas, over 75 percent of the approved leaves were to Willamette Valley communities during those three years. The number of inmates supervised by the Marion County Community Corrections Department and the Dallas field office (which together cover the Salem metropolitan area) grew from 54 in 1983 to 78 in 1985. The ratio between long-term leaves and Salem area population was three per 10,000 residents in 1985--two-thirds higher than the state average.

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12. An inmate must have served the minimum term imposed by the court (with certain exceptions: see ORS 161.610, 163.105, and 163.115), be within one year of the established release date (with the exception of the Corrections Division Release Center maintenance-assigned inmates), be judged by staff not to be a threat to the community, be in suitable physical and mental condition, and have a reason and program for the leave approved by staff and consistent with acceptable corrections practices (OAR 291-116-015).

13. The houses were closed because of operation costs, lack of community acceptance, and inflexibility of location. All educational programs for inmates are now provided within Corrections Division institutions.

TABLE 15

Long-Term Leaves from Oregon Correctional Facilities,  
by Region of Supervising Field Office  
1983-1985

Region	1983			1984			1985		
	Leaves	% of Total	Leaves per 10,000 Population	Leaves	% of Total	Leaves per 10,000 Population	Leaves	% of Total	Leaves per 10,000 Population
Salem Metro Area	54	14.2%	2.2	64	13.7%	2.5	78	16.3%	3.0
Portland Metro Area	181	47.6	1.7	202	43.3	1.9	215	45.0	2.0
Eugene Metro Area	38	10.0	1.4	56	12.0	2.1	52	10.9	1.9
Rest of Valley	24	6.3	1.1	33	7.1	1.5	25	5.2	1.2
Northwest Oregon	14	3.7	1.1	18	3.9	1.4	17	3.6	1.3
Southwest Oregon	32	8.4	0.9	55	11.8	1.5	51	10.7	1.4
Eastern Oregon	37	9.7	1.0	38	8.2	1.1	40	8.3	1.1
State Total	380	100.0%	1.4	466	100.0%	1.8	478	100.0%	1.8

Source: Corrections Division monthly field reports. (An annual average was computed from the twelve monthly reports.)

Note: Includes inmates on short-term leave of between 6 and 30 days.

### Parole

The actual sentence length is determined by the state Board of Parole when an offender is sentenced to an Oregon correctional facility. Within six months after an inmate is admitted to a Corrections Division institution, the Board must schedule a prison-term hearing to establish the length of confinement. Using sentencing guidelines based on severity of offense, an inmate's criminal history, and a risk assessment (commonly referred to as the matrix), the Board establishes a parole release date and sets conditions for parole. An inmate released to parole must be under active parole supervision during the first six months of the parole period and cannot be discharged during that period unless the sentence imposed by the court expires at an earlier date. The Board will require a longer period of active supervision if it is considered necessary for the welfare of the parolee or of society, if the inmate commits a technical violation of parole, if the inmate has been sentenced to pay restitution and payment has not been completed, or for other reasons.

The 1977 legislature established the Advisory Commission on Prison Terms and Parole Standards to develop release (length-of-sentence) guidelines. These guidelines formed the matrix system, which was amended in 1980 by the Commission based on Parole Board research.<sup>14</sup> The 1981 legislature reduced the minimum period of parole supervision from one year to six months.<sup>15</sup> Because of the general reduction in length of parole, the number of parolees supervised by Corrections Division field offices decreased substantially between 1981 and 1982 (see table 16A). Between 1982 and 1985, however, the average number of parolees under supervision increased from 1,173 to 1,453, or by 24 percent.

The geographic distribution of parolees throughout the state is very similar to the distribution of inmates on long-term leave (see tables 15 and 16B) because most inmates are released to parole status from the communities where they have resided during long-term temporary leave. In 1985, an average of 255 inmates were supervised in Marion and Polk counties, 17.5 percent of the state total. Almost 10 parolees per 10,000 residents were supervised in the Salem area, compared with 5.4 statewide (see table 16C). Ratios for the Portland and Eugene areas were 6.0 and 6.3, respectively.

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14. For current guidelines, see OAR 255-35-005 through 255-35-035 and exhibits A through E.

15. 1981 Or. Laws, c. 425.

TABLE 16

Paroles from Oregon Correctional Facilities,  
by Region of Supervising Field Office  
1980-1985

Region	1980	1981	1982	1983	1984	1985
<b>A: Number of Parolees</b>						
Salem Metro Area	340	289	184	233	234	255
Portland Metro Area	1,126	998	537	585	563	652
Eugene Metro Area	262	211	137	162	172	171
Rest of Valley	132	113	87	95	84	84
Northwest Oregon	72	54	33	47	46	50
Southwest Oregon	184	160	90	110	101	134
Eastern Oregon	175	182	104	121	108	109
State Total	2,291	2,007	1,172	1,353	1,308	1,455
<b>B: Percent of Total</b>						
Salem Metro Area	14.8%	14.4%	15.7%	17.2%	17.9%	17.5%
Portland Metro Area	49.2	49.7	45.8	43.3	43.1	44.8
Eugene Metro Area	11.5	10.5	11.7	12.0	13.2	11.8
Rest of Valley	5.8	5.6	7.4	7.0	6.4	5.8
Northwest Oregon	3.1	2.7	2.8	3.5	3.5	3.4
Southwest Oregon	8.0	8.0	7.7	8.1	7.7	9.2
Eastern Oregon	7.6	9.0	8.9	8.9	8.2	7.5
State Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
<b>C: Paroles per 10,000 Population</b>						
Salem Metro Area	13.5	11.3	7.3	9.3	9.2	9.9
Portland Metro Area	10.7	9.4	5.0	5.5	5.3	6.0
Eugene Metro Area	9.5	7.7	5.1	6.1	6.4	6.3
Rest of Valley	6.2	5.2	4.0	4.4	3.9	3.9
Northwest Oregon	5.7	4.3	2.6	3.7	3.6	3.9
Southwest Oregon	5.0	4.3	2.5	3.0	2.8	3.6
Eastern Oregon	4.9	5.1	2.9	3.4	3.0	3.0
State Average	8.7	7.5	4.4	5.1	4.9	5.4

Source: Corrections Division monthly field office reports. (An annual average was computed from the twelve monthly reports.)

## Discharge

Discharges consist of sentence expirations, discharges from parole, federal or state transfers, court-ordered discharges, or death. Most discharges are granted by the state Board of Parole, based on a recommendation from the supervising parole officer that the parolee has satisfactorily performed parole obligations. If the Board concurs with the recommendation, it makes a final order of discharge and issues a certificate of discharge to the paroled prisoner.<sup>16</sup> Only a small proportion of persons leave the jurisdiction of the Corrections Division because of sentence expiration or other types of release (see table 17). Between 1980 and 1985, the number of inmates leaving because of sentence expiration declined steadily to only 4 percent of total releases in 1985.

TABLE 17

All Releases from Oregon Corrections Division  
1980-1985

Year	Sentence Expiration	Parole and Parole Reinstatement	Other <sup>a</sup>	Total Releases
1980	219	2,048	16	2,283
1981	175	1,722	26	1,923
1982	148	1,727	27	1,904
1983	135	2,378	16	2,529
1984	117	2,323	21	2,461
1985	111	2,551	17	2,679

Source: Corrections Division, "Releases from Institutions."

<sup>a</sup>Other releases include federal and state transfers, court-ordered releases, and deaths.

Information regarding the geographic location of inmates and parolees at the time of discharge is not available. However, it can be assumed that parolees given certificates of discharge are likely to be in their parole supervision area, and, thus, their geographic distribution at the time of discharge would be similar to the distribution of all parolees (see table 16A).

16. See ORS 144.310 and OAR 255-90-005 and 255-90-010.



Inmates leaving Corrections Division custody because of sentence expiration are discharged (1) from leave, (2) from a correctional facility into the Salem area, or (3) from a correctional facility into custody of a sheriff or to a corrections agency in another state. The distribution of inmates within the three sentence-expiration discharge types is not known. However, since only 111 inmates were discharged because of sentence expiration in 1985, the number who left correctional facilities and stayed in the Salem area was probably fairly small.

Escapes

Escapes constitute another form of leave-taking from correctional facilities. Escape is an unlawful departure from a correctional institution, including failure to return to custody from short-term leave or a supervised trip.<sup>17</sup> A large increase in the number of escapes from the jurisdiction of Oregon State Penitentiary (OSP), Oregon State Correctional Institution (OSCI), and Oregon Women's Correctional Center (OWCC) has occurred since 1980 (see table 18). The greatest escalation in escapes took place between 1980 and 1981 (when long-term leave was increased from 30 to a maximum of 90 days) and between 1983 and 1984 (when long-term leave was increased to a maximum of 180 days).

TABLE 18

Escapes from Oregon Correctional Institutions  
1980-1985

Year	OSP	OSCI	OWCC	Total
1980 <sup>a</sup>	122	52	15	189
1981	311	175	16	502
1982	271	193	30	494
1983	218	149	38	405
1984	399	280	84	763
1985	468	234	89	791

Source: Corrections Division, monthly escape or out-count reports.

<sup>a</sup>Eleven months only.

17. In Oregon, an inmate is placed on escape status for a variety of reasons, ranging from failure to return on time from short-term leave to over-the-wall escape from Oregon State Penitentiary (last attempted in 1980). Other forms of escape include failure to report to the supervising field office while on long-term leave, and walk-aways from minimum-custody facilities.

In 1985, the distribution of escapes by A, B and C felony classification was as follows:

<u>Classification</u>	<u>Number of Escapes</u>
A Felony	314
B Felony	63
C Felony	390
Unclassified	4
Unknown	<u>20</u>
Total	791

This distribution is similar to recent distributions of inmate admissions, by felony type, to state prisons. For example, in 1985, Class C felons made up 49 percent of new court commitments to state prisons and 50 percent of escapes.

Escape logs and inmate files at the Oregon State Penitentiary, Oregon State Correctional Institution, and Oregon Women's Correctional Center were examined to determine inmate location when he/she went on escape status. Table 19 shows the region of the state from which inmates escaped during 1985. Of 731 escapes for which information could be found, 401 escapes (55 percent) were by inmates who were on leave, i.e., outside the institutions at the time of escape, and 330 escapes (45 percent) were by inmates who walked away from minimum security correctional facilities.

Over half the escapes in 1985 occurred in the Salem area. Most were made by inmates who walked away from correctional facilities, primarily from the Farm Annex and the Corrections Division Release Center (CDRC). The remainder occurred when inmates on leave in Marion or Polk counties did not return from leave. The ratio of escapes per 10,000 population was over five times as high for the Salem area as for the state as a whole.

When an inmate escape is discovered by the Corrections Division, an All Points Bulletin is circulated to state and local law enforcement agencies. Since CDRC and the Farm Annex are in the city of Salem, the Salem Police Department, as well as the Oregon State Police, is involved in the apprehension of all escapees from these facilities.

TABLE 19

Escapes from Oregon Correctional Institutions,  
by Region of Escape  
1985

Region of Escape	Jurisdiction <sup>a</sup>			Total	% of Total	Escapes per 10,000 Population
	OSP	OSCI	OWCC			
Salem Metro Area	251	95	60	406	55.5%	15.7
Leave	42	28	13	83	11.3	3.2
CTP (OSH) <sup>b</sup>	5	12	3	20	2.7	0.8
WRU (OSH) <sup>c</sup>	0	0	44	44	6.0	1.7
CDRC	96	44	0	140	19.2	5.4
Farm Annex	108	0	0	108	14.8	4.2
OSCI	0	11	0	11	1.5	0.4
OSP	0	0	0	0	0.0	0.0
OWCC	0	0	0	0	0.0	0.0
Portland Metro Area	128	75	15	218	29.8	2.0
Eugene Metro Area	19	18	2	39	5.3	1.4
Rest of Valley	4	7	1	12	1.6	0.6
Northwest Oregon	7	9	1	17	2.3	1.3
Leave	0	9	1	10	1.4	0.8
Forest Camp	7	0	0	7	1.0	0.5
Southwest Oregon	11	9	0	20	2.7	0.5
Eastern Oregon	4	10	1	15	2.1	0.4
Out of State	2	2	0	4	0.5	—
<b>Total</b>	<b>426</b>	<b>225</b>	<b>80</b>	<b>731</b>	<b>100.0%</b>	<b>2.7</b>

**Source:** Corrections Division, OSP, OSCI and OWCC inmate files and 1985 escape logs.

**Note:** Information was obtained for the following proportion of escapes listed in the log books: OSP, 87 percent; OSCI, 98 percent; OWCC, 90 percent. No attempt was made to classify escapes by potential danger to the community or to ascertain whether a new crime was committed while an inmate was on escape status.

<sup>a</sup>An inmate is under the jurisdiction of OSP, OSCI or OWCC until release or discharge. For example, an inmate assigned to the Farm Annex or Forest Camp is still under OSP jurisdiction.

<sup>b</sup>Correctional Treatment Program, Oregon State Hospital.

<sup>c</sup>Women's Release Unit, Oregon State Hospital.

A very different geographic pattern is evident when escapes are tabulated by region of escapee arrest (see table 20). Based on arrests of escapees from OSP during 1985, most appear to travel toward the Portland area or out of state soon after they escape. Almost 70 percent of all escapee arrests took place in either Clackamas, Washington or Multnomah counties or outside Oregon. The Salem area, into which over half the escapes were made, accounted for only 9 percent of the arrests. Escapees, rather than remaining in the Salem area, appear to go elsewhere.

TABLE 20  
Escapes from Oregon State Penitentiary,  
by Region of Arrest  
1985

Region	Number of Escapes	% of Total	Escapes per 10,000 Population
Salem Metro Area	36	9.1%	1.4
Portland Metro Area	171	43.1	1.6
Eugene Metro Area	22	5.5	0.8
Rest of Valley	14	3.5	0.6
Northwest Oregon	15	3.8	1.2
Southwest Oregon	22	5.5	0.6
Eastern Oregon	12	3.0	0.3
Out of State	105	26.5	—
Total	397	100.0%	1.1 <sup>a</sup>

Source: Corrections Division, OSP inmate files and 1985 escape logs.

Note: Some OSP escapees included in table 19 are still on escape status or turned themselves in and are therefore not included in table 20. Some escapees included in table 20 were excluded from table 19 because of lack of information on place of escape.

<sup>a</sup>Oregon only. Does not include escapees arrested out of state.

### Short-Term Temporary Leave

A short-term temporary leave is for up to 30 days, after which an inmate is expected to return to the releasing facility. Requirements and criteria governing short-term leave are the same as those for long-term temporary leave (see footnote 12). Approval of short-term leave is granted for a number of reasons, e.g., to allow an inmate to visit family members, attend a relative's funeral, obtain medical services, contact prospective employers, or establish a release program. Short-term leaves are generally limited to one every 30 days, except at CDRC where they may be allowed weekly if all leave requirements and criteria are met.<sup>18</sup>

While short-term temporary leave may be granted from OSP, OSCI, OWCC, WRU, CDRC and the Correctional Treatment Program (CTP) at Oregon State Hospital, most leaves occur from either CDRC or CTP. Inmates at the three institutions (OSP, OSCI, and OWCC) generally do not meet the eligibility criteria for leave, and leave is rarely granted.<sup>19</sup> Therefore, an analysis of short-term leave destination was made only for inmates residing at CDRC and at Oregon State Hospital.

Historical data regarding the destination of short-term leaves from CDRC are not available. An investigation was made of leave destinations of the current population of CDRC on November 14, 1986.<sup>20</sup> Of 330 inmate files examined, 127 inmates had been granted one or more leaves (see table 21). All leaves were for five days or less and averaged slightly less than three days. Most leaves were for visiting family members; a few were for doctors' appointments, attending church, or hospital emergencies. As of November 14, the inmate population had taken 664 short-term leaves. Over 90 percent of the leaves were to destinations within the Willamette Valley, or less than two hours driving time from Salem. Almost one-quarter of the leaves were taken in Marion or Polk counties.

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18. See OAR 291-116-030.

19. The passage of Ballot Measure 10 reduces the number of short-term temporary leaves, since applications for leave now must be submitted at least 30 days, rather than 10 days, in advance of the leave date.

20. Information thus does not reflect a specific period of time. The length of stay of current inmates at CDRC, for example, ranged from less than one week to over a year (for maintenance-assigned inmates). The number of leaves taken ranged from none (for 60 percent of the inmates) to 20. Therefore, the distribution of leaves, by destination, may be distorted by the large number of leaves taken by a minority of the inmate population.

TABLE 21

Short-Term Temporary Leaves  
CDRC Inmate Population  
November 14, 1986

Region	Inmates with One or More Leaves			Leaves Taken		
	Number	% of Total	Number per 10,000 Population	Number	% of Total	Number per 10,000 Population
Salem Metro Area	31	24.4%	1.2	164	24.7%	6.4
Portland Metro Area	46	36.2	0.4	275	41.4	2.6
Eugene Metro Area	14	11.0	0.5	64	9.6	2.4
Rest of Valley	18	14.2	0.8	104	15.7	4.8
Northwest Oregon	4	3.2	0.3	7	1.1	0.5
Southwest Oregon	8	6.3	0.2	24	3.6	0.7
Eastern Oregon	5	3.9	0.1	25	3.8	0.7
Out of State	1	0.8	—	1	0.1	—
Total	127	100.0%	0.5	664	100.0%	2.5

Source: Corrections Division, CDRC inmate files, November 14, 1986.

Almost all leaves granted from the Correctional Treatment Program are for less than one day and average two to three hours. They are part of an inmate's transitional program before being released to parole and are preceded by staff-supervised trips into the community. Each leave is planned and structured by the inmate's treatment team and is for employment purposes, a family visit, or community reorientation--eating in a restaurant, grocery shopping, attending church or an Alcoholics Anonymous meeting, going to a movie.

During two and one-half months in late 1986, 532 temporary leaves of less than one day each were taken by CTP inmates (see table 22). Half the leaves were granted to inmates in the Cornerstone Program, i.e., the minimum custody unit for chemically dependent recidivist offenders. Salem was the destination for 95 percent of the leaves. No escapes occurred from those leaves.

TABLE 22

Short-Term Temporary Leaves  
Correctional Treatment Program  
October 1, 1986, to December 18, 1986

Destination	MED <sup>a</sup>	Sex Offender	Social Skills	Cornerstone	CTP Total
Salem	162	60	36	245	503
Elsewhere	4	4	0	21	29
Total	166	64	36	266	532

Source: Memorandum from Dallas Northcott, Correctional Treatment Program, to Niel Chambers, Corrections Division, December 18, 1986.

Note: All leaves tabulated above were for less than one day and averaged two to three hours in length.

<sup>a</sup>Mentally or Emotionally Disturbed Program.

### Supervised Trips

A supervised trip is a nonroutine trip outside a Corrections Division facility while under the supervision of an authorized person. Trips may be granted to visit family members or a seriously ill relative, to attend a relative's funeral, or to obtain medical services, as well as for civic purposes or community reorientation. Supervised trips are not approved for purely social purposes. While the requirements for approval of supervised trips are not as stringent as for temporary leave, inmates must meet certain criteria to be allowed a supervised trip.<sup>21</sup>

No examination was made of the destination of supervised trips. Because an authorized escort is present, and inmates are sometimes physically constrained, the assumption was made that these trips do not pose a threat to the community. Escapes from supervised trips are extremely rare.

21. Inmates must be in suitable physical and mental condition and be judged by staff not to be a threat to the community, their interests and program must be consistent with the trip purpose, and their level of performance during incarceration must indicate a reasonable expectation that the trip will be successful (OAR 291-116-040).

### Departures Compared with Admissions

In 1985, 219 persons from the Salem area were sentenced to state correctional facilities as new court commitments.<sup>22</sup> This figure represented 9.2 percent of 1985 statewide admissions and 8.5 admissions per 10,000 residents of Marion and Polk counties. The ratio of admissions to residents was slightly below the statewide average (8.9) and below admission-to-population ratios for the Portland area (9.4) and the Eugene area (11.2).

The proportion of all types of departures (short- and long-term temporary leave, parole, discharge, and escape) from state correctional facilities into the Salem area was higher than the proportion of admissions from that area in 1985. In all cases, the ratio of departures per 10,000 population was consistently above the state average and above ratios for the Portland and Eugene areas (see table 23 and below). Comparisons of Salem area admissions and departures with other regions are shown in figures 2 through 7.

Long-Term Temporary Leaves. The Marion County Community Corrections Department and the Dallas field office supervised 16 percent of all inmates on long-term leave in Oregon in 1985--three persons on leave per 10,000 residents, compared with the statewide ratio of 1.8, the Portland area ratio of 2.0, and the Eugene area ratio of 1.9.

Parole. Similar to long-term leave, 17.5 percent of all parolees in Oregon were supervised in Marion and Polk counties in 1985. The ratio of parolees was substantially higher than the state average and the ratios for the Portland and Eugene areas.

Discharges. If the assumption is made that almost all inmates are discharged from their parole location, and that a small number are discharged directly from state institutions into the Salem area, then the proportion of statewide discharges into the Salem area in 1985 was somewhat over 17 percent.

Escapes. Over half of all escapes from Corrections Division supervision occurred in the Salem area in 1985. Most escapees walked away from institutions; a few did not return to custody from leaves in Marion and Polk counties. However, the proportion of escapees arrested in the Salem area was relatively small, indicating that most do not remain in the Salem area.

Short-Term Temporary Leave. Although information is incomplete, it appears that most CDRC short-term leave destinations are in the Willamette Valley. Almost one-quarter of leaves taken by inmates residing at CDRC in November 1986 were in Marion and Polk counties. During two and one-half months in late 1986, 95 percent of the leaves (one day or less) taken by CTP inmates were in Salem.

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22. See table 10A.



TABLE 23

Inmate Admissions from, and Departures to, the Salem Area  
Oregon Correctional Institutions  
1985

Type	Salem Area			Number per 10,000 Population		
	Number	% of State Total	Number per 10,000 Population	Oregon	Portland Area	Eugene Area
Admissions <sup>a</sup>	219	9.2%	8.5	8.9	9.4	11.2
Departures						
Long-term leave	78	16.3	3.0	1.8	2.0	1.9
Parole	255	17.5	9.9	5.4	6.0	6.3
Escape	406	55.5	15.7	2.7	2.0	1.4
From leave	83	11.3	3.2	1.5	2.0	1.4
From institutions	323	44.2	12.5	1.2	0.0	0.0
Arrest from escape <sup>b</sup>	36	9.1	1.4	1.1	1.6	0.8

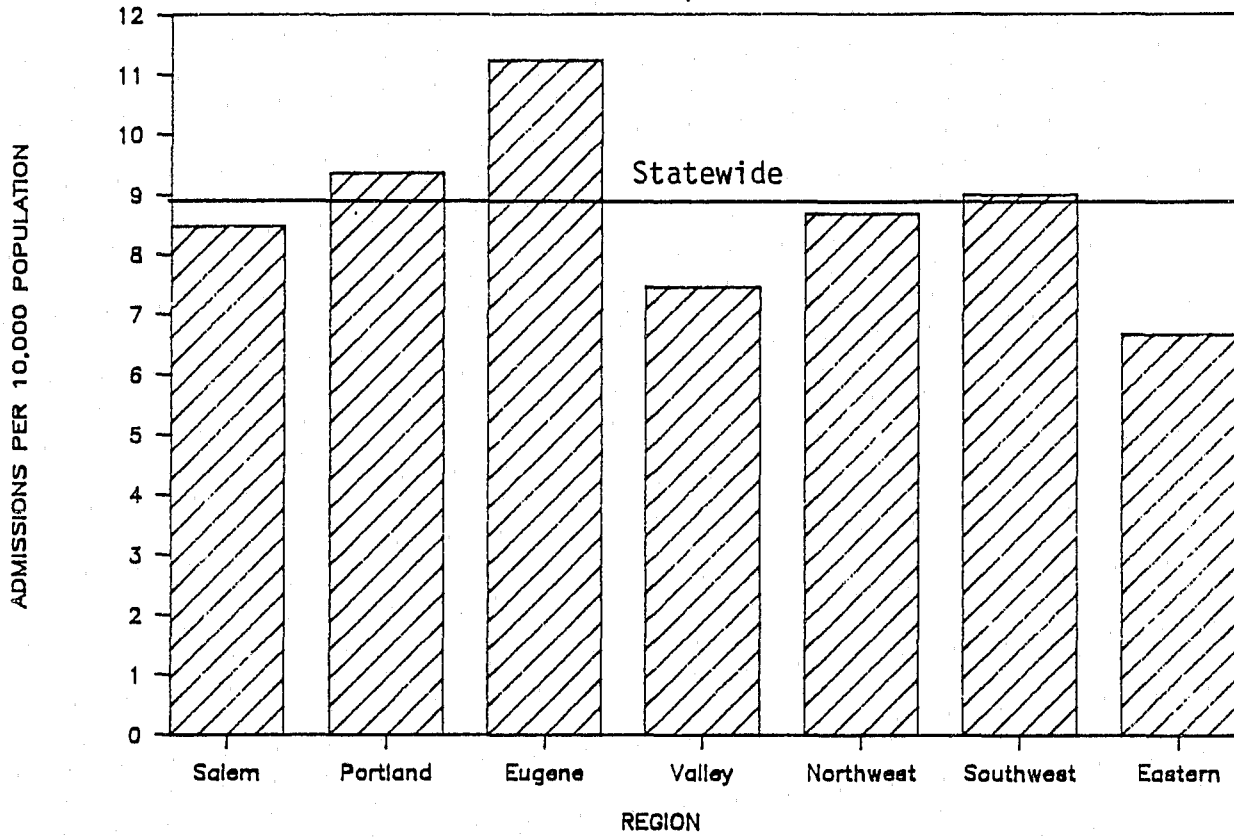
<sup>a</sup>New court commitments only.

<sup>b</sup>OSP escapes only.

FIGURE 2

# ADMISSIONS TO CORRECTIONAL INSTITUTIONS

BY REGION, 1985



# ADMISSIONS TO CORRECTIONAL INSTITUTIONS

BY REGION, 1985

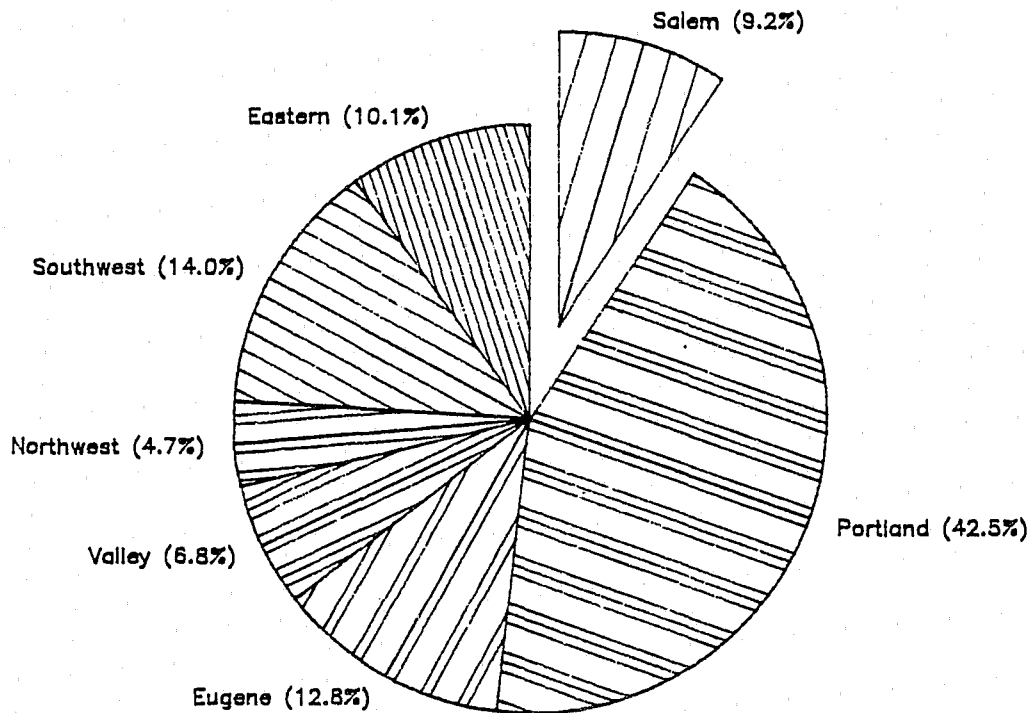
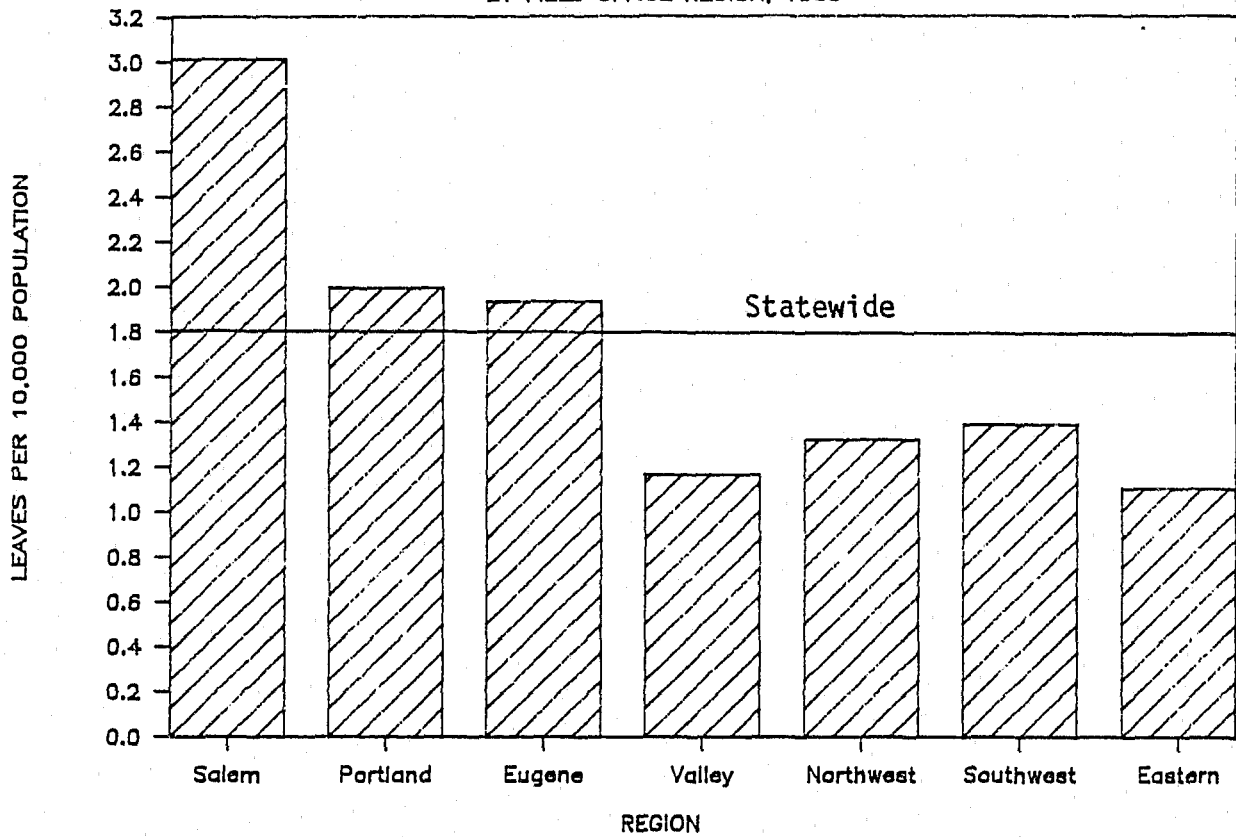


FIGURE 3

### LONG-TERM LEAVES FROM COR. INSTITUTIONS

BY FIELD OFFICE REGION, 1985



### PAROLES FROM CORRECTIONAL INSTITUTIONS

BY FIELD OFFICE REGION, 1985

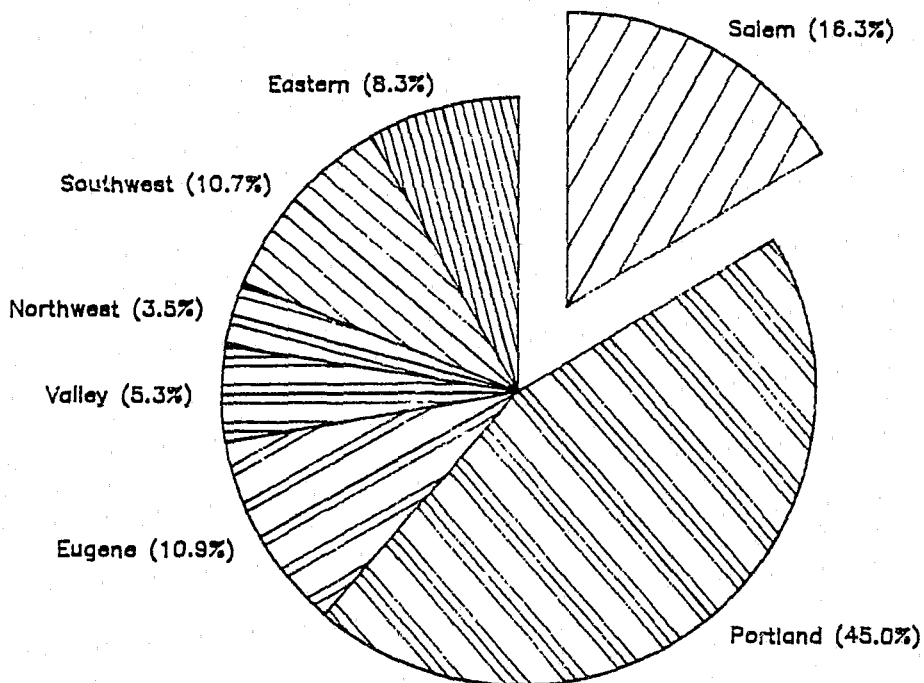
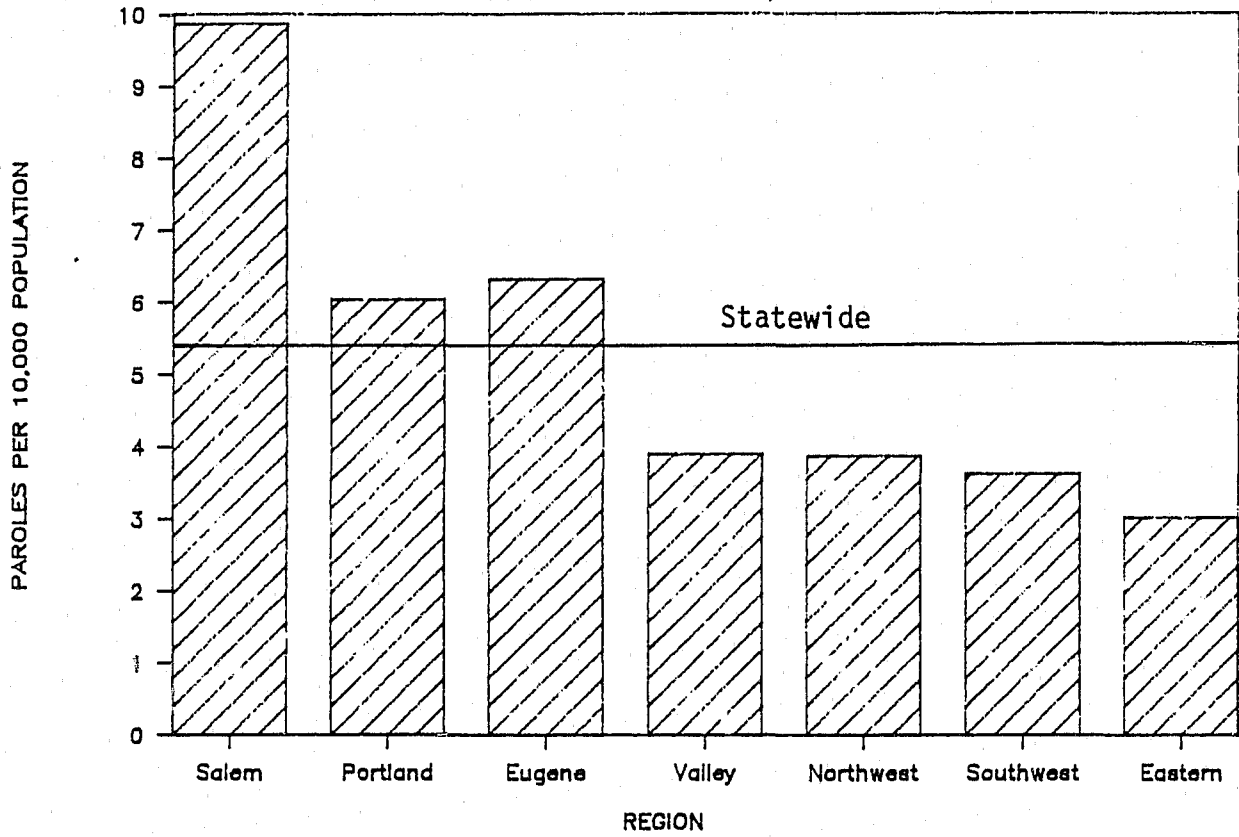


FIGURE 4

# PAROLES FROM CORRECTIONAL INSTITUTIONS

BY FIELD OFFICE REGION, 1985



# PAROLES FROM CORRECTIONAL INSTITUTIONS

BY FIELD OFFICE REGION, 1985

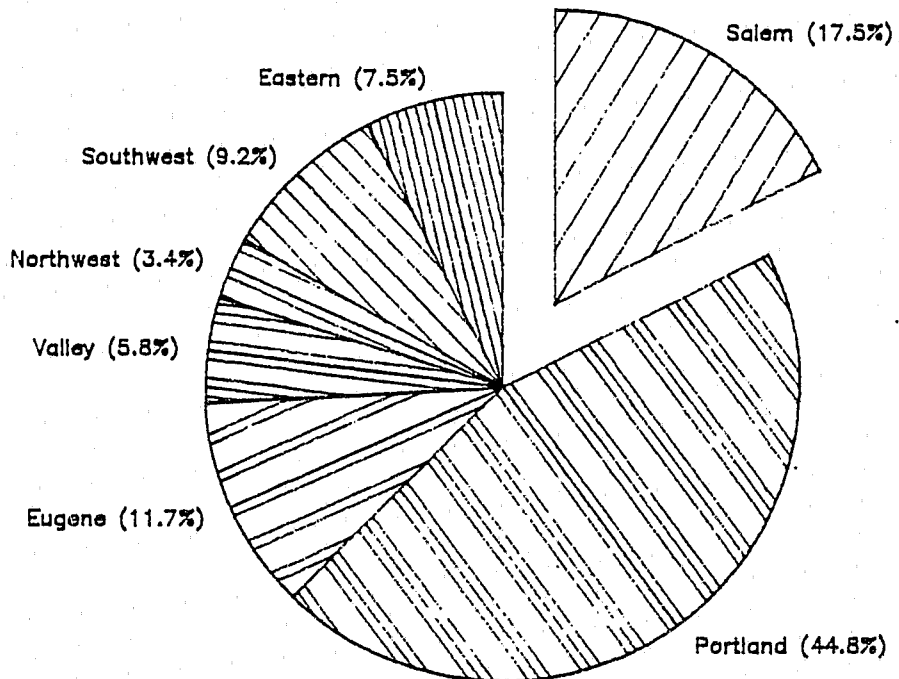
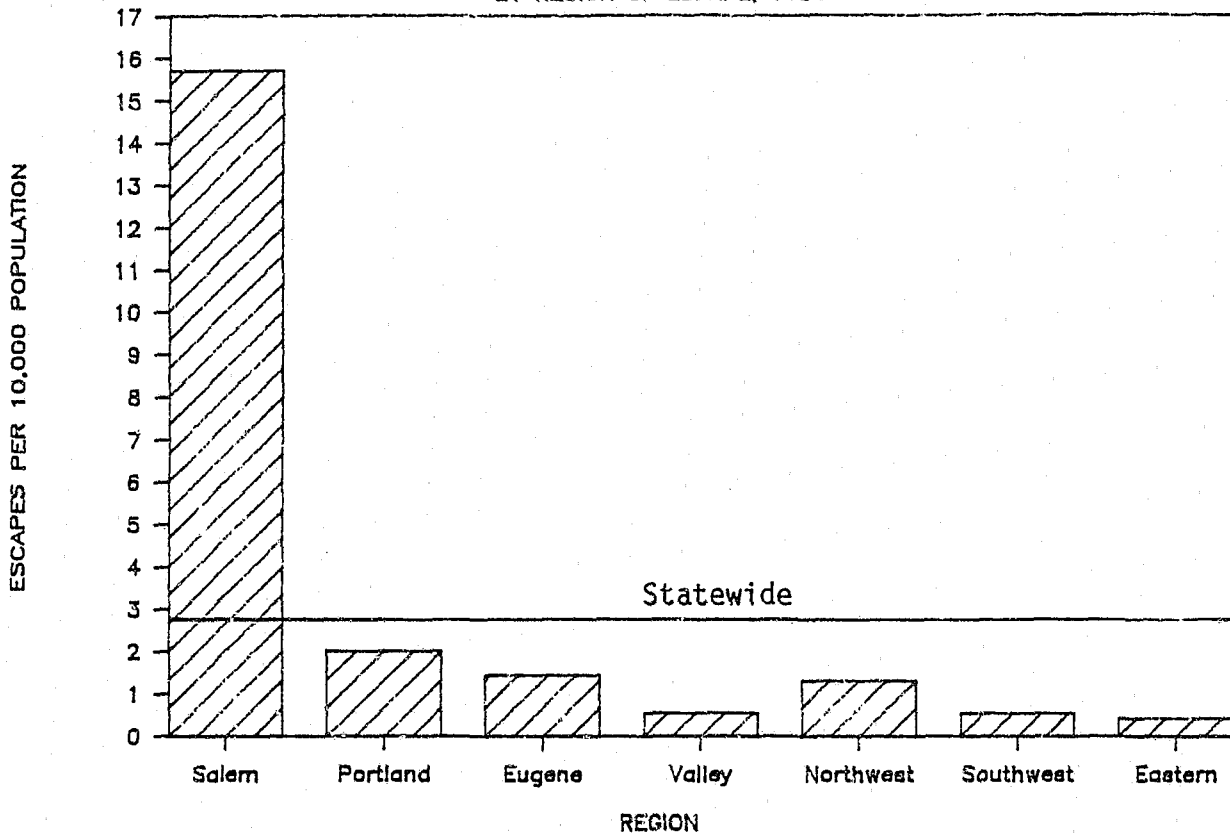


FIGURE 5

# ESCAPES FROM CORRECTIONAL INSTITUTIONS

BY REGION OF ESCAPE, 1985



# ESCAPES FROM CORRECTIONAL INSTITUTIONS

BY REGION OF ESCAPE, 1985

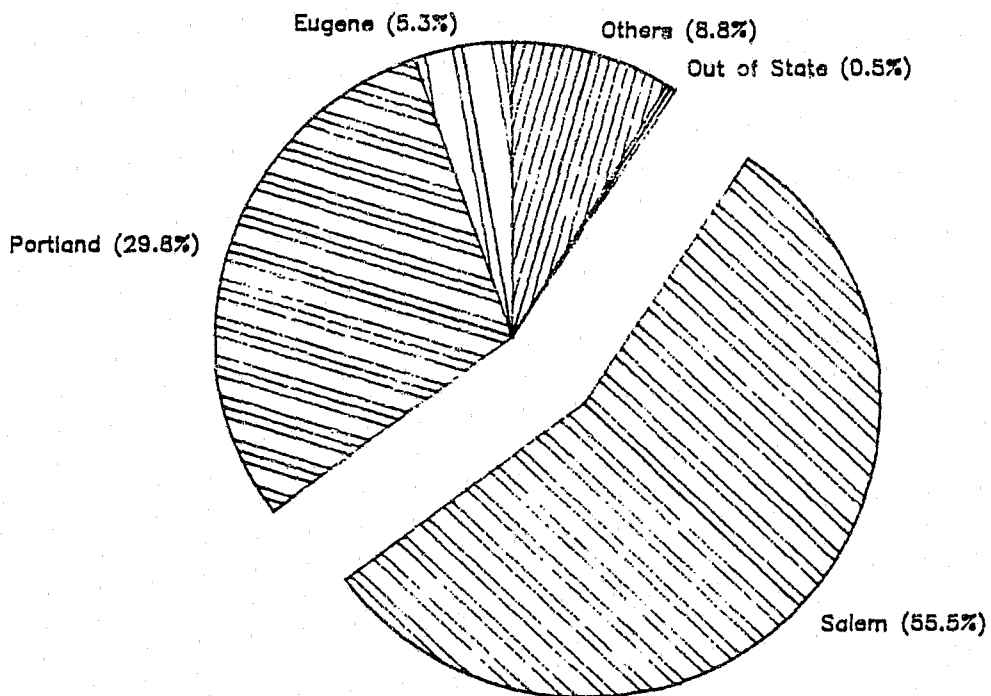
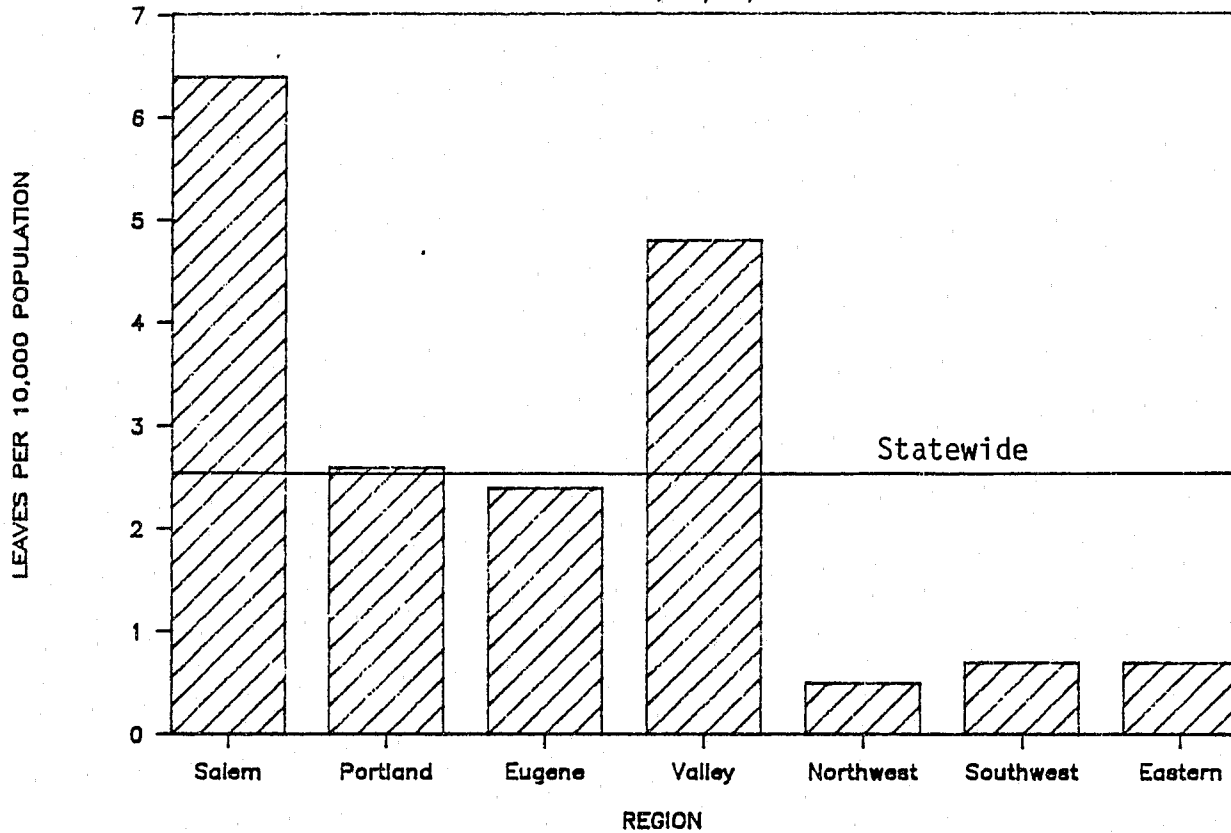


FIGURE 6

### SHORT-TERM LEAVES FROM CDRC

BY REGION, 11/14/86



### SHORT-TERM LEAVES FROM CDRC

BY REGION, 11/14/86

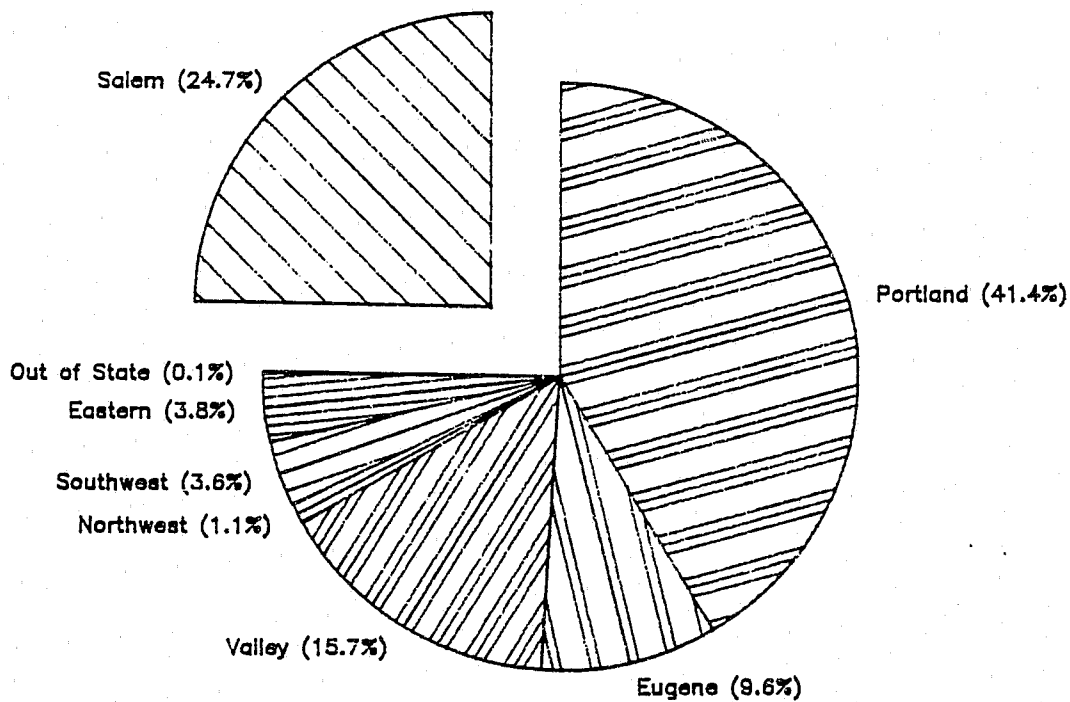
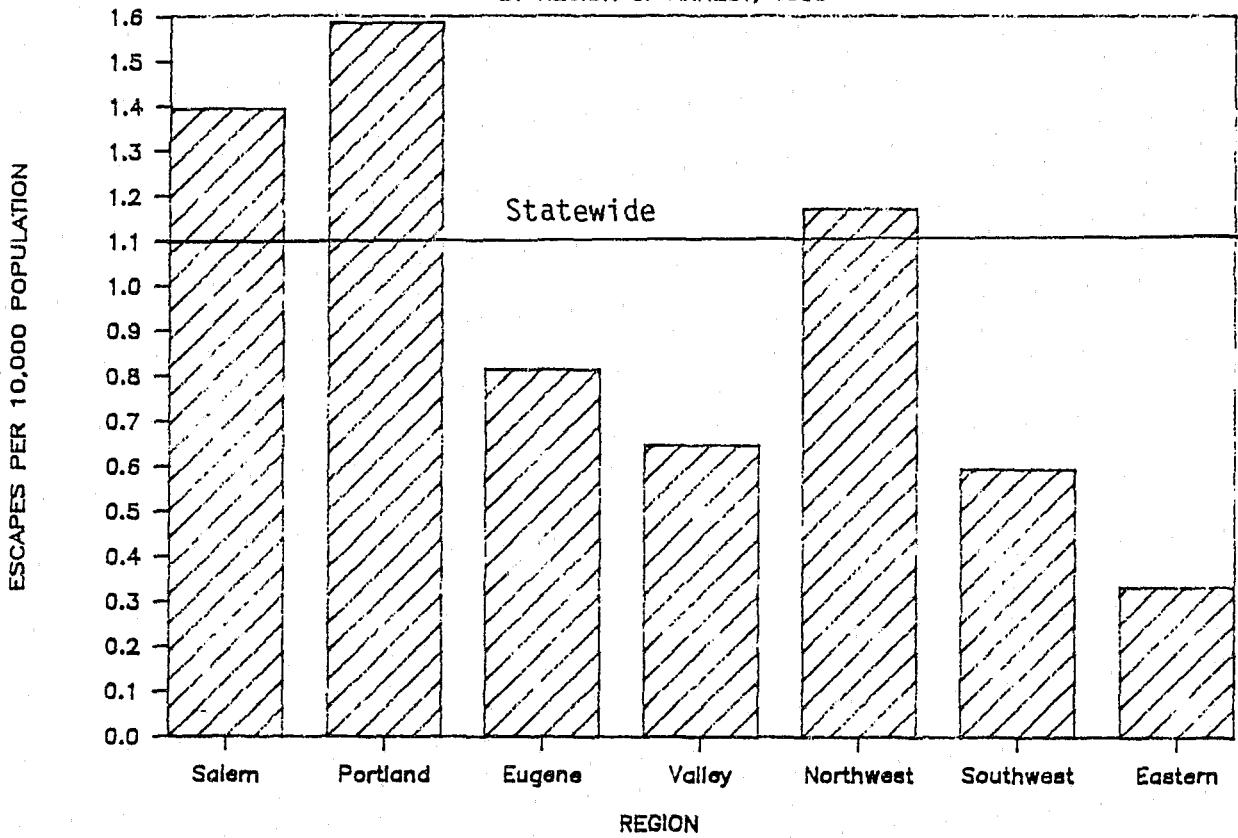


FIGURE 7

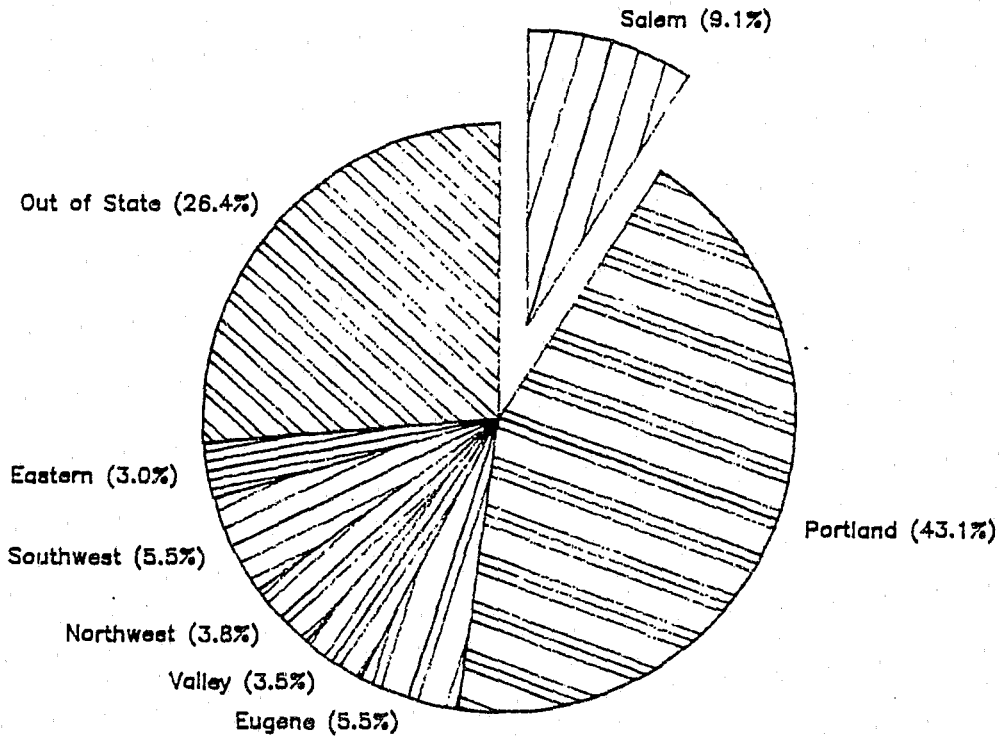
### ESCAPES FROM OSP

BY REGION OF ARREST, 1985



### ESCAPES FROM OSP

BY REGION OF ARREST, 1985



OREGON MENTAL HEALTH INSTITUTIONS



## POPULATION, ADMISSIONS AND READMISSIONS

### Summary

State mental health institutions in Oregon provide in-patient care to two distinct populations, mentally or emotionally disturbed persons (M-ED) and mentally retarded and other developmentally disabled persons (MR/DD).<sup>23</sup> Separate policies and programs have been established on both state and county levels to serve the different needs of the two client groups. Therefore, state mental hospitals serving the M-ED population and state training centers serving the MR/DD population are summarized separately.<sup>24</sup>

### State Mental Hospital Summary

Population, admission and readmission trends at state mental hospitals indicate that (1) state hospital use tends to be higher in areas where the hospitals are located; (2) the Salem area has a higher rate of state hospital use than any other region; (3) there is a concentration of ex-institutionalized patients in the Salem area, some of whom may be chronically mentally ill;<sup>25</sup> and (4) readmissions from the Salem area to Oregon State Hospital's Forensic and Geropsychiatric Programs are relatively high compared to other regions and the state.

State hospital admission rates to General Psychiatric Programs may be influenced by a variety of factors, including the lack of available alternatives at private or veteran's hospitals (particularly for emergency psychiatric admissions) and the proximity of state hospitals to particular regions. There are no available alternatives to state hospitals in the Salem area, and readmission rates to state hospital General Psychiatric Programs were highest in counties in close proximity to state hospitals.

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23. A third population, people with alcohol and drug problems (A&D), is served by residential programs that are funded by the state, but not in state hospitals.

24. This report deals only with "known" mental illness--mentally ill persons who have been admitted at least once to a state hospital. It does not identify the mentally ill served by private hospitals or community mental health programs or those who have not received treatment from any hospital or program.

25. ORS 426.495(2) defines a chronically mentally ill person as "an individual with a mental or emotional disturbance who:

"(a) Has been hospitalized twice or more in a 24-month period; and  
"(b) Needs residential and support services of an indefinite duration to maintain a stable adjustment in society."

Prior to 1983, Oregon State Hospital (OSH) provided general psychiatric services to state hospital patients from most of western Oregon, and since 1981, Salem area readmission rates to General Psychiatric Programs at state hospitals have been significantly higher than the state rate and all other regions.

#### State Training Center Summary

Fairview Training Center and Eastern Oregon Training Center are the state training centers for MR/DD persons. The MR/DD institutional population tends to be stable, with low first and readmission rates relative to M-ED hospitals. A steady decline in the population of these institutions has resulted from the long-standing Mental Health Division policy that was formalized by the 1981 legislature's directive to downsize the institutions and to develop appropriate community-based services.

Relative to regional population, the Salem area contributed the highest number of patients in 1986, and, with the exception of 1984 readmissions, it had the highest first and readmission rates in all years since 1981. This greater use of state training centers by the Salem area may be linked, in part, to Marion County's use of Fairview for crisis intervention.

#### Historical Background

There are five state mental institutions in Oregon. The oldest and largest institutions are located in Salem: Oregon State Hospital, opened in 1883, has a licensed capacity of 940; Fairview Hospital and Training Center, the largest of all state institutions, opened in 1908 and has a capacity of 1,475 (see table 24).

Three hospitals serve M-ED clients: Dammasch State Hospital in Wilsonville, Oregon State Hospital (OSH) in Salem, and Eastern Oregon Psychiatric Center (EOPC) in Pendleton. Two training centers provide service to MR/DD clients: Fairview Hospital in Salem and Eastern Oregon Training Center (EOTC) in Pendleton. In 1983, when the legislature authorized conversion of the Eastern Oregon Hospital and Training Center (opened in 1913) to a correctional facility, EOPC and EOTC were established.

TABLE 24

Mental Health Institutions  
State of Oregon

Name	Location	Opened	1985 Licensed Capacity	Type	Description
F. H. Dammasch State Hospital	Wilsonville	1961	300	M-ED <sup>a</sup>	Serves general psychiatric patients from 14 western Oregon and 2 eastern Oregon counties.
Oregon State Hospital (OSH)	Salem	1883	940	M-ED	Provides general inpatient psychiatric services to residents of Marion, Polk, Linn and Benton counties. Admission is by voluntary application or court commitment. Three specialized services, Forensic Psychiatric Service, Child and Adolescent Secure and Open Treatment Program, and Geropsychiatric Treatment Program, admit patients statewide. Prior to March 1986, the Correctional Treatment Program (CTP) was a statewide OSH program; CTP is now licensed by the state as an adult residential treatment facility.
Eastern Oregon Psychiatric Center (EOPC) <sup>b</sup>	Pendleton	1985	60	M-ED	Serves general psychiatric patients from 16 eastern Oregon counties. Provides transitional services to prepare patients for community living (LINC) and outpatient services for eastern Oregon counties without those resources.
Eastern Oregon Training Center (EOTC) <sup>b</sup>	Pendleton	1985	90	MR/DD <sup>c</sup>	Intermediate Care Facility for Mentally Retarded Persons (ICF/MR) serving 13 eastern Oregon counties. Provides residential care, treatment, and training for mentally retarded children and adults in eastern Oregon. Services include medical, personal care, financial assistance, education, recreation, training, therapy, and community support. Respite care and other short-term institutional services are offered for up to 60 days.

Name	Location	Opened	1985		Description
			Licensed	Capacity	
Name	Location	Opened	Capacity	Type	Description
Fairview Hospital and Training Center	Salem	1908	1,475	MR/DD	Provides residential care, treatment, and training for mentally retarded children and adults in western Oregon. Services include medical, personal care, financial assistance, education, recreation, training, therapy, and community support. Respite care and other short-term institutional services are offered for up to 60 days.

Source: Report of the Governor's Task Force on Mental Health (December 1980); Oregon Mental Health Division, "State Comprehensive Mental Health Planning Grant Application" (April 1, 1985); State of Oregon, Executive Department, "DD Community Programs Decision Unit Summary" (July 1986).

<sup>a</sup>M-ED refers to hospitals for mental or emotional disturbances.

<sup>b</sup>In 1985, the Eastern Oregon Psychiatric Center and Eastern Oregon Training Center replaced the Eastern Oregon Hospital and Training Center.

<sup>c</sup>MR/DD refers to hospitals for mentally retarded and other developmentally disabled persons.

State Mental Hospitals  
for Mental or Emotional Disturbances

Three state hospitals in Oregon provide general psychiatric services to mental health patients. In addition, Oregon State Hospital provides three statewide programs: the Forensic Psychiatric Program, the Geropsychiatric Program, and the Child and Adolescent Treatment Program.

General psychiatric patients at the three state hospitals account for the largest number of state hospital patients, and these patients usually reside in the community rather than inside an institution. In fiscal 1986, there were 470 general psychiatric patients residing in state hospitals, but there were 1,464 first admissions and 2,165 readmissions to the programs, indicating that the vast majority of the patients have short hospital stays (see table 25).

TABLE 25

Average Daily Population, First Admissions and Readmissions  
Oregon State Mental Hospital Programs  
Fiscal 1986

Program	First Admissions <sup>a</sup>	Readmissions <sup>b</sup>	Average Daily Population
General Psychiatric <sup>c</sup>	1,464	2,165	470
OSH Forensic Psychiatric	257	219	264
OSH Geropsychiatric	49	40	116
OSH Child and Adolescent	160	61	67
Total	1,930	2,485	917

Source: Mental Health Division, "State Institutional Use by County Reports" (Fiscal 1986).

<sup>a</sup>First admissions are patients admitted to an individual state hospital for the first time rather than to a specific program.

<sup>b</sup>Readmissions occur when patients re-enter the specific state hospital to which they were previously admitted.

<sup>c</sup>General Psychiatric Programs are provided by OSH, Dammasch and EOPC.

In contrast, OSH statewide program patients usually have longer hospital stays, particularly forensic and geropsychiatric patients. In fiscal 1986, the population of those programs exceeded both first admissions and readmissions. The Forensic Program accounts for the second largest

state hospital patient population, and first admissions were greater than readmissions to that program from the state as a whole in fiscal 1986.

### General Psychiatric Services

General state hospital psychiatric services are provided by OSH, Dammasch and EOPC for adults residing within each hospital's catchment area, i.e., the institutions's geographic area of service. In Oregon, catchment area boundaries are set by the Mental Health Division to identify the primary counties that receive general psychiatric services from each institution.

Although patients are not necessarily refused hospital admittance if they are not from the appropriate catchment area, hospital catchment areas play a major role in the size of a state hospital's general psychiatric population. Prior to the opening of Dammasch in 1961, Oregon State Hospital provided general psychiatric service to all of western Oregon, and OSH continued to provide service to most of western Oregon until the catchment area changed in 1983 (see figures 8, 9 and 10).

Catchment area changes occurred in January 1982, June 1983, June 1984, and December 1985 (see table 26). The most notable change occurred in 1983, when 13 western Oregon counties were moved from the OSH catchment area to the Dammasch catchment area, leaving only three counties, Marion, Polk and Linn, in the OSH catchment area. In 1985, Benton County was moved to OSH from Dammasch.

As a result of changes in the catchment areas, a majority of current general psychiatric patients at OSH are residents of Marion, Polk, Linn and Benton counties. Dammasch primarily serves the rest of western Oregon and five central Oregon counties; EOPC is the primary hospital for eastern Oregon counties.

TABLE 26

Major Catchment Area Changes  
General Psychiatric Services at Oregon State Mental Hospitals  
1982-1986

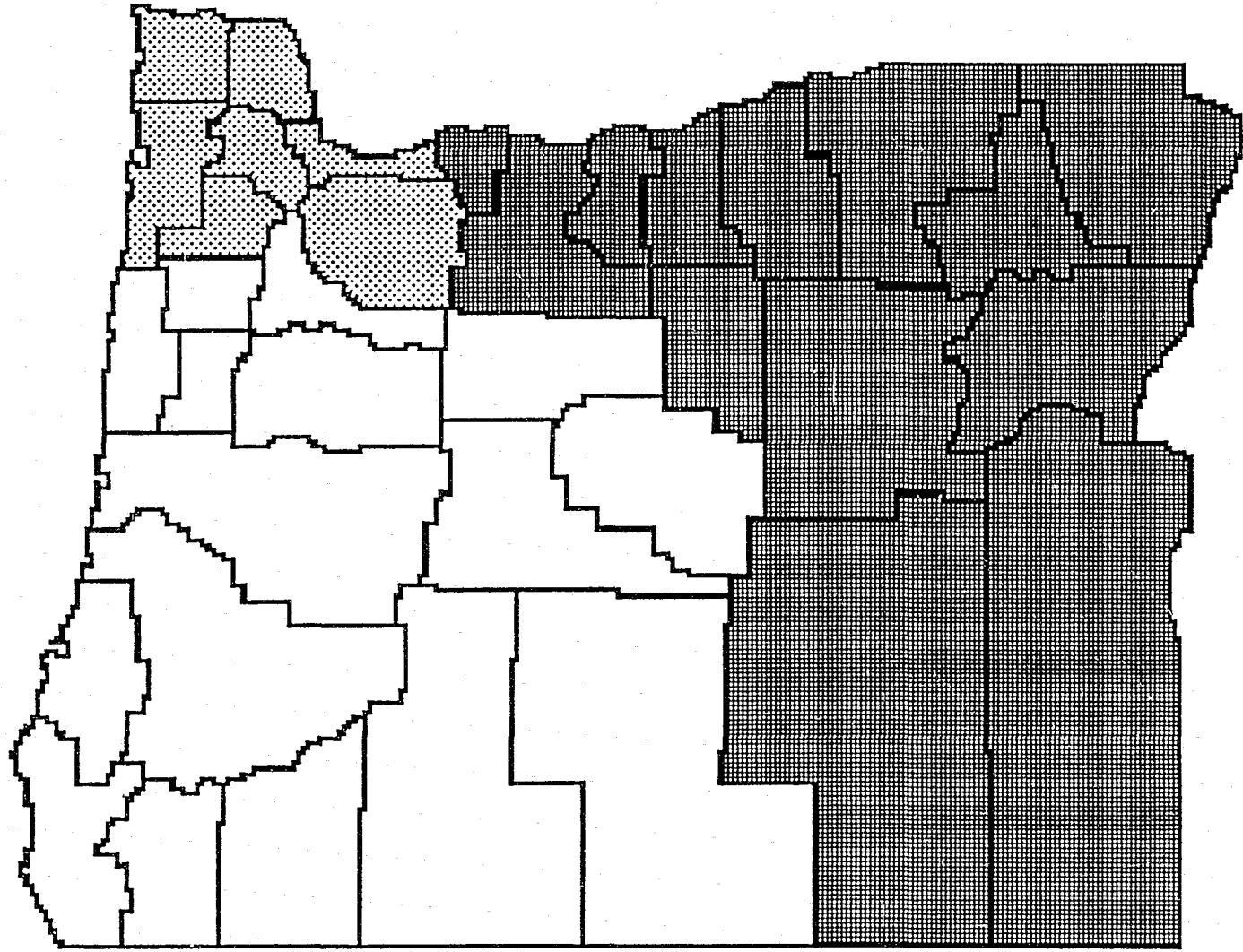
State Hospital	Catchment Areas		Catchment Area Changes			
	January 1982		June 1983		Catchment Areas June 1984	Catchment Areas December 1985
Dammasch	Clackamas Clatsop Columbia Multnomah Tillamook Washington Yamhill	Clackamas Clatsop Columbia Multnomah Tillamook Washington Yamhill	Benton <sup>a</sup> Coos Crook Curry Deschutes Douglas Jackson	Jefferson Josephine Klamath Lake Lane Lincoln	Crook, Deschutes & Jeffer- son moved to EOPC catchment area	Benton moved to OSH catch- ment area
Total Counties	7		20		17	16
Oregon State Hospital	Benton Coos Crook Curry Deschutes Douglas Jackson Jefferson	Josephine Klamath Lake Lane Lincoln Linn Marion Polk	Linn Marion Polk		No change	Benton moved to OSH catch- ment area
Total Counties	16		3		3	4
Eastern Oregon Psychiatric Center	Baker Gilliam Grant Harney Hood River Malheur	Morrow Sherman Umatilla Union Wallowa Wasco Wheeler	No Change		Crook, Deschutes & Jeffer- son moved to EOPC catchment area	No Change
Total Counties	13		13		16	16

Source: Mental Health Division, Program Analysis Office (October 1986).


<sup>a</sup>Benton County through Lincoln County added for Dammasch in 1983.

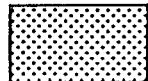
FIGURE 8

GENERAL PSYCHIATRIC PROGRAM CATCHMENT AREAS, 1982



-70-

  
Oregon State Hospital

  
Damasch State Hospital

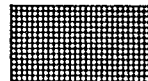
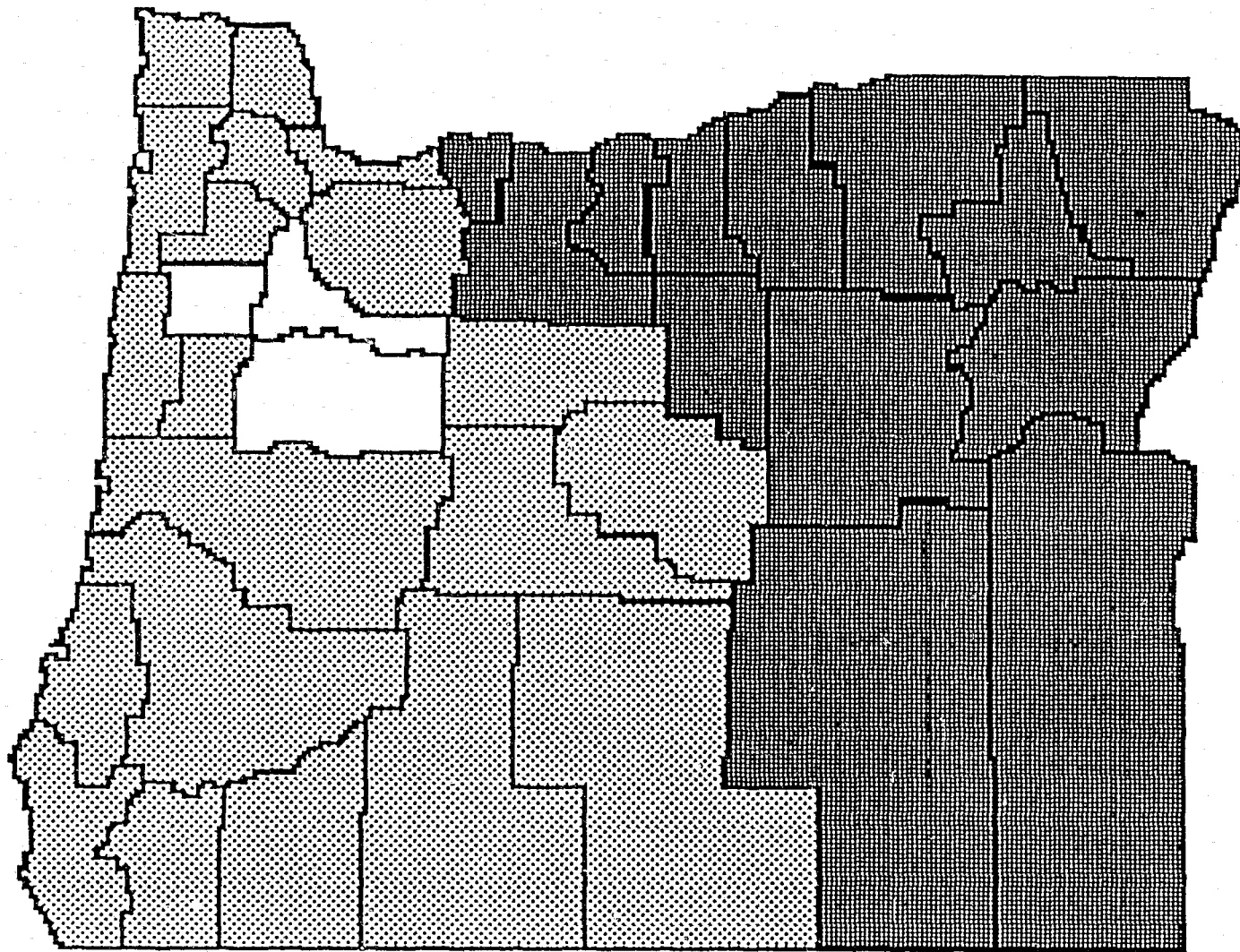
  
Eastern Oregon Psychiatric  
Center




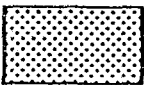
FIGURE 9

GENERAL PSYCHIATRIC PROGRAM CATCHMENT AREAS, 1983



-71-

  
Oregon State Hospital

  
Dammasch State Hospital

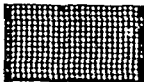
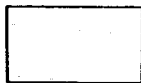
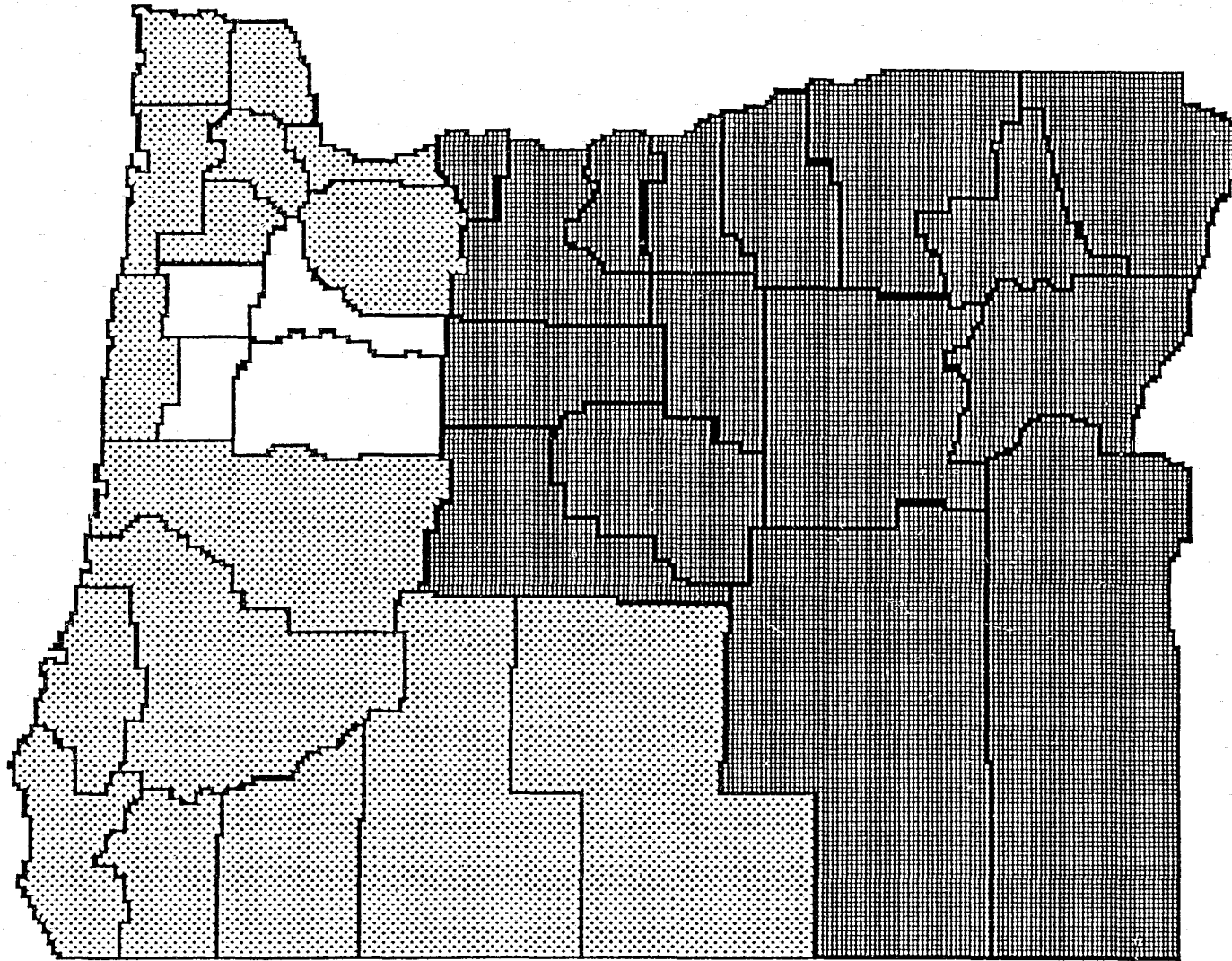
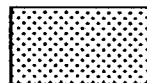
  
Eastern Oregon Psychiatric  
Center

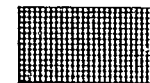
FIGURE 10  
GENERAL PSYCHIATRIC PROGRAM CATCHMENT AREAS, 1985



Oregon State Hospital



Dammasch State Hospital



Eastern Oregon Psychiatric  
Center

The general psychiatric population of all three state hospitals has declined since 1981 (see table 27). The greatest decline occurred at OSH, where the population decreased by 76 percent. The decline was clearly accelerated by the 1983 catchment area changes.

TABLE 27

Average Daily Population  
General Psychiatric Services at Oregon State Mental Hospitals  
Fiscal 1981-1986

Year	Oregon State Hospital	Dammasch Hospital	Eastern Oregon Psychiatric Center	Total
1981	294	379	118	715
1982	275	314	88	605
1983	231	256	90	502
1984	95	303	55	453
1985	72	314	56	452
1986	72	341	57	470
Percent Change 1981-1986	-76%	-10%	-52%	-34%

Source: Mental Health Division, "State Institutional Use by County Reports" (Fiscal 1981-86).

Admission to state mental hospitals may be voluntary, emergency or court-committed.<sup>26</sup> "Peace Officer Hold" is the most frequently used emergency admission to state hospitals, while referral by a physician is more common for emergency admissions to private psychiatric hospitals.<sup>27</sup>

In fiscal 1986, admissions from the Salem area were high relative to regional population (see table 28). The Salem area readmission rate was more than double the state rate and much higher than other regions. When this analysis was conducted on a county level, the highest readmission rates to state hospital General Psychiatric Programs occurred in Marion, Polk, Multnomah and Umatilla counties, counties with state hospitals in close proximity. (See the Appendix for county data.)

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26. See Or. Att'y Gen. Informal Opinion No. OP-5950, (Sept. 8, 1986) for a description of types of admissions, including statutory citations.

27. A peace officer hold occurs when a peace officer believes a person taken into custody is dangerous to self or to others and is in immediate need of care and treatment for mental illness. The officer takes the person to the nearest state or private hospital with adequate staff and facilities. If a hospital physician finds the person to be in need of immediate care or treatment for mental illness, the person is admitted as a patient (ORS 426.215(4)).

Of a total of 305 new Marion County admissions to all OSH programs during 1986, 133, or 44 percent, were admitted on an emergency basis by police. There were 33 new admissions to OSH from Polk County, of which 19, or 57 percent, were peace officer holds. (Source: Mental Health Division, Program Analysis Section, "Oregon State Hospital Admissions by Responsible County by Commit Type From 7/1/85 through 6/31/86" (November 14, 1986).)

TABLE 28

Regional Distribution of Average Daily Population,  
First Admissions and Readmissions  
General Psychiatric Services at Oregon State Mental Hospitals  
Fiscal 1986

Region of Origin <sup>a</sup>	Number	% of Statewide Total	Number per 10,000 Population
<b>A: Average Daily Population</b>			
Salem Metro Area	68	14.4%	2.6
Portland Metro Area	225	47.9	2.1
Eugene Metro Area	40	8.5	1.5
Rest of Valley	15	3.2	.7
Northwest Oregon	17	3.7	1.3
Southwest Oregon	42	8.9	1.1
Eastern Oregon	63	13.4	1.8
Unknown	0	0.0	—
State Total	470	100.0%	1.8
<b>B: First Admissions</b>			
Salem Metro Area	241	16.5	9.3
Portland Metro Area	594	40.6	5.5
Eugene Metro Area	114	7.8	4.2
Rest of Valley	104	7.1	4.8
Northwest Oregon	72	4.9	5.6
Southwest Oregon	170	11.6	4.6
Eastern Oregon	168	11.5	4.7
Unknown	1	0.0	—
State Total	1,464	100.0%	5.5
<b>C: Readmissions</b>			
Salem Metro Area	512	23.6	19.8
Portland Metro Area	1,074	49.6	10.0
Eugene Metro Area	92	4.3	3.4
Rest of Valley	125	5.8	5.8
Northwest Oregon	68	3.1	5.3
Southwest Oregon	126	5.8	3.4
Eastern Oregon	168	7.8	4.7
Unknown	0	0.0	—
State Total	2,165	100.0%	8.0

Source: Mental Health Division, "State Institutional Use by County Reports" (Fiscal 1986).

<sup>a</sup>Region of Origin is composed of the counties in which patients reside sixty days prior to their state hospital admissions.

Readmission data show that the Salem area readmission rate has been consistently high since 1981 (see table 29). In each year, the Salem area readmission rate was about double the state rate of readmission. In addition, for all years except 1981 and 1985, readmissions from the Salem area more than doubled first admissions from that area. These data indicate that a relatively high number of general psychiatric patients are readmitted to state hospitals from the Salem area.

TABLE 29

General Psychiatric Services at Oregon  
State Mental Hospitals  
First Admissions and Readmissions per 10,000 Population  
Fiscal 1981-1986

Region of Origin <sup>a</sup>	1981	1982	1983	1984	1985	1986
<b>A: First Admissions</b>						
Salem Metro Area	11.5	8.6	6.8	9.6	9.5	9.3
Portland Metro Area	6.2	4.8	4.6	5.0	5.0	5.5
Eugene Metro Area	4.3	3.7	2.5	5.0	4.9	4.2
Rest of Valley	6.2	5.6	4.0	2.2	2.6	4.8
Northwest Oregon	7.2	5.6	4.6	6.0	5.1	5.6
Southwest Oregon	3.4	3.0	2.4	4.8	4.2	4.6
Eastern Oregon	7.0	4.8	4.5	4.6	4.7	4.7
State Average	7.3	5.5	4.5	5.4	5.2	5.5
<b>B: Readmissions</b>						
Salem Metro Area	19.6	22.1	19.0	19.2	17.3	19.8
Portland Metro Area	12.2	10.8	9.1	8.6	7.9	10.0
Eugene Metro Area	6.1	5.7	3.5	2.0	3.5	3.4
Rest of Valley	7.4	5.6	4.4	4.4	4.5	5.8
Northwest Oregon	7.9	6.7	5.2	5.8	5.6	5.3
Southwest Oregon	2.8	3.3	2.6	1.4	2.4	3.4
Eastern Oregon	6.3	6.4	5.0	4.0	3.9	4.7
State Average	10.8	9.5	7.7	7.1	6.9	8.0

Source: Mental Health Division, "State Institutional Use by County Reports" (Fiscal 1986).

<sup>a</sup>Region of Origin is composed of the counties in which patients reside sixty days prior to their state hospital admissions.

Oregon State Hospital Statewide Programs

Three statewide programs admit patients to Oregon State Hospital from all regions of the state. In contrast to General Psychiatric Programs at state hospitals, all OSH statewide programs have increased in average daily population since 1981, and the largest increase occurred in the Forensic Program population. From fiscal 1981 to 1986, the forensic population increased by 57 percent (see table 30).

TABLE 30  
Average Daily Population  
Oregon State Hospital Statewide Programs  
Fiscal 1981-1986

Year	Geropsychiatric	Forensic Psychiatric	Child and Adolescent
1981	—	168	47
1982	—	171	53
1983	—	183	58
1984	96	194	59
1985	112	215	60
1986	116	264	67
Percent Change 1981-1986	21%	57%	43%

Source: Mental Health Division Program Analysis Section (Fiscal 1981-86).

Forensic Psychiatric Program. The Forensic Psychiatric Program at OSH opened in July 1966 following authorization by the 1965 legislature.<sup>28</sup> Admissions to the Forensic Program are by a court or Psychiatric Review Board (PSRB) commitment or by court order to determine a defendant's (1) fitness to proceed to trial, (2) criminal responsibility, or (3) habitual criminal tendencies.<sup>29</sup> All admissions to this program are crime-related, but none of the patients have been convicted of a crime. PSRB patients have been found "guilty except for insanity."

28. See ORS 161.390, 179.040, and 430.041.

29. See OAR 309-31-010 (September 1983).

A large number of patients are admitted to the Forensic Program for short-term examination stays--usually for only a few hours or a few days. For example, about 50 percent of new admissions and readmissions to the program in December 1985 were for court-ordered examinations, but that group made up only 3 percent of the program population. Most of those unfit to proceed with trial return to court within a month or two, although a few remain in the program up to a statutory maximum of five years. In contrast, Psychiatric Review Board clients made up about 25 percent of new admissions and readmissions, but comprised 82 percent of the forensic population.<sup>30</sup>

In 1986, almost 75 percent of Forensic Program patients came from the Portland, Salem and southwest Oregon areas (see table 31). For that year, the Salem area program population was 2 per 10,000, twice as many as the state average.

The Salem area first-admission rate to the Forensic Program was not high in 1986, but the readmission rate was more than double the state rate and much higher than other regions. When this comparison was made on the county level, Marion and Polk counties had the highest readmission rates. (See the Appendix for county data).

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30. Forensic Psychiatric Program, prepared by Jim Carlson, Mental Health Division Program Analysis Section, Office of the Administrator (August 1986).



TABLE 31

Regional Distribution of Average Daily Population,  
First Admissions and Readmissions  
OSH Forensic Psychiatric Program  
Fiscal 1986

Region of Origin <sup>a</sup>	Number	% of Statewide Total	Number per 10,000 Population
<b>A: Average Daily Population</b>			
Salem Metro Area	51	19.3%	2.0
Portland Metro Area	108	41.0	1.0
Eugene Metro Area	30	11.2	1.1
Rest of Valley	7	2.8	0.3
Northwest Oregon	10	3.9	0.8
Southwest Oregon	39	14.6	1.0
Eastern Oregon	18	6.9	0.5
Unknown	1	0.3	—
State Total	264	100.0%	1.0
<b>B: First Admissions</b>			
Salem Metro Area	27	10.5	1.0
Portland Metro Area	101	39.3	0.9
Eugene Metro Area	26	10.1	1.0
Rest of Valley	23	8.9	0.9
Northwest Oregon	16	6.2	1.3
Southwest Oregon	35	13.6	0.9
Eastern Oregon	26	10.2	0.7
Unknown	3	1.2	—
State Total	257	100.0%	0.9
<b>C: Readmissions</b>			
Salem Metro Area	48	21.9	1.9
Portland Metro Area	68	31.0	0.6
Eugene Metro Area	31	14.1	1.2
Rest of Valley	10	4.8	0.4
Northwest Oregon	11	5.0	0.9
Southwest Oregon	26	11.9	0.7
Eastern Oregon	24	11.0	0.7
Unknown	1	0.5	—
State Total	219	100.0%	0.8

Source: Mental Health Division, "State Institutional Use by County Reports" (Fiscal 1986).

<sup>a</sup>Region of Origin is composed of the counties in which patients reside sixty days prior to their state hospital admissions.

Geropsychiatric Program. The Geropsychiatric Program at OSH was initiated after the 1983 legislature approved funds for the program. The program was initially intended to provide specialized service to elderly patients, but is not limited to the elderly. It is designed for patients with problems too severe to be cared for in skilled-nursing or intermediate-care facilities.

In fiscal 1986, the geropsychiatric population from the Salem area was 1.1 per 10,000 regional population, almost three times the state rate (see table 32). While first admissions from the Salem area were about the same as other areas, the Salem area readmission rate was much higher than any other region.

TABLE 32

Regional Distribution of Average Daily Population,  
First Admissions and Readmissions  
OSH Geropsychiatric Services  
Fiscal 1986

Region of Origin <sup>a</sup>	Number	% of Statewide Total	Number per 10,000 Population
<b>A: Average Daily Population</b>			
Salem Metro Area	29	25.0%	1.1
Portland Metro Area	43	37.0	0.4
Eugene Metro Area	9	7.8	0.3
Rest of Valley	8	6.9	0.4
Northwest Oregon	3	2.6	0.2
Southwest Oregon	10	8.6	0.3
Eastern Oregon	14	12.1	0.4
Unknown	0	0.0	—
State Total	116	100.0%	0.4
<b>B: First Admissions</b>			
Salem Metro Area	7	14.3	0.3
Portland Metro Area	13	26.5	0.1
Eugene Metro Area	4	8.2	0.1
Rest of Valley	4	8.2	0.2
Northwest Oregon	1	2.0	0.1
Southwest Oregon	11	22.4	0.3
Eastern Oregon	9	18.4	0.3
Unknown	0	0.0	—
State Total	49	100.0%	0.2
<b>C: Readmissions</b>			
Salem Metro Area	13	32.5	0.5
Portland Metro Area	11	27.5	0.1
Eugene Metro Area	2	5.0	0.1
Rest of Valley	6	15.0	0.3
Northwest Oregon	1	2.5	0.1
Southwest Oregon	3	7.5	0.1
Eastern Oregon	4	10.0	0.1
Unknown	0	0.0	—
State Total	40	100.0%	0.1

Source: Mental Health Division, "State Institutional Use by County Reports" (Fiscal 1986).

<sup>a</sup>Region of Origin is composed of the counties in which patients reside sixty days prior to their state hospital admissions.

Child and Adolescent Treatment Program. The Child and Adolescent Treatment Program (C/ATP) at OSH was established in 1974 when the Secure Treatment Program for children was transferred from the University of Oregon Medical School. The 1975 legislature expanded the Secure Treatment Program to include adolescents. The OSH program opened in 1976 with two secure, 20-bed units, one unit for children and one for adolescents.<sup>31</sup>

Planned admissions are coordinated through the hospital program team and the county-of-residence C/ATP coordinating committee. Secure crisis beds are used for crisis admissions only after local emergency resources are exhausted. Priorities for crisis admission are children or adolescents who are acutely dangerous to self and others (homicidal, suicidal, assaultive) or those whose behavior becomes so acutely unmanageable that they cannot be controlled in an existing hospital unit or residential or community program.<sup>32</sup>

Relative to population, the Salem area contributes a large number of patients to this program compared with other regions. In 1986, 0.6 patients per 10,000 population came from the Salem area, twice the state average of 0.3 (see table 33). The Salem area high admission rate to this program is partly due to the location of the two state training schools, MacLaren School for Boys and Hillcrest School, in Marion County.

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31. See OAR 309-36-015 through 309-36-040 for Oregon Administrative Rules applying to this program.

32. OAR 309-36-025 (January 1984).

TABLE 33

Regional Distribution of Average Daily Population,  
First Admissions and Readmissions  
OSH Child and Adolescent Program  
Fiscal 1986

Region of Origin <sup>a</sup>	Number	% of Statewide Total	Number per 10,000 Population
<b>A: Average Daily Population</b>			
Salem Metro Area	14	21.2%	0.6
Portland Metro Area	25	37.3	0.2
Eugene Metro Area	4	5.7	0.1
Rest of Valley	5	6.9	0.2
Northwest Oregon	4	5.5	0.3
Southwest Oregon	7	9.7	0.2
Eastern Oregon	9	13.1	0.2
Unknown	0	0.6	—
State Total	68	100.0%	0.3
<b>B: First Admissions</b>			
Salem Metro Area	45	28.1	1.7
Portland Metro Area	57	35.6	0.5
Eugene Metro Area	10	6.3	0.4
Rest of Valley	7	4.4	0.3
Northwest Oregon	8	5.0	0.6
Southwest Oregon	11	6.9	0.3
Eastern Oregon	18	11.3	0.5
Unknown	4	2.5	—
State Total	160	100.0%	0.6
<b>C: Readmissions</b>			
Salem Metro Area	13	21.3	0.5
Portland Metro Area	26	42.6	0.2
Eugene Metro Area	1	1.6	0.0
Rest of Valley	5	8.2	0.2
Northwest Oregon	1	1.6	0.1
Southwest Oregon	5	8.2	0.1
Eastern Oregon	10	16.4	0.3
Unknown	0	0.0	—
State Total	61	100.0%	0.2

Source: Mental Health Division, "State Institutional Use by County Reports" (Fiscal 1986).

<sup>a</sup>Region of Origin is composed of the counties in which patients reside sixty days prior to their state hospital admissions.

State Training Centers for Mentally Retarded  
and Other Developmentally Disabled Persons

The Fairview Training Center, established in 1908 with the transfer of 39 residents from OSH, was the state's first institution or "training center" for mentally retarded and other developmentally disabled persons. In 1913, Eastern Oregon Hospital was opened, and mentally retarded persons resided there until the Eastern Oregon Training Center opened in 1985.

The geographic areas served by the two training centers are not as clearly delineated as are the catchment areas for M-ED general psychiatric state hospitals, but Fairview generally serves western Oregon counties and EOTC serves eastern Oregon. In most instances, training centers provide long-term care to residents.

Admittance to state training centers may be voluntary or by court commitment. In addition, a judge may issue a seven-day warrant of detention to either the community mental health program director or the county sheriff if the court finds probable cause to believe that failure to take a person into custody pending an investigation or hearing would pose an "imminent and serious danger to the person or to others."<sup>33</sup> The warrant of detention is used as a crisis intervention when no appropriate community facilities are available for detention.

With few exceptions, referrals to state training centers originate from a county community mental health program.<sup>34</sup> The Mental Health Division makes the final decision for admission after the community mental health program has informed the division that no appropriate community placement is available.

The population of state training centers decreased from 1,709 in 1981 to 1,368 in 1986 (see table 34). The steady decline in overall MR/DD institutional population is the result of efforts to downsize these

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33. ORS 427.245(1) and ORS 427.255.

34. In reference to voluntary admissions, see ORS 427.185 through ORS 427.190; in reference to involuntary commitments, see ORS 427.235 and ORS 427.245; in reference to Warrant Of Detention, see ORS 427.245(1) and ORS 427.255. See OAR 309-42-000(5) for admission criteria of the Mental Health Division.

institutions and find alternative community placements for the residents.<sup>35</sup> The population of both Fairview and EOTC has declined since 1981, continuing a decline that began in 1969.<sup>36</sup>

TABLE 34

Average Daily Population  
Fairview and Eastern Oregon Training Centers  
Fiscal 1981-1986

Year	Fairview	EOTC	Total
1981	1,348	361	1,709
1982	1,321	334	1,655
1983	1,296	302	1,598
1984	1,317	234	1,551
1985	1,393	94	1,487
1986	1,279	89	1,368

Source: Mental Health Division, "Population Bulletin Fiscal Year Summaries" (Fiscal 1981-1986).

Both Fairview and EOTC populations are composed primarily of residents of the Portland, Salem and eastern Oregon regions. In 1986, those regions represented the greatest share of training center population (see table 35). With 8 residents per 10,000 population, the Salem area had the largest relative number of residents compared with the state average and all other regions.

35. ORS 427.007, enacted in 1981, formalized the long-standing Mental Health Division policy that identifies the community as the primary delivery system for services to individuals with developmental disabilities. It directs the Mental Health Division to facilitate development of appropriate community-based services, including residential facilities, and to develop biennial plans to decrease the number of individuals in state-operated training centers.

36. Mental Health Division, "Population Bulletin Fiscal Year Summaries" (Fiscal 1969-1986).

TABLE 35

Regional Distribution of Average Daily Population,  
First Admissions and Readmissions  
State Training Centers  
Fiscal 1986

Region	Fairview	EOTC	Total	% of Statewide Total	Number per 10,000 Population
<b>A: Average Daily Population</b>					
Salem Metro Area	200	4	204	14.9%	7.9
Portland Metro Area	510	14	524	38.3	4.9
Eugene Metro Area	117	2	119	8.7	4.4
Rest of Valley	80	0	80	5.8	3.7
Northwest Oregon	64	3	68	4.9	5.2
Southwest Oregon	128	2	130	9.5	3.5
Eastern Oregon	107	62	168	12.3	4.7
Unknown	76	2	78	5.7	—
State Total	1,279	89	1,368	100.0%	5.1
<b>B: First Admissions</b>					
Salem Metro Area			11	34.4	0.4
Portland Metro Area			5	15.6	0.0
Eugene Metro Area			2	6.3	0.1
Rest of Valley			0	0.0	0.0
Northwest Oregon			1	3.1	0.1
Southwest Oregon			7	21.9	0.2
Eastern Oregon			6	18.8	0.2
Unknown			0	0.0	—
State Total			32	100.0%	0.1
<b>C: Readmissions</b>					
Salem Metro Area			10	27.0	0.4
Portland Metro Area			11	29.7	0.1
Eugene Metro Area			1	2.7	0.0
Rest of Valley			1	2.7	0.0
Northwest Oregon			2	5.4	0.2
Southwest Oregon			3	8.1	0.1
Eastern Oregon			7	18.9	0.2
Unknown			2	5.4	—
State Total			37	100.0%	0.1

Source: Mental Health Division, "State Institutional Use by County Reports" (Fiscal 1986).



The number of new admissions and readmissions to state training centers is small, with only 69 total admissions to MR/DD institutions in 1986. Training centers generally provide long-term care to residents, and the population is very stable.

The Salem area has a much higher rate of state training center use than other regions. In 1986, the number of new admissions from the Salem area represented about 34 percent of total state admissions, while only 15.6 percent of new admissions in that year came from the Portland area. Its first admission rate, 0.4 admissions per 10,000 population, was much higher than the state and the other regions.

The readmission rate from the Salem area, 0.4, is similar to the Salem area first admission rate and was much higher than the state and other regions, perhaps partly because of the Salem area's relatively high use of Fairview for crisis intervention.<sup>37</sup>

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37. A recent study conducted by the Mental Health Division examined all admissions to state training centers, by method of admission, from January 1985 to June 1986. Of 100 admissions, 28 were from Marion County; of those, 12 resulted from warrants of detention (WOD). The ratio of WOD admissions to total admissions for Marion County was 43 percent. Other counties included in the study and their WOD-to-total admission ratios were Multnomah, 1 in 13 (7 percent) and Lane, 2 in 7 (28 percent), indicating a much lower use of state training centers for crisis intervention. (Source: Diagnosis and Evaluation Services, Mental Health Division, DD Program Office (June 26, 1986).)

## RESIDENT AND PATIENT DEPARTURES INTO THE COMMUNITY

### Summary

The Salem area received the largest number of patient discharges, relative to regional population, from all four M-ED programs in 1986, and both the Salem area and Eastern Oregon had relatively high rates of resident discharges from state training centers. Salem area readmissions to, and discharges from, state hospital General Psychiatric Programs were similar in 1986, and both were considerably higher than other regions and the state.

Discharges to the Salem area from OSH Forensic and Geropsychiatric Programs were high compared with admissions from that area. A large proportion of new patients discharged to the Salem area from those programs were admitted from another region.

In 1986, both statewide and in the Salem area, discharged general psychiatric patients who had living arrangements other than with family most often lived alone or with a friend at discharge. About 40 percent of general psychiatric patients discharged to the Salem area and statewide lived with family, but of patients readmitted and subsequently discharged, only 20 percent lived with family. In the Salem area, more readmitted general psychiatric patients were discharged to residential programs than to family, as were most residents discharged from state training centers. Patients discharged from the Forensic Program usually went to local correctional facilities or back to the court for disposition; only 12 percent of those discharged to the Salem area went to live with family.

### State Hospital Departures

#### Discharges

State hospitals discharge patients under the following circumstances:

- (1) Voluntary patients must be discharged within 72 hours of their request to leave a hospital unless, during the 72-hour period, the court commits the patient either as an emergency commitment or in a civil commitment proceeding.
- (2) Patients admitted for evaluation are discharged unless they are committed by the court or remain voluntarily.
- (3) Patients committed involuntarily may be discharged by the court or by a hospital.

- (4) The Psychiatric Security Review Board (PSRB) may order patients under its jurisdiction (1) discharged from a hospital, or (2) discharged from a hospital and placed on conditional release.

A hospital discharges a patient (non-PSRB) when reasonable medical judgment determines that the patient no longer has a severe mental disorder or when the patient can receive appropriate care or treatment, or both, in a community program.<sup>38</sup>

Court-committed patients found unfit to proceed to trial may be discharged from a hospital under specific circumstances.<sup>39</sup> PSRB orders patients under its jurisdiction discharged from a hospital when the Board finds they are no longer mentally ill or no longer present a substantial danger to others.<sup>40</sup>

#### General Psychiatric Programs

In fiscal 1986, a total of 754 persons were discharged to the Salem area from general psychiatric wards at the three state hospitals, a ratio of 8.9 discharged after first admission and 20.3 discharged after readmission. The Salem area rates were much higher than the state first admission discharge rate and more than double the state readmission discharge rate (see table 36).

Of the patients discharged from these programs in 1986, only about 10 percent of first admissions and 8 percent of readmissions were not discharged to their region of origin.

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38. OAR 309-31-210(2).

39. See ORS 161.370.

40. ORS 161.341(2) and OAR 859-60-015(4).

TABLE 36  
Regional Distribution of General Psychiatric Discharges  
Oregon State Mental Hospitals  
Fiscal 1986

Region	Discharged in 1986		1986		
	Number	% of Statewide Total	Number per 10,000 Population	Admissions per 10,000 Population	% of 1986 Discharges from Outside Region
<b>A: First Admissions</b>					
Salem Metro Area	230	16.4%	8.9	9.3	12.2%
Portland Metro Area	563	40.3	5.2	5.5	9.6
Eugene Metro Area	89	6.4	3.3	4.2	5.6
Rest of Valley	84	6.0	3.9	4.8	10.7
Northwest Oregon	53	3.8	4.1	5.6	13.2
Southwest Oregon	115	8.2	3.1	4.6	15.7
Eastern Oregon	169	12.1	4.7	4.7	4.1
Out of State	95	6.8	—	—	—
<b>Total</b>	<b>1,398</b>	<b>100.0%</b>	<b>4.9<sup>a</sup></b>	<b>5.5</b>	<b>9.8%</b>
<b>B: Readmissions</b>					
Salem Metro Area	524	24.7	20.3	19.8	9.2
Portland Metro Area	1,034	48.8	9.6	10.0	3.9
Eugene Metro Area	62	2.9	2.3	3.4	8.1
Rest of Valley	102	4.8	4.7	5.8	9.8
Northwest Oregon	61	2.9	4.8	5.9	19.7
Southwest Oregon	119	5.6	3.2	3.4	32.0
Eastern Oregon	164	7.7	4.6	4.7	5.5
Out of State	55	2.6	—	—	—
<b>Total</b>	<b>2,121</b>	<b>100.0%</b>	<b>7.7<sup>a</sup></b>	<b>8.0</b>	<b>7.8%</b>

Source: Mental Health Division Program Analysis Section Special Computer Runs, "Total Discharge by Discharge County from 7/1/85 Through 6/30/86" and "Discharge by Responsible County Across Discharge County from 7/1/85 Through 6/30/86" (December 22, 1986).

<sup>a</sup>Oregon only; does not include out-of-state discharges.

### OSH Forensic Psychiatric Program

In fiscal 1986, 136 forensic patients from Oregon State Hospital were discharged into the Salem area. Salem area discharges per 10,000 population were much higher than for other regions, almost three times the state rate for first admissions, and over four times the state rate for readmissions (see table 37). Discharges of new

patients (first admissions) to the Salem area were about two and one-half times the rate of first admissions from that area.

On the average, 18 percent of first admissions and about 26 percent of readmissions were discharged to regions different from their regions of origin. However, the proportion of first admissions and readmissions discharged to the Salem area who were originally from outside the area (53 percent and 45.7 percent, respectively) was high relative to other regions.

TABLE 37  
Regional Distribution of Forensic Psychiatric Discharges  
Oregon State Hospital  
Fiscal 1986

Region	Discharged in 1986			1986	
	Number	% of Statewide Total	Number per 10,000 Population	Admissions per 10,000 Population	% of 1986 Discharges from Outside Region
<b>A: First Admissions</b>					
Salem Metro Area	66	25.8%	2.6	1.0	53.0%
Portland Metro Area	90	35.2	0.8	0.9	4.4
Eugene Metro Area	19	7.4	0.7	1.0	15.8
Rest of Valley	14	5.5	0.6	0.9	0.0
Northwest Oregon	14	5.5	1.1	1.3	0.0
Southwest Oregon	28	10.9	0.8	0.9	0.0
Eastern Oregon	25	9.8	0.7	0.7	16.0
Out of State	0	0.0	—	—	—
<b>Total</b>	<b>256</b>	<b>100.0%</b>	<b>1.0</b>	<b>0.9</b>	<b>18.0%</b>
<b>B: Readmissions</b>					
Salem Metro Area	70	40.7	2.7	1.9	45.7
Portland Metro Area	40	23.3	0.4	0.6	12.5
Eugene Metro Area	18	10.5	0.7	1.2	22.2
Rest of Valley	5	2.9	0.2	0.4	0.0
Northwest Oregon	5	2.9	0.4	0.9	0.0
Southwest Oregon	22	12.8	0.6	0.7	9.1
Eastern Oregon	12	6.9	0.3	0.7	8.3
Out of State	0	0.0	—	—	—
<b>Total</b>	<b>172</b>	<b>100.0%</b>	<b>0.6</b>	<b>0.8</b>	<b>25.6%</b>

**Source:** Mental Health Division Program Analysis Section Special Computer Runs, "Total Discharge by Discharge County from 7/1/85 Through 6/30/86" and "Discharge by Responsible County Across Discharge County from 7/1/85 Through 6/30/86" (December 22, 1986).

OSH Geropsychiatric Program

Of 95 persons discharged from the Geropsychiatric Program in fiscal 1986, 36 were discharged into the Salem area. The Salem area received more first admissions and readmissions per 10,000 population than any other region (see table 38). Over half of all readmitted patient were discharged to the Salem area.

In general, 31 percent of first admissions discharged in 1986 had been admitted from outside the region of discharge, but 53.3 percent of first admissions discharged to the Salem area were from other regions.

TABLE 38  
Regional Distribution of Geropsychiatric Discharges  
Oregon State Hospital  
Fiscal 1986

Region	Discharged in 1986		1986		% of 1986 Discharges from Outside Region
	Number	% of Statewide Total	Number per 10,000 Population	Admissions per 10,000 Population	
<b>A: First Admissions</b>					
Salem Metro Area	15	27.3%	0.6	0.3	53.3%
Portland Metro Area	21	38.2	0.2	0.1	19.0
Eugene Metro Area	6	10.9	0.2	0.1	83.3
Rest of Valley	0	0.0	0.0	0.2	0.0
Northwest Oregon	2	3.6	0.2	0.1	0.0
Southwest Oregon	8	14.5	0.2	0.3	0.0
Eastern Oregon	3	5.5	0.1	0.3	0.0
Out of State	0	0.0	—	—	—
<b>Total</b>	<b>55</b>	<b>100.0%</b>	<b>0.2</b>	<b>0.2</b>	<b>31.0%</b>
<b>B: Readmissions</b>					
Salem Metro Area	21	52.5	0.8	0.5	33.3
Portland Metro Area	5	12.5	0.0	0.1	20.0
Eugene Metro Area	4	10.0	0.1	0.1	50.0
Rest of Valley	2	5.0	0.1	0.3	50.0
Northwest Oregon	1	2.5	0.1	0.1	100.0
Southwest Oregon	3	7.5	0.1	0.1	0.0
Eastern Oregon	3	7.5	0.1	0.1	33.3
Out of State	1	2.5	—	—	—
<b>Total</b>	<b>40</b>	<b>100.0%</b>	<b>0.1</b>	<b>0.1</b>	<b>33.3%</b>

Source: Mental Health Division Program Analysis Section Special Computer Runs, "Total Discharge by Discharge County from 7/1/85 Through 6/30/86" and "Discharge by Responsible County Across Discharge County from 7/1/85 Through 6/30/86" (December 22, 1986).

OSH Child and Adolescent Treatment Program

Accounting for 92 of 212 discharges in fiscal 1986, the Salem area received more patients from the Child and Adolescent Treatment Program than any other region, probably due to the presence of Hillcrest and MacLaren Training Schools in Marion County. In general, child and adolescent program readmissions were discharged to an area different from their region of origin in 1986.

TABLE 39

Regional Distribution of  
Child and Adolescent Treatment Discharges  
Oregon State Hospital  
Fiscal 1986

Region	Discharged in 1986		1986		% of 1986 Discharges from Outside Region
	Number	% of Statewide Total	Number per 10,000 Population	Admissions per 10,000 Population	
<b>A: First Admissions</b>					
Salem Metro Area	60	38.8%	2.3	1.7	45.0%
Portland Metro Area	52	33.5	0.5	0.5	7.7
Eugene Metro Area	12	7.7	0.4	0.4	25.0
Rest of Valley	12	7.7	0.6	0.3	66.7
Northwest Oregon	4	2.6	0.3	0.6	0.0
Southwest Oregon	6	3.9	0.2	0.3	16.7
Eastern Oregon	9	5.8	0.3	0.5	22.2
State Total	155	100.0%	0.6	0.6	29.0%
<b>B: Readmissions</b>					
Salem Metro Area	32	56.1	1.2	0.5	81.3
Portland Metro Area	6	10.5	0.1	0.2	16.7
Eugene Metro Area	2	3.5	0.1	0.0	100.0
Rest of Valley	11	19.3	0.5	0.2	54.5
Northwest Oregon	1	1.8	0.1	0.1	100.0
Southwest Oregon	3	5.3	0.1	0.1	33.3
Eastern Oregon	2	3.5	0.1	0.3	0.0
State Total	57	100.0%	0.2	0.2	64.9%

Source: Mental Health Division Program Analysis Section Special Computer Runs, "Total Discharge by Discharge County from 7/1/85 Through 6/30/86" and "Discharge by Responsible County Across Discharge County from 7/1/85 Through 6/30/86" [December 22, 1986].

### Living Arrangements of General Psychiatric Patients at Discharge

Statewide, about 70 percent of general psychiatric patients discharged from a state hospital for the first time in fiscal 1986 lived alone, with a friend, or with family (see table 40); the Salem area was not significantly different.

Living arrangements of readmitted general psychiatric patients at discharge differed from living arrangements of first admissions. For the state and the Salem area, readmitted patients were less likely than first admissions to live with family at discharge and were more likely than first admissions to live alone, with a friend, or in residential care facilities, particularly in the Salem area.

### Living Arrangements of OSH Forensic Patients at Discharge

Since most admissions to the Forensic Program are for court-mandated evaluations, many forensic patients are discharged back to the court for disposition or to local correctional facilities (see table 41). In the Salem area, the proportion of readmitted patients discharged in that manner was greater than the proportion of new patients so discharged, perhaps because the Psychiatric Security Review Board is in Marion County. There is no information available about the long-term living arrangements of those patients.

For the state and the Salem area, forensic patients who are not discharged to local correctional facilities or to the court most often live alone or with a friend at discharge; only about 12 percent of total discharges to the Salem area live with family.



TABLE 40

Living Arrangements of  
General Psychiatric Patients at Discharge  
Oregon State Mental Hospitals  
Fiscal 1986

Living Arrangement	Salem Area		State	
	Number Discharged	% of Discharges	Number Discharged	% of Discharges
<b>A: First Admissions</b>				
Alone or Friend	81	35.2%	486	34.8%
Family	86	37.4	469	33.5
Residential Program <sup>a</sup>	21	9.1	141	10.0
Local Correctional <sup>b</sup>	14	6.1	54	3.8
Hospital or Institution <sup>c</sup>	12	5.3	97	6.9
Room and Board or Emergency Shelter	6	2.6	52	3.7
Other or Unknown	10	4.3	103	7.3
<b>Total</b>	<b>230</b>	<b>100.0%</b>	<b>1,398</b>	<b>100.0%</b>
<b>B: Readmissions</b>				
Alone or Friend	196	37.4	880	41.5
Family	95	18.1	449	21.2
Residential Program <sup>a</sup>	106	20.2	300	14.1
Local Correctional <sup>b</sup>	23	4.4	71	3.4
Hospital or Institution <sup>c</sup>	28	5.4	89	4.3
Room and Board or Emergency Shelter	48	9.2	160	7.5
Other or Unknown	28	5.3	168	8.0
<b>Total</b>	<b>524</b>	<b>100.0%</b>	<b>2,121</b>	<b>100.0%</b>

Source: Mental Health Division Program Analysis Section computer printout, "Discharges by Discharge County by Living Arrangement from 7/1/85 through 6/30/86."

<sup>a</sup>Includes Adult Foster Homes, Residential Facilities, Intermediate Care Facilities (skilled or semiskilled nursing facilities), SSD Foster Care, A&D Halfway Houses, and Semi-Independent Living Programs.

<sup>b</sup>Includes jails and other local holding facilities, e.g., courts.

<sup>c</sup>Includes state hospitals, general hospitals, veterans' hospitals, Oregon Health Sciences Center, juvenile detention centers, and juvenile training schools.

TABLE 41

Living Arrangements of  
OSH Forensic Program Patients at Discharge  
Fiscal 1986

Living Arrangement	Salem Area		State	
	Number Discharged	% of Discharges	Number Discharged	% of Discharges
<b>A: First Admissions</b>				
Local Correctional <sup>a</sup>	29	43.9%	171	66.8%
Alone or Friend	18	27.3	40	15.6
Family	7	10.6	19	7.4
Hospital or Institution <sup>b</sup>	6	9.1	12	4.7
Residential Program <sup>c</sup>	5	7.6	8	3.1
Room and Board	0	0.0	3	1.2
Other or Unknown	1	1.5	3	1.2
<b>Total</b>	<b>66</b>	<b>100.0%</b>	<b>256</b>	<b>100.0%</b>
<b>B: Readmissions</b>				
Local Correctional <sup>a</sup>	41	58.6	108	62.8
Alone or Friend	12	17.1	23	13.4
Family	9	12.9	13	7.6
Hospital or Institution <sup>b</sup>	4	5.7	6	3.5
Residential Program <sup>c</sup>	4	5.7	19	11.0
Room and Board	0	0.0	0	0.0
Other or Unknown	0	0.0	3	1.7
<b>Total</b>	<b>70</b>	<b>100.0%</b>	<b>172</b>	<b>100.0%</b>

**Source:** Mental Health Division Program Analysis Section computer printout, "Discharges by Discharge County by Living Arrangement from 7/1/85 through 6/30/86."

<sup>a</sup>Includes jails and other holding facilities, e.g., courts.

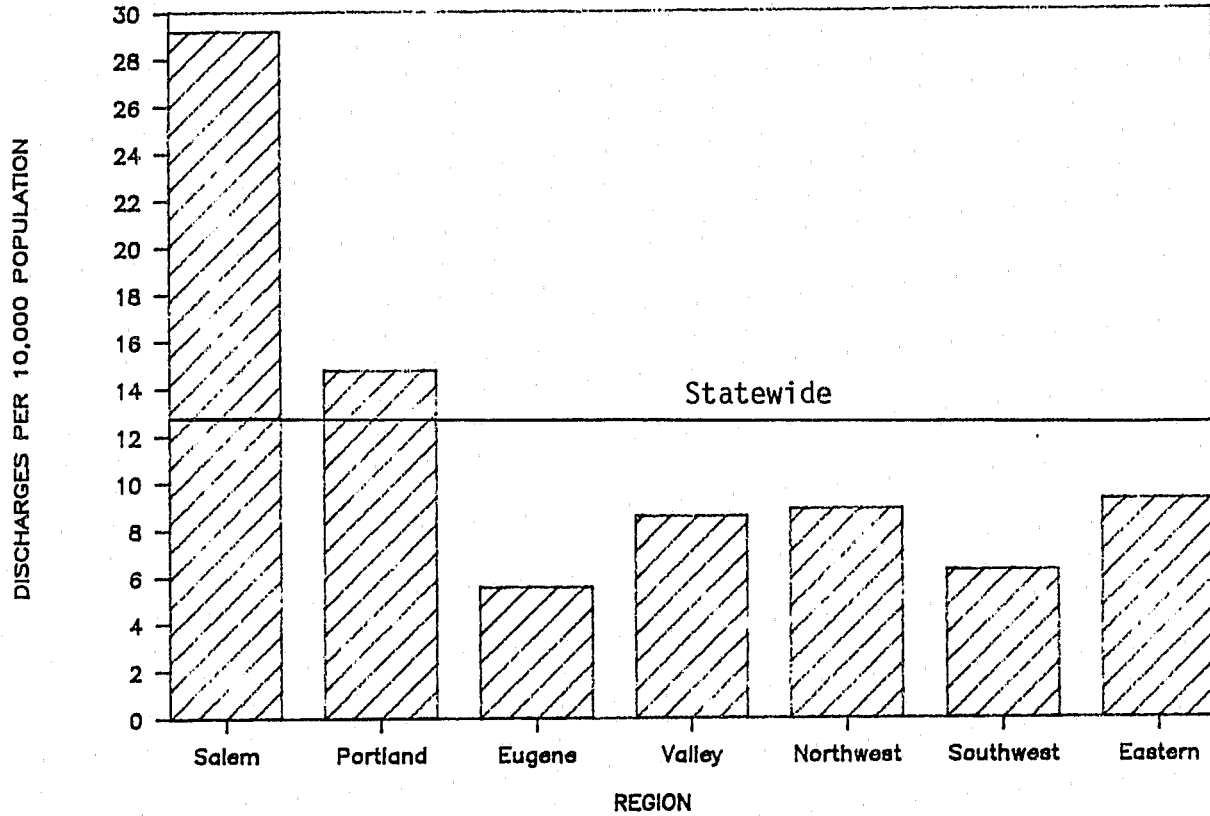
<sup>b</sup>Includes state hospitals, general hospitals, veterans' hospitals, juvenile detention centers, and juvenile training schools.

<sup>c</sup>Includes Adult Foster Homes, Residential Facilities, Intermediate Care Facilities (skilled or semi-skilled nursing facilities), SSD Foster Care, ASD Halfway Houses, Semi-Independent Living Programs and Child and Adolescent Residential Programs.

FIGURE 11

### GENERAL PSYCHIATRIC DISCHARGES

BY REGION OF DISCHARGE, FY 1986



### GENERAL PSYCHIATRIC DISCHARGES

BY REGION OF DISCHARGE, FY 1986

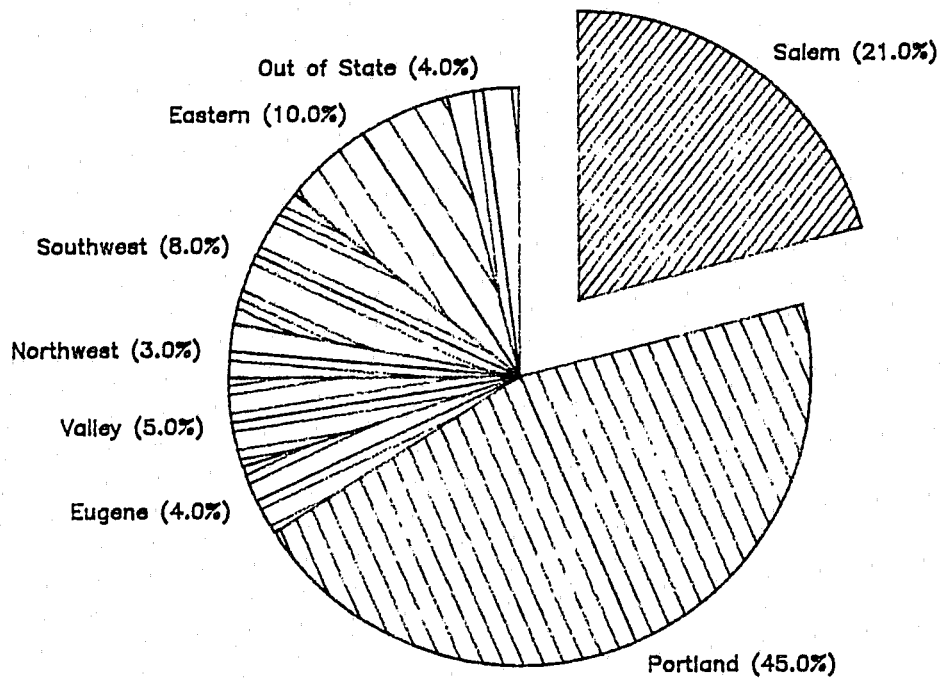
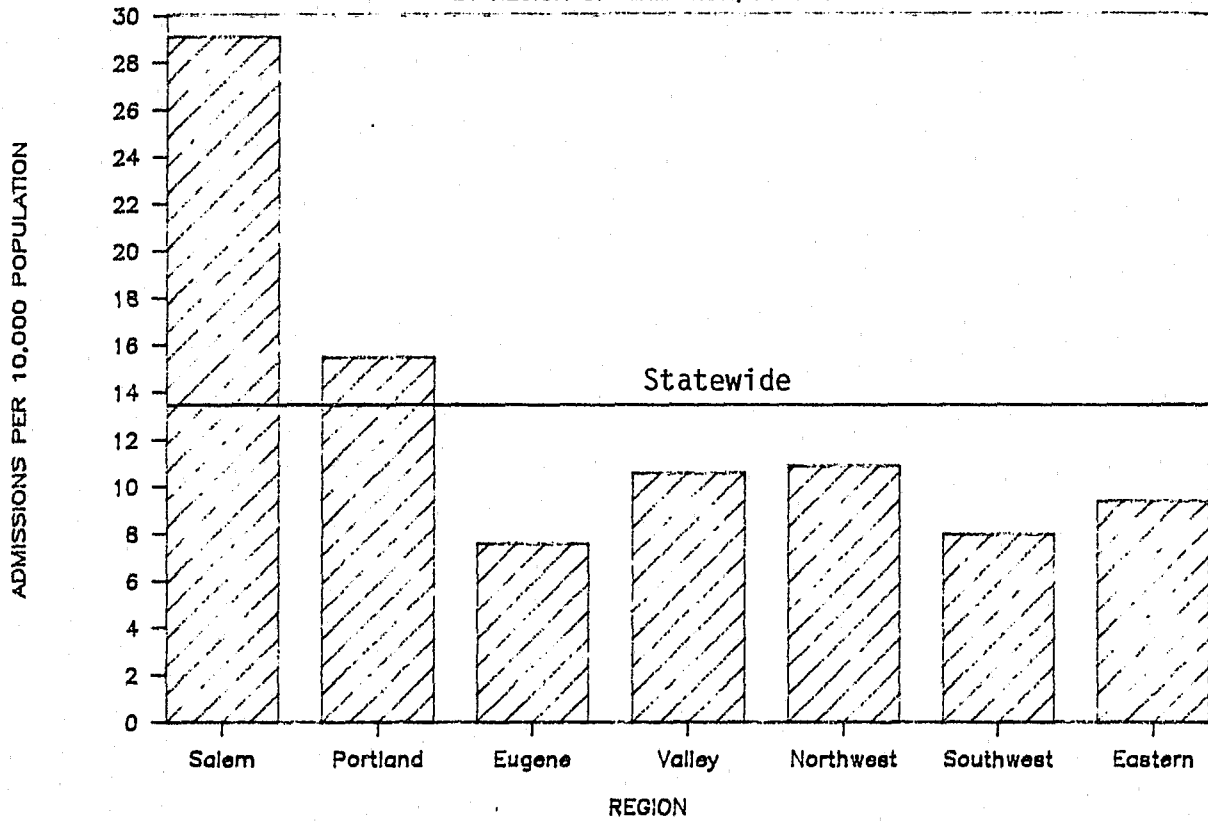


FIGURE 12

### GENERAL PSYCHIATRIC ADMISSIONS

BY REGION OF ADMISSION, FY 1986



### GENERAL PSYCHIATRIC ADMISSIONS

BY REGION OF ADMISSION, FY 1986

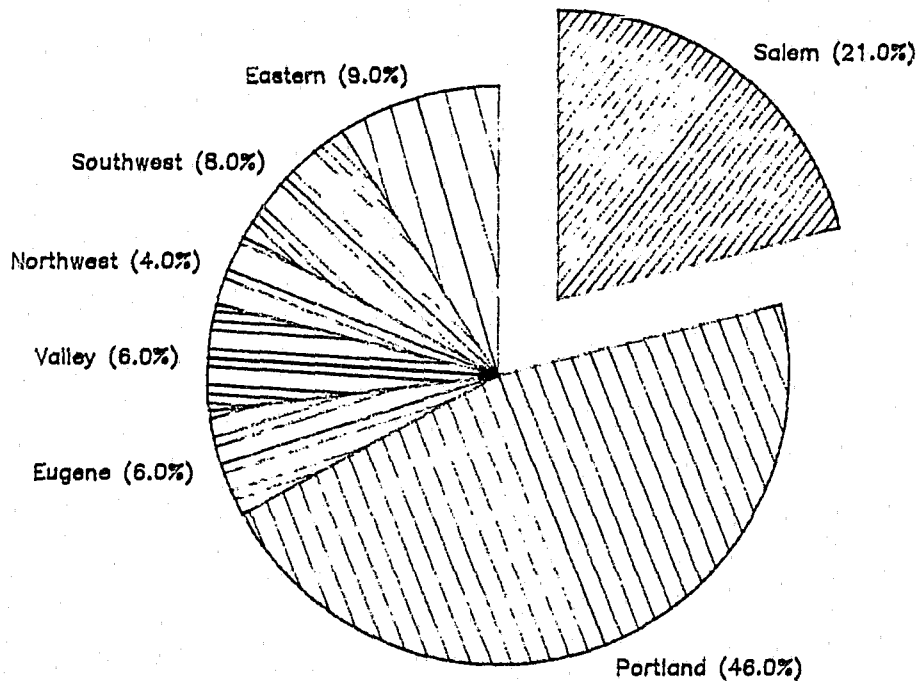
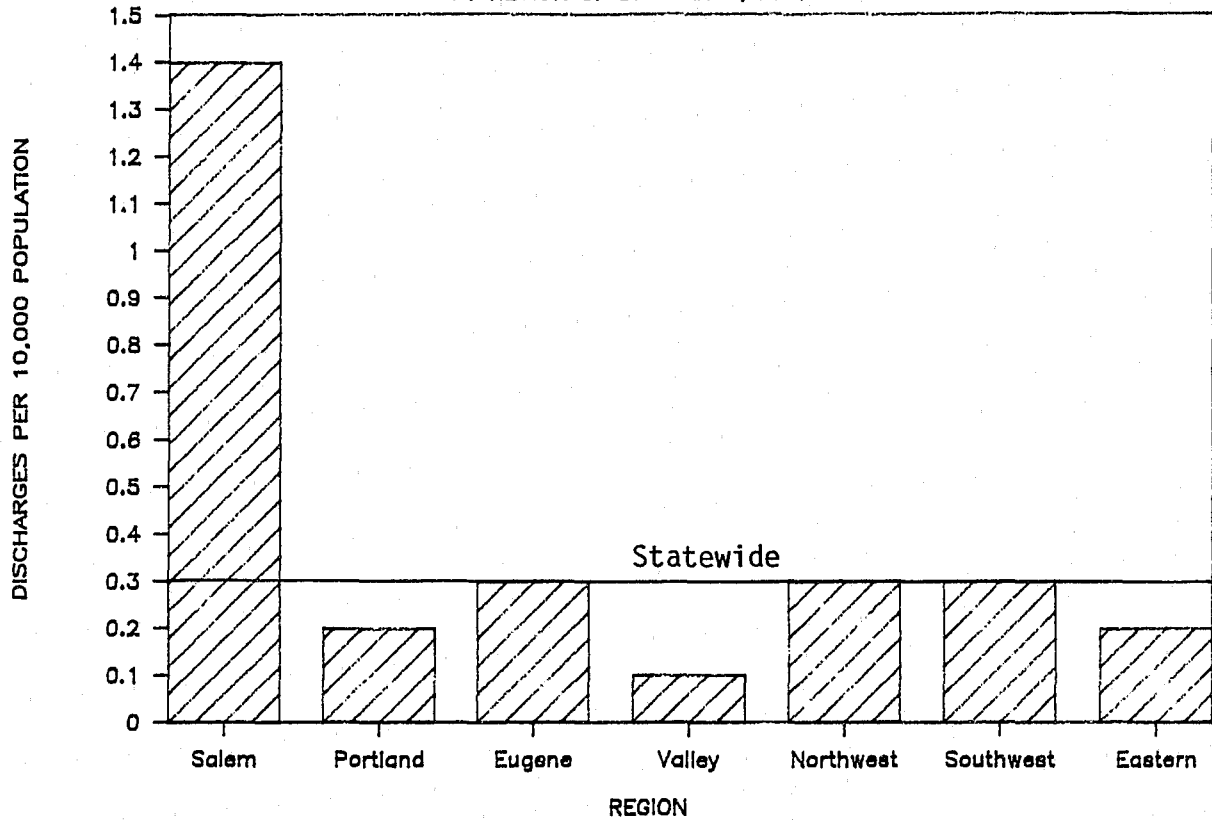


FIGURE 13

OSH GEROPSYCHIATRIC DISCHARGES

BY REGION OF DISCHARGE, FY 1986



OSH GEROPSYCHIATRIC DISCHARGES

BY REGION OF DISCHARGE, FY 1986

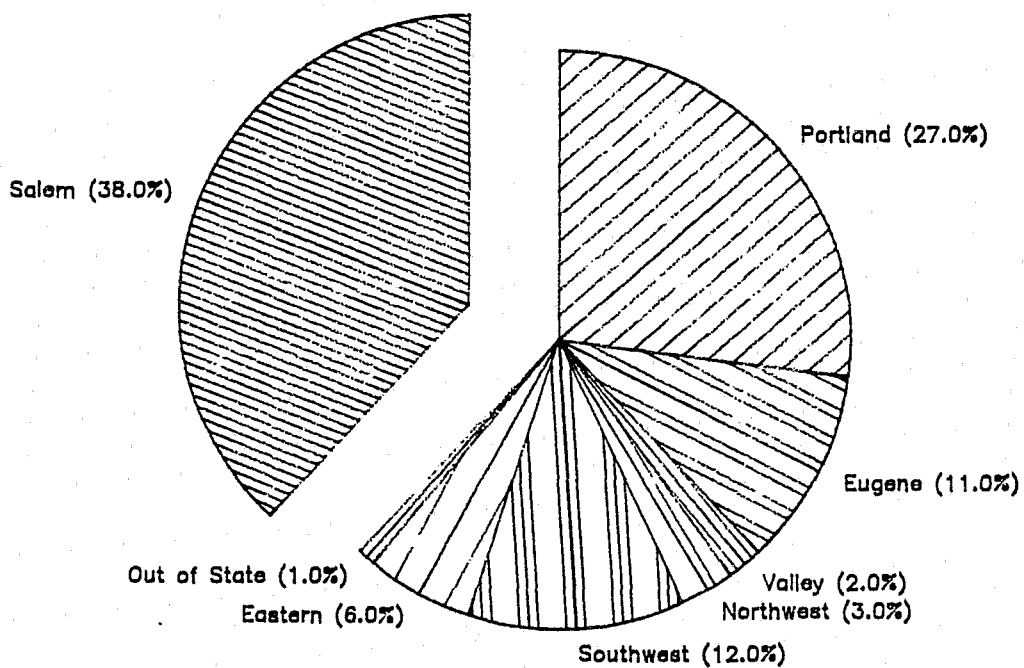
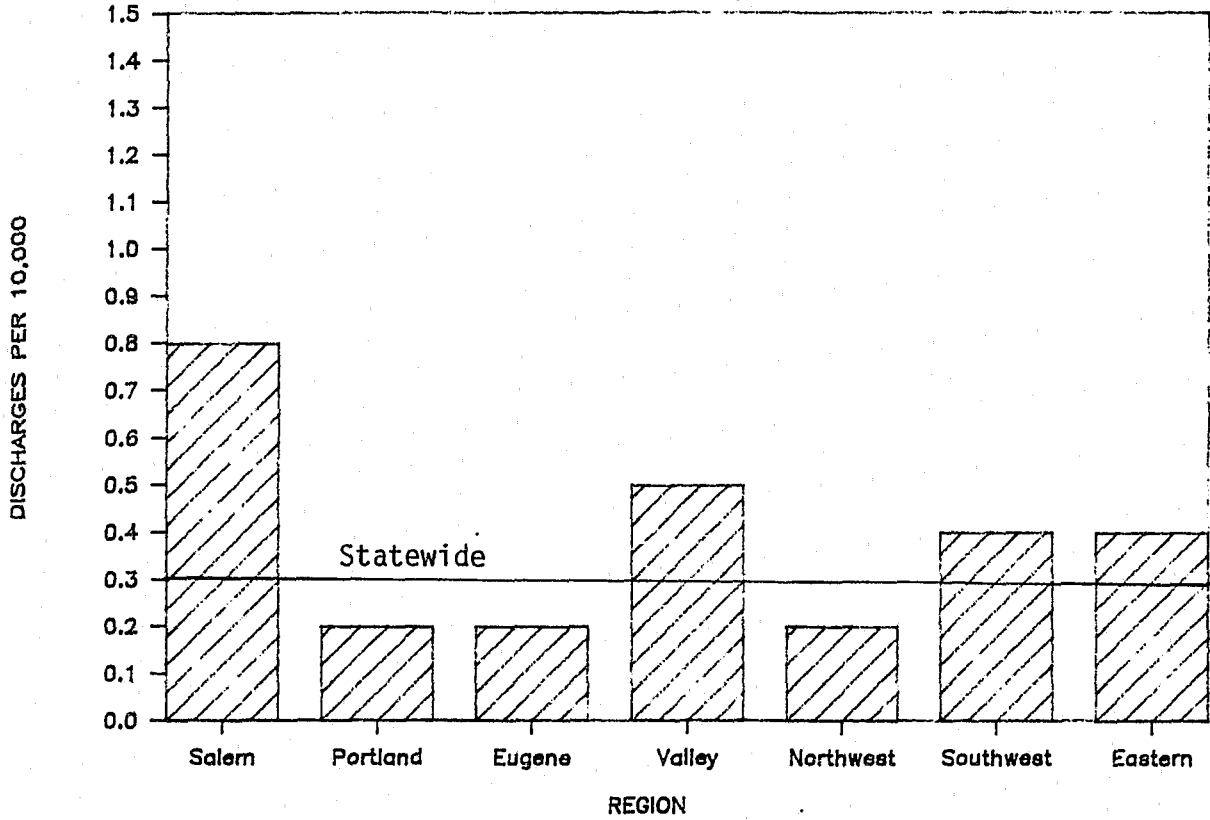


FIGURE 14

### OSH GEROPSYCHIATRIC ADMISSIONS

BY REGION OF ADMISSION, FY 1986



### OSH GEROPSYCHIATRIC ADMISSIONS

BY REGION OF ADMISSION, FY 1986

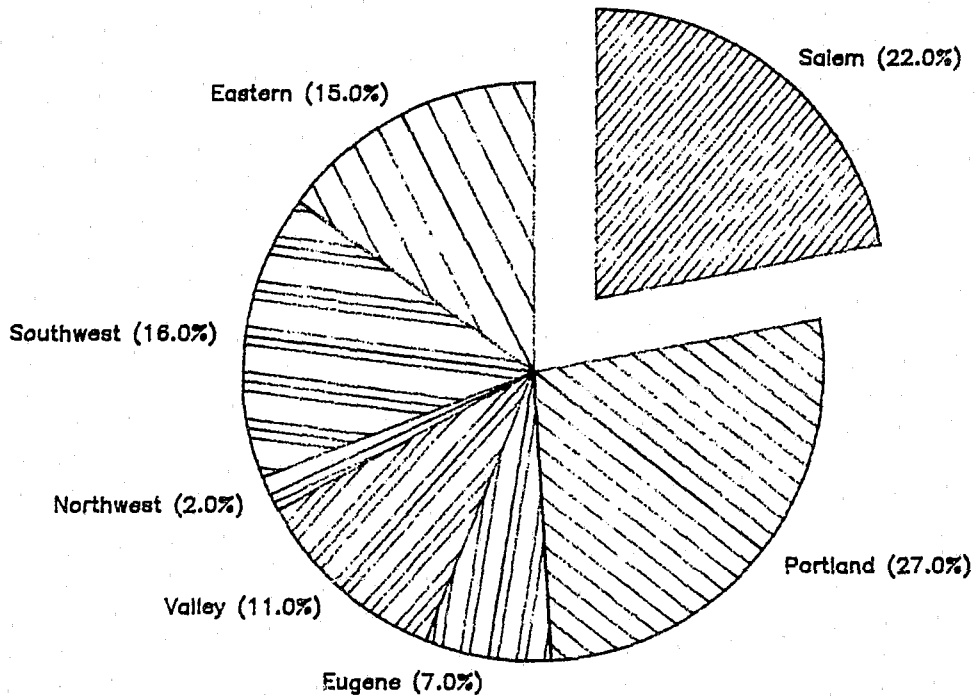
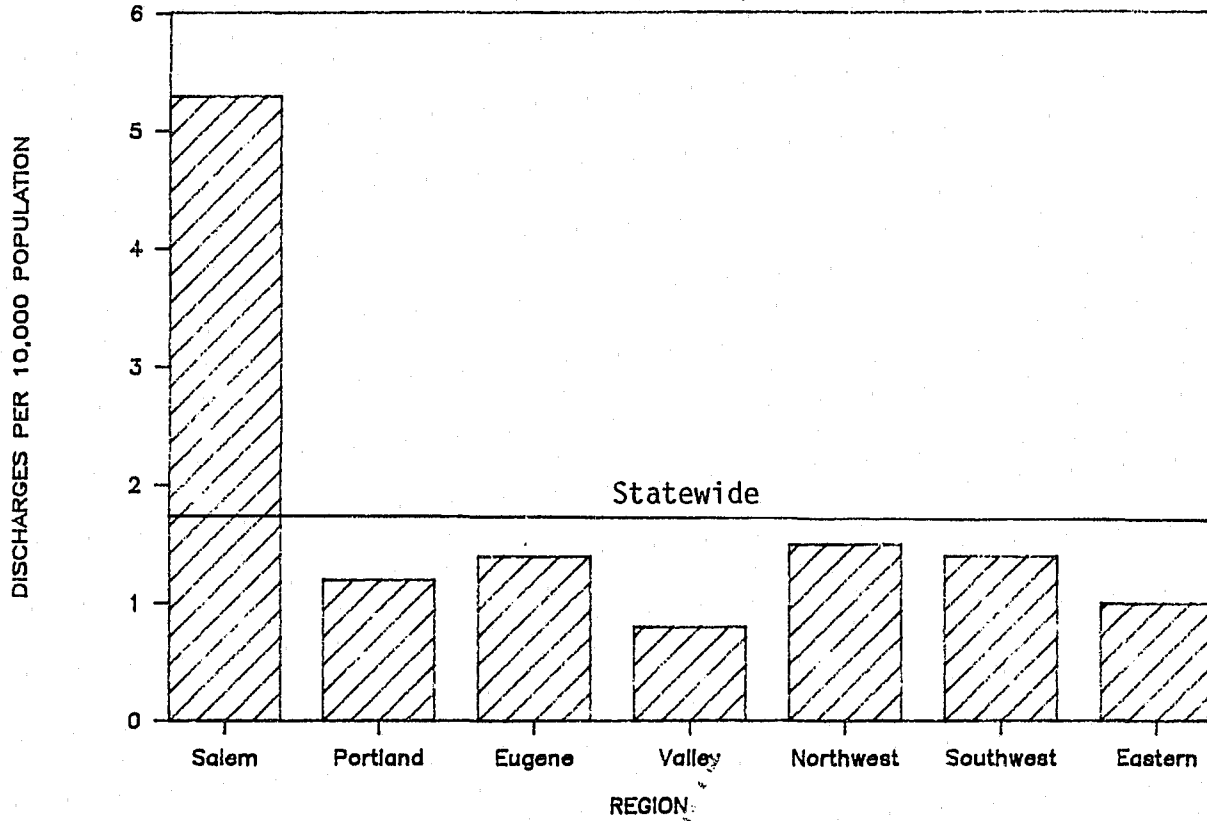


FIGURE 15  
**OSH FORENSIC DISCHARGES**  
 BY REGION OF DISCHARGE, FY 1986



**OSH FORENSIC DISCHARGES**  
 BY REGION OF DISCHARGE, FY 1986

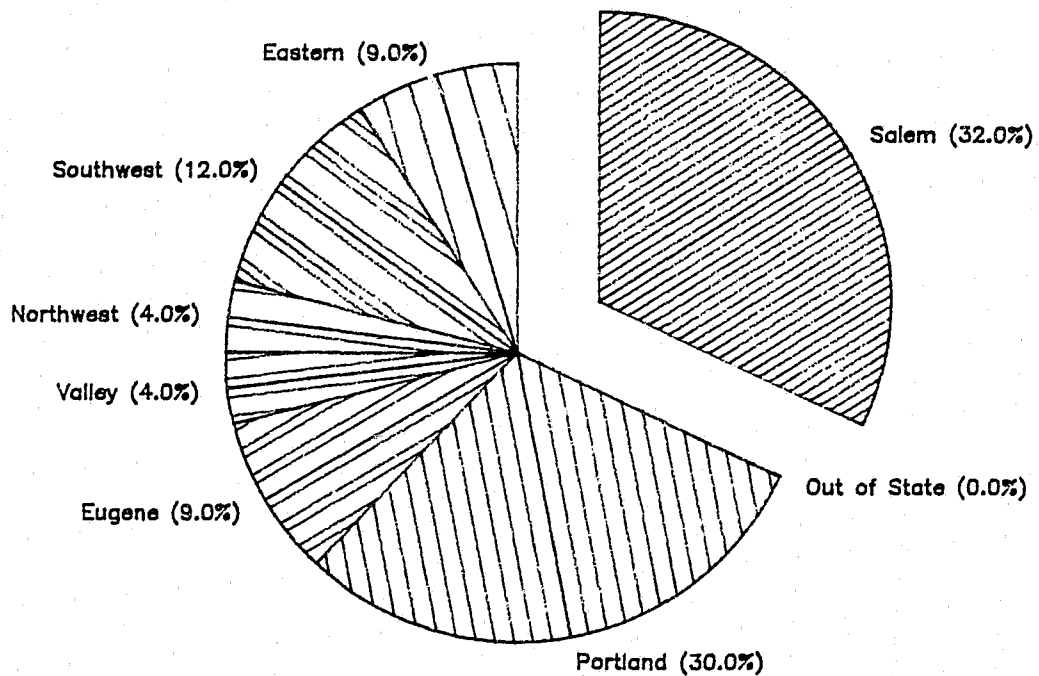
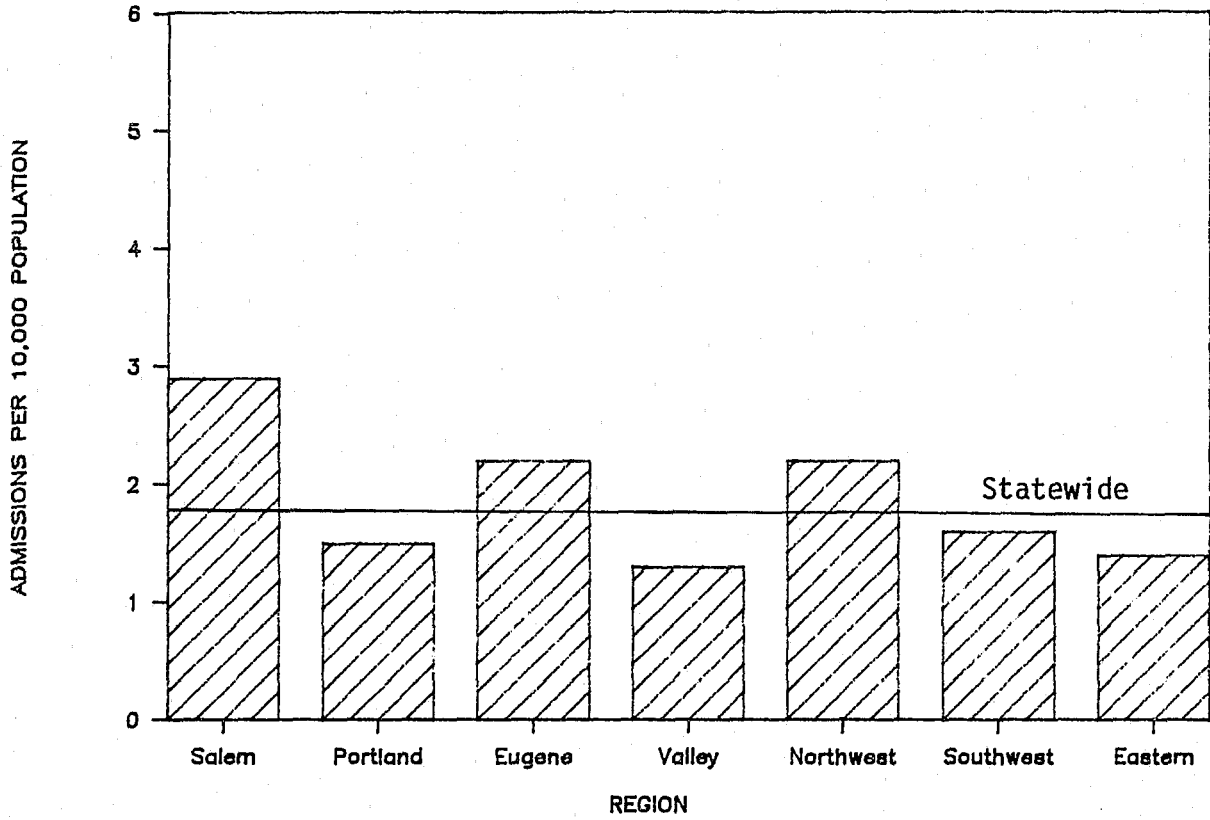


FIGURE 16

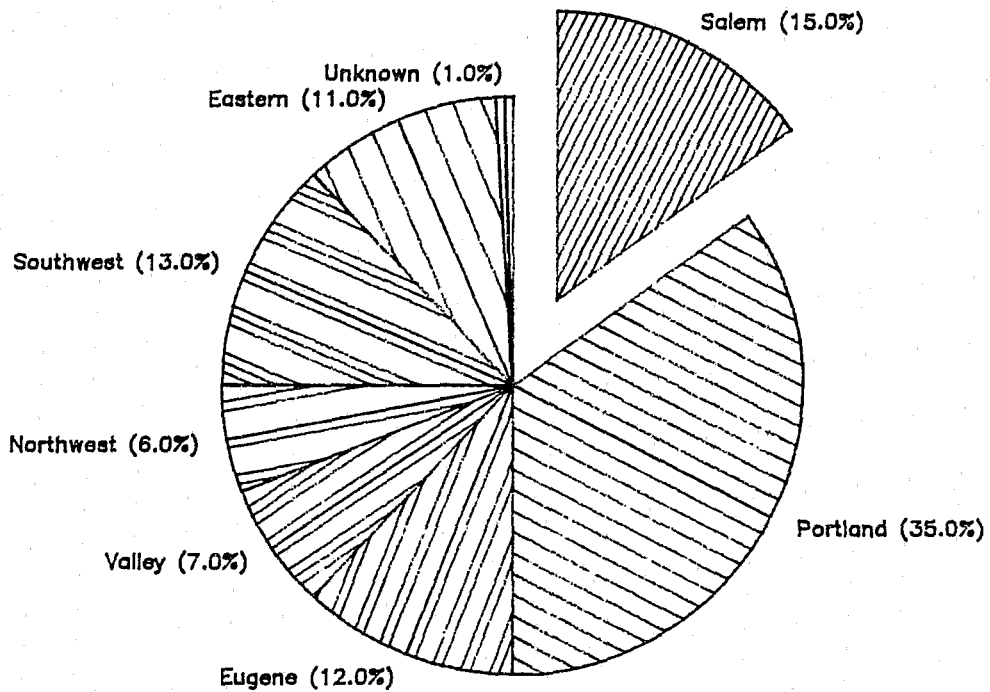
### OSH FORENSIC ADMISSIONS

BY REGION OF ADMISSION, FY 1986



### OSH FORENSIC ADMISSIONS

BY REGION OF ADMISSION, FY 1986





## Conditional Release

Conditional release is granted by the court or PSRB for a patient to reside in the community with provisions for monitoring and treatment of mental and physical health. The court or the Board may place a court-committed person on conditional release. A person under civil commitment (noncrime-related) may be conditionally released by the court to a guardian, a relative, or a friend who is able and willing to care for the person.<sup>41</sup> The court also may conditionally release a person found guilty except for insanity, pending a hearing by PSRB.<sup>42</sup> Once a person has been either placed on conditional release or committed to a state hospital by the court, the court's jurisdiction ends and the Board assumes jurisdiction.<sup>43</sup>

The conditional release of crime-related commitments may occur when the court or PSRB finds that a person presents a substantial danger to others but can be adequately controlled with available supervision and treatment. The person or agency designated as supervisor must report in writing to PSRB concerning compliance with conditions of release.

PSRB may order a person placed on conditional release during the initial hearing before the Board, or later on application by the person or the hospital, or when PSRB reviews the case. The application must be accompanied by a verified conditional release plan.<sup>44</sup> In each instance of conditional release, a person or agency is designated as supervisor of the client.

PSRB may revoke conditional release for several reasons, including violation of the terms of release or a change in the person's mental

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41. ORS 426.130(2).

42. ORS 161.327(2). The court may conditionally release a defendant found unfit to proceed to trial. In that case, the trial is suspended until the person regains fitness to proceed. The court may dismiss the charge and discharge the defendant if so much time has elapsed since the release that it would be unjust to resume the criminal proceeding.

43. PSRB supervision continues for a period of time equal to the maximum sentence the person would have served if found guilty and not insane.

44. Elements of a PSRB conditional release order may include housing, mental health treatment, reporting to PSRB by the supervisor, special conditions such as no drinking, parole and probation supervision, and agreement to conditional release by the person. The conditions include notice that if the person leaves the state without authorization of the Board, the person may be charged with a new crime of escape.

health.<sup>45</sup> The Board then orders the person returned to the state hospital designated by MHD (the Forensic Psychiatric Program at OSH).<sup>46</sup>

As of December 4, 1986, there were 97 PSRB clients supervised in community settings. Of those, 17, or 17.5 percent, were supervised under conditional release in the Salem area (see table 42). Over 73 percent of PSRB clients on conditional release were located in five counties. County data for the five counties are included in table 42.

Some county mental health programs provide supervision for PSRB clients on conditional release in their communities. The programs are funded through contracts with the Mental Health Division, according to the number of persons (or "slots") a county program can safely supervise. A county may refuse to accept more individuals than it can manage and also may refuse to accept specific clients.

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45. ORS 161.336(5).

46. The total period of commitment and conditional release may not exceed the maximum sentence of the crime for which the person could have been convicted.

TABLE 42

Location of Psychiatric Security Review  
Board Clients on Conditional Release  
December 4, 1986

Jurisdiction	Number	% of Statewide Total	Number per 10,000 Population
<b>A: Region<sup>a</sup></b>			
Salem Metro Area	17	17.5%	0.7
Portland Metro Area	40	41.2	0.4
Eugene Metro Area	12	12.4	0.4
Rest of Valley	5	5.2	0.2
Northwest Oregon	1	1.0	0.1
Southwest Oregon	15	15.5	0.4
Eastern Oregon	7	7.2	0.2
State Total	97	100.0%	0.4
<b>B: Selected Counties</b>			
Marion	15	15.5	0.7
Polk	2	2.0	0.5
Multnomah	35	36.1	0.6
Lane	12	12.4	0.4
Douglas	7	7.2	0.8
Rest of State	26	26.8	0.2
State Total	97	100.0%	0.4

Source: Mental Health Division, M-ED Office, (December 24, 1986).

<sup>a</sup>Some of these PSRB clients were supervised by agencies other than the Mental Health Division, including 2 in the Salem area, 10 in the Portland area, 1 in the Rest of Valley area, and 1 in the Southwest Oregon area. One client in the Southwest Oregon area was not supervised at all. The conditional releases of 2 clients, 1 in Douglas County and 1 in Marion County, were revoked in November 1986 (these were excluded from the table).

Leaves and Passes

PSRB patients in the state hospital may be granted leaves of absence or passes which must be signed by a physician and submitted to PSRB not less than seven days before the proposed pass or leave date, except for emergency pass requests which may be made by telephone to the PSRB office by a physician or social worker. Written confirmation is required from the physician that the leave or pass would pose no substantial danger to others and would be therapeutic. If PSRB has reservations about a pass, it contacts the hospital.<sup>47</sup> Hospital patients on leave or pass are not discharged from the hospital.

Trial Visit

Persons under court commitment to MHD may be allowed trial visits only when ordered by a physician and agreed to by the county mental health program director of the county where the person would reside.<sup>48</sup> The court of the patient's place of residence prior to the current commitment must be notified. When a person fails to adhere to the conditions of trial visit, the court, on its own motion, may order the person returned to the hospital or it may order the conditions of trial visit modified.

From January 1, 1980, to January 1, 1986, no trial visits were allowed by Oregon state hospitals. From January 1 to June 30, 1986, 107 state hospital patients were released on trial visit. Twenty-seven of those releases were from Oregon State Hospital, 5 were returned to the hospital (see table 43).

TABLE 43  
State Hospital Patients on Trial Visit  
January 1 to June 30, 1986

Hospital	Trial Visits	Returned
Oregon State	27	5
Damascus	79	7
EOPC	1	1
Total	107	13

Source: Mental Health Division, Program Analysis Section (Fiscal 1986).

47. OAR 859-100-030.

48. ORS 426.273(1).

## Escapes

Escapes occur when court-committed patients take unauthorized leave from the state hospital. Some escapes may occur during conditional release, but those are not included here.

The number of escapes from OSH has declined since 1982, both in total number and for individual programs (see table 44). However, the "other" category received the bulk of reported escapes in 1985 and 1986, so the distribution among programs for those years is not known. Prior to 1985, most escapes were from the General Psychiatric and Child and Adolescent Treatment Programs. The large drop in general psychiatric escapes from 1983 to 1984 is due to the change in catchment area which reduced the OSH general psychiatric population. Almost all escapes originated from the hospital, so the vast majority of the patients escaped, at least initially, into Marion County.

TABLE 44

Escapes from Oregon State Hospital, by Program  
Fiscal 1982-1986

Program	Number of Escapes				
	1982	1983	1984	1985	1986
General Psychiatric	262	201	84	0	1
Forensic	37	10	6	0	0
Child and Adolescent Treatment	31	26	25	3	4
Geropsychiatric	—	—	15	0	1
Other <sup>a</sup>	22	24	21	89	102
Total	352	261	151	92	108

Source: Mental Health Division, "State Institutional Use by County Reports" (Fiscal 1982-1986).

<sup>a</sup>"Other" includes escapes from medical ward and from unknown wards.

## State Training Center Departures

Persons may be discharged from state training centers, may be granted temporary leaves of absence, or may escape.

### Discharges

When a person is discharged, the facility (training center) coordinates discharge plans. A discharge plan must include provision for appropriate services in the resident's new environment; protective supervision, if required; other follow-up services; and appropriate written documentation from the client's record. The Mental Health Division's Diagnosis and Evaluation Unit in Salem gives final approval for all discharge plans.<sup>49</sup>

In fiscal 1986, the Salem area received fewer discharges than did the Portland and Eastern Oregon areas (see table 45). However, the rate of discharge into the Salem area (1.4 per 10,000 population) was twice the state average (0.7) and almost twice the rate of admission from the Salem area (0.8). Eastern Oregon experienced a similarly high rate of discharged residents (1.5) compared with an admission rate of 0.4.

State training centers are located in Marion and Umatilla counties. The number of discharges to Marion and Umatilla counties per 10,000 population was 1.5 and 4.2, respectively. Fifty-six percent of total discharges were to regions other than regions of origin.

### Living Arrangements at Discharge

The extent to which families relocate to the Salem area to be near relatives who reside in Fairview Training Center is not known. However, data on living arrangements of discharged residents of state training centers reveal that very few live with families at discharge. In fiscal 1986, only 4 residents, or 2 percent of total discharges in the state, were placed with families; of those, 1 resident was discharged to a family in the Salem area. Residents most often lived in residential programs at discharge.<sup>50</sup>

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49. OAR 309-43-085(2)(b).

50. Mental Health Division Program Analysis Section computer print-out, "Discharges by Discharge County by Living Arrangement from 7/1/85 through 6/30/86."

TABLE 45

Regional Distribution of Fairview  
and Eastern Oregon Training Center Discharges  
Fiscal 1986

Region <sup>a</sup>	Discharged in 1986			% of Statewide Total	Number per 10,000 Population	1986	
	Fairview	EOTC	Number			Admissions per 10,000 Population	% of 1986 Discharges from Outside Region
Salem Metro Area	35	1	36	18.6%	1.4	0.8	58.3%
Portland Metro Area	58	0	58	30.0	0.5	0.1	41.4
Eugene Metro Area	7	0	7	3.6	0.3	0.1	57.1
Rest of Valley	9	0	9	4.7	0.4	0.0	77.8
Northwest Oregon	5	0	5	2.6	0.4	0.3	80.0
Southwest Oregon	21	0	21	10.9	0.6	0.3	38.1
Eastern Oregon	40	13	53	27.5	1.5	0.4	67.9
Out of State	4	0	4	2.1	—	—	—
<b>Total</b>	<b>179</b>	<b>14</b>	<b>193</b>	<b>100.0%</b>	<b>0.7</b>	<b>0.2</b>	<b>56.0%</b>

Source: Mental Health Division Program Analysis Section Special Computer Runs, "Total Discharge by Discharge County from 7/1/85 Through 6/30/86" and "Discharge by Responsible County Across Discharge County from 7/1/85 Through 6/30/86" (December 22, 1986).

<sup>a</sup>Admissions for 1986 include total first admissions and readmissions of MR/DD clients admitted to Fairview and EOTC in fiscal 1986.

### Temporary Leave

The head of the center may grant temporary leaves, and leaves are encouraged to provide residents with community experiences and to strengthen ties with family, among other reasons. The categories of leave include day visit, vacation, pre-placement visit, unauthorized leave (escape), and other (training). A person who takes a resident on leave must be cleared by the team supervising the resident, and procedures must be followed.<sup>51</sup>

### Escapes

Residents of state training centers who escape usually walk away from the grounds or get lost. In fiscal 1986, there were 55 escapes from Fairview (see table 46). Either the number of escapes has increased

51. OAR 309-42-080.

dramatically in recent years or the system of reporting escapes has changed since 1984. In either case, the number of escapes each year from 1982 to 1986 was low relative to escapes from state hospitals.

TABLE 46

Fairview Hospital and  
Training Center Escapes  
Fiscal 1982-1986

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Year	Number of Escapes
1982	4
1983	5
1984	13
1985	40
1986	55

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Source: Mental Health Division,  
"State Institutional Use by County  
Reports" (Fiscal 1982-86).



## RESIDENTIAL PROGRAMS

### Summary

The Mental Health Division (MHD) licenses and has jurisdiction over adult residential care homes and centers and certifies adult foster homes when 60 percent or more of the residents are M-ED, MR/DD or alcohol or drug abuse dependent (A&D) clients.<sup>52</sup> Residential programs serving those three client groups are provided by community mental health programs through contracts with MHD or are administered directly by MHD.<sup>53</sup>

In addition to residential homes and facilities and adult foster homes, some MHD and community mental health program clients live in their own homes, homes of relatives, nursing homes, room and board housing, emergency shelters, SSD residential programs, other state facilities, other living arrangements, or are homeless. Although a complete review of all forms of residential placement is outside the scope of this report, the following MHD-funded residential programs are discussed:

- (1) M-ED residential facilities and adult foster care (relative and nonrelative);
- (2) MR/DD group homes, intermediate care facilities, and nonrelative foster care; and
- (3) A&D residential programs.

The statewide capacity of the programs is currently 3,209 beds, of which 643, or 20 percent, are located in the Salem area.<sup>54</sup> There are 37 MHD residential facilities (excluding foster care) in the Salem area, constituting 15 percent of total state facilities.

### M-ED Residential Programs

There are currently 29 MHD-funded M-ED residential facilities statewide (including a small intensive treatment home in Portland) with a total capacity of 504 beds (see table 47). In the Salem area, there are 11 facilities, 38 percent of the state total, with a capacity of 166 beds, 32.9 percent of the state total. In addition, there are 316 beds in M-ED adult foster homes statewide (relative and nonrelative); 45 beds, or 14.2 percent, are in the Salem area.

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52. OAR 410-05-090(1).

53. ORS 430.630(2) and (3).

54. These residential programs do not represent all residential programs available to state hospital patients or community mental health program clients. In addition, clients residing in these residential programs have not necessarily been discharged from state hospitals.

A residential task force, initiated by MHD, has been formed to address issues surrounding M-ED residential programs. The task force members are from all geographic areas of Oregon and represent community mental health programs, providers, advocates, family members, and state hospitals.

TABLE 47

Licensed Facilities and Capacity of M-ED Residential  
Care and Residential Training Facilities  
September 24, 1986

Region	Facilities <sup>a</sup>		Capacity	
	Number	% of Statewide Total	Number of Beds	% of Statewide Total
Salem Metro Area	11	38.0%	166	32.9%
Portland Metro Area	12	41.4	257	51.0
Eugene Metro Area	2	6.9	18	3.6
Rest of Valley	1	3.4	12	2.4
Northwest Oregon	1	3.4	15	3.0
Southwest Oregon	0	0.0	0	0.0
Eastern Oregon	2	6.9	36	7.1
State Total	29	100.0%	504	100.0%

Source: Mental Health Division, M-ED Program Office (September 24, 1986).

<sup>a</sup>Includes residential care facilities, residential training facilities, and one small intensive treatment home in Portland.

### MR/DD Residential Programs

MHD-funded MR/DD residential programs include group homes, intermediate care facilities (ICF-MR), relative and nonrelative foster care, and semi-independent living programs (SIL). Clients living independently (SIL) or in homes of relatives (relative foster care) were excluded from this analysis.

Of the 179 group homes and ICF-MRs in the state, 22, or 12.3 percent, are located in the Salem area (see table 48). There are 18 group homes in the Salem area (10.5 percent of the state total) and 4 ICF-MRs (57 percent of the state total). The statewide residential capacity of MR/DD programs, including nonrelative foster homes, is 1,891 beds, of which 364, or 19 percent, are located in the Salem area.

To identify trends in development of the programs, the number and capacity of group homes and ICF-MRs since fiscal 1981 and the capacity of adult foster homes since fiscal 1983 were examined.<sup>55</sup> Since 1981, the number of group homes in the state increased by 117 and capacity increased by 88.2 percent. In the Salem area, there are 9 additional group homes and an increased capacity of 34.9 percent.

Since 1981, there has been an 11 percent decrease statewide in ICF-MR capacity (one facility closed in Lane County), while in the Salem area, the number and capacity of ICF-MRs has remained unchanged. Since 1983, the statewide capacity of nonrelative adult foster care has increased by 11 percent, but capacity has decreased by 6 percent in the Salem area.

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55. Mental Health Division, MR/DD Program Office (Fiscal 1981-87).

TABLE 48

Licensed Facilities and Capacity  
of MR/DD Residential Programs  
Fiscal 1987

Region	Facilities <sup>a</sup>		Capacity	
	Number	% of Statewide Total	Number of Beds	% of Statewide Total
<b>A: Group Homes</b>				
Salem Metro Area	18	10.5%	197	16.9%
Portland Metro Area	51	29.7	360	30.9
Eugene Metro Area	9	5.2	71	6.1
Rest of Valley	19	11.0	149	12.8
Northwest Oregon	12	7.0	100	8.6
Southwest Oregon	24	13.9	160	13.7
Eastern Oregon	39	22.7	128	11.0
State Total	172	100.0%	1,165	100.0%
<b>B: Intermediate Care Facilities (ICF-MR)</b>				
Salem Metro Area	4	57.1	121	48.2
Portland Metro Area	2	28.6	114	45.4
Eugene Metro Area	0	0.0	0	0.0
Rest of Valley	0	0.0	0	0.0
Northwest Oregon	0	0.0	0	0.0
Southwest Oregon	0	0.0	0	0.0
Eastern Oregon	1	14.3	16	6.4
State Total	7	100.0%	251	100.0%
<b>C: Nonrelative Foster Homes</b>				
Salem Metro Area	—	—	46	9.7
Portland Metro Area	—	—	132	27.8
Eugene Metro Area	—	—	76	16.0
Rest of Valley	—	—	41	8.6
Northwest Oregon	—	—	7	1.5
Southwest Oregon	—	—	97	20.4
Eastern Oregon	—	—	76	16.0
State Total	—	—	475	100.0%

**Source:** Mental Health Division, MR/DD Program Office (Fiscal 1987).

<sup>a</sup>Does not include semi-independent living programs in which clients are provided service in their own residences, state-operated ICF-MR facilities (Fairview and EOTC), and relative foster homes.

### Alcohol and Drug Abuse Residential Programs

A&D residential programs include alcohol nonhospital detoxification, community intensive residential treatment programs, and all other A&D residential programs funded by MHD.

Of the 38 statewide A&D residential facilities, 4, or 10.5 percent, are located in the Salem area (see table 49). The Salem area has 68 beds for A&D clients, or 13.7 percent of the total 498 beds in the state.

TABLE 49

#### Licensed Facilities and Capacity of Alcohol and Drug Residential Programs Fiscal 1986

Region	Facilities		Capacity	
	Number	% of Statewide Total	Number of Beds	% of Statewide Total
Salem Metro Area	4	10.5%	68	13.7%
Portland Metro Area	11	29.0	200	40.2
Eugene Metro Area	3	7.9	36	7.2
Rest of Valley	0	0.0	0	0.0
Northwest Oregon	1	2.6	3	0.6
Southwest Oregon	8	21.1	77	15.5
Eastern Oregon	11	28.9	114	22.8
<b>State Total</b>	<b>38</b>	<b>100.0%</b>	<b>498</b>	<b>100.0%</b>

Source: Mental Health Division, Alcohol and Drug Abuse Program Office (Fiscal 1986).

Note: Includes data for alcohol residential programs, drug residential programs, alcohol nonhospital detoxification, and community intensive residential treatment programs.

**APPENDIX**

TABLE A-1

State of Oregon Population by Region  
1980-1985

Region	Year		
	1980	1981	1982
Salem Metro Area	251,510	256,380	252,410
Portland Metro Area	1,053,100	1,062,000	1,069,300
Eugene Metro Area	275,200	275,000	270,650
Rest of Valley	214,050	216,650	215,025
Northwest Oregon	124,755	125,380	126,650
Southwest Oregon	366,500	367,800	363,725
Eastern Oregon	354,800	357,525	358,425
<b>State Total</b>	<b>2,639,915</b>	<b>2,660,735</b>	<b>2,656,185</b>
	1983	1984	1985
Salem Metro Area	250,450	255,000	258,050
Portland Metro Area	1,058,500	1,068,800	1,078,000
Eugene Metro Area	267,900	268,500	269,500
Rest of Valley	213,650	215,400	215,700
Northwest Oregon	127,000	128,400	127,730
Southwest Oregon	361,850	364,900	368,600
Eastern Oregon	355,650	359,000	358,220
<b>State Total</b>	<b>2,635,000</b>	<b>2,660,000</b>	<b>2,675,800</b>

Source: Center for Population Research and Census, Portland State University.

TABLE A-2

Average Daily Population, First Admissions and Readmissions  
General Psychiatric Services at State Mental Hospitals  
Selected Counties  
Fiscal 1986

Region of Origin <sup>a</sup>	Number	% of Statewide Total	Number per 10,000 Population
<b>A: Average Daily Population</b>			
Marion	58	12.3%	2.7
Polk	10	2.1	2.3
Linn	6	1.3	0.7
Benton	2	0.5	0.3
Multnomah	165	35.1	2.9
Washington	19	4.1	0.7
Clackamas	41	8.7	1.7
Douglas	11	2.2	1.1
Umatilla	29	6.0	4.8
County Total	341	72.6%	—
State Total	470	100.0%	1.8
<b>B: First Admissions</b>			
Marion	212	14.5	9.9
Polk	29	2.0	6.5
Linn	53	3.6	6.0
Benton	12	0.8	1.7
Multnomah	394	26.9	7.0
Washington	96	6.6	3.6
Clackamas	104	7.1	4.2
Douglas	43	2.9	4.7
Umatilla	76	5.2	12.7
County Total	1,019	69.6%	—
State Total	1,464	100.0%	5.5
<b>C: Readmissions</b>			
Marion	438	20.2	20.5
Polk	74	3.4	16.7
Linn	82	3.8	9.2
Benton	14	0.6	2.0
Multnomah	833	38.5	14.8
Washington	106	4.9	4.0
Clackamas	135	6.2	5.4
Douglas	35	1.6	4.1
Umatilla	100	5.2	16.7
County Total	1,817	83.9%	—
State Total	2,165	100.0%	8.0

Source: Mental Health Division, "State Institutional Use by County Reports" (Fiscal 1986).

<sup>a</sup>Region of Origin is the region in which patients reside sixty days prior to their state hospital admissions.



TABLE A-3

Average Daily Population, First Admissions and Readmissions  
Oregon State Hospital Forensic Psychiatric Services  
Selected Counties  
Fiscal 1986

Region of Origin <sup>a</sup>	Number	% of Statewide Total	Number per 10,000 Population
<b>A: Average Daily Population</b>			
Marion	44	16.7%	2.1
Polk	7	2.6	1.5
Linn	3	0.9	0.3
Benton	1	0.5	0.2
Multnomah	85	32.2	1.5
Washington	11	4.1	0.4
Clackamas	13	4.8	0.5
Douglas	14	5.1	1.5
Umatilla	1	0.5	0.2
County Total	179	67.8%	—
State Total	264	100.0%	1.0
<b>B: First Admissions</b>			
Marion	24	9.3	1.1
Polk	3	1.2	0.7
Linn	12	4.7	1.3
Benton	0	0.0	0.0
Multnomah	65	25.3	1.2
Washington	19	7.4	0.7
Clackamas	17	6.6	0.7
Douglas	9	3.5	1.0
Umatilla	9	3.5	1.5
County Total	158	61.5%	—
State Total	257	100.0%	0.9
<b>C: Readmissions</b>			
Marion	40	18.3	1.9
Polk	8	3.7	1.8
Linn	5	2.3	0.6
Benton	2	0.9	0.3
Multnomah	56	25.6	1.0
Washington	3	1.4	0.1
Clackamas	9	4.1	0.4
Douglas	6	2.7	0.7
Umatilla	1	0.5	0.2
County Total	130	59.4%	—
State Total	219	100.0%	0.8

Source: Mental Health Division, "State Institutional Use by County Reports" (Fiscal 1986).

<sup>a</sup>Region of Origin is the region in which patients reside sixty days prior to their state hospital admissions.