Report of
Pinellas Data Collaborative
CJIS System Change Over Time
2007 Findings

Submitted by

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Purposes and Uses of this report:

This report was generated in response to specific questions posed by member of the Pinellas Data Collaborative. It was created to inform administrative policy and program decisions that benefit the citizens of Pinellas County. Before reusing or citing findings in this report, please contact the Data Collaborative to ensure accurate understanding of the analyses and interpretation of results. Questions should be directed to Diane Haynes at dhaynes@fmhi.usf.edu or 813-974-2056.
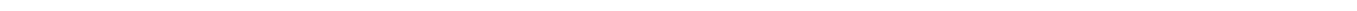
Executive Summary

Pinellas County is a national leader through its unique and innovative approach to sharing information across multiple local agencies to improve planning and to provide better services to the community. Pinellas County is able to do this because it established the Pinellas County Data Collaborative, in the fall of 1999 as a result of Chapter 163.62 Florida Statute, which allowed governmental and certain private agencies to share information. It was created with the mission of enhancing the delivery of mental health programs to Pinellas County residents by encouraging communication and collaboration among all related community providers, organizations, interested government agencies, and educational institutions.

The goal of the current project was to respond to 20 capacity relevant questions that were identified by the Department of Justice and Consumer Services. The request came from a need to better understand the CJIS Jail inmate population when considering the growth of this population, and future jail bed usage.(see Attachment A.). The questions wanted to look at patterns of length of stays, number of charges, along with changes in demographic, custody status, bond levels, the type of crimes, etc. overtime. Nine years of data and six systems (Pinellas County Criminal Information System (CJIS), Pinellas Emergency Medical Service System (EMS), Pinellas County Department of Health and Human Services (HHS), Medicaid System (AHCA), Florida Statewide Baker Act System (BA), and the Statewide Mental Health and Substance Abuse Reporting System (IDS)) were used in answering these questions.

Findings: Overall Population

The findings show that there is a consistent and increasing growth of not only the inmate population (23%) but also the beds needed to house inmates (28%). This means, the average length of stay has also increased resulting in the need for higher bed capacity. The number of Individuals being arrested and incarcerated in the Pinellas County Jail(s) has increased approx. 23%, from 31,580 in 1998 to 38,755 in 2006. The proportion of inmates who have multiple arrests consistently increased over the years. In 2006, 56% of the inmate population consisted of repeat offenders.

These increases are not due to increases in selective demographic groups. The demographics breakdown proportionately has not changed much. Although the average number of female inmates has increased 85% from 1998, while male population has increased 50%. Females make up 17% of the inmate population. The largest age group is 18 to 25 year olds (31%) and they are also the fastest growing age group over time with an average of 10% growth a year. Of the Pinellas County CJIS/Jail, 77% of the inmate population reside in Pinellas County, another 12% reside in the three surrounding counties (Manatee, Hillsborough, and Pasco). All Florida counties were represented in the resident county for inmates, and all U.S. states were represented except for New Hampshire. Findings overtime also show that African American, especially males, stay significantly longer than other races.

The mean number of charges is 1.2 and is consistent overtime, 85% to 87% of the inmate population receive 1 to 2 charges. What has changed over time is the maximum number of charges has increased from 15 to 99. It is the exception rather than the norm when a person received over 4 charges when arrested.

Recidivism: Since, an important objective of this study is to better understand, jail bed usage; it was interesting that overtime, repeat offenders (meaning arrested at least 2 times and incarcerated at the CJIS/Jail) make up 45 % (over multiple years) of the inmate population. Males (47%) are more likely to be repeat offenders than females (39%); African Americans (57%) are more likely to be a repeat offender than any other race group (12%-42%); and the younger an offender is at their first arrest (63%) the more likely you are to become a repeat offender when compared to other age groups (11%-49%). Of the repeat offenders, 32% have 2 to 4 arrests, 13% have up to 5 arrests, 5% have up to 7 arrests, 4% have up to 13 arrests, and 1% has up to 85 arrests.

Mental Health & Substance Abuse: The percentage of the people found to have a severe mental health diagnosis and/or substance abuse diagnosis ranged from 5% to 9% over time. It is important to note here that the identification of any diagnosis was done through matching across the Medicaid System and the IDS System (State mental health and substance abuse data system). These reported numbers are expected to be an underestimate as this process does not allow for identification of any individual who does not interact with either of these systems or have not yet received a diagnosis. Of those identified with a mental health and/or substance abuse diagnosis, 16% had both a mental health diagnosis and a substance abuse (dual diagnosis). Of the 38,726 inmates in 2006, it is estimated that 1,936 to 3,485 inmates would be found to have a severe mental health diagnosis and/or substance diagnosis. Using the arrests statute literal to identify those arrests where drugs and/or alcohol were involved, the number of arrests were 54,770 which included 31% of the population, only 4% of those individuals were also found to have a substance abuse diagnosis.

Types of repeat offenses: Those who have at least one parole or conditional release violation are more likely to be repeat offenders. It was also found that 24% of the re-offenders had at least one parole or conditional release violation compared to non-repeat offenders (6%).

Who uses the beds? Those inmates who show at least one felony charge will stay longer than those who do not. Of the overall inmate population 64% of the inmate population have only misdemeanor charges, 18% of the inmate population have only Felony charges, 18% of the inmate population have both felony and misdemeanor charges, and <1% have neither a felony or misdemeanor charge (i.e., local ordinance violations), 35% of inmates have had at least one felony charge. Also, males (37%) are more likely to have a felony charge than females (30%); African Americans (52%) are more likely to have a felony charge

All arrests charges were grouped into a crime type grouping: Drug, Moving, Sex, Violent, Property, and Other (Appendix B). The breakdown by crime type is as follows (note there can be overlap between crime types (i.e., an inmate can be charged with a moving crime as well as a property crime):

- Drug: 41% of the inmate population has at least one crime type of drug
- Moving: 22% of the inmate population has at least one crime type of moving
- Property: 29% of the inmate population has at least one crime type of property
- Sex: Only 4% of then inmate population has at least one crime type of sex
- Violent: 26% of the inmate population has at least one crime type of Violent
- Other: 22% of the inmate population has at least one crime type of Other

Other non-demographic indicators looked at were: whether a violent weapon involved, whether a minor involved, and whether an elder or disabled person was involved at the time of arrest. Two percent of the inmate population showed to have a violent weapon during the crime arrest. Only 2% of the inmate population had a crime arrest involving a minor. Even less, 0.24% of the inmate population had a crime arrest involving an elder/disabled person.

When looking at Interaction with other systems, it was found that the system most likely to have an overlapping population is the EMS system, and the number of individuals interacting with EMS and CJIS over time has increased from 12% in 1998 to 20% in 2006. These was no surprise to those sharing their data and they stated that often EMS is called out with/prior/post a law enforcement office in response to a call. Of the inmate population, 10% of the inmate population had interaction with Pinellas County Human Services. Females (13%) were more likely than males (8%) to have had interaction with Pinellas County Human Services, African American (15%) are more likely to have had interaction with Pinellas County Human Services, and ages 36 to 45 (13%), and ages 64 to 64 (12%) are more likely to have had interaction with Pinellas County Human Services. On average 7% of the inmate population had interaction with the Mental Health and Substance Abuse System, and 6% had interaction with the Medicaid System. Approximately 1% to 3% of the inmate population in any of the nine years has interacted with the Baker Act System, with is Florida's involuntary 72-hours civil commitment process where individuals are placed in an agency to have a mental health assessment of danger to themselves or others. Also note that the custody status of mental health commitment of inmates has increased from .08% to 0.20% over the last nine years. Custody status is the location where the individual is being held (i.e., released, jail, hospital, etc.).

Length of Stay

The median length of stay is 2 days, and the average number of arrests is 4 for the overall inmate population, while for repeat offenders the median length of stay is 3 days, and the average number of arrests is 6. African Americans were significantly more likely to have a longer length of stay, 5 days for total African American population and 6 days for African Americans who are repeat offenders.

The median length of stay does increase with the increase with the number of charges. Note that 85%-87% receive only 1 to 2 charges and 99% of individuals never receive more than 5 charges during one arrest. In 2006, if an individual was arrested and had four to five charges, the median shows they would stay approximately 17 to 20 days.

The median length of stay does increase with the number of arrests, but is not a strong factor that drives length of stay.
- An individual with one arrests the median length of stay is 2 days
- An individual with 4 arrests the median length of stay is 3 days.
- An individual with 5 arrests the median length of stay is 4 days
- An individual with 7 arrests the median length of stay is 5 days
- An individual with 13 arrests the median length of stay is 8 days

When identifying repeat offenders it is important to look across multiple years as approximately 15% of offenders are arrested again the following year, rather than within the same year. The repeat offender is significantly related to the length of stay and has great impact on jail bed days. Just over half of the individuals (54%) account for up to 77% of the arrests. More importantly, 5% of the inmate population (greatest jail bed users) account for 46% of the jail

bed days. Repeat offenders show to have a shorter time between release from jail and their next arrests with each additional arrest. For example, at their first arrest, they are incarcerated two days and the median days before their next arrest is 206 days (6-7 months). They repeat this pattern while the number of median days before their next arrests decreases, until they are spending more and more days in jail when arrested and less and less days out of jail before being re-arrested. For the 7th arrests the median days incarcerated was 9 and then the median number of days out of jail before re-arrest was 64 days (2 months).

Factors that increase length of stay are those identified in IDS or Medicaid with a Substance Abuse or Mental Health Diagnosis, having a parole or conditional release violation, at least one felony charge, drugs being involved at time of arrest, and where a violent weapon was involved at the time of arrest. and type of crime. The highest length of stays for felony crimes by crime type are for sex and violent crimes, then drug crimes, and lastly moving crimes.

Other factors that were looked at which do not have a high correlation to the number of days incarcerated are Failure to Appear, Alcohol Involved at Arrest, Minors Involved, Elder or Disabled person involved.

It was interesting that length of stay did vary if the person had interacted with different systems. The breakdown is a follows:
- Not showing to have any interaction with other systems   3 days
- EMS interaction   11 days
- HHS interaction   34 days
- Medicaid interaction   10 days
- Statewide MH/SA system   27 days

There was a relationship with bond level and the length of stay, but it probably more related to the type of charge (felony / misdemeanor). And the data also showed the there were always those who had a high bond that were in the median length of stay. Being able to bond out has a lot to do with the economic status of the individual and caution should be used in considering the findings related to length of stay and bond levels until further analysis are done.

Jail Bed Users

One way to look at Jail bed usage is to look at the number of inmates as consumers of jail bed days. Some consumers use more jail bed days than others. A method called the **Lorenz curve**, which is a graphical representation of the cumulative distribution function of a probability distribution was used to graph the jail bed days usage to the inmate population. The actual distribution of jail bed days by inmates showed that 65% of the population use only 3% of the jail bed days, another 30% of the population use 51% of the jail bed days and the last 5% of the inmate population use 46% of the jail bed days. Three groups have been identified through the above process: 1) Low Bed Users (LBU), 2) High Bed Users (HBU), and 2) Greatest Bed Users (GBU). The media length of stay for LBU is 2 days, HBU is 72 days and GUB is 482 days.

None of the demographics categories (Gender, Race, Age Group) showed any specific pattern across the three groups by demographics (% within each of the three groups). Examining the distribution across each of the demographic categories, you can see that males, African Americans, and those <= 17 years of age at first arrest show to be more likely in the Greatest Bed Users than females, other races, and other age groups.

The non-demographic indicators that seem to identify difference between the three groups are Repeat offender, level of crime (Felony/Misdemeanor), Number of arrests, a violation of parole or conditional release. Other factors were Pinellas County Human Services interaction, which needs further investigation to understand; number of years in the CJIS system, which really can be explained that the more years in the CJIS system, the more arrests and days incarcerated; and the type of crime also showed a consistent increase across groups.

Odds Ratios were used to examine what demographic and non-demographic factors are more likely to be influence the Greatest Bed Users (GBU) from all others, and the High Bed Users (HBU) compared to the Low Bed Users (LBU) (appendix M):

GBU:	Times more Likely	HBU:	Times More Likely
Felony	14.268	Felony	6.537
Crime Type of Sex	5.249	Pinellas County HHS	2.230
Crime Type of Violent	3.239	Male	2.048
Crime Type of Drug	2.459	African American	1.629
African American	2.210	Failure to Appear	1.512
Pinellas County HHS	2.093	EMS	1.434
Male	1.932	Drugs Involved at arrests	1.391
Crime Type of Moving	1.633	Medicaid	1.112

In conclusion, repeat offenders are the biggest jail bed users, having a parole or conditional release violation and/or a felony charge, the crime type are good indicators of length of stay. A flag should go up if a person shows to have 4 or more arrests over the years. This person is going to be a HBU or GBU. On prevention, a long term goal of working to prevent recidivism for those <= 17, especially for African American males should be a focus.

It was interesting to find quite a few individuals who are incarcerated in the county jail for over a continuous period of 1 year. The expectation was, if an individual sentence is over a year that they would be housed in the state prison. Further investigation of these individuals show to be high or greatest bed users, and 61% showed a custody status of maximum security center with a median length of stay of 497 days. Possible discussion on the potential of moving these individuals to the state prison system might be beneficial. Other factors for Inmate Population growth is the growth in Pinellas County and mandatory sentencing laws/Policies.

Also included in this report is a detailed breakdown of diagnosis for those identified with a severe mental health diagnosis and/or substance abuse diagnosis, as well as maps by inmate resident zip code of Pinellas County and the three surrounding counties (Manatee, Hillsborough, Pasco) by gender and age groups.

Additional Analysis on Types of Services Use

After the initial questions were presented question about the types of service use was posed and further analysis was done. During this time additional data was received from the Department of Human Services (DHH), which increased the number of individuals identified who interacted with from 9% to 10% of the inmate population. The following analysis includes

the additional data. The majority of inmates do not interact with other systems (76%). Over the 9 years, 42,229 individuals were found to have interacted with at least one other system. In fact, 70% interacted with only one other system, leaving the other 30% interacting with 2,3,4, or 5 systems.

Compared to the overall population proportionately there are more females, African Americans, slightly on average older, more likely to be repeat offenders, high jail bed users, have parole violations, felony level crimes, and crimes with drug and alcohol involvement, and individuals with a substance abuse and/or mental health diagnosis. In the report below, a detail breakdown of the demographics and types of services are given.

Report of
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2007 Findings

Overview

Pinellas County Data Collaborative (PDC) is a national leader through its unique and innovative approach to sharing information across multiple local agencies to improve planning and to provide better services to the community. Pinellas County is able to do this because it established the Pinellas Data Collaborative in the fall of 1999 as a result of Chapter 163.62 Florida Statute, which allowed governmental and certain private agencies to share information. It was created with the mission of enhancing the delivery of mental health programs to Pinellas County residents by encouraging communication and collaboration among all related community providers, organizations, interested government agencies, and educational institutions. Currently the Pinellas County Board of County Commissioners, the Pinellas Clerk of Circuit Court, the Pinellas Office of County Attorney, the Pinellas County Sheriff Office, the Sixth Judicial Circuit Court of Florida, the Pinellas County Human Services the Juvenile Welfare Board of Pinellas County, the Florida Department of Children and Families SunCoast Region, Florida Department of Juvenile Justice, and the Louis de la Parte Florida Mental Health Institute (FMHI), a part of the University of South Florida, are the primary members.

Each of the PDC extracts their data and forwards it to a data repository at the University of South Florida. Data is updated annually. When an agency has a need, questions are posed to the collaborative. When the collaborative approves then the secondary data is used by analyst at USF/Florida Mental Health Institute/Mental Health Law & Policy/Policy Services and Research Data Center to answer the questions.

Current Project Goal
The goal of the current project was to respond to 20 capacity relevant questions that were identified by Department of Justice and Consumer Services. The request came from a need to better understand the CJIS Jail inmate population when considering the growth of this population, and future jail bed usage.(see Attachment A.). The questions were designed to look at patterns of lengths of stay, number of charges, and to identify changes in demographic, custody status, bond levels, the type of crimes, etc. overtime. Nine years of data and six systems were used in answering these questions. The data systems used were Pinellas County Criminal Information System (CJIS), Pinellas Emergency Medical Service System (EMS), Pinellas County Department of Human Services (HHS), Medicaid System (AHCA), Florida Statewide Baker Act System (BA), and the Statewide Mental Health and Substance Abuse Reporting System (IDS). The type of information contained in these data sets range from arrests, incarceration, court, social services received, mental health services received,

substance abuse services received, and physical health services received, cost of above services, emergency medical services received, and demographic information.

Research Objectives and Methodology

The research objectives were to answer the 20 questions originally posed both specifically and in terms of any follow up questions generated during the analyses. The method was to link and integrate nine years of data from the six systems and to use the crossed data to answer the 20 questions asked. After reviewing the questions, it was found that some of the questions could not be answered with the data in the repository. The analysis and findings of this report answer 16 of the 20 questions.

Crossing data systems is highly beneficial in understanding a more comprehensive picture of how services funded by local, state, and federal dollars are being accessed and by whom. This requires examining various types of services provided by various agencies and then integrating many service records that may or may not share a common unique identifier. Different methods have been employed to deal with the issue of linking information across data sets when there is no common unique identifier. Probabilistic Population Estimation (PPE), Caseload Segregation/Integration Ratio (C/SIR), and Probabilistic Population Matching (PPM) are a few of these methods. The statistical software used to conduct the analysis was SAS.

The methodology for bed count can be found in appendix N. The jail or arrest/release records are at the facility level, meaning there is a new record each time an inmate is moved to a different facility or location within the jail system (i.e., Maximum, Minimum, Medium, and Holding Cell). A response was that the bed count used in this study seemed high and there are some reason why the bed count used here differs slightly from the daily bed count used at the jail. One factor could be that this study included inmates who were even incarcerated 1 day, while the jail's bed count report numbers are counted at a point in time during the day while arrests and releases are done through out the day, which could also account for a difference between the days incarcerated used in this study and the bed count reports.

The initial part of the analysis was preparing the data, which including creating logical identification and grouping of crimes into groups (Appendix B), types of drugs (Appendix C), Severe Mental Health Diagnosis (Appendix D), Substance Abuse Diagnosis (Appendix E), Violent Weapon Involved (Appendix F), Alcohol Involved (Appendix G), Drugs Involved (Appendix H), Failure to appear (Appendix I), Parole and Conditional Release Violations (Appendix J), Elder, and/or Disabled (Appendix K) persons involved, and Minor Involved (Appendix L). These groups were created using Arrest Statute Literal (CJIS System) containing text, which was scanned for keywords listed in each appendices, except Severe Mental Health and Substance Abuse Diagnosis where were identified in the Medicaid and Statewide Mental Health and Substance Abuse data.

First the total inmate population was examined reporting on demographic information as well as the non-demographic information talked about above. Then the length of stay was examined. Finally a method called the Lorenz Curve was used to graph the proportion of inmates with the proportion of jail bed days used to identify their relationship. This process identified three groups (low bed users, high bed users, and the greatest bed users. Using these utilization groups, the analysis again examined demographic and non-demographic patterns. Lastly, Geographical Information Systems (GIS) was used to map inmate resident zip code to see patterns by gender, and age groups.

OVERALL POPULATION CHANGE OVERTIME

Findings

The findings show that there is a consistent and increasing growth of not only the inmate population (23%) but also the beds needed to house inmates (28%) meaning the average length of stay has also increased resulting in the need for more beds.

The number of Individuals being arrested and incarcerated in the Pinellas County Jail(s) has increased approx. 23%, from 31,580 in 1998 to 38,755 in 2006. Two factors which contribute to Inmate Population growth are the overall growth in Pinellas County and mandatory sentencing laws/Policies.

Figure 1. Number of Inmates per Day by Overtime
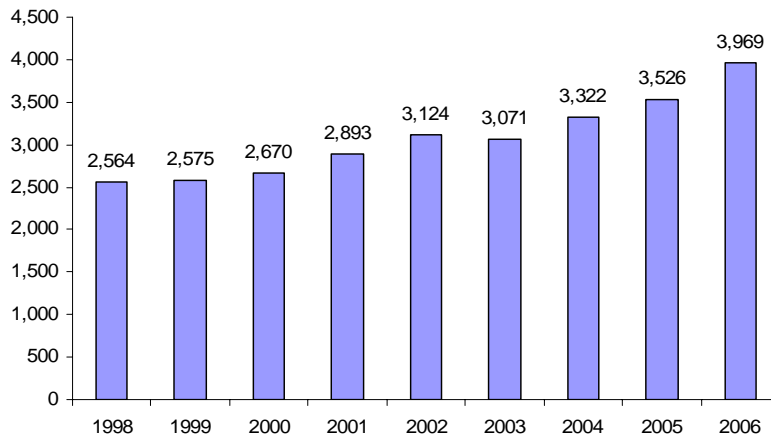
The proportion of inmates who have been arrested in at least one of the previous years has consistently increased over the years. In 2006, 56% of the inmate population was repeat offenders.

Figure 2. The Proportion of Repeat offenders Overtime
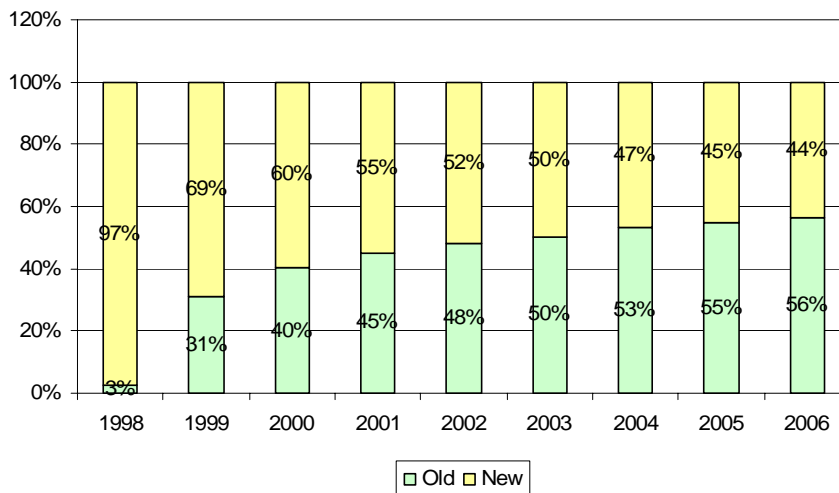
Demographics

**Figure 3.
Gender**

Table 1.

	Female	Male
1998	22.56%	77.44%
1999	22.32%	77.68%
2000	22.71%	77.29%
2001	22.67%	77.33%
2002	23.63%	76.37%
2003	24.12%	75.88%
2004	23.97%	76.03%
2005	24.40%	75.60%
2006	25.25%	74.75%

Female, 24%

Male, 76%
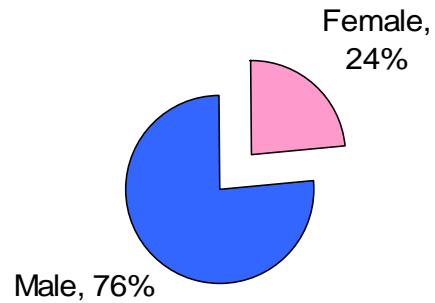
The ratio of Male to Female has not changed significantly from one year to the next, but over the last nine years the female population, while still only 25% of the total population inmate population in 2006 the number of female inmates incarcerated per day has increased 84% since 1998. The number of male inmates incarcerated per day has increased 50% since 1998.

Figure 4. Average Number of Inmates per Day by Gender over Time
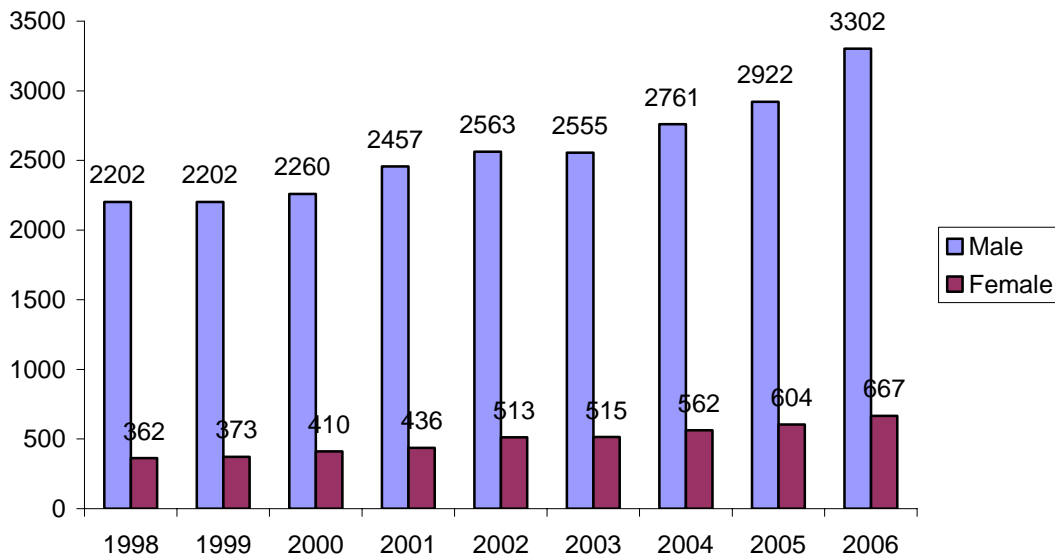
Race

The breakdown of the inmate population by race has not significantly changed over time. The majority are White, African American is the second largest race group while Asian, American Indian, and other make up a very small percentage of the inmate population.

Table 2.

	American Indian	Asian	Black	White	Unknown
1998	0.01%	0.25%	26.34%	73.15%	0.25%
1999	0.02%	0.33%	26.69%	72.80%	0.16%
2000	0.01%	0.35%	25.94%	73.56%	0.14%
2001	0.01%	0.37%	25.50%	73.98%	0.14%
2002	0.00%	0.31%	25.36%	74.15%	0.18%
2003	0.01%	0.31%	25.65%	73.98%	0.05%
2004	0.00%	0.35%	26.03%	73.57%	0.05%
2005	0.01%	0.40%	26.65%	72.73%	0.21%
2006	0.01%	0.29%	26.49%	69.46%	3.75%

Black, 26.07% White, 73.04% Asian, 0.33% Unknown, 0.55% American Indian, 0.01%
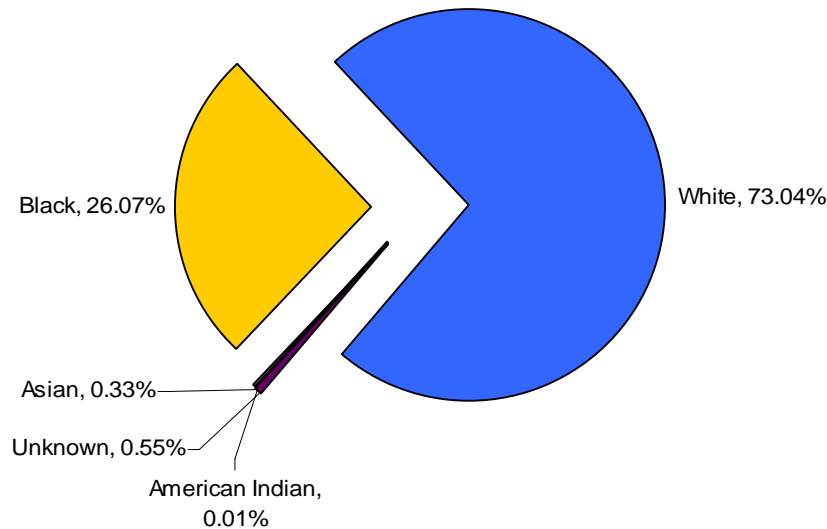
Figure 4.

Proportionately there are not significant differences by race over time, however the number of unknown race significantly increased in 2006, and a change from less than 1% to 3.75%. This increase coincides with the drop in the White population in 2006. This decrease in the White population and increase in the unknown is striking and could be do to an administrative issue and is more than likely not actual change in the White inmate population. Also note, that the CJIS data did not allow for the identification of Hispanics at this time.

Age Groups

The largest age groups in the inmate population are 18 to 25 year olds, 26 to 35 year olds, and 36 to 45 year olds. The 2 age groups that have showed the most consistent growth over time are the 18 to 25 year olds and the 46 to 64 year olds. Even the population of those less than 18 years of age is growing, even though it is only a small portion of the overall inmate population.

Age Groups of Inmate Population in 2006
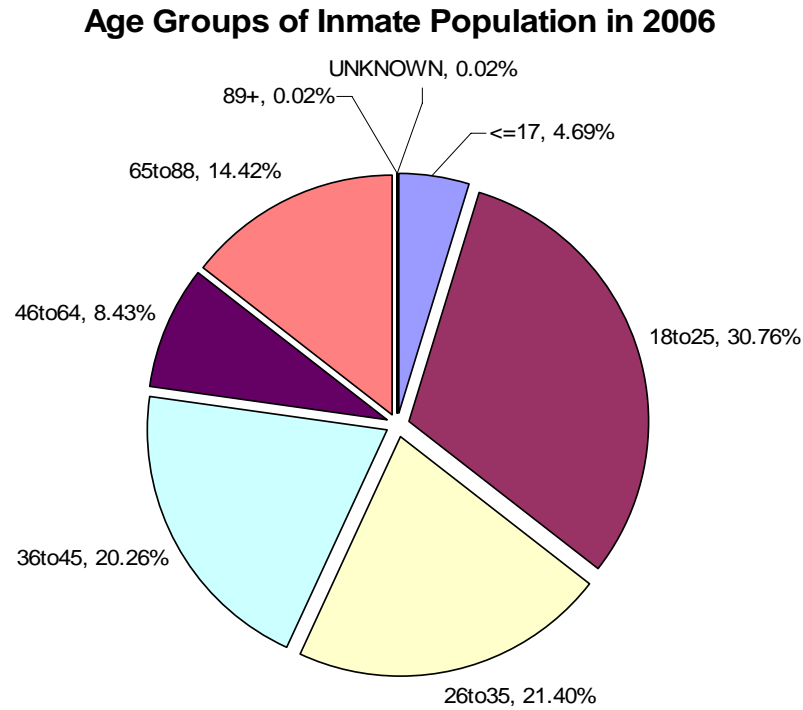
Figure 5.

Table 3.

	<=17	18to25	26to35	36to45	46to64	65to88	89+	Unknown
1998	0.75%	26.36%	32.20%	27.85%	11.74%	1.02%	0.00%	0.07%
1999	0.95%	27.75%	30.49%	27.82%	11.97%	0.97%	0.00%	0.05%
2000	1.12%	28.98%	29.17%	27.37%	12.42%	0.90%	0.01%	0.03%
2001	1.46%	30.25%	28.30%	26.78%	12.30%	0.86%	0.00%	0.03%
2002	1.83%	31.81%	26.77%	26.12%	12.59%	0.84%	0.01%	0.03%
2003	2.06%	33.01%	26.56%	24.93%	12.65%	0.77%	0.00%	0.02%
2004	2.26%	33.48%	26.18%	24.35%	12.81%	0.90%	0.00%	0.01%
2005	2.57%	34.49%	25.21%	23.97%	13.00%	0.72%	0.00%	0.04%
2006	2.86%	35.60%	25.13%	22.84%	12.57%	0.82%	0.01%	0.18%

The age groups broke down by gender show that the grow patterns are the similar across gender.

MALE

	1998	1999	2000	2001	2002	2003	2004	2005	2006
<=17	33	32	42	52	77	82	100	114	142
18to25	1,863	1,812	1,974	2,142	2,504	2,684	2,778	2,995	3,363
26to35	2,402	2,193	2,217	2,266	2,258	2,359	2,410	2,459	2,630
36to45	2,127	2,025	2,029	2,084	2,181	2,201	2,253	2,270	2,428
46to64	648	634	725	771	859	942	1,002	1,081	1,129
65to88	46	36	44	42	29	47	61	38	66
89+	0	0	3	0	0	0	0	0	3
Unknown	6	5	2	3	6	4	0	4	28

FEMALE

	1998	1999	2000	2001	2002	2003	2004	2005	2006
<=17	201	256	306	423	537	627	712	829	967
18to25	6,463	6,561	7,004	7,679	8,151	8,703	9,240	9,669	10,434
26to35	7,767	7,008	6,821	6,922	6,710	6,802	6,988	6,798	7,108
36to45	6,667	6,370	6,451	6,609	6,570	6,397	6,486	6,530	6,422
46to64	3,061	2,979	3,124	3,223	3,357	3,421	3,597	3,694	3,742
65to88	277	256	234	237	253	218	262	228	250
89+	0	0	1	0	2	0	1	0	3
Unknown	16	11	8	8	4	4	5	10	42

Residency

Overtime Pinellas County Residents make up 77% of the inmate population. Pinellas county residents with the three surrounding counties (Manatee, Hillsborough, & Pasco) combined make up 89% of the inmate population.
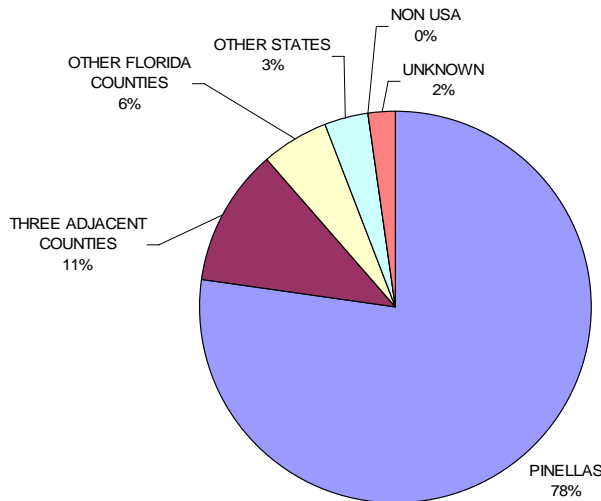
Figure 6. Other Florida Counties

Below is a graph showing the county of inmates who reside in a Florida county other than Pinellas. The other category is an aggregate of all counties where the numbers of inmates who reside in each county were very small.
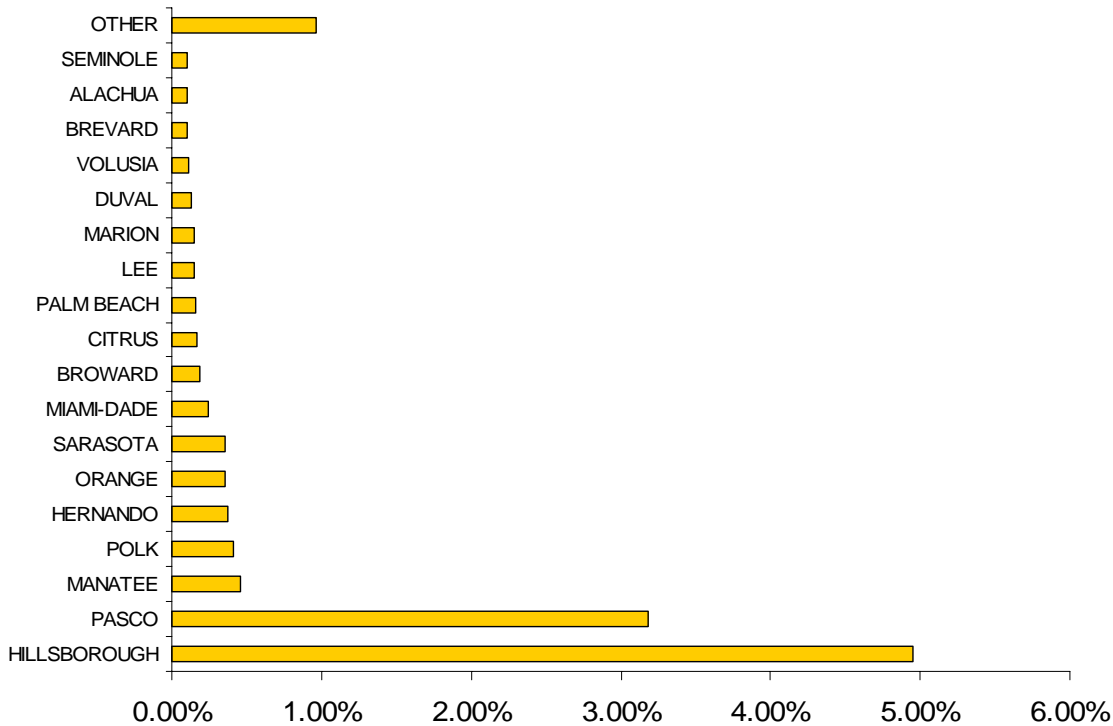
Figure 7.

Other U.S. States

Every U.S. state showed up at least once as the state of residence for an inmate except the state of New Hampshire. The graph below shows all states (89%), except those states where very few inmates were a resident of.
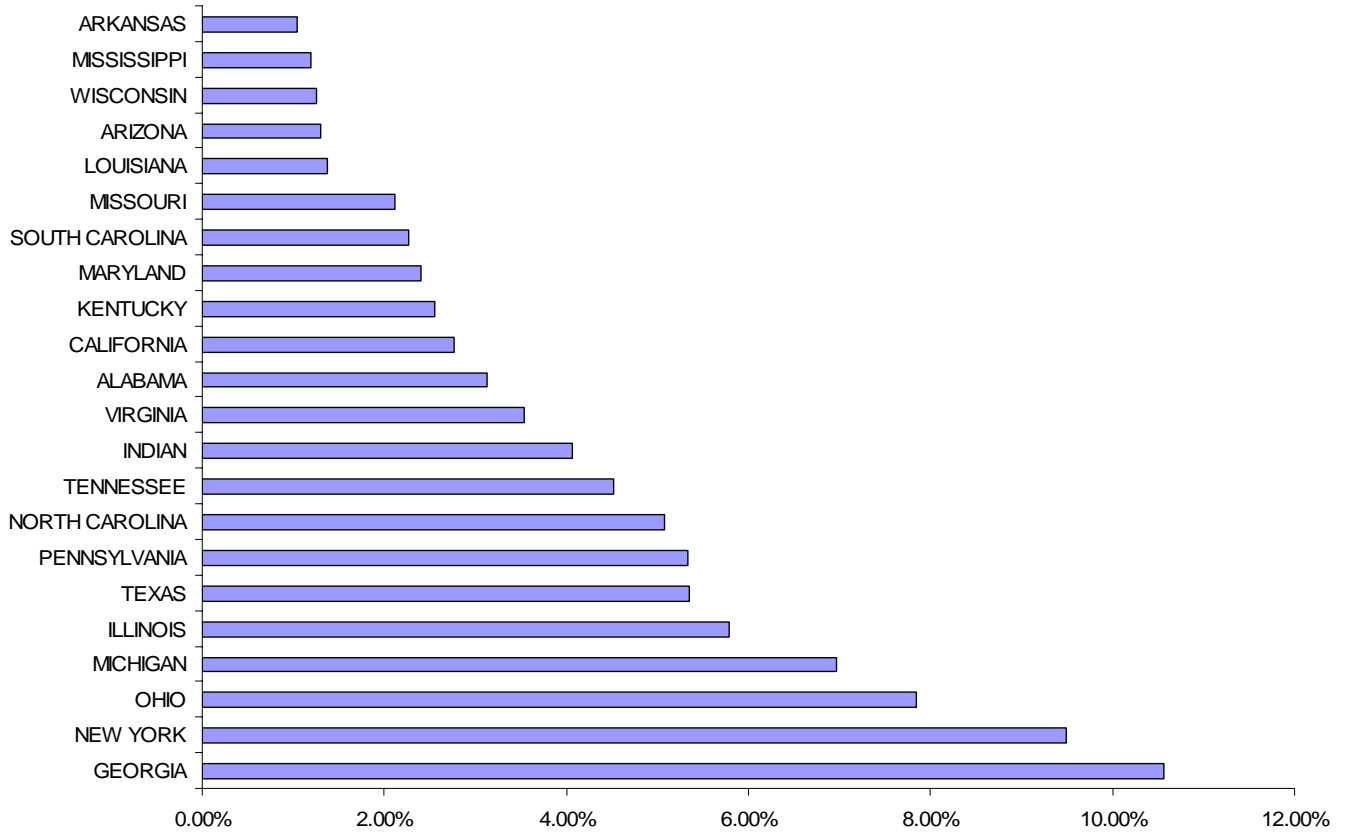
Figure 8.

Other non-demographic indicators

Other non-demographic indicators that were available and thought to be of possible use in identifying patterns of inmate were as follows:
- The number of charges
- The number of arrests
- Repeat Offender
- Having a Severe Mental Health Diagnosis
- Having a Substance Abuse Diagnosis
- Having a Parole or Conditional Release Violation
- Felony Charges
- Crime type
- Crimes involving a violent weapon
- Crimes involving Minors
- Crimes involving Elder and/or Disabled person
- Interaction with Emergency Medical Services System
- Interaction with Dept. of Health and Human Services System
- Interaction with Medicaid System
- Interaction with State Mental Health and Substance Abuse System
- Length of stay per arrests and overall length of stay within CJIS System

<u>Number of charges</u>

The mean number of charges is 1.2 and is consistent overtime and that 85% to 87% of the inmate population receive 1 to 2 charges. What has changed over time is the maximum number of charges has increased from 15 to 99. These are extreme cases when a person received over 4 charges when arrested.

Table 4.

	Mean	% on/below Mean	Min	Max	99%
1998	1.2	86%	1	15	5
1997	1.2	87%	1	55	4
1999	1.2	87%	1	39	4
2000	1.2	87%	1	68	4
2001	1.2	87%	1	68	4
2002	1.2	87%	1	69	4
2003	1.2	87%	1	55	4
2004	1.2	86%	1	69	4
2005	1.2	85%	1	41	4
2006	1.2	85%	1	99	4

Number of arrests and Repeat Offenders

Repeat Offenders

- Repeat Offenders make up 45% of the overall inmate population
- Males (47%) are more likely to be a repeat offender than a female (39%)
- African Americans (57%) are more likely to be a repeat offender than any other age group (12%-42%)
- The younger you are at your first arrest (63%) the more likely you are to be a repeat offender then other age groups (11%-49%)
- The three age groups that are more likely to be a repeat offender are:
    - <= 17 year olds
    - 18 to 25 year olds
    - 26 to 35 year olds
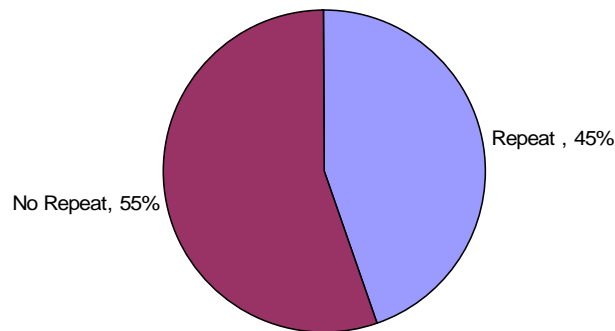
Figure 9.

Number of arrests

- The breakdown of number of arrests over a nine year period is as follows:
    - 55% have only one arrest
    - 32 % have up to four arrests
    - 13% have up to 5 arrests
    - 5% have up to 7 arrests
    - 4% have up to 13 arrests
    - And 1% have up to 85 arrests
- Males on average have 2.5 number of arrests while females have 2.2
- African Americans are more likely to have more arrests, 3.1
- <= 17 year olds are more likely to have more arrests, 3.4

This means that if you are male if you are African American, and the younger you are at your first arrest, there is an increased likelihood that to be re-arrested and become a repeat offender and a greater bed user.

Severe Mental Health Diagnosis and Substance Abuse Diagnosis

The percentage of those found to have a severe mental health diagnosis and/or substance abuse diagnosis ranged from 5% to 9% over time. It is important to note here that the identification of any diagnosis was done through matching across the Medicaid System and the IDS System (State mental health and substance abuse data system). These reported numbers are expected to be an underestimate as this process does not allow for identification of any individual who does not interact with either of these systems. (Others have estimated 16% of the inmate population have severe and persistent mental illness).

% of population with identified in IDS or Medicaid with a Substance Abuse or Mental Health Diagnosis Over time
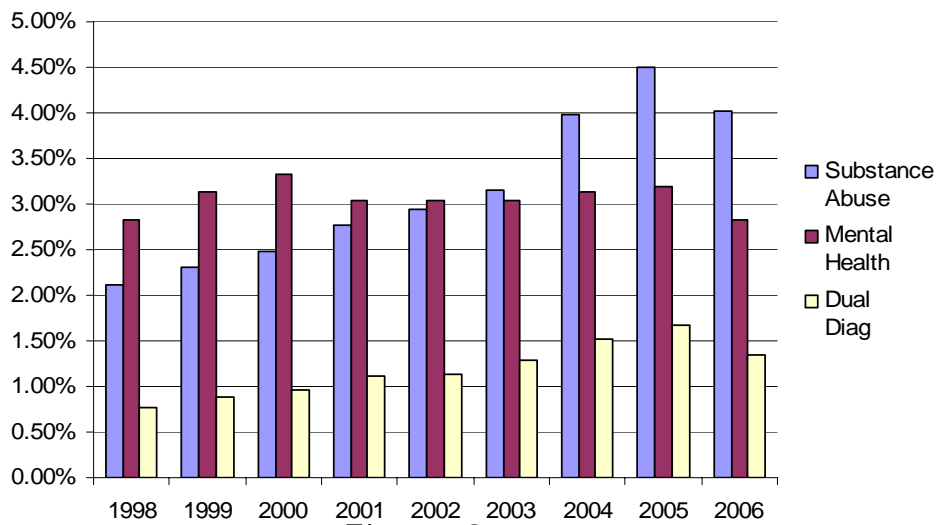
Figure 9.

Median number of arrests of population with identified in IDS or Medicaid with a Substance Abuse or Mental Health Diagnosis overtime
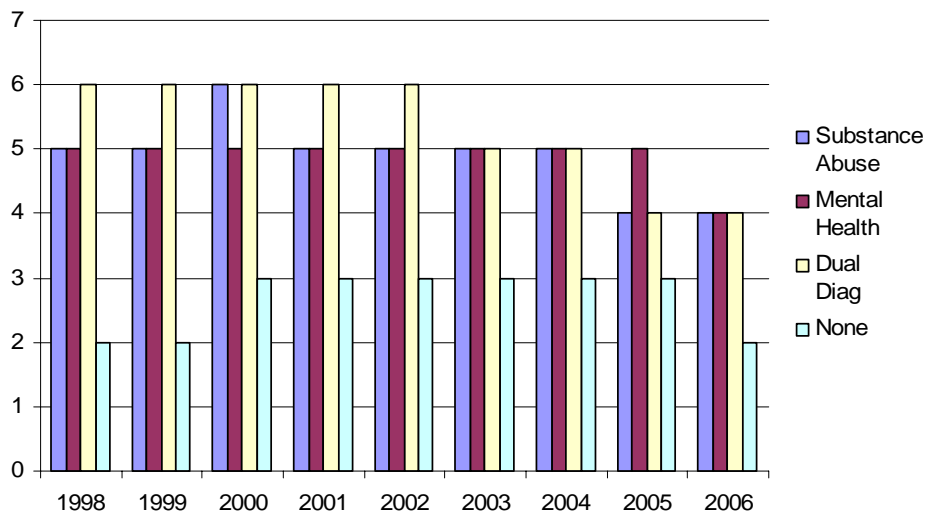
Figure 10.

<u>Parole or Conditional Release Violation</u>

- Of the total inmate population it was found that 24% had at least one parole or conditional release violation compared to those who are not repeat offenders (6%).
- Males (15%) are more likely to violate parole or conditional releases then females (13%)
- African Americans (19%)were more likely to violate parole or conditional release
- There are four age groups who were more likely to violate parole or conditional releases:
    - o <= 17 years of age   18%
    - o 18 to 25 years of age   16%
    - o 26 to 35 years of age   15%
    - o 36 to 45 years of age   15%

<u>Felony and Misdemeanor Charges</u>

- 64% of the inmate population have only misdemeanor charges
- 18% of the inmate population have only Felony charges
- 18% of the inmate population have both felony and misdemeanor charges
- < 1% have neither a felony or misdemeanor charge

- 35% of inmates have had at least one felony charge
- Males (37%) are more likely to have a felony charge than females (30%)
- African Americans (52%)are more likely to have a felony charge
- Three age groups who are more likely to have a felony charge are:
    - o <= 17 years olds   38%
   - o 18 to 25 year olds   37%
    - o 26 to 35 year olds   37%

<u>Crime Type</u>

Drug
- 41% of the inmate population has at least one crime type of drug
- Males (43%) are more likely than females to have a crime type of drug
- American Indian (43%) are more likely to have a crime type of drug
- Whites (43%) are more likely to have a crime type of drug
- Ages 36 to 45 (44%), and ages 46 to 64 (43%) are more likely to have a crime type of drug

Moving
- 22% of the inmate population had at least one crime type of moving
- Males (24%) were more likely than females to have a crime type of moving
- African American (28%) were more likely to have a crime type of moving
- Ages <= 17 (55%), and ages 18 t o25 (28%), and ages 26 to 35 (24%), ages 89+ (36%) were more likely to have a crime type of moving

Property
- 29% of the inmate population had at least one crime type of property
- Females (35%) were more likely than males to have a crime type of property
- African American (34%) were more likely to have a crime type of property
- American Indians (43%) were more likely to have a crime type of property
- Ages <= 17 and ages 18 to 25 (33%) were more likely to have a crime type of property

Sex
- Only 4% of the inmate population had at least one crime type of sex
- Even though females (3%) had a slightly lower rate of this type of crime, there is a difference of the type of sex crime by gender.
- Asian (5%) were more likely to have a crime type of sex
- Ages 65 to 88 (7%) more likely to have a crime type of sex

Violent
- 26% of the inmate population has at least one crime type of Violent
- Males (27%) were more likely than females (24%) to have a crime type of violent
- Asian were (29%) more likely to have a crime type of violent
- African American were (31%) more likely to have a crime type of violent
- Ages <= 17, ages 26 to 35, and ages 36 to 45 were (27%) more likely to have a crime type of violent

Other
- 22% of the inmate population has at least one crime type of Other
- African American (28%) were more likely to have a crime type of other
- Ages <= 17 (26%) and ages 26 to 25 (23%) were more likely to have a crime type of other

Violent Weapon Involved

- Less than 2% of the inmate population showed to have a violent weapon during the crime arrest
- Males (2%) were more likely than females (0.73%) to have a violent weapon during the crime arrest
- African American (3%) were more likely to have a violent weapon during the crime arrest
- Ages <= 17 (4%) were more likely to have a violent weapon during the crime arrest

Minor Involved

- Only 2% of the inmate population had a crime arrest involving a minor
- Females (2.4%) were more likely to have a crime arrest involving a minor
- Asian (3%) and American Indian (10%) were more likely to have a crime arrest involving a minor
- Ages 26 to 35 (2.18%),and ages 36 to 45 (2.18%) and, ages 65 to 88 (2.19%) were slightly more likely to have a crime arrest involving a minor

Elder and/or Disabled Person Involved

- 0.24% of the inmate population had a crime arrest involving an elder/disabled person
- Females (0.33%) are more likely than males (0.20%) to have had a crime arrest involving an elder/disabled person
- Whites (0.27%) are more likely to have had a crime arrest involving an elder/disabled person
- Ages 46 to 64 (0.65%), and 65 to 88 (1.73%) are more likely to have had a crime arrest involving an elder/disabled person

Emergency Medical System Interaction

- 12% of the inmate population had interaction with EMS
- Females (16%) are more likely than males (11%) to interact with EMS
- African American (14%) are more likely to interact with EMS
- Ages <= 17 (16%) and ages 36 to 45 (14%), and ages 46 to 64 (17%), and ages 65 to 88 (22%) are more likely to interact with EMS

Pinellas County Health & Human Services System Interaction

- 10% of the inmate population had interaction with HHS
- Females (13%) were more likely than males (8%) to have had interaction with HHS
- African American (15%) are more likely to have had interaction with HHS
- Ages 36 to 45 (13%), and ages 64 to 64 (12%) are more likely to have had interaction with HHS
- The breakdown of those in the CJIS system also interacting with HHS (17,616) at least once by the three types of clients HHS has is as follows:
  - Client   74%
  - Depend   <1%
  - Homeless   32%

<u>Mental Health / Substance Abuse Data System Interaction</u>

- 5.5% of the inmate population had interaction with IDS
- Females (8%) were more likely than males (5%) to have had interaction with IDS
- Whites (5.57%) are slightly more likely to have had interaction with IDS
- Ages <= 17 (6.5%) and ages 26 to 35 (5.57%), and ages 36 to 45 (7%) are slightly more likely to have had interaction with IDS

<u>Medicaid Data System Interaction</u>

- 5.5% of the inmate population had at least one interaction with the Medicaid System
- Females (7%) are more likely than males (5%) to have had interaction with Medicaid
- African American (7%) are more likely to have had interaction with Medicaid
- Ages 36 to 45 (7%), and ages 46 to 64 (11%), and ages 65 to 88 (20%), and ages 89+ (9%) are more likely to have had interaction with Medicaid

<u>Baker Act System</u>

- Approximately 1% to 3% of the inmate population in any of the nine years has interacted with the Baker Act System. This is the Florida Involuntary 72-hours commitment process where individuals are placed in an agency to have a mental health assessment of danger to themselves or others.
- Also note that the custody status of mental health commitment of inmates has increased from .08% to 0.20% over the last nine years.

Note: There are not identifiable information other than date of birth and gender in this file to link across systems by individuals. Probabilistic Population Estimation (PPE) was used to examine the overlap between the Baker Act System to the CJIS system as well as using those inmates who could be identified using the Medicaid and Statewide Mental Health and Substance Abuse Systems (9,514 inmates identified), 3,330 inmates in the CJIS/Jail System were identified in the Baker Act System (35%).

Figure 11. Inmates Arrested who also have receiving a Baker Act Initiation at some point in time over the nine years
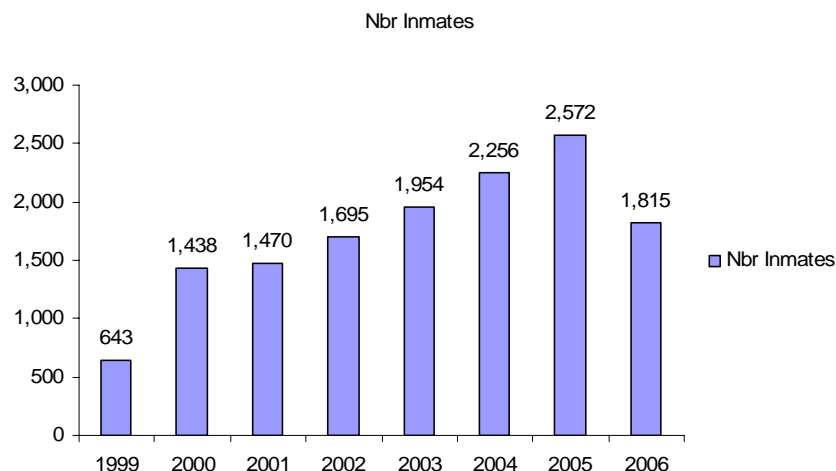
Table 5. Demographics of those identified as receiving a Baker Act Initiation

		1999	2000	2001	2002	2003	2004	2005	2006
Gender	**Male**	65%	64%	65%	64%	61%	65%	67%	66%
	Female	35%	36%	35%	36%	39%	35%	33%	34%
	Unknown	-	-	-	-	-	-	-	-
Race	**Asian**	<1%	<1%	<1%	<1%	<1%	<1%	-	<1%
	Black	19%	16%	17%	18%	21%	19%	20%	22%
	White	80%	83%	83%	82%	79%	81%	80%	77%
	Other	-	<1%	<1%	<1%	<1%	<1%	<1%	<1%
	Unknown	-	-	-	-	-	-	-	-
Age	**<= 17**	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
	18 to 25	17%	19%	19%	20%	21%	23%	23%	22%
	26 to 35	24%	25%	25%	24%	23%	23%	25%	24%
	36 to 45	38%	37%	36%	39%	39%	34%	19%	35%
	46 to 64	21%	18%	20%	17%	16%	18%	17%	19%
	65 to 88	-	<1%	<1%	<1%	<1%	<1%	<1%	<1%
	89+	-	-	-	-	-	-	-	-
Harm Type	**Self**	44%	47%	51%	55%	56%	60%	58%	54%
	Others	6%	6%	7%	6%	7%	4%	6%	6%
	Both	10%	15%	12%	12%	10%	10%	11%	16%
	Neither	40%	32%	30%	27%	27%	26%	22%	24%

Note: When using the race in the Baker Act system, Hispanic is available, but the amount of missing data is high, so race in the CJIS system was used. The % of Hispanics showed to be approximately 2%.

## Table 6. Non-Demographic Indicators of those who were identified as receiving a Baker Act Initiation

		1999	2000	2001	2002	2003	2004	2005	2006
Median	Length of Stay overtime	43	54	48	45	52	57	50	38
Average	Number of Arrests	3	4	3	3	3	3	3	3
	Number of Years in CJIS System	2	2	2	2	2	2	2	2
	Age at First Arrest	38	37	37	37	37	36	36	37
	Parole or Conditional Relse Viol	16%	16%	19%	18%	19%	19%	19%	19%
	Failure to Appear	16%	12%	13%	12%	13%	16%	12%	13%
Group	Low Bed User	37%	32%	30%	34%	32%	32%	34%	34%
	High Bed User	43%	51%	54%	50%	52%	54%	49%	53%
	Greatest Bed User	22%	17%	16%	16%	16%	13%	16%	13%
	Repeat Offender	72%	73%	75%	72%	73%	72%	72%	72%
	Alcohol Involved	18%	19%	20%	18%	19%	19%	18%	18%
	Drug Involved	9%	11%	8%	12%	10%	12%	13%	10%
	Felony	43%	46%	44%	42%	44%	44%	44%	42%
	Type Crime: Sex	6%	8%	8%	7%	7%	7%	7%	6%
	Type Crime: Moving	11%	13%	12%	14%	14%	15%	14%	13%
	Type Crime: Violent	41%	44%	46%	43%	43%	40%	44%	41%
	Type Crime: Drug	47%	51%	52%	53%	50%	53%	54%	50%
	Type Crime: Property	58%	54%	53%	50%	54%	53%	51%	53%
	Type Crime: Other	37%	36%	36%	33%	35%	33%	34%	36%
	Violent Weapon Involved	<1%	<1%	<1%	1%	1%	<1%	<1%	1%
	Minor Involved	2%	<1%	2%	1%	1%	2%	1%	2%
	Elder/Disabled Involved	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
	EMS Interaction	55%	58%	60%	60%	69%	78%	78%	76%
	Medicaid Interaction	52%	48%	48%	46%	44%	38%	37%	41%
	MH/SA System Interaction	100%	100%	100%	100%	100%	100%	100%	100%
	Dept. of Social Services	40%	36%	34%	36%	39%	32%	30%	31%
	Substance Abuse Diagnosis	19%	22%	30%	31%	34%	42%	44%	40%
	Mental Health Diagnosis	85%	84%	80%	81%	79%	73%	73%	76%
MHSA Group	Dual Diagnosis	4%	6%	9%	12%	14%	15%	17%	16%
	Mental Health Only	81%	78%	71%	19%	66%	58%	56%	61%
	Substance Abuse Only	15%	17%	30%	69%	21%	27%	27%	24%
	Non Dependent Drug Abuse Diag	7%	7%	8%	8%	10%	13%	16%	11%
	Alcohol Dependent Diag	9%	11%	13%	13%	15%	18%	17%	17%
	Drug Dependent Diag	3%	5%	9%	11%	11%	13%	12%	13%
	Schizophrinia Diag	39%	33%	32%	31%	30%	26%	27%	28%
	Episotic Mood Disorders Diag	-	46%	45%	46%	45%	44%	43%	43%
	Delusional Disorders Diag	-	-	-	-	-	-	<1%	<1%
	Other Non-organicPsychosis Diag	5%	<1%	-	-	4%	4%	4%	4%

Length of Stay

Table 7. Overall

		Number of Arrests		Length of Stay	
	Number of Arrests	Total Population	Repeat Offenders	Total Population	Repeat Offenders
All		4	6	2 days	3 days
Sex	Male	4	6	3 days	3 days
	Female	3	5	2 days	3 days
Race	American Indian	1	4	2 days	2 days
	Asian	2	4	2 days	3 days
	Black	5	6	4 days	6 days
	White	3	5	2 days	3 days
	Unknown	1	3	2 days	4 days
Age Group	<= 17	3	4	2 days	3 days
	18 to 25	4	5	2 days	2 days
	26 to 35	4	5	2 days	3 days
	36 to 45	4	5	3 days	4 days
	46 to 64	3	5	2 days	days
	65 to 88	2	4	2 days	3 days
	89+	1	2	1 days	1.5 days
	Unknown	1	2	2 days	3 days

Table 8. Comparison of Number of arrests and length of stay between Total population and repeat offenders

		1998		1999		2000		2001		2002		2003	
	Number of Arrests	Total Population	Repeat Offenders	Total Population	Repeat Offenders	Total Population	Repeat Offenders	Total Population	Repeat Offenders	Total Population	Repeat Offenders	Total Population	Repeat Offenders
All		3	5	4	5	4	5	4	5	4	5	4	5
Sex	Male	3	5	4	5	4	5	4	5	4	6	4	6
	Female	3	4	3	5	3	5	3	5	3	5	3	5
Race	American Indian	3	5	2	5	2	3	3	5	1	-	1	2
	Asian	2	4	2	4	3	5	2	5	2	4	3.5	5
	Black	5	6	5	6	5	6	5	6	5	6	5	6
	White	3	4	3	5	3	5	4	5	4	5	4	5
	Unknown	1	2	1	2	1	2	1	3	1	2	1	2
Age Group	<= 17	6	8	5	6	5	5	4	4	3	5	3	4
	18 to 25	4	5	4	5	4	5	4	5	4	5	4	5
	26 to 35	3	5	4	5	4	5	4	5	4	5	4	5
	36 to 45	3	5	4	5	4	5	4	5	4	6	5	6
	46 to 64	2	4	3	5	3	5	3	5	3	5	4	6
	65 to 88	1	4	1	3	1	3	2	4	2	3	2	4
	89+	-	-	-	-	1	2	-	-	2	2	-	-
	Unknown	1	2	1	2	1.5	2	1	2	1	2	1	3
	Length of Stay												
All		2 days	3 days	2 days	3 days	2 days	3 days	2 days	3 days	2 days	3 days	2 days	3 days
Sex	Male	2 days	3 days	2 days	3 days	2 days	3 days	3 days	4 days	3 days	3 days	3 days	3 days
	Female	2 days	2 days	2 days	2 days	2 days	2 days	2 days	2 days	2 days	2 days	2 days	3 days
Race	American Indian	1.5 days	2 days	2 days	5 days	2 days	2 days	52 days	101 days	1 days	-	1 days	1 days
	Asian	2 days	2 days	2 days	2 days	2 days	2 days	2 days	2 days	2 days	3 days	2 days	7 days
	Black	5 days	6 days	4 days	6 days	4 days	6 days	5 days	7 days	4 days	6 days	4 days	6 days
	White	2 days	2 days	2 days	2 days	2 days	3 days	2 days	3 days	2 days	3 days	2 days	3 days
	Unknown	2 days	3 days	2 days	1 days	2 days	2 days	2 days	2 days	1 days	2 days	2 days	12 days
Age Group	<= 17	18 days	20.5 days	14 days	14 days	22 days	27 days	4 days	9 days	2 days	2 days	1 days	1 days
	18 to 25	2 days	2 days	2 days	2 days	2 days	2 days	2 days	3 days	2 days	2 days	2 days	2 days
	26 to 35	2 days	3 days	2 days	3 days	2 days	3 days	3 days	3 days	2 days	3 days	2 days	3 days
	36 to 45	2 days	3 days	3 days	3 days	3 days	4 days	3 days	4 days	3 days	4 days	3 days	4 days
	46 to 64	2 days	3 days	2 days	3 days	2 days	3 days	2 days	5 days	2 days	4 days	3 days	4 days
	65 to 88	2 days	3 days	2 days	3 days	2 days	3 days	2 days	2 days	2 days	3 days	2 days	3 days
	89+	-	-	-	-	1 days	2 days	-	-	2 days	1.5 days	-	-
	Unknown	3 days	2 days	3 days	17 days	3.5 days	7 days	8.5 days	10 days	2 days	8 days	3 days	23 days

Demographics

For length of stay the median was used rather than the mean as it gives more accurate information due to the skewed data.

<u>Table 9. Gender</u>

There was not a significant difference on the median length of stay by gender, even though males do show a slightly longer length of stay than females.

	Female	Male
1998	2 days	2 days
1999	2 days	2 days
2000	2 days	2 days
2001	2 days	2 days
2002	2 days	2 days
2003	2 days	3 days
2004	2 days	3 days
2005	2 days	3 days
2006	2 days	2 days

<u>Figure 12. Race</u>

Two things are apparent when looking at length of stay by race. One, that African Americans length of stay is significantly longer than other races and two, this holds true over time.
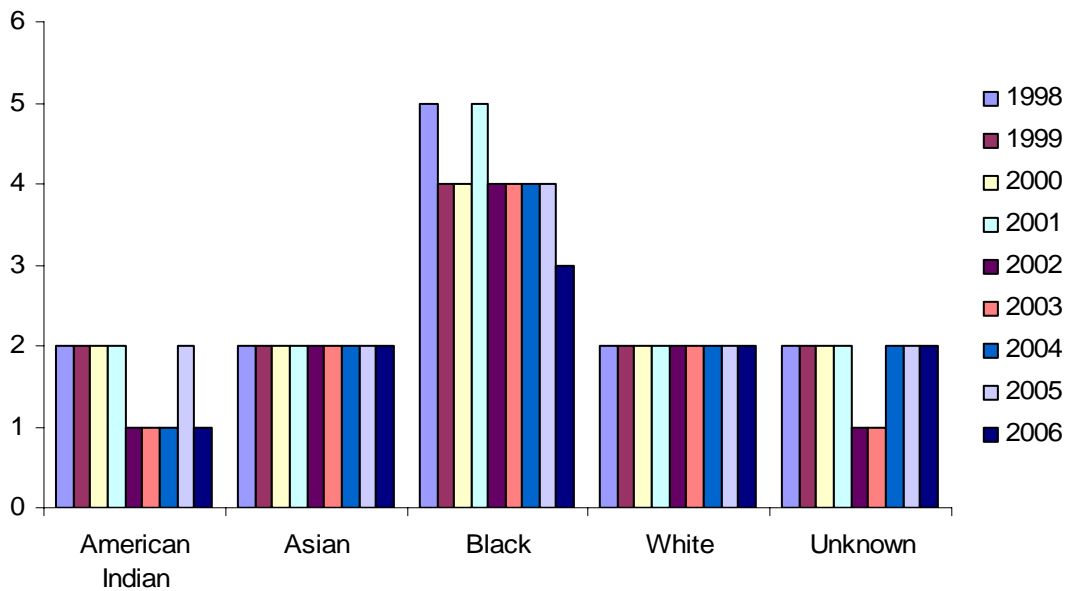
Figure 13. Age Group

It is important to note that there are very low number in three age categories (<=17, 89+, UNKNOWN). Any extreme changes overtime in these groups are influenced not by a group pattern but usually one individual. During the first five years (1998-2002) it shows that <= 17 age category stayed significantly longer than other groups, but more importantly in the recent four years the median length of stay for those <= 17 year of age is significantly less and below the median of other age categories.
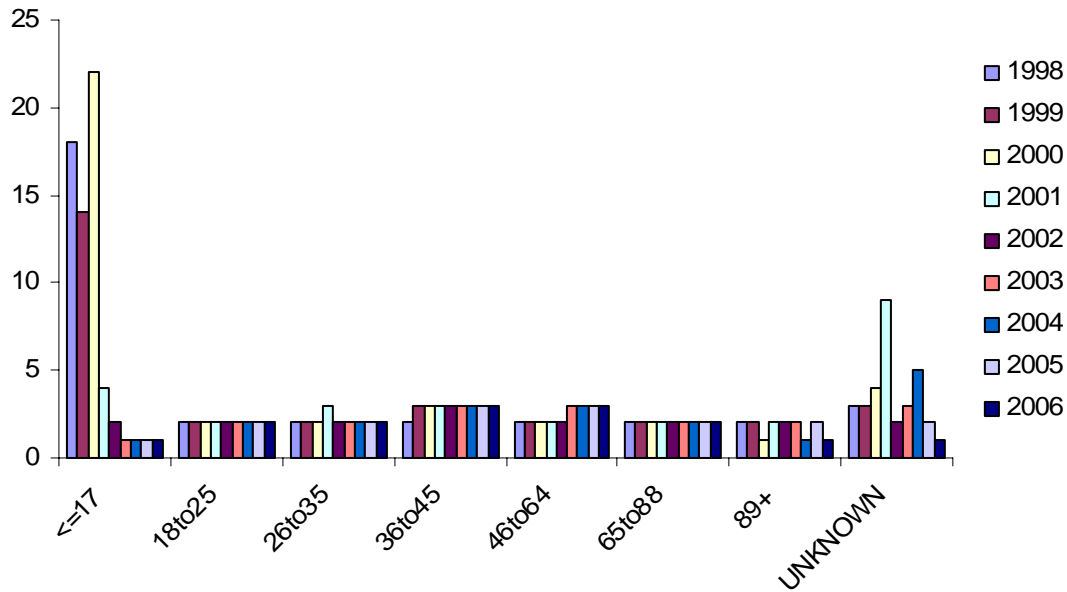
Other non-demographic indicators

Table 9. The number of charges

The median length of stay does increase as a function of increases in the number of charges. Note that 85%-87% receive only 1 to 2 charges and 99% of individuals never receive more than 5 charges during one arrest. In 2006, if an individual was arrested and had four to five charges, the median length of stay was approximately 17 to 20 days.

Charge Counts

	1	2	3	4	5	6	7	8	9	10	> 10
1998	2	9	11	22	20	22	46	35	16	49	35
1999	2	9	16	23	25	22	21	48	15	28	38
2000	2	9	13	14	25	22	54	16	22	29	23
2001	2	11	22	14	38	28	16	9	54	52	40
2002	2	12	20	26	39	35	50	23	36	22	53
2003	2	10	14	17	20	22	62	14	37	12	44
2004	2	10	12	18	27	21	44	47	102	29	39
2005	2	8	12	20	22	17	24	42	56	43	12
2006	2	9	13	20	17	22	61	6	14	63	23

<u>The number of arrests</u>

The median length of stay does increase with the number of arrests, but is not a strong factor that drives length of stay.
- An individual with one arrests the median length of stay is 2 days
- An individual with 4 arrests the median length of stay is 3 days.
- An individual with 5 arrests the median length of stay is 4 days
- An individual with 7 arrests the median length of stay is 5 days
- An individual with 13 arrests the median length of stay is 8 days

<u>Figure 14. Repeat Offender</u>

Less than half of the individuals (44%) account for up to 77% of the arrests. More importantly, 5% of the inmate population account for 54% of the jail bed days. Approximately 15% of offenders are arrested again the following year.

Individuals

Multi-arrests, 44%

Single arrest, 56%

Arrests

Single arrest, 23%

Multi-arrests, 77%
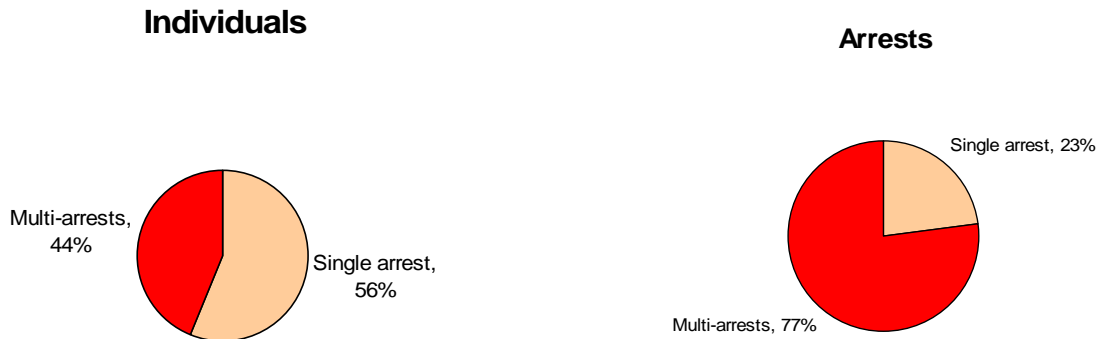
To identify repeat offenders it is often necessary to look across multiple years as 55%-65% of repeat offenders were found to have only one arrest during any particular year.

Repeat offenders and Number of arrests during the same year:

	Within Same year
One arrest	(55%-65%)
Two arrests	(24%-25%)
Three arrests	(7% - 10%)
Four arrests	(2% - 3%)
Five arrests	(1% - 2%)
Six arrests	(< 1%)
Seven arrests	(< 1%)
Eight arrests	(< 1%)

Table 10. Demographics of Repeat Offenders

		Nbr Arrests	Length of stay
All		6	3 days
Sex	Male (79%)	6	3 days
	Female (21%)	5	2 days
Race	American Indian (<1%)	7	2 days
	Asian (<1%)	4	3 days
	Black (30%)	6	7 days
	White (69%)	5	3 days
	Unknown (<1%)	5	2 days
County Group	Non USA (<1%)	3	143 days
	Other FL County (3%)	4	7 days
	Other States (1%)	3	8 days
	Pinellas (87%)	6	3 days
	3 Adj. Counties (7%)	4	4 days
	Unknown (<1%)	5	12 days
Age Group	<= 17(<1%)	4	6 days
	18 to 25 (28%)	6	2 days
	26 to 35 (28%)	6	3 days
	36 to 45 (28%)	6	4 days
	46 to 64 (14%)	5	4 days
	65 to 88 (<1%)	4	3 days
	89+ (<1%)	3	2 days
	Unknown (<1%)	2	8 days

Repeat offenders show to have a shorter time between release from jail and their next arrests with each additional. For example, at their first arrest, they are incarcerated two days and the median days before their next arrest is 206 days (6-7 months). They repeat this pattern then number of median days before their next arrests decreases, until they are spending more an more days in jail when arrested and less and less days out of jail before being re-arrested. For the 7th arrests the median days incarcerated was 9 and then the median number of day out of jail before being re-arrested was 64 days (2 months).
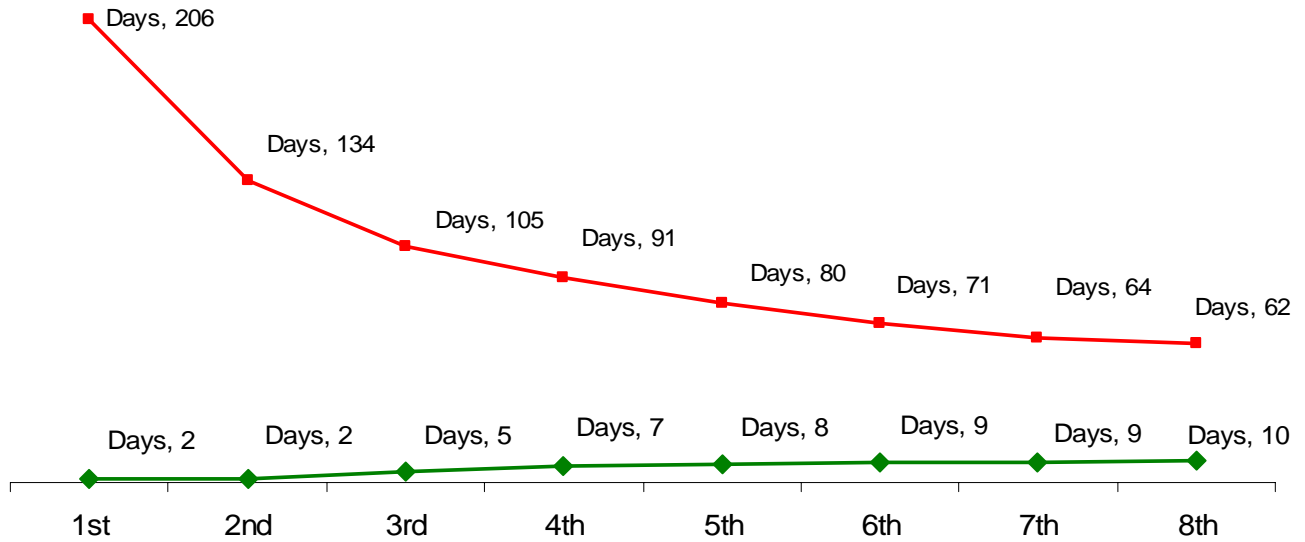
Figure 15.

Figure 16. Having a Severe Mental Health and/or Substance Abuse Diagnosis

Median number of total days incarcerated of population with identified in IDS or Medicaid with a Substance Abuse or Mental Health Diagnosis Over time is significantly greater than those who have not been identified as having a Substance Abuse or Mental Health Diagnosis.
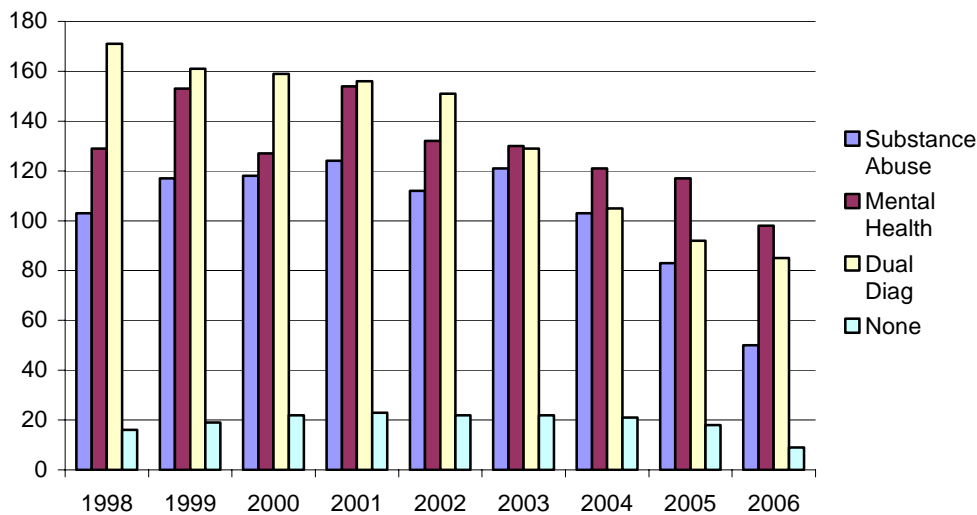
Figure 17. Receiving a Parole or Conditional Release Violation

- Having a parole or conditional release violation is highly correlated to the number of days incarcerated.
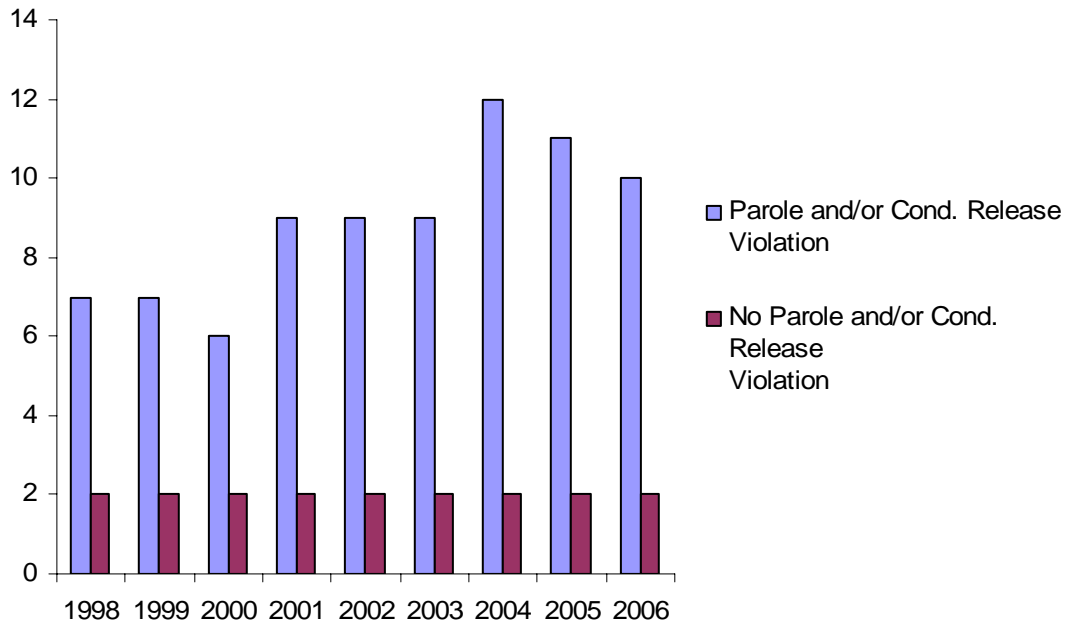
Failure to Appear

- The was no significant difference in length of stay due and Failure to Appear, although analysis did show those with Failure to Appear spent less time incarcerated than the average median stay. This maybe due to their type of crime.

Alcohol Involved in Arrest

- There was no significant difference in the length of stay and alcohol involvement during the arrest.

Drugs Involved in Arrest

- Drugs being involved in the arrests show to significantly increase the length of stay. The median number of days incarcerated for arrests where drugs were found to be involved is 6 days.

Felony Charge

- Having a felony charge at the time of arrest significantly correlated with an increase the length of stay. The median number of days incarcerated for arrests where there was at least one felony charge is 13 days.

Table 11. Crime Type

- Length of stay did have a significant increase not only for the felony by crime type. The highest length of stays being for sex and violent crime types, then drug crimes and lastly moving crimes.

	Drug (F)	Moving (F)	Other (F)	Property (F)	Sex (F)	Violent (F)
1998	11 days	3 days	13 days	14 days	22 days	16 days
1999	12 days	3 days	14 days	15 days	28 days	16 days
2000	10 days	3 days	14 days	13 days	22 days	15 days
2001	14 days	5 days	14 days	17 days	29 days	18 days
2002	16 days	4 days	11 days	20 days	31 days	22 days
2003	13 days	3 days	10 days	17 days	24 days	17 days
2004	14 days	3 days	10 days	15 days	23 days	16 days
2005	13 days	2 days	8 days	10 days	32 days	15 days
2006	12 days	2 days	6 days	9 days	57 days	12 days

Violent Weapon Involved

- Having a violent weapon at the time of arrest show significantly increase the length of stay. The median number of days incarcerated for arrests where there was a violent weapon at the time of arrest is 12 days.

Crimes involving Minors, Elders, and/or Disabled persons

- Crimes involving Minors, Elders and/or Disabled persons did not have an influencing factor to the length of stay.

Interaction with Emergency Medical Services System

- Those who interact with EMS have a median total days of 11 compared to the median total days of 3 for those who do not show having interacted with EMS.

Interaction with Dept. of Health and Human Services System

- Those who interact with HHS have a median total days of 34 compared to the median total days of 3 for those who do not show having interacted with HHS.

Interaction with Medicaid System

- Those who interact with Medicaid have a median total days of 10 compared to the median total days of 4 for those who do not show having interacted with Medicaid.

Interaction with State Mental Health and Substance Abuse System

- Those who interact with IDS have a median total days of 27 compared to the median total days of 3 for those who do not show having interacted with IDS

<u>Figure 18. Bond Levels</u>

- There was a relationship with bond level and the length of stay, but it also has a relationship to the type of charge (felony / misdemeanor). And the data also showed the there were always those who had a high bond that were in the median length of stay. Being able to bond out has a lot to do with the economic status of the individual and there is a concern to link length of stay to bond levels until further analysis is done.

Median Bond Amount
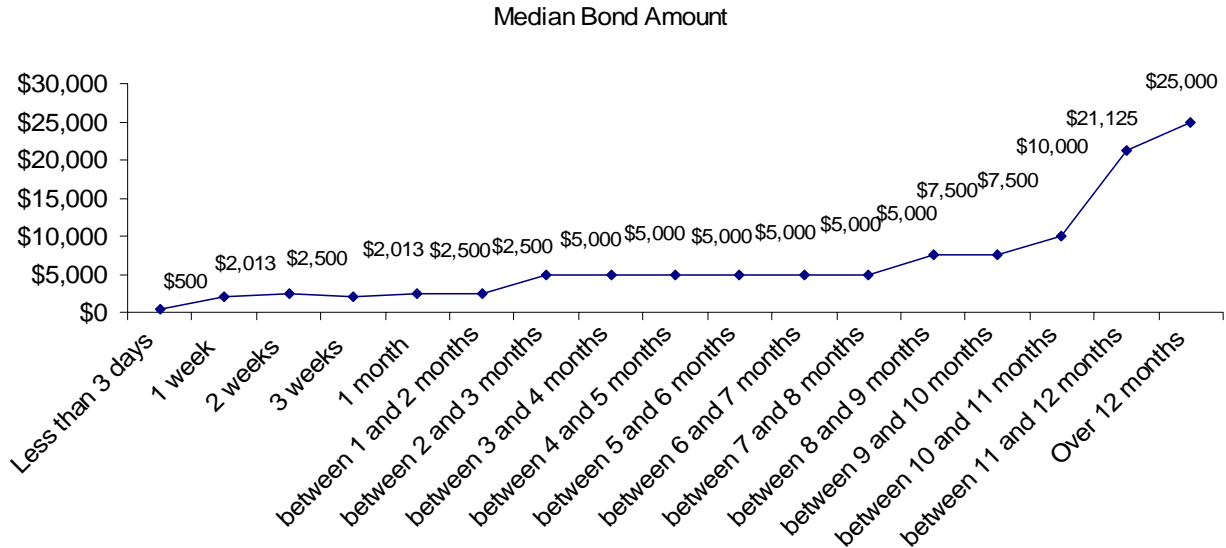
<u>Figure 19. Custody Status</u>

Since 2004 the number of released and released on their own recognizance has gone down corresponding to the number of out of bond and maximum security going up.
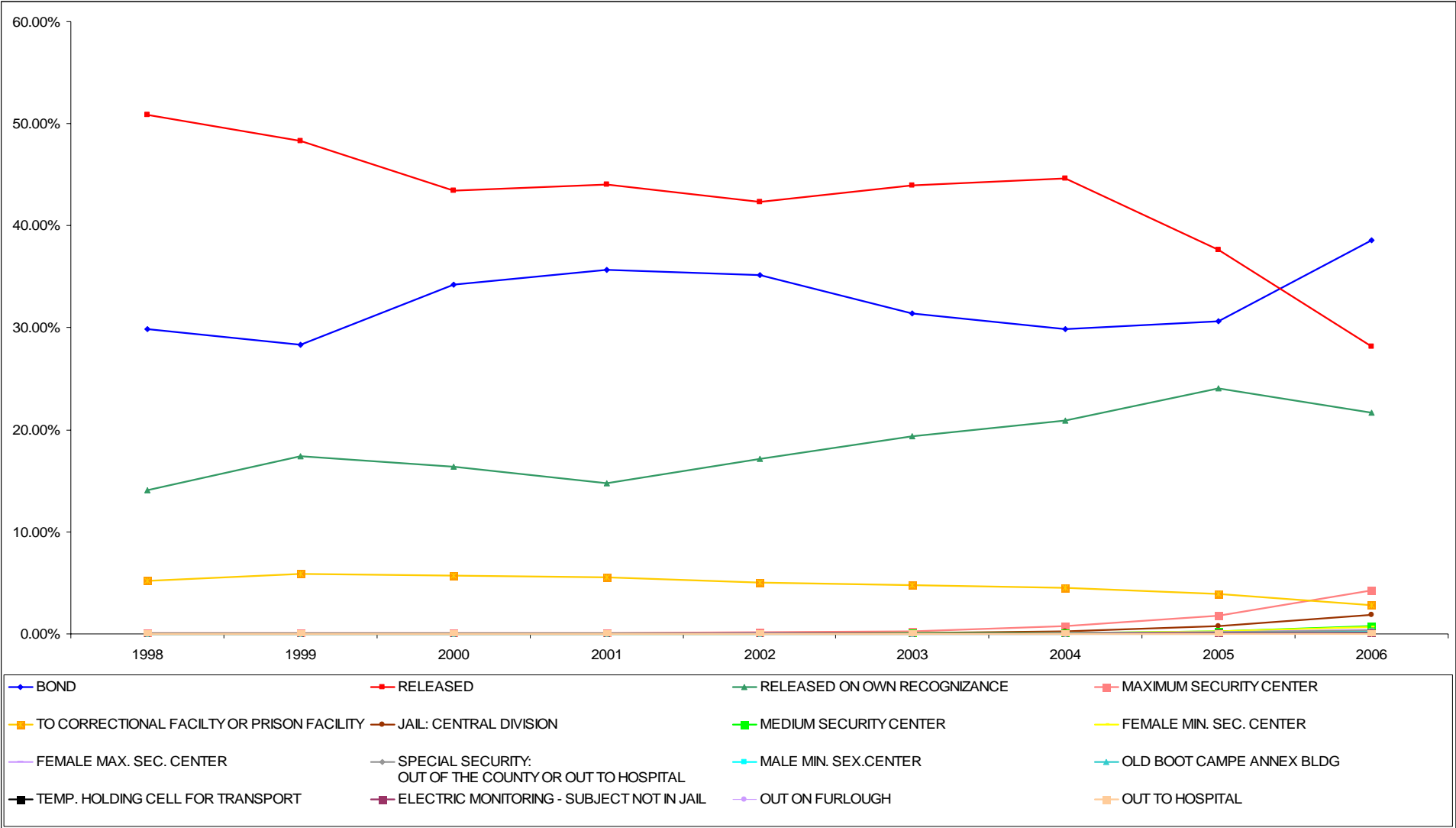
<u>Table 12. Custody Status (continued)</u>

- There is some difference of length of stay associated with custody status (where the inmate is housed), but this more has to do with the gender and level of crime than directly to length of stay.

	Jail: Central Division JACD	Male Min Sec Ctr JAMN	Male Med Sec Ctr JAMS	Male Max Sec Ctr JAMX
1998	-	-	2 days	71 days
1999	-	-	-	14 days
2000	7 days	-	3 days	77 days
2001	25 days	1 days	34 days	61 days
2002	10 days	16 days	5 days	40 days
2003	16 days	2 days	4 days	42 days
2004	9 days	4 days	18 days	16 days
2005	7 days	3 days	4 days	34 days
2006	21 days	5 days	13 days	73 days

	Female Max Sec Ctr JAFC	Female Min Sec Ctr JAFN	Old Boot Camp Annex Bldg - JAND	Temp Holding Cell JASO
1998	-	2 days	-	-
1999	-	5 days	-	-
2000	-	18 days	-	-
2001	20 days	99 days	-	8 days
2002	16 days	4 days	-	9 days
2003	7 days	6 days	2 days	3 days
2004	11 days	4 days	3 days	35 days
2005	6 days	3 days	3 days	37 days
2006	21 days	13 days	15 days	44 days

ACTIVE CASES IN JAIL IN and OUT OF JAIL

Cases were identified as active included all cases except those with the court disposition status as one of the following codes: BOND, FURL, HOSP, JAEM, JAGW, JAOT, METN, OREC, PROB, PRST, RLSD, and VOID. In 2006, only 3% of the cases showed to have a custody status where they were incarcerated (JACD, JAFC, JAFN, JAMN, JAMS, JAMX, JAND, JASO).

Figure 20. THOSE OUT OF JAIL, OUT ON WHAT STATUS

■ BOND
□ RELEASED ON OWN RECOGNIZANCE
■ SPECIAL SECURITY:
   OUT OF THE COUNTY OR OUT TO HOSPITAL
■ MENTAL HEALTH COMMITMENT

■ RELEASED
□ TO CORRECTIONAL FACILTY OR PRISON FACILITY
■ ELECTRIC MONITORING - SUBJECT NOT IN JAIL
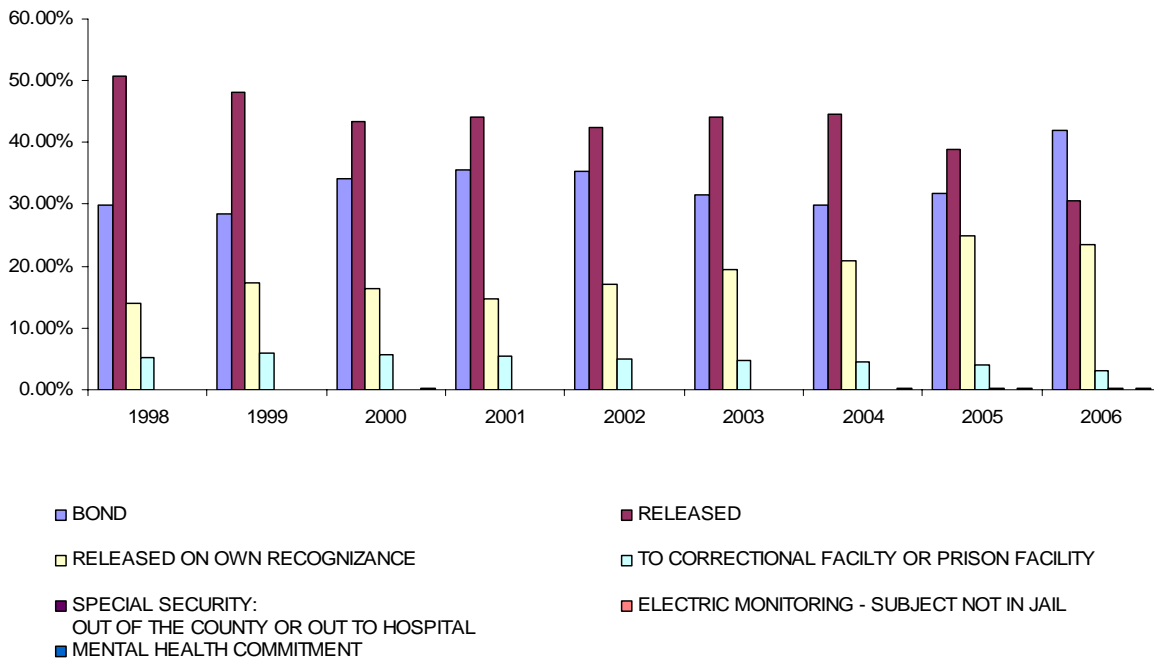
Three Bed Usage Groups

One way to look at Jail bed usage is to look at the number of inmates as consumers of jail bed days. Some consumers use more jail bed days than others. Below is what is called a **Lorenz curve**, which is a graphical representation of the cumulative distribution function of a probability distribution; it is a graph showing the proportion of the distribution assumed by the bottom *y*% of the values. In this case, this graph is used to represent the jail bed usage of inmates. A perfectly equal income distribution would be one in which every inmate uses the same number of jail bed days (Blue diagonal line). The actual distribution of jail bed days by inmates is a line of inequality (Pink curved line), which show that 65% of the population use only 3% of the jail bed days, another 30% of the population use 51% of the jail bed days and the last 5% of the inmate population use 46% of the jail bed days.
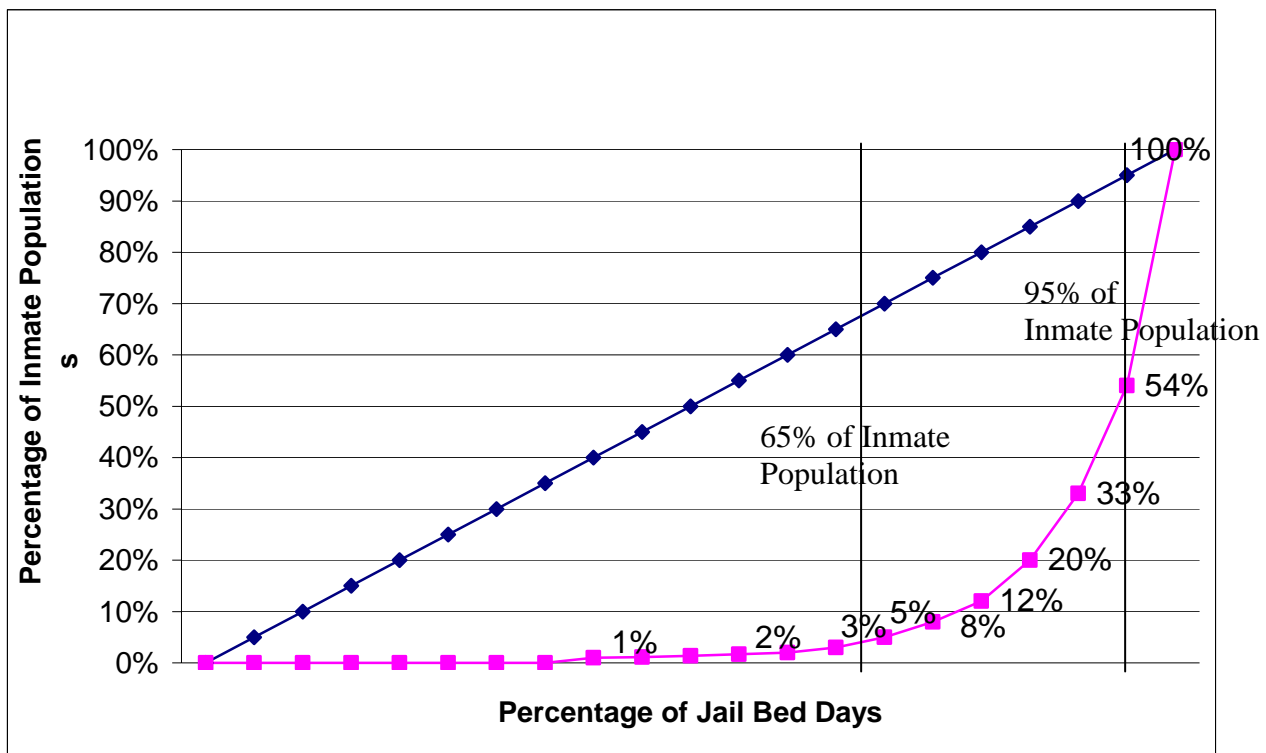

Figure 21.

Three groups have been identified through the above process: 1) Low Bed Users (LBU), 2) High Bed Users (HBU), and 2) Greatest Bed Users (GBU). Below demographic and non-demographic factors will be examined to identify difference between the three groups.

Table 13. & Table 14. Demographics (Gender, Race, and Age Categories)

None of the demographics categories (Gender, Race, Age Group) showed any specific pattern across the three groups by demographics (% within each of the three groups). Examining the distribution across each of the demographic categories, you can see that males, African Americans, and those <= 17 years of age at first arrest show to be more likely in the Greatest Bed Users than females, other races, and other age groups.

%	% within each of Three Group				% of each Demo Category		
	LBU	HBU	GBU		LBU	HBU	GBU
Male	70%	81%	86%		61%	33%	6%
Female	30%	19%	14%		75%	23%	2%
American Indian	<1%	<1%	-		90%	10%	-
Asian	1%	<1%	<1%		75%	21%	4%
African American	16%	29%	48%		48%	41%	11%
White	82%	71%	52%		69%	28%	3%
Unknown	2%	1%	<1%		69%	31%	<1%
<= 17 Years of age	1%	2%	5%		44%	38%	18%
18 to 25 Years of age	29%	29%	32%		64%	30%	6%
26 to 35 Years of age	27%	28%	29%		63%	32%	5%
36 to 45 Years of age	25%	28%	25%		62%	33%	5%
36 to 64 Years of age	17%	13%	8%		71%	26%	3%
65 to 88 Years of age	2%	1%	<1%		83%	15%	2%
89 + Years of age	<1%	-	-		100%	-	-
Unknown	<1%	<1%	-		82%	18%	-

Looking at the median length of stay for each of the three groups by demographics shows the extreme difference between the LBU from either the HBU and the GBU.

	LBU	HBU	GBU
ALL	2 days	72 days	482 days

Gender	LBU	HBU	GBU
Females	2 days	62 days	222 days
Males	2 days	74 days	254 days

RACE	LBU	HBU	GBU
American Indian	1 days	128 days	-
Asian	2 days	78 days	496 days
African American	2 days	91 days	501 days
White	2 days	65 days	465 days
Unknown	2 days	44 days	457 days

AGE GROUP	LBU	HBU	GBU
<=17	1	126	501
18to25	2	77	477
26to35	2	71	484
36to45	**2**	**71**	**482**
46to64	2	59	483
65to88	2	44.5	458
89+	2	-	-
UNKNOWN	2	43.5	-

Table 15. Other Non-demographic Indicators

The non-demographic indicators that seem to identify difference between the three groups are Repeat offender, level of crime (Felony/Misdemeanor), Number of arrests, a violation of parole or conditional release. Other factors were Pinellas County Human Services interaction, which needs further investigation to understand; number of years in the CJIS system, which really can be explained that the more years in the CJIS system, the more arrests and days incarcerated; and the type of crime also showed a consistent increase across groups.

	LBU	HBU	GBU
Number of Arrests	1	4	8
Age at First Arrest	34	33	31
Number of Years in CJIS System	1	2	4
Parole or Conditional Release Violation	7%	28%	29%
Failure to Appear	11%	13%	12%
Felony Only	13%	25%	18%
Misdemeanor Only	81%	38%	7%
Both Felony and Misdemeanor	5%	36%	74%
None	<1%	1%	<1%
Substance Abuse Diag only	2%	4%	5%
Severe Mental Health Diag Only	2%	3%	6%
Dual Diagnosis	<1%	1%	2%
No Diagnosis found	96%	92%	87%
EMS Interaction	10%	16%	21%
IDS Interaction	4%	8%	13%
Medicaid Interaction	5%	7%	8%
DSS Interaction	6%	14%	24%
Elder/Disabled Person Involved	<1%	<1%	<1%
Minor Involved	2%	2%	2%
Violent_weapon at arrest	1%	2%	4%
Drug Crime	36%	50%	65%
Property Crime	22%	39%	58%
Sex Crime	3%	5%	13%
Violent Crime	22%	31%	54%
Moving Crime	18%	28%	35%
Other Crime	17%	27%	46%
Drug Involved	9%	18%	22%
Alcohol Involved	22%	13%	7%
Repeat Offender	24%	80%	94%

Interactions with more than two systems

The majority of the CJIS population does not interact with other systems (76%). Of those who do interact with other systems, 22% interact with 1 or 2 other systems. There is approximately 2 % of the population, who interact with 3 to all 4 systems. (Table 16.)

CJIS Only	133124	76%
CJIS & EMS Only	12932	7%
CJIS & HHS Only	9103	5%
CJIS & AHCA Only	3949	3%
CJIS & IDS Only	3934	3%
CJIS & EMS & HHS	2560	2%
CJIS & EMS & IDS	1888	1%
CJIS & EMS & AHCA	1644	1%
CJIS & HHS & AHCA	1215	<1%
CJIS & HHS & IDS	909	<1%
CJIS & EMS & HHS & IDS	874	<1%
CJIS & EMS & HHS & AHCA	795	<1%
CJIS & IDS & Medicaid	698	<1%
CJIS & EMS & IDS & ACHA	571	<1%
CJIS & EMS & HHS & IDS & ACHA	385	<1%
CJIS & HHS & IDS & ACHA	329	<1%

Length of stay over 365 days

1% of the inmate population length of stay is over one year, and median of 479 days. These individuals use up on average 10% of the jail day beds each year.

Mental Health / Substance Abuse / Dual / and NO Diagnosis

Since there is an interest specifically in mental health and substance abuse and interaction with the CJIS system, further analysis were done to help understand this population, including the breakdown by diagnosis, the specific types of diagnosis, and the interactions with Pinellas County Human Services and the EMS systems.

There were 9,596 individuals where were identified in the CJIS system to have either a severe mental illness diagnosis or a substance abuse diagnosis or both. The breakdown is as follows:

- Severe Mental Health Diagnosis: 3,927   /   2.25%
- Substance Abuse Diagnosis: 4,242   /   2.43%
- Dual Diagnosis: 1,427   /   < 1%
- None identified: 165,314   /   94.51%

In 2006 the breakdown was as follows:

- Severe Mental Health Diagnosis: 1,095   /   1.35%
- Substance Abuse Diagnosis: 1,554   /   4.01%
- Dual Diagnosis: 523   /   1.35%
- None identified: 35,583   /   91.82%

Of those with a Severe Mental Health Diagnosis, in 2006, the breakdown of diagnosis is as follows:
- Schizophrenic Disorders   22%
- Episodic Mood Disorders   75%   (includes depression)
- Delusional Disorders   <1%
- Other Non-organic Disorders   4%

Of those with a substance abuse diagnosis, in 2006, the breakdown of diagnosis is as follows:

- Non-Dependence Drug Use   35%
- Alcohol Dependence   27%
- Drug Dependence   44%

Those interacting with the Medicaid system had the following diagnosis:

- 298.9 – Unspecified Psychosis
- 295.70 – Schizoaffective Disorder
- 296.63 – Bipolar I disorder
- 305 – Nondependent abuse of drugs

Those interacting with the IDS system had the following diagnosis:

- 295 – Schizophrenic Disorder
    - 295.1 Disorganized type
    - 295.3 Paranoid type
    - 295.4 Schizophreniform disorder
    - 295.6 residual type
    - 295.7 schizoafective disorder
    - 295.9 unspecific schizophrenia
- 296 – Episodic Mood Disorders
    - 296.0 Manic Disorder
    - 296.2 Major Depressive disorder
    - 296.3 Major Depressive disorder
    - 206.4 Bipolar Disorder
    - 296.5 Bipolar Disorder
    - 296.6 Bipolar Disorder
    - 296.7 Bipolar Disorder
    - 297.1 Delusional disorder
    - 296.8 Other and unspecified bipolar disorders
    - 298.9 Other and unspecified episodic mood disorders
    - 298.9 Unspecified Psychosis
- 297 – Delusional Disorders
- 298 – Other non-organic psychoses
- 303 – Alcohol dependence syndrome
    - 303.9 Other and unspecified alcohol dependence
- 304 - Drug Dependence
    - 304.0 Opioid Dependence
    - 304.2 Cocaine Dependence
    - 304.3 Cannabis Dependence
    - 304.7 Combinations of opioid type drug with other
    - 304.8 Combinations of drug dependence excluding opioid type drug
    - 304.9 Unspecific Drug dependence
- 305 – Nondependent abuse of drugs
    - 305.0 Alcohol abuse
    - 305.2 Cannabis abuse
    - 305.6 Cocaine abuse
- Other Diagnosis
    - 291 – Alcohol-induced mental disorder
    - 292 – Drug-induced mental disorder
    - 300 – anxiety, dissociative and somatoform disorders
    - 301 – Personality disorders
    - 308 - Acute reaction to stress
    - 309 – Adjustment Reaction
    - 311 – Depressive disorder, not elsewhere classified
    - 312 – Disturbance of conduct, not elsewhere classified
    - 313 – Disturbance of emotions specific to childhood and adolescence
    - 314 – Hyperkinetic syndrome of childhood
    - 315 – Specific delays in development
    - 317 – Mild Mental Retardation
    - V61 – Other Family Circumstances – Counseling for parent-child Problem

Interaction with EMS

Over the nine years, 21,649 (12%) individuals interacted with the EMS and CJIS system. OF those 3,722 (17%) of those 21,649 individuals also had at least one diagnosis of severe mental health or substance abuse diagnosis.

Those interacting with the EMS system, in 2006, had the following Severe Mental Health or Substance Abuse diagnosis:

- 292 Drug-induced mental disorders
  - 292.8 Other specified drug-induced mental disorders
- 295 Schizophrenic Disorders
  - 295.1 Disorganized type
  - 295.3 Paranoid type
  - 295.4 Schizophreniform disorder
  - 295.6 Residual type
  - 296.7 Schizoaffective disorder
- 296 Episodic Mood Disorders
  - 296.0 Manic Disorder
  - 296.2 Major Depressive Disorder
  - 296.3 Major Depressive Disorder
  - 296.4 Bipolar I Disorder
  - 296.5 Bipolar I Disorder
  - 296.6 Bipolar I Disorder
  - 296.7 Bipolar I Disorder
  - 296.8 Other and Unspecified bipolar Disorder
  - 296.9 Other and Unspecified Episodic Mood Disorder
- 297 Delusional Disorders
  - 297.1 Delusional Disorder
- 298 Other Non-organic Psychoses
  - 298.9 Unspecified Psychosis
- 300 Anxiety, dissociative and somatoform disorders
  - 300.01 Panic Disorder
  - 300.02 Generalized Anxiety Disorder
  - 300.15 Dissociative Reaction
- 301 Personality Disorders
  - 301.7 Antisocial Personality
  - 301.83 Borderline Personality
  - 301.9 Personality Disorder
- 303 Alcohol Dependence Syndrome
  - 303.0 Acute Alcoholic Intoxication
  - 303.9 Other and Unspecified Alcohol Dependence
- 304 Drug Dependence
  - 304.0 Opioid type dependence
  - 304.2 Cocaine dependence
  - 304.3 Cannabis dependence
  - 304.7 Combinations of opioid type drug with any other
  - 304.8 Combinations of drug dependence excluding opioid type drug
  - 304.9 Unspecified drug dependence

- 305 Nondependent abuse of drugs
  - o 305.0 Alcohol Abuse
  - o 305.2 Cannabis Abuse
  - o 305.6 Cocaine Abuse
  - o 305.9 Other, mixed, or unspecified drug abuse
- 308 Acute reaction to stress
  - o 308.3 Other acute reactions to stress
- 309 Adjustment reaction
  - o 309.0 Adjustment disorder with depressed mood
  - o 309.8 Other specified adjustment reactions
  - o 309.9 Unspecified adjustment reactions
- 311 Depressive disorder, not elsewhere classified
- 312 Disturbance of conduct, not elsewhere classified
  - o 312.3 Disorders of impulse control, not elsewhere classified
  - o 312.9 Unspecified disturbance of conduct
- 314 Hyperkinetic syndrome of childhood
  - o 314.01 with hyperactivity
- 315 Specific delays in development
- V61 – Other Family Circumstances – Counseling for parent-child Problem

Pinellas County Human Services Interactions

Over the nine years, 17,616 (10%) individuals interacted with the Pinellas County Human Services and CJIS system. Of those, 2,643 (15%) of those 17,616 individuals also had at least one diagnosis of severe mental health or substance abuse diagnosis.

Those interacting with the Pinellas County Human Services system, in 2006, had the following Severe Mental Health or Substance Abuse diagnosis:
- 292 Drug-induced mental disorders
  - o 292.8 Other specified drug-induced mental disorders
- 295 Schizophrenic Disorders
  - o 295.3 Paranoid Type
  - o 295.4 Schizophreniform disorder
  - o 295.6 Residual Type
  - o 295.70 Schizoaffective Disorder
  - o 295.9 Unspecified Schizophrenia
- 296 Episodic Mood Disorders
  - o 296.0 Manic Disorder
  - o 296.2 Major Depressive Disorder
  - o 296.3 Major Depressive Disorder
  - o 296.4 Bipolar I disorder
  - o 296.5 Bipolar I disorder
  - o 296.6 Bipolar I disorder
  - o 296.7 Bipolar I disorder
  - o 296.8 Other and unspecified bipolar disorders
  - o 296.9 Other and unspecified episodic mood disorders

- 298 Other non-organic psychoses
  - 298.9 – Unspecified Psychosis
- 300 Anxiety, dissociative and somatoform disorders
  - 300.2 Phobic disorders
- 301 Personality Disorders
  - 301.7 Antisocial Personality Disorder
  - 301.8 Other Personality Disorder
  - 301.9 Unspecified Personality Disorder
- 303 Alcohol Dependence Syndrome
  - 303.9 Other and Unspecified alcohol dependence
- 304 Drug Dependence
  - 304.2 Cocaine Dependence
  - 304.3 Cannabis Dependence
  - 304.7 Combinations of opioid type drug with any other
  - 304.8 Combinations of drug dependence excluding opioid type drug
- 305 Nondependent abuse of drugs
  - 305.0 Alcohol Abuse
  - 305.2 Cannabis Abuse
  - 305.6 Opioid Abuse
- 308 Acute Reaction to Stress
  - 308.3 Other acute reactions to stress
- 309 Adjustment reaction
  - 309.8 Other specified adjustment reactions
- 311 Depressive disorder, not elsewhere classified
- 312 Disturbance of conduct, not elsewhere classified
  - 312.3 Disorders of Impulse Control, not elsewhere classified
- 313 Disturbance of emotions specific to childhood and adolescence
  - 313.8 Other or mixed emotional disturbances of childhood or adolescence
- 314 Hyperkinetic syndrome of childhood
- 315 Specific delays in development
- V61 – Other Family Circumstances – Counseling for parent-child Problem

Geographic Information Systems (GIS)
Mapping of Inmate Population using residential zip codes

The GIS piece of this paper was done by Luis Perez, a PhD student in Education at USF, as part of his course work requirements.

Overall: As stated in the section examining residency status of inmate the majority of the inmate population reside in Pinellas County, and where there is increased residential population density in Pinellas County there is also an increase in the density of residency of the inmate population. In the three surrounding counties there are pockets where 1 to 10 of the Pinellas inmate population resides.
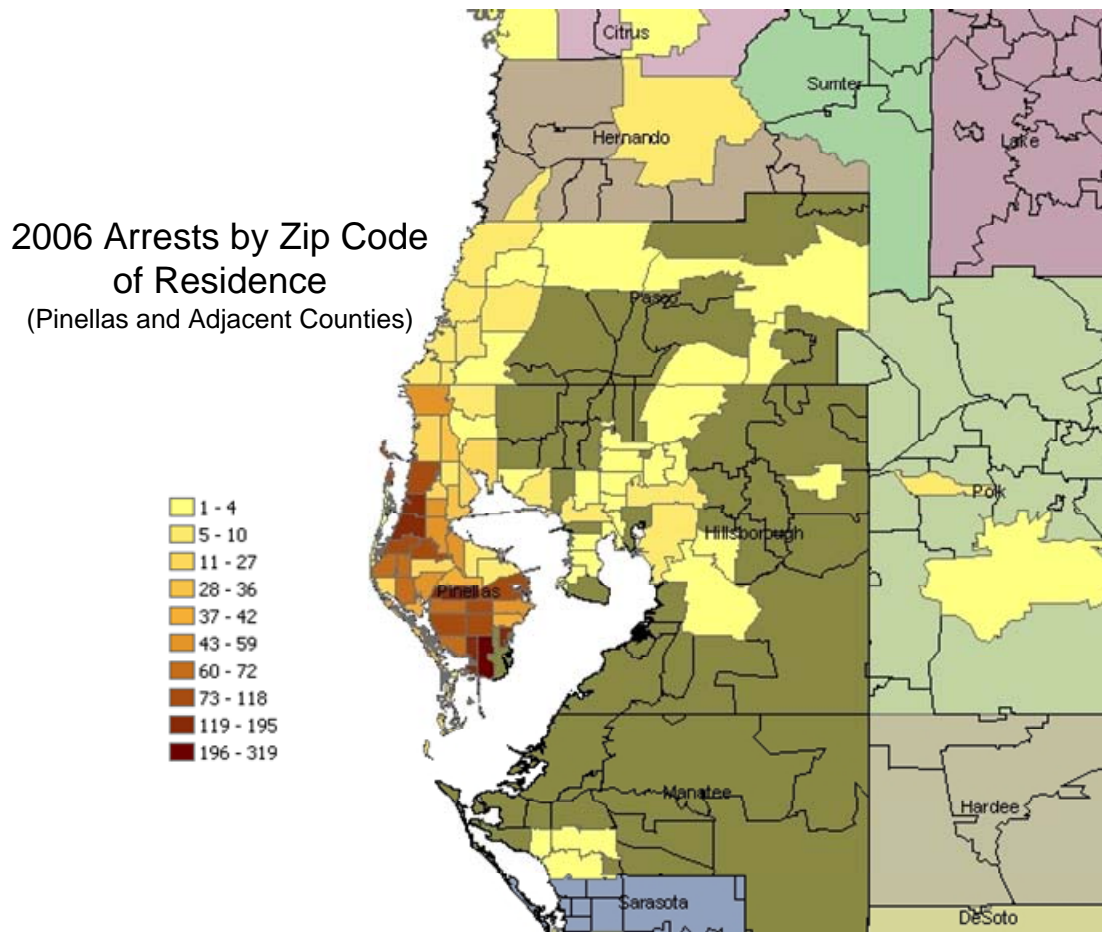
Figure 22.

BY GENDER: Even remembering that Males are the majority of the Pinellas CJIS inmate population, the zip codes within Pinellas county show to be similar between Males and Females when mapped. However Males within the three adjacent counties are coming from a wider spread geographic area (more zip code areas) than females.
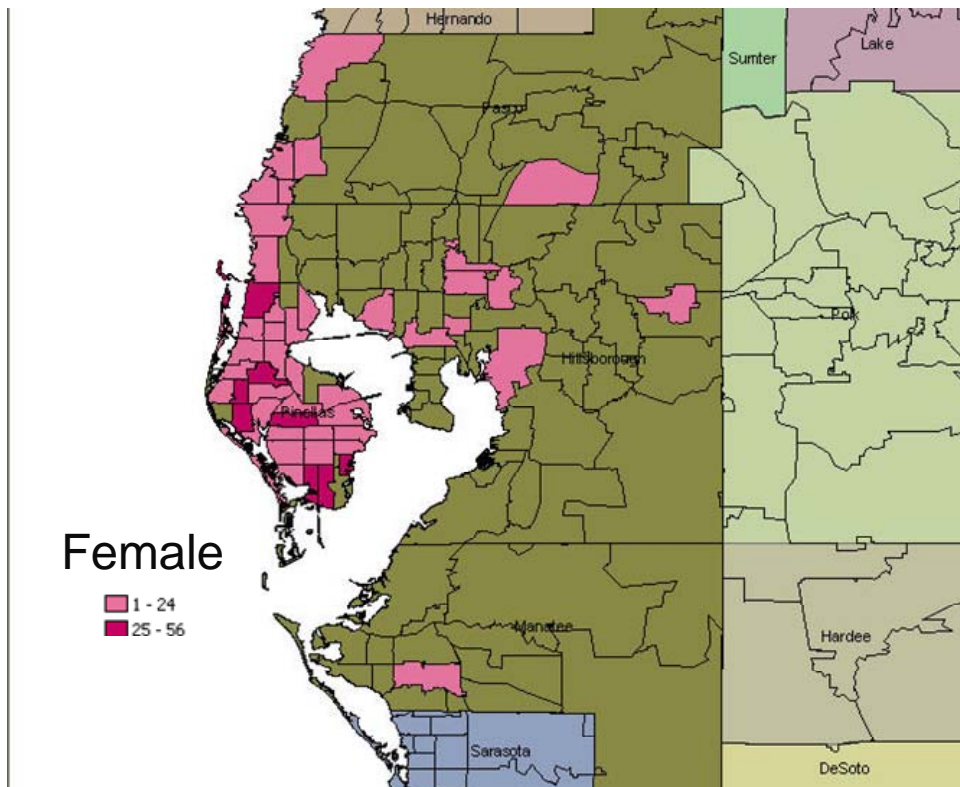
Figure 23.
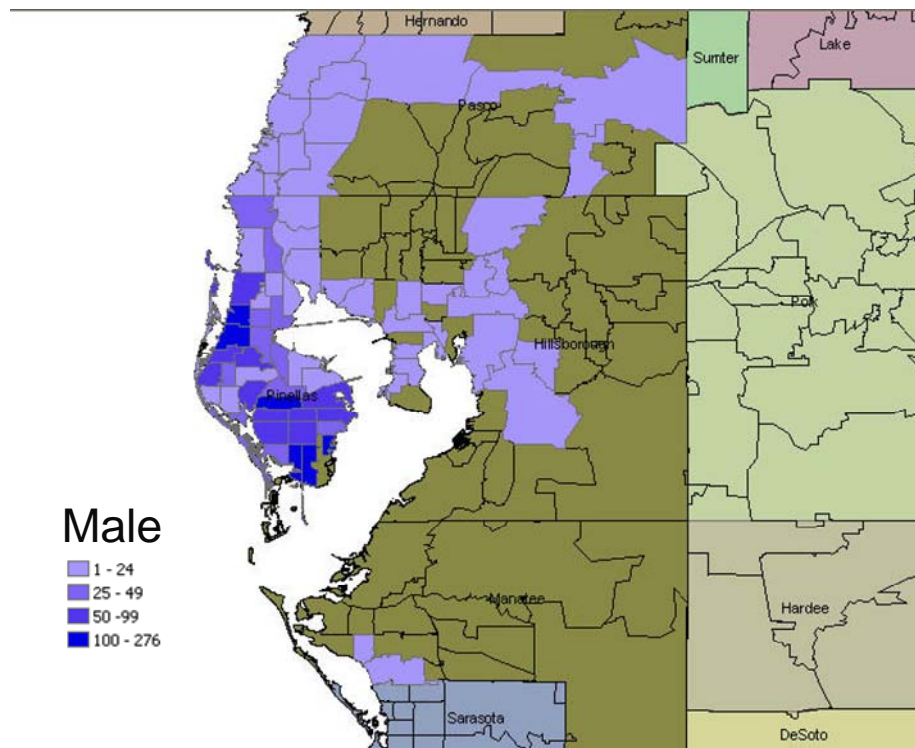
Figure 24.

BY AGE GROUP: Of all the eight age groups, the youngest (<=17), and oldest (65 to 88) age groups show to reside mainly within the county of Pinellas. This is important information, especially for the youngest age group, because it tells us that if any programs focusing on decreasing the number of <= 17 year olds from interacting with the CJIS system, should work within Pinellas county. The study already showed when the younger you are when you interact with CJIS, the more likely that you will be a repeat offender and potentially become a GBU. The other age groups seem to increase and spread out more across the three adjacent counties as the age increase.

Figure 25.

Figure 26.

Figure 27.

Figure 28.

36-45

0 - 9
10 - 24
25 - 49
50 - 74
75 - 100

Figure 29.

46-64

0 - 9
10 - 24
25 - 49
50 - 74
75 - 100
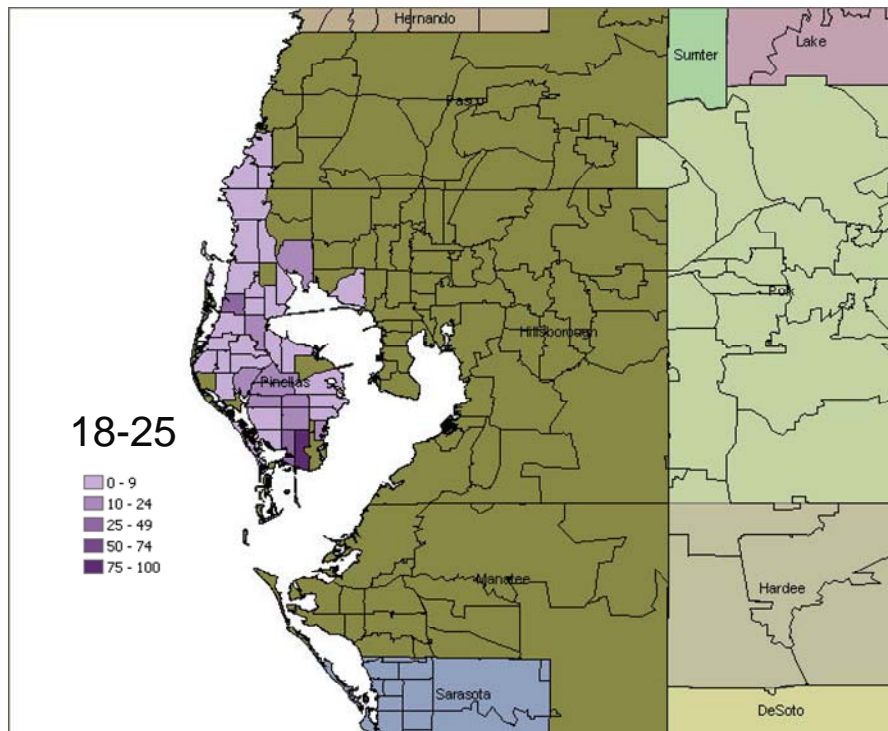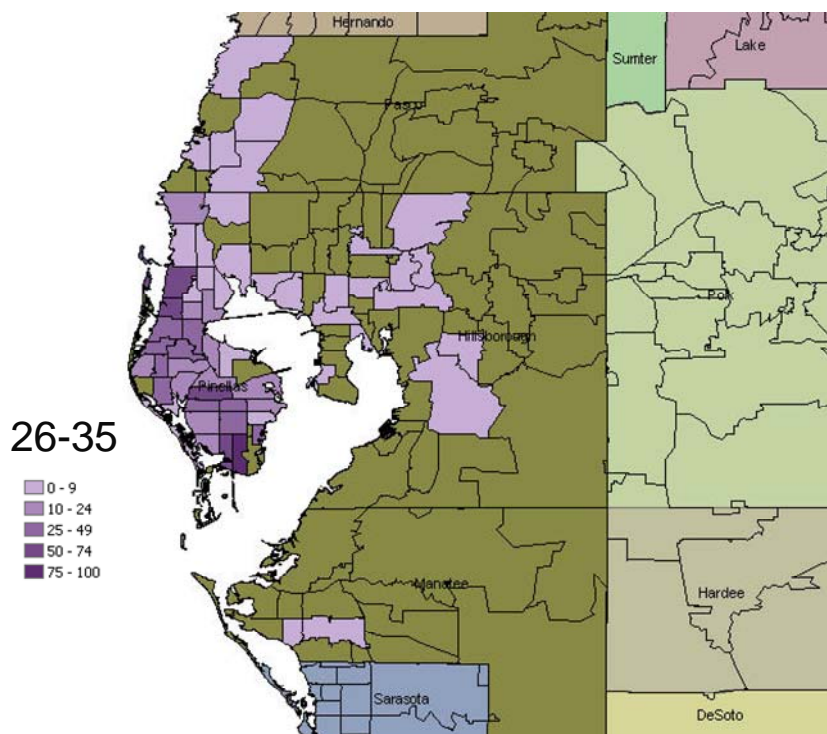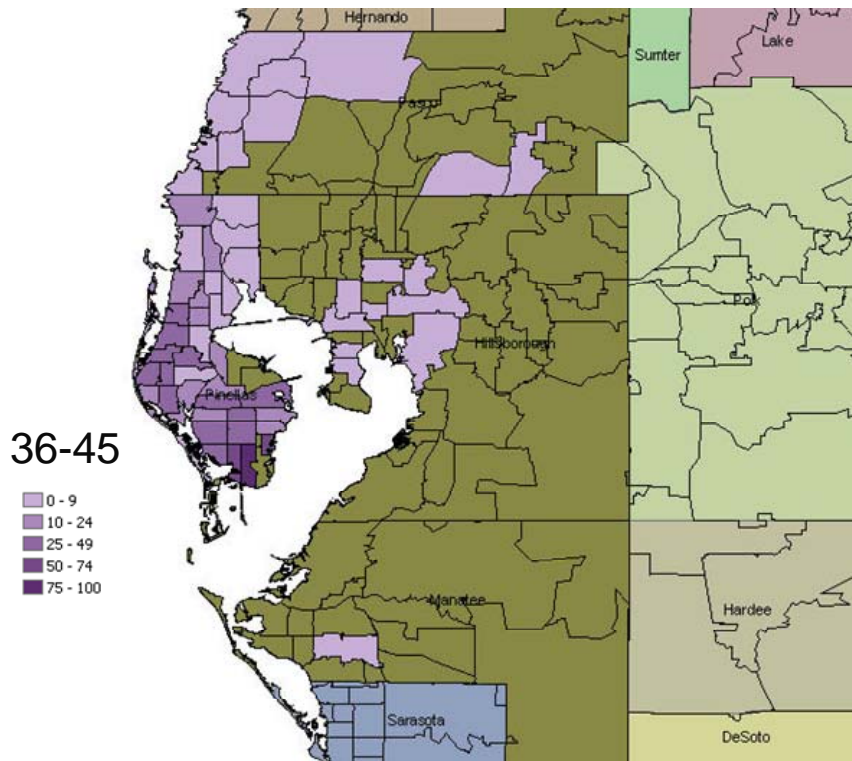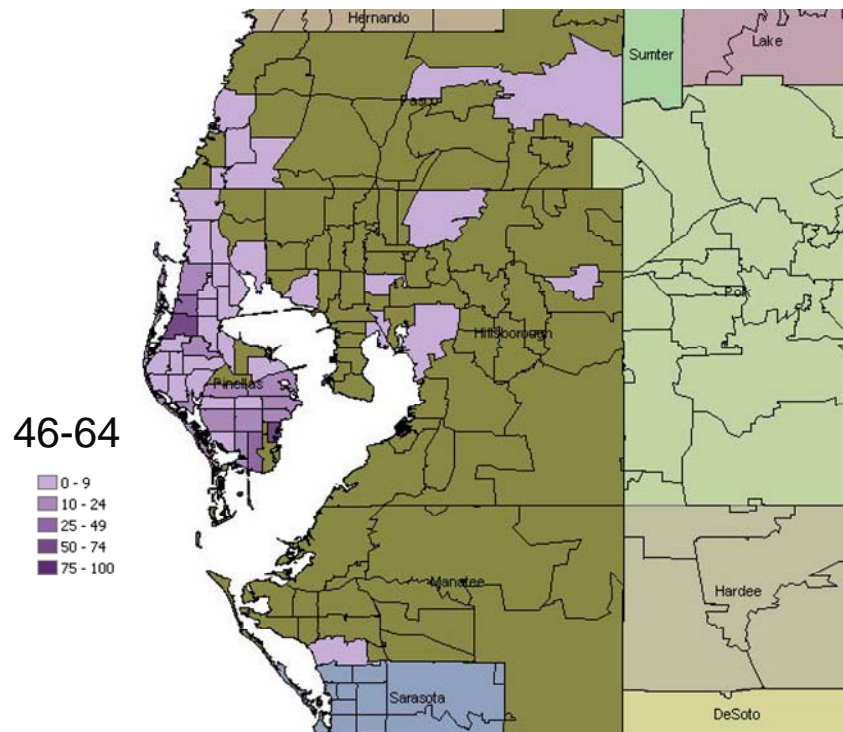
Figure 30.

Additional Analysis on Types of Services Use

After the initial questions were presented question about the types of service use was posed and further analysis was done. During this time additional data was received from the Department of Human Services (DHH), which increased the number of individuals identified who interacted with from 9% to 10% of the inmate population. The following analysis includes the additional data. The majority of inmates do not interact with other systems (76%). Over the 9 years, 42,229 individuals were found to have interacted with at least one other system. These individuals, cumulative, have 147,144 unique arrests over time (1998 – 2006). NOTE: The attachments for this section were not added due to the size of the report and the lack of need for such detailed information.

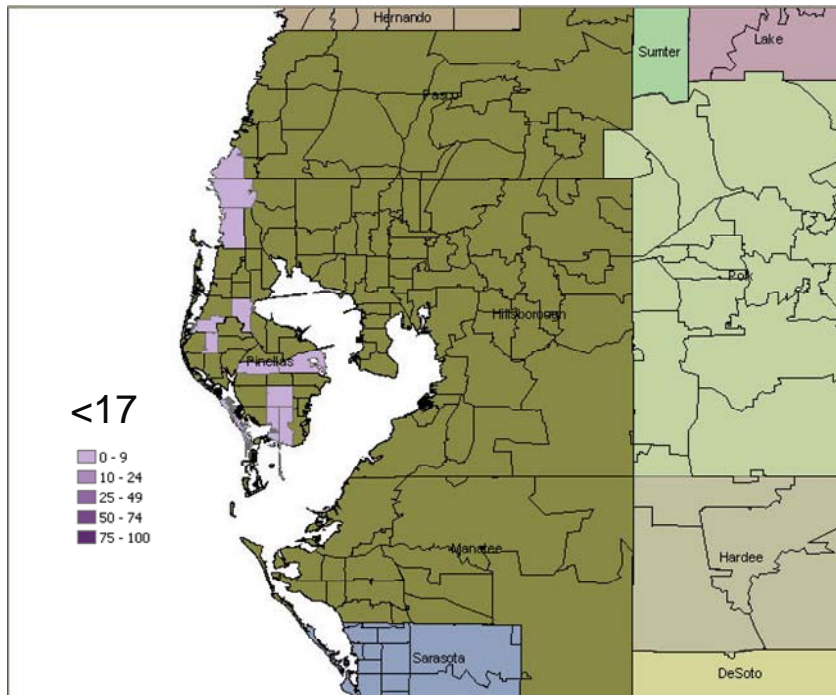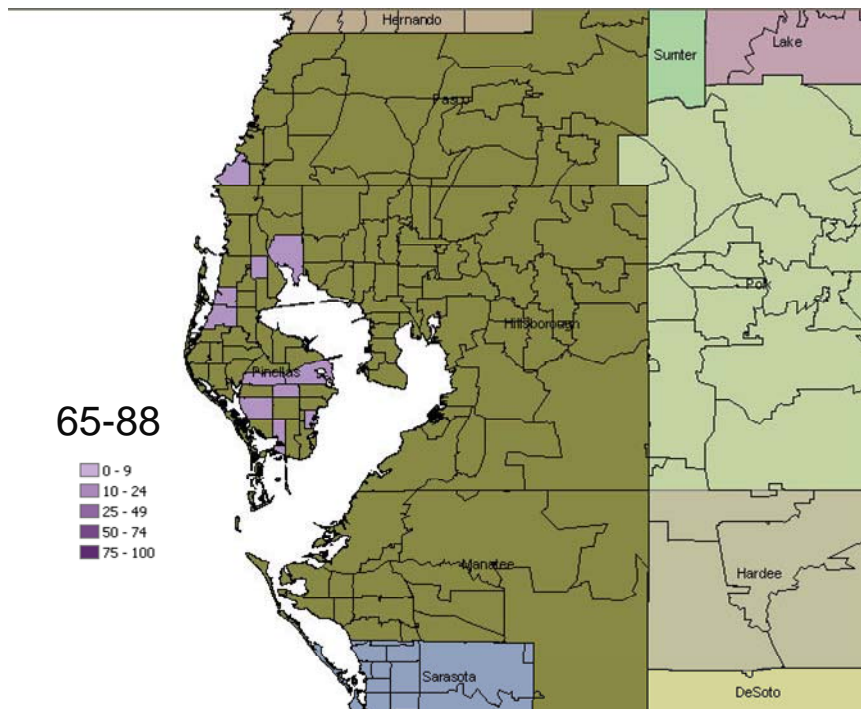There are five systems not including CJIS – Criminal Justice Information System (Jail and Court), Pinellas County:
* EMS – Emergency Medical Services, Pinellas County
* BA – Statewide Baker Act (72 Hr Mandatory Psychological Evaluations) Initiations
* IDS – Statewide Mental Health and Substance Abuse Services (DCF)
* AHCA – Statewide Physical and Mental Health Services, Pharmacy claims paid by Medicaid
* DHH – Department of Health and Human Services, Pinellas County

	Population Overlap
Emergency Medical Services, Pinellas County (EMS)	12%
Statewide Baker Act (BA)	2%
Statewide Mental Health and Substance Abuse (IDS)	5%
Statewide Medicaid Claims (MED)	5%
Dept. of Health & Human Svcs, Pinellas County (DHH)	10%

Number of systems Individuals Interacting With	NBR	%
One other system along with CJIS	29,168	70%
Two other systems along with CJIS	8,538	20%
Three other systems along with CJIS	2,503	6%
Four other systems along with CJIS	1,309	3%
Five other systems along with CJIS	711	1%

**Interact with only One other
system along with CJIS
70% of sub-population**

8 - IDS, 3,222, 11%

15 - BA, 1, 0%

14 - MED, 3,945, 14%

12 - EMS, 12,378, 42%

9 - DSS, 9,622, 33%
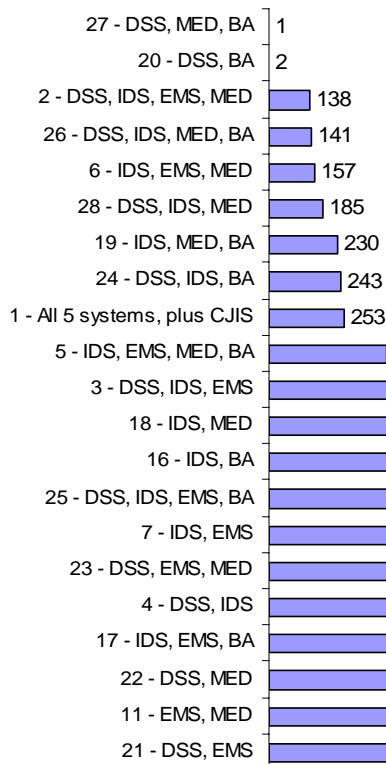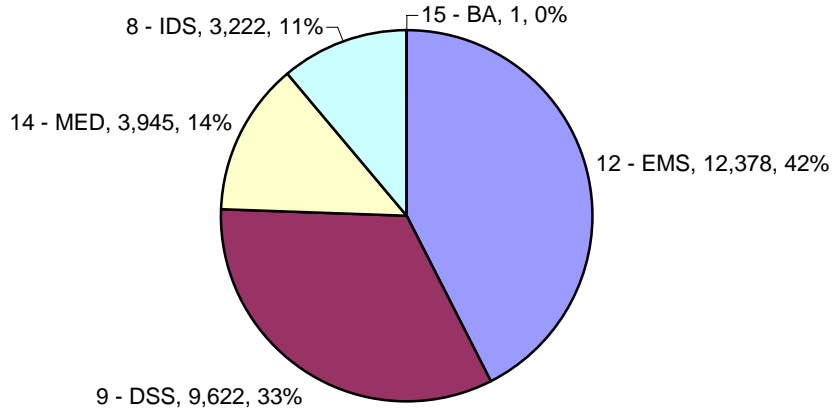
**Interact with at least two other
systems along with CJIS
30% of sub-population**

Category	Value
27 - DSS, MED, BA	1
20 - DSS, BA	2
2 - DSS, IDS, EMS, MED	138
26 - DSS, IDS, MED, BA	141
6 - IDS, EMS, MED	157
28 - DSS, IDS, MED	185
19 - IDS, MED, BA	230
24 - DSS, IDS, BA	243
1 - All 5 systems, plus CJIS	253
5 - IDS, EMS, MED, BA	397
3 - DSS, IDS, EMS	458
18 - IDS, MED	462
16 - IDS, BA	522
25 - DSS, IDS, EMS, BA	633
7 - IDS, EMS	769
23 - DSS, EMS, MED	787
4 - DSS, IDS	852
17 - IDS, EMS, BA	900
22 - DSS, MED	1,181
11 - EMS, MED	1,630
21 - DSS, EMS	3,120

Of those interacting with CJIS and only one other system:

0   500   1,000   1,500   2,000   2,500   3,000   3,500

	One System (N=29,168)
Emergency Medical Services, Pinellas County	42%
Statewide Baker Act	>1%
Statewide Mental Health and Substance Abuse	11%
Statewide Medicaid Claims	14%
Dept. of Health & Human Svcs, Pinellas County	33%

Of those interacting with CJIS and two other systems:

	Two Systems (N=8,538)
DHH & EMS	37%
EMS & Medicaid	19%
DHH & Medicaid	14%
DHH & IDS	10%
IDS & EMS	9%
IDS & BA	6%
IDS & Medicaid	5%
DHH & BA	>1%

Of those interacting with CJIS and three other systems:

	Three Systems (N=2,503)
IDS & EMS & BA	30%
DHH & EMS & Medicaid	27%
DHH & IDS & EMS	15%
DHH & IDS & BA	8%
IDS & Medicaid & BA	8%
DHH & IDS & Medicaid	6%
IDS & EMS & Medicaid	5%
DHH & Medicaid & BA	>1%

Of those interacting with CJIS and four other systems:

	Four Systems (N=1,309)
DHH & IDS & EMS & Baker Act	48%
IDS & EMS & Medicaid & Baker Act	30%
DHH & IDS & Medicaid & Baker Act	11%
DHH & IDS & EMS & Medicaid	11%

Types of Services

Emergency Medical Services System Interaction (EMS)

<u>Emergency Medical System Interaction</u>

- 12% of the inmate population had interaction with EMS
- Females (16%) are more likely than males (11%) to interact with EMS
- African American (14%) are more likely to interact with EMS
- Ages <= 17 (16%) and ages 36 to 45 (14%), and ages 46 to 64 (17%), and ages 65 to 88 (22%) are more likely to interact with EMS

For one individual there could be from 1 to 120 interactions with EMS during those three year periods, the average being 2 interactions with EMS during the three year period.
21,649 individuals EMS service events (51,600) were found between 2003 and 2006. Of those individuals, 4,210 had interaction (6,207 (12%) service events) with EMS 60 days prior to being arrested or 60 days being released from jail.

Pre 60 days to arrests   **Post 60 days from release**

5,330 individuals   4,289 individuals
7,977 arrests   6,591 arrests

Of those EMS services that were pre-60 days, 1,277 (16%) happened on the day of arrest. Of those EMS services that were post-60 days, 507 (8%) happened on the day of release. It is important to note that 234 or 46% of the EMS service events that occurred on the day of release had the same arrest date. It is more likely the EMS event will happen 60 prior to arrest then post release.

There are diagnoses in the EMS system. Of the diagnosis found 24.50% were Mental Health, 75% were Physical Health and <1% were not given. Of the Mental Health diagnosis, 52% were

substance abuse, and 46% were Mental Health. Of the physical health diagnosis the breakdown is the following:

- Physical Health   34%
- Pain   28%
- Injury/accident   22%
- Seizures   8%
- Unconscious/Unresponsive   3%
- Transient   2%
- Heart   1%
- Other all <1%
    - Abuse   Gunshot
    - Amputation   Heat
    - Animal   Malnutrition
    - Assault   Poison
    - Burn   Pregnancy
    - Cancer   Swelling
    - Disease   Unknown

From address was found to be all over the county and not any specific addresses that were apparent. The place most often transported from was St. Anthony's Hospital and that was only 2% of the transports.

TOP EMS TRANSPORT TO Sites (96% of Transports)
BAYFRONT MEDICAL CTR HOSP
MORTON PLANT HOSPITAL
ST ANTHONYS HOSP
NORTHSIDE HOSP & HEART INST
LARGO MEDICAL CTR HOSP
ST PETERSBURG GEN HOSP
PEMHS-NORTH
MEASE COUNTRYSIDE HOSP
MEASE DUNEDIN HOSP
EDWARD WHITE HOSPITAL
SUNCOAST HOSPITAL
VA MEDICAL CENTER BAY PINES
HELEN ELLIS HOSPITAL
PALMS OF PASADENA HOSP
WINDMOOR HEALTHCARE
NONE
PALMS OF PASADENA HOSPITAL
<Landing Zone>
TAMPA GENERAL HOSPITAL
PEMHS-SOUTH
ST JOSEPHS HOSPITAL
ALL CHILDRENS HOSPITAL

For more detailed information on EMS see Appendix A.

Medicaid System Interaction (AHCA)

<u>Medicaid Data System Interaction</u>

- 5.5% of the inmate population had at least one interaction with the Medicaid System
- Females (7%) are more likely than males (5%) to have had interaction with Medicaid
- African American (7%) are more likely to have had interaction with Medicaid
- Ages 36 to 45 (7%), and ages 46 to 64 (11%), and ages 65 to 88 (20%), and ages 89+ (9%) are more likely to have had interaction with Medicaid

Overall

For one individual there could be from 1 to 995 unique dates of service with Medicaid during the periods of 7/1/2002 through 3/2/2007 (6+ years), the median being 64 service dates with Medicaid during the 6+ years period. Only 132 individuals received services that were paid for by Medicaid (17,997 claims) were found. Of those individuals, 59 had services paid for by Medicaid (1,545 claims, 1,545 service dates (45%)) with Medicaid 60 days prior to being arrested or 60 days being released from jail.

Pre 60 days to arrests   **Post 60 days from release**

    49 individuals   55 Individuals
    830 Medicaid Claims   926 Medicaid Claims

Of those services that were paid by Medicaid and pre-60 days, 16 (2%) happened on the day of arrest. Of those services that were paid by Medicaid and post-60 days, 22 (2%) happened on the day of release. Two service events showed that the individual was arrested and released on the same day.

Of the Medicaid claims, 63% were service claims, and 37% were pharmacy claims. The top type of service claims were: Medical services, where 94% of the individuals received medical services, then Behavioral Health Inpatient Stay-Deep (36%), Basic Outpatient (27%), and Total Case management (27%). The top pharmacy claims were for Physical health (70%), Mood Stabilizer (39%), Atypical Anti-Psychotic (35%), and anti-anxiety (34%).

For more detailed information on Medicaid claims (services, pharmacy, diagnosis), see Appendix B.

Mental Health and Substance Abuse System (IDS) Interaction

<u>Mental Health / Substance Abuse Data System Interaction</u>
- 5.5% of the inmate population had interaction with IDS
- Females (8%) were more likely than males (5%) to have had interaction with IDS
- Whites (5.57%) are slightly more likely to have had interaction with IDS

- Ages <= 17 (6.5%) and ages 26 to 35 (5.57%), and ages 36 to 45 (7%) are slightly more likely to have had interaction with IDS

Overall

For one individual there could be from 1 to 2,332 unique dates of mental health and/or substance abuse services during the periods of 7/1/1998 through 6/30/2006 (excluding the year 2003), the median being 22 service dates during that period The number of individuals who received mental health and/or substance abuse services was 9,496 individuals. Of those individuals, 2,254 (24%) had services within 60 days prior to being arrested and 3,027 (32%) individuals has services within 60 days after being released from jail.

Pre 60 days to arrests	**Post 60 days from release**
2,254 individuals	3,027 Individuals
18,241 Service event dates	19,563 Service Event dates

Of those individuals 37 (2%) received services on the day of arrest and 71 (2%) received services on the day of release.

Program Type

Program Type	**# Ind.**	**% ind.**	**# svc**	**% svc**
Adult Mental Health	6,781	71.41%	528,109	56.82%
Adult Substance Abuse	5,840	61.50%	337,764	36.34%
Child Mental Health	577	6.08%	50,436	5.43%
Child Substance Abuse	685	7.21%	13,194	1.42%

For Adult Mental Health the top cost center services were: Medical services (50%), Crisis Support/Emergency (46%), Crisis Stabilization (34%), and outpatient (29%).

For Adult Substance Abuse the top cost center services were: Intervention (29%), Substance Abuse Detox (26%), Outpatient (24%), and Case management (11%).

Child Mental Health, the top cost center services were: Outpatient (2.34%), Medical Svc (2.45%), Crisis Support/Emergency (1.89%), Crisis Stabilization (1.85%), and Case Management (1.54%).

Child Substance Abuse, the type cost center services were: TASC (Tx. Alt. for Safe Cities) (4.38%),
Substance Abuse Detox (1.89%), Outpatient (1.12%), Intervention (1.12%).

For more detailed information on IDS see appendix C: programs, services, diagnosis

Department of Health & Human Services System Interaction (HHS)

The sub-population looked at here are those whose have been incarcerated in the Pinellas county Jail and who had also received service from the Dept of Health and Human Services, 17,616 individuals interacted with DHH and CJIS. When only identifying Baker Act Initiations that happened 60 days prior to or on arrest date or 60 days post release date there were 5,966 (34%). Of those 5,966 individuals, 3,564 (60%) had interactions within 60 day of arrests, 4,545 (76%) had interactions within 60 of release. Note: recent years of data has been added which identified 1,446 additional individuals;

Within the DHH system there are three types of clients; client (74%), depend (>1%) – a dependent of a client, and oclient (32%) – who is a client that has been identified as homeless. An individual can change the type of client they are defined over time. Of those who were identified at least once as homeless, 67% were also identified as clients who have a residence; although it would require further investigation as to whether the situation of homeless occurred previous to the residence status or prior.

There are 13 different files containing various types of services in the DHH system, containing the following information: General Assistance, Case Management, Referral, Medical Billing, Medical Transactions – Outreach, Other Transactions – Outreach, Petty Cash Transactions, Hospital services – Outreach, Pharmacy. The information below is the total of 9 years of data (1998 through 2006).

Medical Bill History Invoice Procedure Level (BHIST1): Services are provided in Clearwater office, St. Petersburg office, a Medical Van, and a Mobile Medical Unit.
The type of services provided in:

- Clearwater is: Drugs & Medical Supplies, Ambulance Transportation, Dental, Physicians, Other Professionals, ER Room Referrals, Inpatient/outpatient at Hospitals, and Dialysis services.

- Medical Van: Lab, X-Ray, Hospital Outpatient, Dental, Physician outpatient

- Mobile Medical Unit: Ambulance/Transportation, Dental, Specialists, Hospital Outpatient,
    Lab, X-Ray, Patient Care Items, Physicians

For more information on this systems data, see appendix D: (costs, number of services, number of individuals served)

Case Management Transactions (CMTRANS): Types of services provided in order of number persons served – greatest first:
- Rent Payment
- Purchase Voucher
- Grocery Order
- Electric Bill
- Water Bill
- Bus Pass

- Petty Cash Assistance
- Gas Bill

For more information on this system's data, see Appendix D: (costs, number of services, number of individuals served)

General Assistance Transactions (GA): Types of services provided (alphabetical by service)
The types of services provided are as follows:

ALF/Boarding	Clearwater and St Pete
Burial	Clearwater and St Pete
Case Management	St. Pete
Cash Assistance	Clearwater and St Pete
Cobra-Emerg.	Clearwater and St Pete
Electric Bill	Clearwater and St Pete
Garbage	Clearwater and St Pete
Gas Bill	Clearwater and St Pete
Grocery	Clearwater and St Pete
Heating Oil	Clearwater and St Pete
Mortgages	Clearwater and St Pete
Rent	Clearwater and St Pete
Sewer	Clearwater and St Pete
Transportation	St Pete
Water Bill	Clearwater and St Pete

For more detailed information about this data, see Appendix D.

Hospital Service for Indigent (HSI):

TYPE	NBR SVC	NBR IND.
Dental	12	12
Hospital	195	175

Medical Bill History Invoice Referral Level (MED1): This file contains information about the referrals.
The types of referrals are: Clinic, Dental, General/Misc. Triage Issues, Mental Health, Pharmacy, Drug Assistance, Social Worker, Transportation, etc.

For more detailed information on this file, see appendix D.

Other Transactions for Outreach Clients (MTRANS): This file contains services other than medical and the site where client is residing or being served. It contains information such as a Shelter list, the types of services received, the number of individuals served, and the number of services:

For more detailed information about this file, see Attachment D.

Medical Transactions for Outreach Clients (NTRANS): This file contains medical service and

the site where the client is residing or being served. It contains information such as a Shelter list, the type of services received, the number of individuals serviced, and the number of services.

For more detailed information about this file, see Attachment D.

Invoice History Referral Level (PHPBH1): This file contains provider information, the type of service, the cost, the number of individuals, and the number of services provided.

For more detailed information on this file, see Attachment D.

Petty Cash Under $20.00 (PTYCASH): This file contains information about services under $20.00 from petty cash including transportation, laundry, bus pass, hair-cut, personal items, prescription co-pay, etc.

SERVICE TYPE	NBR SVC	NBR IND.
UNKNOWN	8	8
ALJ HEARING	10	10
ALJ HEARING (SSI)	9	8
BIRTH CERTIFICATE COPY	1	1
BUS FARE/TRANSPORTATION	43	42
BUS TICKET/GREYHOUND - TAMPA	1	1
DIRECTION FOR MENTAL HEALTH CO-PYMT.	1	1
FLORIDA ID	1	1
GAS/TRANSPORTATION	195	178
HAIRCUT- CASE MANAGEMENT	1	1
LAUNDRY	716	368
LOCAL TRAVEL	8	2
LOCAL TRAVEL AND PER DIEM	1	1
PERSONAL ITEMS	1	1
PRESCRIPTION-CO-PAY	1	1

Prescription File (RXDTL): This file contains information about drugs filled and paid for by DHH including the name of the drug, the cost, the number of individuals, and the number of times filled.

For more detailed information on this file, see Attachment D

Baker Act System

Baker Act System Interaction

Baker Act System Interaction (BA) (N = 3,330)

Florida's involuntary treatment law is known as the Baker Act (F.S. 394, Part I). The Baker Act Reporting Center receives processes and analyzes statewide Baker Act data. We have received data on short term, involuntary examination since 1997 and on involuntary inpatient placement orders and involuntary outpatient placement orders since394.451 Short title. This

part shall be known as "The Florida Mental Health Act" or "The Baker Act." 394.453 Legislative intent.: It is the intent of the Legislature to authorize and direct the Department of Children and Family Services to evaluate, research, plan, and recommend to the Governor and the Legislature programs designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders. It is the intent of the Legislature that treatment programs for such disorders shall include, but not be limited to, comprehensive health, social, educational, and rehabilitative services to persons requiring intensive short-term and continued treatment in order to encourage them to assume responsibility for their treatment and recovery. It is intended that such persons be provided with emergency service and temporary detention for evaluation when required; that they be admitted to treatment facilities on a voluntary basis when extended or continuing care is needed and unavailable in the community; that involuntary placement be provided only when expert evaluation determines that it is necessary; that any involuntary treatment or examination be accomplished in a setting which is clinically appropriate and most likely to facilitate the person's return to the community as soon as possible; and that individual dignity and human rights be guaranteed to all persons who are admitted to mental health facilities or who are being held under s. 394.463. It is the further intent of the Legislature that the least restrictive means of intervention be employed based on the individual needs of each person, within the scope of available services.

The sub-population looked at here are those whose residency is in Pinellas County or those who had a Baker Act Initiation in Pinellas County. A total of 3,330 CJIS inmates over time have received a Baker Act Initiation, the number of Baker Act initiations is 13,749. When only identifying Baker Act Initiations that happened 60 days prior to or on arrest date or 60 days post release date there were 5,445 (40%). Of those 5,445, 2,722 (50%) happened within 60 day of arrests, 2,505 (46%) happened within 60 of release, and 218 (4%) happened either on the date of arrest (44 of the 218, 20%) or date of release (174 of the 218, 80%).

This file contains information including, who initiated the Baker Act, type of harm/concern, and Baker Act Facilities, number of Baker Act initiations done, and number of individuals served.

Of those professionals initiating the Baker Act the breakdown is as follows:

Certtype_CD	1999	2000	2001	2002	2003	2004	2005	2006
1-Judge (ex-parte)	4.04%	6.54%	4.82%	4.08%	4.70%	3.14%	2.18%	2.76%
2-Mental Health Professional	50.08%	50%	52.44%	57.58%	58.40%	56.96%	60.18%	56.20%
3-Law Enforcement	45.88%	43.46%	42.72%	38.34%	36.90%	39.90%	37.64%	41.04%

For more detailed information about this file, see Attachment E.

Lagniappe (Louisiana Cajun for Something a little extra)

FTA by Crime Type

NOTE: FTA (Failure to Appear) and Crime Type was identified by the Arrest Literal in the Case file data. FTA was identified where one of the following was found in the arrest literal: FTA, Failure To Appear, or F.T.A. Crime Type was identified using the arrest literal and using the grouping categories. Found in appendix B of the initial report.

The number of FTA for a specific crime: Findings: Individuals are more likely to have a Failure to appear for a moving crime type (27.73%) than any other type of crime.

Crime Type	Nbr Ind.	FTA Nbr Ind.	FTA % Ind
Drug	72,192	8,057	11.16%
Moving	38,335	10,629	27.73%
Other	37,915	6,089	16.06%
Property	50,175	8,951	17.84%
Sex	6,091	486	7.98%
Violent	45,414	2,584	5.69%

Crimes by Females

Crime Type	Nbr Ind.	% Ind.
Drug	16,631	37.03%
Moving	7,266	16.18%
Other	7,981	17.77%
Property	15,523	34.56%
Sex	1,262	2.81%
Violent	10,728	23.89%

Note: over an 8 year period (1998 – 2006)

DWLSR – Number and length of stay

There found 6,343 CJIS individuals with case number linking back to the case data with an arrests literal of DWLSR. These individuals account for 9,023 arrests. The median length of incarceration is 2 days.

Note: This was over a period of 8 years (1998 – 2006).
Note: It cannot be assumed that everyone charged with a DWLSR is arrested, nor that if arrested and have a charge of DWLSR that it is the only charge. The variance in length of Incarceration can depend upon other factors such as other charges, number of charges, type of charge (felony/misdemeanor), and being habitual offender, etc.

FINAL 11/28/2007

Crime Type Moving – by arrest literals

BOATING	1.02%
D/L Violations	24.46%
DWLSR	52.00%
LEAVING SCENE OF ACCIDENT	5.62%
NON MOVING VIOLATION	1.34%
RECKLESS	2.31%
REGISTRATION	5.84%
VEHICLE TAG	6.39%
TRAFFIC	1.02%

Note: There could be multiple violations within on arrests literal
(i.e., FTA (2CT) DWLS/R;POSS/ALT/D/LIC--1 YR PCJ) . In these cases the first was usually the most serious and was used to define the group)
Note: The Group D/L is Driver License Violation and could include expired D/L, using false D/l etc. The Group Reckless includes careless, drag racing, etc.
Note: These groups were created from the Arrest literal which is in the case information, not on the arrests information.

Conclusion and Recommendations

Conclusions

The three important findings are that 1) the number of inmates is increasing over time and 2) the length of stays are increasing over time, 3) the number of repeat offenders is increasing over time. These three factors are driving the need for higher bed capacity. Other factors for Inmate Population growth is the growth in Pinellas County and mandatory sentencing laws/policies.

When looking at demographic and non-demographic indicators of patterns to better understand the growth the finding were as follows:

- Demographics
  - The proportion distribution by demographics has not changed significantly over time, which means there is no one demographic characteristic driving the increase of inmates or length of stays. Although there are the following findings:
    - The largest age group population (18 to 25 year olds) is also shows the highest growth (10% a year)
    - Although females are still only a small portion of the inmate population their number (85%) have increase proportionately faster than the males (50%)
    - 77% of the inmate population reside in Pinellas County, Another 12% reside in the three adjacent counties (Hillsborough, Manatee, Pasco). The other 11% reside mostly in the other Florida Counties and in the other U.S. states

- Non-Demographic Indicators
  - Number of Charges: The mean number of charges is 1.2 and is consistent overtime, 85% to 87% of the inmate population receive 1 to 2 charges. What has changed overtime is the maximum number of charges has increased from 15 to 99. It is the exception rather than the norm when a person received over 4 charges when arrested.
  - Repeat Offenders: 45% of the inmate population is repeat offenders. Repeat offenders are more likely to be male, African Americans, and their first arrest was when they were young.
  - Parole or Conditional Release Violation: Those who have a parole or conditional release violation are significantly more likely to be repeat offenders and have longer periods of incarceration.
  - Crime type: 41% of the inmate population has at least 1 drug crime; 29% of the inmate population has at least 1 property crime; 26% of the inmate population has at least 1 violent crime; 22% of the population has at least 1 moving crime; 4% of the inmate population has at least 1 sex crime; and 22% of the inmate population has at least 1 other crime.

- Other System Interaction
  - EMS system interaction had the highest overlapping population with CJIS and it is growing overtime (12% in 1998 to 20% in 2006)
  - 10% of the inmate population has interaction with Dept of Health and Human Services
  - 7% of the inmate population had an interaction with the Mental Health and Substance Abuse System (IDS)
  - 6% of the inmate population had an interaction with the Medicaid System
  - 3% of the inmate population had an interaction with the Baker Act System

- Length of Stay
  - The median length of stay is 2 days, the average number of arrests is 4 for the overall inmate population, while for repeat offenders the median length of stay is 3 days, and the average number of arrests is 6.
  - African American were significantly more likely to have a longer length of stay, 5 days for total population and 6 days for repeat offenders
  - Length of stay increases with the increase in number of charges. In 2006, if an individual was arrested and had four to five charges, the median length of stay is 17 to 20 days.
  - Repeat offenders are significantly related to the length of stay.
  - Inmates with at least one felony charge will stay longer than those who do not. 18% of the inmate population have only felony charges; 18% of the inmate population have both felony and misdemeanor charges; 64% of the inmate population have only misdemeanor charges, and <1% have neither felony nor misdemeanor charges.
  - Inmates who had a violent weapon during the crime arrest will have a longer length of stay
  - Inmates identified with a severe mental health diagnosis or substance abuse diagnosis will have a significant increase in their length of stay
  - It is important to note that the increase number of arrests does not necessarily mean a significant increase in the length of stay, which is what was expected.

- o Other indicators that did not have a high correlation to the length of stay were Failure to appear, even though not significant, the relationship was negative, meaning those with failure to appears overall had a lower median length of stay than those who did not. Alcohol involved at arrest, minors involved, elder or disabled person involved were not found to have a high correlation to the length of stay.
- o Even though bond level is correlated to the length of stay, it has a stronger relationship to the type of charge (felony / misdemeanor) and economic status will also play a strong factor in being able to pay a bond and thus quicker release from jail.

- Jail Bed Usage
  - o The Lorenz Curve identified three types of jail bed users among the inmate population:
    - 1) Low Bed Users (LBU)
      - 65% of the inmate population
      - Use 3% of the Jail Bed Days
    - 2) High Bed Users (HBU)
      - 30% of the inmate population
      - Use 43% of the Jail Bed Days
    - 3) Greatest Bed Users (GBU)
      - 5% of the inmate population
      - Use 54% of the Jail Bed Days
      - Demographic indicators are not highly correlated to the three Jail Bed Use Groups.

      - Of the Non-Demographic indicators, Repeat Offender (Yes), Level of Crime (Felony), Number of Arrests (4 or more), a violation of parole or conditional release (Yes) were good indicators of inmates in the HBU and GBU.

Odds Ratios were used to examine what demographic and non-demographic factors are more likely to be influence the Greatest Bed Users (GBU) from all others, and the High Bed Users (HBU) compared to the Low Bed Users (LBU) (appendix M):

GBU:	Times more Likely	HBU:	Times More Likely
Felony	14.268	Felony	6.537
Crime Type of Sex	5.249	Pinellas Cty Human Svcs	2.230
Crime Type of Violent	3.239	Male	2.048
Crime Type of Drug	2.459	African American	1.629
African American	2.210	Failure to Appear	1.512
Pinellas Cty Human Svcs	2.093	EMS	1.434
Male	1.932	Drugs Involved at arrests	1.391
Crime Type of Moving	1.633	Medicaid	1.112

In conclusion, repeat offenders are the biggest jail bed users, having a parole or conditional release violation and/or a felony charge, the crime type are good indicators of length of stay. A

flag should go up if a person shows to have 4 or more arrests over the years. This person is going to be a HBU or GBU. On prevention, a long term goal of working to prevent recidivism for those <= 17, especially for African American males should be a focus.

<u>Recommendations:</u>

- Examine closer the types of interactions CJIS population have with the other systems, looking for patterns of demographics, services received and over time. It shows that interaction with Pinellas County Human Services and EMS is higher among those with a mental health and/or substance abuse diagnosis than other inmates. There maybe patterns from the order in which an individual or group of individuals flow through and between systems

- Examine closer when a LBU moves to a HBU and/or GBU and potential indicators to look at when identifying these individuals. The largest inmate population is the LBU. Most HBU and/or GBU inmates got put into these 2 categories overtime, types of crimes, and number of arrests.

- Incorporating case studies and in-house studies to answer the questions that the data housed through the Pinellas Data Collaborative could not answer.
    - o Review of notices to appear over time - Unknown how to identify these individuals
    - o Review of housing and services for inmate upon release - Data not collected by the Data Collaborative
    - o Review of programs/education for inmate during incarceration - Data not collected by the Data Collaborative
    - o Correlation between CJIS/jail and homeless - Data not yet collected by the Data Collaborative

- A Sub-study to examine patterns of those who have volunteered for drug court

- A sub-study to look at those inmates who can also be found in the Dept of Juvenile Justice to see if any indicators can be found to identify youth who are more likely to enter into the CJIS jail system over time and programs to prevent this from happening.

- A evaluation of those who are HBU, GBU to see if the numbers can be decreased, decrease their length of stay, or divert them to prison system. Also evaluate those who are LBU and see if the numbers can be decreased, through non-arrest, early release, diversion to other programs, etc.

Appendix A: Initial Questions

Questions/Requests

1: Review of Average Length of Stay by crime type
2: Review of Average Length of Stay correlated to bond levels
3: Review of Average Length of Stay and Failure to Appear
4: Review of Notices to Appear Over Time
5: Review of County Residents VS Non-Residents (by Zip)
6: Review of Repeat Offenders in Jail with Average Length of Stay and Average Length of Release
7: # of Inmates that are drug involved or alcohol involved
8: Demographics of inmates
9: Review of Custody Status
10: Active Cases in Jail/out of Jail… Those out of jail, out on what status (ROR, Bond, etc)
11: Average number of Charges per inmate
12: Cross Section Review of inmate sample that provides description
13: Update to Medicaid, etc for released inmate
14: Review of Housing and Services for inmate upon release
15: Review of programs/education for inmate during incarceration
16: Correlation between CJIS/Jail and Mentally Ill
17: Correlation between CJIS/Jail and Drug Addition
18: Correlation between CJIS/Jail and EMS
19: Correlation between CJIS/Jail and Human Services (overall, not frequent flyers)
20: All of the above correlated to jail population increase

Appendix B: Crime Type Groupings

Drug Type was identified using the following keywords in the Arrests Literal:

(PRINCIPAL) POSSESSION COCAINE
ALCOHOL BEV MISREPRESENTATION OF AGE
ALCOHOL COMSUMPTION AFTER HOURS
ALCOHOL IN A CITY PARK
ALCOHOL PROHIBITED
ALCOHOL TO MINOR
ARMED TRAFFIC DRUG
ATTEMPT TO PURCHASE ….DRUG
BOATING UNDER THE INFLUENCE
COMSUME ALCOHOL IN PUBLIC PLACE
CONSPIRACY TO TRAFFIC
CONSUMPTION ALCOHOL IN PUBLIC
CONSUMPTION OF ….. (ALCOHOL)
CONTEMPT DUI
DANGEROUS DRUGS/WVR
DISOR/INTOX
DISORDERLY INTOXICATION
DISTRIBUTION CONTROLED SUBSTANCE
DOCTOR SHOPPING (SOMA)
DRUG TRAFFICING
DUI
DWI
FAIL TO COMPLY DRIINKING WITHIN 500 FT
FALSE PERSCRIPTION

FORGED PERSCRIPTION
INHALATION/HARMFUL CHEM SUBST
MANUF OF/ CULITIVATION OF …. (DRUGS)
MINOR IN POSS OF ALCHOLIC / DRUG
NARCOTIC DRUG LAW
OBTAIN CONTR SUB BY FRAUD
OPEN ALCOHOL
OPEN CONTAINER
POSS OF …. (DRUGS) WITH INTENT TO DELIVER/SELL
POSS OF DRUGS WITHOUT PRESCRIPTION
POSSESSEION OF ….. (DRUGS)
PROVIDE ALCOHOL TO MINOR
PROVIDING UNDER AGE 21 W/ALCOHOL
PUBLIC INTOCICATION
PURCHASE OF …. (DRUGS/DRUG PARAPHERNALIA)
RUNNING A CRACK HOUSE
RUNNING AN OPEN HOUSE PARTY
RX DRUGS W/O PERSCRIPTION
SALE ALC BEV U/AGE PERS
SALE ALC BEV/PERSON UND 21 YOA
SALE OF …… (DRUGS)
SOLICITATION TO PURCHASE ….. DRUG
VOP OF DRUG ARREST

Moving Type was identified using the following keywords in the Arrests Literal:

BOAT ANCHORED W/NO LIGHT KIT
BOATING CITATION
CARELESS OPERATION OF A BOAT
CARLESS DRIVING
DAMAGEING UNATT/VEH OR PROP
DISPLAY SUSPENDED DL
DL EXP
DRVG COMMERCIAL VEH W/O CDL LIC
DV ON CANCELLED LIC
DWLR
DWLR WITH/KNOWLEDGE
DWLR-HABITUAL
DWLS
DWLS/R LEAVE SCENE ACCID
EXHIBITION OF SPEED
FAIL LEAVE INFO ON UNATTENDED VEH.
FAIL OBT FL DL AFTER RESID
FAIL OF REG OWNER
FAIL SHOW PROOF OF INS. W/IN
FAIL SIGN TRAFFIC CITATION
FAIL SIGNAL DIR SLOWING
FAIL TO CHANGE ADDRESS ON FL DL
FAIL TO COMPLY …… D/L TAG.. ETC..
FAIL TO DIM HEADLIGHTS
FAIL TO DISPLAY TAG
FAIL TO PAY FINES - DWLS/R
FAIL TO UPDATE D/L
FAIL/LEAVE/INFORMATION/ACCIDE

FAIL/MOTCYCLE/ ENDORSE
FAIL/OBEY/TRAFFIC/CONTROL/SIG
FAIL/YIELD/EMERGENCY VEHICLE SENT PCJ
FAILED TO YIELD
FAILURE OF REGISTERED OWNER
FAILURE TO COMPLY SKIING W/O LIFE JACKET
FAILURE TO COMPLY W/ BOATING CITATION
FALSE APPLICATION DL
FALSE APPLICATION FOR TITLE
FALSE INFO REGARD ACCIDENT
FALSE INFO/OBT FL ID CARD
FALSE OR FRADULENT MOTOR VEH INSURANCE CARD
FOREIGN LIC SUSP/REV
FOREIGN LICENSE SUSP/REVOKED
NVDL
PEERMIT UNAUTH/OPER TO DRIVE
PERMIT MINOR TO DRIVE
RACING
RACING ON HIGHWAY
RAN STOP SIGN
RECKLESS DRIVING
REMOVAL OF VEHICLE ID NUMBER
TAG EXP
TAG NOT ASSIGNED
UNLAW SUBLEASE MOTOR VEH
UNLAWFUL OPERATION OF VEHICLE
VIOLATED SLOW SPEED MINIMUM WAKE

Appendix B: Crime Type Groupings (continued)

Property Type was identified using the following keywords in the Arrests Literal:

ATTEMPTED BURGLARY	FRAUDULENTLY OBTAIN LODGING
AUTO THEFT	G/T MOTOR VEHICLE
BURGLARY	GRAND THEFT
CRIM USE OF PERSONAL ID	LARCENY
CRIMINAL MISCHIEF	LOITER/PROWL
DEALING IN STOLEN PROPERTY	OBT PROPERTY IN RETURN FOR W/L CHECK
DEFRAUD AN INKEEPER	PETIT THEFT
DEFRAUDING AN INNKEEPER	POSS BURGLARY TOOLS
DL FRAUD/PERGURY	PUBLIC ASSISTANCE FRAUD
EMBEZZLEMENT	RACKETEERING
EMPLOYEE RETAIL THEFT FELONY	RECEIPT FRAUD
EVIDENCE OF DEAL/POSS STOLEN PROPERTY	REMOVAL OF ANTISHOPLIFTING DEVICE
FACTORING IN A CREDIT CARD TRANSACTION	REMOVAL OF PROPERTY
FAIL REDELIVER LEASED PROP	RESALE OF TICKETS (SCALPING)
FAIL REMIT ST SALE TAX	RESISTING ARREST (MERCHANT)
FAIL/REDELIVER LEASED PROP/EQUIP EXT FROM GA	SCHEME TO DEFRAUD
FALSE VERIFICATION OF OWNERSHIP/PAWN TICKET	SCHEME TO DEFRAUD
FALSIFICATION OF MEDICATION LOGS	SHOPLIFTING
FED COURTESY HOLD MONEY LAUNDERING	STOPPING PAYMENT INTENT TO DEFRAUD
FEL PETIT THEFT/SHOPLIFT	TELEMARKETING FRAUD
FELONY CRIMINAL MISCHIEF	THEFT FROM A UTILITY
FELONY P/T;TRESPASS	TRESPASS
FELONY VANDALISM	UNAUTHORIZED POSS/USE COUNTERFEIT
FIRST DEGREE ARSON	UNEMPLOYMENT COMP FRAUD
FL COMMUNICATIONS FRAUD ACT SCHEME TO DEFRAU	UTTERING FORGED INSTR
FOOD STAMP FRAUD	WELFARE FRAUD
FORGERY	WORTHLESS CHECK
FRAUD	
FRAUD USE CREDIT CARD	
FRAUD USE CREDIT CARD	

Appendix B: Crime Type Groupings (continued)

Sex Type was identified using the following keywords in the Arrests Literal:

ATT SEX BATT/HAND/FOND FEM U/16-12 YRS DOC
CAPITAL SEXUAL BATTERY
DERIVNG SUPPORT FROM PROSTITUTION
DIST PORN TO MINOR
ENGAGE IN A LEWD ACT/PROSTITUTION
ENGAGING IN PROSTITUTION
EXHIBITION PORN TO MINORS
EXPOSRUE FEMALE GENITALIA ALCOHOLIC EST
EXPOSURE BY PERFORMERS IN PUBLIC
EXPOSURE OF MALE ORGAN
EXPOSURE OF SEXUAL ORGANS
FACILITY PROSTITUTION
FAIL REG AS A SEX OFFENDER
FAIL TO MEET SEX OFF REQUIREMENTS
FAIL UPDATE ADD (SEX OFF)
FAILUR TO UPDATE D/L-SEXUAL PREDATOR
FELONY PROSTITUTION
FONDLING CHILD U/16 YOA
FORCING ONE TO BECOME PROSTITUTE
FUG BLOUNT, AL/SODOMY
FUG GA CHILD MOLESTATION X2
FUG IL SEX ASSLT
FUG MA-MIDDLESEX CO RAPE OF A CHILD
FUG MI   SEX CON-CHILD
FUG MICH CRIM SEX CONDUCT
FUG NY QUEENS CO RAPE 1ST DEG
FUG OHIO SEX/BATTERY

FUG SC SEX/COND/W/MINOR
FUG VA CARNAL KNOWL
HANDLE/FONDLE CHILD UNDER 16
HILLS FAIL OF SEX OFFENDER TO REPORT
INDECENT FOND
L/L PRESENCE/CHILD
LEWD/LASC W/MINOR
LOITERING FOR PROSTITUTION
PIMPING
PRECURSOR ACT RELATED-FAC PROSTITUTION
RENTING SPACE FOR LEWDNESS
RENTING SPACE FOR PROSTITUTION
SEDUCTION OF A CHILD VIA COMPUTER
SEX INTERCOURSE HAVING HIV W/O CONSENT
SEX OFFENDER VIOLATOR
SEX PERF BY CHILD;COMPUTER PORN
SEXUAL ACTIVITY W/MINOR
SEXUAL PEFORMANCE BY A CHILD
SHOWING MINOR OBSCENE MATERIAL
SOLICATION FOR PROSTITUTION
SOLICIT FOR LEWD ACT
TRANSMISSION OF CHILD PORNOGRAPHY
TRANSMIT OR SHOW OBSCENE MATERIALS TO MINORS
TRANSPORT PERSON FOR PURPOSE OF PROSTITUTION
UNLAWFUL SEX W/MINORS
UNNATURAL AND LASCIVIOUS ACT

Appendix B: Crime Type Groupings (continued)

Violent Type was identified using the following keywords in the Arrests Literal:

1ST DEGREE MURDER	1ST DEGREE MURDER
AGG ASSAULT	AGG ASSAULT
AGG ASSAULT W/GUN	AGG ASSAULT W/GUN
AGG ASSAULT W/M/VEH.	AGG ASSAULT W/M/VEH.
AGG ASSLT W/ WEAP	AGG ASSLT W/ WEAP
AGG ASSLT W/ WEAP	AGG ASSLT W/ WEAP
AGG BATTERY	AGG BATTERY
ARM BURGLARY/KIDNAPPING	ARM BURGLARY/KIDNAPPING
ARMED BANK ROBBERY	ARMED BANK ROBBERY
ARMED BURG DWEL	ARMED BURG DWEL
ARMED CARJACKING	ARMED CARJACKING
ARMED COMMERCIAL BURGLARY	ARMED COMMERCIAL BURGLARY
ARMED HOME INVASION ROBBERY	ARMED HOME INVASION ROBBERY
ARMED KIDNAPPING	ARMED KIDNAPPING
ARMED ROBBERY	ARMED ROBBERY
ARMED SEXUAL BATTERY	ARMED SEXUAL BATTERY
ARMED TRAFFICKING	ARMED TRAFFICKING
ARMED TRESPASS	ARMED TRESPASS
ATT HOMICIDE	ATT HOMICIDE
ATTEMPT MURDER/CCFIREARM-	ATTEMPT MURDER/CCFIREARM-
ATTEMPT ROBBERY	ATTEMPT ROBBERY
BAT ON ELDERLY;POSS CONT SUB	BAT ON ELDERLY;POSS CONT SUB
BATT- STRIKE OR TOUCH	BATT- STRIKE OR TOUCH
BATTERY ON HEALTH SER PERSONNEL/FIREFIGHTER	BATTERY ON HEALTH SER PERSONNEL/FIREFIGHTER
BATTERY ON HEALTH SERVICE PERSONNEL	BATTERY ON HEALTH SERVICE PERSONNEL
BATTERY ON PERSON 65 YOA OR OLDER	BATTERY ON PERSON 65 YOA OR OLDER
BATTERY/DOMESTIC	BATTERY/DOMESTIC
CARJACKING WITH WEAPON	CARJACKING WITH WEAPON
CARRY CONC WEAPON;POSS CONT SUBST	CARRY CONC WEAPON;POSS CONT SUBST
CHILD ABUSE/AID RUNAWAY	CHILD ABUSE/AID RUNAWAY
CHILD ABUSE;DUI	CHILD ABUSE;DUI
CONSPIRE TO COMMIT ARMED ROBBERY	CONSPIRE TO COMMIT ARMED ROBBERY
DELINQUENT IN POSS FIREARM	DELINQUENT IN POSS FIREARM
DELINQUENT IN POSS OF AMMUNITION	DELINQUENT IN POSS OF AMMUNITION
DELIQUENT POSS OF FIREARM	DELIQUENT POSS OF FIREARM
DISCHARGE F/ARM IN PUB.	DISCHARGE F/ARM IN PUB.
DISCHARGING FIREARM IN PUBLIC	DISCHARGING FIREARM IN PUBLIC
DUI - MANSLAUGHTER	DUI - MANSLAUGHTER
ELDERLY ABUSE	ELDERLY ABUSE
ENGAGE IN CRIMINAL OFFENSE W/WEAPON	ENGAGE IN CRIMINAL OFFENSE W/WEAPON
ENGAGED IN CRIMINAL OFFENSE HAVING WEAPON	ENGAGED IN CRIMINAL OFFENSE HAVING WEAPON
EXTORTION	EXTORTION
FALS IMPRISONMENT (DOMESTIC)	FALS IMPRISONMENT (DOMESTIC)
FALSE IMPRISON CHILD UNDER 13	FALSE IMPRISON CHILD UNDER 13

Appendix B: Crime Type Groupings (Continued)

Other Type was identified using the following keywords in the Arrests Literal:

ABUSE OF 911
ACCESSORY AFTER THE FACT
ACCUMULATION OF TRASH
AFFRAY OF RIOT (INCITING)
ANIMAL CRUELTY
APPROACHING VEHICLES PANHANDLING
HARASSING PHONE CALLS
BIGAMY
BOOKMAKING
BREACH OF PEACE
CAMPING IN A CITY PARK
CARPENTRY SPEC CONT WORK W/O LICENSE
CHILD NEGLECT
COC OBSTRUCTION W/O VIOL
CONTRIBUTING TO DELIQUENCY OF MINOR
DISORDERLY CONDUCT
DEPRIVING OFFICER OF MEANS OF COMMUNICATION
DEPRIVING VICTIM OF COMMUNICATION
DOG AT LARGE
DUMPING OF LITTER (COMMERICAL)
EDUCATIONAL INSTITUTION DISRUPTION
EJECTION OF UNDESIRABLE GUESTS
ELDERLY EXPLOITATION
EMERGENCY CALLS
EMERGENCY HOLD A.G. HOLLEY HOSPITAL
EMERGENCY PHONE 911-FALSE REPORT
EMPLOYING UNLICENSED PERSON PRACTIC NURSING
ENGAGING IN AN AFFRAY
ENGAGING IN PROHIBITED   ACTIVITY
ESCAPE
ESTABLISHMENT OPEN AFTER HOURS
EX PARTE ORDER TRANSPORT TO PEMHS
EXPLOITATION ELDERLY
EXPLOITATION OF DISABLED ADULT
FAIL HAVE CHILD ATT SCHOOL
FAIL OBEY LAWFUL COMMAND
FAIL SIGN/ACCEPT CITATION
FAIL TO APPEAR
FAIL TO OBEY LAWFUL COMMAND
FAIL TO REG-CONVICTED FELON
FAIL TO REPORT TO JAIL VIOL DOM INJUNCTION
FAIL TO SUBMIT TO BREATH TEST

LAWN SPRINKLE UNAUTH/DAY
LLEGAL PARKING COMMERCIAL EQUIPMENT
LLEGAL TRASH
LOUD NOISE
NO GUTTERS
NO LICENSE -DOGS
NO PERMIT
NO SALTWATER FISHING LICENSE
NON PAYMENT CHILD SUPPORT
NON SUPPORT $3500. PURGE
NUDITY IN ALCOHOL ESTABLISHMENT
OBST/RESISTING
OBSTRUCT/OPPOSE OFFICER
OPEN STORAGE OF PROHIBITED VEHICLE
PANHANDLING (AGGRESSIVE)
PARKING TICKET
POSS OF TOBACCO ROR PER ADMIN ORDER
PROVIDE MINOR W/TOBACCO PRODUCTS
PUBLIC NUDITY
PUBLIC NUISANCE
PUBLIC URINATING
QUARANTINE VIOLATION
REFUSAL TO SUBMIT TO BREATH/BLOOD/URINE TES
REFUSE BREATH TEST
REFUSE TO SIGN CIT
REFUSE TO SIGN TRAFFIC CITATION
RESIST ARREST W/O VIOLENCE
RETALIATING AGAINST A VICTIM
RETURN FOR FUNERAL
RETURN MATERIAL WITNESS
RIDING A BIKE ON CITY SIDEWALK
RIDING SKATE BOARD DOWNTOWN
RIDING UNLICENSED BICYCLE
RLSD - WRONG PERSON
RLSD ** BOOKING ERROR SEE
RTN FOR CHILD DEP HRG
RTN FOR HEARING
SECOND REFUSAL SUBMIT BREATH
SHELTERING/AIDING RUNAWAY MINOR
SHELTERING/AIDING UNMARRIED MINORS
SKATING W/O HELMET IN PARK
SLEEP IN MOTOR VEHICLE

Appendix B: Crime Type Groupings (Continued)

Other Type was identified using the following keywords in the Arrests Literal: (continued)

FAILURE TO APPEAR
FILING FALSE POLICE RPT
FISH NOT IN WHOLE CONDITION (BLACK DRUM)
FL CLEAN INDOOR AIR ACT(SMOKING)
FLEE & ELUDE, DWLS/R
FUGITIVE GEORGIA WO92735345 A/C -WAV SGN 0818
FUGITIVE HARRISBURG, PA #986CB ABSCONDER
GAMBLING
GAMES (SKATE PARK)
GIVE FALSE NAME OR ID
GLASS ON BEACH   60 DYS PCJ
HARBORING A RUNAWAY
HARMING A MANATEE
HARRASSING TELEPHONE CALLS
HARVEST OF HORSESHOE CRAB W/PROHIB GEAR
HILLS CO - HOLD FOR DCFS - INCOMP
HILLS CO - SENT TO BRADETON DRUG PROGRAM
HILLS CO CASH PURGE
HOUSING VIOLATION (NO POWER)
ILLEGAL DOCKING
ILLEGAL DUMPING
ILLEGAL FISHING
ILLEGAL OUTSIDE STORAGE
ILLEGAL TREE REMOVAL
ILLEGAL USE OF NETS
ILLEGAL USE OF SHOPPING CART
JUNK OUTDOOR STORAGE

SLEEP IN NON DESIG AREA
SLEEPING IN A PUBLIC PLACE
SMOKING ON SCHOOL PROPERTY
SNOOK HARVESTED BY ILLEGAL METHODS
SOLICATION FROM ROADWAY
SOLICITATION IN ROADWAY
SOLICITATION WITHOUT PERMIT
STALKING
TAMERING W/VICTIM (DOMESTIC)
TAMP W/PHYSICAL EVIDENCE
TAMPERING WITH PHYSICAL EVIDENCE
TAMPERING WITH VENDING MACHINE
TAMPERING WITH WITNESS
TEMP DOC HOLD/FL PAROLE COMM
THREAT AGAINST PUBLIC OFFICIAL
THREAT AGAINST PUBLIC SERVANT
THREAT TO DISCHARGE AN EXPLOSIVE DEVISE
THREATS EXTORTION DOMESTIC
TRANSIENT FARE EVASION
TRANSMISSION MATERIAL HARMFUL TO MINOR
U.S. MARSHAL HOLD
UNLAWFUL ASSEMBLY
UNLIC ELEC CONTRACTOR
UNLICENSED CONTRACTING
V O I D -- BOOKING ERROR
VIOL OF INJUNCTION

Appendix C: Types of Drugs Identified

ALCOHOL	METHAMPHETAMINE
ALPROZOLAM	METHYPHENIDARE HYDROCH
BUTAUEDOL	MORPHINE
CANNABIS	NANDROLONE DECANOATE (STEROIDS)
CARISOPRODOL	NORCO
CLONAZEPAM	OPIUM
COCAINE	OXYCODONE
CONTR SUBST	OXYCONDONE
COUNTERFEIT DRUGS	OXYCONTIN
CRACK COCAINE	OXYFAST
DARVOCET	OXYNETHON
DIAZEPAM	PERCOCET
DILAUDID	PERSCRIPTION
DLONOPIN	PHENETHYLAMINES
ECSTASY	POWDER COCAINE
GBL	PROPOXYPHENE
GHB	PSILOCYBIN
HASHISH	RESPERIDONE
HEROIN	ROCK COCAINE
HYDROCODONE	ROXICONDONE
HYDROMORPHONE	SCHED II CONT SUB
INHALANT NITROUS OXIDE	SCHED IV CONT SUB
KETAMINE	SOMA
KLONEPIN	TEMAZEPAM
LORAZEPAM	TRAZODONE
LORTAB	VALIUM
LSD	VENTAYL
LYSERGIC ETHYLAMIDE	VICODIN
MARIJUANA	XANAX
MDMA	
METHADONE	

Appendix D: Mental Health Diagnosis Identified

Severe Mental Health Diag
295 Schizophrenic Disorders
296 Episodic Mood Disorders
297 Delusional Disorders
298 Other Non-organic Psychoses

Appendix E: Substance Abuse Diagnosis Identified

Subastance Abuse Diag
305 Non-dependence Drug Abuse
303 Alcohol Dependence
304 Drug Dependence

NOT 305.10   Tabacco abuse

Appendix F: Violent Weapon Identified

Firearm   f/a
weapon   ccw
arm   ccf
knife   f-arm
shoot   missle
bomb   wpn
gun   f/arm
destructive device   weapon
                     fa/impr

Appendix G: Alcohol Involved Identified

DUI
DWI
D U I
Alcohol
Intox
Drinking
Intoxication
Open Container
Open Container
Alcohol
BUI
Boating Under

Appendix H: Drug Involved Identified

Coca	hashish
Marijuana	hydromorphone
Cocaine	nitrous oxide
Crack	ketamine
Cannabis	klonepin
Hydrocondone	lorazepam
Marijuana	lsd
Cultivat	lysergic
Controlled Sub	ethylamide
Sale/Coc	marjijuana
Poss/Coc	mdma
Clonazepam	m.d.m.a.
Heroin	m d m a
P/W/Int/Sell	Methodone
Sale/Poss Contr	Methamphetamine
Lortab	methyphenidare
Cntrl Sub	morphine
Control Sub	nandrolone
Del of Coc	norco
Purchase Coc	opium
Traf/Sale/Poss	Oxycontin
P/Coca	oxyfast
Traff/Coca	oxynethon
Oxycontin	percocet
alprozolam	perscription
Butrauedol	phenethylamies
carisoprodol	propoxyphene
contr subst	psilocybin
darvocet	resperidone
diazepam	roxicon
dilaudid	cont sub
dlonopin	temazepam
ecstasy	trazondone
gbl	valium
ghb	ventayl
	vicodin
	xanax

Appendix I: Failure to Appear

FTA
F.T.A.
Failure to Appear

Appendix J: Parole or Conditional Release Violation

VOP
VOCC
Violation of Parole
Conditional Release
Control Release
Viol of Parole
V.O.P.

Appendix K: Elder / Disabled Persons Involved

elder
Disable
Over 65
Ovr 65
65 Year
65 Yrs
>65
> 65
65 YOA
65YOA
Older
Person 65

Appendix L: Minor Persons Involved

Child	> 18
Minor	Underage
Juv Dep	Under 16
Chd	age 16
Chld	<16
Runaway	> 16
Deliq	Juv
> 16	

Appendix M: Odds Ratio of Bed User Groups

Analyses within Bed User Group

Factors	group comparision			
		Odd Ratio	CI for Odd Ratio	p-value
Felony	Greatest Bed Users vs All others	14.268	(13.177, 15.450)	<.0001
Crime Type Sex	Greatest Bed Users vs All others	5.249	(4.837, 5.697)	<.0001
Crime Type Violent	Greatest Bed Users vs All others	3.239	(3.086, 3.401)	<.0001
Crime Type Drug	Greatest Bed Users vs All others	2.459	(2.339, 2.339)	<.0001
African American	Greatest Bed Users vs All others	2.210	(2.104, 2.320)	<.0001
DSS Interaction	Greatest Bed Users vs All others	2.093	(1.970, 2.223)	<.0001
Male	Greatest Bed Users vs All others	1.932	(1.804, 2.068)	<.0001
Crime Type Moving	Greatest Bed Users vs All others	1.633	(1.550, 1.719)	<.0001

Note:
(1) *The interpretation: The Greatest Bed Users are 14.268 times more likely to have at least one felony charge then those in the Low Bed User group.
(2) The p-value less than 0.05 means there is a significant difference between the two groups.

Analyses within Bed User Group

Factors	group comparision			
		Odd Ratio	CI for Odd Ratio	p-value
Felony	High Bed Users vs Low Bed Users note: omited the Greatest Bed User group	6.537	(6.381, 6.697)	<.0001
DSS Interaction	High Bed Users vs Low Bed Users note: omited the Greatest Bed User group	2.230	(2.141, 2.323)	<.0001
IDS Interaction	High Bed Users vs Low Bed Users note: omited the Greatest Bed User group	2.048	(1.946, 2.157)	<.0001
Male	High Bed Users vs Low Bed Users	2.024	(1.966, 2.082)	<.0001
African American	High Bed Users vs Low Bed Users note: omited the Greatest Bed User group	1.629	(1.583, 1.675)	<.0001
Failure to Appear	High Bed Users vs Low Bed Users note: omited the Greatest Bed User group	1.512	(1.459, 1.566)	<.0001
EMS Interaction	High Bed Users vs Low Bed Users note: omited the Greatest Bed User group	1.434	(1.384, 1.487)	<.0001
Drug Involvement	High Bed Users vs Low Bed Users note: omited the Greatest Bed User group	1.391	(1.344, 1.440)	<.0001
Medicaid Interaction	High Bed Users vs Low Bed Users note: omited the Greatest Bed User group	1.112	(1.056, 1.170)	<.0001

Note:
(1) *The interpretation: The High Bed Users are 6.537 times more likely to have at least one felony charge then those in either the High Bed User group or the Low Bed User group.
(2) The p-value less than 0.05 means there is a significant difference between the two groups.

Appendix M: Methodology Used for Jail Bed Count

The jail arrest and release records were used to calculate the jail bed count for this study. The jail records are at the facility/location level, mean, meaning there is a new record each time an inmate is moved to a different facility or location within the jail system (i.e., Maximum, Minimum, Medium, and Holding Cell). The initial step was to roll up the jail records so there was only one record per an individual arrest period.

The custody location was not used in the methodology for the jail bed count. It was assumed that if there was a jail record with a valid arrest and release date that that person was brought in and arrested, even if their stay was only one day. Also note, that some of the jail records overlapped by arrest and release period. These were dealt with by recreating an arrest date and release date to include overlapping periods of the jail arrest records to exclude any double counting of days covered by two jail records. There were also 160 individuals that had at least one arrest where the days incarcerated summed up to a negative number, meaning there was arrest and release dates. These inmates were removed and not used in this study as the numbers were small and they did not appear in any specific period.

There was some discussion on the differences between the jail beds counts used in this study when comparing them to the jail bed count reports done daily at the jail. The numbers used in this study were higher than those reported, but not significantly higher. There may be multiple reasons for the difference and some are listed here:
- One factor when comparing the bed count report numbers, not to have included those with only 1 day incarceration would have decreased the numbers of inmates.
- Another factor could be that bed count report numbers are counted at a point in time during the day while arrests and releases are done through out the day, which could also account for a difference between the days incarcerated used in this study and the bed count reports.
- Another factor could be that those jail records in the initial file where the custody location is not a facility/location in the jail are not counting in the official jail bed counts.