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Maricopa County Sheriff's Office Report:

MCSO central intake booking process

Arizona Arrestee Reporting Information Network

2013

**MCSO Central Intake Booking Process:
A Report for the Maricopa County Sheriff's Office**

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AARIN Program Overview

The Arizona Arrestee Reporting Information Network (AARIN) is a monitoring system that provides ongoing descriptive information about drug use, crime, victimization, and other characteristics of interest among individuals arrested in Maricopa County, Arizona. Funded by the Maricopa County Board of Supervisors beginning in 2007, AARIN is modeled after the former National Institute of Justice (NIJ) national-level Arrestee Drug Abuse Monitoring Program (ADAM). In three facilities throughout the county, professionally trained interviewers conduct voluntary and confidential interviews with recently booked adult arrestees and juvenile detainees. Questions focus on a range of topics including education, employment and other demographics, patterns of drug use (lifetime and recent), substance abuse and dependence risk, criminal activity, gang affiliation, victimization, mental health, interactions with police, public health concerns, incarceration and probation, citizenship, and treatment experiences. Each interviewee also provides a urine specimen that is tested for the presence of alcohol and/or drugs. Arrestees who have been in custody longer than 48 hours are ineligible for participation in AARIN, due to the 72-hour time limitation for valid testing of urine specimen.

The instruments used and the reporting mechanism underwent a substantial revision in 2011. While maintaining all of the data elements from the previous core set of questions, the baseline interview expanded by more than 60%. Additionally, with the change in the core questionnaire, the project shifted its reporting strategy to focus reports to each of six key Maricopa County criminal justice agencies: Maricopa County Manager's Office, Maricopa County Sheriff's Office, Maricopa County Attorney's Office, Office of the Public Defender, Adult Probation Department, and the Juvenile Probation Department.

Overall, AARIN serves as a near-real time information source on the extent and nature of drug abuse and related activity in Maricopa County, AZ. This information helps to inform policy and practice among police, courts and correctional agencies to increase public safety and address the needs of individuals who find themselves in the criminal justice system.

For information using the most recent set of data, please see the following reports:

- Maricopa County Manager's Office – Report on medical marijuana use among the arrestee population of Maricopa County.
- Maricopa County Sheriff's Office – Report based on the Booking Process Addendum, which assesses the implementation and early indicators related to the MCSO's new Integrity, Accountability and Community Initiative, for arrestees as they move through the booking process at Central Intake.
- Maricopa County Attorney's Office – Detailed report covering veterans among the arrestee population, combining core instrument data with data from the Veteran Addendum to assess the particular needs and experiences of Maricopa County arrestees who are veterans.

- Office of the Public Defender – Assessment of use of force and perception of police among selected special populations of Maricopa County arrestees, primarily drawing from the Police Addendum data.
- Adult Probation Department – Comprehensive summary of the core questionnaire comparing Maricopa County probationers to probationers from elsewhere and those arrestees who have not served probation.
- Juvenile Probation Department - Comprehensive summary of the core juvenile questionnaire comparing Maricopa County juvenile probationers to those who have served probation elsewhere and those detainees who have not served probation.

For other reports and more information about the project, visit the AARIN page of the Center for Violence Prevention & Community Safety's website: <http://cvpcs.asu.edu/>.

Methodology: Sampling and Data Collection

In order to ensure representative results for the entire population of arrestees in Maricopa County, the AARIN project employs a systematic sampling protocol that includes the collection of data with target quotas each day. Data are collected during three cycles each calendar year – with interviews conducted during a continuous two-week period at the Central Intake of Maricopa County's Fourth Avenue Jail each collection cycle. Dispersing data collection cycles across three different four-month blocks helps control for possible seasonal variations in crime and arrest patterns, and conducting collections covering all seven days of the week account for possible differences between weekdays and weekends, or other day-to-day variations. The periodic data collection cycles combined with the sampling protocols ensures a representative sample of all Maricopa County arrestees. The same procedures employed by AARIN were tested under ADAM (Maricopa County was one of the sites used in the evaluation), comparing the selected sample to comprehensive jail census data to assess the representativeness of the sample to the population on key characteristics. The National Opinion Research Center at the University of Chicago was the national data manager for ADAM at the time and concluded that the periodic data collection cycles, sampling protocols and daily quotas would result in a scientifically representative sample of study participants that could be generalized to the whole of arrestees for the particular jurisdiction (i.e. Maricopa County arrestees).

Daily collection quotas call for 23 males and 7 females to be interviewed, including the completion of the core instrument, any and all addenda, and to provide a urine specimen. Potential participants are selected using a standardized procedure (described below) to ensure both a sufficiently randomized and representative sample of arrestees. Some of the potential participants are either unavailable or otherwise ineligible for participation. Most commonly this applies to those arrestees who have already been released from custody or transferred to another facility, but also includes those whose behavior constitutes a safety risk to the jail and/or interview staff. Upon initial contact, arrestees are read an

informed consent script (see inset), to which they voluntarily either decline or agree to participate; typically more than 90% agree to participate.

Consent Script:

Hello, my name is _____. I am working on a research project run by Arizona State University. The purpose of the project is to understand issues and problems confronted by people and to help give advice on how to provide services to individuals who have been arrested. I would like to ask you a series of questions that will take 15-45 minutes to answer. There are no foreseeable risks for participating in this research, and there are no benefits to you individually. Jail personnel will not have access to the information that you provide us. The information you provide is confidential and anonymous, and it will not help or hurt your case. If, for any reason, you become distressed or anxious during the interview, you can request to speak with the facility's medical personnel or psychological counselors.

I will not write down your name or any other identifying information the questionnaire. You can refuse to answer any question, and you may stop the interview at any time for any reason. At the end of the interview I will ask you to provide a urine sample. If you listen to my questions, I will give you a candy bar. Do you have any questions?

During the data collection period, interviews are conducted during an eight-hour period each day, with arrestees who are randomly selected based on their booking time that yields a stratified random sample. Consistent with the ADAM sampling strategy, a *stock* (i.e., arrested and booked during non-data collection hours) and *flow* (i.e., during data collection hours) process is employed to ensure a representative sample of arrestees across any given 24-hour period. The stock sample is selected by starting with a list of all bookings processed from the 16 hours that range from when collection ended the previous day through the start-time of the current collection day. Eligible bookings are counted and divided by ten, which gives the selection interval. A random start-point is selected, and each *n*th (e.g. the value equal to the selection interval) arrestee is selected as a potential participant. A “nearest-neighbor” procedure is used to replace members of the stock list that are either found to be ineligible or unavailable, or whom decline to participate, until the daily quota of 10 completed and provided interviews is met. The flow sample is more straight-forward. Potential participants are randomly selected as they are booked into the facility as needed. A minimum of 13 completed and provided interviews are expected to meet daily quota.

Survey Instrument

The core AARIN survey instrument is modeled after the ADAM and Drug Use Forecasting (DUF) instruments, and was developed with input from Maricopa County officials. Starting with the third collection cycle of 2011, AARIN began using a new core instrument. The new instrument included the same elements of the previous version, but expanded by more than 60%, following extensive input from Maricopa County officials representing six key agencies related to the criminal justice system and the arrestee population – the County Manager's Office, Sheriff's Office, County Attorney, Public Defender, Adult Probation, and Juvenile Probation.

The instrument is broken down into a variety of sections that include: demographics and background information (sex, race/ethnicity, age, citizenship, educational level, methods of income), current and past drug use (ever, past 12 months, 30 days and three days), drug dependency and treatment, medical marijuana and marijuana acquisition, criminal history (ever, past 12 months), gang involvement, firearms possession, victimization (past 12 months, 30 days), police interactions, mental health issues (ever and past 12 months), correctional health services and public health concerns, and incarceration and probation history (ever and past 12 months). Additionally, the AARIN platform includes addenda instruments to the core set of questions. Addenda are used to collect more detailed information regarding a particular topic and/or population. The collection cycle is based on a fiscal year, and the reports using the most recently collected data were collected from September 2012 through June 2013. During this collection year, both a police contact and a gang addenda were used, collecting information from arrestees about police in general, use of force by and against the police (Police Contact Addendum), reasons and methods for joining and leaving a gang, gang organizational structure and criminal activities, and the respondents' perceptions of cohesion and connectedness to their gang (Gang Addendum). Additionally, for one collection period, a booking process addendum was used to provide direct analysis of the principles and procedures outlined in the MCSO Integrity, Accountability and Community Initiative.

Urinalysis Testing

Once an interview is completed, the arrestee then submits a urine sample. The urine specimens are tested for alcohol and four illicit drugs: cocaine, marijuana, methamphetamine, and opiates. The testing is done using the enzyme-multiplied immunoassay technique (EMIT), which has shown a high degree of accuracy with very few false-positive results (Reardon, 1993). As a reliability check, all specimens that test positive with the EMIT methods are then tested again using Gas Chromatography with Mass Spectrum Detection (GC/MS). The EMIT technique with GC/MS confirmation procedures are well-established and offer highly reliable results for the illicit drugs under study here – cocaine, marijuana, methamphetamine, and opiates – for up to 72 hours after use. Unfortunately, these procedures offer high reliability results for alcohol for only 12-24 hours after use. The adoption of more sensitive alcohol screening procedures was cost-prohibitive, however.

BACKGROUND

Over the past several decades, public agencies in general and criminal justice agencies in particular have increasingly relied on feedback from those individuals who they come into contact with as a viable and important source of information. These data are typically placed within a multi-dimensional context in which user feedback is included as one of a number of forms of information used to triangulate and assess performance. For example, schools, hospitals, and public utilities have come to heavily rely upon user reviews as part of their overall strategy to assess their performance. More recently, police, courts, and prisons have begun to collect information from victims, arrestees, defendants, and prisoners to evaluate the performance of individuals, units, and the larger organization.

Including user perception data from incarcerated populations as part of performance evaluations has gained momentum in recent years for several reasons (Bjorngaard et al., 2009). Many of these reasons are associated with policymaker and correctional manager's interest in limiting their exposure to litigation. Collecting these data and developing a base rate in which changes or departures in inmate perceptions are identified can assist managers in detecting issues before they become more pronounced. Likewise, this information is increasingly being used by correctional managers to place an administrative check on employees to identify policy changes that have not been fully implemented. Some agencies have gone as far as using these data for supervisor performance reviews and establishing minimum thresholds that are required to be met. Related, some correctional agencies have used findings derived from these surveys to manage inmate expectations about their treatment. If a substantial gap between organizational policy and inmate expectations is identified, managers can use this information to focus resources on educating inmates so that their expectations more accurately align with policy and practice.

This report provides the Maricopa County Sheriff's Office (MCSO) with information on the perceptions and experiences of recently booked arrestees at the 4th Avenue Central Intake facility for the purpose of providing MCSO management and staff an understanding of issues and challenges related to the booking process, as identified by individuals who have experienced the process firsthand. The research presented in this report was conducted in response to MCSO's effort to adopt a new management framework, which emphasizes the importance of establishing a good relationship with the community, inside and outside of the jails. This new framework, grounded in the principles of *Integrity, Accountability and Community*, adopts community-based goals and procedures that seek to enhance the Office's professional standards. The primary purpose of the program is to focus on key issues related to

interactions between the MCSO and the detainee population that can improve the relationship between the MCSO and the community.

ABOUT THIS REPORT

This report relies on data collected as part of the Arizona Arrestee Reporting Information Network (AARIN). Maricopa County established AARIN in January 2007 to monitor drug use trends, treatment needs, and at-risk behavior among recently booked arrestees in Maricopa County, Arizona. For six weeks each year, trained local staff conducts voluntary and anonymous interviews with adults and juveniles who had been arrested within the past 48 hours.

The core survey gathers self-reported data on a variety of socio-demographic and behavioral variables. At the beginning of the survey, arrestees report their age, ethnicity, sex and educational background. Arrestees then answer a series of questions about their drug use history, treatment needs, mental health history, criminal history, prior experiences with victimization, and immigration status. At the end of the interview, criminal charge data are collected from official processing records, and each arrestee is asked to provide a urine sample which is analyzed for four different illicit drugs and alcohol.

Analysis for this report relied on our adult sample. The interviews were conducted in May and June of 2013. Researchers originally contacted 522 adult arrestees; 85% agreed to be interviewed (n=443). For more information about the AARIN program or prior peer reviewed research relying on AARIN data see: Decker et al., 2008; Fox et al., forthcoming; Katz et al. 1997; 2000; 2003; 2005; 2011a, 2011b; Katz and Webb, 1996; Webb et al., 2006; Rodriguez et al., 2005. During this period of data collection, an addendum developed by ASU was also administered to the sample by AARIN staff. The addendum included several questions pertaining to the recently booked arrestee's perceptions and experiences during their intake booking process. As such, this report focuses on the detainee's opinions and does not rely on data from the officer's view or rely on administrative or official data. The report is divided into six (6) sections that focus on arrestee experiences with and perceptions of: 1) medical services, 2) the booking process, 3) holding cells, 4) court processing, 5) MCSO staff, and 6) overall satisfaction with services.

FINDINGS

Correctional Health Services (CHS)

Table 1 presents findings related to the recently booked arrestees' perceptions about medical services available at MCSO Central Intake. It is important to note that CHS is a county agency independent of MCSO, although operating inside MCSO jail facilities. Much of the results of this section are more directly related to CHS than to MCSO, although there are crossover issues (e.g. arrestees requesting medical services through MCSO detention staff). Results suggest that MCSO and CHS staff employ consistent screening procedures for inmate health problems. The majority of arrestees reported speaking with a healthcare professional (95.2%) or being asked about their medical issues (92.5%) during the booking process. About half (53.8%) of those who requested to speak with a healthcare professional of their own gender were able to do so. About two-thirds of arrestees said they disclosed their medical issues during the booking process. Close to 80% said they were asked about ongoing or chronic medical health issues and about half of arrestees interviewed said they disclosed a chronic medical condition. Additionally, about 87% of arrestees said they were asked about their need for prescription medication; approximately 61% talked to medical staff regarding their medication needs, and 27.4% said they were in need of prescribed medication – of which 46.8% were able to continue taking during the booking process. About a fifth of arrestees reported requesting medical assistance and nearly half (46.2%) said they received the requested medical assistance.

Arrestees were also asked about specific physical and mental health needs. Approximately 11% of arrestees said they had specific mental healthcare needs – of whom 72.5% informed intake staff of said needs and 34.5% received assistance regarding their mental health needs. Additionally, 22.6% said they have specific physical healthcare needs. Seventy-six percent informed intake staff about their physical health care needs and 42.1% were provided with the requested assistance. Furthermore, about half of arrestees said they were informed about the availability of healthcare at any time – day or night – while in jail. Overall, 44.5% of arrestees interviewed felt the quality of the healthcare provided was good, and just 23.4% were dissatisfied with the services they received.

Table 1. Arrestee's experiences with medical services (N=443)

	<u>% Agree</u>
Did you speak with a healthcare professional, such as a nurse during the initial booking process?	95.2
If requested, were you able to speak to a healthcare professional of your own gender?	53.8
Did anyone ask you about your medical issues during the initial booking process?	92.5
Did you disclose any medical issues during the initial booking process?	67.1
Were you asked about any ongoing/chronic medical conditions that might require medical attention during the time you will be processed through Central Intake?	79.4
Did you disclose any ongoing/chronic medical conditions that might require medical attention during the time you will be processed through Central Intake?	56.2
Were you asked about any prescription medications that you are currently taking?	86.7
Did you disclose any prescription medications you are currently taking?	61.3
Did you request medical assistance of any kind during your booking?	21.3
Was medical care provided?	46.2
Are you currently taking any prescribed medication?	27.4
Were you able to continue taking your medication?	46.8
Do you have any specific physical healthcare needs?	22.6
Did you notify intake staff of this need?	76.0
Were you provided assistance?	42.1
Do you have any specific mental healthcare needs?	10.9
Did you notify intake staff of this need?	72.5
Were you provided assistance?	34.5
Were you informed that there is medical care 24 hours 7 days a week while under the care of the jail system if needed?	51.5
Please rate the quality of the healthcare provided to you while in 4th Ave Central Intake	
Bad	23.4
Neutral	32.1
Good	44.5

MCSO Booking Process

Arrestees were also asked about their experience with the different stages of the booking process (see Table 2). Results suggest there are some areas for improvement, especially in regard to staff explaining procedures to inmates. Only 59.1% of arrestees were aware that their booking photograph would be a publicly accessible record. About 57% of arrestees said they were questioned by Immigration and Customs Enforcement (ICE) regarding their legal status. Almost all (95.7%) arrestees said they were physically searched by MCSO staff and 12.3% said they had something confiscated during the search. Three percent of arrestees said they were in possession of something that should have been confiscated but was not found by the jail staff. Approximately 87% of arrestees said they were asked to remove articles of clothing as part of the search process. Less than half of arrestees interviewed (41.5%) said MCSO staff had explained the fingerprint process, and only half of these respondents (51.5%) said their questions were answered adequately.

Additionally, arrestees were asked about their awareness of informational signs while in the jail search area. About a fifth (21.1%) said they noticed a non-English translation services sign; 9.8% said they noticed a Prison Rape Elimination Act sign; 15.5% said they noticed a sign explaining MCSO jail contraband policies; 16.8% said they noticed a sign explaining the searches of persons entering MCSO Central Intake; and 11.8% said they noticed a sign that stated the rights and protections related to the searching of persons entering the jail.

Table 2. Arrestee's experience with the MCSO booking process (N=443)

	% Agreed
Do you know whether or not your booking photo will be a matter of public record?	59.1
Were you asked questions about your citizenship, residency, or legal status by ICE officials or other law enforcement during the booking process?	57.3
Were you physically searched by MCSO staff before being placed into a cell?	95.7
Did you have anything that was confiscated during the search?	12.3
Did you have anything that would/should have been confiscated that was not found by staff?	3.0
Were you asked to remove any clothing as part of the search process?	86.6
While in the search area, did you notice any of the following informational signs:	
Non-English translation services	21.1
Prison Rape Elimination Act	9.8
MCSO jail contraband	15.5
Procedures for searching persons entering MCSO Central Intake	16.8
Rights and protections related to the searching of persons entering the jail	11.8
Did MCSO staff explain the fingerprint process to you?	41.5
If you had any questions, were these adequately answered?	51.5

Holding Cells

As part of the interview arrestees were asked about their perceptions of the jail, particularly regarding the cell in which they were held. These findings are presented in Table 3. Arrestees were asked about the availability of restroom supplies. About 80% said they had toilet paper, 33.3% said they had soap, 13% said they had paper towels, and 30.9% of those that requested feminine hygiene products received them upon request. Additionally, 73.6% said they had water available, or provided upon request. About 22% said they were offered food or water, and 9.6% said their special dietary needs were met (if they had any). Over three quarters of respondents said there was a working phone available in their cell, and 23% said they were able to contact someone by using this phone. However, 65.2% said they were not able to contact someone because the person they were trying to contact only had a cell phone. Furthermore, only 9.8% of arrestees said they were provided with a contact number to be given to their families.

Additionally, arrestees were asked specific questions about the conditions of the holding cell in which they were placed, and results indicate that they were mostly dissatisfied. About 48% said cell overcrowding had been a problem. Only 9.1% of arrestees said their cell was clean; 6.2% were content with sleeping arrangements; 17.2% felt there was good ventilation; 18.8% were comfortable with the temperature; and 46.7% reported there was good lighting in their cell.

Table 3. Arrestee's experiences of while being detained in Central Intake (N=443)

	% Agreed
Were any of the following restroom supplies available, or provided upon request?	
Water	73.6
Toilet paper	79.6
Feminine hygiene products	30.9
Soap	33.3
Paper towels	13.0
Were you offered anything to eat or drink?	22.3
Were any special dietary requirements met (if requested)?	9.6
Was a working phone available in your holding cell(s) for you to notify/call someone (e.g. friends or family) of your arrest?	76.8
Did you have trouble contacting your primary emergency contact (or first choice) because they only have a cell phone?	65.2
Were you able to contact someone from your holding cell?	23.0
Were you provided with a contact phone number for you to give to family and/or friends while you were in the care of the jail system?	9.8
Most of the time, have over-crowding in the cells been a problem?	47.7
How would you rate the condition of your cell for	
Cleanliness	
Bad	70.1
Neutral	20.9
Good	9.1
Sleeping arrangements/availability	
Bad	82.9
Neutral	10.9
Good	6.2
Ventilation	
Bad	63.3
Neutral	19.5
Good	17.2
Temperature	
Bad	59.4
Neutral	21.8
Good	18.8
Lighting	
Bad	29.3
Neutral	24.0
Good	46.7

Court Processing

Table 4 presents findings related to the arrestees' perceptions and experiences with court processing. Most arrestees interviewed expressed some confusion regarding the court processing, suggesting an additional area of improvement for MCSO. For example, only 38.6% said they were informed about the date and time of their initial appearance (IA). Additionally, only 24.4% of arrestees who had to attend two different IA courts had the reason for this process explained to them. About 41% said they understood the pre-trial interview process and 35.1 percent said their questions regarding this process were answered.

Table 4. Arrestee's experiences with court processing (N=443)

	<u>% Agreed</u>
During the booking process, were you told the date/time you would be going to your initial appearance (IA) court?	38.6
If you had to attend two different IA courts (i.e. city and JP), was the reason for this explained to you?	24.4
Did you understand the reason for the pre-trial interview?	41.1
If you had any questions about this process, were they answered?	35.1
Have you been to IA court for this arrest yet?	21.1
Following your initial appearance court (IA), were you given release conditions?	
Released on Own Recognizance (ROR), e.g. no bond	17.6
Bail/Bond	59.8
Are you able to afford the bail/bond requirement?	34.6
Denied Release	47.4
If not ROR'd or bonded, was the reason for denial explained to you?	43.2
Following court, did you have an interview regarding "classification"?	16.3
Did you understand the reason for this step?	92.9
If you had any questions about this process, were they answered?	60.0

Arrestees who had attended IA court at the time of the interview (21.1%) were asked questions about the post-IA appearance process. First, arrestees were asked whether they were given release conditions following their IA appearance. Approximately 60% were offered bond, however, only 34.6% were able to afford the bail or bond requirement. About 17% were released on own recognizance (ROR), and 47.4%

were denied release. About 43% of arrestees who were denied release said the reason for this decision was explained to them. Additionally, 16.3% of arrestees said they participated in a classification interview following their IA appearance. Of those interviewed, approximately 93% said they understood the reason for this interview and 60% said their questions regarding this process were answered.

Arrestees' Perceptions by Race and Gender: Significant Findings

When examining the perceptions of the booking process by arrestees' individual characteristics, some significant differences were found between males and females:

- Females were more likely to rate their medical healthcare positively (50%).
- Males were more likely to report being offered something to eat or drink (26%) compared to females (10.5%).

Additionally, when arrestees' perceptions of the MCSO booking process were examined by ethnicity, the results indicated some significant differences across ethnic groups:

- Hispanics were more likely to report being questioned by ICE officials regarding their legal status (66.4%).
- African Americans were less likely to report having a phone available in their cell (52.8%) compared to Hispanics (79.7%), whites (73.7%), and arrestees of other ethnicities (78.3%).
- African Americans were less likely to report they had the reason for which they had to attend multiple initial appearance (IA) courts explained to them (6.1%).
- Hispanics were significantly more likely to feel MCSO detention officers treat everyone equally (40.4%). African Americans, on the other hand, were significantly less likely to feel equal treatment (14.3%).
- Hispanics were more likely to request an interpreter (8.4%).

MCSO Staff

Recently booked arrestees were asked about their interactions with detention officers. The results are presented in Table 5. Given that this survey has not been administered previously, it is difficult to place these findings in context (e.g., there is no comparison data). Additional administrations of the survey, and perhaps comparison to similar research in other correctional settings, can provide some insights on how MCSO staff is perceived by recently booked arrestees. Table 5 shows that approximately 36% of arrestees said officers treat people with respect; 30% said officers treat people fairly; and 34.9% said officers respect their rights. Less than a quarter (24.3%) said officers take the time to listen to people. About 41% of arrestees felt detention officers generally act professionally and 40.2% said they do their job well.

With regard to compliance, 38% of arrestees said they should accept the decisions of the officer, even when they think the officer is wrong; and 53.1% said arrestees should do what the officer says, even when they disagree. Only 31% said officers should be allowed to stop and question arrestees for little or no reason. One-third of arrestees interviewed felt officers can be trusted to make decisions that are right for the arrestees, and 32.2% said officers are, in general, honest and trustworthy. About 29% said that detention officers try to solve problems when called, and 28.2% said officers usually explain their actions or decisions. Lastly, 35.3% of arrestees felt that detention officers treat everyone equally, compared to 31.9% who felt officers treat racial and ethnic minorities differently.

Table 5. Arrestee's perceptions of MCSO staff (N=443)

	<u>% Agreed</u>
MCSO Detention Officers treat people with respect.	36.0
MCSO Detention Officers take time to listen to people.	24.3
MCSO Detention Officers treat people fairly.	30.0
MCSO Detention Officers respect people's rights	34.9
MCSO Detention Officers generally act professionally.	41.2
You should accept MCSO Detention Officers' decisions, even if you think they are wrong.	38.0
You should do what MCSO Detention Officers tell you to do, even if you disagree.	53.1
MCSO Detention Officers can be trusted to make decisions that are right.	33.4
Most MCSO Detention Officers do their job well.	40.2
MCSO Detention Officers should be allowed to stop and question people for little or no reason.	31.1
Most MCSO Detention Officers are honest and trustworthy.	32.2
MCSO Detention Officers usually explain their actions and/or decisions.	28.2
MCSO Detention Officers treat racial or ethnic minorities differently.	31.9
MCSO Detention Officers try to solve problems or do something when called.	28.7
MCSO Detention Officers treat everyone equally.	35.3

General Perceptions and Overall Experience

Arrestees were asked a set of questions regarding their overall experience with central intake. The results are presented in Table 6. About 72% of arrestees said they felt safe while under MCSO custody. Among respondents who did not feel safe, 24.4% said they felt threatened by MCSO staff. Close to 7% reported their safety concerns to a detention officer's supervisor. Additionally, 24.4% said they felt threatened by other arrestees. Overall, 16.7% said they made MCSO staff aware of their concerns.

Approximately 31% said they were handcuffed or physically restrained by MCSO staff and 11.5% said they were injured as a result of this restraint. Only 10.7% said medical staff saw them after being injured. About 18% said they were advised they could make a complaint about the manner in which they were treated, and 41.8% felt they could make a complaint if needed. Only 4.1%, however, filed a complaint. Additionally, 3.8% said they requested a translator during the booking process. Close to 90% of these individuals said they were provided with a translator upon request. Furthermore, 22.6% said they were informed when their possessions would be returned to them. Overall, 22.7% were satisfied with the way they were treated during the booking process.

Table 6. General perceptions of MCSO (N=443)

	<u>% Agreed</u>
Were you provided information about how and when any of your possessions (e.g. wallet, clothing, etc.) taken by the arresting agency or MCSO, would be returned to you?	22.6
Did you feel safe while in MCSO custody?	72.2
If not, did you feel threatened by MCSO staff?	24.8
Did you make a complaint to a supervisor?	6.8
If not, did you feel threatened by other arrestees?	24.4
Did you make MCSO staff aware of your concerns?	16.7
Were you handcuffed or otherwise physically restrained by MCSO staff while in custody?	30.5
Were you injured as a result of this restraint?	11.5
Did medical staff (e.g. nurse) check on you after you were restrained and/or injured?	10.7
Were you told how you could make a complaint about your treatment if you needed to?	17.8
Did you feel as though you could make a complaint if you needed to?	41.8
Did you make a complaint while in MCSO custody?	4.1
Did you ask for someone who spoke a language other than English during booking?	3.8
If yes, was someone who spoke your requested language provided?	89.5
How satisfied were you with the care you received?	
Dissatisfied	38.7
Neutral	38.7
Satisfied	22.7

CONCLUSIONS

The purpose of this report was to examine the perceptions and experiences of recently booked arrestees at the 4th Avenue Central Intake facility for the purpose of providing MCSO management and staff with an understanding of the issues and challenges related to the booking process. This report was requested by MCSO as part of an initiative that seeks to adopt measurable objectives and goals related to enhancing the Office's professional standards and to begin a dialogue about alternative methods of measuring performance related to booking and intake. Data for the report was obtained from self-reports from recently booked arrestees in Maricopa County as part of the Arizona Arrestee Information Reporting Network (AARIN).

This report was not intended to provide MCSO management and administrators with an evaluation of the booking process. Instead, our intent was to start a discussion about the booking process and detainees' perceptions and experiences with it. This report was envisioned to serve as a starting point, or "proof of concept," for understanding performance through a comparative assessment. In this case, MCSO would compare arrestees' perceptions and experiences at one point in time to another point in time and assessing change. In other words, the report is intended to serve as a baseline for future evaluation efforts.

In that regard, the results described in this report do shed light on several important facets of the booking process, and arrestees' perceptions and experiences at the jail. For example, results indicate that the health screening process is consistent and thorough. Nearly all surveyed arrestees spoke with a healthcare professional during intake, and were asked about ongoing medical issues. Nearly 90% were asked about prescription medications. Moreover, only 23% of arrestees were dissatisfied with the quality of healthcare they received. Alternatively, the results also identify some areas where there appears to be room for improvement, especially with regard to providing information to arrestees about booking procedures and court appearances. The results in Table 5 provide initial baseline measures of the legitimacy of MCSO staff, from the arrestees' perspective. Citizen perceptions of an agency's legitimacy, whether law enforcement or corrections, has been increasingly recognized as a viable and important measure of agency (and individual officer) performance (Tyler, 1990). Follow-up studies exploring arrestees' perceptions of legitimacy can provide the foundation for ongoing measurement of this important dimension of agency performance.

Additionally, through this report we have documented that arrestees are accessible, can serve as an important source of information about MCSO performance and can provide important feedback

regarding their perceptions and experiences. The AARIN program serves as a potentially valuable monitoring system for evaluating detention officers, auxiliary support staff and facilities management performance. It can serve to motivate change through professional competitiveness and pressure from key stakeholders.

We believe MCSO would be well served by distributing the results of this report to its leadership and management. The presentation of these results should be conducted in concert with the development of a detailed strategic plan that seeks to address issues of concern noted in this report. As part of this effort, we also recommend that these findings be provided to line staff and their supervisors. MCSO line staff should be encouraged to select one problem they believe to be important (as identified in the report), and provide a brief recommendation for responding to the selected problem. This exercise could be facilitated by CVPCS (after signing a non-disclosure agreement), in which they present findings of the report to detention officers and supervisors, collect recommendations from detention officers and supervisors and provide a brief report detailing the officer and supervisor recommendations. This strategy would increase officer buy-in related to responding to identified problems, and could increase job satisfaction as their recommendations are included in the strategic plan for improving performance. Following the development of a strategic plan, we recommend that MCSO provide detention officers and supervisors with enhanced training that addresses issues identified through this report. Last, we recommend that this survey be administered to recently booked arrestees at central intake on a regular basis for the purpose of monitoring successful implementation of the strategic plan and to further guide the use of training resources. The results of the survey should also be incorporated into annual supervisor performance reviews.

References

- Bjorngaard, Johan, Rustad, Ase, and Kjelsberg, Ellen (2009). The prisoner as patient. *BMC Health Services Research*, 9: 176-184.
- Decker, S.H., Katz, C.M., & Webb, V.J. (2008). Understanding the black box of gang organization: Implications for violence, drug sales, and violent victimization. *Crime & Delinquency*, 54 (1), 153-172.
- Fox, A., Mulvey, P., Katz, C.M., & Shafer, M. (forthcoming). Untangling the relationship between mental health and homelessness among a sample of arrestees. *Crime & Delinquency*.
- Katz, C.M., Fox, A., & White, M. (2011). Examining the relationship between illegal immigration, and drug use. *Justice Quarterly*, 28, 4: 541-575.
- Katz, C.M., Fox, K., Webb, V.J., & Shaffer, J. (2011). Understanding the relationship between violent victimization and gang membership. *Journal of Criminal Justice*, 39, 48-59.
- Katz, C.M., Webb, V.J., & Decker, S.H. (2005). Using the Arrestee Drug Abuse Monitoring (ADAM) program to further understand the relationship between drug use and gang membership. *Justice Quarterly*, 22 (1), 58-88.
- Katz, C.M., Webb, V.J., Gartin, P.R., & Marshall, C.E. (1997). The Validity of Self-Reported Marijuana and Cocaine Use. *Journal of Criminal Justice*, 25 (1), 31-42.
- Katz, C.M., & Webb, V.J. (1996). Patterns of Drug Use Among DUI Arrestees: A Research Note. *Journal of Crime and Justice*, 19 (2), 215-222.
- Rodriguez, N., Katz, C.M., Webb, V.J., & Schaefer, D. (2005) Examining the impact of individual, community, and market factors on methamphetamine use: A tale of two cities. *Journal of Drug Issues*, 35 (4), 665-694.
- Tyler, T.R. (1990). *Why people obey the law*. New Haven: Yale University Press.
- Webb, V.J., Katz, C.M., & Decker, S.H. (2006) Assessing the validity of self-reports by gang members: Results from the Arrestee Drug-Abuse Monitoring program. *Crime & Delinquency*, 52 (2), 232-252.

About the Center for Violence Prevention & Community Safety

Arizona State University, in order to deepen its commitment to the communities of Arizona and to society as a whole, has set a new standard for research universities, as modeled by the New American University. Accordingly, ASU is measured not by whom we exclude, but by whom we include.

The University is pursuing research that considers the public good and is assuming a greater responsibility to our communities for economic, social, and cultural vitality. Social embeddedness – university-wide, interactive, and mutually-supportive partnerships with Arizona communities – is at the core of our development as a New American University.

Toward the goal of social embeddedness, in response to the growing need of our communities to improve the public's safety and well-being, in July 2005 ASU established the Center for Violence Prevention and Community Safety. The Center's mission is to generate, share, and apply quality research and knowledge to create "best practice" standards.

Specifically, the Center evaluates policies and programs; analyzes and evaluates patterns and causes of violence; develops strategies and programs; develops a clearinghouse of research reports and "best practice" models; educates, trains, and provides technical assistance; and facilitates the development and construction of databases.

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