

Using Administrative Data to Prioritize Jail Reentry Services

Findings from the Comprehensive Transition Planning Project

OCTOBER 2012

Fact Sheet

RISK FACTORS FOR RECIDIVISM

Admission age: people who were younger than 20 at admission were more likely to be re-admitted within a year of release.

Current charge: having a top charge for either property or drug offenses increased a person's likelihood of readmission.

Number of prior DOC admissions: the risk of readmission increased with the number of prior DOC admissions. However, the number of prior admissions was also related to age—with each additional admission having a greater impact for younger versus older inmates.*

Recent DOC admissions: people who had a prior DOC stay within the previous eight weeks were more likely to be re-admitted within a year of release.

* It is more likely that older people will have many more prior DOC admissions than younger people. Therefore, one additional prior DOC admission for younger people has a stronger impact on readmission than it does for older people.

BACKGROUND: THE REVOLVING JAIL DOOR

On an average day, U.S. jails take more than 35,000 people into custody (equivalent to almost 13 million admissions a year).¹ Many of those entering jail have problems related to unemployment, homelessness, substance use, and untreated mental illness.² Without receiving support to address these underlying problems while in jail or in the community upon release, large numbers of people become caught in a cycle of repeated arrest and incarceration.³ Recognizing this costly, damaging pattern, jails around the country are developing reentry services to address the problems that lead people into the justice system. However, most jails have neither the resources required to serve all those who pass through their custody nor the means to target existing resources toward those who are at greatest risk of reoffending. Jail officials need a way to identify the people in their custody who are at greatest risk of reoffending and are therefore most in need of help to overcome the challenges that led them to jail in the first place.

THE COMPREHENSIVE TRANSITION PLANNING PROJECT: DEVELOPING THE SERVICE PRIORITY INDICATOR

The Substance Use and Mental Health Program at the Vera Institute of Justice (Vera) and the New York City Department of Correction (DOC) collaborated on the Comprehensive Transition Planning Project. One of the project's aims was to develop a reliable, low-cost, and easy-to-implement tool that jail officials could use to identify the people in their custody who would benefit most from access to the system's limited resources for discharge planning—preparation for their reentry into society. Vera researchers and DOC staff developed a risk assessment tool called the Service Priority Indicator (SPI) to predict risk of readmission to custody. Using existing data recorded in the DOC's jail management database, researchers identified four risk factors for recidivism (see sidebar for the list of factors) and assigned a score to each based on the strength of its correlation with readmission to DOC custody. For example, people received one service priority point if they were younger than 20 at the time of admission or if they had been arrested on a property or drug charge. The scores, which range from zero to seven, were then grouped into four service priority levels, equivalent to having low, medium, high, or very high risk of readmission, with those at the greatest risk of recidivism also identified as very high priority for receiving discharge planning services.

VALIDATION OF THE SERVICE PRIORITY INDICATOR

To ensure that the SPI was effective in forecasting future DOC admissions across groups, Vera researchers validated the results using a different sample of incarcerated people. They selected records for 6,883 men who were admitted to the

For More Information

The Vera Institute of Justice is an independent nonprofit organization that combines expertise in research, demonstration projects, and technical assistance to help leaders in government and civil society improve the systems people rely on for justice and safety.

Vera's Substance Use and Mental Health Program (SUMH) conducts applied research to help public officials and community organizations develop empirically driven responses to the substance use and mental health needs of people involved in justice systems.

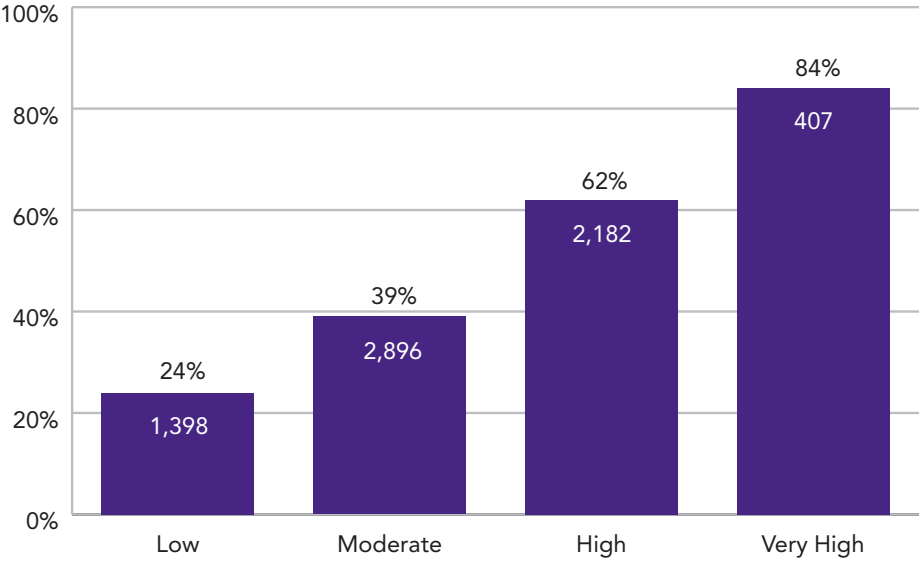
For more information on the Substance Use and Mental Health Program, please contact Jim Parsons, at (212) 376-3043 or jparsons@vera.org.

Sources:

- 1 T.D. Minton, *Jail Inmates at Midyear 2010* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2011, NCJ 233431).
- 2 A.L. Solomon, J.W.L. Osborne, S.F. LoBuglio, J. Mellow, and D.A. Mukamal, *Life after Lockup: Improving Reentry from Jail to Community* (Washington DC: Urban Institute, 2008); and N. Freudenberg, J. Daniels, M. Crum, T. Perkins, and B.E. Richie "Coming Home from Jail: The Social and Health Consequences of Community Reentry for Women, Male Adolescents, and Their Families and Communities," *American Journal of Public Health* 95, no. 10 (2005): 1725-1736.
- 3 Based on Vera's analysis of March 2008 New York City jail data, 48 percent of people return to jail within a year of release.

DOC as a sentenced inmate or a pretrial detainee in March 2009 and recreated SPI scores and recidivism outcomes for this group. The figure below shows the correlation between the level of service priority and the rate of readmission within one year of release. The SPI score successfully distinguished those with a low risk of DOC readmission from those with high and very high risk of future DOC involvement. For example, 24 percent of the 1,398 people in the low service priority group (an SPI score of zero) were readmitted to DOC custody within a year of release compared to 84 percent of those with a very high service priority (an SPI score of five, six, or seven). While the tool was not designed to measure length of stay or discharge status, those who were identified as having very high service priority tended to be held in the jail for longer periods and they were more likely to be released as sentenced inmates. In combination, these factors (risk of recidivism, length of stay, and sentencing status at discharge) provide a useful means of targeting discharge planning services at those who both stand to benefit the most and have a meaningful opportunity to receive services while in the jail to help them prepare for release to the community.

DOC Readmission by Service Priority Level, March 2009 Cohort (N=6,883)



CONCLUSION

By providing a low-cost, easy-to-implement measure of recidivism risk, the SPI offers a mechanism for maximizing the impact of scarce discharge planning resources. DOC is currently implementing an innovative discharge process that focuses on the high-risk, high-need population targeted through use of the SPI. It will be necessary to monitor the performance of the SPI over time and modify the indicators to account for any shifts in risk factors for recidivism, such as changes in the demographic profile of people entering the jail, or policy decisions that affect arrest or sentencing practices.

Read the complete brief at www.vera.org/comprehensive-transition-planning