

Using Administrative Data to Prioritize Jail Reentry Services

Findings from the Comprehensive Transition Planning Project

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Executive Summary

This research brief describes the results of a partnership between Vera's Substance Use and Mental Health Program (SUMH) and the New York City Department of Correction (DOC), the agency responsible for operating the city's jail system. Faced with a huge demand for jail reentry services the DOC sought a way to target social services and treatment toward those who most needed support to address problems that contributed to their involvement with the justice system. SUMH researchers used information that the DOC maintained in its administrative data systems to develop a tool to assess people's risk of recidivism—the Service Priority Indicator (SPI). The SPI draws information on charge, age, and prior jail admissions to assign everyone entering the jail to one of five service priority levels. A validation of the SPI found that 84 percent of those in the highest service-priority category were re-incarcerated within a year of release compared to 24 percent of those at the lowest service-priority level. The DOC is currently using the SPI to inform its decisions about who gets reentry services, as it implements its new, innovative discharge planning process.

Introduction

On an average day, U.S. jails take more than 35,000 people into custody (equivalent to almost 13 million admissions a year).¹ Most of these people will be released to the community after only a few days or weeks.² While justice officials have invested in reentry services to help people return to the community safely and permanently from prison, there is a dearth of similar efforts on behalf of people in jails.

This neglect may have far-reaching consequences. Compared to the general population, people returning from jail are less likely to be employed or have completed school, and more likely to need resources or support, such as access to medical services, housing, or welfare assistance.³ People returning from jail are also more likely to face challenges related to substance use and mental health.⁴ These needs are associated with an increased risk for re-offending and a return to jail.⁵

A greater commitment to improving people's preparedness for reentering the community from jail could help reduce criminal behavior and recidivism, contributing to greater levels of public safety.⁶ However—especially in the current fiscal environment—most jail systems lack both the resources needed to provide discharge planning services to their entire population and the ability to target available resources toward those they can serve best.

This research brief describes part of the Comprehensive Transition Planning Project—a collaborative project between the Substance Use and Mental Health Program at the Vera Institute of Justice and the New York City Department of Correction (DOC). One aim was to develop a reliable, low-cost, and easy-to-implement tool jail officials could use to identify people in jail who would benefit most from access to the system's limited discharge planning resources. The DOC worked in close collaboration with Vera's researchers to facilitate their study and the development of the final product.

This brief begins with a discussion of the context and background of the project. It then presents an overview of the methodology and outcomes. The authors conclude by describing steps New York City and other jurisdictions could take as part of comprehensive jail reentry initiatives aimed at reducing recidivism and improving public safety, even with limited resources.

Background

A full understanding of this project requires familiarity with the challenges associated with providing jail-based reentry services; the benefits of targeting high-

DIRECTOR'S NOTE

Prior to the late 1990s, “jail reentry” and “jail discharge planning” were virtually unheard of and few jails provided services to support people as they left custody. However, in the past decade or so, local jails around the United States have implemented new service models with the aim of reducing recidivism. While they are an important innovation, jail reentry services typically have limited funding and most are swamped by the extent of demand. When there are opportunities to engage incarcerated people in reentry programming, resources are often too limited to deliver the type of intensive interventions necessary to serve the chronic needs of this population.

To help address these challenges, Vera’s Substance Use and Mental Health Program is working with corrections officials and community members in Los Angeles County and New York City to design enhancements to existing reentry services for the 250,000 people who pass through these jails in an average year. This research brief describes one of the products: an innovative tool that uses jail administrative records to target reentry services.



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risk, high-needs people; and the distinction between risk screening tools and comprehensive risk and needs assessments. Each of these issues is addressed below.

PROVIDING REENTRY SERVICES IN JAILS Providing discharge planning services in jails is different from providing these services in prisons. This is largely because people stay in jail for much shorter periods than they do in prison. More than half of those in New York City’s jails, for example, are held for less than a week; a third are released in three days or less.⁷

The challenge of providing jail-based discharge planning is further complicated by the fact that a large percentage of the people in many jails are awaiting trial—their cases have not yet been adjudicated or resolved through a plea. Unlike those who are serving a jail sentence, people in pretrial detention may be released without notice, either because they post bond, are acquitted of the charges they are facing, or receive a non-custodial sentence. This level of unpredictability poses significant challenges to services that are designed to target the critical moment of release from jail. Even when there is a predictable opportunity to provide services, difficulties in quickly establishing trust and rapport between the people in jail and those who are responsible for conducting assessment interviews can hamper effective identification of individual risk and needs. Finally, the number of people who pass through some of the largest jails can easily overwhelm reentry services.

The confluence of these problems would pose significant challenges to jail reentry anywhere. New York City, which has more than 90,000 jail admissions every year, is no exception.⁸

BENEFITS OF TARGETING PEOPLE WHO ARE AT GREATEST RISK OF RECIDIVISM A large body of evidence shows that reentry programming has the greatest impact when directed at those who are most likely to reoffend.⁹ Additionally, research shows that reentry services should specifically target criminogenic factors, or needs that are associated with continued offending. These include, for example, high rates of unemployment, a lack of educational achievement, and substance use treatment needs.¹⁰ On the other hand, research also shows that the best recidivism-reduction strategy for those with a low likelihood of returning to jail may be little or no intervention.¹¹ In settings such as New York City, where resources are limited and discharge planning services can only reach a fraction of the jail population, this evidence supports targeting available services toward those who are at greatest risk of recidivism.

RISK SCREENING VS. COMPREHENSIVE RISK/NEEDS ASSESSMENT

An assessment conducted at intake, when people are admitted to jail, can identify candidates for services and link them to the help they need. The most widely used assessment tools, such as the Level of Service Inventory-Revised (LSI-R) or the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS), combine both risk and needs assessments and require a personal interview that takes between 45 minutes and two hours. Few jails, especially large ones, have the resources to conduct such a lengthy assessment of everyone they take in. New York City’s jail system, for example, has almost 300 entrants on an average day.¹²

A viable alternative to lengthy risk and needs assessment interviews is to con-

duct a quick screen for risk of reoffending as a way of directing scarce resources toward those who are likely to benefit the most from a comprehensive assessment of needs. Using information about a newly admitted person contained in the jail's data management systems, staff can assess this risk. People assessed as high risk can then be interviewed to identify their specific service needs. This method allows jail staff to automatically produce a measure of risk using pre-existing administrative records for everyone entering the facility at a fraction of the cost of a comprehensive risk and needs assessment. A few jurisdictions have successfully adopted this approach.¹³

Methodology: Developing the Service Priority Indicator

Vera researchers developed a risk assessment tool called the Service Priority Indicator (SPI) that uses administrative data to predict whether people entering New York City jails are likely to be readmitted within a year of their release. Specifically, the SPI uses information recorded in the DOC's jail management database, the Inmate Information System (IIS), to predict a person's risk of readmission to DOC custody.¹⁴ Based on readmission risk, it classifies people at the point of intake to the jail as having low, medium, high, or very high service priority. Those with the greatest likelihood of readmission receive the highest priority.

To develop an initial list of readmission predictors, Vera researchers used a combination of reviews of best practice in risk assessment and interviews with jail managers in other jurisdictions to identify common factors that are associated with future offending. They then selected administrative records for 7,006 men who were admitted to DOC custody as sentenced inmates or pretrial detainees during March 2008 from the IIS, including information on current offense charges, prior history of admissions, and subsequent readmissions.¹⁵ Using a logistic regression statistical model, the research team identified four factors that significantly predicted readmission to DOC custody within one year of release:¹⁶

- > **Admission age:** people who were younger than 20 at admission were more likely to be readmitted within a year of release.
- > **Current charge:** having a top charge for either property or drug offenses increased a person's likelihood of readmission.
- > **The 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.¹⁷
- > **Recent DOC admissions:** people who had a prior DOC stay within the previous eight weeks were more likely to be readmitted within a year of release.

Next, researchers assigned a score to each factor 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. A person's final SPI reflects the sum of all four factors.¹⁸ The scores, which range from 0 to 7, are grouped into four service priority levels, as illustrated in Figure 1 on the following page.

"HIGH RISK" OR "HIGH SERVICE PRIORITY"?

It is common practice to use the term "high risk" when referring to people who have the greatest probability of committing a new offense, based on information gathered with predictive assessment tools. The Service Priority Indicator developed by Vera's Substance Use and Mental Health Program staff characterizes this group as "high service priority." This strengths-based language signals the need for supportive interventions to reduce risk of re-arrest. It also avoids potential negative repercussions that may arise if the "high risk" label is taken out of context by corrections officers, courtroom staff, probation officers, potential employers, or others. In particular, it guards against conflating recidivism risk with the classification system that jails and prisons commonly use to flag violent or disruptive inmates, who present a "high risk" to jail security.

Figure 1. SPI Score and Service Priority Level

SERVICE PRIORITY LEVEL	SPI SCORE
Low	0
Moderate	1-2
High	3-4
Very high	5-7

To ensure that the SPI was effective in forecasting future DOC admissions across groups, Vera researchers validated the results using a different data cohort. They selected records for 6,883 men who were admitted to the DOC as a sentenced inmate or a pretrial detainee in March 2009 and recreated SPI scores and recidivism outcomes for this group.

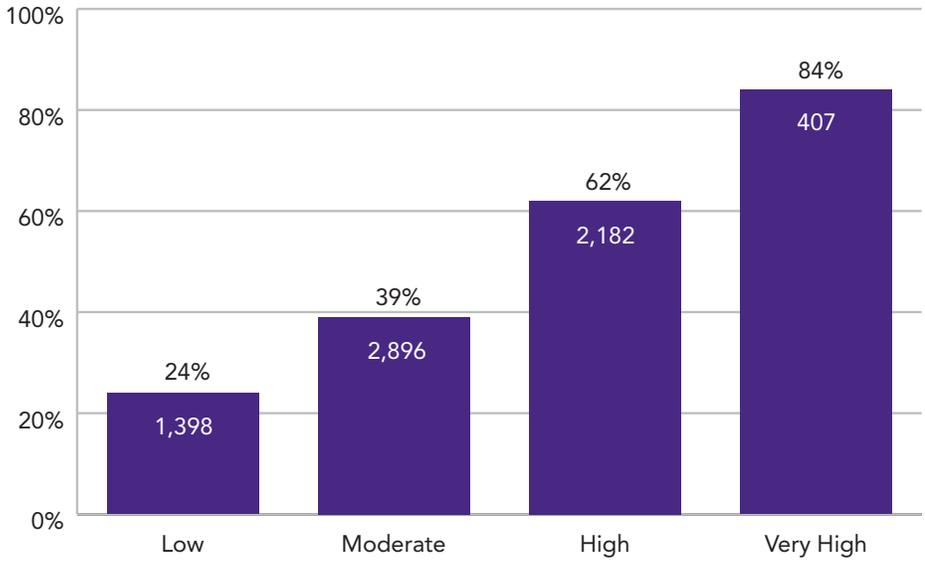
The results of this analysis demonstrate that the SPI successfully distinguishes those with low risk of DOC readmission from those with a higher risk of readmission. While the tool was not designed to measure length of stay or discharge status, those who are identified as having very high service priority tend to be held in the jail for longer periods and they are 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. These findings are discussed at length in the following section. The DOC is currently implementing a modified version of the SPI to maximize the impact of discharge planning services on recidivism and public safety.¹⁹

FINDINGS

SPI AND RATE OF DOC READMISSION Figure 2 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).

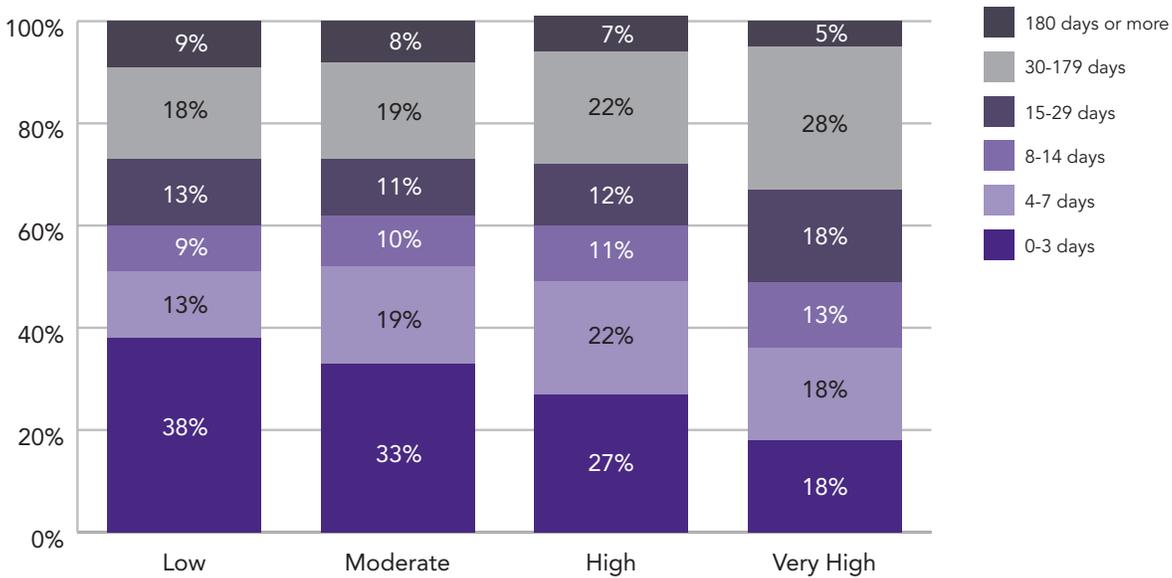
Of the 6,883 people admitted to DOC custody during March 2009, 407 people (5.9 percent) were classified as very high service priority, equivalent to 14 people a day. At this rate of admission, it seems feasible to conduct a comprehensive needs assessment with the very high SPI group without overwhelming jail resources, enabling the DOC to provide tailored services for those at the greatest risk of readmission with the aim of preventing their future criminal justice involvement. If there is capacity to assess and screen more than 14 people a day, services could easily be expanded to include some of those in the high service priority group, who also experienced higher than average rates of readmission.²⁰

Figure 2. DOC Readmission by Service Priority Level, March 2009 Cohort (N=6,883)



SPI AND LENGTH OF STAY As noted earlier, most people who enter the New York City jail system are held for just a few days, which limits the type of discharge planning services that the jail can provide. Figure 3 describes length of stay for people in the various service priority groups. Those in the very high service priority groups stayed for a median of 16 days, compared to the moderate- and low-priority groups with a median stay of seven days. By targeting those with high or very high priority scores, the DOC can maximize opportunities to provide discharge planning services.

Figure 3. Service Priority Level by Length of Stay, March 2009 Cohort (N=6,883)*

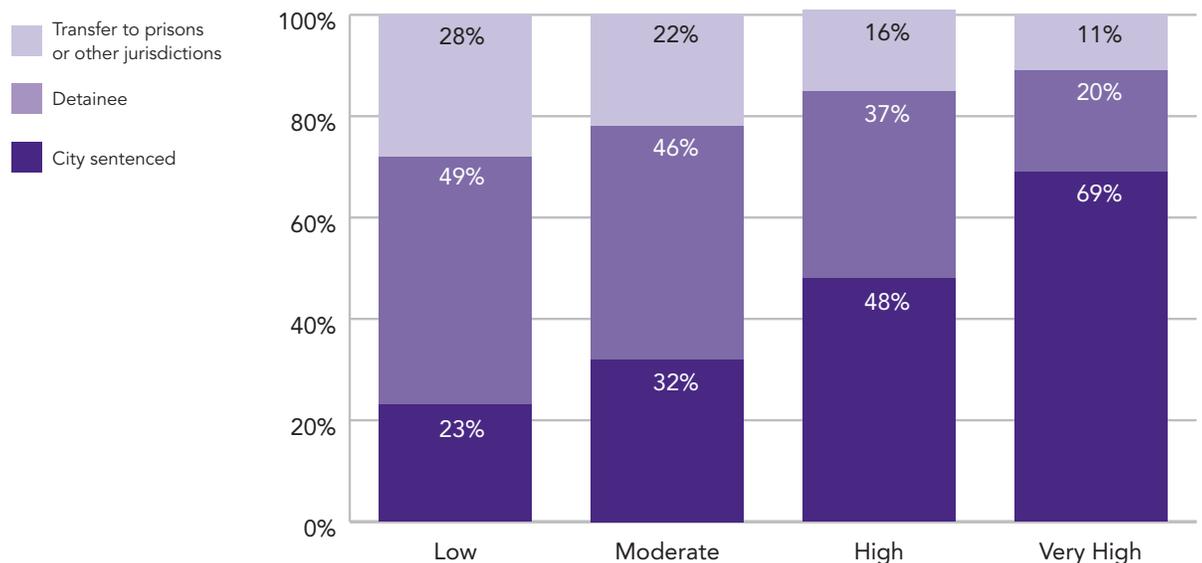


*In some cases totals do not add up to 100 percent because of rounding.

REENTRY AND RELEASE STATUS A successful reentry plan requires continuity of service that extends from inside the jail to the community.²¹ Some of the strategies that have been found to enhance rates of post-release service contact include providing intensive counseling and support during the days preceding release, forging relationships between clients and community service providers before clients leave jail custody, and offering transportation to providers' offices in the community for those leaving the jail. As already mentioned, providing continuous care is particularly challenging for people who are discharged as pre-trial detainees because of the uncertainty of their release dates. Furthermore, a pending legal case may reduce a person's motivation to participate in discharge planning services.²² In contrast, when people are released after serving a sentence, jail staff and service providers can plan their post-release services, increasing the likelihood that they will continue to engage with intervention programs.

Figure 4 shows the relationship between the service priority level and discharge status. Among those who were identified as high or very high service priority, 69 percent left the jail when they completed their sentences, compared to 20 percent who were released as pre-trial detainees and 11 percent who were ultimately transferred to a state prison or a facility in another jurisdiction. In contrast, those in the low service-priority group were far more likely to be held while awaiting transfer to a state prison or another jurisdiction (28 percent) and almost half were ultimately released as pre-trial detainees (49 percent). These numbers again suggest that focusing on the very high SPI group will have the dual benefit of targeting a group that is more likely to recidivate and providing more opportunity to receive discharge planning services in the jail.

Figure 4. Service Priority Level by Release Status, March 2009 Cohort (N=6,883)*



*In some cases totals do not add up to 100 percent because of rounding.

Conclusion

Jail systems' administrative records present a largely untapped resource for improving the impact of increasingly scarce corrections resources. Whereas prison inmates are typically held for a year or more, allowing ample opportunity to

conduct risk assessments and provide supportive services, jailed people typically remain in the facility for just a few days, during which staff must decide which inmates need services and how best to engage them. If jail processes were modified to identify frequent recidivists at the outset and start the process of providing services to address their underlying problems, it would increase the opportunity to improve individual outcomes, save money, and reduce crime.

Compared to an interview-based comprehensive risk/needs assessment, the SPI provides a less resource-intensive way of identifying people who are caught in the revolving door of repeated jail incarceration. The SPI provides a practical measure of a person's risk of readmission, distinguishing those who require intensive intervention programs from those who need fewer or no interventions. Moreover, this research found that those identified as having a very high service priority tended to stay in the jail longer and were more likely to be released as they completed their sentences, offering a window of opportunity to provide jail-to-community reentry services.

The principles of using administrative data to target reentry services can be applied in any jurisdiction, large or small, that collects administrative data on its inmate population. However, New York City's experience, while a model for other jurisdictions seeking to use brief risk screening tools in jail settings, carries at least two caveats.

First, a risk screening tool is only a starting point for jail discharge planning; the efficacy of discharge planning relies on supportive services tailored to individual needs.²³ Following the identification of those at high risk, there should be a thorough assessment of needs and a rigorously applied process for matching needs to appropriate services. For instance, a comprehensive assessment of a substance use disorder or mental illness will determine appropriate treatment needs. Poorly designed services that raise expectations but do not ultimately deliver services may do more harm than good.

Second, jurisdictions should use a screening tool that has been locally validated. Research shows that factors associated with future reoffending vary from place to place across different populations and can change over time.²⁴ The SPI has been validated for men in the New York City jail system, but the same factors may not predict risk of reoffending in other settings. The DOC is currently implementing a new, innovative discharge process that focuses on the high-risk, high-need population targeted through the SPI. It will be necessary to monitor the performance of the SPI over time and modify the indicators and scoring system as needed.

HIGH RISK AND SEVERE MENTAL ILLNESS

A recent study found that 14.5 percent of male and 31 percent of female inmates have severe mental health problems.²⁵ Compared to the general jail population, people with severe mental illness tend to have longer criminal histories and confront additional barriers to reintegration upon reentry, including drug or alcohol addiction, histories of homelessness, and sexual and physical abuse.²⁶ A number of treatment approaches have been shown to improve outcomes for justice-system-involved people with serious mental illness, including cognitive behavioral therapy, dialectical behavioral therapy, and assertive community treatment.²⁷ A combination of the SPI and detailed mental health assessments could be used to identify those who have a higher risk of recidivating and severe mental illness and divert them toward best-practice programs.

ENDNOTES

- 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 For example, research conducted by Jeff Mellow and colleagues found that 62 percent of those entering the New York City jail system in 2005 were released within a week. See J. Mellow, S.K. Hoge, J.D. Lee, M. Natarajan, V.Y. Sung-suk, and G. Greifinger, *Mapping the Innovation in Correctional Health Care Service Delivery in New York City* (New York: John Jay College, 2008).
- 3 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).
- 4 J.C. Karberg and D.J. James, *Substance Dependence, Abuse, and Treatment of Jail Inmates 2002*, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2005, NCJ 209588).
- 5 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.
- 6 A. Aos, M. Miller, and E. Drake. *Evidence-based Adult Corrections Programs: What Works and What Does Not* (Olympia, WA: Washington State Institute for Public Policy, 2006).
- 7 These statistics are based on an analysis of a monthly cohort data drawn from

- the DOC Inmate Information System, including 8,718 men and women admitted to DOC custody in March 2008.
- 8 City of New York Department of Correction, "DOC Statistics, Annual Inmate Admissions", http://www.nyc.gov/html/doc/html/stats/doc_stats.shtml (accessed December 16, 2011).
 - 9 C.T. Lowenkamp, E.J. Latessa, and A.M. Holsinger, "The Risk Principle in Action: What Have We Learned from 13,676 Offenders and 97 Correctional Programs," *Crime and Delinquency* 52, no. 1. (2006): 77-93; and E.J. Latessa and B. Lovins, "The Role of Offender Risk Assessment: A Policy Maker Guide," *Victims and Offenders* 5, no. 3 (2010): 203-219.
 - 10 Solomon et al. (2008).
 - 11 Latessa and Lovins (2010).
 - 12 Statistics are based on an analysis of monthly cohort data drawn from the DOC Inmate Information System, including 8,718 men and women admitted to DOC custody in March 2008.
 - 13 Based on a best-practice review of risk and needs assessments, Vera found that Nashville, TN and Allegany County, PA use a combination of brief automated screens and comprehensive needs assessments for high risk people.
 - 14 The Inmate Information System (IIS) is a database including information on inmates' demographics (age, gender, race), current status (pretrial detainee, sentenced inmate, or other), current charges and sentences, length of stay, and information on prior admissions.
 - 15 We excluded women from this analysis because research shows that predictors for reoffending among the female population might be quite different, requiring a separate study. In addition, our analysis of DOC readmission is limited to people who were admitted to the DOC to serve a jail sentence or await trial, excluding those who were admitted for violation of probation or parole supervision or sentenced to state prison. This is consistent with the DOC's intent of providing reentry services to city-sentenced inmates and pretrial detainees.
 - 16 The IIS does not include information on arrests for those who do not enter DOC custody. Therefore, this analysis adopts DOC readmission as a measure of criminal justice involvement. In addition, predictors of readmissions included in the logistic regression model are largely restrained by the information available in the DOC's database. For example, information of person's age at the first arrest is not available in the DOC's database, although literature shows it is an important predictor for future offending.
 - 17 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.
 - 18 For detailed information on how the SPI score is computed, please contact Jim Parsons, director of the SUMH Program, at jparsons@vera.org.
 - 19 The DOC is currently in the process of refining the SPI and testing it with different populations in the New York City jail system. The final instrument that the DOC will implement may not be exactly the same as the one described in this report. However, Vera's methods have been adopted by the New York City DOC.
 - 20 For example, 70 percent of the 801 people with a service priority score of four (the upper end of the high priority group) were readmitted to DOC custody within a year of release.
 - 21 M. Nelson and M. Tarlow, *Jail Reentry and Community Linkage: Adding Value on Both sides of the Gate* (Washington, DC: Urban Institute, 2006).
 - 22 Our research on New York City jail reentry planning (*Comprehensive Transition Planning Project*) found that people discharged as pretrial detainees were significantly less likely to engage in community-based reentry services as compared to those released after completion of sentences. For detailed information on this project, please contact Jim Parsons, director of the SUMH Program, at jparsons@vera.org.
 - 23 Based on risk-needs-responsivity theory, some of the individual needs linked to reoffending that services can address include antisocial personality, antisocial attitude, antisocial association, substance abuse, and poor family/marital relationship, among others. See D.A. Andrews, J. Bonta, and S.J. Wormwith, "The Recent Past and Near Future of Risk and and/or Need Assessment," *Crime and Delinquency* 52, no. 1 (2006): 7-27.
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 - 25 H. J. Steadman, F.C. Osher, P.C. Robbins, B. Case, and S. Samuels, "Prevalence of Severe Mental Illness," *Psychiatric Services* 60, no. 6 (2009): 761-765.
 - 26 Solomon (2008).
 - 27 J.J. Knabb, R.K. Welsh, and M.L. Graham-Howard, "Treatment Alternatives for Mentally Disordered Offenders: A Literature Review," *Psychology* 2, no. 2 (2011): 122-131.

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➤ For More Information

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For more information about the Substance Use and Mental Health program, contact Jim Parsons at (212) 376-3043 or jparsons@vera.org. This report can be accessed at www.vera.org/jail-reentry.