



Data Points

Breaking the Cycle of Frequent Jail Contact

June 2023 | Podcast Transcript

Overview

This episode features two team members at Policy Research. Senior Research Associate Samantha Zottola, PhD, and Senior Research Associate Lisa Callahan, PhD, discuss key takeaways from their recently finished project, "Understanding and Preventing Frequent Jail Contact." *Data Points* is an ongoing podcast series produced by Policy Research that discusses research for social change.

Dr. Lisa Callahan:

If we don't solve the housing crisis, that being affordable housing, that is co-located with services, that is accessible for people with high behavioral health needs, it's going to be very difficult to slow down the cycling in and out of the jails.

Holley Davis:

That's Dr. Lisa Callahan, Senior Research Associate at Policy Research. In this podcast, she and Senior Research Associate Dr. Samantha Zottola will discuss their recently finished project, "Understanding and Preventing Frequent Jail Contact." Dr. Zottola and Dr. Callahan were two members of a very large research team who worked across three different sites to complete this study. Welcome to *Data Points*, where we discuss research for social change. *Data Points* is a production of Policy Research. My name is Holley Davis and I'm the Communications Director at Policy Research. Dr. Zottola works on issues related to court and jail processes, bail reform, and the behavioral health outcomes of people involved with the criminal legal system. Dr. Callahan researches behavioral health and its intersections with the criminal legal system, provides technical assistance to SAMHSA grantees, and delivers trauma informed response trainings across the country.

I'm looking forward to diving into the research with you today. Let's start off with, why is it important to focus research on people who frequently cycle through jail? Lisa, could you start us off?

Dr. Lisa Callahan:

Thanks, Holley. There are a lot of reasons why people cycle in and out of the jails across our communities. One of the reasons why it's important to focus on this population is, in one part, it's really hard on the people who are cycling in and out of the jails. They've often fallen through the cracks of the behavioral health system. Perhaps they were evicted from their housing. Perhaps their support system has been diminished. So they end up coming to the attention of the police, being booked into jail for relatively minor offenses. And before a week's time, they're already released back into the community

and the cycle starts again. But it's also hard on the people who work in the criminal justice system because they know that these individuals' needs aren't being met in the community. And they just keep showing up on the doorstep of the jail. It's also an expensive endeavor. Perhaps it's not polite to talk about the cost of our social problems, but it is very costly to the jails, to the police, and to all of the services that try to support this population.

Holley Davis:

So Lisa, this sounds like an issue that many communities across the country are facing. What has been done to address this problem? Is it even possible to address this problem on a national scale?

Dr. Lisa Callahan:

Well, there's a couple of challenges to addressing it on a national level, and probably the most key one where research is concerned is, there's no agreed upon definition of who is a high utilizer of jail services. Every community has its own definition, and I would even argue within each community the different systems have their own definition as well. For example, if you asked a person who works in the behavioral health system, their answer might be people who use a lot of services. But if you ask someone from the criminal justice system who a high utilizer is, they might simply be counting the number of arrests, or the number of jail bookings that that person has. So in order to address this effectively, those systems need to agree upon who the population is that we're trying to provide supports and services to, to reduce their contact with the jail. So both the behavioral health system and the criminal legal system need to agree on who this population is, and what the best interventions are to reduce their contact and improve their lives.

Holley Davis:

That's really helpful context. Can you, Sam, describe the study that you all have been working on?

Dr. Samantha Zottola:

The goal of the study was to try to develop a better understanding of the population of people that are coming into frequent, repeated contact with jails. And to look at strategies that different counties are using to meet the needs of this population, and reduce their contact. And this was a pretty big project. We've been working on it for almost two years now. We partnered with three study sites, three different counties. And we collected data from three main sources. We got some large administrative data sets that mainly came from jails and law enforcement agencies. We completed interviews with about 50 people across the three counties. About half the people we interviewed worked in either the criminal legal system, or community-based treatment facilities, or other community organizations. The other half of people had lived experience going through the criminal legal system. Or getting services from these community-based treatment facilities and other organizations.

And then a couple of folks fit into both categories. So they were people who worked in these systems and organizations, and who had also gone through them. And then finally we completed site visits. Where we went to each of the counties and we toured facilities. We spoke with providers. We did some ride-alongs, where we saw police and crisis response groups work. And just generally talked with folks on the ground, about how things are working in each county.

Holley Davis:

Sam, thanks so much for providing that overview of the study. Were there any specific areas that you and your team were focusing on?

Dr. Samantha Zottola:

Yeah, we wanted to define or note the characteristics of this population, and get a sense of the size and how they're moving into and out of the jail. We also wanted to identify similarities and differences in strategies that different counties are using to try to meet the needs of this population, and stop their cycling through the jail. And then we wanted to assess outcomes for this population to try to determine whether strategies are reaching people. And we were especially interested in looking at whether strategies are reaching people of color, and people with behavioral health needs. Or needs that are related to mental health and substance use, because prior research shows that these are the groups that are really overrepresented among people who are cycling through the jail. So it's really important to make sure that strategies are reaching them specifically.

Holley Davis:

So it's been two years of study. Lisa, can you tell me a little bit about what you found?

Dr. Lisa Callahan:

I think one of the overwhelming findings that we have, especially after doing the site visits, is the profound lack of housing and the impact that has on this population. When someone cycles in and out of the jail frequently, if they had stable housing prior to that, it's going to be disrupted due to this cycling in and out of the jail. Not only is their housing going to be jeopardized, but also it's hard to sustain someone in treatment when they are in and out of homelessness, and in and out of the jail. So one of the major takeaways from this project is, if we don't solve the housing crisis, that being affordable housing, that is co-located with services, that is accessible for people with high behavioral health needs, it's going to be very difficult to slow down the cycling in and out of the jails.

There's not a community across the country that has enough affordable and supportive housing for people with high needs. There's not enough stable housing. There's not enough transitional housing. There's not enough recovery housing. It's really hard for people to stay in treatment, and to stay out of trouble, when they have nowhere to live. So unless we are able to find and sustain the housing for this population, it's going to be very difficult for the very good interventions that both criminal legal systems

and the behavioral health systems are attempting to do in these communities, if we don't solve the housing problem first.

Dr. Samantha Zottola:

Yeah, and one of the things that some of the practitioners we spoke to told us is, that they see folks cycling through the system on low level charges that are associated with a lack of housing. So folks are cycling through the system on charges like trespassing, or panhandling, or sleeping in public spaces. And it can be hard to sustain the progress made in treatment, or maintain medication compliance, if they don't have a safe place to lock up medications. If they don't have kind of the security and stability that comes with housing.

Holley Davis:

So Sam and Lisa, thanks so much for sharing the findings of your work. Are there any other broad takeaways from this project that you'd like to share with us? Sam, why don't we start with you?

Dr. Samantha Zottola:

One big takeaway we had was the fact that none of the counties we partnered with had a shared definition or criteria to establish, what is frequent cycling through the jail? And not only was there no countywide definition, but even individual service providers or court personnel we talked to didn't really have a definition or criteria that they were using in practice. Kind of like Lisa referred to earlier. Individual agencies sometimes had a top list of people that they were seeing again and again, and they would generate these lists from records just by counting the number of admissions into a facility. Mostly though the population of people who cycle through the jail, or other kind of related services, is just visually familiar. So when providers or court personnel see these folks come through the door, they recognize them.

And sometimes they might try to tailor services a little by thinking, "You know, what happened last time when this person came here? What was helpful or not helpful?" But they're not tracking this group in any specific way. And I share this because there are a lot of questions right now in the field at large about whether we should establish a definition of frequent jail contact, or establish criteria to identify this population with the idea being that counties could use the definition to help them figure out exactly how many people they have who are frequently cycling. And once they've identified the group, they could see, what does this group look like? What are their needs? What are their circumstances? And, where are the exact places that the systems or services are failing these folks? And how are they being failed? And then any changes that service providers or counties make, once they've identified the group, they'll know when they're not seeing them anymore. So they can check and make sure that the changes that they're making are actually meeting needs and ending system involvement.

But currently in practice, definitions or criteria are not really being used. Especially not in the way that researchers or policymakers think of them with very specific criteria. Like four or more bookings into

jail or eight, or more law enforcement contacts in a one-year period. That's just really not happening in practice. And based on what we saw, it's probably not even feasible to develop one definition, or one set of criteria, that any court or county or service provider could just pick up and apply. Because the practices, and services, and the people are so different everywhere. Counties have different resources. People in different counties have really different needs. So while there are some universal things, like the lack of housing is universal, there's a lot that's different too. So instead, it may be better for the field to come up with some guidelines or recommendations for defining frequent jail contact. Because it's beneficial to keep up with this population in a more concrete way, than just seeing them and recognizing them.

So if counties and communities had some guidelines, then they could come together and use those guidelines to develop their own exact definition of frequent contact, and criteria for determining who is in this population. And then to move forward in larger collaboration, counties just need to be transparent about their definitions or their criteria.

Holley Davis:

Thanks so much for those takeaways, Sam. Lisa, I'd love to hear some of yours as well.

Dr. Lisa Callahan:

As Sam just mentioned, and I mentioned earlier, who is involved in defining and addressing these issues is really important. Who's at the table for these conversations will necessarily shape what the programs are going to look like. Who's going to be served? Who is this population? There's a phrase, "Not about us, without us." And that is something that I think all communities need to keep in mind. If you want to know why something works, ask the people for whom it worked. If you want to know why something doesn't work, ask the people for whom it didn't work. We can guess as much as we want to, but unless we actually engage people who have experienced the system in our calculation and our understanding, we're really not going to move the bar too far forward.

Holley Davis:

That's such an interesting perspective, Lisa, that you shared. "Not about us, without us" is such a core, I feel, competency in this sort of work. And Sam, I'd be curious from your interviews with these three sites, if there is an interesting story or a takeaway that you'd like to share of someone who both experienced these systems more frequently, and then worked on the other side.

Dr. Samantha Zottola:

Yeah, those individuals had really important insights into what had worked for them and what had not worked for them. They could speak really clearly about where the system failed them, where the requirements or expectations were impossible to comply with. And when they then were service providers themselves, they could apply what they had been through. And as best they could, not allow

other people to face some of the barriers that they had faced. And I think having them at the table is so important, because when they are not at the table, as Lisa said, the other service providers, or directors, or politicians who are at the table making decisions are just guessing at what they think people need. What they think will work. And they may not always be right about what needs people have, or what will meet those needs. So if you have people at the table who have been through the services and been through the system, they'll know exactly what will work and exactly what won't work. And they can help set much clearer requirements, or much clearer policies, that will be more effective.

Dr. Lisa Callahan:

Okay. I'd like to add something to what Sam just said. It's really important for providers, and including the justice professionals, but the behavioral health providers, to develop programs that people can actually accomplish. That people can be successful in. Sometimes we think more is better. That if we just have more and more and more groups or individual sessions or interventions for people, that that's better. But the question isn't asked frequently enough is, can they actually accomplish all of this work? Because for many of the individuals that we're discussing, a good part of their day is just surviving. A good part of their day is making sure that they have somewhere to sleep that night. That they have someplace to get their next meal. That they can communicate with the people they need to communicate with, whether it's their family, their friends, or their treatment providers. So I think it's really important for the people around the table to constantly ask the question, is it doable? And is it necessary?

Because it might not be as complicated as we're making it. And I think that's a really important gauge to always have in the conversation. And I think that's a really important check that the people with lived experience, the people who have gone through the system and now are on the provider side, can really help the rest of the stakeholders understand. That whatever we're providing for a particular individual, they need to be able to access and engage with. And more isn't always better. It needs to be tailored for the individual's needs and whether or not it's going to help them.

Holley Davis:

Yeah. From our discussion, what I've heard is increased access to housing of all types that is low barrier. And then associated programs and services that are also low barrier and not as time intensive as many of them seem to be. It seems like designing for success rather than designing for desired outcome. I'm not sure, that's a really interesting takeaway.

Dr. Samantha Zottola:

Something that came up in some of the interviews was the fact that the outcomes and the goals that a court might have for someone are different than the outcomes or the goals that a person might have for themselves. And sometimes there can be some real tension there when a court or court-based programs are trying to do what they think the person needs. And push the person toward the goals or outcomes that they think the person should be achieving. And it's really important to allow people to have agency in what their goals and outcomes are going to be. And I think that's another place where

folks who have lived experience, when they're working in the system, I think, that's something that they are really attuned to. And they are really going to be really likely to help people identify their own goals and their own success, what success would be for them. And help people achieve those goals, along with achieving stability and achieving removal from the criminal legal system. And stopping kind of the cycling that can happen.

Holley Davis:

Can you share any findings that you and your team had related to behavioral health and the folks cycling in and out of jails?

Dr. Samantha Zottola:

Yeah. When people were booked into jail, they were provided with a mental health screen. And we were surprised to find that fewer people screen positive than we would've expected. But we still found that people with a positive screen were more likely to experience frequent jail contact. We also found that the strategies at each site were successful in reducing lengths of stay for people with a positive screen, which was a good finding to have.

Holley Davis:

So Sam, you said that you were looking at racial disparities in this study. What did you all find?

Dr. Samantha Zottola:

We found that people of color were overrepresented in the jail population. And they were at heightened risk of experiencing frequent jail contact compared to white people. And this was true across all sites. We especially saw this heightened risk among black and indigenous people. And unfortunately, the strategies that sites were using to try to reduce jail contact were less successful for people of color. So going forward, it's critical for sites to work to understand why strategies are not reaching or working for people of color, and to make necessary changes. And this is something that all the sites have said they're committed to doing.

Holley Davis:

Lisa, do you have anything to add about the racial disparities found in this study?

Dr. Lisa Callahan:

One of the observations we made qualitatively through site visits and interviews, but also seems to be supported by the administrative data, is that regardless of which community you are looking at, regardless of which communities are partners in the research, people of color, indigenous populations are overrepresented in the criminal legal system. And programs are not tailored with the cultural competence that's necessary to engage many people who represent as being associated with a

reservation or a tribe. Or someone who identifies as being Hispanic or African American. And we need to do better. We need more cultural competence and cultural humility in the way in which we approach and design these programs, and the service delivery system. If we were doing a good job, these groups would not be overrepresented in our jails. And they would not be overrepresented in the population that is cycling in and out of our jails. That to me, should be the canary in the coal mine. That our programs aren't working the way we meant them to, if we are not addressing that problem as well.

Holley Davis:

Dr. Callahan and Dr. Zottola, thank you so much for that fascinating discussion. I really appreciate the work that you and your team have done on this topic.

This has been an episode of *Data Points*, a production of Policy Research. Learn more about us by visiting prainc.com. If you have questions or comments about this episode, email us at communications@prainc.com. *Data Points* is available via Spotify, Stitcher, Apple Podcasts, and SoundCloud.

This research was supported by the John D. and Catherine T. MacArthur Foundation, through the Safety and Justice Challenge Research Consortium. Which is managed by the CUNY Institute for State & Local Governance. The Safety and Justice Challenge seeks to reduce over incarceration and racial disparities by changing the way America thinks about, and uses jails. The research consortium advances criminal justice research grounded in the efforts and data of safety and justice challenge sites. The authors are solely responsible for the content of this podcast.

Special thanks to the research team and participating sites for their work and engagement in this project. This episode was co-produced and hosted by Holley Davis. And co-produced, engineered and edited by Elianne Paley. Until next time, keep creating positive social change.

About

Policy Research Associates, Inc. (PRA) is a certified Women-Owned Small Business (WOSB) founded in 1987. In partnership with our sister non-profit, Policy Research, Inc. (PRI), we offer four core services: research, technical assistance, training, and policy evaluation. Through our work, we enhance systems that assist individuals with behavioral health needs on their journey to recovery.

Contact

Policy Research Associates, Inc.

🏠 433 River St, Suite 1005, Troy, NY, 12180

✉️ pra@prainc.com

🌐 prainc.com

☎️ 518-439-7415