

Predicting First DOC Contact from Prior Social Service Involvement

Key Points

This report is the second in a series aimed at identifying where, when, and how individuals at the highest risk of future DOC contact (i.e., first-time felony convictions) can be identified within other state-funded programs. The ultimate goal of this work is to reduce escalation to DOC by helping to focus additional prevention resources toward those individuals who are at the highest risk of future DOC contact.

Background

- The report identifies which contacts with state-funded programs are the strongest predictors of future DOC entry. The following programs were examined: Self Sufficiency (SS), Medical Assistance (DMAP), Mental Health Services (MH), Alcohol and Drug Treatment (AD), Child Protective Services (CPS), Foster Care (FC), and the Oregon Youth Authority (OYA).
- Sample = 189,400 individuals who accessed at least one program during the time span of the available records (1998-2013) and were between 8 and 12 years of age in 2000.
- Linear regression was used to assess the unique impact of each program type while controlling for the impact of every other program.
- DOC entry includes both probation and incarceration commitments.

Key Findings

- **Which program contacts are the best predictors of future DOC entry?**
 - The most important predictors of future DOC entry (probation or incarceration) were contacts with **OYA** (12-fold increase in the likelihood of DOC), **Alcohol and Drug Treatment Services** (9-fold increase), and **Self-Sufficiency** (3-fold increase).
 - Contacts with Mental Health, Medical Assistance, and Foster Care were also significant predictors of future DOC entry, but to a lesser extent.
 - Child Protective Services was not a significant predictor of future DOC entry after controlling for the effects of the other programs.

Key Limitations

- Only the youngest DOC entrants were eligible for both youth-limited services (Child Protective Services, Foster Care, Oregon Youth Authority) and DOC within the time span of the available records; thus, DOC entry was only examined up to 25 years of age.
- If an individual's only contacts with a program occurred before age 8 (age 6 for Child Protective Services and Foster Care), that contact was not captured in the present analyses.

Next Steps

- Future work will examine individual characteristics (e.g., gender, ethnicity, age at first service) and patterns of service utilization (e.g., length of service access, types of services received, number of programs accessed) that predict future DOC entry. The goal is to develop methods for identifying the highest-risk individuals within each program. Our initial efforts will focus upon the populations accessing the Oregon Youth Authority, Alcohol and Drug Treatment, and Self-Sufficiency

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