Bringing H.O.P.E. to Pennsylvania

Summary of Key Findings from the SIP-HOPE Pilot Evaluation

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Key Findings

In the 12 months following their assignment to the CCCs participating in the SIP-HOPE pilot program, and when compared to 'traditional' SIP cases, pilot participants demonstrated:

- **Reduced the percentage of offenders with a post-release arrest of any type by 12.9%, a statistically significant difference.***

- Significantly fewer days incarcerated. Among the pilot participants, 28.0% spent fewer days in prison than their counterparts (16.6% v. 28.0%), a reduction of 11.4 percentage points.

- **Significantly lower escape rates.** Fewer pilot participants were charged with escape during the evaluation period (16.9% v. 16.9%).

- Overall, the pilot program was successful in reducing recidivism and incarceration. Additional analyses are necessary to determine the complete impact.

The period following an individual's release from prison can be challenging. This is especially true for individuals with a history of drug addiction. High levels of relapse and associated rates of recidivism pose a challenge for most correctional agencies. Project HOPE (Hawaii Opportunity Probation Experiment) was developed to model a new approach to community supervision for drug-involved offenders. Of particular importance, HOPE participants were drug tested regularly and the basic principles of deterrence were followed for all violations. This means that punishments were swift, certain and proportional to the severity of the offense.

Working with outside researchers, the Pennsylvania Department of Corrections (PA DOC), developed and implemented a pilot program modeled off of HOPE within the State Intermediate Punishment (SIP) program. SIP is a 24 month structured sentence incorporating inpatient and outpatient drug treatment. Participants reside in a community correctional center (CCC) for the latter portion of the sentence.

The SIP-HOPE pilot was implemented at CCC Scranton (Lackawanna County) and Riverside (Allegheny County) in September of 2014. The protocol fully replaced the 'business-as-usual' rules in those facilities but did not impact any other CCCs.

The SIP-HOPE pilot focused on preventing nine specific behaviors. Clear rules for the program, including a ban on using alcohol or illicit drugs, prohibitions on possessing paraphernalia and demonstrating evidence of intoxication were communicated at the start of the program and through prominently displayed posters. SIP-HOPE participants received breathalyzers tests each time they entered the CCC facility and were subject to random drug testing using instant and lab-based urinalysis.

When an individual was found to have violated the SIP-HOPE protocol, the response was immediate. The first violation resulted in 24 hours in full custody, the second, 48 hours, and the third approximately one week. The fourth violation resulted in a return to inpatient drug treatment and the fifth resulted in expulsion from SIP. In Scranton, sanctions were served at the Lackawanna County Jail and at Riverside they were served at SCI Pittsburgh. Once sanctions were completed, inmates were permitted to resume all programming as if no violation had occurred.

For this evaluation, individuals participating in the SIP-HOPE pilot program were matched to similar SIP participants at other facilities who were supervised under the traditional SIP model using a statistical technique known as *propensity score matching*. Several factors were used in this matching process including, but not limited to: demographics (e.g., age, gender, race), instant offense, prior criminal history, risk scores, severity of addition, educational attainment and mental health background.

The findings in this document summarize the results from an impact evaluation that assessed whether the SIP-HOPE pilot was effective. Several outcomes were considered. These include recidivism (defined as both an arrest for a new criminal offense and incarceration for any reason) and SIP program completion within one year of entering the CCC.

More information on the implementation of the SIP-HOPE pilot, additional detailed findings and a consideration of the full costs and benefits of the policy can be found in the complete research report.

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