Overview

In accordance with Act 112 of 2004, which created the State Intermediate Punishment (SIP) Program, the Pennsylvania Department of Corrections (PA DOC) is required to provide the Judiciary Committees of the Pennsylvania General Assembly with a program performance report in alternating years with the Pennsylvania Commission on Sentencing. This report provides current descriptive statistics and performance analysis of the SIP program.

Highlights

- Of the estimated 25,948 offenders who appeared SIP eligible from May 2005 through September 2016, approximately 6,644 (26%) were court referred to the PA DOC for an SIP evaluation.

- Of those 6,644 offenders who have been court referred for an SIP evaluation from May 2005 through September 2016, 84% were found eligible by the PA DOC.

- From program inception in May 2005 through September 2016, 5,598 offenders were sentenced to the SIP program.

- As of September 30, 2016, 1,014 offenders were in the SIP program: 408 in Phase 1 (prison), 132 in Phase 2 (community-based treatment), 346 in Phase 3 (outpatient treatment), and 128 in Phase 4 (community supervision). The number of SIP participants has increased by about 102 since last year.

- As of September 30, 2016, there were 3,142 graduates from the SIP program since its inception.

- Between program inception and September 2016, 1,442 SIP participants were removed from the program, representing a program failure rate of 26%. This is in comparison to a program failure rate of 30% for non-SIP therapeutic community programs operated by the PA DOC.

- Overall recidivism rates are lower for SIP participants than for a comparable group of non-SIP offenders at all follow up periods: 6-months (9.2% v. 16.6%); 1-year (22.6% v. 32.9%); 3-year (42.9% v. 55.7%); and 5-year (54.4% v. 64.2%). SIP participants have a lower rearrest rate than the comparison group at 1 year (13.4% vs. 16.5%).

- The Commonwealth saves approximately $33,736 per SIP participant. The 3,142 current SIP graduates have thus saved the Commonwealth approximately $106 million. This is a conservative estimate, as other costs are likely saved including the cost of parole supervision.
Background and Goals of SIP

The SIP program was created in response to concerns about the link between substance abuse and crime and the finding that many persons commit crimes while under the influence of alcohol and/or other drugs. SIP was designed as a sentencing alternative, with the goal of enhancing public safety through a period of incarceration while at the same time reducing recidivism through intensive substance abuse treatment. Act 112 of 2004, which created the SIP program, was signed into law by Governor Rendell on November 19, 2004 and became effective on May 18, 2005. Act 122 of 2012 expanded and modified SIP eligibility requirements.

Program Description

SIP consists of four phases and lasts a total of 24 months. Phase 1 involves confinement in a State Correctional Institution (SCI) for a period of no less than seven months. Currently, all male SIP participants are sent to either the Quehanna Boot Camp or SCI Chester and female SIP participants are sent to either the Quehanna Boot Camp or SCI Cambridge Springs for programming. During this first phase, at least four months are spent in a therapeutic community (TC) treatment program, which is an intensive inpatient alcohol and other drug treatment program. Phase 2 involves a minimum of two months in a community-based TC treatment program. Phase 3 involves a minimum of six months of outpatient addiction treatment. During this period, the participant may be housed in a community corrections center or placed in an approved transitional residence. Phase 4 consists of PA DOC supervised reintegration into the community for the balance of the 24 months of the program.

Referrals

From May 2005 through the end of September 2016, an estimated 25,948 offenders who were admitted to the PA DOC met the basic statutory requirements for SIP eligibility. Of these 25,948 offenders, 6,644 were actually court referred to the SIP program. Therefore, from May 2005 through September 2016 approximately 26% of SIP eligible offenders were court referred for an SIP evaluation by the PA DOC.

Table 1 presents SIP court referral rates by county for the time period of May 2005 through the end of September 2016. Of those counties with large numbers of offenders who were eligible for SIP, Washington (77%), Monroe (61%), Franklin (58%), and Jefferson (49%) had the highest referral rates. Counties with high numbers of eligible offenders but low program referral rates include Berks (6%), Lehigh (5%), Chester (12%) and Delaware (14%). Referral rates for Philadelphia and Bucks and Allegheny were below the overall average, at 14% and 18% and 22% respectively.

Of the 6,644 offenders who have been court referred to the PA DOC for an SIP evaluation since May 2005, approximately 84% were found eligible and sentenced to SIP. The remaining 16% of court referred offenders are either awaiting approval/sentencing to the SIP program or were found ineligible for the program by the PA DOC for a variety of reasons. By far the most frequent reason for ineligibility is detainers or other pending legal action against the offender (approximately 33% of those not approved by the PA DOC).
Other reasons for ineligibility include the offender: 1) refusing to participate in recommended treatment, 2) being assessed as an escape risk, 3) receiving institutional misconducts, 4) possessing a serious medical or mental health condition impairing functional treatment participation, or 5) being assessed as not in need of SIP treatment services.

**Admissions**

From the inception of the program in May 2005 through the end of September 2016, 5,598 offenders were sentenced to the SIP program. Figure 1 presents a graphical representation of the annual trend in SIP admissions. SIP admissions have grown steadily from program inception with periodic ups and downs, and since September 2013 through 2016 the admissions have continued to increase at a moderately higher rate.

Figure 2 shows admissions to the SIP program by county, which are mapped as a percentage of the SIP eligible PA DOC admissions by county. The map in Figure 2 shows Philadelphia county, which had the highest number of candidates eligible for the SIP program, only having 628 of their 4,943 eligible candidates admitted to the program (13%). Allegheny county had the second highest number of eligible candidates for the SIP program, but only had 16% of their eligible candidates admitted to the SIP program. Figure 2 also indicates that only seven Pennsylvania counties admitted more than 50% of those who appeared eligible for the program. This map, in conjunction with the program referral data in Table 1, highlight the underuse of the program and need to increase the referral and admission rates to SIP.

**Population**

As of September 30, 2016, 1,014 offenders were in the SIP program. Table 3 presents key demographic statistics on those participants. The average SIP participant is a 35 year old white male with a drug charge who is assessed as a medium risk for criminally re-offending and is diagnosed as alcohol/drug dependent. Of the 1,014 offenders in the SIP program as of September 30, 2016, 408 were in Phase 1 of the program (in-prison phase), 132 were in Phase 2 (community-based residential treatment phase), 346 were in Phase 3, (community-based outpatient treatment phase), and 128 were in Phase 4 (community supervision phase).
Figure 1: Annual SIP Program Admissions

Figure 2: SIP Admissions as Percent of Eligible by County
May 2005 through September 2016
Completions and Removals

As of September 30, 2016, there have been 3,142 graduates from the SIP program. The first program completer was in July of 2007. Since that time, program completions have steadily grown. Currently, program completions average about 29 per month.

Between program inception and the end of September 2016, there have been 1,442 removals from the program, representing a failure rate of about 26% of total admissions to the program since inception. The largest category of removals (35%) was for escape. Other reasons for removal include relapse, behavioral issues, threats or assaults on staff member, inmate, possession of a controlled substance, or a variety of other reasons resulting in insufficient time to complete the program requirements.

Outcomes - Recidivism and Cost Savings

One primary measure of program performance is recidivism. This year's report contains six-month, one-year, three-year and five-year recidivism rates for SIP participants as well as for a comparable group of offenders who did not go through SIP. Offenders in the comparison group met the basic statutory requirements for SIP eligibility, were paroled from the PA DOC during the same timeframe as the SIP group and looked similar to the SIP group in terms of their basic demographic profile (i.e., age, race, gender, committing county, offense type, and criminal risk/needs assessment results).

Table 4 provides the six-month, one-year, three-year, and five-year recidivism rates for these two groups. Three measures of recidivism are used in this table: rearrest, reincarceration, and overall recidivism. The ‘overall recidivism’ measure is a combination of the rearrest and reincarceration recidivism, and measures the first incident of either a rearrest or a reincarceration. Reincarceration rates are further broken down by reincarceration for a violation, either a violation of parole or a violation of the SIP program resulting in a return to prison (level 1) and reincarceration through the court for a new crime (see Appendix for further details about the methodology used).
As illustrated in Table 4, the six-month rearrest rate for the SIP group is 5.0% while the six-month rearrest rate for the comparison group is 6.2%, but the differences were not statistically significant. The one-year rearrest for the SIP group is 13.4% and the comparison group is 16.5%, significantly lower for the SIP group. The three-year rearrest rate for the SIP group is 37.6%, compared to a 36.8% rearrest rate for the comparison group. The five-year rearrest rate for the SIP group is 49.9% and 48.3% for the comparison group. These are not statistically significant differences, meaning that we cannot rule out that the difference is simply due to chance alone.

Examination of the reincarceration rates for both the SIP and comparison group shows that those offenders in the SIP group are returning to prison at a much lower rate than those in the comparison group at six months (4.9% v. 13.0%), one year (12.0% v. 27.4%), three years (10.1% v. 47.9%), and five year (17.1% v. 53.6%). These results are highly statistically significant. One important caveat here is that SIP completers are not under parole supervision and thus cannot return to prison for a parole violation. However, the SIP group was subject to supervision in the community corrections centers, and each return to prison for an infraction was counted as a “violation” event. However, SIP participants’ supervision time was limited to approximately 15 months in the follow-up period, mostly explaining the difference in parole violation rates for the 3– and 5-year follow up periods.

Interestingly though, the new court commitment reincarceration rate for the SIP group is higher than for that of the comparison group at three years (3.8% v. 0.4%), and five years (8.0% v. 1.3%).

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<thead>
<tr>
<th>Table 4: Recidivism Rates</th>
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<tr>
<td>6-Month Recidivism Rates</td>
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<tr>
<td>SIP</td>
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<tr>
<td>(n=4,294)</td>
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<tr>
<td>REARREST</td>
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<tr>
<td>Total:</td>
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<tr>
<td>REINCARCERATION</td>
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<td>Court Commit</td>
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<td>Violation</td>
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<td>OVERALL RECIDIVISM</td>
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<td>Total:</td>
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<tr>
<td>3-Year Recidivism Rates</td>
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<tr>
<td>SIP</td>
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<tr>
<td>(n=3,318)</td>
</tr>
<tr>
<td>REARREST</td>
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<tr>
<td>Total:</td>
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<td>REINCARCERATION</td>
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<td>OVERALL RECIDIVISM</td>
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Statistically significant lower rates denoted as: *p<.05, **p<.01
There are at least two possible suggestions for interpreting the above rearrest and reincarceration findings: 1) the new crime rate increased for the SIP group because completions are not subjected to parole supervision upon completion, under which a new crime may have been preempted and prevented through good supervision, or 2) new criminal behavior is no more or less likely among the SIP group but simply is handled differently between the two groups, with criminal behavior more dealt with through parole revocations among the comparison group but more dealt with through arrests and/or the courts for the SIP group.

Examination of the overall recidivism rates (i.e., the first incident of either a rearrest or a reincarceration) shows that overall recidivism rates are lower at all follow up periods: 6-month (9.2% v. 16.6%); 1-year (22.6% v. 32.9%); 3-year (42.9% v. 55.7%); 5-year (54.4% v. 64.2%). Clearly much of the lower overall recidivism rates for SIP participants is driven by the fact that SIP completers are not under parole supervision and thus not subjected to technical parole violations and extended lengths of time under supervision.

Another measure of program success is cost effectiveness. SIP graduates save prison bed space as a result of their reduced stay in prison while in the program, as well as a result of their reduced stay in prison due to subsequent reincarceration since SIP completers are not subject to parole supervision and thus cannot be returned to prison for a parole violation. Current estimates indicate that on average the Commonwealth will save approximately $33,736 per SIP participant due to their total reduced stay under PA DOC custody. Thus, the Commonwealth has saved a total of approximately $106 million on the 3,142 SIP participants who graduated the program as of the end of September 2016. This is likely a conservative estimate, as other costs are likely saved including the cost of parole supervision. This is a substantial increase in cost savings from that reported in the last SIP report, which demonstrates the ability of the program to exponentially increase cost savings as the number of referrals to the program and subsequent number of program completers grows.

This analysis provides evidence that SIP appears to be effective in its goals of diverting low level, drug involved offenders from lengthy prison stays while controlling their criminal recidivism. The best conclusion at this point is that SIP participants have generally lower longer-term overall recidivism rates compared to offenders who did not go through the SIP program, and that the cost savings to the Commonwealth due to shorter lengths of stay in prison for SIP participants is substantial. Thus the SIP program appears to be successful across multiple measures of success, and it is to the Commonwealth’s advantage to fully maximize utilization of the program in order to more efficiently utilize scarce prison beds, lower costs and reduce recidivism for substance abusing offenders.

SIP-HOPE Pilot

In September 2014, a pilot initiative was introduced within the SIP program in order to test its ability to further enhance positive outcomes among SIP participants. This new initiative is called the SIP-HOPE program, and is being pilot tested at two sites within the community phases (Phase 3 and 4) of SIP. The two pilot sites for this initiative are Riverside and Scranton Community Corrections Centers (CCC).

SIP-HOPE is based on a program originally developed among probationers in Hawaii, called Hawaii Opportunity Probation with Enforcement (HOPE). The HOPE model is essentially a monitoring and sanctioning system. The three key components of the HOPE model are: 1) clearly defined and communicated expectations of rules, 2) close, enhanced monitoring of program participants for adherence to the rules, and 3) swift and consistently-delivered, but moderate and graduated, sanctions for each and every infraction of the rules. Sometimes the HOPE model is also referred to as the Swift, Certain, and Fair (SCF) sanctioning approach. A key underpinning is that to most effectively deter rule violations and reduce recidivism, the swiftness and certainty of punishment matter more than the severity of punishment.

The original Hawaii HOPE program was so successful at reducing drug use and recidivism rates that it is now being tested in at least 18 states around the country, primarily among probationers but also among state parolees and inmate populations. The Pennsylvania state legislature, in Act 122 of 2012, also enabled and encouraged county probation offices in Pennsylvania to use the HOPE model.
Under SIP-HOPE, all participants entering SIP Phase 3 at the two pilot sites are first introduced to the SIP-HOPE expectations through an orientation video in which Secretary Wetzel clearly outlines nine forbidden behaviors. These nine forbidden behaviors primarily revolve around substance use. The video communicates that each and every infraction of one or more of these nine rules will with 100% certainty result in an immediate sanction. Sanctions for infractions of the nine rules are clearly outlined, beginning with a 1 to 2 day return to incarceration for a first violation, and graduating to SIP expulsion after a fifth violation. Enhanced monitoring of SIP participants is used to detect violations, primarily through weekly random instant drug testing.

The SIP-HOPE pilot ended in August 2016. Early results suggest a significant decrease in positive drug test results and recidivism. Due to early success, plans to expand have been made. Future SIP reports will provide results from this pilot as they are available.
Appendix A: Methodology

The PA DOC typically defines recidivism as return to state custody for any reason (e.g. parole violation, new offense, etc.). For the purposes of this evaluation, recidivism was operationalized in three ways: rearrest, reincarceration, and overall recidivism. Reincarceration was further broken down into two categories: parole violators and new court commitments. All recidivism rates in this report compare the SIP group to a similarly matched comparison group, with the SIP group representing all SIP participants (both program completers and expulsions) released from PA DOC custody during the same timeframe. The formulation of the comparison group is described in detail below.

Examination of reincarceration rates provides insight into whether SIP is achieving the goal of reducing prison resources used for low-level, drug-involved offenders. Examination of rearrest rates, on the other hand, serves more as a proxy of whether SIP is actually controlling the criminal behavior of SIP offenders. We felt it critical to examine both measures because SIP participants are not under any sort of parole supervision as part of the SIP program, and can only return to prison for a new crime. Rearrest rates also allow for a broader picture of recidivism by capturing reoffending that results in a county jail or intermediate sanction sentence, which would not be captured in the reincarceration rates. Additionally, we hope that the overall recidivism measure of recidivism will provide a useful overall estimate of the impact of SIP on recidivism, by combining the rearrest rates and reincarceration rates together into one measure.

A primary challenge in developing this report was to form a comparison group of similar inmates who did not go through the SIP program. Our first step was to identify a pool of inmates who had been released from PA DOC custody and met the basic statutory requirements for SIP participation but did not get sentenced to the program. Thus, we identified a group of inmates who: 1) had a non-violent offense as defined by the SIP act, 2) indicated alcohol or other drug dependency as measured by a score of 3 or higher on the TCU Drug Screen II and subsequently participated in a therapeutic community while incarcerated, and 3) had a minimum sentence of 24 months or greater.

This comparison group was then further matched to the SIP group using propensity score matching techniques in Stata v10 statistical software package. It has been demonstrated that in most cases propensity score matching is superior to traditional multivariate regression approach for estimating treatment effects where participants are non-randomly assigned to different groups, as is the case here with the SIP versus the comparison group. The two groups were matched on the following variables: age, race, gender, committing county, offense type (violent, property, DUI), RST criminal risk score, and TCU Drug Screen II score for alcohol or other drug dependency. After the matching procedure, the two groups were found to be “balanced” (i.e., statistically equivalent) on all matching variables. We thus had a reasonably high degree of confidence in the equivalence of the two groups, based on all of the important variables that we were able to observe for the two groups.

Having formed the comparison group, we then were able to estimate the six-month, one-year, three-year, and five-year recidivism rates of both the SIP participants and the comparison group, in accordance with reporting requirements for SIP outlined in Act 112 of 2004. This was the first report where we had a sufficiently large sample of SIP participants to look at five year recidivism rates.

The SIP cost savings figures in this report were generated in the following manner. Current statistics reveal that SIP graduates spend approximately 20 months less in prison on average than a comparison group of non-SIP inmates. As of September 30, 2016, a total of 3,142 SIP program completers had been released from PA DOC custody. Current PA DOC budget numbers indicate that the per diem cost of incarceration per inmate is approximately $100.83 for a group size of 900 or more inmates. Since the 3,142 SIP completers would have otherwise spent an average of 20 more months in prison at a per diem cost of $100.83, then we can estimate that the Commonwealth saved approximately $192.6 million for these 3,142 offenders ($100.83/day * 20 months * 30.4 days/month * 3,142 offenders). This cost savings is offset by a longer length of stay among SIP participants in the Community Corrections system, however. Current statistics indicate that all SIP participants spend 14 months on average housed in Community Corrections Centers (CCCs), while otherwise comparable non-SIP offenders spend 3.0 months on average in CCCs or either are paroled directly home. About half of non-SIP parolees are paroled to a Center and the other half are paroled directly home. The average per diem cost in a CCC is $76.77 per offender.
Thus, for the 3,142 SIP completers, their CCC cost would be approximately $91.7 million higher than it otherwise would have been \([($76.77/\text{day} \times 11 \text{ months} \times 30.4 \text{ days/month} \times 1,571 \text{ offenders}) + ($76.77/\text{day} \times 14 \text{ months} \times 30.4 \text{ days/month} \times 1,571 \text{ offenders})]\). This leads to a net cost savings of $100.9 million ($192.6 million cost savings from less prison time minus $91.7 million cost increase due to increased CCC time).

However, one additional cost savings can be added to this estimate. Since SIP graduates cannot return to prison for a parole violation, substantial prison bed space is saved. On average, parole violators serve 6 months in prison. Based on recidivism rates from Table 4 of this report, we can estimate that approximately one-fourth (785) of SIP graduates would have otherwise been returned to prison within a year for a parole violation had they not participated in SIP. PA DOC’s per diem cost for a group size of 300 to 599 inmates is estimated to be $35.27 per offender. Thus an estimated additional savings of $5.1 million in parole violator prison beds is realized for the 3,142 SIP graduates ($35.27/\text{day} \times 6 \text{ months} \times 30.4 \text{ days/month} \times 785 \text{ parole violators}). Adding this cost savings to the total net cost savings leads to an estimated grand total cost savings of $106 million. Dividing this figure by 3,142 SIP graduates leads to an estimated cost savings per SIP graduate of $33,736.

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