

# **BUDGET REQUEST FY 2015 - 2016**

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Pennsylvania Department of Corrections  
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## INTRODUCTION

Good Morning, Chairman Adolph, Chairman Markosek, and members of the House Appropriations Committee. Thank you for this opportunity to discuss the 2015 - 2016 budget request for the Pennsylvania Department of Corrections (DOC).

Whether we are speaking of the individual or an organization, few are successful without at least some level of accountability coupled with support. This can be organizational, financial, legislative, governmental, familial, psychological, or logistical, but some type of support is necessary. And, in short, the best way to achieve the outcome we seek for our offenders - that they become successful citizens - is if we lay the groundwork for their success. We cannot, however, optimally provide this foundation if we are not consistent. To that end, the DOC is focused on extensively rebuilding who we are and how we do things. In the words of Frank Lloyd Wright:

**“An architect’s most useful tools are an eraser at the drafting board and a wrecking ball at the site.”**

By redesigning the blueprint of our system, we can tear down the old and bring in the new, constructing a framework that is most conducive to sustainable progress resulting in LESS CRIME. We have done so over the last few years by sharpening our focus and our processes, most notably by:

- Reducing ineffective practices
- Increasing and reinforcing efficiency
- Improving our mental health program
- Providing needed support to offenders
- Exploring transformative initiatives
- Individualizing treatment
- Enhancing screening and assessment
- Implementing new approaches
- Prioritizing better, more extensive training for all staff
- Examining options for cross-departmental change

Over the past several decades, we have seen an historic increase in the use of incarceration as a response to crime and a skyrocketing price tag to that approach, while, at the same time, poor outcomes. In true, bipartisan spirit, over the past several years we have been able to forward criminal justice policy that has eliminated a 1,500/year inmate growth, realize a reduction in recidivism, and see a continued downward trend in crime. However, we cannot allow ourselves to be lulled into thinking that we have fundamentally improved our system to yield outcomes that the citizens of Pennsylvania deserve from our corrections system. So it is with this expectation that we propose to take the next step in improving criminal justice outcomes in our state by unifying our corrections system. An integrated system to deliver inmate supervision improves communication, maximizes the efficient use of resources by eliminating redundancy, and ultimately reduces crime. At the same time, this proposal maintains the essential component of having an independent parole board making release decisions.

Now is the time for us to exhibit a laser focus on creating a corrections system of which we demand outcomes. Our path to excellence will be measured and purposeful, as we weather difficulties with tenacity, repair our weakest areas, and enhance our strongest. Only by rebuilding who we are and what we do both as individuals and as a system can we rebuild lives and fulfill our most significant mission - continuing to improve our communities by reducing crime.

## REDUCTION IN OVERALL POPULATION

By January 2015, the DOC saw significant improvements in our population numbers. Over the last several years, Pennsylvania's state prison population was expected to top more than 56,000 offenders by the end of 2014. However, the DOC ended the calendar year with 50,756 offenders - the lowest number since June 2009. This was also the largest one-year drop in our population since 1971, and only the fourth time in the past 40 years that our population has shown an annual decrease rather than an increase. We were able to achieve this improved outcome by analyzing our approach, practices, and processes, and in turn by comprehensively reforming them. Our decrease in numbers is a direct result of internal efficiencies and collaboration among the DOC, the PBPP, county judicial systems, and numerous others in the criminal justice continuum.

One of the programs responsible for our progress and for producing these measurable results is the utilization of Justice Reinvestment initiatives. Last year alone, the number of individuals held inside a state prison was down by 908 offenders from the previous year. This number does not include those offenders held in secured halfway houses or other contracted county facilities.

Process improvements in the area of parole have also contributed to the decrease in our numbers. For example, we have reduced backlog in the parole process, which enables more offenders to meet the parole board, to have their cases reviewed, and, when appropriate, to be subsequently released in a timely manner. (Approximately 75 percent of releases are the result of a paroling action.) Likewise, the length of incarceration time has been reduced for parole violators. Should a parole violator be returned to state custody, the length of incarceration has been reduced from an average 12 - 14 months to a maximum cap of six months for a first violation. In short, an increased efficiency in parole processes has led to fewer offenders in our prison population.

Additionally, the DOC experienced our lowest number of court commitments in seven years, with a total of 10,321 commitments in 2014 compared with 11,520 commitments in 2013. Fewer court commitments, combined with policy changes, have enabled the state to both reduce spending and increase public safety, all occurring while the crime rate continues to decrease.

The DOC continued to examine numerous ways to reduce recidivism by supporting the success of ex-offenders after they were released from prison and were returning to their communities. We initiated performance-based incentive programs for halfway houses contracted by the state, offering rewards for the private operators who are holding down recidivism and revoking the contracts of those who are not. Halfway houses have also been required to provide mental health services.

In order to give offenders more tools to succeed after release, the DOC has also:

- Made guides and interactive maps to community resources more readily available and accessible on computers and mobile applications.
- Developed a housing voucher program to provide security deposits and rental aid for low-risk offenders whose lack of a place to go left them in halfway houses despite release recommendations.

- Partnered with the PA Department of Transportation to ensure that offenders leaving the state prison system had state identification cards required to access numerous services. Last year, more than 9,000 offenders had IDs when they left prison.
- Partnered with the PA Department of Labor and Industry to aid the prison system’s vocational offerings and to better prepare ex-offenders for the workforce upon release. It established structured mentoring through new contracts with nonprofits and faith-based community organizations.

**Reductions to Overall Population by End of Calendar Year 2014**



## IMPROVEMENTS IN TREATMENT OF MENTAL HEALTH POPULATION

The DOC has implemented measures to enhance the treatment and care of offenders suffering from Serious Mental Illness (SMI), making significant improvements to its mental health system:

### **Establishment of Centralized Office for the Administration of Mental Health Care**

- Established a Psychology Office at the Central Office level to promulgate policies, track data, review incidents, and provide appropriate direction for issues related to the department's delivery of mental health services.
- Improved requirements and procedures for clinical reviews of self-injurious behaviors, suicide attempts, and completed suicides.
- Developed a centralized tracking system of all offenders' self-injurious behaviors, serious suicide attempts, and similar extraordinary occurrences.
- Enhanced special needs psychiatric review team by implementing various types of data to improve mental health services at the systemic, institutional, and individual levels.

### **Development of New Misconducts Procedures to Divert Offenders with SMI from Restricted Housing Units (RHUs)**

Both the development of new treatment units and the implementation of more robust misconduct diversionary procedures for offenders with SMI have produced notable results. The DOC has seen a steep decline in the number of offenders with SMI and who are currently housed in restricted units for disciplinary reasons. Currently, less than 150 offenders who are diagnosed as SMI are housed in restrictive housing units, down from nearly 850 offenders previously.

### **Vera Segregation Reduction Project**

The DOC has partnered with the nationally recognized Vera Institute of Justice. Vera's Segregation Reduction Project has examined the DOC's use of segregation for the overall offender population. The goal of this partnership was to develop strategies to safely reduce the use of costly segregation through training, policy modifications, and other initiatives. On Friday, January 23, 2015, the Vera Institute of Justice met with DOC Executive personnel and the DOC Segregation Reduction Project Committee to review the strengths and challenges observed during Vera's eight facility site visits conducted in 2014. At this meeting, Vera discussed their recommendations to safely reduce Pennsylvania's L-5 population, and enhance L-5 program delivery. Discussions also included offender reintegration processes to General Population and releases to the community directly from RHU housing. Additionally, a detailed conversation between Vera and the DOC examined segregated housing data analysis, segregation length, and other areas of focus.

### **Certified Peer Support Specialist Program**

The DOC's certified peer support specialist program has trained more than 300 offenders to provide support and counseling services to other offenders on a variety of issues, including participation in mental health treatment.

### **Crisis Intervention Team (CIT) Training**

CIT training, first used to educate police officers to respond to mental health issues that they encounter in the community, has been modified by the DOC into an extensive, multi-day training course to provide our correctional officers with an understanding of the ways in which mental illness may affect the offenders with whom they interact. CIT provides these officers with skills for deescalating crisis situations. Trainings occur several times a year, and classes typically include dozens of officers and corrections personnel. Officers whose positions within institutions put them in close contact with the mentally ill have been prioritized for this critical training. The DOC is planning to offer CIT to Pennsylvania county prisons in the future.

### **Mental Health First Aid Training**

Currently, the DOC has trained more than 90% of its employees in Mental Health First Aid and is on track to have every employee trained by the end of fiscal year 2014-15. The training gives employees the knowledge and tools they need to understand, recognize, and respond to the symptoms of mental illness.

### **Improved Treatment Units**

The DOC has developed several new specialized units to address the different treatment needs of offenders with SMI, including Secure Residential Treatment Units (SRTUs), Behavior Management Units (BMUs), Residential Treatment Units (RTUs), and Diversionary Treatment Units (DTUs). This variety of treatment units ensures that offenders are receiving individualized, need-specific care, regardless of their security level. Additionally, offenders in specialized units receive – at a minimum, and often in excess of – 20 hours of structured and unstructured programs out of their cells each week. For those offenders in general population, treatment units have even greater out-of-cell program opportunities.

### **MHM Performance Contracting**

The contract with MHM Services for offender mental health care includes performance-based incentives and penalties. The contract provides incentives for positive outcomes for offenders to further the DOC's goal that offenders leaving the system are better than when they entered it. The contract incentivizes treatment that reduces misconduct and mental health recommitment rates for the mentally ill. Additionally, MHM will be required to maintain or exceed an established baseline medication compliance rate.

### Enhanced Classification and Treatment for SMI Offenders

The DOC has updated its definition of SMI to better capture and track those individuals who suffer from the most severe forms of mental illness and who therefore require the most treatment services. Because the new definition is diagnosis driven, it better identifies individuals in need of services and ensures that they are connected to essential resources. For those offenders who require intensive treatment, a recovery model individual treatment plan is generated – with offender participation – in order to identify and isolate specific treatment goals that both offender and treatment team will strive to meet together.

### Partnering with National Alliance for the Mentally Ill (NAMI), Rutgers University, and Other Groups

The DOC has partnered with various advocacy groups and leading researchers in the field of mental illness to analyze current systems, complete a mapping of the prison's mental health system from reception to reentry, and develop training and initiatives to improve mental health care. Partners include NAMI and Rutgers University.

### Development of Suicide Prevention Committees

- Each state correctional institution has instituted a Suicide Prevention Committee, which includes a multi-disciplinary team of mental health and security personnel, to review serious incidents of self-harm, attempted suicides, and completed suicides. These committees will monitor policy compliance, conduct training exercises, and make recommendations for improvements to policy and procedure.
- Each state prison is required to conduct suicide response drills aimed at improving response times and best practices of all employees.

### Trauma Screening

All female offenders received at SCI Muncy will undergo a thorough trauma screening upon their reception to the institution and will be connected with appropriate follow-up services.

## DOC AND PAROLE CONSOLIDATION

### Overview and Vision

Under Pennsylvania's current justice system, it has become clear that combining the DOC and the offender management aspect of the PBPP into a single, unified body would produce a more efficient collaboration between the two. While the two agencies have maintained the same vision of ensuring public safety, their efforts have fallen short due to inefficiencies in communication and a lack of organizational integrity, resulting in undesirable outcomes for the corrections population. By joining forces, we can ensure more seamless operations and better outcomes. The new agency would provide a more streamlined continuum of care and reintegration, reducing taxpayer dollars by consolidating duplicate departmental functions, consistently sharing information, promoting accountability, and ultimately reducing recidivism.

### Public Safety

As a single unit, the new agency would be able to reduce our population over time and could better support permanent reintegration. We often fail our offenders by giving them two sets of rules to follow between two agencies, creating confusion and frustration, which often leads to repeat offenses. Offenders are subject to conflicting schedules, separate orientations, and inconsistent expectations. Instead, the new agency would:

- Expand and consolidate reentry processes and services. Offenders would have a single point of contact through which to access community resources for reentry.
- Increase timeliness and efficiency in case management and planning, helping to prevent parole delays due to communication issues between agencies.
- Improve consistency in areas such as enforcement of regulations, accountability, offender placement, diagnosis, classification, and treatment.

### Efficiency

The new agency would operate with improved efficiency across numerous other areas as well:

- Better communication across departments would improve offender services and management.
- Consolidating all supervision functions under one agency would improve data collection, maintenance, sharing, and reporting, with a single, automated system to remove redundancies and ensure accuracy.
- Duplicated services would be reexamined for consolidation or retooling in order to reduce budget spending and ultimately reduce taxpayer dollars.
- Would allow more thorough training across departments; improved research functions, and combined grant proposals.

## FUNDING AND CHANGES

For FY 2015 - 16, the DOC is requesting an increase of \$146.5 million in state funds (or a 6.93 percent increase). Almost 84.6 percent of this funding increase is specifically tied to personnel costs.

Regardless of the size of a correctional system, it is only as strong as the staff members who risk their lives from the moment they enter our facilities. Supporting those staff members on a day-to-day basis is critical. While essential, we also have little control over these recurring costs.

The Department is seeking a \$56 million supplemental increase for the State Correctional Institutions appropriation for FY 2014-15. The additional funds are needed to cover costs associated with the recently approved H-1 labor agreement and higher than anticipated OT cost due to carrying over 1,500 vacancies.

## REENTRY INITIATIVES

By consolidating the DOC and the PBPP, we can enhance and further sharpen our focus on reentry and transition. The following reentry initiatives reinforce our mission to support offenders, from the time they enter our system until after they are released, and can, in turn, prevent future crime and reduce recidivism:

### Veteran Initiatives

- **Identifying Incarcerated Veterans** - In partnership with the U.S. Department of Veterans Affairs, the DOC has improved its ability to identify currently incarcerated veterans and connect this target population to veteran-specific treatment, services and resources in the SCI and community. Previously, state offenders would self-identify as a "veteran." Additionally, the reporting mechanism will enable VA staff to be aware of and prepare for an incarcerated veteran's impending release. As of September 2014, we have been able to successfully identify and verify 2,383 offenders with a Veteran status.
- **Veteran Service Units** - In response to the unique mental health and treatment needs of the veteran population combined with an anticipated increase in incarcerated veterans, the DOC is piloting Veteran's Service Units (VSU) at three SCIs: Pittsburgh (operational), Camp Hill (planning), and Dallas (operational). Utilizing a therapeutic community model, the PADO will facilitate effective treatment for the veteran offender population (including offenders with life sentences) and will assist the veterans in their transition from incarceration to the community, when necessary. As of September 2014, 147 Veterans are housed in the VSUs with ongoing recruitment.
- **Veteran-Specific Community Corrections** - The "continuum" of services and supports available to offenders from the SCI into their community is a critical component of successful reentry. Recognizing the ability to build on veteran-specific initiatives behind and outside the SCI walls, the DOC contracted with three community corrections facilities (one each in Berks, Clearfield, and Philadelphia counties) in order to provide specialized residential services for veteran offenders. As of September 2014, over 70 Veterans have resided at the facilities.

### **Transitional Housing Units (THUs)**

As a result of Act 122, the DOC implemented eleven THUs at SCIs Albion, Camp Hill, Chester, Graterford, Laurel Highlands, Mahanoy, Muncy, Pine Grove, Pittsburgh, and the Quehanna Boot Camp. The THUs provide reentry services to inmates who will be released to the geographic areas near the pilot institutions and to allow networking of inmates with service providers and others in the communities.

### **Community Corrections “Non-Residential” Services**

The Department of Corrections has implemented non-residential supportive and wrap-around services across the Commonwealth to support an offender’s successful re-integration into the community. These non-residential reentry service providers facilitate the transition for offenders who are returning to their community. Services that are being provided include: Day Reporting, Housing, Cognitive-Based Interventions, Mentoring, Family Reunification, Sex Offender Treatment, Outpatient Alcohol and Other Drug Treatment, Mental Health, Domestic Violence, and Workforce Development.

### **Interactive Resource Map**

The DOC has released an interactive county resource directory map. Typically, the resource directories were developed and distributed to offenders and staff in hardcopy format. The hardcopy format presented multiple challenges, including outdated information, inability to establish a centralized process for updated information and revisions, and lack of user-friendliness. The interactive resource map provides staff, offenders and their families, and others the opportunity to access up-to-date statewide and local resource information in a 21<sup>st</sup> century format. Resources include areas such as identification, food and clothing, transportation, housing, employment, education and training, and mentoring.

### **Improving Offenders’ Ability to Obtain Proper Identification**

The DOC continues to partner with PennDOT to improve the process for released offenders in obtaining formal Pennsylvania identification. By supporting offenders in this way and enabling them to receive this crucial documentation, we are supporting their ability to succeed on the outside and, in turn, their efforts to stay out of our system.

### **Medicaid Expansion**

Full Medicaid expansion will significantly improve the reentry process and will support each offender’s transition back into the community. It will broaden eligibility for ex-offenders who seek treatment and health services beginning from the very first day of their release. Access to and receipt of benefits, such as medical services, behavioral health services, drug and alcohol treatment, physician services, and prescription drugs, will be significantly improved and can result in decreased crime, increased Commonwealth savings, reduced criminal justice populations, and improved recidivism rates. Partnering with the Department of Human Services and the Department of Drug & Alcohol Programs, the DOC is exploring ways to maximize Medicaid expansion for criminal justice-involved individuals, as well as to eliminate the policy and bureaucratic barriers that restrict timely access and affordability of necessary services.

### Medication-Assisted Treatment (MAT) / Vivitrol

The Department has recognized the importance of using Medication-Assisted Treatment (MAT) to support the reentry success of offenders. The DOC previously implemented a small feasibility study targeting female offenders and the use of Vivitrol as an MAT. Vivitrol is designed to reduce cravings for alcohol and/or opiates, and acts as an antagonist that blocks the ability to get high or to feel euphoria. Administration of Vivitrol immediately prior to release may allow eligible offenders the ability to focus on immediate reentry needs without also having to struggle with a drug craving. On April 1<sup>st</sup>, the pilot will expand to include male offenders and an outcome evaluation. This evaluation will assist the Department in determining the efficacy and impact of Vivitrol on recidivism for state offenders diagnosed with opioid and/or alcohol issues.