

State Intermediate Punishment (SIP) Talking Points

BUILDING ON RESEARCH

The proposed SIP sentence is “smart on crime” as it attacks the underlying causes of criminal behavior, including drug addiction, while ensuring that an offender is punished for violating the law by spending time in state prison.

The proposed SIP program within this sentence provides for an individualized, targeted treatment approach and a continuum of care model, both of which are key to operating a successful program.

The DOC subscribes to a “holistic” theory of practice. The Holistic Health Model is an approach to addiction treatment that addresses physical, psychological, emotional, behavioral, spiritual, social, environmental, and criminal factors.

Our proposed program builds on the success of programs in other states, expanding the continuum of care to the community. In addition to drug treatment, the program would provide programming in other key areas linked to criminality including education, vocational training, and job readiness.

RESULTS FROM OTHER STATES

Many states have adopted programs aimed at treating less-serious offenders with AOD addictions. We have identified three states, California, Texas and Delaware that have adopted drug treatment programs similar to the one we propose with solid results.

Results on the Amity prison Therapeutic Community (TC) in California found that only 27 percent of inmates who completed both the TC and aftercare returned to prison within three years of release, compared to 75 percent of similar inmates who had no such treatment.

Studies of the Kyle New Vision ITC prison-based TC in Texas concluded that this program had a significant impact on the most severely addicted inmates. The three year reincarceration rate for inmates who completed all phases of the ITC treatment was 26 percent, compared with 52 percent for similar inmates who had not received treatment.

Evaluations of the Delaware KEY-CREST program, which included a prison based TC, a community based TC and aftercare, conclude that the program positively impacts drug relapse and recidivism. Fifty-two percent of those completing all three phases of treatment were arrested during the 60-month follow-up period. In contrast, 77 percent of a like group who received no treatment were arrested at least once within a 60-month period. In terms of drug-relapse, 74 percent of those completing all three phases of treatment used drugs at least one time during the 60-month follow-up period. Ninety nine percent of the non-treatment group used drugs at least one time during the 60-month study period.

RESULTS IN PENNSYLVANIA

Forty three percent of offenders released from Pennsylvania’s prisons in 1999 returned to prison at least one time within three years of release.

In a recent study of five therapeutic communities operated by the DOC, Temple University found positive effects of TC on reincarceration rates. The two-year reincarceration rate for TC completers was 30 percent, while the reincarceration rate for the comparison group was 41 percent. This study does not consider the effect of aftercare. Studies conclude that combining in-prison treatment with community based treatment and aftercare yields even better results than institutional TC treatment alone.

Overview

The proposed SIP sentence is “smart on crime” as it attacks the underlying causes of criminal behavior, including drug addiction, while ensuring that an offender is punished for violating the law by spending time in state prison.

We are proposing this program because research findings indicate that treatment for addicted offenders can be effective, reducing recidivism rates by 25 percentage points or more.

Our proposed program builds on the success of programs in other states, expanding the continuum of care to the community.

In addition to drug treatment, the program would provide programming in other key areas linked to criminality including education, vocational training, and job readiness.

Research indicates that the best course of action for drug offenders is to combine intensive treatment in prison with intensive community based treatment and aftercare services while retaining the hammer of significant incarceration if the offender fails or reoffends.

Research also indicates that it is the certainty of punishment that is important for change to occur not the severity of punishment.

It is anticipated that this proposed program will:

- Enhance public safety.
- Reduce recidivism.
- Free up valuable prison space.

BACKGROUND

What

The Commonwealth's proposed SIP sentence involves placing appropriate, less-serious offenders in a structured AOD treatment program in a prison followed by treatment in the community.

Who

Offenders committed for Part I offenses would not be eligible for the program. In 2002, there were 4,369 (3,997 men and 372 women) inmates committed for Part II offenses with maximum sentences under 5 years, who had serious AOD issues. A portion of this population would be served by the SIP program. If the proposal is adopted, we expect that in the first year, 400 inmates will participate in the program, 600 will participate in the second year and 800 will participate in the third year. The maximum program capacity for year four and beyond is 1,000.

Why

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How

Mechanics of the Program

Both the prosecutor and the sentencing judge must recommend an offender for a SIP sentence. Prior to sentencing, the judge must request that the Department conduct a thorough AOD and risk assessment of the offender to determine whether the offender is appropriate for the state intermediate punishment program.

If the Department determines that the offender is suitable and the Commonwealth's attorney does not object, the judge may impose a state intermediate punishment sentence, which includes a minimum period of 15 - 24 months of restrictive intermediate punishment (RIP), a condition of which will be that the offender serve the following:

A minimum of seven months in prison, at least four of which must be in a therapeutic community.

A minimum of two months in a community-based therapeutic community.

A minimum of six months in outpatient AOD treatment.

An offender makes progress in the program based on his/her attainment of goals established for the offender. If the offender fails to complete the program or violates conditions of the program, he/she will be subject to resentencing based on the original sentencing guidelines.

An offender may spend part of the six-month aftercare phase in a community corrections center, a group home or an approved transitional residence such as their home. The Department would continue to supervise the offender during this time period. The department currently supervises offenders in this manner under the community corrections home furlough program. Supervision would entail approving the residence, setting a reporting schedule and establishing conditions with which the offender must comply. The Department would also check up on the offender periodically to be sure he/she is following these conditions. The offender will be expected to find a job and continue group therapy meetings and to submit to regular drug tests during this period.

EXPECTED RESULTS

It is anticipated that this proposed program will:

Enhance public safety by addressing the root causes of criminal behavior.

Reduce recidivism, thus, lowering crime rates and victimization, reduce drug use and lower medical costs for those who participate in the program.

Free up valuable prison space which can then be used to house more serious offenders.

May result in financial savings for the Commonwealth. Once the program reaches 400 participants, we project that the Commonwealth will save at least \$15,000 per participant