

FY 2020-21 BUDGET

BUDGET TESTIMONY

Pennsylvania Department of Corrections

Secretary John E. Wetzel

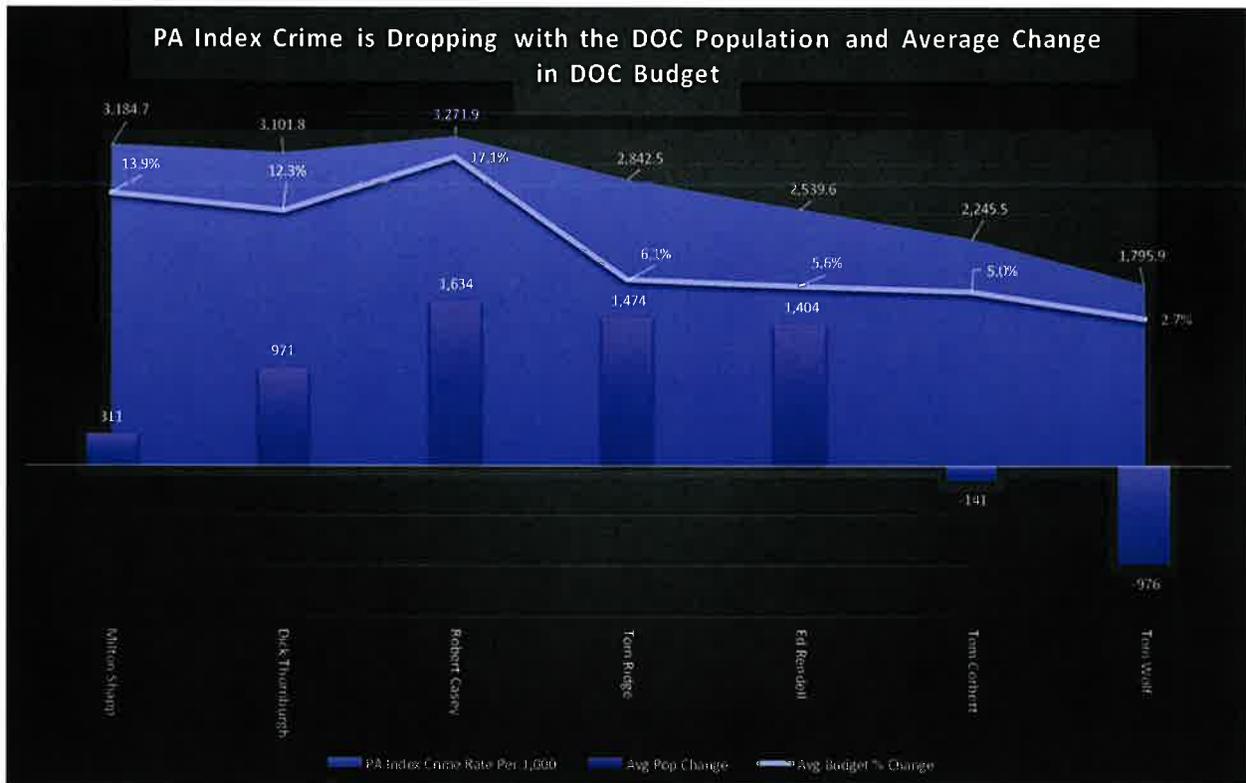
2019 was a year of refocusing and establishing a new normal.

In the past year, Department of Corrections (DOC) and Board of Probation and Parole (PBPP) have worked to reorganize the structure of the organizations as one to work towards our goal to make Pennsylvania safer. We are now well-equipped to implement the complex and smart Justice Reinvestment (JRI2) that was enacted in December 2019. We are building a stronger reentry plan by creating a Bureau of Reentry Coordination and building one risk and needs assessment that will follow an individual through the system so all treatment needs are addressed at the appropriate stage. We have also ensured that approximately 70% of our reentrants are approved for Medical Assistance (MA) as they walk out the door.

We are not without our challenges. We have an increasingly violent population with inmate-on-inmate assaults increasing. We have taken steps to reduce the violence in prison by responding quickly and acutely to incidents, likely contributing to the reduction in assaults on staff. We have also maintained our increased focus on drug interdiction, with mail scanning, digital photos, the Security Processing Center, more K-9 units in the community, drone detection, body scanners, and a bureau that now handles the spectrum of intelligence from prison to the community.

Assuming our funding is authorized at \$2,746,680, the FY20 budget submission *does not include* another prison closure.

With the continued support of Governor Wolf, the Pennsylvania DOC has seen another record-breaking reduction in prison population, as well as a reduction in spending increase all while crime rates in Pennsylvania continue to decline. In fact, the crime rate is at a level **not seen since 1967**. As of December 2019, the DOC population was 45,875, and for the second year in a row, we experienced the **largest one-year population drop in the Department's history**.



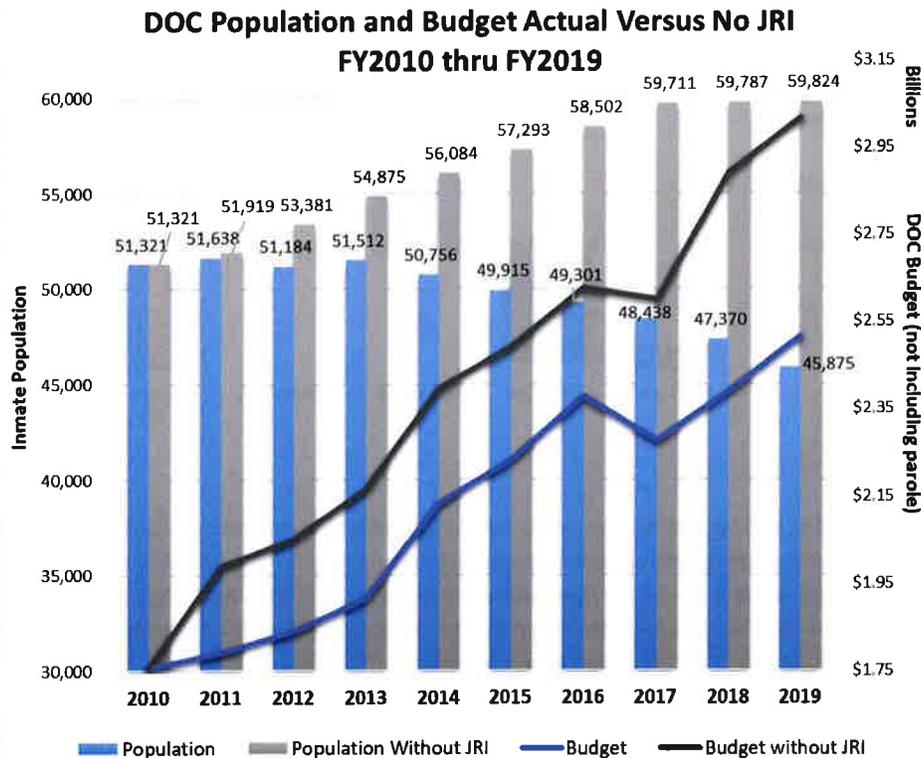
OUR SUPPLEMENTAL RECOMMENDATIONS

- ◆ The Governor's Budget Office has recommended a supplemental of \$75M in the SCI fund and \$14.9M in the Medical Fund

- ◆ The SCI Supplemental built up over 2 fiscal years. In FY17, we were not funded for the required increase under the collective bargaining agreement for officers (**\$31M**) and a budgetary reserve (**\$47M**). In FY18, we saw an increase of **\$21M** in HR/IT costs and another **\$10M** for drug interdiction strategies, and finally the OT increase (**\$15M**) associated with the move to Phoenix. An additional **\$11M** in overtime was utilized to operationalize the security enhancements associated with the drug interdiction efforts. This adds up to more than the \$75M recommended, but we are working on our cost savings initiatives to make up the difference.
- ◆ The Medical Supplemental built up over 3 fiscal years. In FY16, Hep C costs started increasing (**\$1.3M**). Then in FY17, we lost the DOH augmentation (**\$15M**). In FY18, Hep C costs increases substantially due to a class action lawsuit that led to a settlement agreement (**\$11M**).

JUSTICE REINVESTMENT

- ◆ Between 2005 and 2009 our population was growing so rapidly, an estimated 26%, that state prison inmates had to be housed in counties and two other states. In 2010, our prison population was projected to grow to approximately 60,000 inmates by 2018. Instead, the population has steadily declined to below 46,000 (the lowest since FY2007/08), and continues to safely fall.
- ◆ Through JRI efforts, internal efficiencies, and external policy changes including the invalidation of mandatory minimums, we have reduced prison population for **7 consecutive fiscal years**. As a result of the criminal justice reform efforts implemented in 2012, the prison population is 31.7% lower than it would have been without JRI. Our budget is 21.7% lower (\$545 M) than it would have been without JRI.

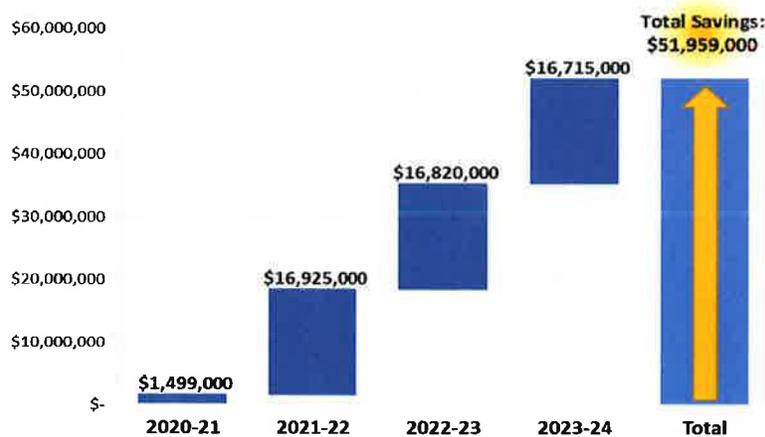


- ◆ Since the implementation of JRI/Act 122 in June 2012, the DOC's **inmate population has declined 5,882, or 11.4%**. That is an annual average population decline of 784, or 1.6%.
- ◆ While the inmate population declines, crime is also falling, making Pennsylvania a safer place to live. Crime rates in

Pennsylvania have remained **consistently lower than the national crime rates**. Please see the accompanying publication "Crime Lines" for more details.

- ◆ On December 18, 2019, JRI2 was enacted. There are three main policy components which are intended to reduce the DOC population: 1) short sentence parole at the minimum date for short-minimum, non-violent inmates, 2) redesign and expansion of SIP - now State Drug Treatment Program (SDTP), and 3) use of swift and certain sanctioning among parole violators (aka "quick dips").
- ◆ These JRI2 policies are projected to reduce the DOC population by an additional 638 inmates by June 2024.
- ◆ Approximately 80% of the population reduction impact is anticipated from the first policy – short sentence parole. The SIP expansion and "quick dips" account for the other 20%.
- ◆ The associated total cost savings for these JRI2 policies is \$52.0M.
- ◆ Approximately half of the cost savings (\$26.7M) are anticipated to be reinvested through FY 2024, into improving the Criminal Justice system, including \$24.18M to be reinvested in county probation. Reinvestments in County Probation, coupled with enhanced oversight, standards, and technical support for counties will improve outcomes for justice-involved individuals locally and reduce future admissions to the DOC.

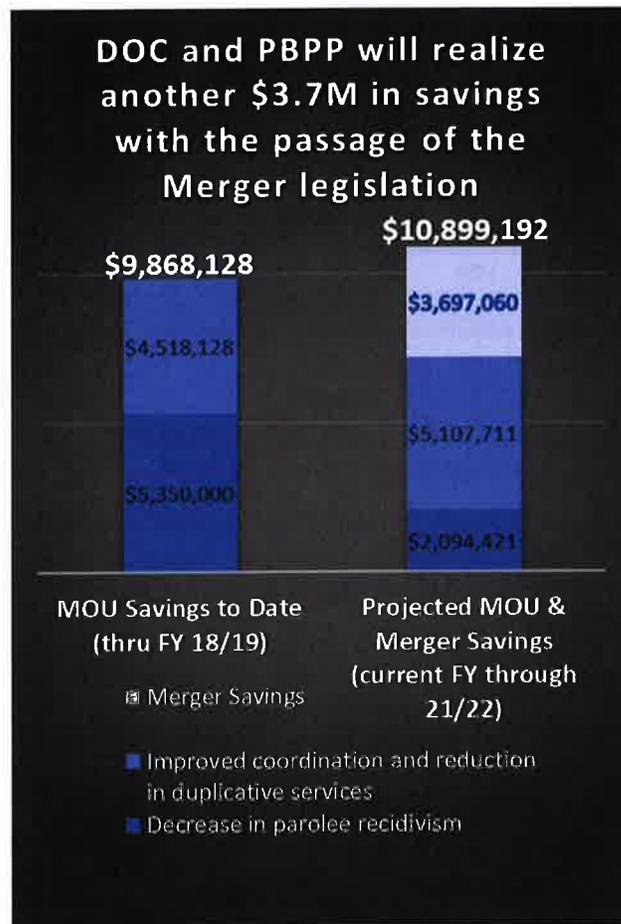
Justice Reinvestment Initiative (JRI 2)
More than \$50 million projected savings



DOC & PBPP MERGER

- ◆ Merger legislation (SB968 and SB969) will provide a **permanent reliable infrastructure** and resolve current cumbersome processes in dealing with basic employment issues (hiring, firing, and chain of command), appropriations and fiscal matters. While we have already achieved **\$10 million in savings** and improved operational efficiency, a permanent solution is needed to realize the full potential of the initiatives detailed below. These collaborative efforts reduce costs and improve safety for our communities.
- ◆ As a result of our MOU between DOC and PBPP, we have been able to combine efforts and cultures to work toward a collective goal of safer Pennsylvania communities and rehabilitated returning citizens. This union provides the opportunity to streamline practices, eliminate duplicative efforts, and ensure a strong reentry structure that will increase reentrant success and reduce recidivism.
- ◆ There is no impact on the independent decision-making of the Parole Board or the Sexual Offenders Assessment Board nor the important work of the Office of Victim Advocate.

- ◆ With the merger legislation, the department could save another \$3.7M in even more efficiencies and improved outcomes for individuals on parole.



DRUG INTERDICTION INVESTMENTS

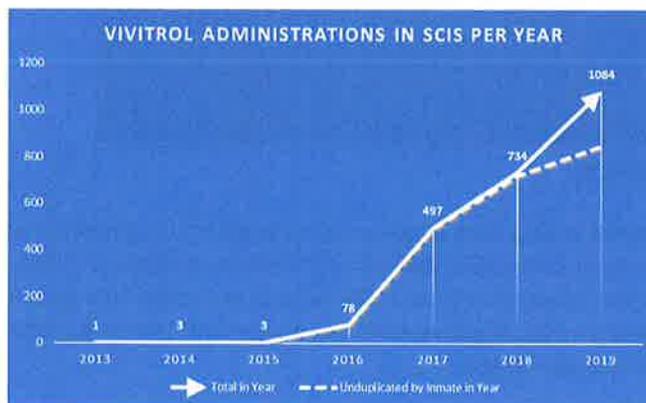
- ◆ Ongoing efforts are being maintained to keep illicit drugs out of our prisons and community corrections centers. We continue to see improved outcomes by maintaining these drug interdiction programs. In fact, there was a 36% decrease in the number of DOC staff experiencing exposures and a 50% increase in charges filed against those trying to bring drugs into prison. Please see below for more improvements and investments in drug detection and all the findings in the accompanying publication: Interdiction Report.

Investments in Drug Interdiction	\$ 15,759,000
Body Scanners	\$ 2,285,000
Ion scanners	\$ 52,000
Smart Communications Contract	\$ 4,512,000
Printers	\$ 114,000
Legal Mail	\$ 750,000
Paper costs	\$ 180,000
Drone detection	\$ 1,440,000
Narcan/Protective Gloves	\$ 20,000
K9's for Parole	\$ 200,000
Security Processing Center	\$ 1,306,000
Shipping and Delivery	\$ 100,000
Body Scanner Staffing Increase	\$ 4,800,000

Interdiction Measure	Pre (Sep17-Aug18)	Post (Sep18-Aug19)	Change	Trend
Drug finds per 1,000 inmates	4.6	3.8	-0.8	
% of random inmate drug tests positive	0.7%	0.6%	-0.1%	
Inmate on staff assaults per 1,000 inmates	15	14	-1	
Inmate on inmate assaults per 1,000 inmates	1.5	1.5	0.0	
Drug related misconduct per 1,000 inmates	8.2	5.6	-2.6	
Violent incidents per 1,000 inmates	4.6	4.7	+0.1	
Inmate ER trips due to drugs	16	10	-0.1	
Inmate overdoses per 1,000 inmates	0.3	0.3	0.0	
Staff ER trips due to drug exposure	56*	20	-36	

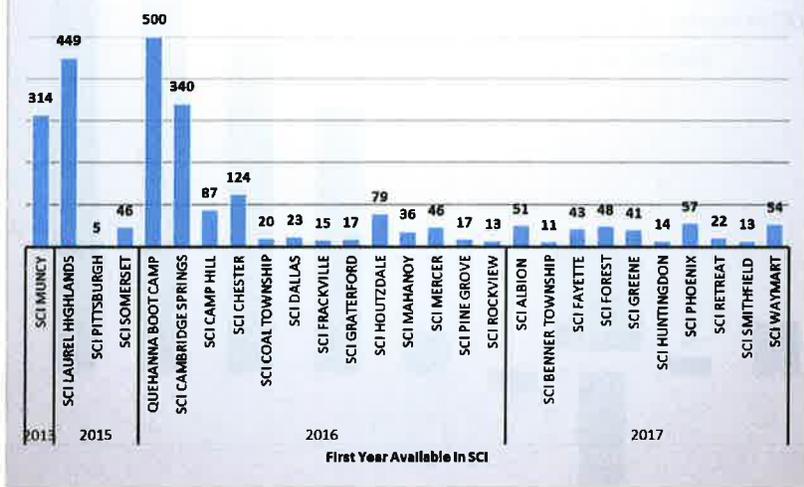
RESPONSE TO OPIOID EPIDEMIC

- ◆ Since 2010, the new admissions with an opioid addiction more than doubled, and a quarter of DOC admissions who identify a “drug of choice” indicate heroin or opiate prescription drugs.
- ◆ Medication Assisted Treatment (MAT), first piloted by the Department of Corrections in FY2013/14, has expanded to all 25 SCIs. Through January 2020, **2,485 Vivitrol injections** have been provided to 2,145 inmates. Beginning in 2019 up to three monthly injections are provided to inmates prior to release. This allows inmates to better manage side effects as they return to their community.
- ◆ In 2019 MAT programs in the Department of Corrections expanded to include Buprenorphine through daily oral tablets (crushed to eliminate the opportunity for diversion), and monthly Sublocade injections. **Since June 2019 Buprenorphine has been made available at all 25 institutions; 215 inmates treated with it in the first seven months of the expansion.**



- ◆ MAT is available to inmates who enter DOC with a current MAT prescription (maintenance) and those preparing for release (up to three months prior to release). In 2020, the Department plans to further expand availability of MAT for other medically appropriate populations.
- ◆ The Department is focusing resources on continuity of care for MAT participants as they transition to the community. MAT social workers in the Bureau of Community Corrections will coordinate with institutional staff and Single County Authorities for a smooth transition that sets reentrants up for success.
- ◆ Inmates are enrolled in Medical Assistance prior to release, and for those who lack coverage during the transition, the Vivitrol Mobile Unit continues to provide stop-gap services including drug screenings and Vivitrol injections across the Commonwealth.

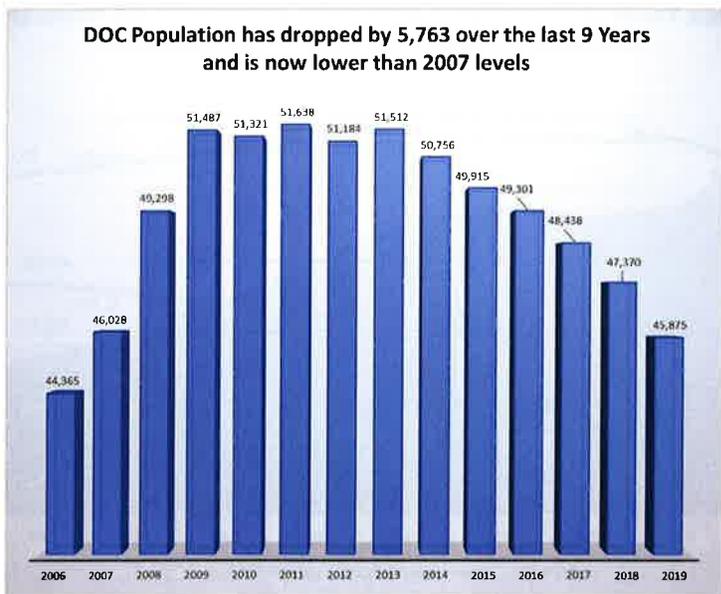
First piloted in 2013/14, Vivitrol has been available in all SCIs since 2017



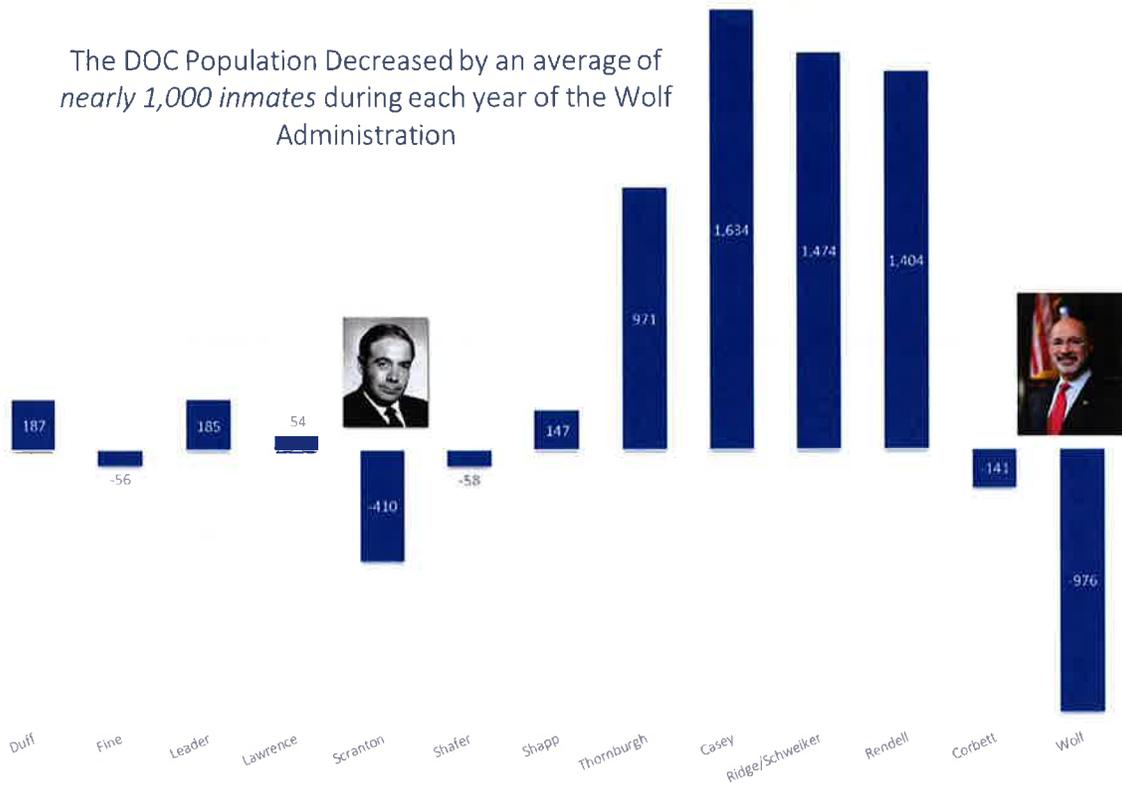
- ◆ In 2020, DOC will begin training inmates as Certified Recovery Specialists (CRS). Those selected for the program will have the opportunity to help other inmates through recovery, and will be released with a recognized certification and qualifications to for employment as a CRS. Simultaneously, the Department is partnering with a local organization to provide CRS services to reentrants in the State Drug Treatment Program (formerly State Intermediate Punishment/SIP).
- ◆ Using naloxone, 83 lives were saved by BCC and Parole staff in 2019. See Interdiction Report for more.
- ◆ DOC and PBPP continue to leverage Federal funding to expand MAT and pilot innovative responses to the Opioid epidemic. State Opioid Response and Residential Substance Abuse Treatment (federal grant sub-awards via DDAP and PCCD) support medication costs, staffing, CRS initiatives, and the Vivitrol mobile unit. DOC is currently implementing a \$1M Department of Justice grant to study the effects of providing naloxone upon release to reentrants. This includes a partnership with the Pennsylvania State Police and New York University.

DOC POPULATION REDUCTION

- ◆ The DOC population has steadily declined since FY12. The most recent year was a drop 1,495, a move unheard of before JRI.



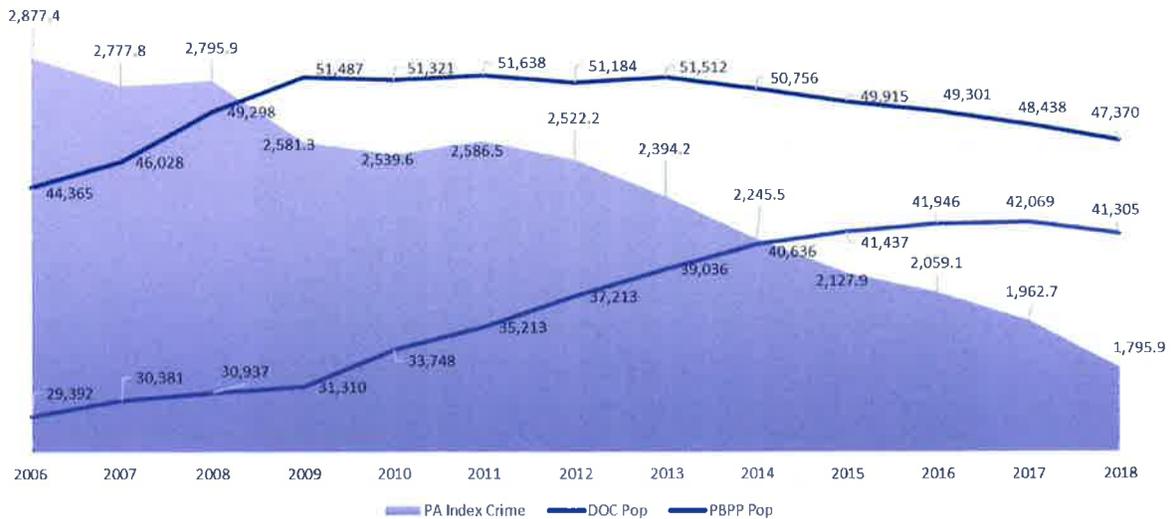
The DOC Population Decreased by an average of nearly 1,000 inmates during each year of the Wolf Administration



CRIME & DOC AND PAROLE POPULATIONS

- ◆ As the DOC and PBPP population declines, the PA Index crime rate per person drops precipitously.

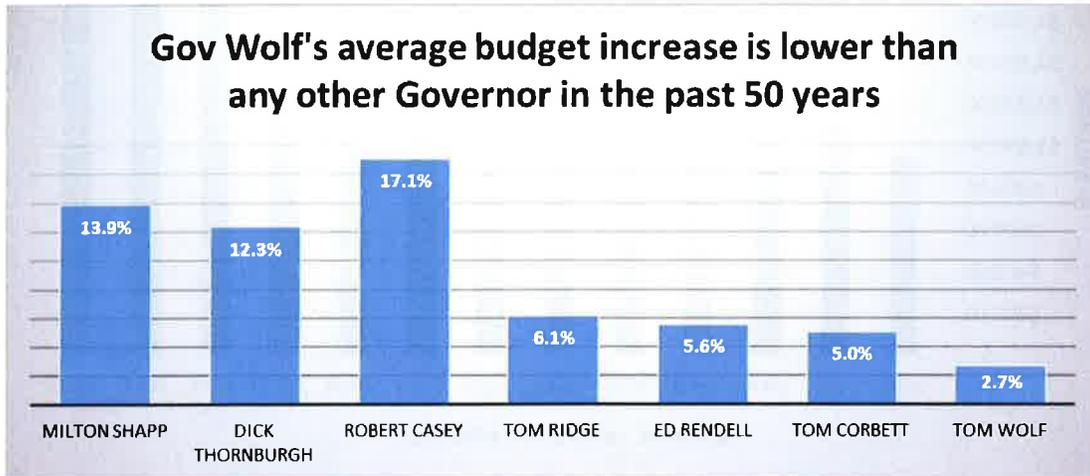
Both DOC and Parole Populations are Declining along with PA Index Crime



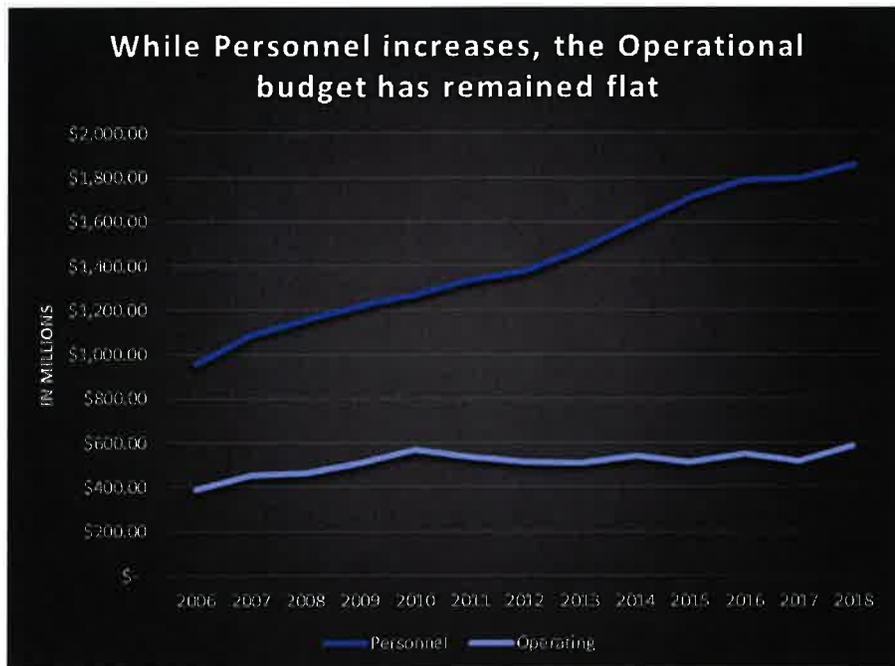
- ◆ While the DOC inmate population dropped by 7.5% from 2012 to 2018, the Pennsylvania crime rate dropped by 28.8%.

DOC BUDGET STEWARDSHIP

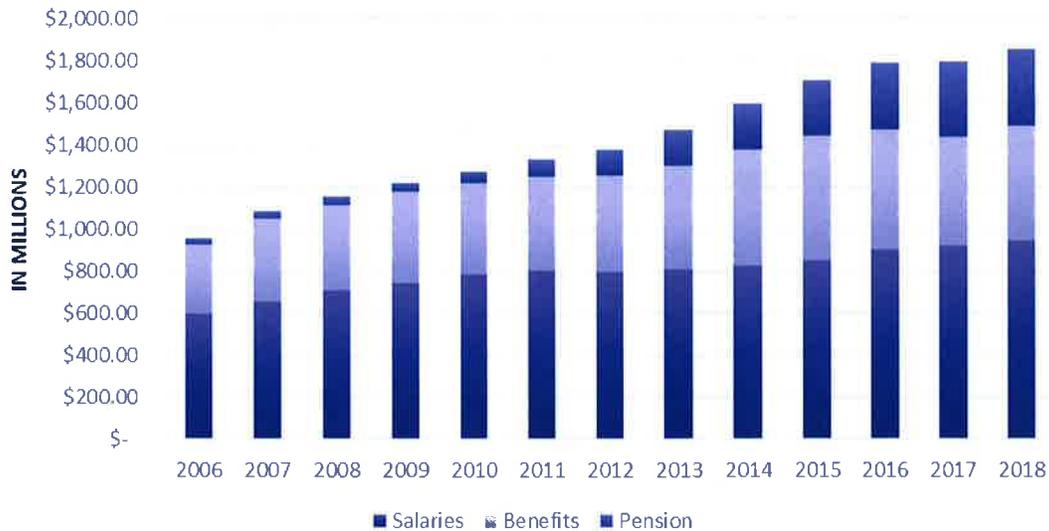
- ◆ The DOC has faced many challenges over the last five years including increasing services to inmates with higher levels of risk, mental health issues, and substance use disorders (SUD). Despite these challenges, the DOC has managed to hold the budget expenditures to **only 2.7% growth** under Governor Wolf's leadership.



- ◆ While personnel costs have increased, operational expenses have been nearly flat since 2010.

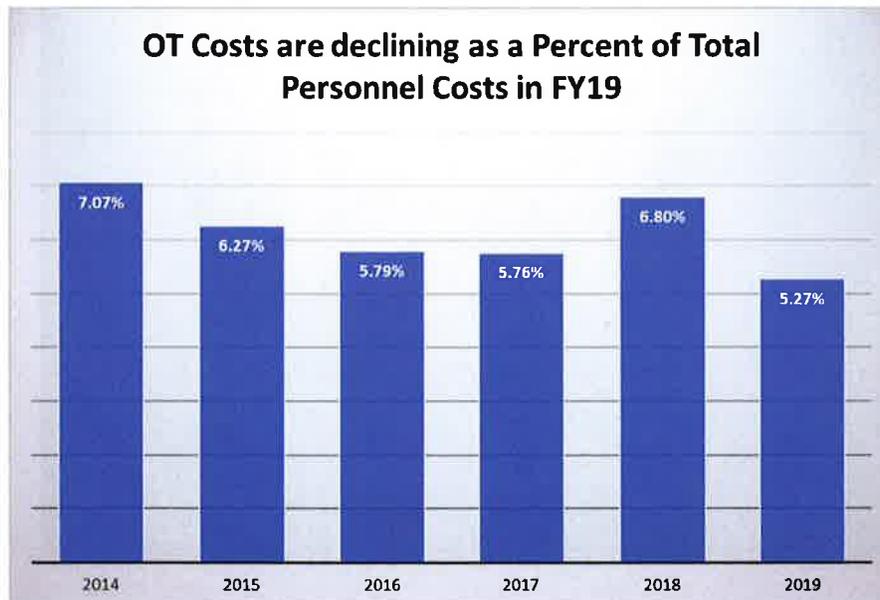


While all personnel costs have increased, the pension has grown by over 1100% since 2006



REDUCING OVERTIME

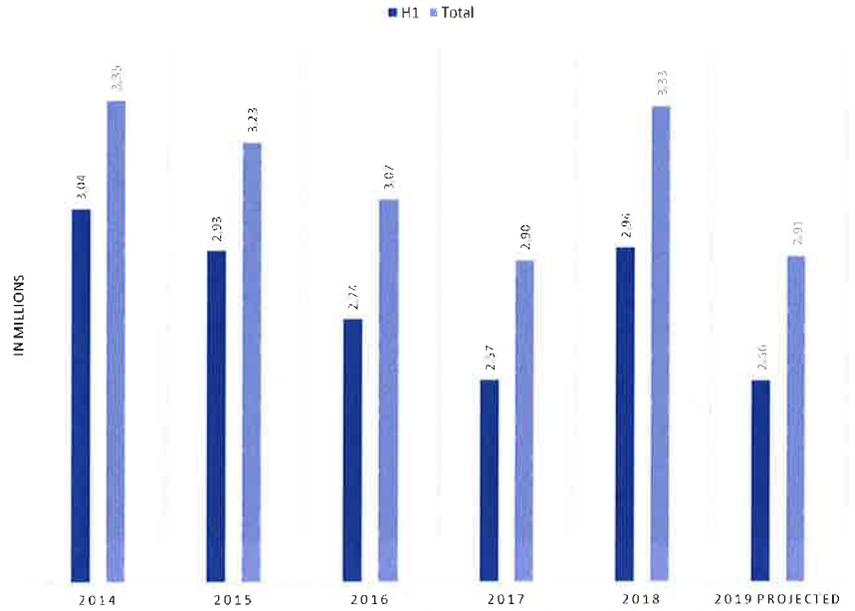
- ◆ Overtime, when used appropriately, is an efficient way to provide staffing for unscheduled events, such as hospital trips and call offs by staff.
- ◆ Currently OT costs, as a percent of total personnel expenditures, are at **5.27%**. Much lower than previous years and in other states.



- ◆ While OT is projected to be \$97M in FY19-20, this is about \$16M lower than FY18. And with the cost savings initiatives listed below, the OT is projected to go even lower next year.

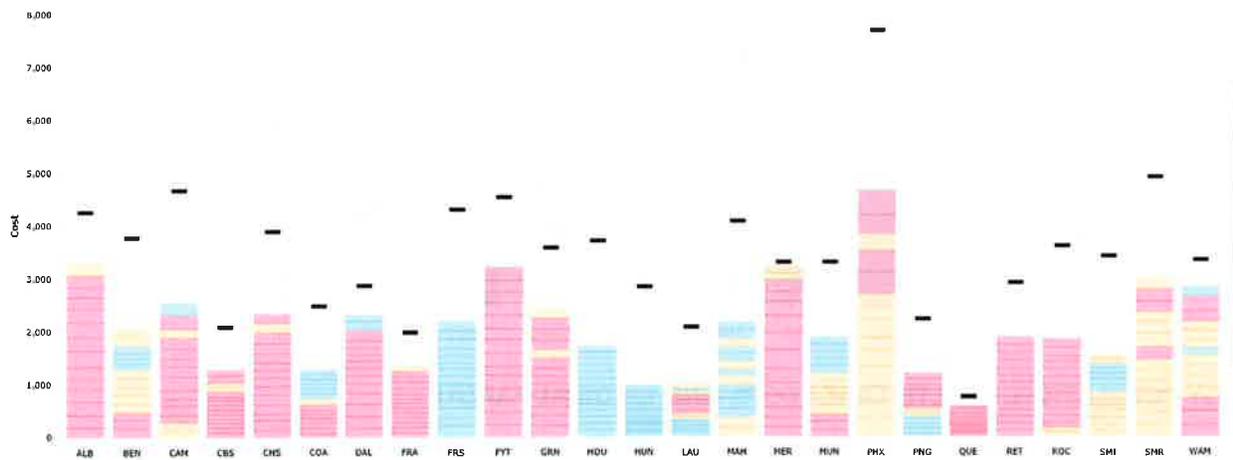
- ◆ The DOC could realize \$30M in savings by implementing a system to manage standardized schedules and reduce mandatory OT.

DOC SECURITY STAFF ARE PROJECTED TO WORK APPROXIMATELY THE SAME NUMBER OF OT HOURS IN FY19 AS IN FY17



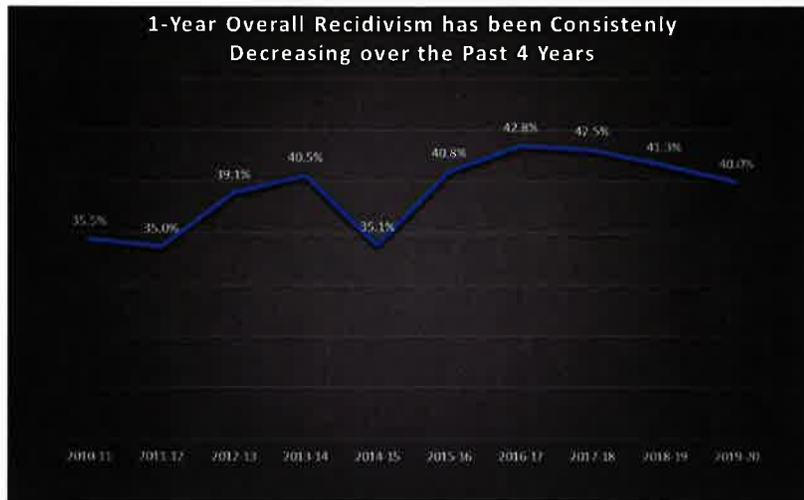
- ◆ DOC leadership uses an OT Dashboard to keep track of OT projections, OT hours and expenditures to date, and OT Drivers. See a snapshot of the OT by SCI below. The black bar is the OT budget for the year and the individual blocks are pay periods. Red/yellow/green show if they are in line with the OT budget for the year.

2. Overtime Statistics- Cost (in \$ thousands)



THE COST OF RECIDIVISM

- ◆ Over six years, the cost of recidivism to DOC was reduced by \$7M (from \$416M in 2010 to \$409M in 2016). See this analysis and **A LOT MORE** in the upcoming comprehensive **2020 Recidivism Report**.
- ◆ The one-year overall recidivism rate has been declining since 2016, pointing to improvements in reentry efforts in the first year after release.



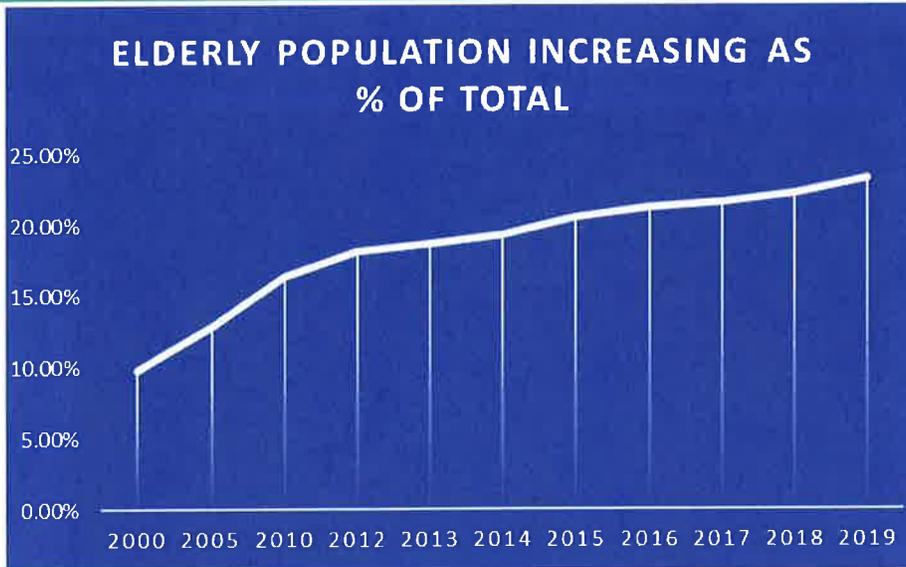
- ◆ Convicted Parole Violators (CPVs) as a percent of the total supervised population is declining, indicating that the reentrants under supervision are not committing new crimes as much as prior years.

CPVs as a % of the Total Supervision Population is Decreasing

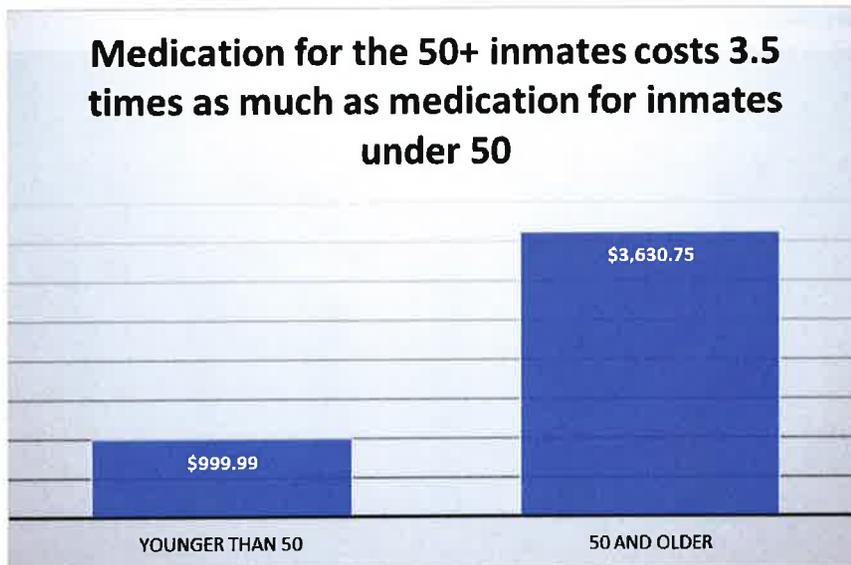


ELDERLY POPULATION, HEALTH CARE COSTS, AND MEDICAL PAROLE

- ◆ As of December 31, 2019, the DOC counted 10,697 inmates over the age of 50, 23.3% of the total inmate population. That percentage has steadily increased since 2000. Nearly all of those inmates are on medication that costs the DOC \$3.2 million per month. Additionally, we have three special long term care units, combining both skilled and personal care, in which we have 404 male inmates at SCI Laurel Highlands and Waymart, plus 10 female inmates at SCI Muncy.



- ◆ The cost per day of those in skilled care and the personal care units is nearly \$500. This is an untenable expense for a corrections system. Most of these inmates are incapacitated and not a security threat. Medical parole would help alleviate costs and get the infirm into the appropriate settings at the end of their lives.
- ◆ The average annual medication costs per inmate for all inmates under 50 is approximately \$1,000, while it is over \$3,600 for inmates over 50.

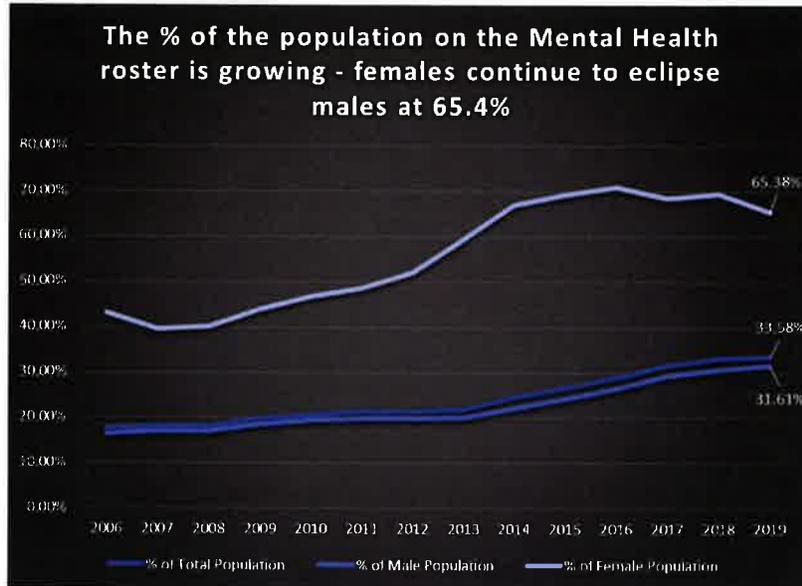


- ◆ With the new medical parole legislation, the DOC could save **up to \$44.4M**. These savings would be offset by the cost to other agencies, but those costs could be partially covered by federal funding.
- ◆ In July 2019, the Department officially went **tobacco free for staff and inmates**. Leading up to the July deadline, the Department worked with the Department of Health and Rutgers University to offer smoking cessation programs and educational materials to assist with this transition.

MENTAL HEALTH COSTS

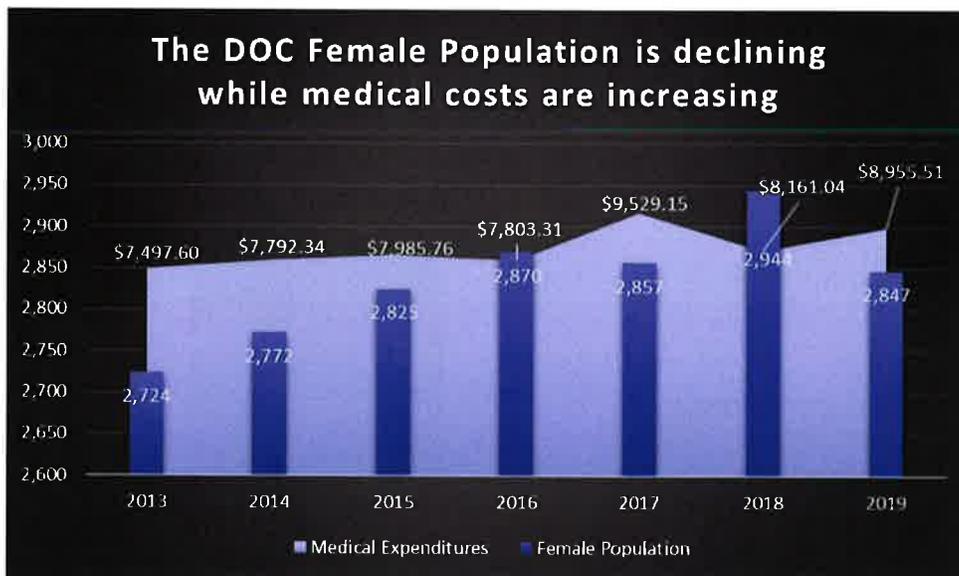
- ◆ Overall, approximately 33.6% of our entire population is being treated for a mental illness. 31.6% of our male population

is actively receiving mental health treatment, with 7.6% (3,198) being diagnosed with a serious mental illness. Among the female population, 65.4% (1,709) are currently receiving treatment and 14.6% are diagnosed with a serious mental illness.



FEMALE POPULATION

- ◆ After years of increasing, the female population is declining. However, the medical costs remain high and the cost per day is around \$20 more than male inmates.



COST SAVINGS

- ◆ The Department has created an I.D.E.A. Committee (Innovate, Develop, Experiment, Adapt) that reviews cost savings and violence-reducing ideas that come in to an “idea catcher” from frontline staff. As long as these ideas are legal, ethical, and not cost prohibitive, the committee will test the idea and track results.
- ◆ Closing Retreat—as the population declines, the Department is able to close SCI-Retreat and safely house the affected inmates in other facilities. More importantly, the Department is able to offer each staff member at SCI-Retreat a position at one of their top 3 prison choices. Expected savings in FY20 is **\$20M**.

- ◆ Standard Schedules—could save up to **\$30M in OT in FY21.**
- ◆ Closing Units—to reduce OT costs, local leadership have closed units at the following SCIs: Smithfield, Coal Township, Rockview, Forest, Huntingdon, Waymart, and Phoenix. Expected savings up to **\$7M per year.**
- ◆ Onsite mobile MRI/CT diagnostics as SCI-Benner Township—expected savings **\$360K per year.**
- ◆ 10% Reduction in Central Office Staff—**\$1M in FY 19.**
- ◆ Reduce county contracts—**\$9M in FY19.**
- ◆ Management Operations Center/Operations Monitoring Center consolidation of 24/7 on call referral units—**\$1M in FY19.**
- ◆ Aramark Food Contract—**avoid \$4.4M.**
- ◆ 340B Pharmacy—**avoid \$3.7M.**

FIELD SERVICES

- ◆ New P25 Radios were launched in the Pittsburgh District. The P25 radios will be deployed throughout the Commonwealth in the next two years to increase agent safety.
- ◆ The Parole Mobile Office project is progressing. Throughout 2019 more parole units went mobile, District Directors began to test various processes and practices for Duty Days, supervisor roles, and agent duties.
- ◆ In 2019 Mon Valley Sub Office in the Pittsburgh District was closed and the West Division Office was closed in the Philadelphia District. Both offices merged into the District Offices.
- ◆ The Field Training Agent pilot was successful and now each district has a Field Training Agent. The Field Training Agent is responsible for non-tactical training in the field.
- ◆ New iPads with data capability were rolled-out throughout the Commonwealth to all field supervision staff.
- ◆ A Violent Reentrant Protocol was put in place to identify parolees who may have a higher propensity for violence. The protocol requires a more thorough review of the case upon release, additional programming requirements, and an increased level of supervision upon release.
- ◆ As part of Act 115 of 2019, a Parolee Homicide Review Team was established to review and examine circumstances surrounding those who have committed criminal homicide while under parole supervision.
- ◆ Parole Field Services merged the Interstate Parole and Interstate Probation Divisions into one Interstate Division.
- ◆ Parole Field Services implemented the GPS Unit in Philadelphia District. The implementation of the unit utilization of GPS has increased, GPS violations in Philadelphia have significantly reduced, and utilization of detention has decreased.

VOCATIONAL CERTIFICATES FOR INMATES

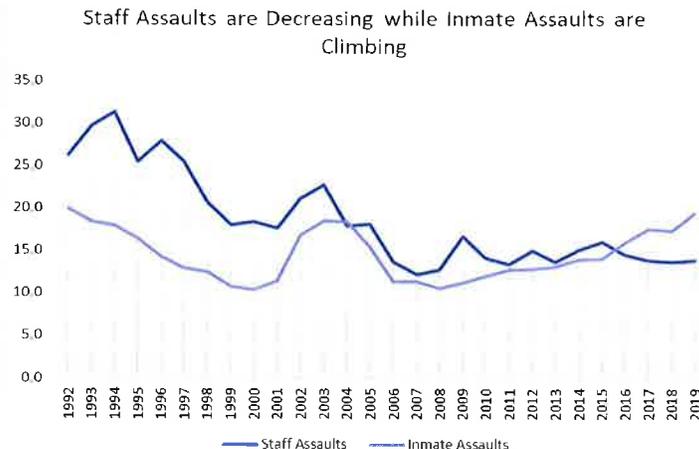
- ◆ In 2019, inmates earned 507 GEDs, 408 Commonwealth Secondary Degrees, and 6,684 vocational certificates.
- ◆ The DOC is currently piloting a **lead abatement certification** at SCIs Chester and Waymart. Once complete, the inmates will be certified for five years through DEP. The certification allows for repair, renovation, and/or painting where lead based paint is present. Expansion to SCI Cambridge Springs will begin in February.
- ◆ **Fire Fighting Certification** will be offered to inmates who will then apply to DOH to enroll in the Emergency Medical Technician Program. Inmates for this program will be housed at SCI Huntingdon and will participate in the Lewistown PA State Fire Academy.

REENTRY, BCC and WORKFORCE DEVELOPMENT

- ◆ Reentry reorganized into one division to cover both field and institutional staff. Reentry Parole Agents and Community Reentry Parole Agents work with institutional parole staff to make the reentering of society a smooth process.
- ◆ Reentry simulations to help reentrants learn how to face barriers to successful integration into society.
- ◆ Motivational Interviewing training.
- ◆ Reentry Service Offices at each SCI—the prototypical began at SCI-Houtzdale.
- ◆ SMART Recovery groups for reentrants with SUD issues.
- ◆ Implemented financial literacy/budget groups to educate reentrants.
- ◆ 5 additional Body Scanners installed in CCCs—see Interdiction Report.
- ◆ Juvenile Lifer/Commuted Lifer support groups in Philadelphia and Central PA.
- ◆ GPS for SIP sanctions - increasing accountability and lowering the cost of returning them to prison.
- ◆ BCC's employment rate increased by 12% in 2019.
- ◆ Career Pathways has ended—6,163 inmates were enrolled, 3,931 completed.
- ◆ Flagger Force partnership has been successful—86% retention rate and 11% have been promoted in first 6 months.

VIOLENCE REDUCTION EFFORTS

- ◆ Staff assaults were down again in 2019, still much lower than they were 20 years ago. Major staff assaults peaked in August 2018, triggering the statewide lockdown. Since the lock down, both staff assaults and major staff assaults dropped. However, inmate-on-inmate violence is increasing, and the recent security enhancements have been developed to reverse this trend.



- ◆ SCI security staffing levels remain high while vacancy rates are low (4% overall). The DOC population as a percent of capacity is the lowest it's been in 14 years, at least. The number of inmates as a ratio of custody staff is also at the lowest level since 2006.
- ◆ Over the last 30 years, the DOC has implemented hundreds of security improvements (see word cloud). A timeline from 1992 is below and will be included in the upcoming Violence Report. All of these measures are supported by leadership to reduce violence in prison.

Final Thoughts:

Looking back on Achievements in Safety and Ahead at Progress to Come

Over Governor Wolf's tenure, we have seen the lowest annual increase in spending in the Department's history (2.7%), a significant reduction in population and a reduction in the cost of recidivism all while crime continues to be reduced in Pennsylvania.

And, in spite of an increase in individuals suffering from mental illness within our facilities (33%) and an increase in gang membership, assaults against staff went down last year and are lower now than nearly 3 decades ago. Additionally, the inmate population is below capacity for the first time in decades.

In community supervision, we are experiencing an all-time high employment rate for those on parole. In addition a reduction of convicted parole violators indicates less new crime by those on parole. Finally, after experiencing some significant challenges related to drugs in our facilities and in the community, we've made significant progress reducing drugs. We have made significant progress in reducing the number of staff exposed to drugs in our facilities and overdoses in community corrections centers. With the enactment of the second Justice Reinvestment (JRI2), we are optimistic that this progress will only continue.