

FY22-23 BUDGET

TESTIMONY

Department of Criminal Justice

Acting Secretary George Little



Nearly eight years ago, the Wolf Administration and the DOC embarked on a mission to **transform the landscape of corrections in the Commonwealth**. This administration swung the pendulum of criminal justice and in return we have seen **positive outcomes without compromising the safety of our communities or the integrity of our bottom line**. But despite the successes we've enjoyed during difficult political and social climates, nothing could quite prepare us for the COVID-19 pandemic and the hardships it would bring to this field. Fortunately, and thanks to the never-ending work of our staff, we are successfully managing the effects of the pandemic and have seen the **lowest average increase in the Department's budget under Governor Wolf**.

In the Commonwealth's recent history, we were quickly approaching an incarcerated population of 50,000 individuals, a number that would overwhelm the system as it currently stands. Fast forward to 2022, and we have a system that is in the midst of the worst health crisis we have faced, but better off for the many improvements we have made both in recidivism and common-sense public administration. The Department **successfully finalized the merger between the DOC, parole field supervision and reentry services** this past year, saving tax payers millions in redundant administrative costs. We have also been able to successfully manage the spread of COVID-19 in the most challenging congregate care settings imaginable thanks to our reduction in population, which dropped by **the second greatest amount ever in 2021**.

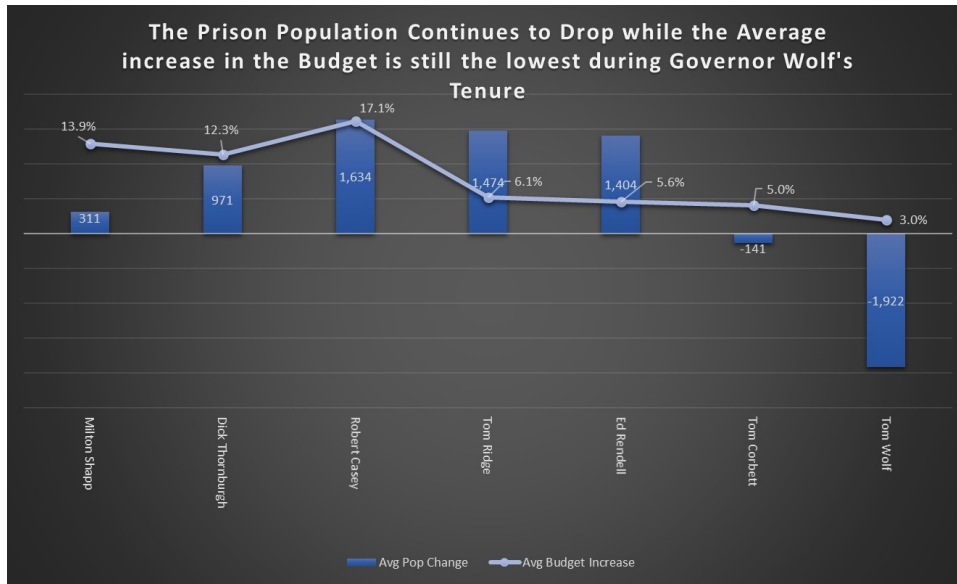
The Department recognizes that violence in the community is closely tied to the work we do in many ways and we are responding in the areas where we can have the most impact. The Department **convened the Homicide Review Team for the second time** to examine cases involving our reentrants to determine what we can do better – not just as a single agency but as a criminal justice system – to prevent future occurrences. The Department has established or expanded a number of collaboratives with state, federal and local law enforcement agencies to help reduce violent crime and homicides. Furthermore, we are expanding our involvement with local and statewide reentry coalitions to improve successful outcomes for state and local reentrants.

Like employers everywhere we are **struggling to hire and retain our valued team members**. We are currently experiencing a 7.2% vacancy rate among COs and increasing COVID-19 call-offs. We are taking a serious look at every aspect of personnel management, from the moment a person sees a DOC job posting to the day they retire. **We aim to be a diverse organization**, and focus recruitment efforts on the diverse population of Pennsylvania's workforce. We will be intensifying our efforts to reach out to veterans, recent graduates and the community to draw quality candidates, and we will engage with our current employees to improve their work environment and develop them for career advancement. Across the board from security to medical to administrative, our staff are our most important asset, and their wellness is paramount at the DOC.

We anticipate that COVID-19 will be with us in the coming year. We will continue to move forward with a vision of a safe, humane and efficient Department. We will continue to **implement a Trauma Informed approach to working with residents**, reentrants and staff. We will continue to expand the use of technology like an improved risk-needs assessment to enhance safety and successful outcomes with a human touch. And we will continue to implement initiatives like the First Chance Act and our strong

support for incarcerated expectant mothers to help future generations avoid criminal justice involvement.

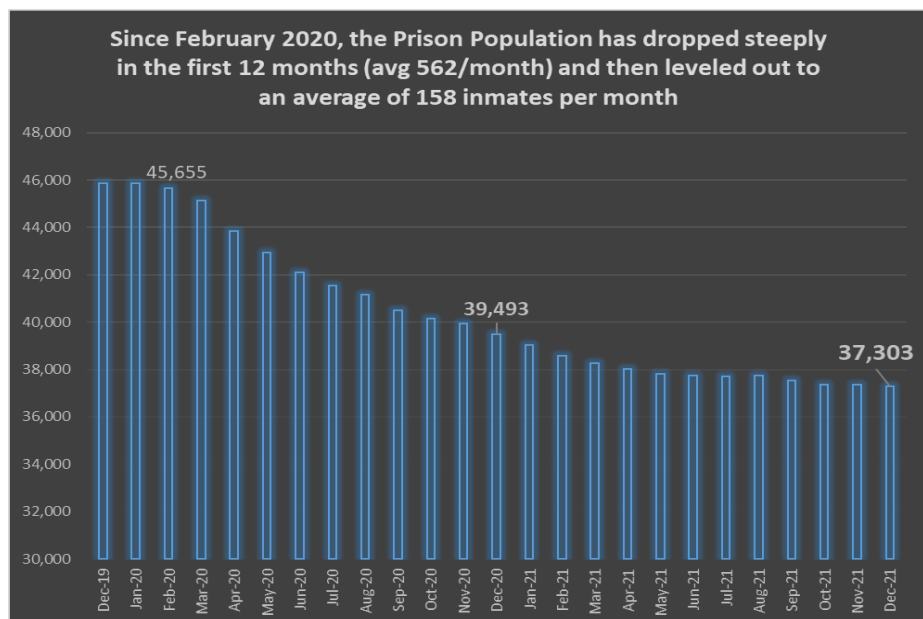
This budget request includes the newly merged DOC agency and independent entities including the Pennsylvania Parole Board (PPB), Sex Offender Assessment Board (SOAB), Office of Victim Advocate (OVA), and the Board of Pardons (BOP). **Assuming our funding is authorized at \$2,777,989,000, the FY22 budget submission *does not include* another prison closure.** A prison closure will not be discussed until the threat of COVID-19 has subsided and physical distancing is no longer recommended by the Department of Health (DOH).



After the most challenging two-year period ever for the DOC, our budget request is basically flat, maintaining Governor Wolf's low average increase in the budget, while the prison population is at the lowest level we have seen since 2001. As of December 2021, the prison population was 37,303, and we experienced the **second-largest one-year population drop, eclipsed only by the drop in 2020.**

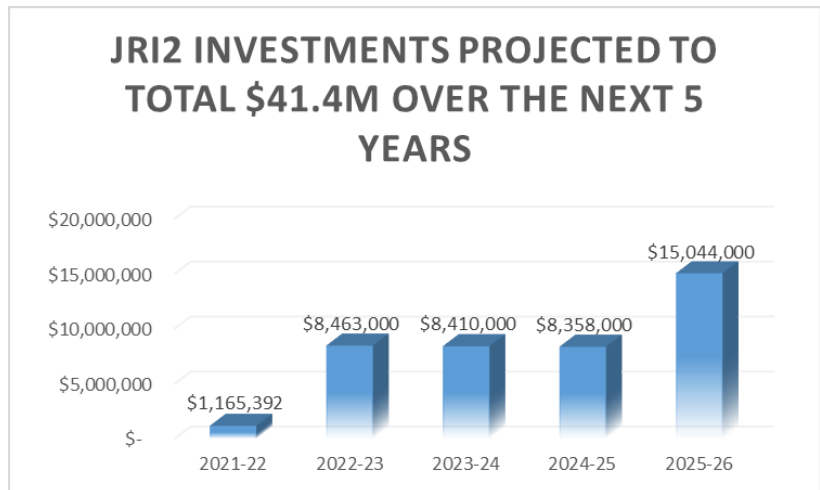
Creating space continues to be critical to combatting the pandemic, and the prison population **dropped by 2,190 from December 2020 to December 2021.**

With the continued support of Governor Wolf, the DOC used this reduction to promote physical distancing and smaller cohorts to reduce the spread of COVID-19.



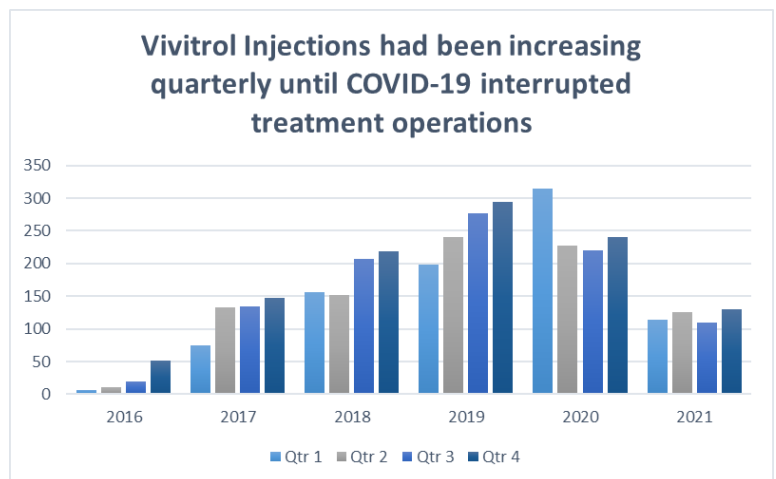
JUSTICE REINVESTMENT INITIATIVE 2

- ◆ Due to JRI2 programs, the population was reduced by 177 in FY20–21, allowing for a \$1.2M reinvestment in FY21–22.
- ◆ 74% (4,786) of all cases reviewed were found eligible for JRI2 programs (State Drug Treatment Program, Short Sentence Parole, and Boot Camp).
 - ◆ 1,236 inmates were admitted to State Drug Treatment Program
 - ◆ 230 inmates were admitted to Boot Camp
 - ◆ 2,119 inmates were referred to Short Sentence Parole
- ◆ Due to COVID-19 concerns, we have not initiated swift and certain sanctioning (aka “quick dips”) among parole violators. With vaccinations and possible treatments for COVID-19, it is anticipated that we may be able to begin this component in the future.
- ◆ As directed by JRI2 legislation, the **Homicide Review Team met in December of 2021**. The committee reviewed 57 parole homicides and noted the following:
 - ◆ The spike in violence within the community which we witnessed in 2021 began in 2020, particularly in Philadelphia. Accordingly, the increase in parolee homicide arrests – from 38 in 2019 to 62 in 2020 and 57 in 2021 – is reflective of that alarming trend.
 - ◆ Boot Camp is recommended to include more risk assessment administrations, involving parole in voting and reports, implementing a Domestic Violence protocol, and accessing juvenile history.
 - ◆ Parole field services is recommended to expand GPS monitoring statewide.



RESPONSE TO OPIOID EPIDEMIC

- ◆ Since 2010, the new admissions with an opioid addiction more than doubled, and a quarter of prison admissions who identify a “drug of choice” indicate heroin or opiate prescription drugs.
- ◆ Medication Assisted Treatment (MAT), first piloted in FY13–14, has expanded to all 24 SCIs. MAT promotes behavioral, psychological, and emotional stabilization for individuals diagnosed with opioid use disorder.



- ◆ Through December 2021, **3,815 Vivitrol injections** have been provided to 3,197 inmates. 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.

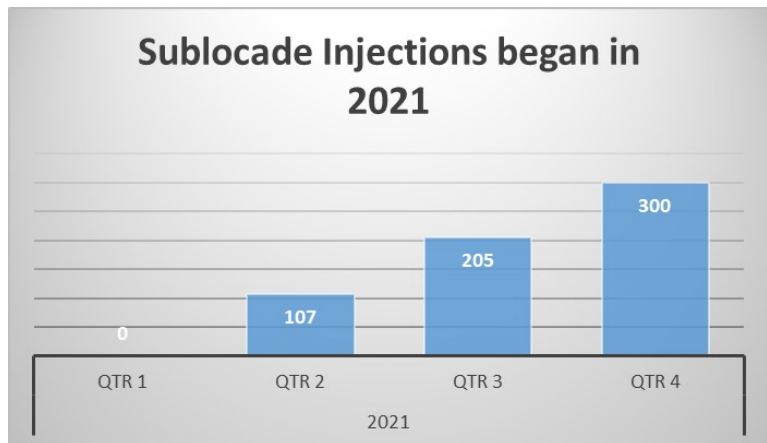
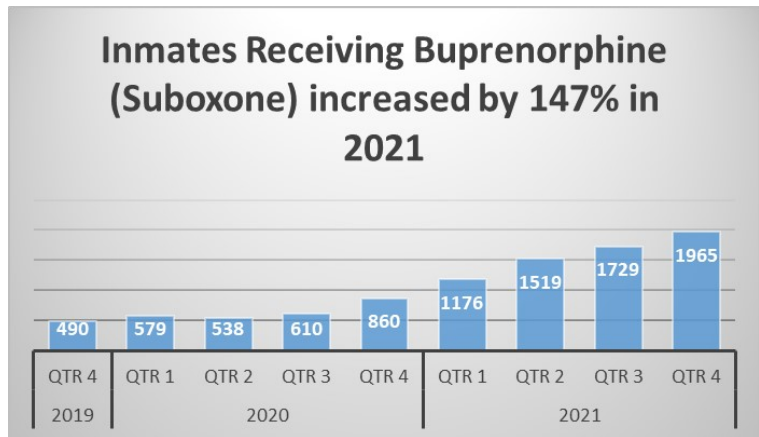
- ◆ In 2021, we continued to expand Buprenorphine, offered through daily oral tablets (crushed to eliminate the opportunity for diversion). In 2021, 1,269 inmates received oral buprenorphine.

- ◆ In 2021, the DOC expanded the use of Sublocade (injectable buprenorphine), offered through monthly injections to reduce diversion. In 2021, 612 Sublocade injections were administered.

- ◆ We are focusing resources on **continuity of care for MAT participants** as they transition to the community. MAT social workers in the Bureau of Community Corrections (BCC) coordinate with institutional staff and Single County Authorities for a smooth transition that sets reentrants up for success.

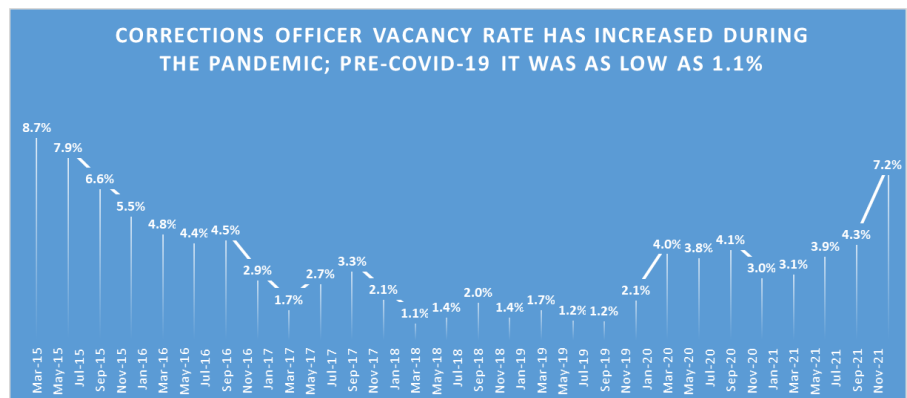
- ◆ Inmates are enrolled in **Medical Assistance prior to release**, and for those who lack coverage during the transition, the Vivitrol Mobile Unit continues to provide stop-gap services, including drug screenings and Vivitrol injections, across the Commonwealth.

- ◆ We 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, and the Vivitrol mobile unit.



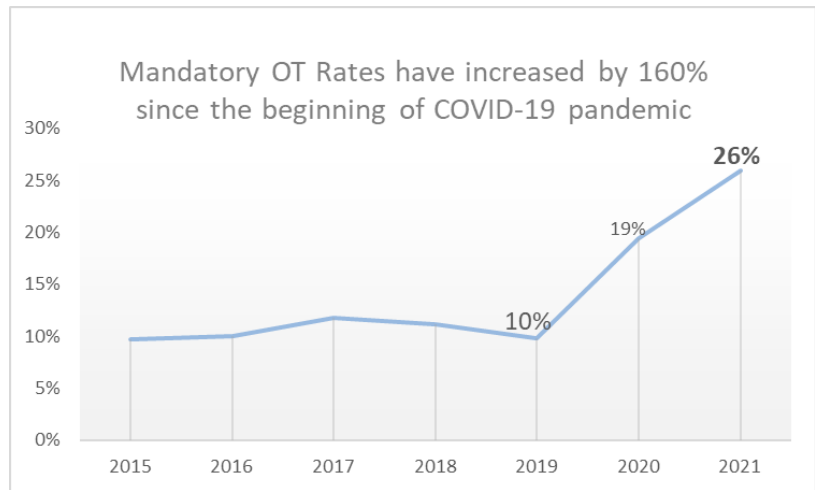
STAFFING/VACANCIES/OVERTIME

- ◆ The DOC has experienced significant vacancies due to COVID-19 mitigation practices and the inability to replace employees. Our current staffing issues affect numerous areas of responsibility, but the main areas of concern include correctional officer positions, nurses and field agents. The



DOC initiated centralized hiring for correctional officers in 2016, which decreased the vacancy rate to 1.1% at its lowest point.

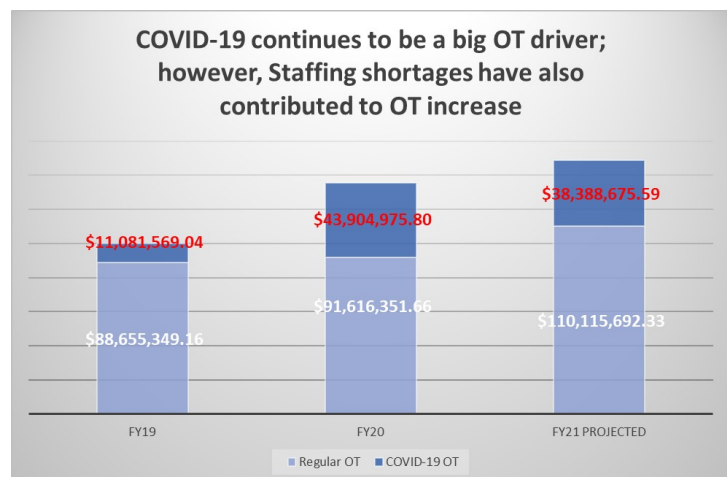
- ◆ The current complement of correctional officers is 8,680. Nurses comprise 765 positions and field agents 997 positions. The current corresponding vacancy rates are 7.2% for COs, 12.5% for nursing, and 5.9% for field agents. The correctional officer and nursing positions require 24/7 coverage. This is accomplished through either voluntary or mandatory overtime. Mandatory overtime increased to over 26% in the past year. Historically this has been less than 10%.



- ◆ The COVID-19 pandemic has also created temporary staff absences due to mitigation efforts of quarantine. CH 19 leave allows staff members within the CO and nursing bargaining units up to 60 days per occurrence of a COVID-19 positive contact. Recent daily reports showed a total of 1,420 staff out on COVID-19 leave. 850 correctional officers were out, which comprised 10% of the work force. Additionally, 80 nurses were out, which comprised 10% of the work force. A vaccine mandate or test, is currently being enforced, which requires any unvaccinated staff member to be tested weekly at the SCIs and also requires newly hired staff members to be vaccinated.

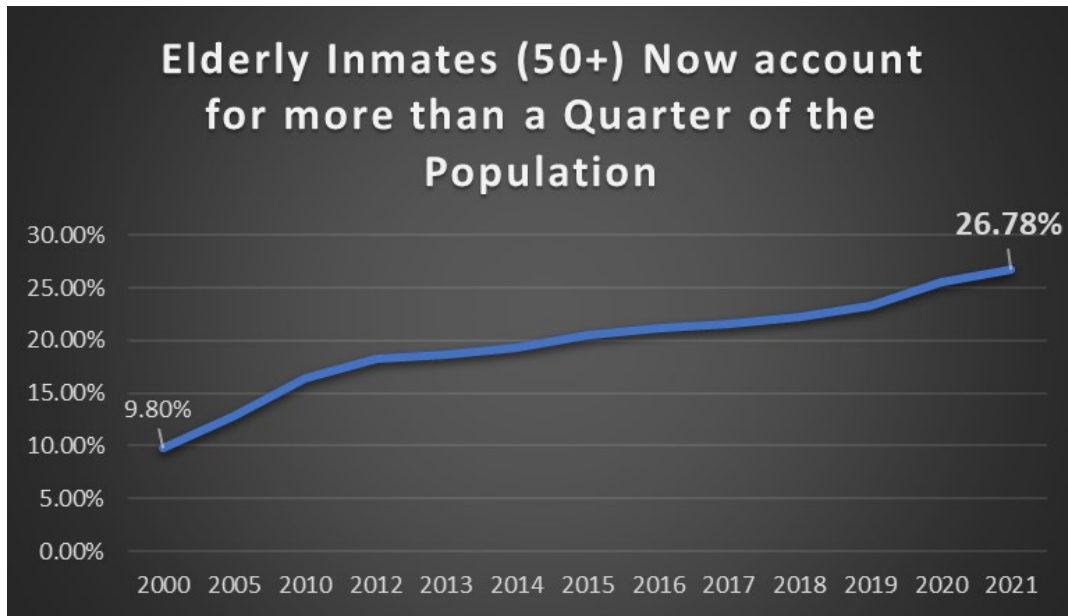


- ◆ Since it became available, 1,294,316.43 hours of the CH-19 leave were used, driving up overtime and mandates.
- ◆ The DOC continues to work with the Office of Administration to improve recruiting efforts and look at innovative retention programs.
- ◆ In FY20-21, nearly \$44M of the OT was attributed to COVID-19 related absences. In FY 21-22, we are projecting another \$38.4M in OT will be due to COVID-19 related vacancies or activities. Overall, OT is projected to be \$148.5M in the SCI fund.

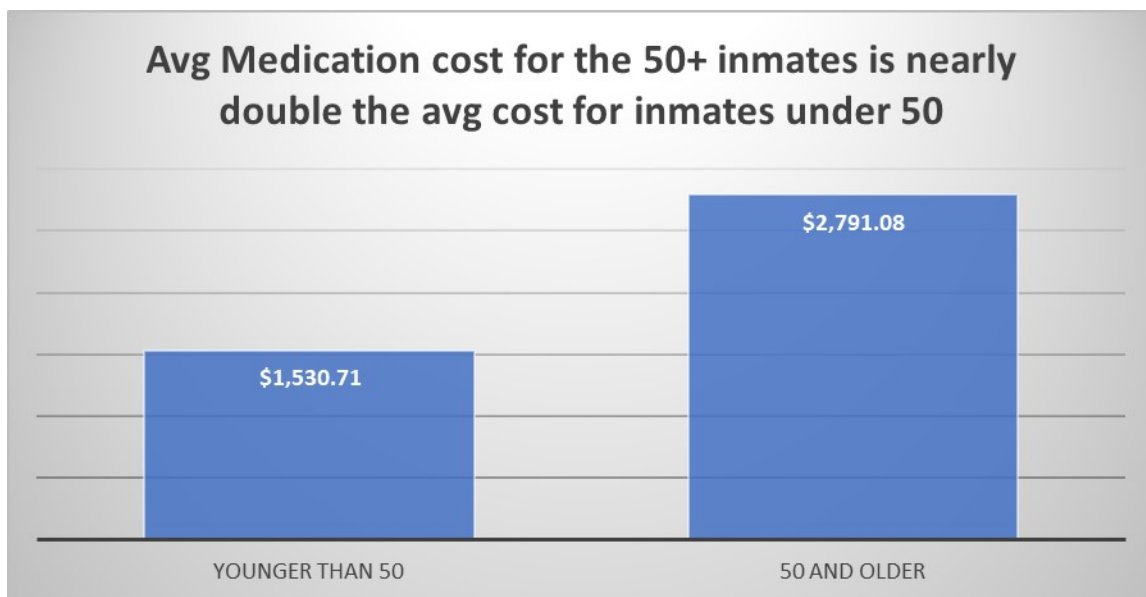


ELDERLY POPULATION, HEALTH CARE COSTS, AND MEDICAL PAROLE

- ◆ As of December 31, 2021, there were **9,989 inmates over the age of 50**, 26.8% of the total inmate population. That percentage has steadily increased since 2000. Nearly all of those inmates are on **medication that costs the DOC \$32M annually**. Additionally, we have three special long-term care units, combining both skilled and personal care at SCI Laurel Highlands, SCI Waymart, and SCI Muncy.



- ◆ The average annual medication costs per inmate for all inmates under 50 is approximately \$1,530, while it is \$2,800 for inmates over 50.



DOC & PPB MERGER BENEFITS

- ◆ The DOC initially consolidated with the PPB through a MOU in October 2017, joining over 40 other states with similar merged systems. This consolidation has allowed us to strategize and respond to crises such as the COVID-19 pandemic with a **consistent and unified voice**.
- ◆ Through **streamlined practices and the elimination of duplicative efforts**, the PPB was able to focus on its primary duty of reviewing cases.
- ◆ In **strengthening the continuity of care** from incarceration to reentry, we have created a better and more effective system that has increased success with the goal to reduce recidivism. We have seen cost savings, system improvements, and increased collaboration like never before, without having any impact on the independent release decision-making by the PPB, SOAB or OVA.
- ◆ The **merger legislation passed in 2021** giving the Department a **permanent reliable infrastructure** for the immense work that had been done to consolidate the agencies. Legislation provided greater potential for additional savings, resolved employment inconsistencies across the agencies, and improved fiscal and appropriations processes. The **Department thanks all of the members of the House and Senate** who ushered this legislation to its passage and made these benefits possible.

RISK ASSESSMENT

- ◆ This project is funded by a multi-million dollar/multi-year contract that was awarded in mid-2020 to Vant4gePoint.
- ◆ The end-result of this product will be a new risk/needs assessment and case planning protocol that will allow for more seamless transitions as an inmate/reentrant moves through the corrections/parole continuum.
- ◆ It differs from other "off-the-shelf" options in that this tool will be highly customized. This customization will result in a level of predictive accuracy higher than industry standards as well as a number of staff efficiencies gained as they conduct assessments, develop case plans, make referrals, assign programming, and deliver programming that are not possible under current system limitations.
- ◆ A team of DOC staff and Vant4gePoint staff has devoted a substantial amount on time customizing the assessment's inputs and analyzing potential results to ensure that the tool is not only as accurate as possible, but that it also eliminates racial and gender bias.
- ◆ Work on this product has been ongoing since mid-2020, and its anticipated go-live date is late August 2022.

TRAUMA-INFORMED CARE

- ◆ This initiative will, to the greatest extent possible, further establish the DOC as a trauma-informed agency ready to support the needs of all who have had, or are having, serious, traumatic experiences.
- ◆ The expectation is that there will be an improvement in the health and safety of DOC staff, inmates, and reentrants without compromising the safety or security of facilities or personnel. It will enable staff, inmates, and reentrants to feel safe, respected, empowered, and supported. As a result of our continued commitment to ensuring basic needs for health, safety and security are

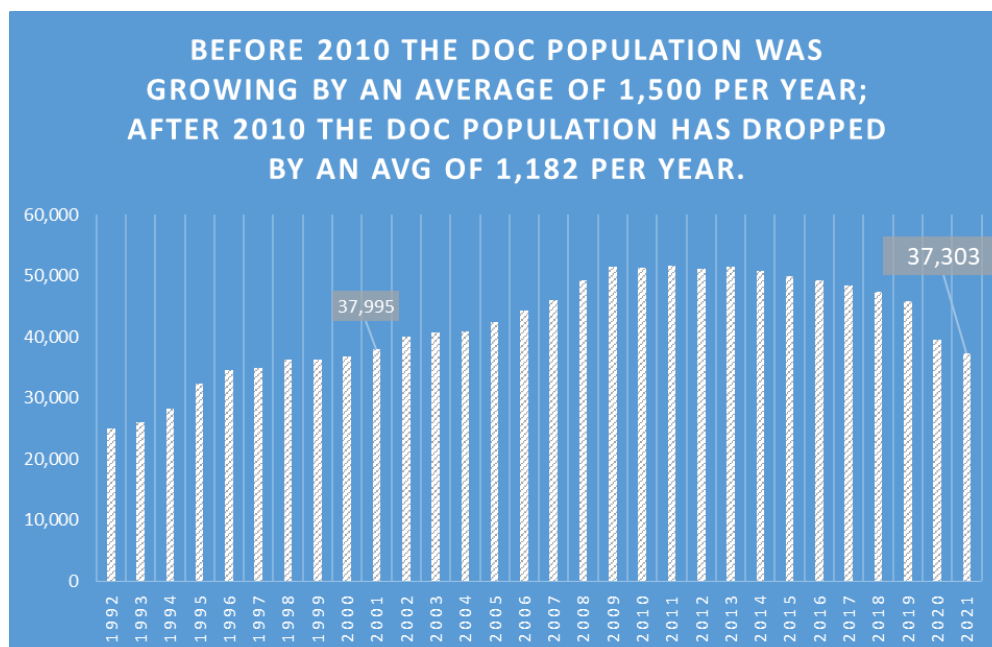
being met, we expect that there will be an improvement in recidivism outcomes amongst the reentrant population.

◆ Accomplishments to date:

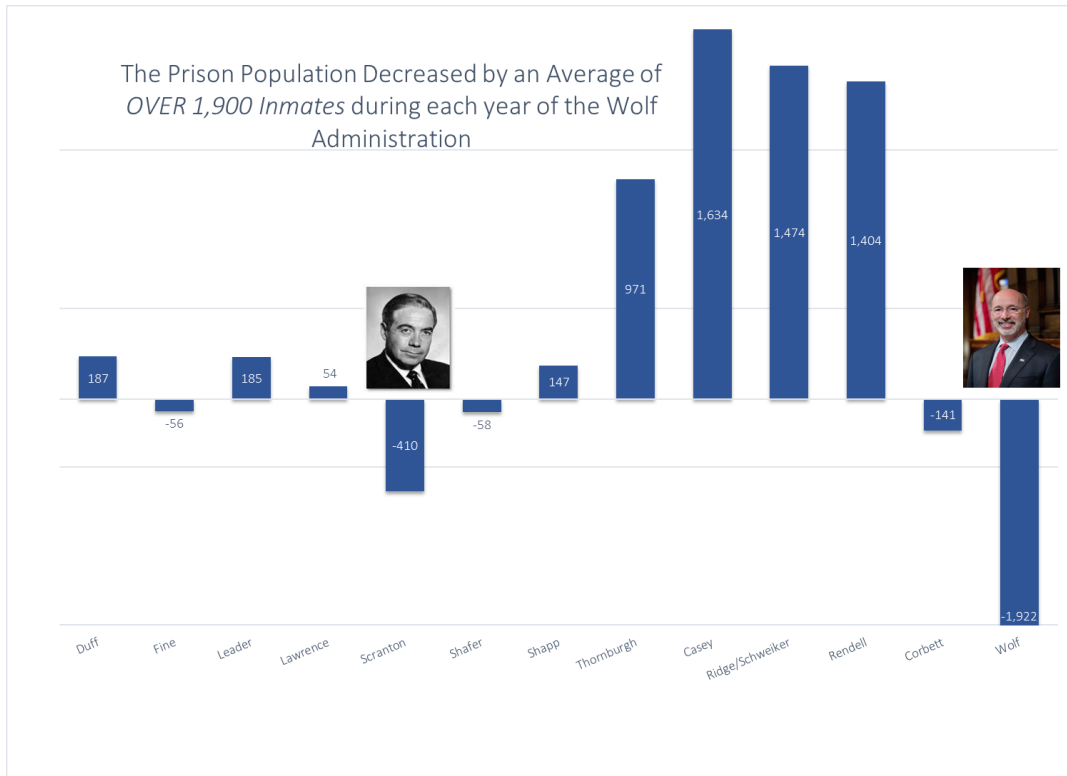
- ◆ Established the House of Hope at SCI-Muncy for abuse survivors (pre-2005). Currently working to replicate at SCI-Cambridge Springs.
- ◆ Engaged in a *trauma-informed operations* consultation through the National Institute of Corrections (2005).
- ◆ Selected a treatment program for PTSD and Substance Abuse (*Seeking Safety*) that was first implemented at all women's institutions and later at all men's institutions (roll-out began in 2005).
- ◆ Implemented standard assessment (PTSD Checklist) for determining which incarcerated individuals might benefit from programming offered to address the effects of trauma.
- ◆ More recently, senior staff identified leaders throughout the agency to facilitate the trauma-informed culture enhancement (2021).
- ◆ The identified agency leaders chaired work groups and drafted the DOC's Trauma Informed Initiative Strategic Plan (2021).
- ◆ An external panel of expert reviewers was established and provided feedback on the draft strategic plan (2021).
- ◆ DOC executive leadership identified additional staff who would: (1) become staff trainers in this area and (2) play a significant role in reinforcing/sustaining the culture shift at the regional and local levels (2021).
- ◆ Currently working with SAMHSA to offer training to two 20-person cadres (future agency trainers) on *How Being Trauma Informed Improves Criminal Justice System Responses* (2021).
- ◆ Staff who were previously trained by SAMHSA in the use of the aforementioned curriculum recently began offering a Basic Training module on *How Being Trauma Informed Improves Criminal Justice System Responses* to all new staff (2021).
- ◆ Focus on Diversity, Equity, and Inclusion (2022).
- ◆ Concentrated work on this initiative has been ongoing since summer 2021, and is expected to span three years.

DOC AND PAROLE POPULATION REDUCTION

- ◆ The DOC population is at the lowest level since August 2001. December populations are shown below.

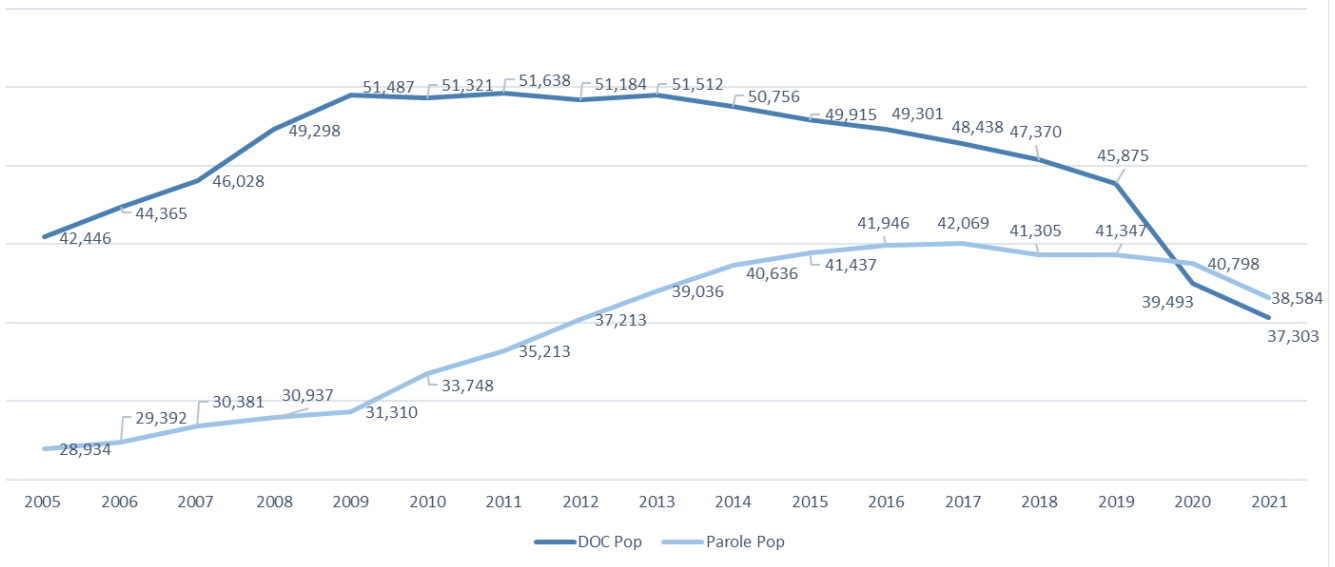


- Due to the population drop in 2021, the average per-year **decrease in population during Governor Wolf's term is now -1,922.**



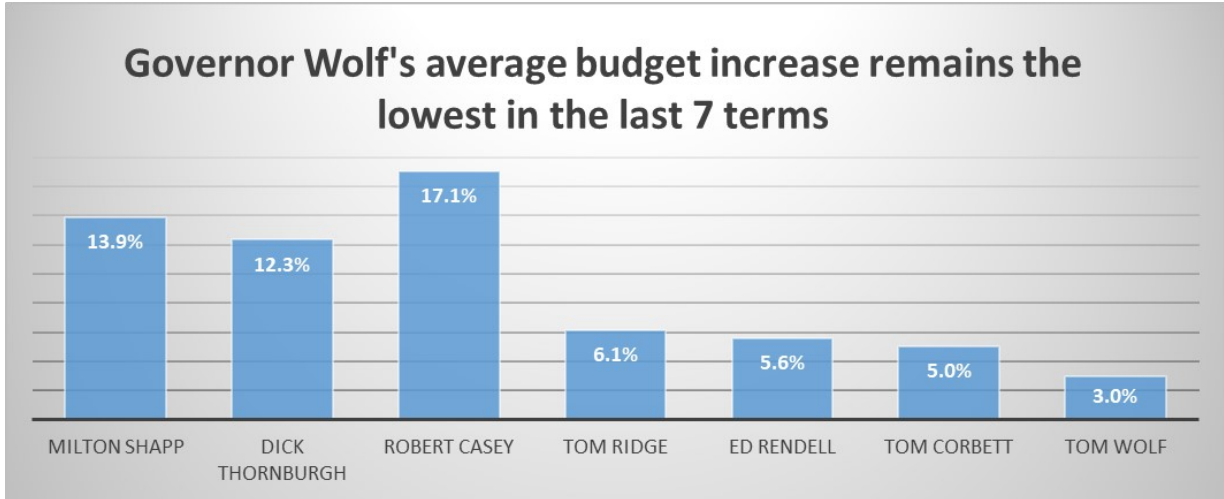
- Prison and Parole populations are on a downward trend. This is due to a dramatic decrease in prison admissions. With fewer people in prison, there are then fewer people to be released onto parole, causing the parole population to decline as well.

Both Inmate and Reentrant Populations are Declining

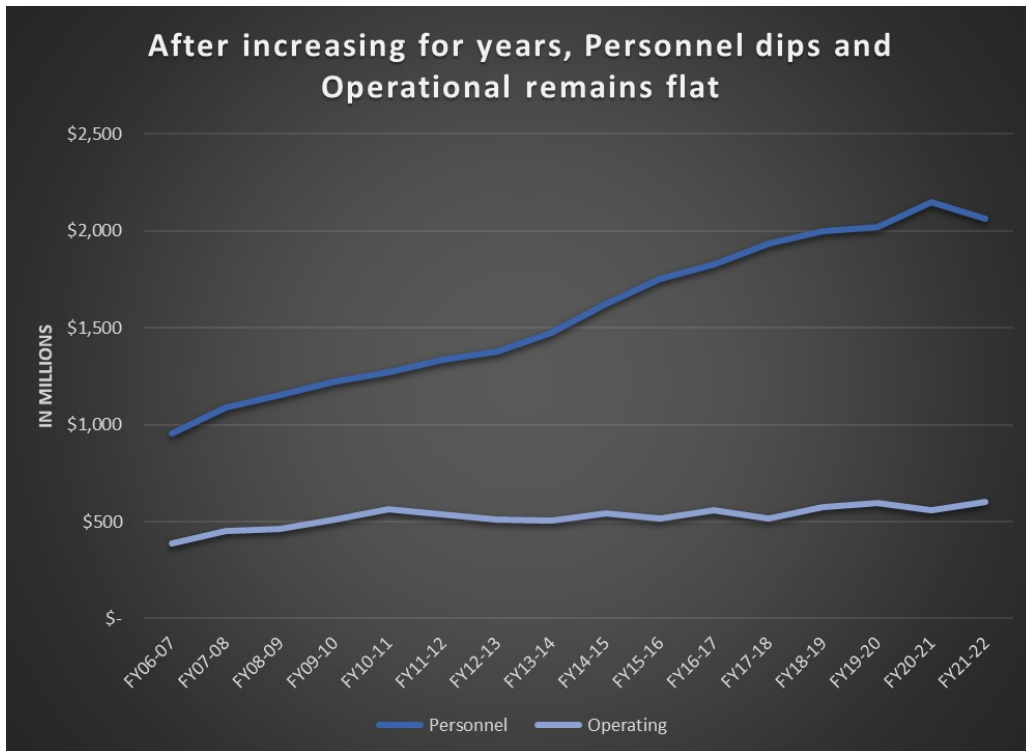


DOC BUDGET STEWARDSHIP

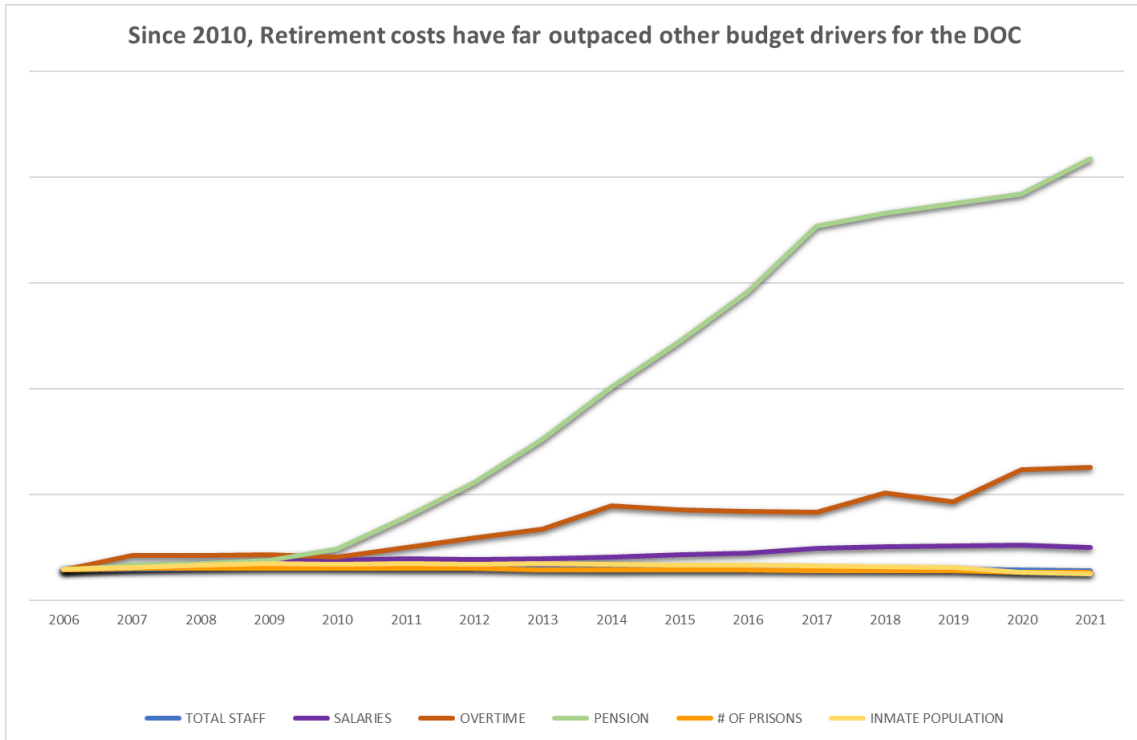
- ◆ The DOC has faced many challenges over the last six years including fighting COVID-19 and increasing services to inmates with higher levels of risk, mental health issues, and substance use disorders (SUD). Despite these challenges, the DOC has managed to hold the budget expenditures to **only 3.0% growth** under Governor Wolf's leadership.



- ◆ While personnel costs are expected to dip, operational expenses remain flat.

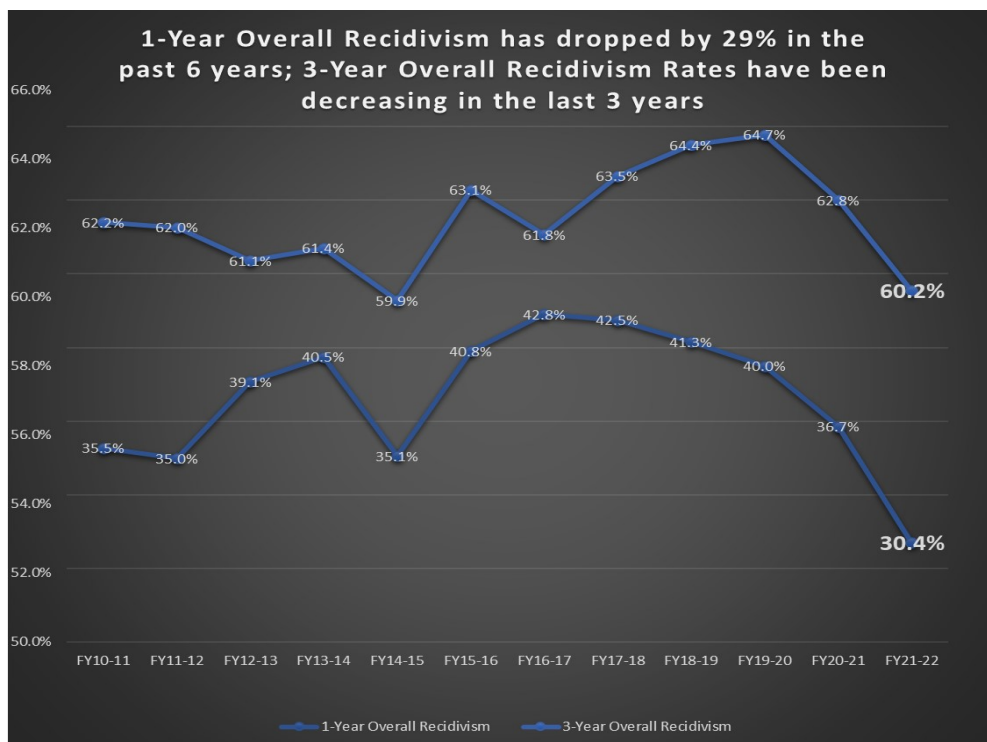


- ◆ The **pension remains the biggest budget driver**. Overtime increased in FY21–22 due to COVID-19 and staffing shortages.

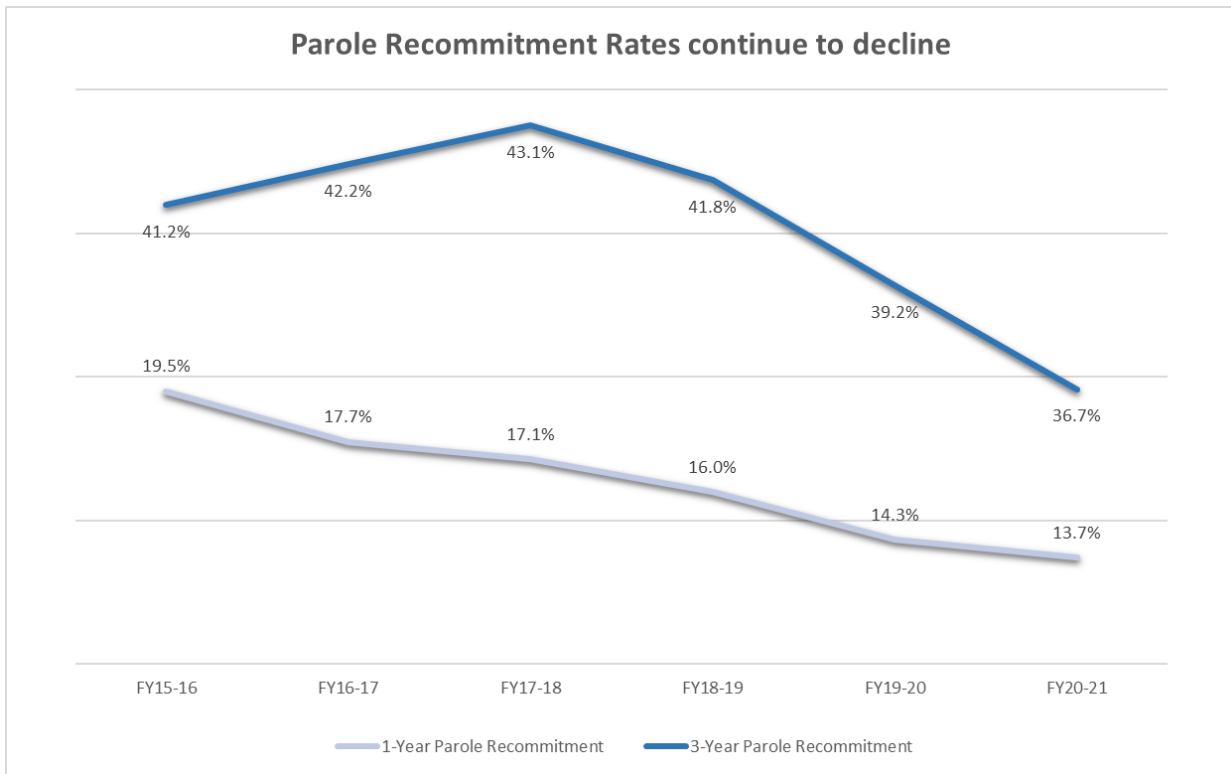


RECIDIVISM

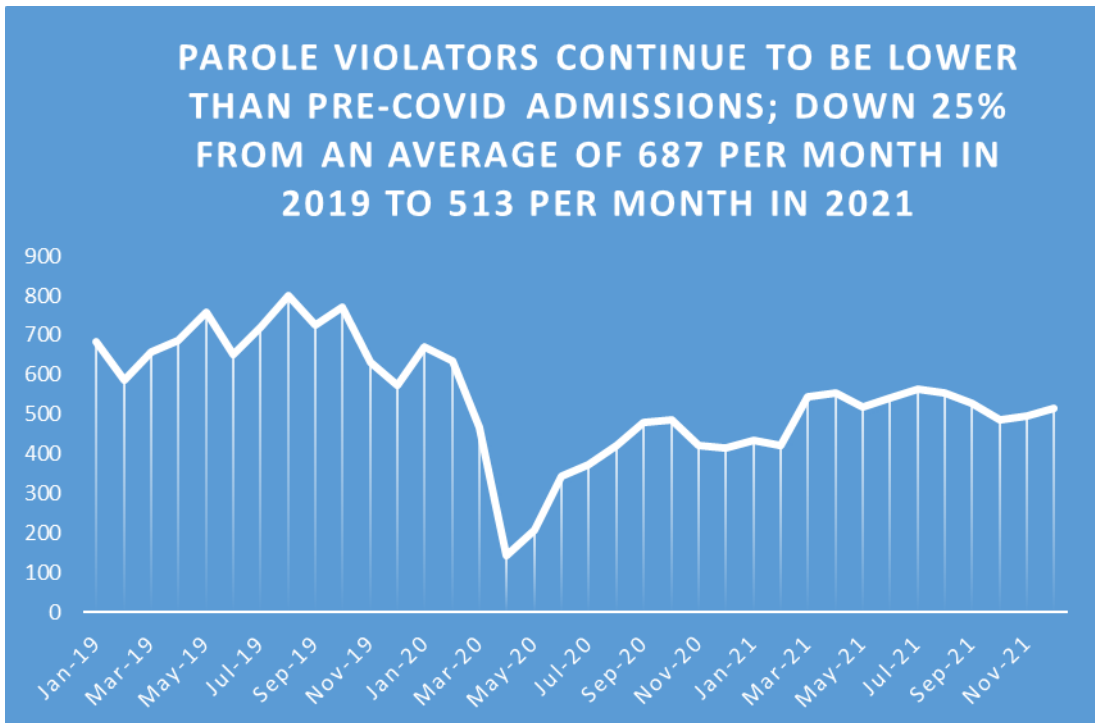
- ◆ The **one-year and three-year overall recidivism rates have been declining**.



- ◆ Parole recommitment rates are also **down** for the fourth year in a row.

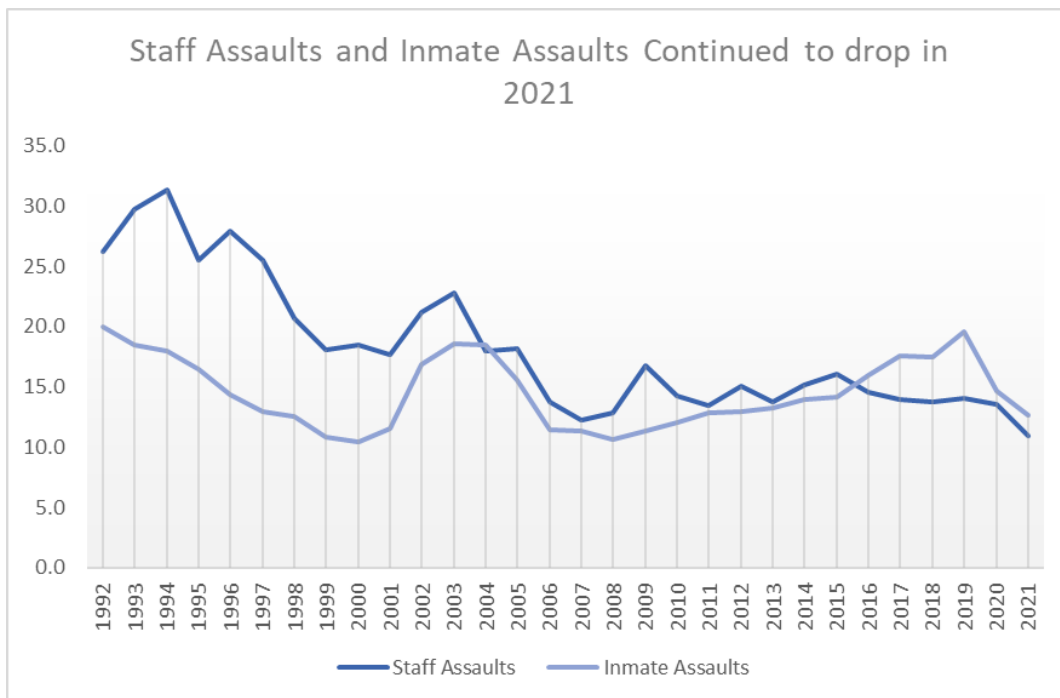
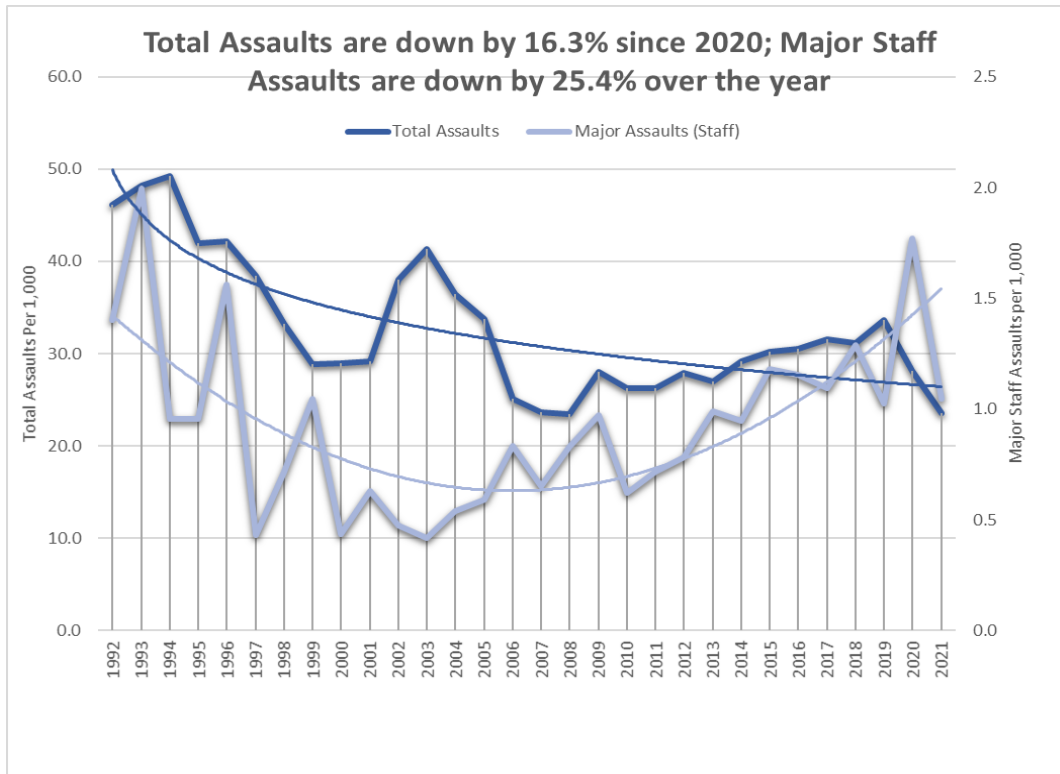


- ◆ Admissions of Parole Violators (PVs—both convicted and technical) were **down again in 2021**, helping the reduction in the inmate population in order to mitigate the spread of COVID-19 in prison.



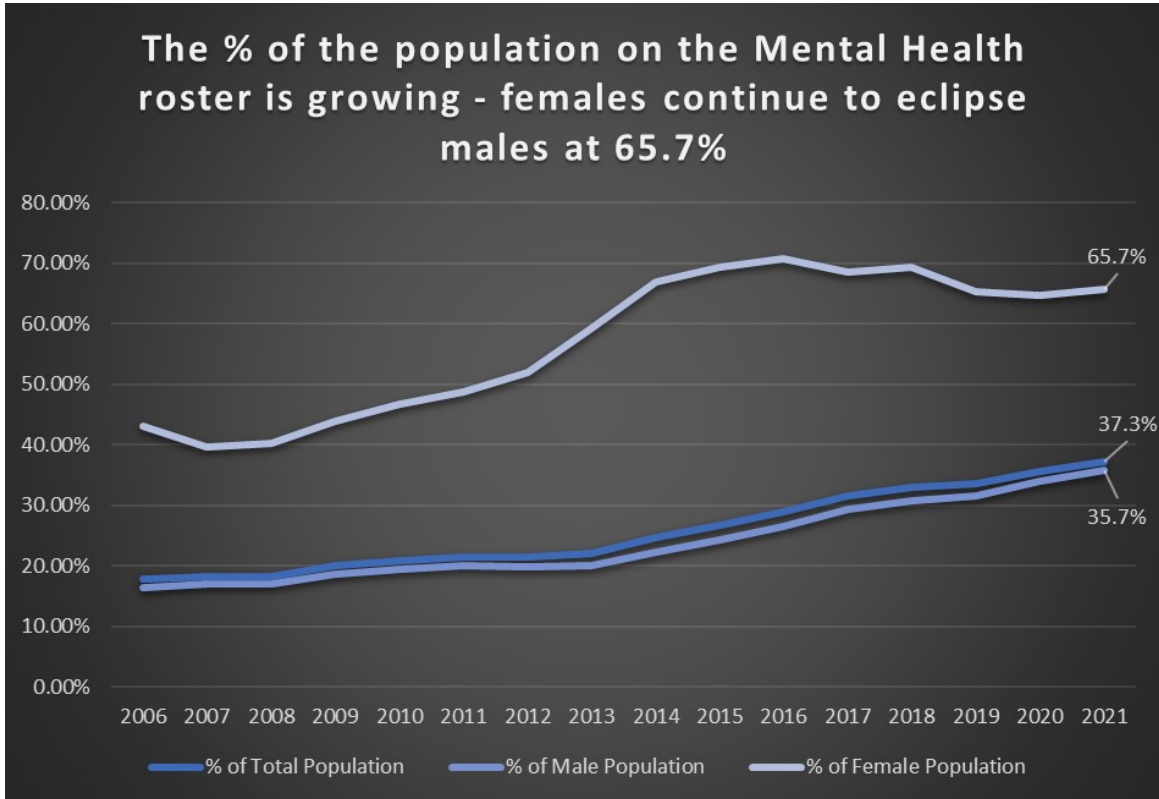
PRISON VIOLENCE

- ◆ Major staff assaults and overall assaults were down in 2021. Major staff assaults are inmate-on-staff assaults that result in a hospital trip. Inmate-on-staff assaults are tracked separately from staff-on-inmate assaults but they are combined to calculate overall assault numbers. Major staff assaults are a sub-set of staff assaults.

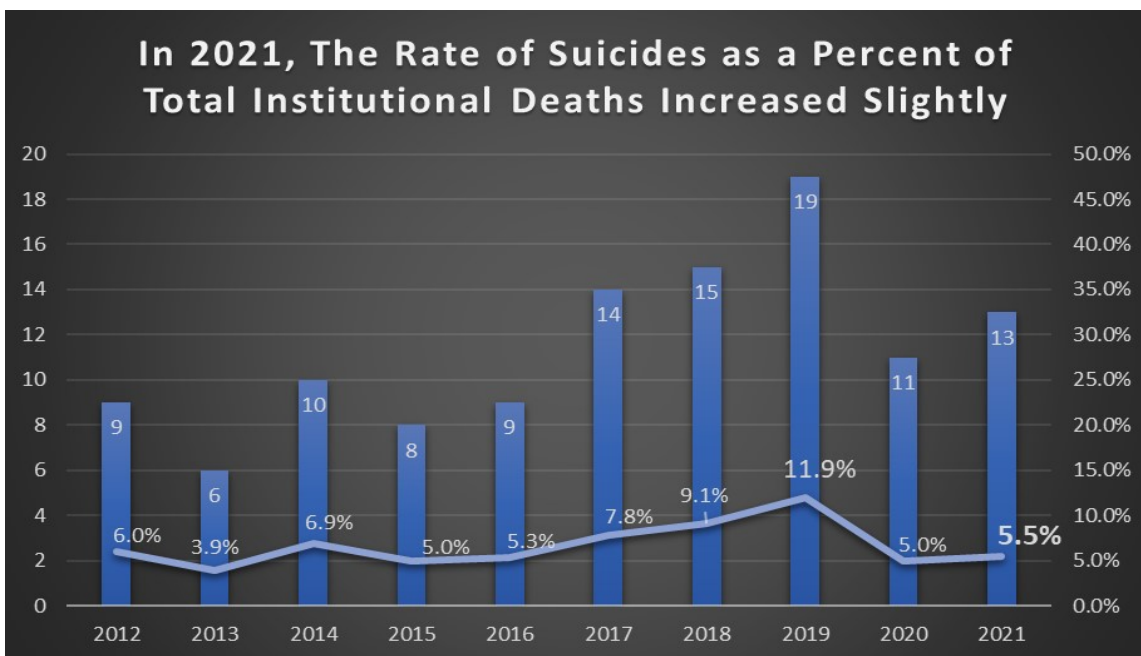


MENTAL HEALTH

- ◆ Approximately **37.3% of our entire population is being treated for a mental illness**, with 7.8% diagnosed with a serious mental illness (SMI). 35.7% of our male population is actively receiving mental health treatment, with 7.5% (2,574) being diagnosed with an SMI. Among the female population, 65.7% (1,207) are currently receiving treatment and 13.0% are diagnosed with an SMI.

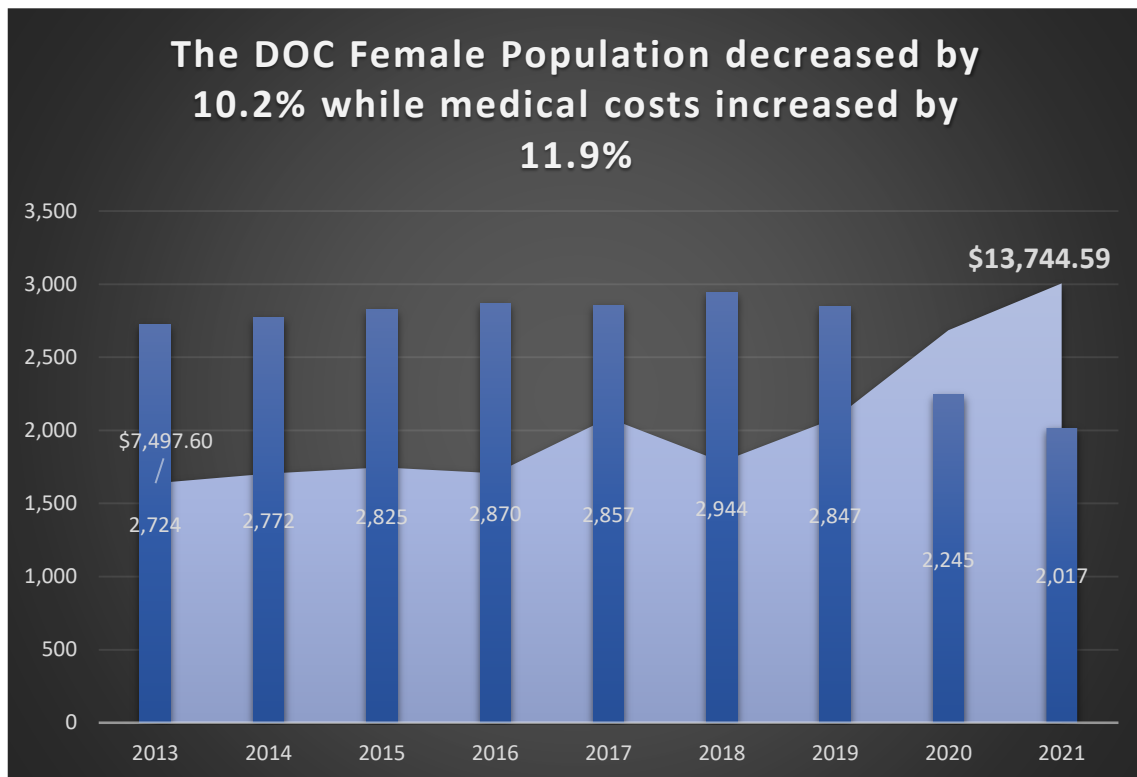


- ◆ Suicides were up in 2021, but still not at 2019 levels.



FEMALE POPULATION

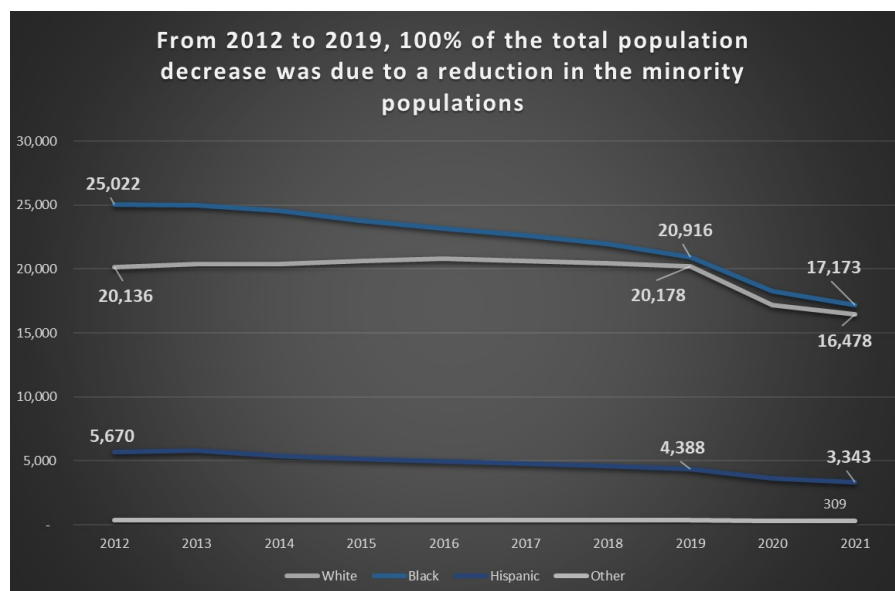
- ◆ After years of remaining mainly flat, the **female population has dropped again in 2021 (10.2%)**. However, the **medical costs continue to increase** and the cost per day is around **\$28 more than male inmates (\$24/day vs. \$53/day)**.



RACIAL DISPARITY

- ◆ Prison reform efforts, such as JRI, have led to a reduction in racial disparity. From 2012 to 2019, **100% of the total population reduction** was due to a **reduction in the minority population** (black and Hispanic). In fact the white population actually went slightly up during that time. Since 2020, only 73.6% of the population drop was in the minority categories.

- ◆ Examining the policies and practices that contribute to this disparity is long overdue. The collateral consequences of convictions for people of color limit employment and housing opportunities and create a cycle of poverty for entire communities. We not only see more minorities incarcerated, but the disparity also appears in the length of incarceration.



- ◆ To address the disparities identified, we have done the following:
 - ◆ DOC will implement a **new risk and needs assessment instrument** to more accurately establish custody and supervision levels while reducing assessment bias.
 - ◆ DOC has integrated trauma-informed care into staff training and has included **Diversity, Equity and Inclusion** goals for staffing to help reduce disparity among staff and inmates.
 - ◆ DOC also continues to support efforts to **broaden the availability of indigent defense** and provide adequate funding. Pennsylvania is one of only 15 states that does not provide state funding for meaningful criminal defense.

SECOND CHANCE PELL

- ◆ The Wolf Administration, DOC, US Department of Education, and our PASSHE partners **advocated for Pell to be reinstated for all individuals behind bars** who want higher education.
- ◆ On December 21, 2020, **US Congress lifted the 1994 ban on federal student aid for incarcerated individuals** under the Trump Administration.
- ◆ When we return to the post-pandemic operations, expanding higher education will be an important part of our plan. **We look forward to expanding access to more students.**
- ◆ We will soon have preliminary results of a randomized controlled trial that examined Pell grant funded higher education in prison and its effects on recidivism.

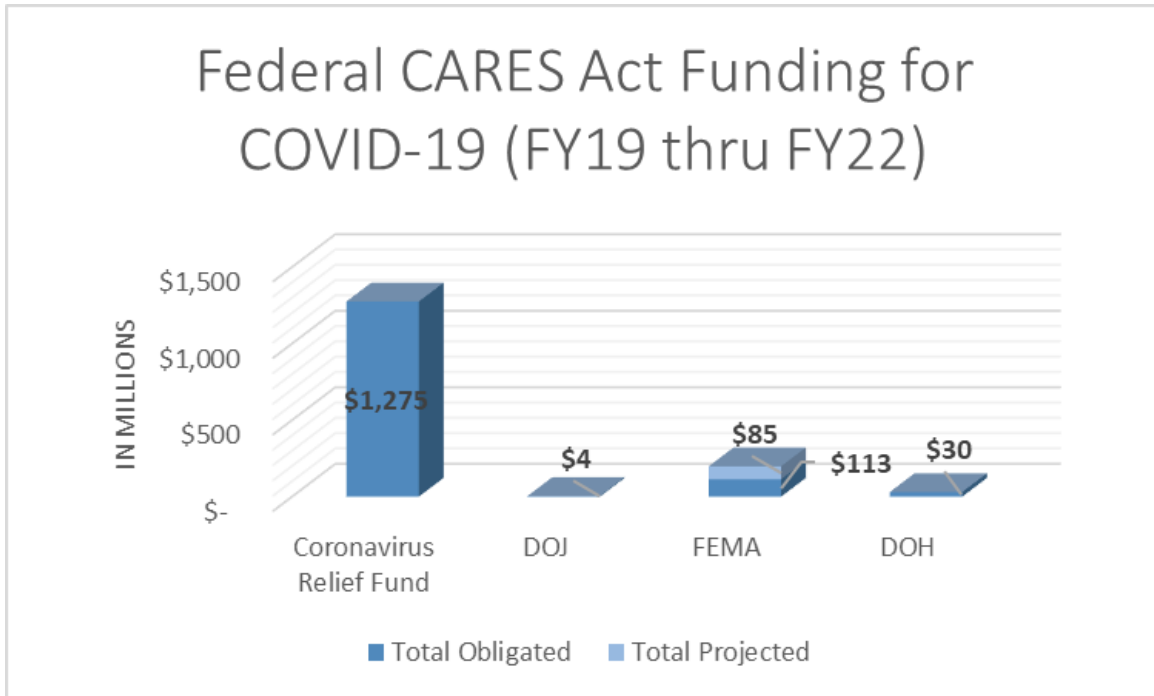
FIRST CHANCE ACT

- ◆ With the support of the Wolf Administration, the **DOC will be the first in the nation to help at risk children who are living in regions with statistically higher incarceration rates and school dropout rates**, as well as high crime rates by allocating a portion of contracts to a First Chance Trust Fund to be managed by PCCD.
- ◆ PCCD will establish targeted grants and scholarships that will provide access to programs and education, giving at risk youths a "First Chance" at breaking the cycle of incarceration and crime.
- ◆ Every DOC contract over \$5M will have language included to contribute at least 1% of the annual contract amount to the fund each fiscal year.
- ◆ In FY21-22, the Aramark contract met this criteria. We expect to invest **approximately \$354K into this fund by June 2022**, and at least \$500K from this contract alone every year thereafter.

THE COST OF COVID-19

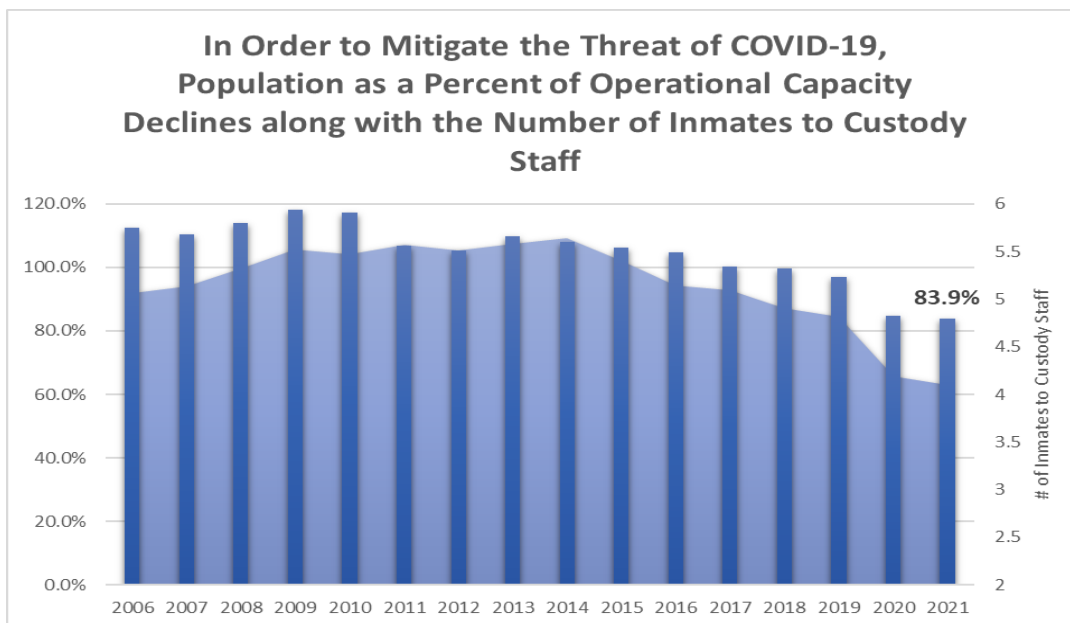
As we stated last year, the true cost of COVID-19 cannot be quantified in dollars. But here are some sobering statistics (as of Feb 1, 2022): We had 9,066 total positive staff cases (active + recovered), with 12 staff deaths. We had 15,164 total positive inmate cases (active + recovered), with 164 inmate deaths.

- ◆ In FY20–21, the DOC was allocated **\$1.275B in Coronavirus Relief Fund** dollars to cover salaries and benefits for staff performing duties that have significantly changed due to COVID-19 mitigation efforts. We have also received **\$4M (FY19–20) from the Department of Justice (DOJ)** for reopening SCI-Retreat as our intake and quarantine prison at the beginning of the pandemic. We will receive **approximately \$30M from the DOH/CDC** for COVID-19 testing of staff and inmates. Finally, we are projecting to receive a total of **\$198M** for COVID-19 related costs that were reimbursed through FEMA.



CAPACITY DURING COVID-19

- ◆ Population to Operational Capacity is currently 83.9%. This will continue to allow for physical distancing to prevent the spread of COVID-19.



FINAL REMARKS

Like many other organizations in Pennsylvania and across the country, we continue to weather the COVID-19 pandemic. We are entering our third year of responding to the ever-changing face of COVID-19; just when we think we have operations in our facilities adjusted to a "new normal," the norms again change.

The **dedicated staff** at the Department of Corrections (DOC) have been relentless in their duties. We have asked them **to make sacrifices** while rewarding them with **near-impossible missions**. They have stood up massive vaccine and testing clinics. They have worked a record number of hours through **voluntary and mandated overtime shifts**, and they have **patrolled night and day** to account for reentrants in increasingly more dangerous environments. **Our staff have answered our call time and time again**. Our medical staff have **vaccinated over 40,000 individuals** and have administered **nearly 208,000 tests**. We are extraordinarily proud of these accomplishments and the hard work of those in the field, but we are also digging our heels in to prepare for the significant work that is ongoing and still ahead.

Despite the challenges, the DOC is leading the country in its correctional management of this pandemic. We continue to be **aggressive in our approach to mitigation efforts**, while paying close attention to the data and indicators such as the rate of community spread, facility vaccination rates, facility layouts, and sewage testing numbers. We are doing groundbreaking work in conjunction with researchers from Yale and Stanford to better predict the risk to each of our correctional institutions in real time. We have also transformed the way we approach parole field services, which has seen significant **improvements in the safety of our agents** and the outcomes of our enforcement actions. At one point it was often said that the virus was in charge and was dictating our operations. As a Department and through the incredible individuals who make it all possible, we have been able to change that narrative and wrest back that control.

The only **constant in corrections is change**. Whether its COVID-19 or crime trends, we will continue to rise to the challenge. Together, the brave, dedicated men and women of the Pennsylvania Department of Corrections will make the Commonwealth a better place to live and work.