



SIP-HOPE Pilot Evaluation

Background

Reentering the community after incarceration is especially challenging for individuals struggling with substance use problems. Relapse often leads to a return to custody, continuing the cycle of incarceration. To help break this cycle, the Pennsylvania Department of Corrections (PA DOC) piloted a program that combined elements from two established initiatives: State Intermediate Punishment (SIP) and the Hawaii Opportunity Probation with Enforcement (HOPE) model.

SIP (now called State Drug Treatment Program, or SDTP) is a two-year drug treatment program operated by the PA DOC, which includes time in a state prison followed by a community-based setting in a Community Corrections Center (CCC) and outpatient treatment. The HOPE model focuses on consistent, swift, and proportionate responses to violations during community supervision.

The combined approach (SIP-HOPE) adapted the HOPE strategy within the structure of the SIP program. Previous research demonstrated that the SIP program was already successful in reducing recidivism. National research on the HOPE model also shows promise in using this approach to reduce recidivism. The SIP-HOPE pilot allowed the PA DOC to test whether this hybrid model could better support recovery and reduce recidivism compared to each strategy operating separately. In short, the key question examined was whether the disciplinary structure of the HOPE model could produce additional benefits to the treatment structure of the SIP program.

Research Design

The SIP-HOPE pilot was conducted in 2014 at **two Community Corrections Centers (CCCs):** Scranton (Lackawanna County) and Riverside (Allegheny County). All other CCCs that accepted SIP participants served as comparison group sites. The study results include a total of **171 individuals in the SIP-HOPE treatment sample and 545 individuals in the comparison group.**

To evaluate the effectiveness of the SIP-HOPE program, the PA DOC partnered with researchers from Drexel University and other collaborators. The research team used a **quasi-experimental method** known as **inverse probability of treatment weighting (IPTW)**. This approach adjusts for differences between individuals in the SIP-HOPE and SIP-only groups based on a range of characteristics, including demographics, criminal history, offense type, addiction severity, and recidivism risk. **Propensity scores** were calculated for each individual and used to weight the data, allowing for a more accurate **estimate of the average treatment effect** of the SIP-HOPE program on key outcomes.

Results

The SIP-HOPE pilot produced promising results:

Fewer Arrests: Individuals in the SIP-HOPE program were over 50% less likely to be arrested within one year of entering a CCC, compared to those in SIP alone. This included fewer arrests for drug, property, and violent crimes.

Higher Program Completion Rates: Participants in SIP-HOPE were 19% more likely to complete the program successfully and 33% less likely to be expelled.

Increased Returns to Custody: SIP-HOPE participants were 61% more likely to be incarcerated during the follow-up period. However, this increase was largely due to the program's use of short-term sanctions in response to rule violations—a core element of the HOPE model. These brief, immediate responses are not the same as long-term reincarceration and should be interpreted in that context.

Conclusion

The SIP-HOPE pilot demonstrated that combining structured treatment with consistent accountability **helped reduce arrests and improve program success.** These findings support the value of using swift, certain, and proportional responses as part of correctional programming. The SIP-HOPE pilot offers lessons for future efforts to improve public safety and support individuals in recovery after incarceration.

