ASSESSMENT OF COUNTY RESTRICTIVE INTERMEDIATE PUNISHMENT PROGRAMMING

Report presented to:

Pennsylvania Commission on Crime And Delinquency

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PREFACE

This report outlines the process of developing performance measures and an evaluation design for county-based assessment treatment services provided to restrictive intermediate punishment (RIP) offenders. In August 1994, changes in Pennsylvania's Sentencing Guidelines included a mechanism by which the sentencing court may consider the use of a restrictive intermediate punishment as an alternative to a recommendation of incarceration. Non-violent offenders assessed to be dependent on drugs and/or alcohol may only be considered for a treatment-based restrictive intermediate punishment in lieu of incarceration (Level 3). In June 1997, under another revision of the sentencing guidelines, drug and/or alcohol-dependent offenders sentenced at Levels 3 or 4 became eligible to receive a sentence of RIP that includes intensive drug and alcohol treatment, if such treatment is clinically determined to be necessary through the use of an assessment in conjunction with the Pennsylvania Client Placement Criteria.

In December 1997, the Pennsylvania Commission on Crime and Delinquency (PCCD) awarded a contract to Penn State Harrisburg to develop a method through which to track the number of clients placed under an RIP sentence, and through which to measure the impact of RIP sentencing in those counties that received funding for such programs. The Principal Investigators for the project were Drs. Toni Dupont-Morales and Barbara Sims, Penn State Harrisburg's School of Public Affairs.

The PCCD would like to acknowledge the cooperation of county RIP staff who completed and submitted RIP forms to the Penn State Harrisburg research team. This project would not have been possible without their efforts and contributions. It is hoped that this report will provide useful feedback to the counties which operate RIP programs.

Questions or comments concerning this report should be directed to Mr. James Strader, (717) 787-8559, extension 3071, or (800) 692-7292 (toll-free within Pennsylvania). Inquirers may write to the PCCD at P.0. Box 1167, Harrisburg, Pennsylvania, 17108-1167.

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INTRODUCTION

In June, 1997, the Pennsylvania Commission on Crime and Delinquency (PCCD) announced to Pennsylvania county officials that $10 million in new state funds were available to support the development and implementation of drug and alcohol treatment-based restrictive intermediate punishment programs (RIP). In the grant funding announcement, PCCD stated that these new funds would be used to support new pilot programs in a limited number of counties for the fiscal year July 1, 1997 through June 30, 1998.

Changes in Pennsylvania's Sentencing Guidelines, which became effective on August 12, 1994, included a mechanism by which the sentencing court may consider the use of a restrictive intermediate punishment as an alternative to a recommendation of incarceration. Non-violent offenders assessed to be dependent on drugs and/or alcohol may only be considered for a treatment-based restrictive intermediate punishment in lieu of incarceration (Level 3). In June, 1997, under another revision of the sentencing guidelines, drug and/or alcohol-dependent offenders sentenced at Levels 3 or 4 of the guidelines became eligible to receive a sentence of RIP that includes intensive drug and alcohol treatment, if such treatment is clinically determined to be necessary through the use of an assessment in conjunction with the Pennsylvania Client Placement Criteria (PCPC). In all cases, offenders sentenced to a restrictive intermediate punishment at Levels 3 or 4 of the guidelines would be diverted from incarceration.

Funds available under the RIP funding announcement were to be used for the following new or expanded activities targeting Levels 3 and 4 offenders:

1. drug and alcohol assessment and placement services;
2. drug and alcohol treatment services and related activities;

3. drug and alcohol testing services; and,
4. criminal justice supervision services.

The stated PCCD objectives of RIP programming were to identify offenders for whom a RIP would be appropriate and effective, providing clinically appropriate drug and alcohol treatment for such offenders, reducing the number of non-violent offenders sentenced to periods of incarceration under Levels 3 and 4, establishing a monitoring system to verify offender compliance with conditions of RIP, and reducing offenders' re-involvement with drugs and/or alcohol.

Several program requirements were established for counties receiving funds for RIP programming. The following key elements had to be made a part of any program design and implementation:

- A process whereby offenders could be identified and targeted as potential candidates for RIP;
- Procedures for the conduct of drug and alcohol assessments and clinical evaluations to be carried out only by those people who were qualified to do so;
- Able to illustrate the availability of sufficient capacity in residential and non-residential licensed drug and alcohol treatment programs with sufficient experience in the treatment of this type of offender;
- A drug and/or alcohol testing component;
- A criminal justice component which could provide for the supervision and monitoring of all sentenced RIP offenders;
- An evaluation plan which would be implemented with the official start of the project.

The PCCD funding announcement defined RIP as "programs that provide for the strict supervision of the offender through either: (1) housing the offender full time; (2) significantly restricting the offender's movement; and, (3) involve a combination of programs that meet the standards set forth under the above definitions (work camps, inpatient treatment, residential rehabilitation centers, halfway houses, day reporting

centers, work release centers, intensive supervision with electronic monitoring, house arrest with intensive supervision, house arrest with electronic monitoring)."

Program Requirements

PCCD announced that counties requesting funds for RIP programming must include key elements in the program design and implementation. First, counties must develop a process whereby offenders are identified and targeted as potential candidates for a treatment-based RIP sentence. Second, counties must develop procedures for conducting drug and/or alcohol assessments and clinical evaluations by qualified personnel. A minimum of three years' experience in this area was recommended by the PCCD. Third, counties must be able to show evidence of coordination with the Single County Authority substance abuse treatment and funding systems, and of the availability of sufficient capacity in residential and non-residential licensed drug and alcohol treatment programs with sufficient experience in treating offenders to ensure immediate access to treatment for those sentenced to RIP. Fourth, counties must include a drug and/or alcohol testing component to ensure unannounced random testing of all offenders sentenced under RIP. Finally, counties must show evidence of a criminal justice component which provides for the supervision and monitoring of all RIP sentenced offenders.

Anticipated Impact of RIP Programming

The PCCD expected that RIP programming could provide counties with post-conviction alternatives to incarceration for non-violent drug- and/or alcohol-dependent offenders who can be safely supervised in the community, and that such programming

could expand programs at the county level concentrating on rehabilitation of the substance addicted offender.

THE ROLE OF THE PENN STATE HARRISBURG RESEARCH TEAM

In August, 1997, the PCCD awarded a contract to Penn State Harrisburg, the purpose of which was to develop measures through which RIP programming could be evaluated. The Principal Investigators for the project, Drs. Toni Dupont-Morales and Barbara Sims, worked closely with the PCCD staff, treatment providers, and county criminal justice personnel to develop reporting forms through which the funded counties could provide initial placement information, as well as outcome information, on all RIP clients. Thus, the key stakeholders in the project, county treatment providers, and probation staff, contributed greatly to the development of the forms developed for the project. After a series of meetings and open dialogue, it was decided that three forms would need to be developed: (1) an RIP Eligibility Status Data Reporting Form; (2) a Dedicated RIP Form; and, (3) an RIP Outcome Form. Those forms are appended to this document as Appendix A. Those participating in the development of the reporting forms, and who were in attendance at a meeting at the PCCD, are listed in Appendix B.

Assessing RIP Client Placement: the RIP Eligibility Status Data Reporting Form

The RIP Eligibility form was used in the early stages of the RIP project in order to determine the extent to which funded counties were conducting assessments of clients for drug and alcohol dependency. The form asked for information pertaining to reasons individuals were *not* assessed for RIP treatment, as well as information about clients who were assessed for RIP treatment, but were not assigned to RIP. Reasons listed for non-assignment to RIP after a clinical evaluation indicated evidence of drug and/or alcohol

dependency, lack of treatment slots, judge did not approve such treatment, or the defendant declined treatment.

In April, 1998, the research team submitted a report to the PCCD outlining information received from counties regarding RIP eligibility.[1] As of that date, ten counties had reported information to the research team: Allegheny, Berks, Centre, Cumberland, Lehigh, Lycoming, Montgomery, Schuylkill, Tioga, and Westmoreland, for a total of 310 cases. Of those cases, 61 (20%) had been found eligible for RIP programming. Once offenders were found to be eligible for an RIP sentence, the clinical evaluations occurred to determine dependency issues. Reasons for non-assignment included: (1) not drug and alcohol dependent; (2) current offense or prior record; (3) detainers; (4) not approved by the judge; (5) not approved by the district attorney; (6) lack of a treatment slot; (7) the offender declined treatment; or, (8) some other reason for non-assignment.

Of the 61 eligible cases, eight were not approved by a judge (2.6%), 11 were not approved by the district attorney (3.5%), and 10 were not assigned because the offender refused treatment (3.2%). Of interest is the fact that no defendant was denied RIP programming due to lack of a treatment slot, and that 24 (7.7%) were found not to be drug and alcohol dependent.

Once this initial information was captured and made available to the PCCD, the use of the RIP Eligibility Form was discontinued. The decision to discontinue the reporting of eligibility information was made by the staff of PCCD.

[1] This report is attached as Appendix C.

SUMMARY INFORMATION FROM RIP DEDICATED FORM[2]

As of August 2, 2000, the Penn State Harrisburg research team had received from the participating RIP counties a total of 1,437 Dedicated Forms (DF). When examining the data file, however, it was discovered that some counties had sent duplicate information on some RIP clients. After a careful screening of the data file, and after deleting those clients for whom we had duplicate information, we were left with a client base of 1,208. The information in Table 1 is based on those numbers, and on those clients in the current DF data file.

Table 1: Clients Placed in RIP Program

	Number	Percentage
Allegheny	183	15
Berks	126	11
Centre	15	1
Cumberland	21	2
Delaware	35	3
Lehigh	86	7
Lycoming	49	4
Montgomery	32	3
Philadelphia	498	41
Schuylkill	36	3
Tioga	27	2
Westmoreland	100	8
Total	1,208	100%

Twelve counties are represented in the current DF data file, with the majority of clients coming from Philadelphia county (498; 41%), followed by Allegheny county (183; 15%), and Berks county (126; 11%).

[2] It was agreed upon between the PCCD staff and Penn State Harrisburg that August, 2000 would the cut-off date for entering new data into the SPSS data files. This date, it was decided, would allow the research team adequate time to clean the data files (purge the file of any duplicates, outliers, etc.), analyze the data, and complete the final report by end of the closing date of the grant (9/30/00).

The demographic characteristics for RIP clients at the time of program intake are presented in Table 2. The age range of RIP clients is 17 to 66, with a mean age of 32. The majority of clients are male (80%), with only 231 female clients (20%). Almost half RIP clients are Black/African-American (48%), 24% are Hispanic, 28% are white, and less than 1% are reported as being from some "other" race/ethnic category. Forty-five percent of RIP clients are reported as not having a high school education, 43% as having finished high school, with less than 1% reported as being college graduates (roughly 10% are reported as having some college or a two-year technical degree).

Table 2: Descriptive Profile of RIP Offender Population at Program Intake

Category	
Age	
Range = 17 - 66	
Mean = 32 years	
Gender	
Male	80%
Female	20
Race	
White	28%
Black/African-American	48
Hispanic	24
Other	Less than 1%
Education	
Less than high school	46%
High school graduate	43
Some college	8
Two year degree	2
College graduate	Less than 1%

Because of the manner in which RIP is supposed to function, it is not surprising that 99.5% of RIP clients did not use a weapon at the time of the current offense. Seventy-five percent, however, were reported to have plea bargained to RIP.

Other basic demographic information on RIP clients reveals that 89% moved either "none" or 1-2 times during the year prior to being sentenced to RIP, and 40% are reported as not having worked during that year. Only 22% of clients were reported as having worked eight months or longer in the year prior to sentencing.

With regard to restrictive criminal justice sanctions that were added to the RIP sentence, 3% of clients were assigned to house arrest, 31% to electronic monitoring, 17% to both house arrest and electronic monitoring, and 32% had no additional cj restrictions added (13% of clients are reported as having some "other" restriction added).

Prior Treatment History and Initial Level of Care

Offenders sentenced to RIP have extensive histories of prior treatment. As shown in Table 3, over half the sample had at least one prior experience with outpatient and/or inpatient treatment.

Table 3: Prior Treatment History and Initial Level of Care

Prior treatment history	
Non-intensive outpatient	34%
Intensive outpatient	22
Partial hospitalization	8
In-patient residential/halfway house	10
In-patient hospitalized detox	18
In-patient detox (non-hospital)	9
Medically monitored short-term residential	32
Medically monitored long-term residential	20
Initial level of care	
Non-intensive outpatient	12%
Intensive outpatient	17
Partial hospitalization	12
In-patient residential/halfway house	6
In-patient hospitalized detox	1
In-patient detox (non-hospital)	1
Medically monitored short-term residential	24
Medically monitored long-term residential	28

About 60% of RIP offenders were initially assigned to some form of inpatient treatment. Among offenders assigned to inpatient (residential) settings, less than half were in long-term programs (see Table 3).

SUMMARY OF RIP OUTCOME INFORMATION

According to data from the outcome data file, and as of August, 2000, RIP counties reported that 230 clients had successfully completed RIP programming (24%) and that 300 (32%) clients had been "unsuccessfully" terminated from RIP programming. Accordingly, and again relying on information reported to the research team, there were approximately 400 (43%) clients still under RIP treatment as of August, 2000 (see Table 4).

Table 4: RIP Outcome Information

	Number	Percentages
Successful	230	24
Unsuccessful	300	32
Still in treatment	400	43
Total	930	100%

RIP Clients by County, Initial Level of Care, and Time in Treatment

Information from the RIP outcome form allows for an examination, by county, of the initial level of care for RIP clients, and average length of time in treatment for both successful and unsuccessful releases. Some of the numbers may not total across counties because of missing or incomplete information on the reporting forms.

Successful RIP Releases

As shown in Table 5, by far, the most common initial level of care treatment for RIP clients is outpatient care (79 placed in outpatient, and 100 placed in intensive

outpatient). The numbers indicate that only two counties, Berks and Montgomery, make use of halfway houses, and that only Allegheny county reports using "partial hospitalization. Several counties (Allegheny, Lehigh, and Philadelphia) report using, to a lesser extent, some form of medically managed/monitored residential treatment. No counties report using detoxification centers.

The average length of time spent in treatment for successful RIP clients ranges from 1.8 months (the one client reported in Schuylkill county) to 18.4 months in Westmoreland county (with 25 successes reported) (see Table 5). Across all counties, the average length of time spent in treatment for successful RIP clients is 8.4 months.

Table 5: Successful RIP Releases by County, Initial Level of Care, and Time in Treatment

Initial Level of Care / County	outpatient	intensive outpatient	partial hospitali-zation	halfway house	med. monitored inpatient detox	med. monitored short term residential	med. monitored long term residential	med. managed inpatient residential
ALLEGHENY	11	15	2	0	0	1	5	0
BERKS	1	0	0	2	0	0	0	0
CENTRE	3	1	0	0	0	0	0	0
LEHIGH	0	1	0	0	0	0	3	0
MONTGOMERY	4	0	0	1	0	0	0	0
PHILADELPHIA	32	82	0	0	0	4	7	1
SCHUYLKILL	1	0	0	0	0	0	0	0
TIOGA	2	1	0	0	0	0	0	0
WESTMORELAND	25	0	0	0	0	0	0	0
TOTAL	79	100	2	3	0	5	15	1

County	No. of cases	Average Length (Month)
ALLEGHENY	54	5.7
BERKS	3	9.4
CENTRE	3	1.9
LEHIGH	4	2.5
MONTGOMERY	5	11.2
PHILADELPHIA	130	14.2
SCHUYLKILL	1	1.8
TIOGA	3	11.0
WESTMORELAND	25	18.4
TOTAL	228	

Unsuccessful RIP Releases

As shown in Table 6, there do appear to be some differences with regard to initial level of care for the RIP failures and average time in treatment. For example, the numbers are much higher for the use of some type of residential treatment for the failures than were seen for the successes. Philadelphia county, that reported only 12 successful

Table 6: RIP Failures by County, Initial Level of Care, and Time in Treatment

Initial Level of Care County	outpatient	intensive outpatient	partial hospita-lization	halfway house	med. monitored inpatient detox	med. monitored short term residential	med. monitored long term residential	med. managed inpatient residential
ALLEGHENY	7	17	3	4	0	1	1	0
BERKS	17	3	5	8	0	0	0	0
CENTRE	1	0	0	2	0	0	0	0
DELAWARE	0	0	0	2	0	0	1	0
LEHIGH	0	2	0	1	0	0	6	0
LYCOMING	7	1	0	1	0	0	1	0
MONTGOMERY	3	0	0	3	0	0	2	0
PHILADELPHIA	6	89	0	0	1	24	48	1
SCHUYLKILL	1	1	0	2	0	0	1	0
TIOGA	5	1	0	0	0	0	0	0
WESTMORELAND	5	2	4	0	0	0	0	0
TOTAL	52	116	12	23	1	25	60	1

County	No. of Cases	Average Length (Month)
ALLEGHENY	36	4.2
BERKS	33	6.3
CENTRE	3	5.8
DELAWARE	3	4.0
LEHIGH	9	5.3
LYCOMING	10	5.2
MONTGOMERY	8	5.4
PHILADELPHIA	176	8.0
SCHUYLKILL	5	7.1
TIOGA	6	4.3
WESTMORELAND	11	10.0
TOTAL	300	

clients as having been placed in residential treatment, reported that for failures, 73 were placed in either short-term or long-term residential treatment. Overall, however, for those clients who were considered to have failed under RIP programming, the majority were placed in outpatient treatment (168; 56%).

The average length of time in treatment, as shown in Table 6, for RIP failures is much shorter than was found for RIP successes. The data show that the range of time in treatment for the failures is four months (Delaware county) to 10 months (Westmoreland county). Across all counties, the average length of time in treatment for RIP failures is 5.96 months (compared with 8.4 months for RIP successes).

RIP Event History

Part of the RIP outcome reporting form asks counties for information about the history of RIP clients. The reporting form allows counties to report on "step up" or "step down" treatment approaches and/or levels of supervision for RIP clients. The information reported in Table 7 below is only for outpatient, intensive outpatient, partial hospitalization, halfway-house, and medically short/long-term residential initial levels of care. Recall that these are the most frequently used initial levels of care for most RIP clients.

As shown in Table 7, the most frequent type of incident reported for all RIP clients is "drug use," followed by "failure to comply with treatment." The exception is for those clients who were placed initially in a halfway house, with only 10% being reported as to have been involved with drug use in the first reported incident, or those clients who were in some sort of short/long-term residential program (8% reported to have been caught using drugs). Although there does appear to be some problem with

alcohol associated with the first incident of RIP clients, clearly drug use is a much more serious problem for this group of clients.

Table 7: RIP Event History by Level of Care – First Incident

Level of Care	Type of Incident	Number	Percent
Outpatient	Drug use	48	37
	Alcohol use	4	3
	Failure to comply w/treatment	30	23
	Misdemeanor arrest	4	3
	Felony drug/non-drug arrest	41	32
Intensive outpatient	Drug use	94	41
	Alcohol use	2	Less than 1%
	Failure to comply w/treatment	60	26
	Misdemeanor arrest	6	3
	Felony drug arrest	3	1
	Felony non-drug arrest	4	2
	Felony drug/non-drug arrest	57	25
Partial hospitalization	Drug use	23	50
	Alcohol use	5	11
	Failure to comply w/treatment	12	26
	Misdemeanor arrest	2	4
	Felony drug arrest	1	2
	Felony non-drug arrest	1	2
Halfway-house	Drug use	4	10
	Alcohol use	4	10
	Failure to comply w/treatment	21	51
	Misdemeanor arrest	1	2
	Felony drug arrest	1	2
	Felony non-drug arrest	1	2
	Felony drug/non-drug arrest	8	20
Medically monitored short/long-term residential	Drug use	17	8
	Alcohol use	2	Less than 1%
	Failure to comply w/treatment	97	46
	Misdemeanor arrest	-	-
	Felony drug arrest	8	4
	Felony non-drug arrest	1	Less than 1%
	Felony drug/non-drug arrest	87	41

It is noteworthy that, according to information from the RIP counties, a significant percentage of RIP clients in the outpatient programs, and in the short/long-term residential programs, were arrested for either a felony drug or felony non-drug offense. As would be expected, those percentages are higher for clients in outpatient treatment than for those in halfway houses or who are hospitalized.

SUMMARY AND CONCLUSIONS

The information reported here can provide the PCCD with some insights into: (1) how eligibility of RIP clients are determined; (2) number of clients by county placed in RIP programming; (3) initial level of care for RIP clients; (4) success/failure rate of RIP clients; (5) length of time in treatment for RIP clients; and, (5) event histories of RIP clients. The data indicate that the counties are assessing offenders for drug and/or alcohol dependency following PCPC guidelines for assessment, and that no eligible offenders are being denied an RIP sentence due to lack of a treatment slot. The current data file, developed to enable further data entry and evaluation of RIP client information, enables the PCCD to examine, by county, the number of clients placed in RIP programming, along with basic demographic backgrounds of those clients, clients' past history with drugs/alcohol, and initial level of care for those clients.

There are problems, however, associated with the outcome data. The research staff are concerned that counties are not reporting information, or that they are reporting incomplete information. Also, it is not clear that the instructions for when the outcome form should be completed, and instructions for completing and submitting the outcome form, are being made clear to persons in the field who are responsible for completing and submitting the outcome forms. As reported above, some counties are completing and

submitting forms each time there is an incident. The protocol calls for individuals to keep an event history of RIP clients in the individual client files, but only to submit the outcome form to the research staff once a client has been either successfully or unsuccessfully terminated from RIP treatment. The research staff has tried to address this by carefully screening and coding the outcome forms as they are received, and would encourage the PCCD staff who will be receiving, coding, and entering future RIP data to do the same.

It is also important to recognize the fact that the person completing the forms in the counties check, on the current outcome form, "successfully terminated," or "unsuccessfully" terminated from RIP. Although this variable in the outcome data file can provide numbers and percentages associated with success or failure, it should not be considered a valid indication of success or failure for RIP programming. A more thorough examination of the event history, which does show "incidents" and resulting changes in either treatment or criminal justice supervision, could provide the PCCD and policy makers alike with a more accurate picture of how RIP programming is functioning in each of the funded counties. This assessment can come only through a more qualitative, and in-depth examination of the rich information recorded on the outcome data forms, the type of information that is difficult to quantify in the current SPSS data file.

Finally, the title of this report indicates that what is reported here is an "assessment" of RIP programming. In actuality, this report contains mere numbers and percentages on some key variables associated with the various reporting forms developed by the PCCD, the research staff at Penn State Harrisburg, and the individuals in the

county who are responsible either for the supervision or the treatment of RIP clients. This is not an evaluation of RIP programming, and because it is not, the numbers reported here should be interpreted with caution.

Other Appended Documents

Throughout the data gathering period for the RIP grant, the Penn State research staff were asked for data about number of clients placed in RIP treatment, and the success and/or failure rates of those clients. Included in Appendix D are communications from Penn State Harrisburg to the PCCD staff related to such questions.

Also throughout the grant period, and as mentioned above in the summary and conclusions, getting the counties to follow the established protocols for submitting data forms was sometimes a difficult task. A memorandum from the Penn State Harrisburg research staff to all Directors/Supervisors explaining the protocol for reporting on the status of RIP in the individual counties is appended as Appendix E.

APPENDIX A

RIP REPORTING FORMS

RIP Eligibility Status Data Reporting Form

Include with this form a copy of the Commission on Sentencing *Guideline Sentence Form* for all offenders listed.

This listing includes (**check one only**): All level 3 and 4 offenders' sentences ____ ; **OR** Only offenders sentenced to Treatment-Based Restrictive Intermediate Punishments ____.

County _____. Person completing form _____ . Phone number ( ) _____.

COMPLETE THIS SECTION FOR ALL LEVEL 3 AND 4 OFENDERS									COMPLETE THIS SECTION ONLY FOR ASSESSED OFFENDERS								
LAST NAME	FIRST NAME	Sentencing Commission Form ID Number	S.I.D. Number	Assessed for D&A depen-dence? ***Enter Y or N***	Reasons for non-assessment. ***(Check all that apply)***				Assigned to RIP? ***Enter Y or N***	Reasons for non-assignment to RIP. ***(Check all that apply)***							
					Ineligible for IP; current offense	Ineligible for IP; pattern of violence	Detain-er(s)	Other reason		Not D&A dependent	Current Offense or Prior Record	Detainer(s)	Not approved by Judge	Not approved by DA	Lack of treatment slot	Offender declined	Other reason

Drug and Alcohol Restrictive Intermediate Punishment (Levels 3 and 4) Dedicated Form

Information provided by you is utilized in assessing the success and impact of D&A RIP sentences. It is very important that you submit this form with complete and accurate information each time an offender is admitted into your program. This is the only way that our research will be all-inclusive and provide a true picture of D&A RIP in Pennsylvania. Data may be used in policy formulation and evaluation, funding strategies, etc.

Last Name:	**Suffix (i.e. Jr.)**	**First Name:**	**Middle Initial:**

Gender: ☐Male ☐Female	**Date of Birth** (mm-dd-year)	**Race/Ethnicity**: ☐White ☐Black ☐Asian ☐Native American. ☐Hispanic ☐Other	
State ID Number	**Social Security Number**	**Guideline Sentencing Form Number**	**Police Photo ID Number**
County	**Date Placed in Program** (mm-dd-year)	**Date of Sentencing** (mm-dd-year)	**Date submitted to PCCD** (mm-year)
Judge's Name		**Agency**	

1. Was a weapon present during the current offense? ☐Yes ☐No
2. Was there a plea bargain to D&A RIP? ☐Yes ☐No
3. Number of time the offender changed residences in the past 12 months ☐None ☐1 to 2 ☐3 to 5 ☐6 or more
4. Offender is currently living with (mark all that apply) ☐Spouse ☐Significant other ☐Child(ren) ☐Friend ☐Alone ☐Other (specify)_____
5. Is the offender a parent? ☐Yes Number of Children _____ ☐No
6. Does the offender have custody of children? ☐Yes ☐No
7. Does the offender report domestic violence in the home? (Includes as a victim, witness or perpetrator) ☐Yes ☐No
8. Is there any known substance abuse in the offender's immediate family? ☐Yes ☐No
9. Is the offender's domestic partner currently under criminal justice supervision? ☐Yes ☐No
10. What is the status of the children? ☐Delinquency ☐Dependency ☐Not Applicable
11. How many months was the offender employed in the last year? ☐ None ☐ 1 to 3 ☐ 4 to 7 ☐ 8 or more
12. How many jobs has the offender held in the past five years? ☐ None ☐ 1 to 3 ☐ 4 to 7 ☐ 8 or more
13. What is the highest level of education completed by the offender?
    - ☐ Not high school graduate
    - ☐ High school graduate/GED
    - ☐ Some college
    - ☐ Two year or technical degree
    - ☐ Four-year degree (B.A., B.S.)
    - ☐ Post graduate degree
14. Has the offender had additional training? (list) _____

15. How many times has the offender undergone treatment for the following: (mark all that apply and number of times in treatment)

Treatment Type	Utilized (√)	Number of Times
1. Outpatient (Non-Intensive)		
2. Intensive Outpatient		
3. Partial Hospitalization		
4. Halfway House		
5. Medically Monitored Inpatient Hospital Detox		
6. Medically Managed Inpatient Hospital/Residential		
7. Medically Managed Inpatient Detox (Non-Hospital)		
8. Medical Monitored Short-Term Residential		
9. Medically Monitored Long-Term Residential		

16. What substances has the offender abused? (Place an * by the preferred substance(s))

□Alcohol
□Amphetamines
□Barbiturates
□Cocaine/Crack
□Hallucinogens
□Heroin
□Inhalants
□Marijuana/Hashish
□Other Opiates/Synthetics
□Over-the-Counter
□Stimulants
□Tranquilizers
□Other

17. Note the PCPC recommended levels of care:

PCPC Levels of Care	PCPC Recommended (√)	Client Placement (√)
1. Outpatient (Non-Intensive)		
2. Intensive Outpatient		
3. Partial Hospitalization		
4. Halfway House		
5. Medically Monitored Inpatient Hospital Detox		
6. Medically Managed Inpatient Hospital/Residential		
7. Medically Managed Inpatient Detox (Non-Hospital)		
8. Medical Monitored Short-Term Residential		
9. Medically Monitored Long-Term Residential		

18. If PCPC was not followed, please state why.

_____

19. What other restrictive criminal justice sanctions were included in the sentence?
□ House Arrest □ Electronic Monitoring □ None □ Other:_____

20. _____ _____
Name of person completing form Phone Number

Internal Use Only	
ID: D ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___	Entered

Drug and Alcohol Restrictive Intermediate Punishment (Levels 3 and 4)
Event History Form

Information provided by you is utilized in assessing the success and impact of D&A RIP sentences. It is very important that you record each change in level of care, treatment event and/or RIP Punishment Progress for each offender under a D&A RIP sentence in your program. The form is submitted to PCCD when an offender has successfully completed or been terminated from the program. Complete and accurate information from you is the only way that our research will be all-inclusive and provide a true picture of D&A RIP in Pennsylvania. Data may be used in policy formulation and evaluation, funding strategies, etc.

Part I: Identification *(information should be the same as recorded on the D&A RIP Dedicated Form)*

Last Name:	**Suffix (i.e. Jr.)**	**First Name:**	**Middle Initial:**

Gender: ☐Male ☐Female	**Date of Birth** (mm-dd-year)	**Race/Ethnicity**: ☐White ☐Black ☐Asian ☐Nat..Am. ☐Other ☐Hispanic	**Date of Program Placement** (mm-dd-year)
State ID Number	**Social Security Number**	**Guideline Sentencing Form Number**	**Police Photo ID Number**
Number of Months in RIP	**Termination Type:** ☐Successful ☐Unsuccessful	**Date Submitted to PCCD:** *(mm-year)*	**County**

_____ _____

Name of person submitting completed form **Phone Number**

Please indicate the date and level of care in which a positive or negative event occurred and the appropriate action, if any, that was taken. For event and action codes, please see the codes list on the reverse side of this form.

Date	Level of Care	Treatment Event	RIP Progress

Internal Use Only	
ID: D __ __ __ __ __ __ __ __ __ __ __	Entered

Additional space, if needed.

Date	Level of Care	Treatment Event	RIP Progress

D&A RIP Event History Form Codes

:

Level of Care (LOC)				
1A	Outpatient		3B	medically monitored treatment short-term residential
1B	intensive outpatient		3C	medically monitored treatment long-term residential
2A	partial hospitalization		4A	medically managed inpatient detox
2B	half-way house		4B	medically managed inpatient residential
3A	medically monitored inpatient detox		5A	recovery house

Treatment Event Options (TEO)				
1	drug use		5	felony drug arrest
2	alcohol use		6	felony non-drug arrest
3	failure to comply with treatment		7	treatment completed
4	misdemeanor arrest			

RIP Progress (RIPP)				
1	probation revocation initiated		6	probation/parole revoked
2	increased supervision		7	house arrest
3	increased drug monitoring		8	electronic monitoring
4	positive release from supervision		9	jail time
5	positive release from RIP		10	AWOL - more than 24 hours

APPENDIX B

D&A/RIP MEETING ON OCTOBER 1, 1997

ATTENDEES LIST

This appendix is not available in electronic format at this time. Please contact PCCD staff at (717) 787-5152 to obtain a hard copy of this section.

APPENDIX C

INTERIM REPORT TO PCCD, DATED APRIL 1, 1998

(RIP ELIGIBILITY)

This appendix is not available in electronic format at this time. Please contact PCCD staff at (717) 787-5152 to obtain a hard copy of this section.

APPENDIX D

INTERIM REPORTING FROM THE RESEARCH TEAM AT PENN STATE HARRISBURG TO THE PCCD STAFF

This appendix is not available in electronic format at this time. Please contact PCCD staff at (717) 787-5152 to obtain a hard copy of this section.

APPENDIX E

MEMORANDUM REGARDING REPORTING PROTOCOL TO ALL RIP COUNTIES

This appendix is not available in electronic format at this time. Please contact PCCD staff at (717) 787-5152 to obtain a hard copy of this section.