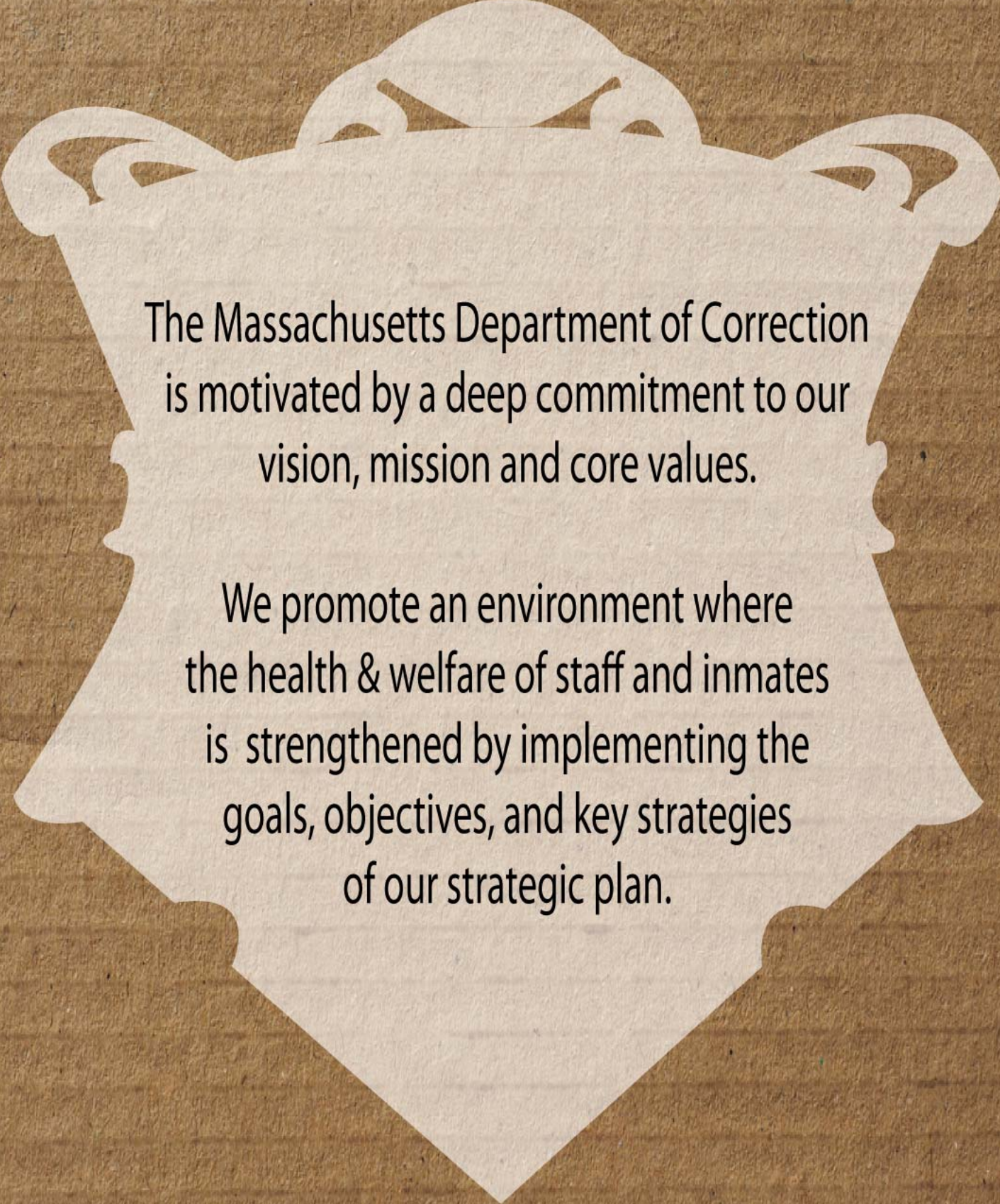


Strategic Plan 2015-2020



The Massachusetts Department of Correction
is motivated by a deep commitment to our
vision, mission and core values.

We promote an environment where
the health & welfare of staff and inmates
is strengthened by implementing the
goals, objectives, and key strategies
of our strategic plan.

Vision Statement

To effect positive behavioral change in order to eliminate:

Violence

Victimization

Recidivism

Mission Statement

Promote public safety by managing offenders while providing care and appropriate programming in preparation for successful reentry into the community.

Manage – Care – Program - Prepare

Core Values

Responsible

Respectful

Honest

Caring

American Correctional Association's Code of Ethics Preamble

The American Correctional Association expects of its members unfailing honesty, respect for the dignity and individuality of human beings and a commitment to professional and compassionate service. To this end, we subscribe to the following principles.

Members shall respect and protect the civil and legal rights of all individuals.

Members shall treat every professional situation with concern for the welfare of the individuals involved and with no intent to personal gain.

Members shall maintain relationships with colleagues to promote mutual respect within the profession and improve the quality of service.

Members shall make public criticism of their colleagues or their agencies only when warranted, verifiable, and constructive.

Members shall respect the importance of all disciplines within the criminal justice system and work to improve cooperation with each segment.

Members shall honor the public's right to information and share information with the public to the extent permitted by law subject to individuals' right to privacy.

Members shall respect and protect the right of the public to be safeguarded from criminal activity.

Members shall refrain from using their positions to secure personal privileges or advantages.

Members shall refrain from allowing personal interest to impair objectivity in the performance of duty while acting in an official capacity.

Members shall refrain from entering into any formal or informal activity or agreement which presents a conflict of interest or is inconsistent with the conscientious performance of duties.

Members shall refrain from accepting any gifts, services, or favors that is or appears to be improper or implies an obligation inconsistent with the free and objective exercise of professional duties.

Members shall clearly differentiate between personal views/statements and views/statements/positions made on behalf of the agency or Association.

Members shall report to appropriate authorities any corrupt or unethical behaviors in which there is sufficient evidence to justify review.

Members shall refrain from discriminating against any individual because of race, gender, creed, national origin, religious affiliation, age, disability, or any other type of prohibited discrimination.

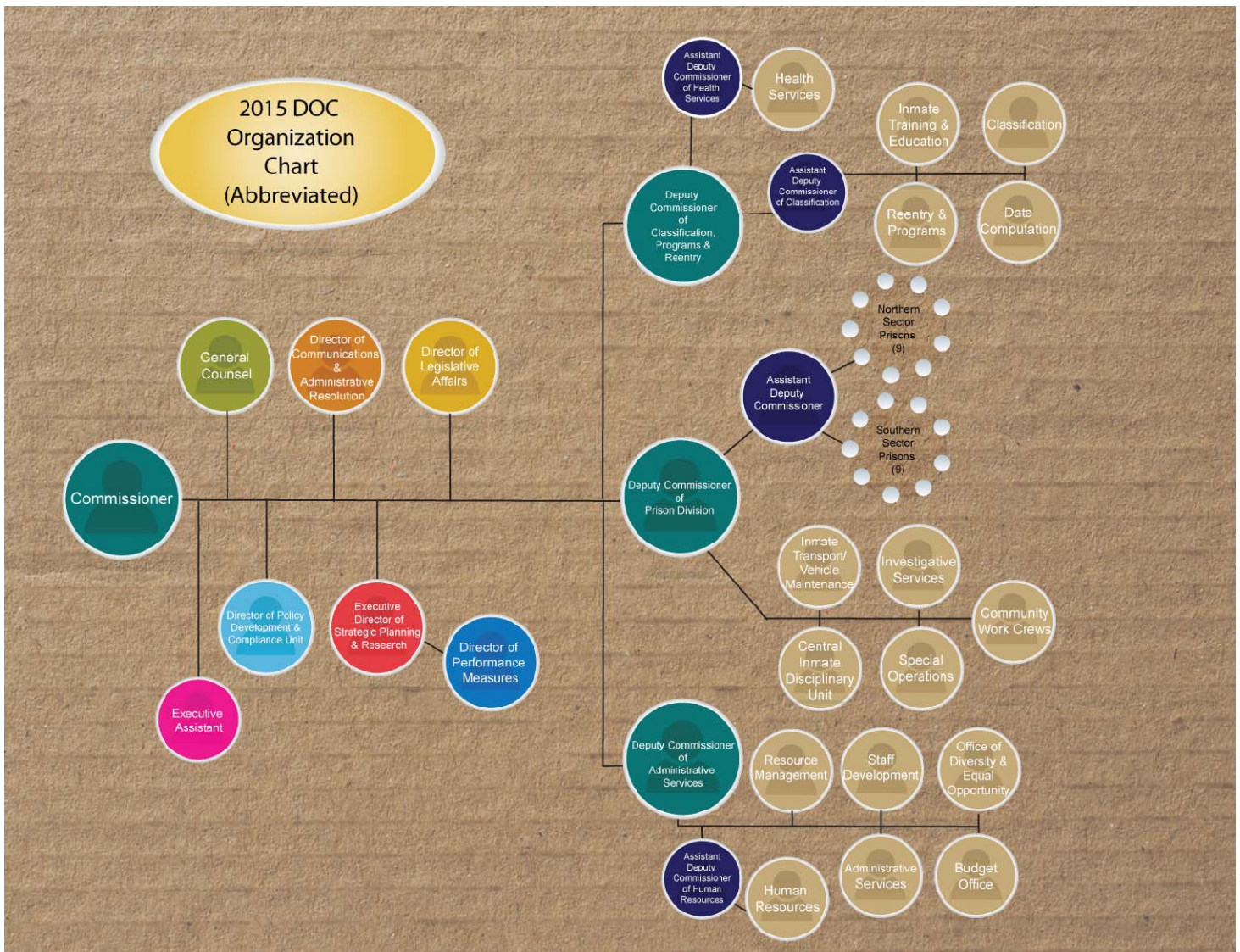
Members shall preserve the integrity of private information; they shall refrain from seeking information on individuals beyond that which is necessary to implement responsibilities and perform their duties; members shall refrain from revealing nonpublic information unless expressly authorized to do so.

Members shall make all appointments, promotions, and dismissals in accordance with established civil service rules, applicable contract agreements, and individual merit, rather than furtherance of personal interests.

Members shall respect, promote, and contribute to a work place that is safe, healthy, and free of harassment in any form.

**Adopted by the Board of Governors and Delegate Assembly in August 1994.*

Agency Structure



Environmental Analysis

The Massachusetts Department of Correction (DOC) shares some key issues with other systems in the areas of prison bed capacity, inmate management and reentry. However, a number of external and internal factors constrain the Department's approach to these issues. Studies in 2003 and 2008 indicate that the most significant of these factors include the structure of the Massachusetts Criminal Justice System, which is substantially more decentralized than that found in many other states and the scope and range of DOC responsibilities which include those that require considerable resources.

Despite these challenges, the DOC will continue to address these important issues within the purview of our authority and with innovation and determination.



Overview of Criminal Justice Structure in Massachusetts

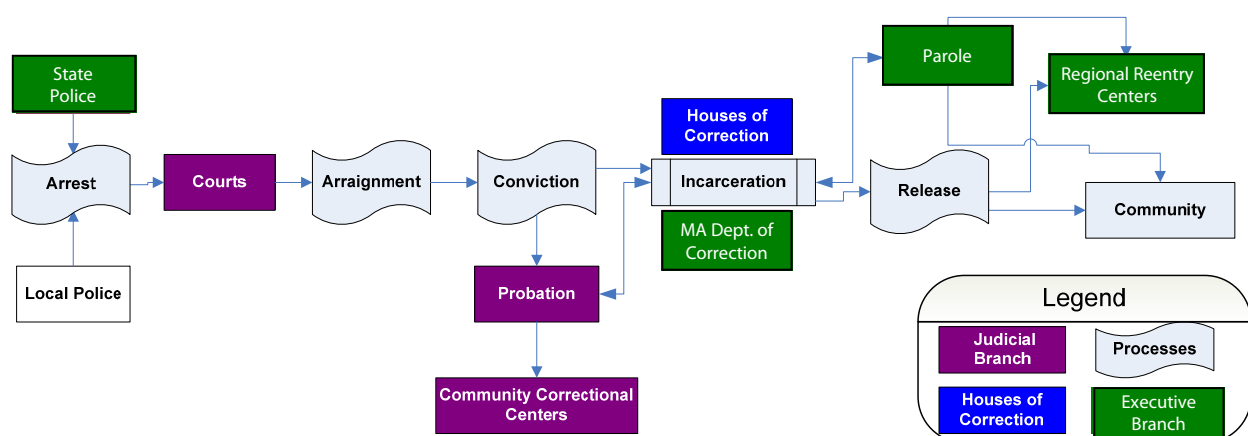
The Massachusetts Department of Correction is part of a larger criminal justice system in the Commonwealth that also includes local and state police departments, the criminal court system, the district attorneys and public defenders attached to the courts, and multiple correctional agencies that have been established at various times throughout the history of the Commonwealth by separate enabling statutes.

The Office of the Commissioner of Probation is charged with oversight of the numerous probation offices and is responsible for the supervision of all probationers. Located within district and superior courts throughout the state, they are an arm of the Administrative Office of the Trial Court (AOTC). The AOTC has administrative oversight of all of the district and superior courts, juvenile courts and other specialized courts whose jurisdiction falls below the Appeals Court. Also found within the AOTC is the Office of Community Corrections that administers 25 Community Correction Centers throughout the state. Those centers provide monitoring, substance abuse testing, educational and other services to probationers and some inmates discharging from houses of correction or on parole. There are 13 houses of correction located throughout the state, each administered independently by the elected Sheriff of the corresponding 13 counties. The Sheriffs are one component of the county government system in Massachusetts.

The Parole Board, like the DOC, is an executive branch agency. Established by statute, it is charged with and given the authority to: determine which inmates within the jails, houses of corrections and the facilities of the DOC are suitable to be released on parole and under what conditions; supervise those inmates it determines to release on parole; and revoke or revise the conditions of the release as they deem appropriate. To meet its mandate, the Parole Board regularly conducts hearings in virtually all of the state and county correctional facilities.

The Department of Correction operates 18 correctional facilities. All of the Department's 18 facilities are located in only eight different communities, the furthest west of which is Gardner. This places the Department at a disadvantage in its effort to forge partnerships with the community service agencies located in the communities to which its inmates are releasing or paroling. In comparison, the county correctional facilities, which generally house inmates from the communities within their respective counties, are better positioned, at least geographically, to form the partnerships with community agencies that will support effective and successful reentry of inmates releasing or paroling from those facilities.

Massachusetts Criminal Justice System



Security Levels

DOC facilities fall within one of the four security levels described below.

Maximum Security

The perimeter is designed and staffed to prevent escapes and the introduction of contraband. Inmate movement and interaction are controlled by physical barriers. Inmates are housed in single and double cells. The design of the facility offers an ability to house some inmates separate from others without a limitation of work and/or program opportunities. Inmates are subject to direct supervision by staff. At the superintendent's discretion, contact visits may be allowed at Souza Baranowski Correctional Center and MCI-Cedar Junction's reception beds (which are considered maximum security). Personal clothing is generally not allowed.

Medium Security

The perimeter and physical barriers to control inmate movement and interaction are present. Inmates may be housed in single, double or multiple occupancy areas. Inmate movement and interaction are generally controlled by rules and regulations, as well as with physical barriers. Inmates are subject to direct supervision by staff. Work and program opportunities are available. Contact visits and personal clothing may be allowed. Inmates assigned to medium custody designation at MCI-Cedar Junction will receive contact visits.

Minimum Security

The perimeter is marked by non-secure boundaries. Physical barriers to movement and interaction are either non-secure or non-existent. Inmates may be housed in single, double or multiple occupancy areas. Inmate movements and interactions are controlled by rules and regulations only. Supervision is intermittent. Inmates may leave the perimeter under supervision. Contact visits and personal clothing are allowed.

Pre Release / Contracted Residential Placement

The perimeter is marked by non-secure boundaries. Physical barriers to inmate movement and interaction are either non-secure or non-existent. Inmate movements and interactions are controlled by rules and regulations only. Inmates may leave the institution daily for work and/or education in the community. Supervision while on the grounds of the facility is intermittent. While in the community, supervision is occasional, although indirect supervision (e.g. contact with employer) may be more frequent. Inmates must be within eighteen (18) months of parole eligibility or release and not barred by sentencing restrictions from either placement in a pre release facility or participation in work, education or program related activities (PRA) release programs.

Souza Baranowski Correctional Center	Maximum
MCI Cedar Junction	Maximum Reception & Diagnostic Center w/Medium component
Bay State Correctional Center	Medium
Bridgewater State Hospital	Medium
Lemuel Shattuck Hospital Correctional Unit	Medium
Massachusetts Treatment Center	Medium
MCI-Concord	Medium
MCI- Framingham and ATU	Medium
MCI- Norfolk	Medium
MCI- Shirley	Medium and Minimum
North Central Correctional Institution	Medium and Minimum
Old Colony Correctional Center	Medium and Minimum
Massachusetts Alcohol and Substance Abuse Center	Minimum
Boston Pre Release Center	Minimum and Pre-Release
MCI Plymouth	Minimum and Pre-Release
Northeastern Correctional Center	Minimum and Pre-Release
Pondville Correctional Center	Minimum and Pre-Release
South Middlesex Correctional Center	Minimum and Pre-Release



Massachusetts Correctional Institutions

Bay State Correctional Center (BSCC) is a facility housing criminally sentenced males. A mission change in 1991 converted the facility from a minimum security to a medium security institution. BSCC is the smallest medium security institution and is wheelchair accessible. In June 2015, this institution redistributed inmates and staff to other facilities for budgetary reasons.

Boston Pre Release Center (BPRC) is a facility housing minimum and pre-release criminally sentenced males. It was the first pre-release institution in Massachusetts and is now a structured program focused on reintegration. Close public transportation increases opportunities for employment and access to community support agencies and other approved programming.

Bridgewater State Hospital (BSH) is a medium security facility housing male inmates in several categories: civil commitments without criminal sentences, civil commitments with criminal sentences, criminally sentenced inmate workers, and, on occasion, pre-trial detainees. Each individual civilly admitted to this facility is subject to a court-ordered evaluation under an applicable section of Massachusetts General Law (M.G.L.) Chapter 123. Patients may be committed to this facility following the observation period in increments of six months to a year as ordered by the court if they are found to be in need of additional treatment and evaluation.

Lemuel Shattuck Hospital Correctional Unit (LSH) The DOC, in partnership with the Department of Public Health, operates a correctional unit within the Lemuel Shattuck Hospital providing secure inpatient and outpatient medical care to male and female inmates from both the state and county. It is a transient, medium security facility with few long term patients. On January 1, 2015 the population consisted of 11 criminally sentenced state inmates, nine pre-trial detainees and one temporary civil commitment. The average age of inmates housed on this date was 50 years old.

MCI Cedar Junction (MCI-CJ) In 2009, the mission of MCI-CJ shifted from a general population maximum security institution to the Department's Reception and Diagnostic Center for male inmates with a focus on the completion of assessments to determine an inmate's initial classification designation and the development of individualized program plans. The Department Disciplinary Unit (DDU) is also located here, as well as a small medium security population.

MCI Concord (MCI-C), the former Reception and Diagnostic Center for the Department, shifted to a medium security facility for male inmates when MCI-CJ took over the reception role in 2009. MCI-C admits most court ordered awaiting trial detainees pursuant to MGL Ch 276 sec 52A.

MCI Framingham (MCI-F) is the Department's medium security Reception and Diagnostic Center for female inmates providing a comprehensive network of gender responsive, trauma informed programming for women who are civilly committed, serving county and state criminal sentences, or awaiting trial detainees. It is the oldest operating female prison in the country.

Massachusetts Treatment Center (MTC) is a medium security facility separately housing both criminally sentenced male inmates identified as sex offenders and those who have been civilly committed as sexually dangerous persons (SDPs) as defined by M.G.L. Chapter 123A resulting in a day to life commitment. In July 2013, the operational capacity was decreased by two beds for civil commitments. The facility offers a comprehensive sexual offender treatment program intended to reduce the risks associated with re-offending.

Massachusetts Alcohol and Substance Abuse Center (MASAC) is a minimum security facility separately housing both criminally sentenced male inmates, and those males civilly committed under MGL 123, Section 35 participating in a detoxification program for up to 90 days. The facility underwent a mission change in 2002 after the closing of Southeastern Correctional Center (SECC) when all detoxification services and programs for civilly committed males formerly housed at SECC were moved to this facility and it was renamed the Massachusetts Alcohol and Substance Abuse Center.

Massachusetts Correctional Institutions (cont.)

MCI Norfolk (MCI-N) is a facility housing male inmates with the distinction of being the largest medium security institution in the Massachusetts DOC. It was the first community based prison in the United States, created to be more spacious with a campus-like atmosphere and architecture. Inmate housing consists of 18 dormitory-style living units and two modular units divided by a large central grass quadrangle.

North Central Correctional Institution (NCCI) is a facility housing criminally sentenced males. The majority of inmates are in medium security housing units with some housed in minimum security. The institution is located on land formerly occupied by the Gardner State Hospital which was open from 1902 until its doors were closed in 1976.

Old Colony Correctional Center (OCCC) A mission change was facilitated in 2010 at OCCC, shifting their medium security operation to a mental health focused facility, with the objective of providing needed mental health services more efficiently while at the same time promoting rehabilitation and reentry. OCCC houses inmates in both medium and minimum security housing units.

Northeastern Correctional Center (NECC) is a facility housing minimum and pre-release criminally sentenced males. The facility was originally the supporting farm for MCI Concord. Currently, the programming is designed to enable a smooth transition from confinement to the community. Community work crews provide cost effective labor to surrounding communities.

MCI Plymouth (MCI-P) originated as a Prison Camp in the 1950s on the grounds of the Myles Standish State Forest. The facility houses criminally sentenced minimum and pre-release males, partnering with and providing inmate community work crews and services to neighboring towns enhancing inmate reentry and preparation. In 2012, MCI-P opened a pre-release component in response to one of the many re-entry initiatives outlined in the Massachusetts Corrections Master Plan.

Pondville Correctional Center (PCC) is a facility for criminally sentenced males. The original name of the facility was Norfolk Pre-Release Center (NPRC). The facility was constructed in 1975. In 1990, following significant renovations, the facility then became known as Pondville Correctional Center housing both minimum and pre-release inmates. In June 2015, in collaboration with the Massachusetts Parole Board and Spectrum Health Systems, Inc., PCC began housing parolees for transitional treatment.

MCI Shirley (MCI-S) encompasses two facilities housing both medium and minimum custody level inmates. The two security levels were considered separate institutions until July 2002 when they were combined as one, operating under one administration. Along with a skilled nursing facility (SNF), MCI-S operates an Assisted Daily Living Unit for medium inmates.

South Middlesex Correctional Center (SMCC) is a facility for criminally sentenced state and county females housing minimum and pre-release inmates. The facility began as a male facility and became a female facility on July 1, 2002 after a mission change. The community based environment encourages ongoing utilization of skills and resources necessary for successful re-entry into the community while ensuring public safety.

Souza Baranowski Correctional Center (SBCC) is the one exclusively maximum security male facility in Massachusetts. SBCC is currently the newest state correctional facility in Massachusetts, opened on September 30, 1998. At the time, it was built with the highest degree of technological integration of any prison in the country, including a keyless security system and one of the largest camera matrix systems nationwide.



Fiscal/Budgetary

The Department of Correction employs approximately 5,200 staff with the majority representing positions dedicated to the safety and security of our facilities and inmates. The vast majority of DOC expenditures are related to employee expenses and inmate medical/mental healthcare. Employee expenses include overtime costs incurred due to the inability to backfill positions as a result of employee attrition or budgetary constraints.

Despite the recovering economy and the Commonwealth's strong record of fiscal management, tax revenues are not meeting the projected growth in FY15 and therefore the Department has faced cuts, contract revisions, and operational changes within our facilities. The Department has been proactive in implementing cost containment and efficiency measures, to continue our core mission in these strained fiscal times. The DOC is committed to public safety and we are engaged in conducting a thorough and ongoing analysis of our spending; making revisions in a manner that continues to allow for the safe incarceration of inmates while providing opportunities for participation in programming designed to reduce recidivism. The Department is committed to serving the Commonwealth as we work towards maintaining public safety.

Physical Plant

The Department of Correction (DOC) oversees and maintains over seven million square feet of buildings on 5,400 acres. The DOC operates with the requisite infrastructure of utilities including power generation plants, water and wastewater treatment facilities, an extensive fleet of vehicles and special motorized equipment and vehicle maintenance facilities.

The current "Urgent Capital Needs" request for FY 2015 totals \$1,054,512,746 for all projects, with \$252,347,746 for infrastructure improvements. Age of facilities play an important part in the need for infrastructure repairs. Several facilities date back to the 1800's with the last new construction occurring in the 1990's.

The shortfall in operating and deferred maintenance funds has accelerated the failure of key building components (roofs, electrical, distribution, water and sewer distribution, heating plants, etc.), which can result in life safety and environmental issues. Upgrades in technology can benefit a facility in both energy consumption and staffing reductions, in addition to improvements in the work place and living environments.

Technology Services

The Executive Office of Public Safety and Security's (EOPSS) Office of Technology and Information Services (OTIS) supports the technology needs of all EOPSS agencies. For the Department of Correction, this support extends to over 5,000 DOC employees, contractors, and vendors encompassing all correctional facilities, divisions, and over 11,000 pieces of computer and related equipment. The OTIS organization, which is composed of network administrators, web and application developers, database administrators, analysts, and LAN support staff continue to be an integral part of the DOC's strategic initiatives by providing the necessary technical infrastructure that allows for collaboration with various state, federal, and other external agencies.

OTIS has upgraded the DOC's local area network and infrastructure with new servers and the utilization of Active Directory Domain Services. The DOC's mail system has been upgraded to utilize the statewide MassMail system in order to provide better communication sharing with other EOPSS agencies. The desktop environment, for the Department, will be undergoing a refresh of equipment and operating systems to take advantage of newer software and browsers for statewide and other public safety applications.

The DOC's inmate management application, IMS, continues to undergo enhancements to facilitate the ever changing advancements in the Commonwealth's state correctional system and continues to be an integral part of the Commonwealth's initiative to share criminal justice information amongst public safety partners. As a follow-up to the technical upgrade, an IMS Advisory Committee had been established to review system enhancements that will support data-driven decisions to meet strategic goals.

The DOC Intranet, a customized multi-purpose portal, continues to be a primary source of information sharing within the Department. OTIS is currently upgrading this enterprise system to newer versions of hardware and software to expand the usage of new collaborative tools and video for the various DOC divisions.

The Department's Internet page will be part of the EOPSS implementation to the new mass.gov. The DOC Internet page will continue to be supported with updates on a regular basis for the general public.

Diverse Inmate Populations and Competing Missions

Mental Health Civil Commitments - Court ordered evaluations of competency to stand trial, criminal responsibility and treatment for mentally ill adults who by virtue of their mental illness are in need of hospitalization under conditions of strict security. Primarily this population is incarcerated at Bridgewater State Hospital. See Mass. Gen. Laws Chapter 123, §§7-18.

Alcohol and Substance Abuse Civil Commitments - Court commitments based upon competent medical testimony that said person is an alcoholic or substance abuser and there is a likelihood of serious harm as a result of alcoholism or substance abuse. A court may order such person to be committed for a period not to exceed 90 days. The male population is held at the Massachusetts Alcohol and Substance Abuse Center on the Bridgewater Correctional Complex. A small number of females are held at MCI Framingham. See Mass. Gen. Laws Chapter 123, § 35.

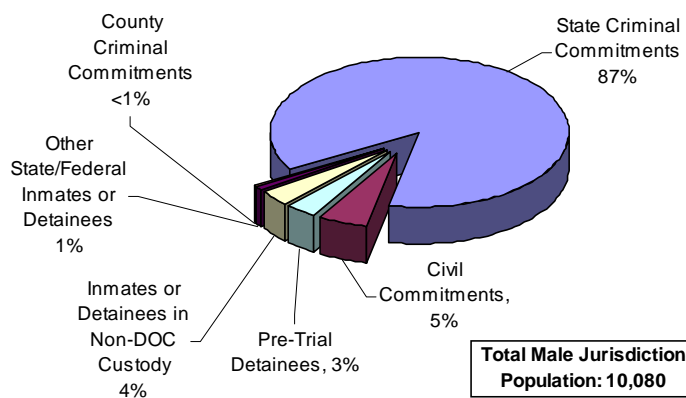
Sexually Dangerous Person Civil Commitments - Court ordered temporary commitments pending adjudication of sexual dangerousness and day to life commitments for those adjudicated as sexually dangerous persons. This population is incarcerated at the Massachusetts Treatment Center. See Mass. Gen. Laws Chapter 123A.

Pre-Trial Detainees - Inmates held awaiting trial who have been previously incarcerated in the Commonwealth for a felony may be held in custody of the Department rather than awaiting trial in a jail or house of correction. A separate awaiting trial unit for females held for trial is maintained at MCI Framingham. See Mass. Gen. Laws Chapter 276, § 52A; Chapter 125, § 16.

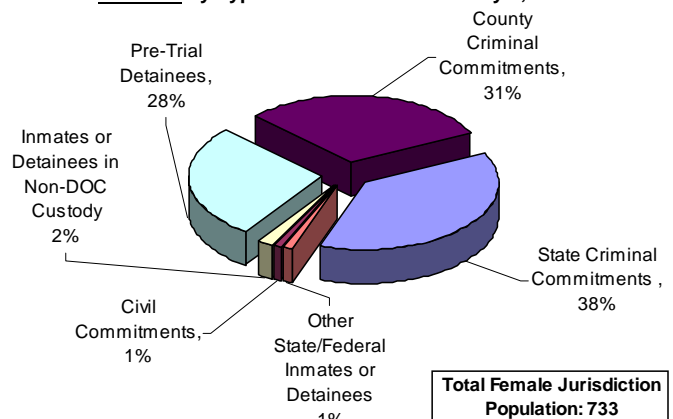
Sentenced County Inmates - Females convicted of crimes punishable by imprisonment in a jail or house of correction may be sentenced to MCI Framingham in addition to those sentenced for felonies. See Mass. Gen. Laws Chapter 127, §97, Chapter 125, §16, Chapter 279, §§16 and 19. County inmates may also be held at state correctional institutions in certain circumstances.

Each of the statutes cited above governing these non-state criminally sentenced populations may be found at <http://www.mass.gov/legis/laws/mgl/index.htm>.

**Massachusetts DOC Total Jurisdiction Population:
Males by Type of Sentence on January 1, 2015**



**Massachusetts DOC Total Jurisdiction Population:
Females by Type of Sentence on January 1, 2015**



Percentages may not add to 100% due to rounding



Jurisdictional Limitations

The Department shares oversight over various aspects of the criminal justice system in Massachusetts with three other independent bodies that greatly impact the inmate population.

Parole Board – Unlike in many other states, the Parole Board in Massachusetts is an independent board appointed directly by the Governor. The Board determines which inmates in state prisons and the jails or houses of correction may be released on parole permit. The Board may determine any conditions of parole and when and under what conditions to revoke, revise, or alter a grant of parole. See Mass. Gen. Laws Chapter 27, §§4 and 5.

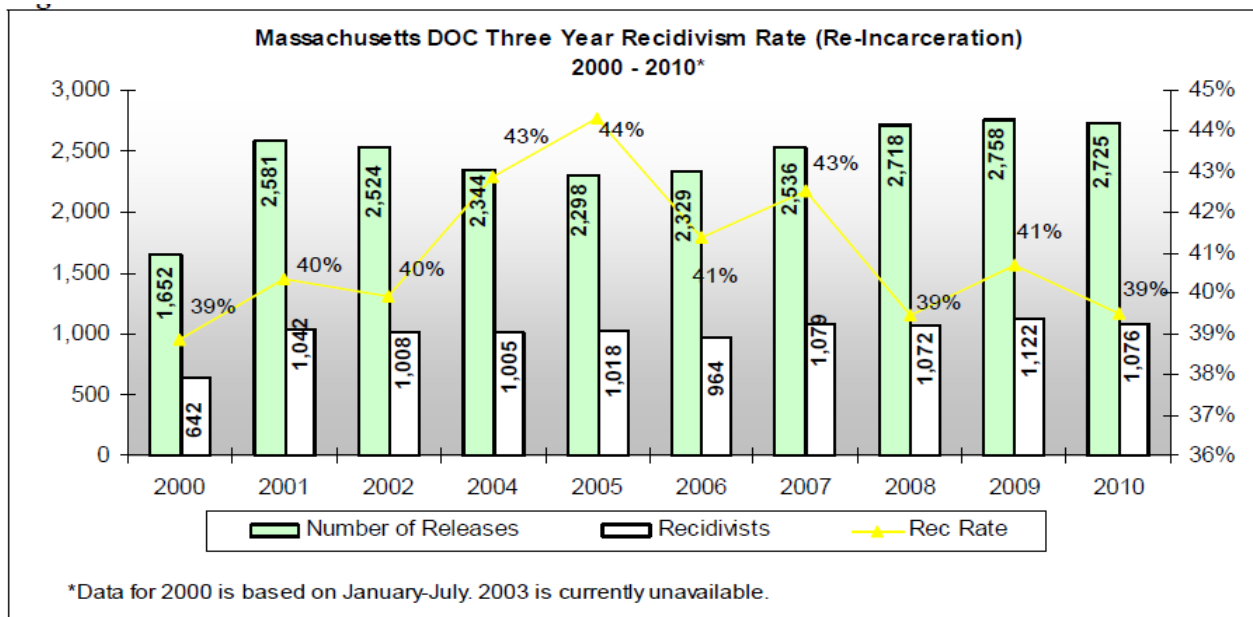
Office of the Commissioner of Probation – Massachusetts' courts may place a person on probation that serves to impose conditions for release before trial or a plea of guilty or serves as a court-ordered sanction placed on a person convicted of a crime. The offender is allowed to remain in the community under the strict supervision of a probation officer. The Office of the Commissioner of Probation (OCP) is a department of the Massachusetts Trial Court System. See Mass. Gen. Laws Chapter 276, §§87 and 90.

Sheriffs – Elected sheriffs have custody and control of the jails and houses of correction within their county. The Commonwealth is responsible for the funding, and many other operational aspects of all county jails and houses of correction; however, the Sheriffs retain administrative and operational control over the office of the Sheriff, the jail, the house of correction and any other occupied buildings controlled by a Sheriff. See Mass. Gen. Laws Chapter 126, §§ 4, 8, 16, and Chapter 61 of the Acts of 2009.

The Commissioner of the Massachusetts Department of Correction maintains oversight responsibility for the care and custody of all persons committed to county correctional facilities by establishing minimum standards and conducting inspections twice a year to determine compliance with the minimum standards. See Mass. Gen. Laws Chapter 124, §1, Chapter 127, §§ 1A, 1B.



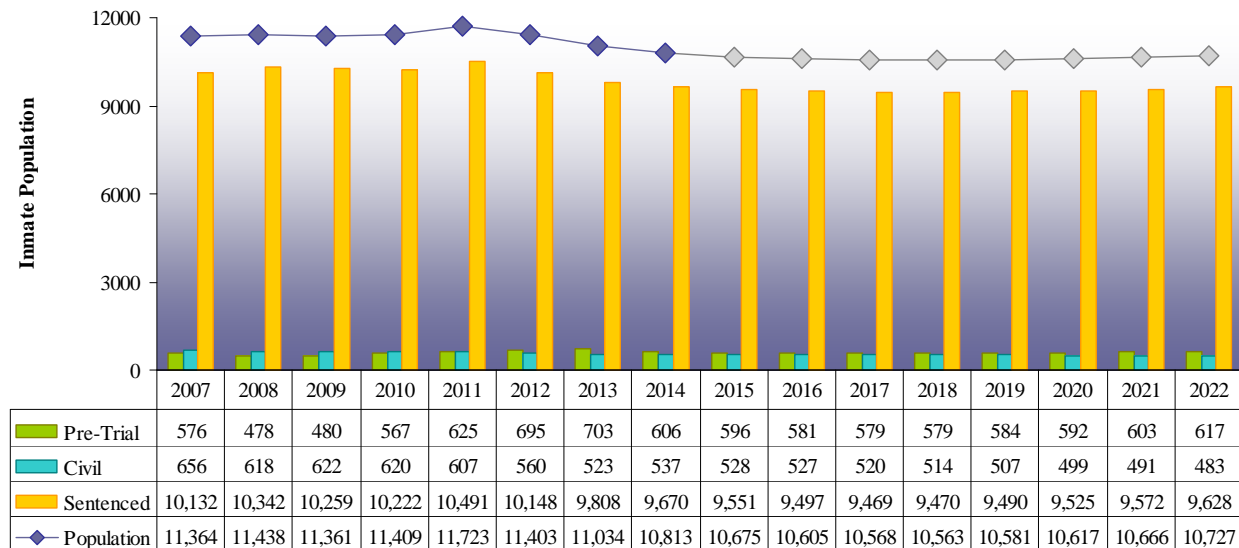
Recidivism Trends



Population Trends and Projections

The population trend projection below represents the MA DOC jurisdiction population for the years 2007-2022. Each year's observation was based upon that year's count as of December 31. Historical data for the years 2007-2014 was gathered by utilizing information pulled from IMS. The projected years, 2015-2022, were based upon ten years of historical data, with weighting toward the two years prior. Note that any projection of this kind may be considered accurate, in the face of no policy changes, for three to five years at most.

Massachusetts DOC Historical and Projected Total Prison Population, 2007-2022

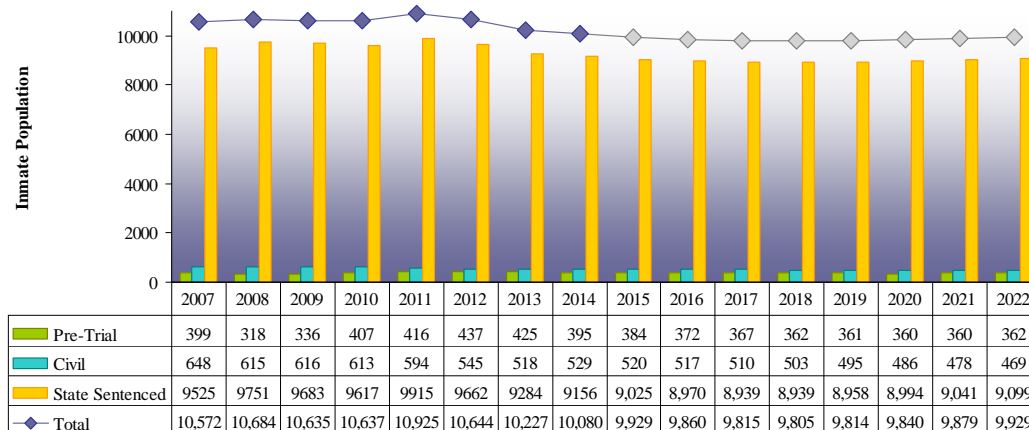


Note: Sentenced population numbers are for males and females serving criminal sentences. Numbers exclude county, out of state, or federal males housed in the Massachusetts DOC. Massachusetts DOC inmates housed in other jurisdictions are included.

- The overall MA DOC population, based on historical population trends, is expected to see some decline over the next few years, followed by a slight increase toward the end of this decade.
- The criminally sentenced population is expected to see a decline with the full effect of the 2012 Crime Bill and other policy changes leading to decreased criminal admissions/sentences and increased earned good time.
- Civil commitments in Massachusetts are court ordered placements to Massachusetts DOC custody. These commitments are made up of "Mental Health Commitments", "Alcohol and Substance Abuse Commitments" (Section 35's), and "Sexually Dangerous Person Commitments". Civil commitments numbers have seen a drop in recent years, leading to a projected decrease throughout the trend period.
- Pre-trial detainees show a slight downward projection before rising again. This is mostly due to a shift of female pre-trial detainees from Worcester County moving to the Western Massachusetts Regional Women's Correctional Center in Hampden.

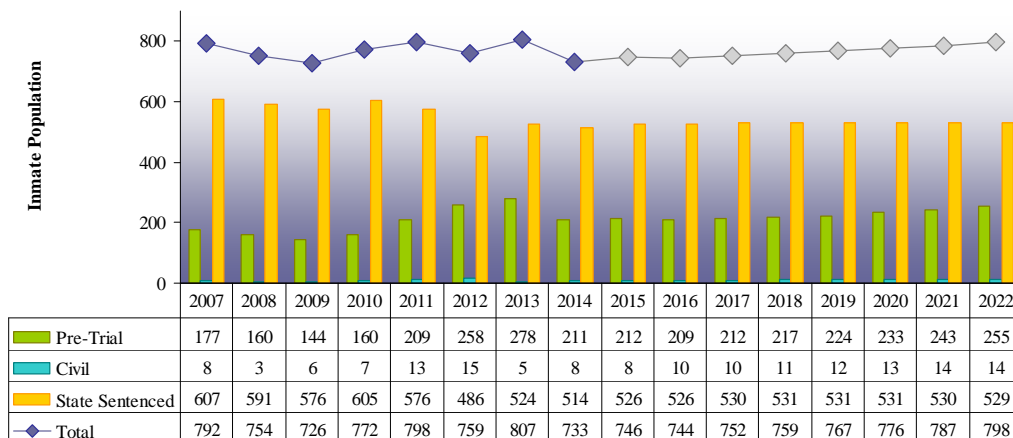


Massachusetts DOC Male Historical and Projected Total Prison Population, 2007-2022



- The male jurisdiction population saw a loss of 147 (1.4%) commitments during 2014. While this drop was less than what was seen in 2012 or 2013, it was still notably greater than previous years during the historical trend period.
- The overall male jurisdiction population is projected to shrink 1.5% by 2022.
- The criminally sentenced male jurisdiction population is projected to decline throughout most of the trend period, then up taking toward the end of the decade and resulting in a decrease of only 0.6% by 2022.
- Male civil commitments are expected to decrease by 11.4% over the period from 2015 to 2022.
- Male pre-trial commitments are projected to decrease by 8.4% over the trend period from 2015 to 2022. While seeing little movement over the historical period, male pre-trials saw decreases over the past couple of years.

Massachusetts DOC Female Historical and Projected Total Prison Population, 2007-2022

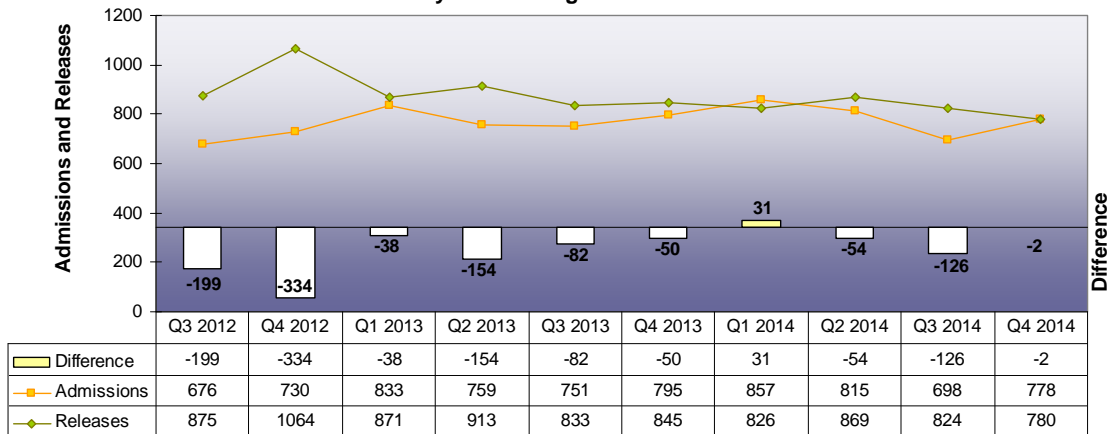


- The female jurisdiction population saw a decrease of 74 inmates (-9.2%) during 2014. This was mostly due to the shift of Worcester County pre-trial detainees to western MA.
- The overall female jurisdiction population is projected to grow by 8.9% from 2015 to 2022. This is mostly driven by increases in pre-trial detainees.
- The criminally sentenced female jurisdiction population is projected to grow by 2.9% during the projected period, 2015-2022, compared to 2014.
- Female civil commitments are expected to stay steady over the prediction period, 2014-2022; however, this subpopulation is too small, and too variable, to make a confident estimate.
- Despite the recent shift of female Worcester County pre-trial detainees to western MA, female pre-trial commitments are projected to see growth of 20.7% by 2022

Admissions and Releases

- Over the two and a half year trend period, an average of 769 criminally sentenced admissions and 870 criminally sentence releases were seen each quarter. This led to a cumulative difference decline between admissions and releases of 1,008 inmates.
- Over the trend period, criminally sentenced admissions varied while releases saw a slight declining trend. There was a noticeable increase in court releases and therefore total releases in quarter four (1064) due to tainted crime lab evidence in 2012.

MA DOC Criminally Sentenced Admissions and Releases by Quarter
for July 2012 through December 2014



Inmate Characteristics by Gender

Male Jurisdiction Population on January 1, 2015

- 10,080 total males in the jurisdiction population: 9,156 criminally sentenced, 395 pre-trial detainees, and 529 civil commitments
- Average age was 41 years old
- 95% were serving a sentence of more than three years
- 69% had a violent governing offense
- 952 were serving a governing mandatory drug sentence
- 46% entered the Massachusetts DOC with less than a 9th grade reading level
- 43% entered the Massachusetts DOC with less than a 6th grade math level
- The 2011 three year recidivism rate was 36% for the total male population
- 28% had an open mental health case and 21% were on psychotropic medication for the Custody Population as of 1/1/2015.

Note: Information provided by Health Services Division

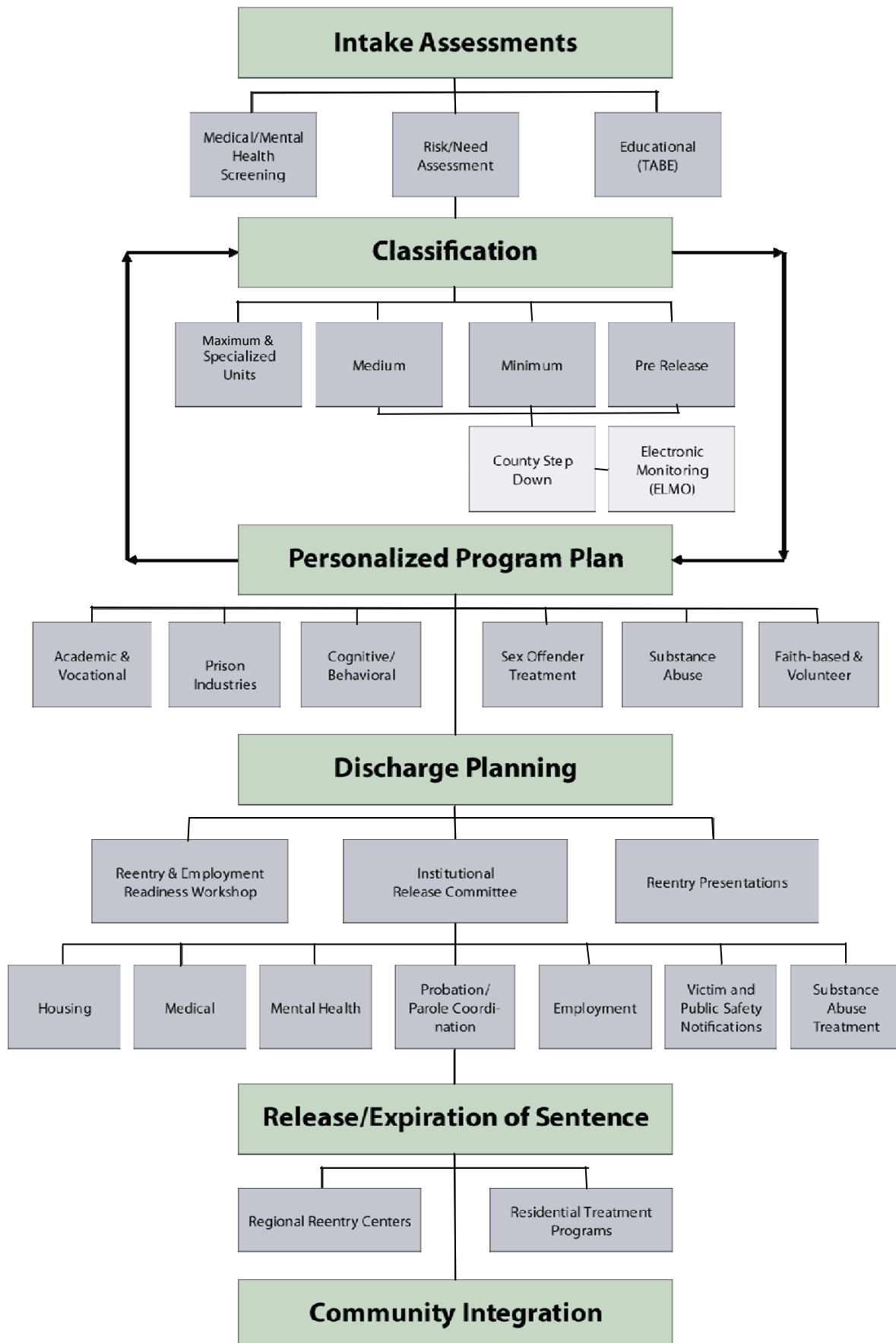
Female Jurisdiction Population on January 1, 2015

- 733 total females in the jurisdiction population: 514 criminally sentenced, 211 pre-trial detainees, and 8 civil commitments
- Average age was 35 years old
- 53% were serving a sentence of more than three years
- 48% had a violent governing offense
- 30 were serving a governing mandatory drug sentence
- 31% entered the Massachusetts DOC with less than a 9th grade reading level
- 31% entered the Massachusetts DOC with less than a 6th grade math level
- The 2011 three year recidivism rate was 34% for the total female population
- 59% had an open mental health case and 46% were on psychotropic medication for the Custody Population as of 1/1/2015.

Note: Information provided by Health Services Division



Massachusetts Department of Correction- Reentry Continuum



Partners/Stakeholders

The DOC is a large multifaceted organization with multiple responsibilities and challenges. Nonetheless, the overall mission is unified over all institutions and divisions. We are committed to effective incarceration and reentry to promote safer communities. To more effectively accomplish that mission, we must create a cohesive and collaborative effort across all divisions and institutions of the DOC. We must also forge stronger partnerships with outside organizations and agencies that share mutual goals and areas of influence. By exploring and adopting all promising ideas developed within the DOC, and by reaching out to other public and private agencies with common interests and imperatives, we can create a more effective and responsive organization.

The DOC has a long history of working with others, including the Parole Board, the Office of the Commissioner of Probation, the Department of Public Health, The Department of Mental Health, FBI, the Criminal History Systems Board, Office of Labor and Workforce Development, State Police, Boston Police Department, local police departments, MassHealth, Department of Veterans Services, the Sex Offender Registry Board, Sheriff Departments, Social Security Administration, District Attorney's, courts, the victim community and countless other agencies, in pursuit of the best practices. We will continue to build upon these relationships and cast a wider net to find others with unique perspectives that bring resources to bear and a desire to help. Greater efficiency and economies of scale will ensure our highest achievements and will provide a better future for all those who have a vital stake in our ultimate success.

Existing Reports and Resources Informing DOC Planning

The Department of Correction has sought out the expertise of consultants to better inform and reform various aspects of the Department's operations and practices. Obtaining these professional and objective perspectives has been imperative to the agency's development and utilization of best practices. Likewise, over the past several years, there have been a number of independent reviews conducted, taking a critical look at the Department's operation, policies, and performance. These reviews, largely conducted by national experts in the field of Corrections alongside many stakeholders with expertise in areas relevant to Department operation, provided a framework with which to plan our future. We are grateful to have been the subject of such scrutiny as the roadmap towards success that was paved can only lead to a safer and more efficient Department of Correction. Furthermore, we actively invited input from key stakeholders regarding our vision and the mission of corrections in Massachusetts. By tapping into the findings from all these endeavors we have pursued innovative ways to address the complex problems faced by correctional professionals and continue to shape our future.

American Correctional Association (ACA) Accreditation: Working towards the common goal of enhanced public safety, a safer and productive work environment for personnel, and confinement in a humane setting for the inmate population, ACA accreditation is actively pursued and maintained at DOC correctional facilities. All eligible Department of Correction facilities are fully accredited making Massachusetts one of ten states nationwide to earn full accreditation, also known as *Eagle Status*. Being rated one of the best in the nation provides a measure of excellence we intend to achieve at each accreditation event. For more information about ACA, please visit www.aca.org.

Governor's Commission on Correction Reform (GCCR): In 2003, the Governor's Commission on Correction Reform was established, often referred to as GCCR or the "Harshbarger Report" as the committee was chaired by Scott Harshbarger, former Attorney General. The mandate of the commission was to conduct a comprehensive review of the Department of Correction, including issues relating to governance, operational systems, programs, reentry and budget. The commission consisted of 15 current and former corrections officials, legislators, community leaders and criminal justice experts. Eighteen recommendations were made and adopted by the Department as a roadmap for corrections reform. The complete report as well as dedicated external reviews of the female inmate and medical and mental health services is available at www.mass.gov/doc. All 18 recommendations have either been implemented, sun-setted, or identified as contingent upon legislative action or contingent upon funding.

The Hayes Report: Following an increase in the Department's suicide rate in 2005, the DOC contracted the services of Lindsay Hayes, Project Director of the National Center on Institutions and Alternatives, and a nationally recognized expert on correctional suicide prevention. Mr. Hayes conducted a comprehensive review of the Department's suicide prevention policies, protocols and practices and issued a report containing 29 recommendations focusing on eight critical components paramount to providing sound suicide prevention policies to include: staff training, identification/screening, communication, housing, levels of supervision, intervention, reporting, and fol-



low-up/mortality review. Upon receiving this report in February 2007, the DOC immediately embraced these recommendations, and created a corrective action plan directed at implementing the changes necessary to meet the standards set forth by Mr. Hayes. Much of the plan involved changing policies, improving communication and modifying the manner in which the Department managed inmates on suicide precautions. In 2010, the Department again sought the assistance of Lindsay Hayes to conduct follow up visits to independently assess our current practices and offer additional recommendations. Upon receiving this report, the Department again developed a corrective action plan designed to strengthen suicide prevention practices and policies throughout the agency. These reports and ensuing action plans are available at www.mass.gov/doc.

MGT of America: A nationwide firm with specialists in corrections, law enforcement, and public safety, recently conducted a comprehensive review of the Department's operations and programs. The review can be viewed in its entirety through (www.mass.gov/doc). MGT found the "Massachusetts Department of Correction to be a well-managed organization with effective security operations and an extensive array of inmate programs." However, issues existed in several areas requiring attention. The report consists of recommendations in the areas of Environmental Analysis, Population Trends and Projections, System Capacity, Classification, Reception and Intake, Criminal Records Processing Unit, Inmate Discipline and Restricted Housing, Security Risk Level, Management of Female Inmates, Staff Management, Security Staffing, Security Operations, Central Transportation Unit, Health Care, Educational and Vocational Training, Reentry and Program services, and Administrative Functions.

Department leaders set out to prioritize the recommendations made and work began immediately to implement those recommendations with the highest priority. Recommendations completed include modifications made to the objective classification system, improvements to inmate medication access, increased bed capacity, facility mission changes, securing population projections, delivery of programming designed to reduce recidivism and in line with evidence based practices, several policy revisions and staff training.

In August 2011, the Department engaged MGT of America, Inc, to conduct an analysis of healthcare issues impacting the system. The purpose of the study was to review and evaluate the current system for the provision of services, identify the major contributors to the cost of these services and make recommendations to achieve cost savings while continuing to meet national standards for healthcare. The report, issued in December 2011, which made many key recommendations, found that the factors that contribute to the growth of correctional healthcare costs include not only inflationary increases, but the demands placed on the system by evolving standards of healthcare delivery and the associated policy initiatives. The report also highlighted the extraordinary healthcare costs (approximately 39% of the total healthcare budget) the Department must assume by treating certain civil populations that do not traditionally receive services in a correctional environment. In response to the report, the Department decided to issue a new Request for Response for comprehensive healthcare services, with specific modifications designed to increase cost savings through improved transparency, accountability and leveraging of vendor management expertise. The RFR was issued in October 2012 with a contract awarded in March 2013.

Correctional Master Plan: The Division of Capital Asset and Management commissioned a study resulting in the Correctional Master Plan (CMP) that was issued in December 2011. The CMP had four specific goals: 1) alleviate overcrowding 2) reduce recidivism 3) maximize existing resources and 4) create a more integrated, efficient and cost effective Correctional System. The CMP focused on the system as a whole in order to identify the most cost-effective approach to investing capital dollars to address current overcrowding, create a better coordinated system that is both efficient and cost-effective and to meet the projected bed space needs in 2020. The anticipated total combined DOC and Sheriff's Department's 2020 bed space shortfalls range between 10,242 using the CMP Baseline Capacity, and 5,154 using a newly defined Potential Capacity. Other issues of focus include women's incarceration, health care/mental healthcare, pre-arraignment and pre-release/reentry.

Prison Rape Elimination Act (PREA): In 2003, the Federal Government passed the Prison Rape Elimination Act in an effort to effectively eliminate sexual abuse in confinement throughout the United States. Massachusetts has been a leader in implementing a zero tolerance policy not only in words and written policy, but in action as well. In August of 2012, The Department of Justice released a final set of standards to govern all correctional agencies in their achieving compliance with the 2003 law. In the pursuit of making safety a core

mandate of confinement operations, the MA DOC was one of the first states to embrace the recommendations outlined and implement them accordingly.

The Department has zero tolerance toward all forms of sexual abuse and sexual harassment and is committed to preventing, detecting, and responding to such conduct. The Department shall embrace the standards set forth by the National Prison Rape Elimination Commission and the American Correctional Association for all state correctional jurisdictions. The Department is committed to investigating, disciplining (up to and including termination) and referring for prosecution those who engage in sexually abusive behavior (Department employees, contractors, volunteers and inmates) . The Department is equally committed to providing crisis intervention and ongoing treatment or referrals to the victims of these acts.

The Department will undergo 10 Department of Justice PREA audits in 2015 and four audits in 2016 to verify full compliance to the Prisons and Jail Standards set forth by the DOJ by August of 2016.

DLC Settlement Statement

Disability Law Center v. Massachusetts Department of Correction, et al.

D.Mass. No. 07-cv-10463-MLW

In April 2012, the United States District Court for the District of Massachusetts, Judge Mark Wolf presiding, approved the Settlement Agreement negotiated by Disability Law Center and the Massachusetts Department of Correction (DOC). This Settlement Agreement resolved litigation brought by Disability Law Center in 2007 on behalf of inmates with serious mental illness concerning their housing in segregation in DOC facilities.

The Settlement Agreement provides that DOC maintain initiatives that it had undertaken, before and during the litigation, with regard to the treatment of seriously mentally ill inmates whose behavior requires strict security measures. Some of these DOC-driven initiatives, taken in response to recommendations made by prison suicide expert Lindsay Hayes prior to initiation of the litigation, include increased staff training in suicide prevention; development of alternate placement options for inmates suffering from serious mental illness but whose behavioral needs require more strict confinement; and planned revision of policies concerning the housing and observation of suicidal inmates.

DOC's initiatives are summarized as follows:

DOC implemented a Serious Mental Illness (SMI) definition consistent with definitions developed in other jurisdictions. SMI is a population risk assessment tool that defines the population of inmates for whom long-term segregation is "contraindicated."

DOC implemented a mental health classification system. Mental Health Classification is an individual needs assessment tool that identifies the level of services required for each prisoner as an individual. Service levels for mentally ill inmates range from case management, to "outpatient" treatment, to residential treatment, to inpatient hospitalization.

Inmates with SMI are excluded from long-term segregation (*i.e.*, segregation in the Departmental Disciplinary Unit (DDU)) and placed in two maximum security mental health units (Secure Treatment Units), the 19-bed Secure Treatment Program (STP) at the Souza-Baranowski Correctional Center (opened February 2008), and the 10 bed Behavior Management Unit (BMU) at MCI-Cedar Junction (opened July 2010). The STP and BMU provide residential treatment unit level of care for maximum security segregation inmates. DOC also provides appropriate mental health services (out-of-cell treatment and activity) to SMI DDU inmates awaiting bed placement in the STP and BMU, in accordance with recommendations from DOC's expert and the settlement agreement.

Inmates with SMI in short-term segregation units are being provided weekly out-of-cell clinical contact. Every month, the Central Office Segregation Review Committee reviews inmates with SMI who are segregated over 30 days in order to hasten their removal from segregation.

**DLC Settlement Statement (cont.)**

Inmates who require a “residential treatment unit” level of care, but who do not require the STP or BMU level of security, are placed in a residential treatment unit (RTU). DOC maximum and medium security RTUs are located at the Old Colony Correctional Center (OCCC), the North Central Correctional Institution and MCI-Framingham. OCCC has been tasked to serve as a special prison for inmates with mental illness, providing a concentration of clinical resources on the Bridgewater Correctional Complex and a continuation of care with the adjacent Bridgewater State Hospital.

DOC has opened and operates an Intensive Treatment Unit (ITU) at MCI-Framingham to manage female inmates in mental health crisis.

DOC has formalized a process for incorporating mental health input in the disciplinary process.

DOC has enhanced its Inmate Management System (IMS) to identify mental health classification, SMI status, and incidents of self-injurious behavior by type so that DOC can collect needed performance data for the purpose of identifying adequacy of services and mentally ill inmates in segregation.

DOC continues to implement the suicide prevention recommendations set forth in the 2007 and 2011 reports of Lindsay Hayes.

DOC’s extensively revised Mental Health Services policy, 103 DOC 650 (November 2012) memorializes DOC’s mental health initiatives. The following sections contain provisions that implement the substantive requirements of the settlement agreement: 650.01 (Definitions), 650.09 (Mental Health Consultation in the Disciplinary Process), 650.10 (Segregation), 650.11 (Secure Treatment Units), 650.13 (Emergency Mental Health Services), 650.14 (Management of Potentially Suicidal Inmates and Self-Injurious Behavior), 650.22 (Supplemental Mental Health Policies and Procedures) and 650.23 (Administrative Provisions).

The legislature has memorialized the settlement provision limiting the segregation placement of SMI inmates. Section 39A of Chapter 127 of the General Laws, inserted by section 4 of chapter 446 of the acts of 2014, as amended by section 30 of chapter 1 of the acts of 2015, states:

Except in exigent circumstances that would create an unacceptable risk to the safety of any person or where no secure treatment unit beds is available, a segregated inmate diagnosed with a serious mental illness in accordance with clinical standards adopted by the department of correction shall not be housed in a segregated unit for more than 30 days and shall be placed in a secure treatment unit. Any such segregated inmate awaiting transfer to a secure treatment unit shall be offered additional mental health services in accordance with clinical standards adopted by the Department.



The Strategic Plan

Overarching Goals

Each of the six major goals identified within this section are equally important and exist interdependently of each other. These goals and this strategic plan represent ongoing and high level focus areas for which the Department will continually develop, review and assess the accomplishments of strategies, activities and performance measures.

Facilities and Divisions use these goals as the foundation for creating their own specific and unique strategies and performance measures that can be used to attain success in meeting these goals. Facility progress is captured in their quarterly reports and highlighted progress for the entire Department is documented in the Annual Report available to the public.



Goal: Maintain and enhance prison safety and security for the public, staff and inmates

Objectives:

- Reduce physical violence against staff and inmates
- Maintain facilities, offices and equipment for a safe environment
- Maintain safety for the public-at-large in relation to correctional facilities and the correctional population
- Ensure institutional operations comply with nationally recognized standards through internal facility audits and external audits conducted by the Policy Development and Compliance Unit and American Correctional Association and Department of Justice
- Reduce the introduction of contraband into the facilities (drugs, cell phones, etc.)

Key Strategies:

- Target problem behavior for prosecution, special classification status, and/or programming referral
- Pursue the use of a body scan to detect contraband
- Increase the use of K-9 searches
- Study the need for additional assisted daily living inmate housing units
- Transition the agency to the new use of force expectations/changes including training for current staff and new recruits
- Conduct a comprehensive review of the current technology resources available and identify future technology equipment needs
- Prioritize capital improvements and repairs related to safety and security
- Update policies and ensure staff are well-trained on key safety areas such as suicide prevention, appropriate use of force and the prison rape elimination act
- Maintain Department's *Eagle Status* with the American Correctional Association as well as standards compliance with National Commission on Correctional Health Care and Joint Commission on Accreditation of Health Organizations
- Schedule and participate in 10 PREA audits in 2015 and 5 audits in 2016 to verify full compliance with the Prison Rape Elimination Act
- Use population projections as a resource to plan for prison bed space needs
- Investigate fully all acts of sexually abusive behavior
- Provide crisis intervention and on going treatment or referrals to victims of sexually abusive behavior
- Increase the use of video surveillance
- Eliminate our competing missions by removing the non-sentenced mental health offenders, substance abuse civil commitments and pre-trial detainees

Performance Measures:

- Rate of assaults
- Number of facility improvements completed
- Compliance rate with ACA, TJC and PREA standards
- Number of inmates housed in specialized mental health units
- Number of referrals for prosecution
- Number of illicit substance contraband finds
- Number of facilities audited for PREA compliance by the Department of Justice.

Goal: Effectively prepare inmates for transition into communities to reduce crime and victimization, reduce recidivism, and promote reentry

Objectives:

Design, implement and provide a full continuum of services to meet the needs of inmates, families and the criminal justice system to reduce recidivism
Promote public safety by preparing an inmate for release to the community and decrease the likelihood of criminal activity

Key Strategies:

House female inmates at Framingham based on their designated typology (pathway to crime) which will maximize programming opportunities prior to release
Utilizing the COMPAS assessment, measure the risk an inmate poses to identify criminogenic needs that, if treated, can help prevent the inmate from fulfilling predicted risk
Create personalized program plans for inmates that form a case plan for institutional programming and a reentry case plan for community programming in preparation for the inmate's reintegration into the community
Partner with community leaders, community-based service providers, faith based organizations, educational organizations and law enforcement to promote support for returning inmates
Improve and expand evidence based and, as appropriate, innovative institutional programming to meet the assessed needs of inmates
Expand mental health services and linkages to community programming
Continue conducting gap analyses of the release to the street cohort to assess if the current program capacity is sufficient to meet the identified program needs of the inmate population
Enhance programs and supervision for special inmate populations
Expand the Program Engagement Strategy (PES) to increase inmate program participation
Increase the number of inmates transferring to county facilities prior to release to enhance reentry
Explore the DOC use of inmate electronic monitoring
Promote inmate participation in assessed need areas through the use of motivational interviewing techniques designed to change maladaptive inmate behaviors

Performance Measures:

Rate of recidivism
Percentage of inmate releases to the street in need of programming that participated in programming by risk level
Percentage of eligible inmates released to the street with MassHealth
Percentage of inmates identified as at risk for homelessness placed in a recovery/sober home upon release
Number of inmates transferring to county facilities prior to release for reentry
Institutional monthly statistics on leisure activity



Goal: Collaborate with external stakeholders and partners to achieve mutual goals and objectives

Objective:

Nurture existing partnerships and develop additional collaborations with strategic partners
Promote safer communities
Reduce victimization and recidivism
Enhance Agency operations

Key Strategies:

Identify willing and able community partners from other governmental entities, private and non profit, crime prevention and victim centric agencies, public safety groups, community organizations, the academic community, the victim community, families and children of inmates and other groups interested in collaboration to assist in strengthening inmate preparedness for reentry
Continue to work with the courts and probation to improve the quality of data exchange
Strengthen department and stakeholder relationships
Improve stakeholder satisfaction through communication strategies
Collaborate to identify successful reentry strategies
Research new evidence-based program opportunities for possible implementation
Continue to expand the use of community work crews
Cultivate relationships with the business community to develop appropriate vocational programs and community jobs
Adopt a campaign that effectively communicates the benefits of successful reentry programs and the need for community support and involvement
Increase relationships with academic organizations
Reinforce positive interactions with all institutional visitors to the facility
Increase and enhance existing relationships with those who can provide expertise in agency operations, training and general wellness

Performance Measures:

Number of partnership collaborations with DOC participation
Percent of crime victims satisfied with the services received gathered from satisfaction surveys
Number of Community Work Crews

Goal: Maximize efficiency through process improvements

Objectives:

- Manage departmental operations efficiently with available resources
- Operate the DOC in the most cost efficient and effective manner possible
- Adhere to responsible budgeting practices
- Embrace green technologies

Key Strategies:

- Increase the use of kiosks for inmate services
- Investigate the use of video visiting
- Pursue consolidation of all central office staff to one location
- Expand video conferencing capabilities
- Share data and information across partner agencies
- Pursue operational effectiveness through the utilization of “best practices”
- Maintain American Correctional Association (ACA) accreditation
- Invest in natural resources using green technologies and practices
- Address staffing shortfalls
- Enhance or develop information technology systems that allow for the immediate retrieval of data so as to properly manage the inmate population
- Develop an internal system of surplus equipment/inventory that is shared to maximize current resources
- Expand MASSCOR technologies, green janitorial products and their ability to roll funds over from one year to the next

Performance Measures:

- Number and location of video conferencing stations
- Percent of materials recycled
- Number of facilities with kiosks
- Number of staff relocated to Central Headquarters



Goal: Achieve workforce excellence and implement succession planning strategies

Objectives:

Develop a diverse, competent and well trained work force who takes pride in their work
Improve and support career development and leadership opportunities
Address the need for succession planning

Key Strategies:

Ensure a diverse work force free from discrimination
Increase job satisfaction and morale
Provide a comprehensive training system that prepares staff to take on the challenges of the job
and prepares for promotion opportunities (cross training)
Increase recruitment and retention of competent staff
Communicate best practices to promote employee commitment to public service
Provide staff opportunities for mentoring
Establish specialized pathway training courses that will prepare and sustain correctional leadership
Create a staff resource page on the intranet and assess its effectiveness via surveys
Establish a committee to address barriers to succession planning
Implement bi-annual meetings for specialized positions
Expand training and resources for staff through technology
Assess the hiring process and implement strategies that will fill vacancies in a timelier manner
Increase the number of internal applicants to non-civil service positions

Performance Measures:

Percentage of staff turnover/attrition
Number of specialized pathway courses developed and number of participants
Employee Demographics
Number of staff participating in the Mentoring Program
Number of job fairs attended and recruitment events held
Number of bi-annual meetings held for specialized positions

Goal: Build an agency that promotes an awareness of services to encourage an environment of healthy living for all

Objectives:

- Promote a sense of overall awareness for both staff and inmates to ensure they are well informed about available services and resources
- Proactively inform staff and inmates about available services
- Promote a balanced correctional environment
- Recognize the impact violent crime and incarceration has on victims, staff and inmates

Key Strategies:

- Reform the culture within the organization to identify and support staff in dealing with the potential stressors of a correctional environment
- Utilize social media to increase awareness
- Provide employees and the general public with accurate and timely information
- Promote healthy lifestyles to include diet, exercise, relaxation and addiction management
- Increase awareness and utilization of the Employee Assistance Services Unit and Military Peer Support Program
- Foster existing wellness activities and continue to develop innovative ideas for improvement of staff health and wellness
- Establish an electronic suggestion box and encourage staff to share ideas to improve practices
- Widely disseminate the Department's newsletter to keep employees and stakeholders properly informed
- Expand the use of employee surveys to improve communication and performance
- Develop a variety of informative articles, editorials and features for publication
- Expand community awareness of DOC mission and its programs
- Change the culture to one that supports inmates through the stresses imposed by incarceration
- Implement trauma-informed operational practices

Performance Measures:

- Employee satisfaction survey results
- Number of Facebook *Likes* and Twitter *Followers*
- Number of requests for services made to the Employee Assistance Services Unit
- Number of requests for services made to the Military Peer Support Program



Strategic Plan Review Committee

Chair

Diane Silva, Director, Performance Measures Division

Members

Nelson Alves, Auditor, Policy Development and Compliance Unit

Douglas Cabral, Manager, County, Federal, and Interstate Unit

Donald Dompierre, Captain, MCI Framingham

Brian Jionzo, CPO, Central Date Computation Unit

Nelson Julius, Deputy Superintendent, MASAC

Joseph Murphy, Superintendent, Lemuel Shattuck Hospital Correctional Unit

Gina Papagiorgakis, Research Analyst, Office of Strategic Planning and Research

Cara Savelli, Lead Performance Measures Coordinator, Performance Measures Division

Eileen Simas, CPO, Souza Baranowski Correctional Center

*For more detailed information regarding the Massachusetts Department of Correction,
please visit www.mass.gov/doc*