

**Massachusetts
Executive Office of Public Safety & Security
Office of Grants & Research**



**Edward J. Byrne Memorial
Justice Assistance Grant**

Federal Fiscal Year 2021 Massachusetts Application

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Governor**

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I. Program Narrative

A. Description of the Issue/Priorities and Programs

Massachusetts intends to utilize FFY 2021 JAG funds for specific activities to prevent and control crime and to improve the criminal justice system in keeping with the allowable JAG purposes and our identified JAG priorities. The Executive Office of Public Safety and Security's Office of Grants and Research (OGR) will utilize 10% of the funding for grant administration purposes, meet the required variable pass through percentage (VPT) and less than \$10,000 jurisdictions, and allocate the remaining funds towards State initiatives which will primarily benefit our state criminal justice related enforcement agencies.

All JAG funded programs support the overall goal to improve public safety and the quality of life in Massachusetts. OGR is currently managing contracts to sub-recipients which support programs that focus on youth violence prevention, smart policing, gangs, substance abuse, reentry, victims of domestic violence and sexual assault, homeland security, highway safety, school safety, technology, and research. It is anticipated that JAG funding will continue to support evidence-based, innovative, and promising programs and practices statewide.

The Commonwealth will maintain focus on the following priorities identified through the strategic planning process:

- Guns,
- Youth violence and gang membership,
- Reducing recidivism,
- Preventing and addressing domestic violence and sexual assault,
- Reducing drug-related crime and substance abuse with an emphasis on opioids; and
- Advancing criminal justice policies and systems through smart policing, technology, equipment, county prosecution programs, and research and evaluation, and
- Addressing law enforcement's critical needs in response to the COVID-19 pandemic.

Ultimately, all JAG allocations will be based on an assessment of the relative public safety and criminal justice needs of the Commonwealth, as determined by the Governor and Secretary of Public Safety and Security, and informed by the statewide strategic planning process undertaken in part by the JAG Strategic Planning Committee, Special Commission on Criminal Justice and local law enforcement officials that represent local units of government.

OGR PRIORITIES

PRIORITY #1: REDUCING GUNS, GANG AND YOUTH VIOLENCE

Goal

Improve the quality of life for all citizens by reducing firearm related crime and preventing youth violence, in particular the formation of gang associations.

Purpose Areas Addressed

- Law enforcement programs
- Prevention, intervention and education programs
- Prosecution and court programs

Anticipated Activities

- Continue community-oriented policing initiatives statewide in conjunction with innovative, community-based law enforcement programs.
- Promote and support programs that provide wrap-around services to high-risk youth, including faith-based and community-based efforts.
- Promote and support education and training, including curriculum development addressing youth violence prevention.
- Continue to support traditional law enforcement activities (apprehension, detention, deterrence, suppression).

Rationale

Gun-related crimes, gang affiliation and youth violence in Massachusetts have received increased attention in recent years. Initiatives that target high-risk communities and youth are yielding some positive results. This is evident by the substantial decline of youth violence in the past fifteen years.¹ High school students self-reporting gang membership was declining until there was a slight uptick in 2013 and 2015.² Massachusetts General Law c.265 s.44 references a gang as an "organization of three or more persons which has a common name, identifying sign or symbol and whose members individually or collectively engage in criminal activity."³ To sustain the positive trends, it is necessary to continue to fund and support the policy and program initiatives that have contributed to these outcomes.

Statement of the Problem

Crime is an act that is harmful not only to individuals, but also to communities and society as a whole. Crime, committed by youth and adults, exists at all levels of society with wide-ranging degrees of seriousness. It may range from drug-related offenses, property crime, aggravated assault or homicide. Crime prevention and reduction require resources for intervention, enforcement and effective programming. The charts that follow reveal the trends that have emerged with each of the topics regarding firearms, gangs and youth violence.

¹ See Figure 3 page 9.

² See Figure 5 page 11.

³ <https://malegislature.gov/Laws/GeneralLaws/PartIV/TitleI/Chapter265/Section44>

CRIMES INVOLVING FIREARMS

The Federal Bureau of Investigation's (FBI) annual *Uniform Crime Reports* (UCR) publication presents crime statistics from police departments nationwide, including the number of offenses committed involving firearms. In 2018, a combined total of 2,750 homicides, robberies, and aggravated assaults in Massachusetts involved the use of firearms. This figure represents a 14% decline from the prior year and a 29% decrease from the peak of 3,873 offenses in 2013 (Figure 1).

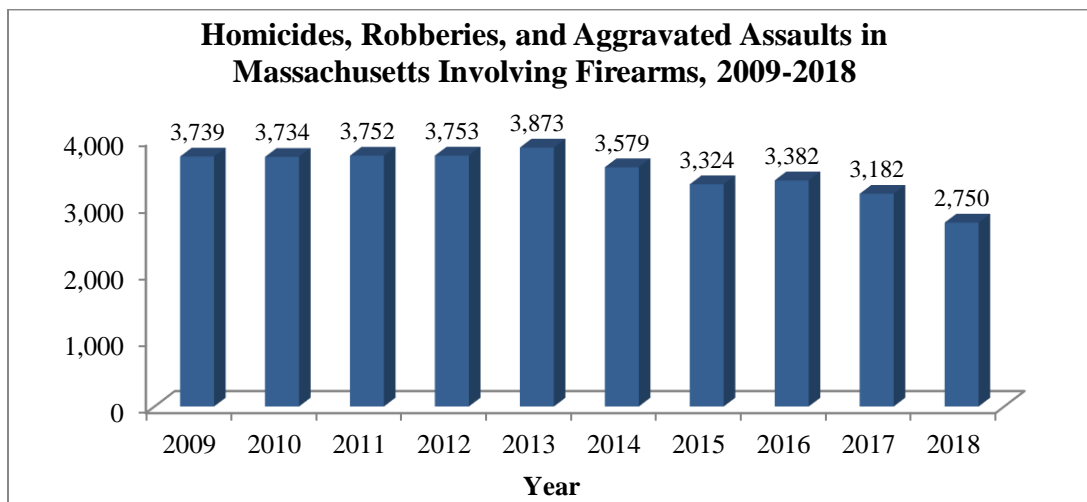


Figure 1. Source: FBI UCR, Table #20 (Murder, by State, Types of Weapons), Table #21 (Robbery, by State, Types of Weapons), and Table #22 (Aggravated Assault, by State, Types of Weapons).

YOUTH VIOLENCE AND GANG VIOLENCE

Juvenile Part I Arrest Rates

The eight offenses that comprise Part I Crimes or Index Crimes –homicide, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft, and arson – are the most serious offenses against persons and property tracked by the FBI. Massachusetts almost consistently has Part I juvenile arrest rates⁴ that are more than half that of the national rate,⁵ while more recently, rates across the nation and within the Commonwealth are steadily declining since 2009. The ten-year trend analysis reveals the national rate of juvenile arrests for Part I crimes fell 67%, while the rate within Massachusetts during the same timeframe dropped 77% (Figure 2).

⁴ Juveniles are defined as individuals under the age of 18. All rates are calculated per 100,000 persons in the total population; population figures include both juveniles and adults within a given locale (Massachusetts and the United States, respectively).

⁵ FBI figures include only those agencies that voluntarily report their crime data on an annual basis.

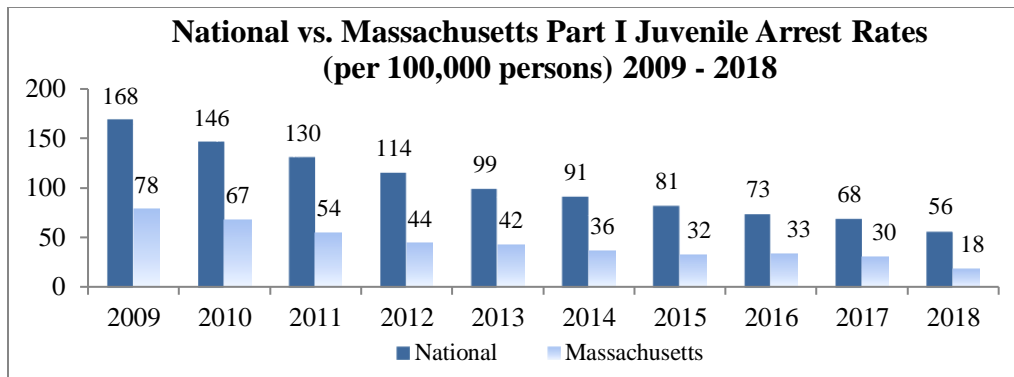


Figure 2. Source: FBI, UCR, 2007-2015, 2017-2018, Table 41 and 2016, Table 20 (National data) and 2007-2015, 2017, Table 69 and 2016, Table 22 (MA data).

Figure 3 further breaks down a comparison of juvenile violent crime arrest rates nationally and in Massachusetts. Excluding aggravated assault, Massachusetts arrest rates for homicide, rape and robbery have steadily been lower than the national rates. However, the juvenile arrest rates for aggravated assault in Massachusetts consistently exceed the national rate during nine of the ten-year trend analysis (2009-2018). In 2018, the Massachusetts aggravated assault arrest rate was lower than the national rate (6.1 vs. 8.6).

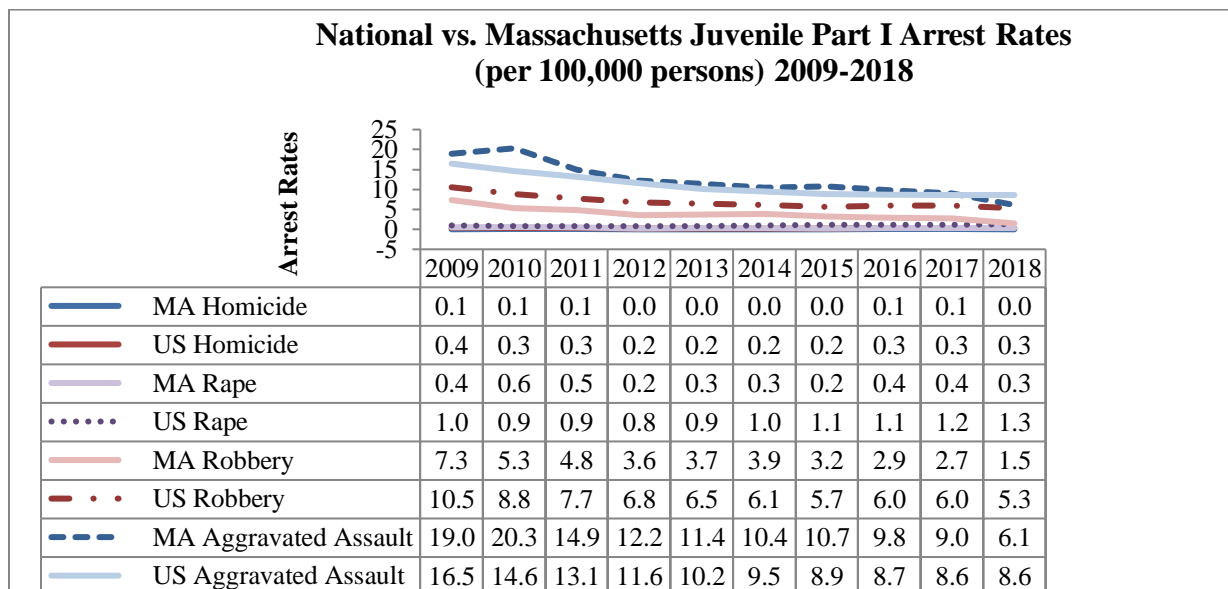


Figure 3. Source: FBI, UCR, 2007-2015, Table 41 and 2016, 2017-2018, Table 20 (National data) and 2007-2015, 2017, Table 69 and 2016, Table 22 (MA data).

Ideally, school should be an environment that fosters teaching and learning, and not exposure to crime and violence. Crime and violence at school can lead to negative behaviors such as alcohol and drug use, and suicide. It also can have psychological effects such as fear, isolation and depression that can lead to poor academic performance and contribute to truancy and dropping out of school.

Juvenile Violence-related Experiences and Gang Involvement

The 2017 *Health and Risk Behaviors of Massachusetts Youth*⁶ capture violence and school safety concerns reported by Massachusetts youth. Figure 4 depicts the violence-related experiences and behavior at Massachusetts high schools from 2007 through 2017:

- 15% of high school students report being bullied at school in the past year – a slight decline from 2015, and the previous years;⁷
- 6% of high school students fought on school property in the past year – remaining static from 2015;
- 5% skipped school because they felt unsafe in the past month – remaining static from 2015;
- 3% of students report carrying a gun on school property in the past month – remaining level 2013 and 2015; and
- 5% report being injured or threatened with a weapon at school in the past year – a slight uptick from the 2015 survey.

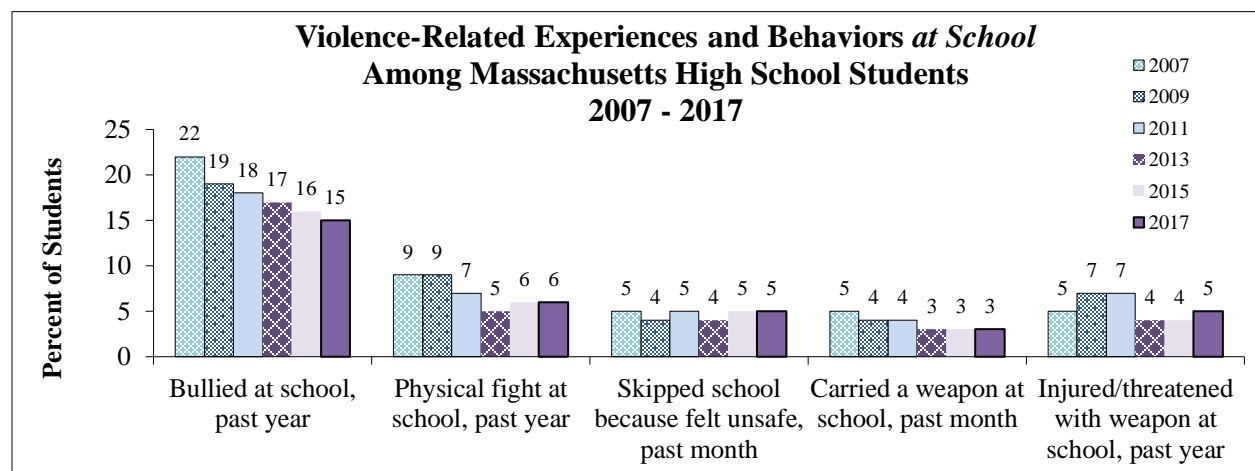


Figure 4. Centers for Disease Control and Prevention (CDC), *Massachusetts Youth Risk Behavior Surveillance System (MYRBSS)*, 2017

While the levels of gang membership and illegal gang activity are difficult to measure, a few sources shed light on the extent to which gangs are active in Massachusetts. Figure 5 shows student reported physical violence indicators from 2007 to 2017. Physical fights declined since 2009, carrying weapons and gang membership increased since 2011, and carrying a gun remained steady. Figure 5 shows the following indicators for 2017:

- 18% of students report having been involved in a fight in the past year – a slight decline from 2015;
- 11% carried a weapon in the past 30 days – a decrease from 2015;
- Gang membership was not captured in the 2017 survey; and
- 3% carried a gun within the past 30 days – remaining level since 2011.

⁶ Centers for Disease Control and Prevention, *Massachusetts Youth Risk Behavior Surveillance System*, 2017. <https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm>

⁷ For students who identify their sexual orientation as Gay, Lesbian, and Bisexual, 34% report being bullied at school in the past year in contrast to 14% who identify as heterosexual.

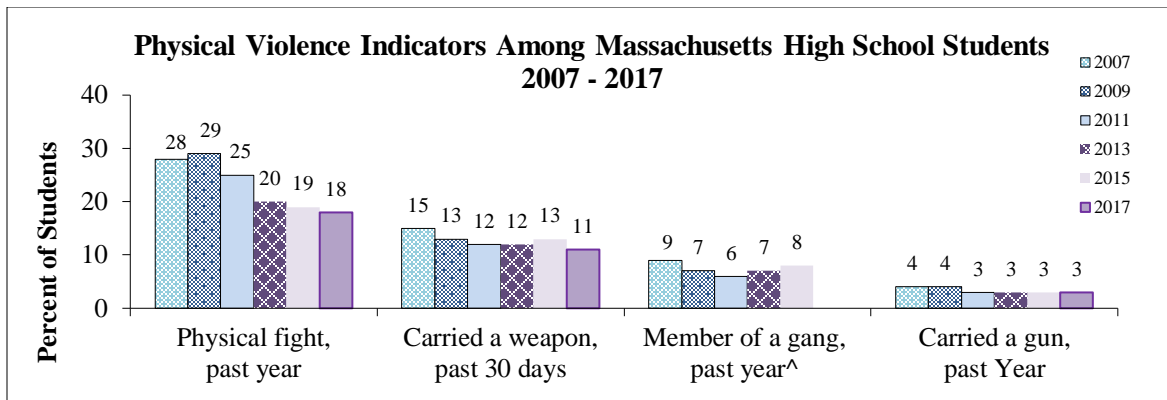


Figure 5. CDC, MYRBSS, 2017

^Question not asked in 2017.

Furthermore, an analysis of physical violence indicators by gender reveals the following statistics:

- 18% of male students and 4% of female students reported carrying a weapon in the past 30 days;
- 4% of males and 1% of females reported carrying a gun in the past 12 months;
- 23% of males and 12% of females reported being in a physical fight; and
- 6% of both male and female students experienced physical dating violence.

According to additional results from high school students who responded to the 2017 survey, 14% report being a victim of cyber bullying, 6% experience dating violence and 7% are a victim of sexual assault (Figure 6).

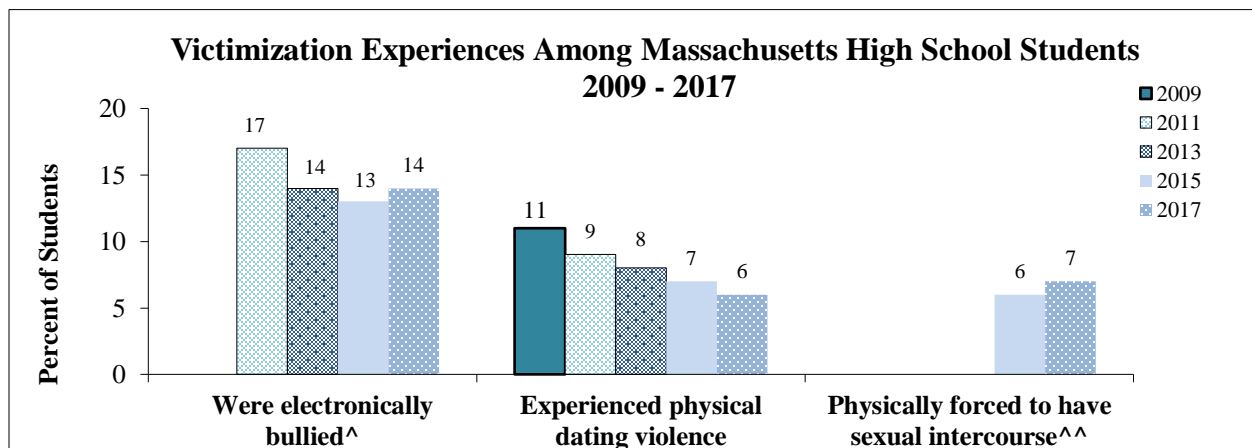


Figure 6. CDC, MYRBSS, 2017 ^Information for 2009 is unavailable.

PRIORITY #2: SUPPORTING EVIDENCE-BASED REENTRY PROGRAMS TO REDUCE RECIDIVISM

Goal

Reduce recidivism and future victimization, as well as increase the chances of success for offenders leaving incarceration and returning to our communities.

Purpose Areas Addressed

- Law enforcement programs
- Prosecution and court programs
- Education and training
- Job readiness, life skills, and housing support
- Corrections and community corrections programs
- Drug treatment

Anticipated Activities

- Revitalize neighborhoods by developing and supporting collaborative model projects that promote efforts of local agencies to provide and ensure comprehensive reintegration programs for juvenile and adult offenders reentering the community.
- Support expansion of rehabilitative and educational corrections programming in jails, prisons, and community-based facilities.

Rationale

Improving the reentry process for released prisoners is a critical public safety issue for Massachusetts, one that has received increasing attention in the last few years. Several published reports describe the population of individuals released from prison and document the challenges that they face. The challenges to reentry include obtaining employment, housing, and addressing health and substance abuse problems in a community setting. Many released prisoners are returning to major metropolitan areas and are often concentrated in a few neighborhoods – which has public safety implications. All of these studies conclude that the state, communities, and families are not doing enough to ensure a successful transition of offenders from prison back to their community.⁸

Statement of the Problem

Returning to the community after a period of confinement in jail or prison is a difficult transition for most offenders as well as their families and communities. Many former offenders still struggle with substance abuse, mental health issues, inadequate education and job skills, and restrictive housing options. In 2018, an estimated 1,465,200 prisoners were under state or federal

⁸ See “*From Cell to Street: A Plan to Supervise Inmates After Release.*” MassINC (January 2002); “*Parole Practices in Massachusetts and Their Effect on Community Reintegration.*” Boston Bar Association Task Force on Parole and Community Reintegration (August 2002); “*Governor’s Commission on Criminal Justice Innovation: Final Report*” (2004); “*From Incarceration to Community: A Roadmap to Improving Prisoner Reentry and System Accountability in Massachusetts.*” Crime and Justice Institute (June 3, 2004); “*Strengthening Public Safety, Increasing Accountability, and Instituting Fiscal Responsibility in the Department of Correction.*” Governor’s Commission on Corrections Reform (June 30, 2004). “*Prisoner Reentry in Massachusetts.*” Urban Institute (March 2005).

jurisdiction, a 9% reduction from 2009.⁹ In 2016, 626,000 men and women – approximately 1,715 individuals a day – are released from state or federal custody.¹⁰ According to BJS, over 4.5 million offenders were under community supervision by the end of 2016.¹¹

RECIDIVISM

Recidivism refers to a person's relapse into criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime. According to the National Institute of Justice, "recidivism is measured by criminal acts that result in rearrest, reconviction, or return to prison with or without a new sentence during a three-year period following the prisoner's release."¹² In 2018, a 9-year follow-up on recidivism¹³ conducted by BJS illuminates the high reoccurrence of criminal behavior among released prisoners. The updated study found:

- The 401,288 prisoners released in 2005 had an estimated 1,994,000 arrests during the 9-year period, an average of 5 arrests per released prisoner;
- 60% of these arrests occurred during years 4 through 9;
- An estimated 68% of released prisoners were arrested within 3 years, 79% within 6 years, and 83% within 9 years;
- Almost half (47%) of prisoners who did not have an arrest within 3 years of release were arrested during years 4 through 9; and
- 5% of prisoners were arrested during the first year after release and not arrested again during the 9-year follow-up period.¹⁴

The Research and Policy Analysis Division (RPAD), located within OGR, together with research partners in other Massachusetts criminal justice agencies, analyzed recidivism data for approximately 43,000 offenders released in 2005 with or without supervision from either county or state correctional facilities, the Department of Youth Services (DYS), or from cases beginning a term of probation or parole supervision. The recidivism definition for this analysis was any offense committed after release to the community, or after initial placement in the community, that results in a conviction from an adult or juvenile court. Cases with a disposition of "continued without a finding" counted as a conviction for this study. Displayed in Table 1, is the Massachusetts statewide recidivism analysis.

⁹ Carson, E. Ann, "Prisoners in 2018," BJS Bulletin, April 2020, NCJ 253516.

¹⁰ Carson, E. Ann, "Prisoners in 2016," BJS Bulletin, January 2018, NCJ 251149.

<https://www.bjs.gov/content/pub/pdf/p16.pdf>

¹¹ Kaeble, Danielle "Probation and Parole in the United States, 2016," BJS Bulletin, April 2018, NCJ 251148.

<https://www.bjs.gov/content/pub/pdf/ppus16.pdf>

¹² National Institute of Justice. Online. Available:

<https://www.nij.gov/topics/corrections/recidivism/pages/welcome.aspx>

¹³ The updated study by BJS analyzed the offending patterns of a sample of 67,966 prisoners who were among the 401,288 state prisoners released in 2005 in 30 states.

¹⁴ Mariel Alper, Ph.D., and Matthew R. Durose, "2018 Update on Prisoner Recidivism: A 9-Year Follow-up Period (2005-2014)" Bureau of Justice Statistics, May 2018, NCJ 250975.

<https://www.bjs.gov/content/pub/pdf/18upr9yfup0514.pdf>

TABLE 1. MASSACHUSETTS STATEWIDE SEVEN-YEAR CUMULATIVE RECIDIVISM RATES, 2005

AGENCY	RECIDIVISM RATE
Probation – Adult	57%
Department of Correction ^a	63%
Probation – Juvenile	65%
Parole ^b	66%
House of Correction ^c	71%
Department of Youth Services	77%

^a Discharges and Paroles

^b Parolees released from the Department of Correction and Houses of Correction

^c Parolees released from the Houses of Correction

PRISONER REENTRY

The Department of Correction (DOC) utilizes the COMPAS Risk/Needs assessment to determine inmates' risk for recidivism and their programming needs. The assessment identifies the following areas: criminal history factors, criminal associates/peers, criminal attitudes, social environment, and needs assessment (e.g., substance abuse, financial deficits, vocational/education needs/deficits). Properly assessing the risk and needs of offenders and providing the appropriate programming helps reduce recidivism.

Substance abuse treatment in correctional facilities is crucial to breaking the cycle of drug use and criminal involvement. Comprehensive intervention strategies enable inmates to participate in correctional programs designed to reduce recidivism and help prevent relapse upon release to their community. This is crucial as many ex-offenders return to the same community in which they were living prior to incarceration.

In 2019, 2,107 prisoners were released to the community, of which, 1,160 (55%) reported a release address in one of the top ten cities listed in Table 2. Boston had the highest number of criminally sentenced inmates released to the community (451), followed by Springfield (169) and Worcester (117).

TABLE 2. CRIMINALLY SENTENCED JURISDICTION RELEASES TO THE COMMUNITY BY TOP TEN MASSACHUSETTS CITIES, 2019

CITY	NUMBER	PERCENTAGE
Boston	451	21%
Springfield	169	8%
Worcester	117	6%
New Bedford	75	4%
Brockton	74	4%
Lynn	64	3%
Fall River	57	3%
Lowell	57	3%
Lawrence	56	3%
Haverhill	40	2%

Source: Massachusetts DOC. "Prison Population Trends 2019," April 2020, Draft.

Note: Inmate self-reports release address prior to release to the community.

Between 2010 and 2019, there was a 41% decline in the number of admissions to the DOC. Excluding 2011, the number of releases from the DOC surpassed the number of admissions, reflecting a trend of sporadic decline in the incarcerated population across the Commonwealth (Figure 7). In 2010, the number of annual admissions and the number of annual releases are closely aligned; however, this changed in 2011 with a reduction in parole releases. This reduction in the number of overall releases from prison to the community in 2011 – a decline of 15% from the previous year – is an aberration. In 2011, there was an overhaul of the Massachusetts Parole Board, which reduced the number of hearings, votes, and releases to parole. Parole hearings with a full Board complement resumed in mid-April 2011. Additionally, in 2013, there was an increase in prisoners transferred to local jails prior to release from prison as part of a step-down reentry initiative.¹⁵ In 2019 compared to the previous year, there was a decline of 6% and 2% in DOC admissions and releases, respectively.

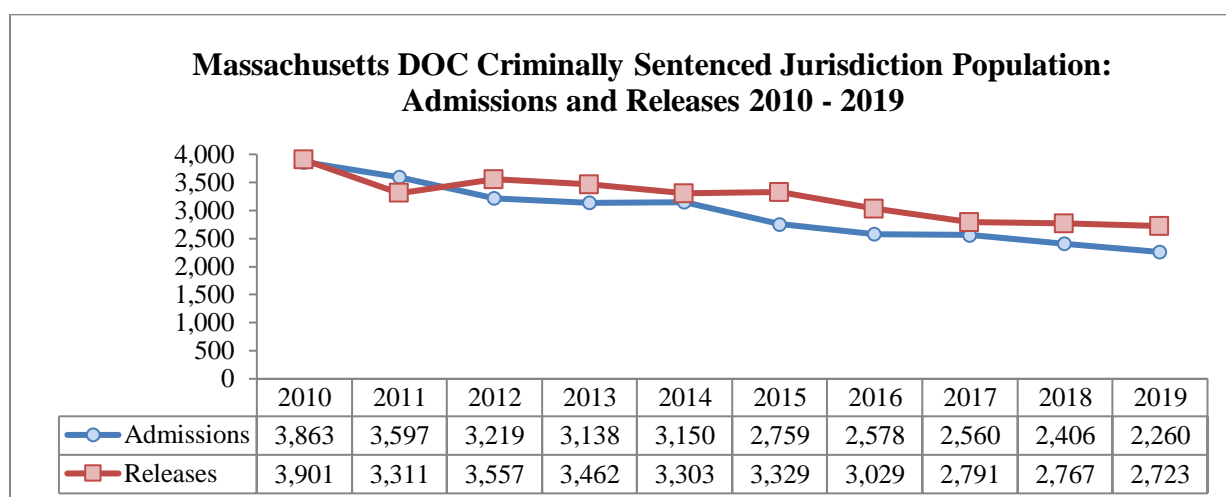


Figure 7. Source: Massachusetts DOC. “Prison Population Trends 2019,” April 2020, Draft.

Note: The criminally sentenced jurisdiction population includes inmates under jurisdiction of the Massachusetts DOC serving their sentence in the Massachusetts DOC and other non-DOC facilities.

The Massachusetts inmate jurisdiction population continued to decline for the seventh year, decreasing 25% after a peak of 11,723 in 2012 to 8,784 inmates in 2019 (Figure 8).¹⁶ Because nearly 95% of those sent to prison are eventually released, the incarcerated population has significant implications for prisoners returning to Massachusetts communities and the efforts to reduce recidivism.¹⁷ In varying degrees, the communities to which former prisoners return have socioeconomic factors such as poverty, disenfranchisement, minimal social supports, and persistently high crime rates that present a variety of challenges which can hinder successful reintegration. Comparing releases to the community¹⁸ in 2011 and 2012, there was a significant

¹⁵ This accounts for the increase in the number of persons under Massachusetts’ jurisdiction held in local jail facilities.

¹⁶ Massachusetts Department of Correction, “Prison Population Trends 2019,” April 2020, Draft.

¹⁷ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, “Reentry Trends in the United States,” <https://www.bjs.gov/content/reentry/reentry.cfm>, Last revised on May 20, 2020

¹⁸ Starting in 2012 and going forward, release to the street is defined by the DOC as including expiration of sentence, parole, expiration of fine, payment of fine, and court release.

difference between the two years. There were two separate events in 2012¹⁹ that contributed to a 19% increase from the previous year in the number of inmates released to the community.

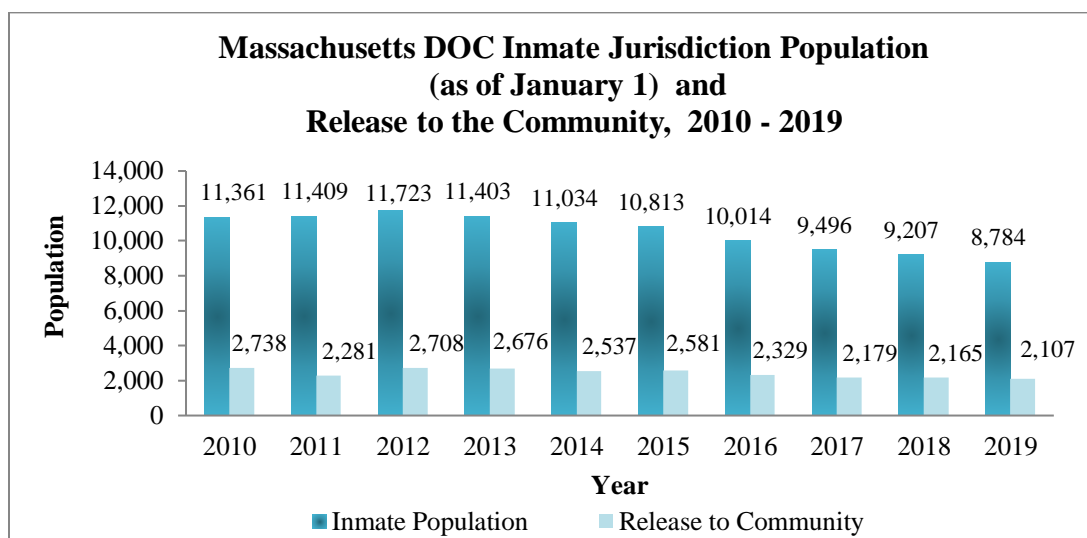


Figure 8. Source: Massachusetts DOC. "Prison Population Trends 2019," April 2020, Draft.

Evident in Table 3, the trend of prisoners released to their communities under supervision account for 6 out of 10 newly released prisoners. This has been consistent for the past four years.

TABLE 3. MASSACHUSETTS DOC POST RELEASE SUPERVISION TYPE, 2016 - 2019								
POST RELEASE SUPERVISION TYPE	2016		2017		2018		2019	
Parole Supervision (only)	357	15%	281	13%	368	17%	389	18%
Probation Supervision (only)	859	37%	787	36%	728	34%	688	33%
Parole and Probation Supervision (only)	227	10%	233	11%	225	10%	220	10%
No Post Release Supervision	885	38%	877	40%	844	39%	810	38%
TOTAL	2,328	100%	2,178	100%	2,165	100%	2,107	100%
POST RELEASE SUPERVISION	2016		2017		2018		2019	
Supervision	1,443	62%	1,301	60%	1,321	61%	1,297	62%
No Supervision	885	38%	877	40%	844	39%	810	38%
TOTAL	2,328	100%	2,178	100%	2,165	100%	2,107	100%

Source: Massachusetts DOC. "Prison Population Trends 2019," April 2020, Draft.

Table 4 provides the percentage of the Massachusetts population residing in each county in 2018²⁰ compared to the percentage of criminally sentenced DOC inmates released to each county in 2019.²¹ Suffolk, Essex, Hampden and Bristol counties had a disproportionately higher

¹⁹ Enacted on August 2, 2012, Chapter 192 of the Acts of 2012 known as the "Crime Bill" immediately changed the sentence structure for dozens of inmates. The second event was issues regarding accuracy of testing at the Hinton Drug Lab resulted in several hundred releases "from court," primarily during the months of September – November 2012.

²⁰ The U.S. Census Bureau provided 2018 estimated county population statistics, 2019 is not available.

²¹ Information regarding release address is self-reported by inmates prior to their release.

percentage of inmates released to communities in those counties (55%) than the population residing in those counties (38%).

TABLE 4. MASSACHUSETTS DOC 2019 CRIMINALLY SENTENCED JURISDICTION RELEASES TO THE COMMUNITY BY COUNTIES COMPARED TO THE ESTIMATED POPULATION OF MASSACHUSETTS COUNTIES IN 2018

COUNTY	NUMBER	% RELEASES TO THE COMMUNITY	PERCENTAGE OF MA POPULATION RESIDING IN COUNTY
Suffolk	492	23%	12%
Essex	266	12%	11%
Middlesex	244	11%	23%
Hampden	228	10%	7%
Worcester	218	10%	12%
Bristol	212	10%	8%
Plymouth	154	7%	8%
Norfolk	103	5%	10%
Barnstable	51	2%	3%
Berkshire	27	1%	2%
Hampshire	19	1%	2%
Franklin	6	<1%	1%
Dukes	0	0%	<1%
Nantucket	0	0%	<1%
SUB-TOTAL	2,020	96%	93%
Outside MA	86	4%	4%
Unknown	1	<1%	0%
TOTAL	2,178	100%	100%

Source: Massachusetts DOC. "Prison Population Trends 2019," April 2020, Draft.

PRIORITY #3: TARGETING DOMESTIC VIOLENCE AND SEXUAL ASSAULT OFFENDERS

Goal

Reduce the incidents of domestic violence and sexual assault and increase the number of effective and appropriate services for survivors of these crimes.

Purpose Areas Addressed

- Law enforcement programs
- Prosecution and court programs
- Victim service programs
- Education and training

Anticipated Activities

- Develop and support projects that promote the collaboration of law enforcement, the courts, and local victim service agencies in responding to domestic violence and sexual assault incidents.
- Enhance domestic violence and sexual assault services.
- Promote regional and statewide approaches in the prevention of domestic and sexual assault.

Rationale

There is no discrimination who is impacted by domestic violence or sexual assault. In the case of sexual assault, the perpetrator may be a stranger, acquaintance, friend, family member, or intimate partner.²² Women, children, and men of all ages can be victims of sexual assault and domestic violence. Domestic violence and sexual assault crosses all races and ethnicities, religions, and economic strata.

Statement of the Problem

According to the National Crime Victimization Survey²³

- In 2015, there were 431,840 reports of rape or sexual assault in the United States;
- Females are more likely to be victims of rape or sexual assault (368,921) than males (62,916);
- Most victims of rape or sexual assault are females younger than 24 years of age;
- Most rapes committed against women are committed by an intimate partner (spouse, boyfriend/girlfriend) or someone else they know (friend, family member, acquaintance); and
- Sixty-two percent (62%) of respondents reported being the victim of aggravated assault, 58% the victim of domestic violence, and 32% the victim of rape or sexual assault.

²² The definition of an intimate partner is a current or former spouse, boyfriend, or girlfriend. Intimate Partner Violence: Attributes of Victimization, 1993-2011, <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=4801>

²³ Truman, Jennifer Ph.D., and Rachel E. Morgan, Ph.D., National Crime Victimization Survey, Criminal Victimization, 2015, October 2016, pg. 2. Online accessed: <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=5804>

The Centers for Disease Control (CDC) provides the following rape and sexual assault statistics:²⁴

- More than 1 in 3 (36.3%) women and 1 in 4 men (25%) experienced some form of contact sexual violence²⁵ during their lifetime.
- About 1 in 5 women (19.1%) and nearly 1 in 38 men experienced completed or attempted rape at some point in their lives.
- About 1 in 14 men (7%) were forced to penetrate someone else at some point in their lives.
- About 1 in 4 women and nearly 1 in 10 men have experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime and reported some form of IPV-related impact.
- Over 43 million women and 38 million men experienced psychological aggression by an intimate partner in their lifetime.

Although there has been a decline in domestic violence and sexual assault victimizations over the years, the above statistics highlight that these issues remain critical for the law enforcement community and victim service organizations.

INTIMATE PARTNER AND FAMILY VIOLENCE

Data compiled via the National Incident-Based Reporting System (NIBRS) reveals that there were 260,613 victims of intimate partner and family violence in Massachusetts during the ten-year period from 2010 to 2019.²⁶ Over the course of the ten-year period, incidents of domestic violence in Massachusetts declined from a high of 29,130 in 2010 to 24,130 in 2019; an 18% reduction.^{27,28} Despite the reduction displayed in Figure 9, the need remains for accessible victim services and coordinated criminal justice policies to maintain this downward trend.

²⁴ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention, *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012* (2017). Online accessed: <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>

Preventing Sexual Violence: Fast Facts <https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html>

²⁵ Contact sexual violence includes rape, forced to penetrate someone else, sexual coercion, and/or unwanted sexual contact.

²⁶ NIBRS reporting is voluntary and as such, this data does not include all agencies statewide; most notably, data from the cities of Boston and Lawrence are absent. Boston began reporting NIBRS in October 2019, and Lawrence is working toward NIBRS compliance. NIBRS data covers approximately 87% of the Massachusetts population.

²⁷ The number of victims of intimate partner and family violence were determined by examining data within the *Crimes against Persons* crime category in CrimeSOLV.

²⁸ In January 2013, the national UCR program created two additional offenses in the Summary Reporting System and NIBRS: 1) Human Trafficking/Commercial Sex Acts; and 2) Human Trafficking/Involuntary Servitude.

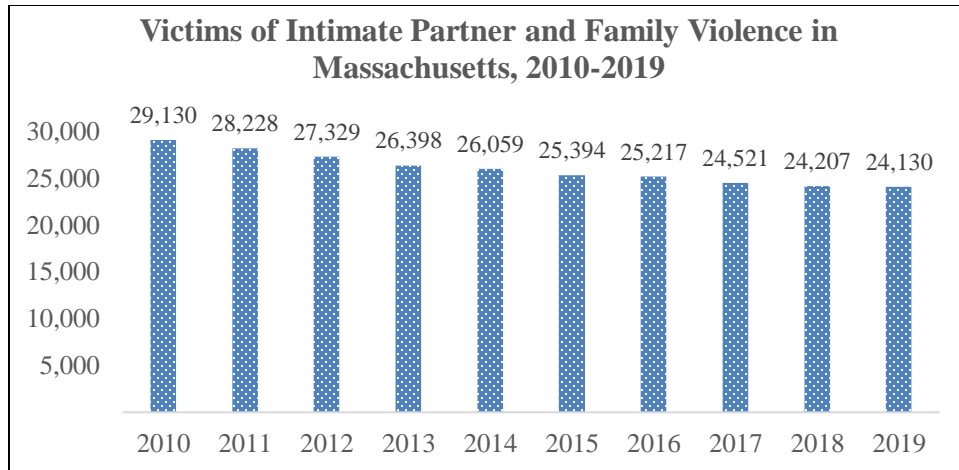


Figure 9. Source: NIBRS Data accessed via CrimeSOLV, Crimes against Person, Number of Victims by Select Characteristics by Victim/Offender Relationship.

REPORTED RAPES

The FBI's definition of rape changed in 2013 to be more inclusive,²⁹ and as a result, the number of forcible rapes in Massachusetts spiked to 2,718.³⁰ According to the FBI Uniform Crime Reporting (UCR) Data, there were 20,026 incidents of rape in Massachusetts from 2009 to 2018 (Figure 10). In 2018, the incidents of rape declined 27% from the spike in 2013 and 10% from the previous year. The rate of reported rapes in 2018 was 34.6 per 100,000.³¹

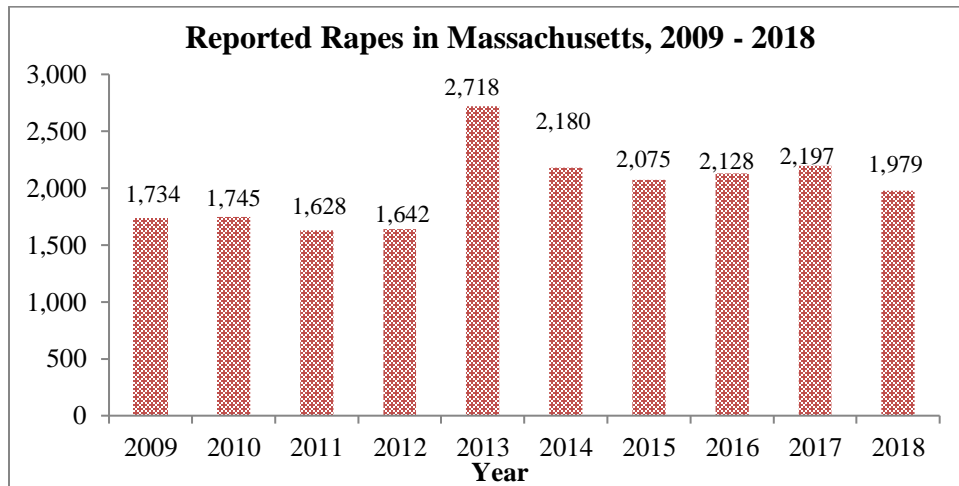


Figure 10. Source: FBI, UCR, 2007-2015, 2017-2018, Table #5 and 2016, Table #3 (Crime in the United States by State, 2017).

²⁹ Effective January 1, 2013, the FBI implemented a new definition of Rape that is used in the collection of national crime statistics. The term "forcible" was removed from the offense name. https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015/offenses-known-to-law-enforcement/rape/rapemain_final.pdf

³⁰ Beginning in 2013, the rape figures were estimated using the revised UCR definitions of rape.

³¹ FBI UCR, Table #5 (Rape).

SEXUAL ASSAULT REPORTING AND STATISTICS

Sexual assault is a serious problem that affects the lives of women, men, and children everywhere. Generally, researchers are limited to statistics that estimate the prevalence or incidence of sexual assault. Separate from incidents reported to law enforcement or indicated through the National Crime Victimization Survey, few details are known about the specific nature and context of sexual assault. The Provider Sexual Crime Report (PSCR)³² is both unique and significant because it allows for a more detailed analysis of both the nature and context of sexual assault in Massachusetts. The PSCR encompasses information collected by emergency medical professionals and submitted via Form 2A to the Executive Office of Public Safety and Security. Medical professionals conduct exams, however, victims are not required to report the crime to the police. Therefore, the PSCR captures cases that might go unreported to police.

In 2019, adults accounted for 1,254 or 88% of the total 1,420 sexual assault exams conducted. Between 2010 and 2019, 11,481 adult and 1,926 pediatric sexual assault exams were completed (Figure 11). From 2010 - 2017, the number of adult exams increased, and the number of pediatric exams fluctuated, followed by a decline in the number of adult and pediatric exams from 2017-2019.

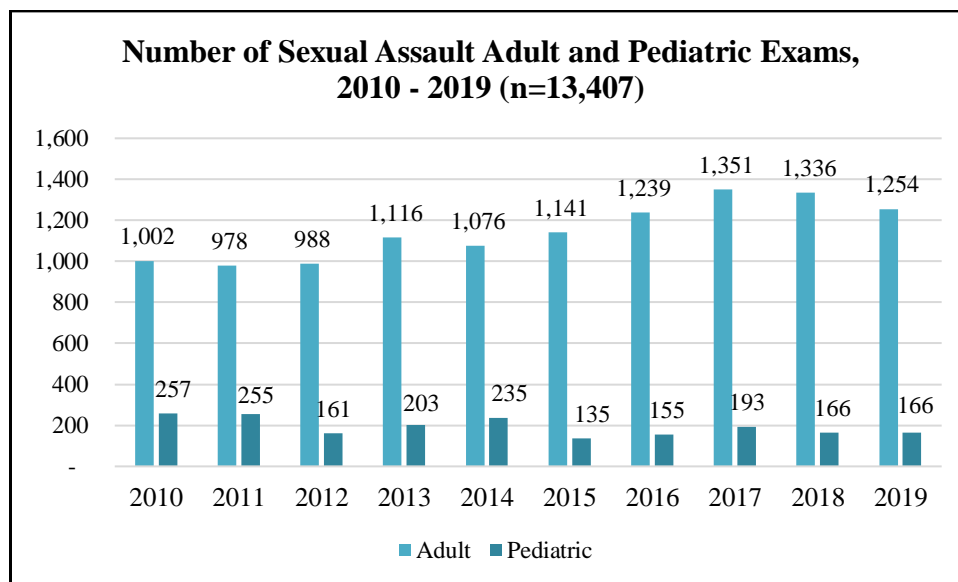


Figure 11. Source: RPAD, EOPSS, PSCR database extract May 1, 2020.
Note: If exam date is not reported, assault date is used as a proxy.

³² Massachusetts General Laws, Chapter 112, §12A½. Statute adopted in 1991 and amended in 1996. Massachusetts General Law requires the reporting of all cases of rape and sexual assault where the victim sought medical treatment, regardless of whether the case is reported to police. The PSCR Form is part of the Sexual Assault Evidence Collection Kit distributed on an annual basis to hospital emergency departments throughout the state by the Executive Office of Public Safety and Security (EOPSS). After a victim is seen in a medical facility, the care provider is required to complete the PSCR Form, which is then shared with local law enforcement and submitted via facsimile to EOPSS, where all information is recorded and maintained in a master database.

Victims of sexual assault cross all age groups (Figure 12). The PSCR data for the ten year period shows a 31% decrease in the number of survivors ages 0-12 years, 2% increase in survivors ages 13-24 years, and 59% increase in those 25 years or older. In 2019, 13% of the PSCR cohort were age 12 or younger, 43% were ages 13-24, and 44% were 25 years or older.

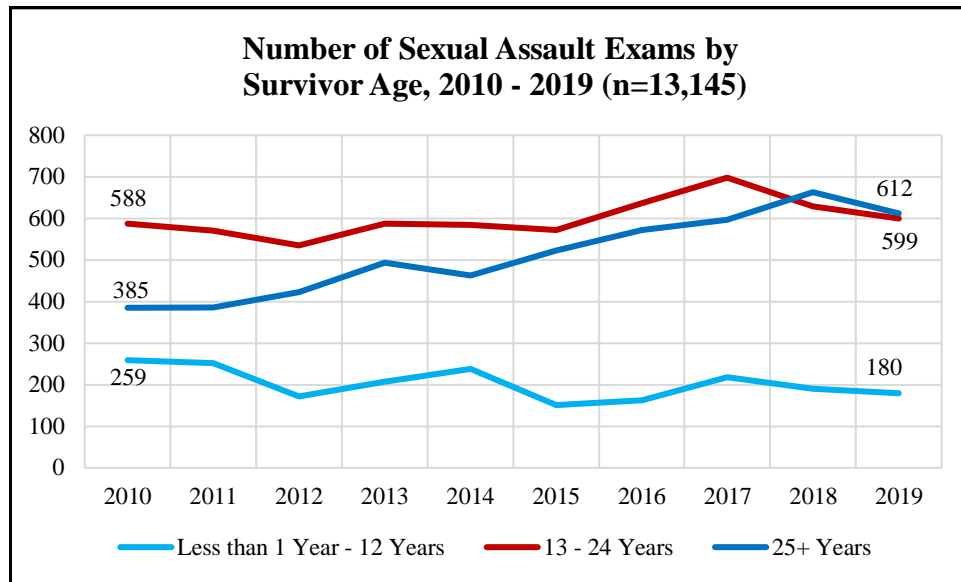


Figure 12. Source: RPAD, EOPSS, PSCR database extract May 1, 2020.
 Note: If exam date is missing, assault date is used as a proxy to calculate survivor age.
 Excludes approximately 2% of cases (n=262) with missing information.

According to the PSCR database, females represent the vast majority of survivors who sought medical attention because of a sexual assault; this is consistent for adult and pediatric survivors. During 2019, 93% of the adult exams were females, 6% males, and 2% transgender or transitioning. For pediatric exams, 83% were female survivors, and 17% male survivors. The pediatric form does not include a non-binary option.

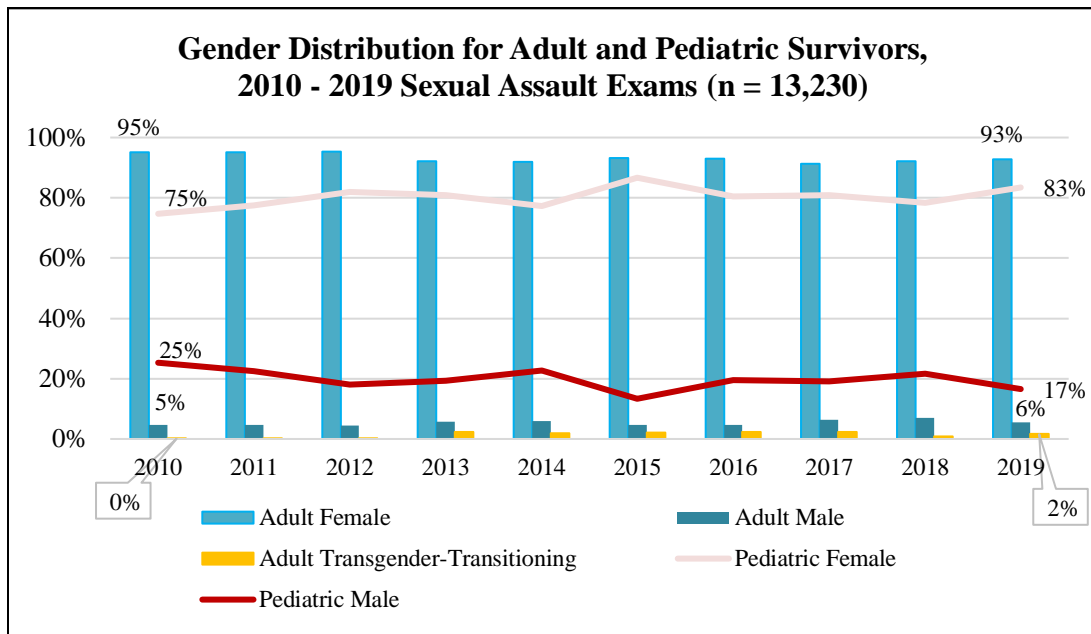


Figure 13. Source: RPAD, EOPSS, PSCR database extract May 1, 2020.

Note: Excludes cases where gender was not reported N=177 or 1.3%. The 2012 adult Form 2A expanded the gender non-binary response option from “Other” to “Transgender – F to M” and “Transgender – M to F”.

Unfortunately, rape and sexual assault remain highly underreported crimes. As noted, the PSCR provides an indication as to whether the survivor reported the sexual assault to law enforcement prior to the exam. It is possible that some survivors reported their assault to law enforcement officials after the exam. Figure 14 shows the percent of sexual assaults/rapes reported to police by type of survivor. For adult and pediatric victims, the percentage of exams reported to police decreased over the ten-year period from 78% to 70% for pediatric survivors (a decrease of 10.3%), and 72% to 58% for adult survivors (a decrease of 19.4%). The 2019 PSCR data represents a ten-year low in the percentage of sexual assaults reported to police for adult and pediatric victims.

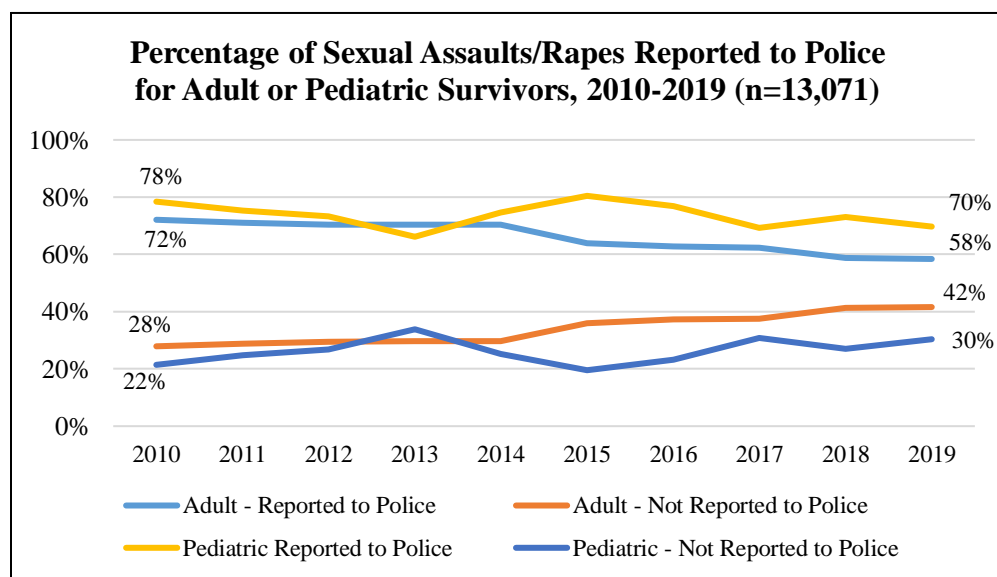


Figure 14. Source: RPAD, EOPSS, PSCR database extract May 1, 2020.

Note: Excludes cases where this information was not reported or not provided. (N=336 or 2.5%).

Analyzing the ten-year trend analysis in Table 5, based on the totals, survivors knew their assailant in approximately 6 out of 10 of the sexual assault cases. About one-quarter of the time, the survivor reported the assailant was a stranger, did not see the assailant, or could not remember if they knew the assailant. Relationship information was missing or not reported for 16% of the cases. For 2019, the number of missing or not reported is slightly higher at 19%. Victims are often selected based on the perpetrator's perception that he/she will be successful at sexually assaulting a particular individual, that the victim will not report or, if they do report, they will not be believed.³³

TABLE 5. NUMBER OF ASSAILANTS AND RELATIONSHIP CATEGORY, 2010 – 2019 ADULT EXAMS^a

YEAR	STRANGER/ UNKNOWN ^b	%	KNOWN ^c	%	ACQUAINTANCE /OTHER ^d	%	NOT REPORTED ^e	%	ASSAILANT TOTAL
2010	271	27.0	295	29.4	333	33.2	136	13.6	1,002
2011	266	27.2	269	27.5	319	32.6	159	16.3	978
2012	273	27.6	283	28.6	309	31.3	148	15.0	988
2013	331	29.7	315	28.2	355	31.8	151	13.5	1,116
2014	292	27.1	329	30.6	325	30.2	161	15.0	1,076
2015	278	24.4	342	30.0	377	33.0	180	15.8	1,141
2016	315	25.4	392	31.6	373	30.1	184	14.9	1,239
2017	334	24.7	440	32.6	382	28.3	237	17.5	1,351
2018	308	23.1	407	30.5	410	30.7	238	17.8	1,336
2019	299	23.8	363	28.9	391	31.2	243	19.4	1,254
Total	2,967	25.8	3,435	29.9	3,574	31.1	1,837	16.0	11,481

Source: RPAD, EOPSS, PSCR database extract May 1, 2020

^a Individual sexual assault exams/cases can involve multiple assailants.

^b *Stranger/Unknown* - survivor reported the assailant was a stranger, or the survivor did not see the assailant or could not remember the assailant.

^c *Known* – survivor reported the assailant was a friend, date, boyfriend/girlfriend or ex, spouse or ex, parent, or parents' live-in partner, or relative.

^d *Acquaintance/Other* - survivor reported the assailant was an acquaintance, or the relationship did not fit into one of the above response options.

^e *Not Reported* - Survivor/Assailant Relationship is missing or not reported for 1,837 (16.0%) of the 11,481 adult exams from 2010 – 2019.

The non-stranger category entails a cross-section of relationships – friends, boyfriend/girlfriend, exes, date, spouse, relative or parent. The survivor/offender relationship identified as an 'acquaintance' represents the highest percentage of non-stranger assailants (37%) for those in the adult sexual assault exam cohort (Table 6).

³³ <https://nij.ojp.gov/topics/articles/victims-and-perpetrators>

**TABLE 6. NON-STRANGER SURVIVOR/ASSAILANT RELATIONSHIP ^a,
2019 ADULT SEXUAL ASSAULT EXAMS**

Survivor/Assailant Relationship	Number	Percent
Acquaintance	283	37.4%
Friend	159	21.0%
Ex-boyfriend/ex-girlfriend	56	7.4%
Date	45	5.9%
Spouse	27	3.6%
Boyfriend/girlfriend	26	3.4%
Relative	21	2.8%
Parent	21	2.8%
Parent's Live-in Partner	9	1.2%
Ex-spouse	1	0.1%
Other	109	14.4%
Total	757	100%

Source: RPAD, EOPSS, PSCR database. Data obtained May 1, 2020.

^a Individual sexual assault exams/cases can involve multiple assailants in multiple categories.

Note: Survivor/Assailant Relationship is missing for 243 (19.4%) of the 1,254 adult exams for 2019.

For the pediatric sexual assault exam cohort, the survivor/offender relationship reported as 'father' represents the highest percentage of non-stranger assailants (9%), followed by 'other male relative' (Table 7).

**TABLE 7. RELATIONSHIP BETWEEN PEDIATRIC SURVIVOR
AND THE ASSAILANT, ^a 2019**

Survivor/Assailant Relationship	Number	Percent
Father	15	9.0%
Mother	2	1.2%
Stepfather	3	1.8%
Sister/Stepsister	3	1.8%
Brother/Stepbrother	4	2.4%
Other male relative	10	6.0%
Other female relative	1	0.6
Other relative – sex no specified	5	3.0%
Mother's Boyfriend	8	4.8%
Family Friend	6	3.6%
Neighbor	1	0.6%
Babysitter/Daycare Provider	2	1.2%
Other ^b	7	4.2%
Unknown/Stranger ^c	4	2.4%
Missing/Not Reported	95	57.2%
Total	166	100%

Source: RPAD, EOPSS, PSCR database. Data obtained May 1, 2020.

^a Individual sexual assault exams/cases can involve multiple assailants.

^b *Other* – represents assailants where the relationship does not fall into one of the provided categories.

^c *Unknown/Stranger* – represents assailants where the survivor did not see the assailant, could not remember the assailant or did not know the assailant.

Nearly 95% of everyone who is committed to prison eventually is released to the community. This population has significant implications when they return to their community with respect to reducing recidivism, maintaining public safety, and monitoring those who may pose a risk due to prior criminal behavior.³⁴ Table 8 displays the top 10 Massachusetts cities³⁵ with the highest number of registered sex offenders. These cities account for 40% of sex offenders registered throughout the Commonwealth. The city of Boston is the highest with 11% of registered sex offenders residing in the city.

Table 8. Top Ten Massachusetts Cities with the Highest Number of Registered Sex Offenders, 2019

City/Town	Number	Percent of Total
Boston	1,142	10.8%
Springfield	622	5.9%
Worcester	543	5.1%
Fall River	343	3.2%
New Bedford	338	3.2%
Lowell	329	3.1%
Brockton	295	2.8%
Lynn	267	2.5%
Lawrence	208	2.0%
Pittsfield	207	2.0%
Subtotal	4,294	40.5%
Total	10,611	

Source: Massachusetts Sex Offender Registry Board (SORB) data provided April 5, 2019 to the RPAD, EOPSS

There are 10,611 sex offenders under the jurisdiction of Massachusetts. Table 9 below provides the number of registered sex offenders at level 1 through 3 currently under the jurisdiction of Massachusetts.

Table 9. Number of Massachusetts Sex Offenders by Level, 2019

Classification Levels for Sex Offenders	Number	Percent of Total
Level 1^a	2,788	26.3%
Level 2^b	5,328	50.2%
Level 3^c	2,495	23.5%
Total Level 1 – 3 Offenders	10,611	100

Source: SORB data provided April 5, 2019 to the RPAD, EOPSS.

^a Level 1 sex offenders have a low risk of re-offending, pose a low degree of danger to the public. The public cannot access information about Level 1 offenders.

^b Level 2 sex offenders have a moderate risk of re-offending, pose a moderate degree of danger to the public. The public can only access Level 2 offender data on the internet for sex offenders classified after July 12, 2013.

^c Level 3 sex offenders have a high risk of re-offending, pose a high degree of danger to the public. Information about Level 3 offenders is publicly available.

³⁴ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (March 2018), “*Reentry Trends in the United States*,” <https://www.bjs.gov/content/reentry/reentry.cfm>

³⁵ The top ten communities in Massachusetts with the highest number of sex offenders are cities.

VICTIMIZATION AGAINST PERSONS WITH DISABILITIES

According to the Equal Rights Center³⁶ domestic violence can intersect with disability in four key ways:

- Domestic violence can cause temporary or permanent disability;
- People with disabilities experience higher rates of domestic violence, sexual assault and abuse;
- Violence, assault and abuse against a person with a disability often take on non-“traditional” forms; and
- People with disabilities face additional barriers when seeking help.

The statistics merit the focus on victimization against persons with disabilities as the rate of violent victimization was 2.5 times higher than the rate for persons without disabilities in 2015. The rate of serious violent crime (rape or sexual assault, robbery, and aggravated assault) for persons with disabilities was more than three times the rate for persons without disabilities. Persons with cognitive disabilities experienced the highest rates of victimization among the six areas classified as a disability limitation: hearing, vision, cognitive, ambulatory, self-care, and independent living. Those with multiple disability types had higher rates than those with a single disability type. Of the victims of violent crime with a disability, one in 5 believed they were targeted because of their disability.³⁷

Preliminary findings from a survey of 275 men with physical and cognitive disabilities indicated that about 65% of the men experienced physical abuse while 24% of the men experienced sexual abuse in their lifetimes.³⁸ Also, the Massachusetts Behavioral Risk Factor Surveillance System (2016) reports that among adults, the percentage of women with disabilities who have experienced sexual violence is 26%, versus 14% for women without disabilities. The percentages for men with and without disabilities are 8.9% and 4.7% respectively.³⁹

Sexual assault and domestic violence are public safety as well as public health issues that require collaboration among all stakeholders. To address this need, the Governor’s Council to Address Sexual Assault and Domestic Violence (Council) is charged to advise the Governor on how to help residents of the Commonwealth live a life free of sexual assault and domestic violence by improving prevention for all, enhancing support for individuals and families affected by sexual assault and domestic violence, and insisting on accountability for perpetrators.

The Council created five committees in the following areas of priority: 1) Veterans/Military and Families, 2) Human Trafficking, 3) Prevention and Education, 4) Housing Stability and Self Sufficiency, and 5) Response and Assessment. Each committee sets and reports on annual goals

³⁶ National Domestic Violence Hotline, <https://www.thehotline.org/is-this-abuse/domestic-violence-disabilities-2/> Accessed May 14, 2020.

³⁷ Harrell, E. “Crime Against Persons with Disabilities, 2009-2015 – Statistical Tables.” U.S. Department of Justice, 2017.

³⁸ Powers, L.E., & M. Oswald (2004) Violence and Abuse Against People with Disabilities: Experiences, Barriers and Prevention Strategies. Portland, OR: Oregon Health & Science University Center on Self-Determination. <http://www.advancingstates.org/sites/nasuad/files/hcbs/files/53/2622/AbuseandViolenceBrief.pdf>

³⁹ See Table 7.3, available at <https://www.mass.gov/files/documents/2017/09/zt/report-2016.pdf>

and recommendations and informs the Commonwealth on improving prevention, enhancing supports for survivors, and increasing perpetrator accountability. The Council consists of 35 members representing providers, advocates, healthcare, the Attorney General's Office, law enforcement, the courts and higher education.

The Council, chaired by Lt. Governor Karyn Polito, meets bi-monthly, and conducts outreach and supports the committees in carrying out their tasks. Supporting the Council, the Executive Director is responsible for coordinating the activities of the Council, including implementation of various components of Massachusetts General Law Ch. 260 Domestic Violence legislation and reviewing programs aimed at reducing sexual assault and domestic violence in the Commonwealth.

PRIORITY #4: COMBATTING HEROIN, OPIOIDS & OTHER ILLEGAL DRUGS

Goal

Prevent, enforce, and treat substance abuse (including illegal drugs, prescriptions drugs, and alcohol).

Purpose Areas Addressed

- Law enforcement programs
- Prosecution and court programs
- Prevention and education programs
- Corrections and community corrections programs

Anticipated Activities

- Continue proactive enforcement efforts to reduce drug and violent crime-related activities.
- Continue drug treatment intervention services including testing for illicit substances at all levels of the criminal and juvenile justice systems, from courts through probation and within the juvenile detention facilities, houses of correction and state prison system.
- Support residential substance abuse treatment programs in state and county correctional facilities.
- Reduce the demand for drugs including prescription drugs amongst youth by continuing support of drug diversion models, underage drinking programs, and community-based violence prevention programs.
- Reduce heroin and other opioid use through prevention, intervention, treatment, interdiction, and system readiness.
- Continue to support multi-jurisdictional crime fighting efforts and traditional law enforcement activities (apprehension, detention, deterrence, and suppression).

Rationale

Substance abuse is a serious and costly issue that affects all states, and Massachusetts is no exception. Addiction to and distribution of illicit drugs negatively impacts public safety and public health at the community level, not to mention the families of those directly impacted by this disease. In the past couple of years, the number of overdoses and deaths attributed to opioid abuse has been unprecedented in Massachusetts. There is an increase in the number of admissions to substance abuse facilities for both opioid and heroin poisonings as well as new commitments to the DOC for a governing drug offense. These trends demonstrate the continuing need for cost-effective substance abuse services.

Statement of the Problem

Statistics demonstrate that there is a direct relationship between the use of drugs and the volume of crime committed by drug users. A June 2017 report issued by the BJS noted 42% of state inmates committed their offense under the influence of drugs. Furthermore, 7% of state inmates reported heroin/opiate use at the time of their offense, and 58% report drug dependence or

abuse.⁴⁰ The ensuing statistics will demonstrate the need for substance abuse programming for incarcerated individuals, as many have experience with drug and alcohol abuse.

The Drug Enforcement Administration (DEA) released a report in October 2017 entitled *National Drug Threat Assessment 2017*, which provides an in-depth analysis of the specific types of drugs and drug-abuse patterns nationally, and in the New England region. The report identified opioid abuse, and in particular, heroin and controlled prescription medications, as the primary drug concerns for the New England region. Specifically, in Massachusetts, opioid abuse remains a serious public health concern as drug-related overdoses and deaths remain high. However, for the first time in seven years, overdose deaths decreased. In 2017, there was a 6% decrease from 2016.⁴¹

Governor Baker continues to champion many initiatives to combat the continuing drug crisis in Massachusetts. Noted in previous federal applications, the Massachusetts Legislature passed Chapter 55 of the Acts of 2015 (Chapter 55) and Governor Baker signed into law in August 2015. “First-in-the-nation, this law permits the linkage and analysis of existing data across state government in order to better guide policy development and programmatic decision-making to successfully tackle the current opioid epidemic.”⁴² In the years since the release of the first Chapter 55 report in September 2016, approximately 3,500 Massachusetts residents have died of opioid-related overdoses.⁴³

Compared to the rest of the Massachusetts adult population the opioid-related overdose death rate is:⁴⁴

- 321 times higher for pregnant and postpartum mothers with opioid use disorder (OUD);
- 120 times higher for persons released from Massachusetts prisons and jails;
- Up to 30 times higher for homeless individuals; and
- Six times higher for individuals with serious mental illness (SMI).

The statistics contained in this section highlight the strong association between opioid abuse and violent crime, property crime, and recidivism.

⁴⁰ Bronson J., Jessica S, Stephanie Z, and Marcus B, “*Drug Use, Dependence, and Abuse Among State and Federal Prisoners and Jail Inmates, 2007-2009*,” BJS Special Report, June 2017, NCJ 250546.
<https://www.bjs.gov/content/pub/pdf/dudaspi0709.pdf>

⁴¹ Source: Massachusetts Department of Public Health, Office of Data Management and Outcomes Assessment, *Data Brief: Opioid-related Overdose Deaths among Massachusetts Residents*, Posted: May 2018. Accessed on May 23, 2018. <https://www.mass.gov/files/documents/2018/05/22/Opioid-related%20Overdose%20Deaths%20among%20MA%20Residents%20-%20May%202018.pdf>

⁴² Massachusetts Department of Public Health, *An Assessment of Opioid-Related Deaths in Massachusetts (2013-2014)*, September 2016.
<http://www.mass.gov/eohhs/gov/departments/dph/stop-addiction/chapter-55-overdose-assessment.html>

⁴³ Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Data Brief: Opioid-related Overdose Deaths among Massachusetts Residents*, Posted: February 2019. Accessed on March 25, 2019.
<https://www.mass.gov/files/documents/2019/02/12/Opioid-related-Overdose-Deaths-among-MA-Residents-February-2019.pdf>

⁴⁴ Commonwealth of Massachusetts, *Data Brief: An Assessment of Opioid-Related Overdoses in Massachusetts 2011-2015*, August 2017. (Data Brief: Chapter 55 Opioid Overdose Study-August 2017). Accessed May 18, 2018.
<https://www.mass.gov/files/documents/2017/08/31/legislative-report-chapter-55-aug-2017.pdf>

NUMBER OF PERSONS ARRESTED FOR DRUG ABUSE VIOLATIONS

The Federal Bureau of Investigation (FBI) reports the number of persons (all ages) arrested for drug abuse violations in Massachusetts in 2018 dropped from previous years.

In the ten-year period between 2009 and 2018, overall drug abuse violations fell 43% (Figure 15). The drop in 2018 is attributed to a 2008 Initiative Petition that replaced criminal penalties for possession of one ounce or less of marijuana with a new system of civil penalties, to be enforced by issuing citations and excluded these civil offenses from the state's criminal record information system.⁴⁵

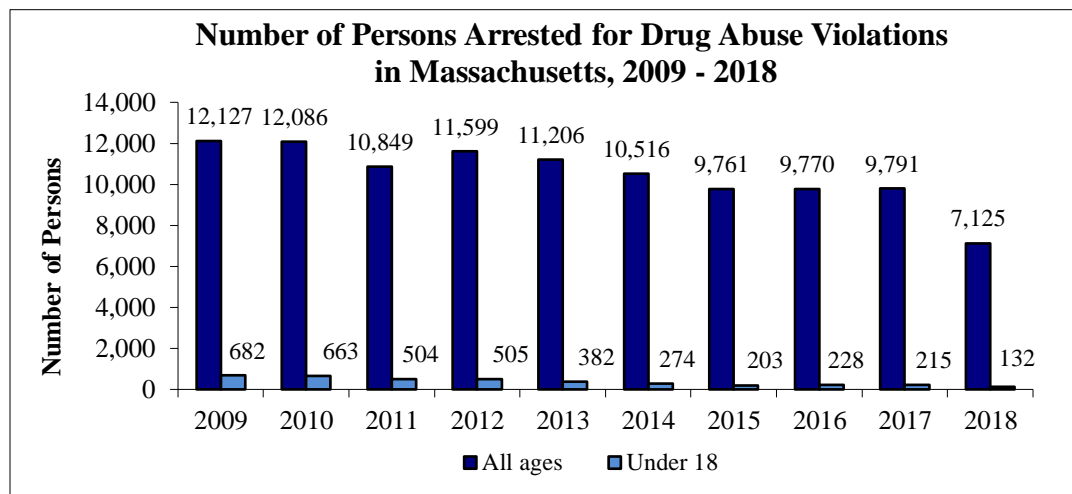


Figure 15. Source: FBI, UCR, 2007-2015, 2017-2018, Table 69; 2016, Table 22.

Likewise, there has been a dramatic shift in the number of young people arrested for drug offenses during this period. Peaking at 682 in 2009, the number of juveniles under the age of 18 arrested for drug offenses declined 81% by 2018. Despite the downward trend, there is still a critical need to support substance abuse programming in county and state correctional facilities. This is especially true given the waiting lists for substance abuse programming at many facilities. Funding must continue not only to support these programs, but also to accommodate those awaiting treatment in the Department of Correction (DOC) and Houses of Correction (HOC).

NUMBER OF NEW COURT COMMITMENTS FOR GOVERNING DRUG OFFENSES

The number of new court commitments to Massachusetts state and county correctional facilities for drug offenses fell from 3,209 in 2010 to 2,893 in 2014, a 10% decline (Figure 16).⁴⁶ In 2017, there was a 15% increase in DOC new court commitments for a governing drug offense from the previous year and a 10% drop in 2019. Overall, the ten-year trend analysis reflects a 45% drop in DOC new court commitments for a governing drug offense.

⁴⁵ <https://www.mass.gov/info-details/massachusetts-law-about-marijuana>

⁴⁶ New commitments for governing drug offenses to the county HOCs are obtained from the Massachusetts Sentencing Commission, *Survey of Sentencing Practices, SFY 2009 – SFY 2014*; however, data are not available for 2015 through 2019. As a result, it is not possible to extend the total number of new court commitments for a governing drug offense to both state and county trend analysis beyond 2014.

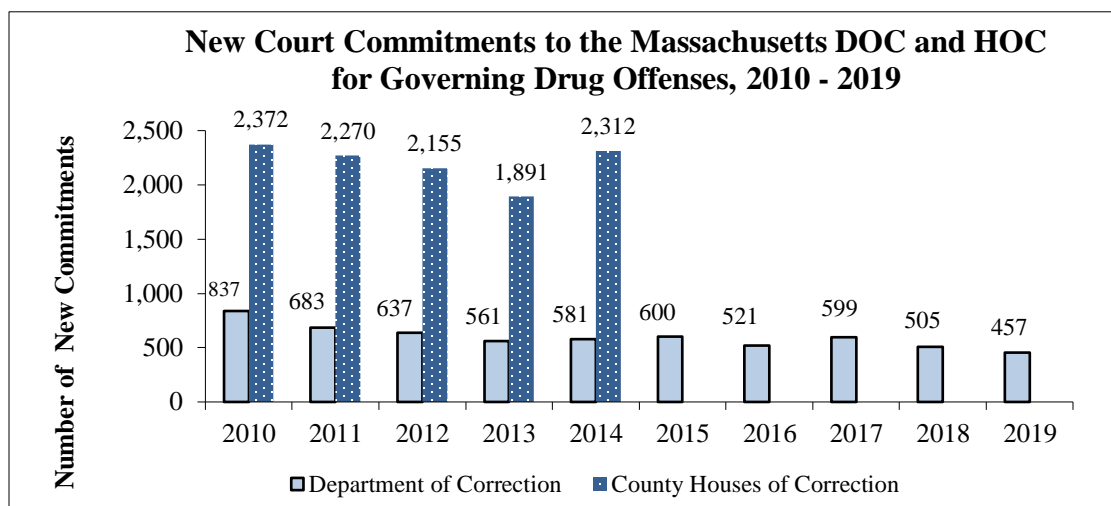


Figure 16. Source: Massachusetts Department of Correction, *Prison Population Trends, 2009 – 2019*, April 2020, Draft. Massachusetts Sentencing Commission, *Survey of Sentencing Practices, SFY 2009 – SFY 2014*.

Note: the Department of Correction data is calendar year and the Massachusetts Sentencing Commission is state fiscal year.

MASSACHUSETTS DOC PRISON POPULATION JANUARY 1, 2020

A report published by the Massachusetts DOC in April 2020, *Prison Population Trends, 2019* Draft, identified the following characteristics of the inmate population incarcerated for governing drug offenses on January 1, 2020:⁴⁷

- 561 males and 15 females were serving a governing mandatory drug sentence;
- 12% of the population serving a governing drug offense received a sentence of three years or more; and
- Drug offenses were the third most prevalent governing offense category for offenders (13%), surpassed by crimes against person offenses (57%) and sex offenses (16%).

The remaining governing offense categories other and property comprised 8% and 6%, respectively.

ALCOHOL AND SUBSTANCE ABUSE CIVIL COMMITMENTS

One of the three types of civil commitments⁴⁸ to the DOC is "Alcohol and Substance Abuse Commitments" to the Massachusetts Alcohol and Substance Abuse Center (MASAC).⁴⁹ MASAC provides detoxification and substance abuse treatment to males for a period up to 90

⁴⁷ MA DOC defines drug offenses as "offenses set forth in Massachusetts General Laws Chapter 94C, including offenses pertaining to the distribution or possession with intent to distribute, trafficking of drugs, and drug violations within proscribed distances from schools and parks". Massachusetts Department of Correction, *Prison Population Trends, 2017*, March 2018.

⁴⁸ Other two groups of civil commitments are "Mental Health Commitments" and "Sexually Dangerous Person Commitments".

⁴⁹ M.G.L. Chapter 123, Section 35 (i.e., Section 35's). Section 35's provide a mechanism for a family member, police officer, physician, or court official to petition for a person whose alcohol or drug use puts themselves or others at risk to be involuntarily committed for substance abuse treatment.

days. MASAC commitments comprised 63% of the civil commitments to the DOC in 2019, a decline from 70% in 2018. Table 10 below displays the number of Section 35 commitments beginning in 2010, and shows a 14.7% drop in 2019 over the previous year.⁵⁰

TABLE 10. CIVIL COMMITMENTS TO MASAC/MASAC AT PLYMOUTH⁵¹
2010 – 2019

Year	Number	% Change
2010	1,370	
2011	1,381	0.8%
2012	1,679	21.6%
2013	1,503	-10.5%
2014	1,705	13.4%
2015	2,126	24.7%
2016	2,459	16.0%
2017	2,237	-9.0%
2018	1,814	-18.9%
2019	1,548	-14.7%

Source: Massachusetts DOC, *Prison Population Trends, 2010-2019*.

SUBSTANCE ABUSE IMPACT ON INMATE RELEASES TO THE COMMUNITY AND RECIDIVISM⁵²

The DOC utilizes the COMPAS⁵³ Risk/Needs assessment to determine inmates' risk for recidivism and their programming needs. The assessment identifies the following areas: criminal history factors, criminal associates/peers, criminal attitudes, social environment, and needs assessment (e.g., substance abuse, financial, vocational/education). Properly assessing the risk and needs of offenders and providing the appropriate programming will help reduce recidivism.

Substance abuse treatment in correctional facilities is crucial to breaking the cycle of drug use and criminal involvement. Comprehensive intervention strategies enable inmates to participate in correctional programs designed to reduce recidivism and help prevent relapse upon release to their community. This is critical as many ex-offenders return to the same community in which they were living prior to incarceration.

According to the DOC, in 2019, Boston had the highest number of criminally sentenced inmates released to the community (451), followed by Springfield (169) (Table 11).

⁵⁰ While the number of criminally sentenced jurisdiction admissions have steadily declined from 2014 (3,152); 2015 (2,759); and 2016 (2,578), the civil commitments to MASAC have decreased for the last three years.

⁵¹ Detoxification & substance abuse treatment originally located at Southeastern Correctional Center (SECC). Upon closing of SECC and a mission change in 2002, these services were moved to MASAC on the grounds of the Bridgewater Complex. As of May 1, 2017 MASAC was relocated to the closed MCI-Plymouth facility.

⁵² A recidivist is defined by DOC research as any criminally sentenced inmate released to the community from MA DOC jurisdiction during 2014 who is re-incarcerated for a new sentence or violation of parole or probation to a Massachusetts state or county facility or to a federal facility within three years of his/her release.

⁵³ COMPAS [Criminal Offender Management Profiling for Alternative Sanctions] is a statistically based and validated risk assessment tool specifically designed to assess key risk and needs factors in correctional populations and to provide decision support for classification.

**TABLE 11. CRIMINALLY SENTENCED RELEASES TO THE COMMUNITY
BY TOP TEN MASSACHUSETTS CITIES, 2019**

City/Town	Number	Percentage
Boston	451	21%
Springfield	169	8%
Worcester	117	6%
New Bedford	75	4%
Brockton	74	4%
Lynn	64	3%
Fall River	57	3%
Lowell	57	3%
Lawrence	56	3%
Haverhill	40	2%

Source: Massachusetts DOC, *Prison Population Trends, 2019*, April 2020, Draft.

Note: Release address is self-reported by the inmate prior to release.

It is imperative that substance abuse treatment services in correctional facilities are provided with fidelity to yield meaningful reductions in drug use and recidivism. Substance abusing offenders who are untreated or receive substandard services have a higher propensity, than offenders treated with program fidelity, to relapse to substance abuse and criminal behavior. This can result in re-arrest and re-incarceration, jeopardizing public safety and public health.

The DOC offers substance abuse treatment programs at the institutions. Some, such as the Correctional Recovery Academy (CRA) are more intensive at targeting substance abuse and relapse prevention. For males with substance abuse identified as a need area, 23% participated in the CRA and 48% completed the program. This resulted in a 71% participation rate (sum of completed and participated).⁵⁴ To further support the need for substance abuse treatment and relapse prevention in a correctional setting, Massachusetts DOC three-year recidivism rates for 2015 releases to the community revealed:

- After serving time for drug offenses, 27% were re-incarcerated within 3 years for a new conviction, or a technical parole or probation violation; and
- The recidivism rate for those serving a mandatory minimum drug sentence was lower than for those serving a non-mandatory drug sentence (24% vs. 29%).⁵⁵

HEROIN AND OPIOID-RELATED DEATHS IN MASSACHUSETTS

The high heroin and opioid availability continues to affect the Commonwealth of Massachusetts as evidenced by an exponential increase in the number of heroin and opioid deaths over the ten year period. In 2019, the estimated count of opioid-related deaths was 2,023, confirming 1,543 (Figure 17). This is a 1.4% decline from 2017.

⁵⁴ Correctional Recovery Academy (CRA) is an intensive skill-based residential substance abuse treatment program located at four institutions. The CRA targets substance abuse and relapse prevention. The program utilizes rolling admissions and combines the elements of a therapeutic community's social learning approach with an advanced cognitive behavioral curriculum. Massachusetts Department of Correction, Classification, Programs, and Reentry, *Calendar Year 2017 Gap Analysis Report*, January 2018.

https://www.mass.gov/files/documents/2018/02/23/CY17_GAP_REPORT.pdf

⁵⁵ Source: Massachusetts Department of Correction, provided by email, March 27, 2020.

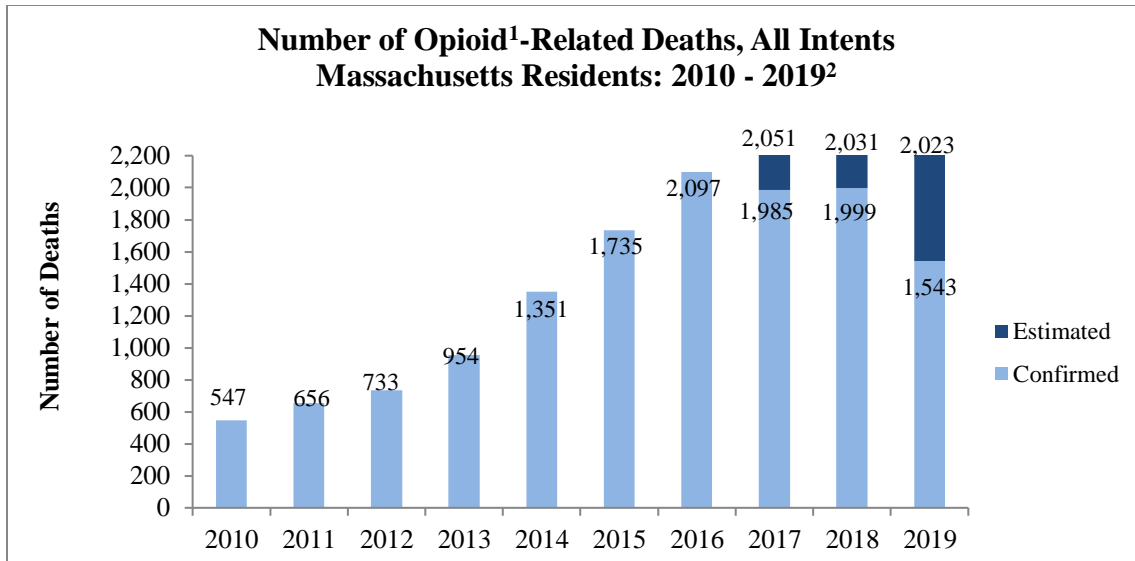


Figure 17. Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Data Brief: Opioid-related Overdose Deaths among Massachusetts Residents*, Posted: February 2020. Accessed on March 27, 2020.

<https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-february-2020/download>

¹Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids.

²The data contains both confirmed and estimated data through December 2019. A confirmed death is one in which the state medical examiner has certified a cause of death.

There was a 375% growth from the rate of 5.9 deaths per 100,000 residents in 2000, to 29.0 deaths per 100,000 residents in 2019. In 2019, the estimated rate of unintentional opioid-related overdose deaths is 29.0 deaths per 100,000 residents. The rate dropped from 30.5 deaths to 29.0 deaths from 2016 through 2019. (Figure 18).

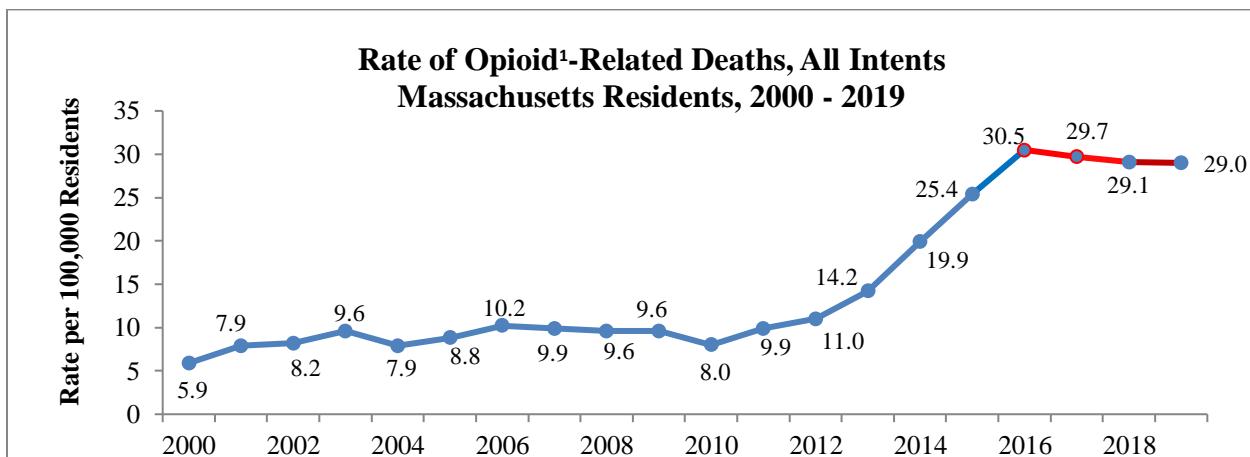


Figure 18. Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Data Brief: Opioid-Related Overdose Deaths among Massachusetts Residents*, Posted: February 2020. Accessed on March 27, 2020. <https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-february-2020/download>

¹Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids.

Tables 12 through 14 display demographic data from confirmed opioid-related overdose deaths from January 2019 to December 2019.⁵⁶ Almost three-quarters (74%) of persons who died from confirmed opioid-related deaths were male (Table 12).

**TABLE 12. CONFIRMED OPIOID¹-RELATED DEATHS, ALL INTENTS, BY GENDER:
JANUARY 2019 – DECEMBER 2019**

Gender	Number	Percent
Male	1,147	74%
Female	396	26%
Total	1,543	100%

Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Opioid-Related Overdose Deaths, All Intents, Massachusetts Residents, Demographic Data Highlights*, Posted: February 2020. Accessed on March 27, 2020.

<https://www.mass.gov/files/documents/2020/02/12/Opioid-related-Overdose-Deaths-Demographics-February-2020.pdf>

¹Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids.

Displayed in Table 13, over three-quarters (76%) of opioid-related deaths in 2019 occurred in the 25 – 54 age range. This age group accounts for only 9% of *all* deaths in the Commonwealth.

**TABLE 13. CONFIRMED OPIOID¹-RELATED DEATHS, ALL INTENTS
COMPARED TO ALL DEATHS BY AGE: JANUARY 2019 – DECEMBER 2019**

Age	0-14	15-24	25-34	35-44	45-54	55-64	65+	Total
All Deaths	335	376	1,125	1,413	2,798	6,325	44,871	57,243
Confirmed Opioid ¹ -Related Overdose Deaths, All Intents	1	87	444	391	345	228	47	1,543

Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Opioid-Related Overdose Deaths, All Intents, Massachusetts Residents, Demographic Data Highlights*, Posted: February 2020. Accessed on March 27, 2020.

<https://www.mass.gov/files/documents/2020/02/12/Opioid-related-Overdose-Deaths-Demographics-February-2020.pdf>

¹Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids.

White (non-Hispanic) individuals constituted 79% of the confirmed opioid-related deaths in 2019, compared with 88% for all deaths (Table 14).

⁵⁶ 2019 death data are preliminary and subject to updates. Case reviews of deaths are evaluated and updated on an ongoing basis. A large number of deaths have yet to be assigned final cause-of-death codes. The information presented in the report only includes confirmed cases. Data updated on 04/20/2018. Beginning with the May 2017 report, DPH started reporting opioid-related deaths for all intents, which includes unintentional/undetermined and suicide.

**TABLE 14. CONFIRMED OPIOID¹-RELATED DEATHS, ALL INTENTS
COMPARED TO ALL DEATHS BY RACE/ETHNICITY: JANUARY 2019 – DECEMBER 2019**

	White non- Hispanic	Black non- Hispanic	Asian non- Hispanic	Hispanic	Other/ Unknown	Total
All Deaths	50,317	2,643	1,239	2,448	598	57,245
Confirmed Opioid¹-Related Overdose Deaths, All Intents	1,225	87	10	199	22	1,543

Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Opioid-Related Overdose Deaths, All Intents, Massachusetts Residents, Demographic Data Highlights*, Posted: February 2020. Accessed on March 27, 2020.

<https://www.mass.gov/files/documents/2020/02/12/Opioid-related-Overdose-Deaths-Demographics-February-2020.pdf>^l

Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids.

Figure 19 displays the increases in confirmed opioid-related deaths for race and ethnicity between 2014 and 2018. White non-Hispanics experienced an increase in opioid-related deaths in 2018. The rates for Black non-Hispanic and Hispanic individuals show a decline in 2018; however, opioid-related death rates remain high.

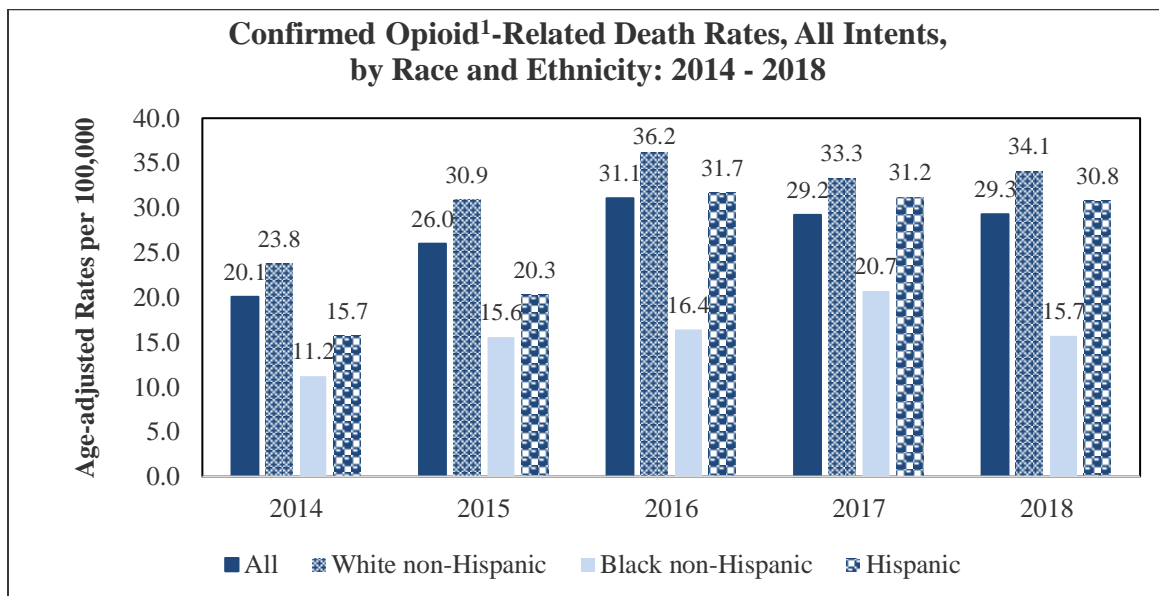


Figure 19. Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Data Brief: Opioid-Related Overdose Deaths, All Intents, Massachusetts Residents, Demographic Data Highlights*, Posted: February 2020. Accessed on March 27, 2020.

<https://www.mass.gov/files/documents/2020/02/12/Opioid-related-Overdose-Deaths-Demographics-February-2020.pdf>^l

Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids.

Nationally, heroin overdose deaths more than quadrupled between 2010 and 2015, and are predominantly high in the Northeast and Midwest.⁵⁷ From 2015 - 2016, Massachusetts in

⁵⁷ Source: Drug Enforcement Administration, *National Drug Threat Assessment, 2017*. October 2017. Online. Accessed May 17, 2018. Available: https://www.dea.gov/sites/default/files/2018-07/DIR-040-17_2017-NDTA.pdf

addition to two other states⁵⁸ experienced the highest death rate from synthetic opioids.⁵⁹ Synthetic opioids include fentanyl and carfentanil.⁶⁰ In comparison to synthetic opioids, heroin is deadlier because of high-purity and mixing with fentanyl and carfentanil, often without the user's knowledge. As previously noted in this analysis, in Massachusetts, there were 1,543 confirmed and 2,023 estimated opioid-related overdose deaths in 2019 in Massachusetts. While some cities and towns experienced a decline in opioid-related deaths in 2018 compared to 2017: notably Boston, Brockton, Lynn, Salem, Quincy, Weymouth, and Everett, others saw significant increases. Specifically, the cities of Springfield (92.9%), Holyoke (81.3%), Lawrence (24.0%), Lowell (23.7%), and Taunton (19.4%) had substantial increases in 2018 from the previous year (Table 15).

TABLE 15. NUMBER OF OPIOID¹-RELATED OVERDOSE DEATHS, ALL INTENTS BY THE TOP 15 MASSACHUSETTS CITIES/TOWNS² FFY 2014 – FFY 2018

City/Town	Number of Deaths					% Change FFY 17 - FFY 18	% of 2018 Total (n=2,066)
	FFY2014	FFY2015	FFY2016	FFY2017	FFY2018 ³		
Boston	167	230	260	279	245	-12.2%	11.9%
Worcester	86	122	109	119	134	12.6%	6.5%
Springfield	31	65	75	56	108	92.9%	5.2%
Lowell	53	67	78	59	73	23.7%	3.5%
Fall River	49	43	85	64	67	4.7%	3.2%
Lawrence	27	45	60	50	62	24.0%	3.0%
New Bedford	38	65	63	56	62	10.7%	3.0%
Brockton	45	88	69	71	51	-28.2%	2.5%
Lynn	42	42	45	65	48	-26.2%	2.3%
Taunton	23	18	44	31	37	19.4%	1.8%
Salem	21	27	29	40	36	-10.0%	1.7%
Quincy	39	43	36	37	35	-5.4%	1.7%
Weymouth	25	35	57	55	33	-40.0%	1.6%
Holyoke	14	13	13	16	29	81.3%	1.4%
Everett	35	43	40	34	28	-17.6%	1.4%

Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Number of Opioid¹-Related Overdose Deaths, All Intents by City/Town, 2014 – 2018*. Posted February 2020. Accessed on March 27, 2020. <https://www.mass.gov/files/documents/2020/02/12/Opioid-related-Overdose-Deaths-by-City-Town-February-2020.pdf>

¹Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids.

²Table 15 contains counts of opioid-related overdose deaths for all intents in the city/town of the death occurrence.

³The data includes all opioid-related overdoses due to difficulties in reporting heroin-associated overdoses separately. Many deaths related to heroin are not specifically coded as such due to the fast metabolism of heroin into morphine. Please note that 2017 and 2018 death data are preliminary and subject to updates. Case reviews of deaths are evaluated and updated on an ongoing basis. A large number of death certificates have yet to be assigned final cause-of-death codes. The information presented in this city/town table only includes confirmed cases. Data updated on 1/3/2020.

⁵⁸ The other two states are New Hampshire and West Virginia.

⁵⁹ Seth P, Lawrence S, R Rudd, S Bacon. *Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants — United States, 2015–2016*. Centers for Disease Control and Prevention, MMWR Morbidity and Mortality Weekly Report, March 30, 2018, Vol. 67 no.12: <https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6712a1-H.pdf>

⁶⁰ National Institute on Drug Abuse, Research on the Use and Misuse of Fentanyl and Other Synthetic Opioids, June 30, 2017. Online. Accessed June 5, 2018. <https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2017/research-use-misuse-fentanyl-other-synthetic-opioids>

The five following counties account for the highest number of opioid-related overdose deaths in 2018: Middlesex (17.9%), Essex (13.3%), Worcester (12.7%), Bristol (10.8%), and Suffolk (11.5%) (Table 16).

**Table 16. Number of Opioid¹-Related Overdose Deaths, All Intents by County
Massachusetts Residents: 2010 - 2018**

County	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total
Barnstable	20	19	24	43	53	67	81	67	71	445
Berkshire	4	9	16	22	29	32	35	28	40	218
Bristol	78	82	95	115	145	169	243	242	219	1,387
Dukes	0	0	0	1	5	7	3	2	4	22
Essex	49	57	93	119	205	230	273	310	277	1,618
Franklin	6	6	8	10	11	18	14	9	22	104
Hampden	48	45	59	69	64	98	129	114	208	834
Hampshire	12	10	11	30	26	16	36	28	37	207
Middlesex	94	130	118	152	272	337	399	355	325	2,183
Nantucket	1	0	0	0	1	1	2	3	1	9
Norfolk	58	64	70	82	125	162	212	168	170	1,112
Plymouth	38	67	57	86	109	172	188	205	153	1,074
Suffolk	63	85	90	110	144	195	238	255	217	1,400
Worcester	79	82	91	115	161	218	241	265	283	1,539
Total Deaths	547	656	733	954	1,351	1,723	2,094	2,054	2,032	12,155

Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Number of Opioid¹ Related Overdose Deaths, All Intents by County 2010 – 2018*. Posted February 2020. Accessed on March 27, 2020. <https://www.mass.gov/doc/opioid-related-overdose-deaths-by-county-february-2020/download>

¹Opioids include heroin, illicitly manufactured fentanyl, opioid-based prescription painkillers, and other unspecified opioids.

²Data for 2017 and 2018 deaths are preliminary and subject to updates. Case reviews of deaths are evaluated and updated on an ongoing basis. A large number of death certificates have yet to be assigned final cause-of-death codes. 2017 counts are based on the estimates rather than confirmed cases. Data updated on 1/3/2020.

³This report tracks all opioid-related overdoses due to difficulties in reporting heroin-associated overdoses separately. Many deaths related to heroin are not specifically coded as such due to the fast metabolism of heroin into morphine.

PRIORITY #5: COLLABORATIVE PROSECUTION AND PREVENTION PROGRAMS

Goal

Maintain the quantity and quality of investigations, prosecutions, services for victims of crime, and other District Attorney-based programs.

Purpose Areas Addressed

- Prosecution and court programs
- Prevention and education programs

Anticipated Activities

- Investigate, prosecute, and provide services to victims and witnesses of crime.
- Collaborate with local, state, and federal criminal justice agencies to share information with relevant criminal justice entities to ensure the successful prosecution and conviction of criminals.
- Maintain or implement programming to support prosecution and enhance public safety in their local jurisdictions.

Rationale

There are eleven elected District Attorneys and in Massachusetts and in 2018, they have a combined staff of 1,500 employees, including 785 prosecutors and 260 victim-witness advocates. In calendar year 2017, filed number of criminal and delinquency cases totaled 203,819.⁶¹ Assistant District Attorneys assigned to Superior Court prosecute most felony crimes, such as murder, rape, armed robbery and motor vehicle homicide in the Superior Courts in each county. They also present these cases to the Grand Jury for indictment. The Assistant District Attorneys assigned to the District Court handle the vast majority of cases that come before the District Courts and Juvenile Courts in each county. The arraignment of criminal charges takes place in District Court. Felony crimes are presented to the Grand Jury for indictment and tried in the Superior Court.

Many District Attorneys have a multitude of prosecution and prevention programs to help vulnerable populations comply with treatment plans, maintain sobriety, and resolve low-level cases with intervention rather than incarceration. District Attorneys may assign staff to the Mental Health Court, Drug Court, Homeless Court, and Veterans' Treatment Court, if available in their jurisdictions. Many prosecutors who try to balance the factors of punishment, deterrence, and rehabilitation and effectively serve the victim often provide the same consideration to youth in the juvenile justice system as well.

Many District Attorneys have pre-trial diversion programs for first-time, non-violent juvenile offenders. Juvenile diversion programs offer certain eligible juvenile offenders an alternative to formal prosecution. The program diverts select juveniles into the program prior to arraignment in court, protecting them from having a criminal record. Diversion programs provide the juvenile an opportunity to participate in remedial programs, receive counseling, and/or perform

⁶¹ Data received February 21, 2020 from the Administrative Office of the Trial Court, Boston Municipal Court, District Court, Juvenile Court, and Superior Court, FY 2019, Total Criminal Cases and Total Delinquency Cases.

community service in lieu of prosecution. The goal is to address the root causes of juvenile delinquency and to work with the juvenile to make better choices while also minimizing any life-altering negative consequences. The programs seek to treat juveniles not as criminals, but as children in need of aid, encouragement and guidance.

Statement of the Problem

While prosecution of crime is a District Attorney's primary function, the District Attorneys in Massachusetts also engage in prevention and intervention initiatives designed to enhance collaboration and services between the courts, service providers, victims and assailants. The following statistics clearly support the need for prevention and intervention initiatives by the District Attorneys with regard to youth violence and juvenile crime in Massachusetts.

A youthful offender is a person who is indicted and subjected to an adult and/or juvenile sentence for having committed an offense while between the ages of 14 and 18 which, if he/she were an adult, would be punishable by imprisonment in the state prison [i.e., felonies] and has:

- previously been committed to the Department of Youth Services (DYS); or
- committed an offense which involves the infliction or threat of serious bodily harm in violation of law; or
- committed a violation of [MGL, Chapter 269, §10(a)(c), (d), MGL, Chapter 269, §10E (firearm offenses)] (MGL, Chapter 119, §58).⁶²

In SFY 2019, 153 youthful offender cases were heard before the juvenile court involving young people between ages 14 and 18 (Figure 20). During the four years between 2010 and 2013, the number of youthful offender cases either stabilized or declined; however, subsequent to the raised age of juvenile court jurisdiction, the number of cases rose in SFY 2014. In SFY 2014 and 2015, the number of cases rose 50% and 43%, respectively, from the preceding year and leveled off in SFY 2016. In SFY 2017 and SFY 2018, youthful offender cases declined 31% and 9%, respectively. SFY 2019 saw an 11% increase in youthful offender cases. Males accounted for the overwhelming majority of individuals in cases seen before the Juvenile Court (94%),⁶³ not unlike the other data previously discussed in this analysis.

⁶² <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter119/Section52>

⁶³ Executive Office of the Trial Court, Department of Research and Planning, *Case Filings and Demographics of Selected Case Types*, February 21, 2020.

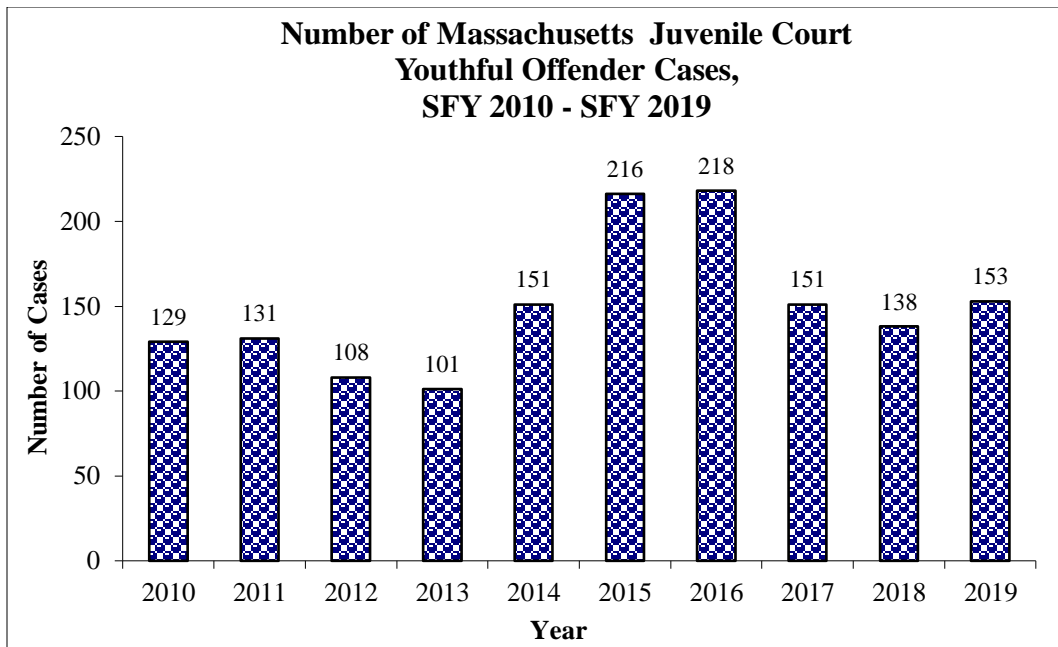


Figure 20. Executive Office of the Trial Court, Department of Research and Planning, *Case Filings and Demographics of Selected Case Types*, February 21, 2020.

Note: SFY 2012 data for Essex County Juvenile Court on the total number of youthful offender cases is unavailable and was therefore excluded from this analysis.

In Massachusetts and other states across the country, there are racial disparities in the juvenile justice system, referred to as “Disproportionate Minority Contact” (DMC)⁶⁴ or “Racial and Ethnic Disparities” (RED)⁶⁵. Examining the race/ethnicity of individuals charged as a youthful offender in SFY 2019, Hispanic youth account for 42% of the cases, followed by Black/African American youth (32%), White youth (17%), and Other (9%).⁶⁶ Figure 21 reflects that minority youth comprise the majority of youthful offender cases in many of the counties. This is especially true for the counties of Bristol (100%), Franklin/Hampshire (100%), Hampden (100%) and Suffolk (94%).

⁶⁴ <https://www.ojjdp.gov/programs/ProgSummary.asp?pi=18>

⁶⁵ <https://www.mass.gov/service-details/racial-and-ethnic-disparities-red>

⁶⁶ The race/ethnicity of individuals charged as Youthful Offenders is known in 149 of the 153 cases (97%).

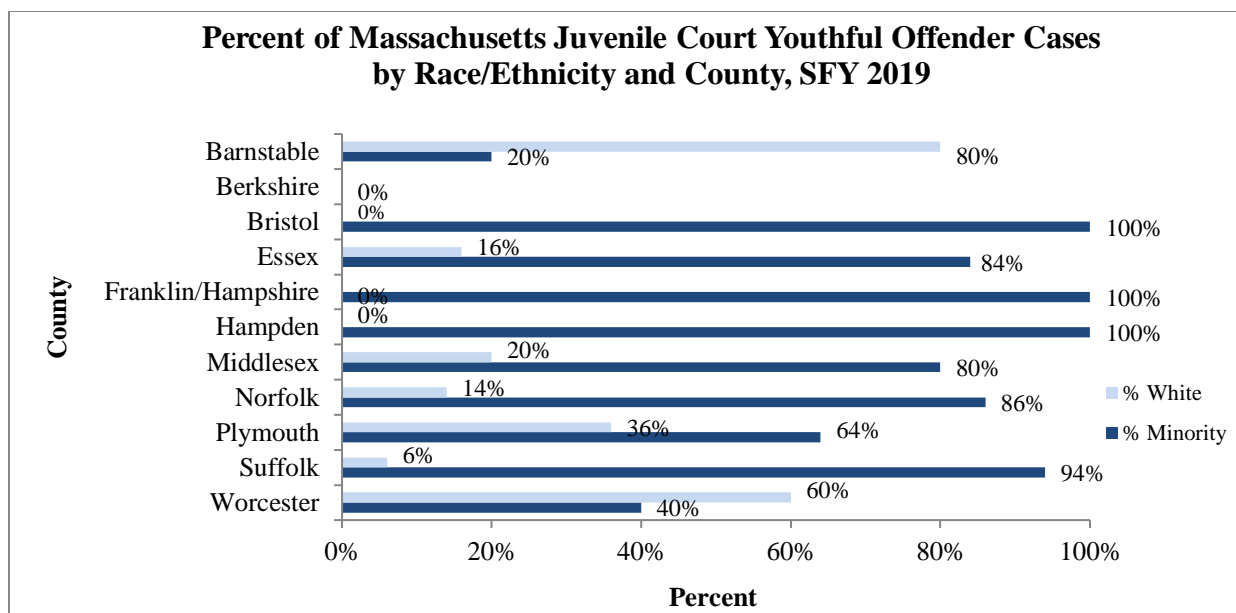


Figure 21. Executive Office of the Trial Court, Department of Research and Planning, *Case Filings and Demographics of Selected Case Types*, February 21, 2020

Note: Barnstable County includes the Town of Plymouth, and Dukes and Nantucket Counties.

Ideally, detention is for youth who are unlikely to appear in court if released or whom committed a serious offense and present a danger to others and the community. The Commonwealth is actively working to minimize the use of detention through the Juvenile Detention Alternatives Initiative (JDAI).⁶⁷ The four strategic goals are:

1. Reduce detention rates of low-risk youth;
2. Identify opportunities to reduce lengths of stay in detention through case processing reforms;
3. Reduce racial and ethnic disparities; and
4. Replicate JDAI with fidelity at the local level.

Despite the Commonwealth's efforts to minimize the use of detention through JDAI, many low-level offenders, who are often Hispanic and/or African-American, are placed in detention. Secure detention does more harm than good particularly for those youth who are held for minor or nonviolent offenses. Detention further impedes a youth's healthy development, educational progress, and is likely to result in increased criminal activity and recidivism.⁶⁸

For example, detained youth:

- Have a suicide rate 2-4 times that of youth in the community;
- Are 19% less likely to graduate than non-incarcerated youth;
- Are 13.5 times more likely to return to the juvenile justice system in the future; and

⁶⁷ *The Juvenile Detention Alternatives Initiative (JDAI) in Massachusetts works to ensure that "the right youth, is in the right place, for the right reasons."* Accessed on 5/20/20 <https://www.mass.gov/service-details/juvenile-detention-alternatives-initiative-jdai>

⁶⁸ The Annie E. Casey Foundation. *Juvenile Detention Alternatives Initiative Progress Report, 2014*. Accessed on 3/31/17 <http://cms.aecf.org/m/resourcedoc/aecf-2014JDAIProgressReport-2014.pdf#page=5>

- Are 3 times more likely to be committed than a youth who remained in the community pending the outcome of their case.⁶⁹

According to DYS, in 2019 there were 929 juveniles sent to pre-trial detention.⁷⁰ Worcester, Essex, and Suffolk counties have the largest number of youth held in pre-trial detention, accounting for over half (52%) of the DYS detainee population (Figure 22).

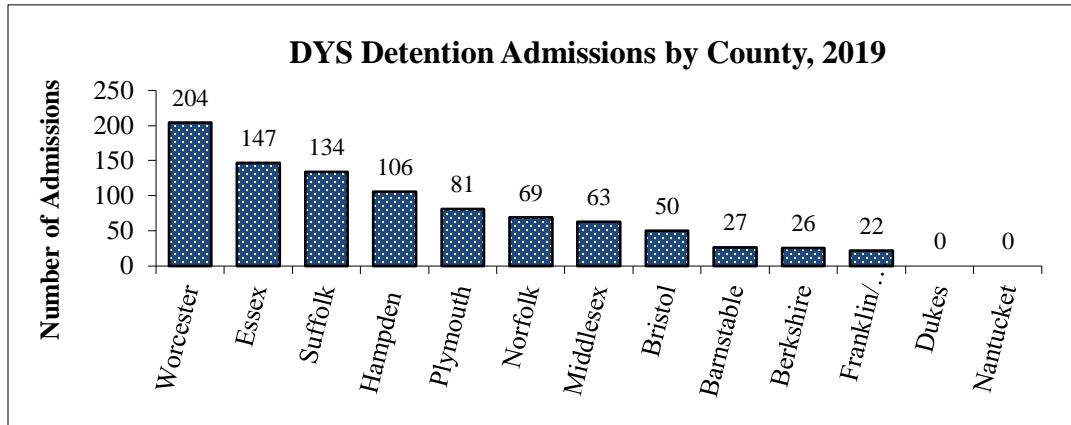


Figure 22. Massachusetts Department of Youth Services, 2019.

Similar to the DYS committed population, minority youth are also overrepresented in the 2019 DYS detainee population. Minority youth comprise over three-quarters (78%) of all DYS detentions, as follows: 43% Hispanic, 27% African American, 0.4% Asian, and 8% youth of some other race/ethnicity (Figure 23). The percentage of Hispanic and African American youth held in detention remained unchanged from 2018.

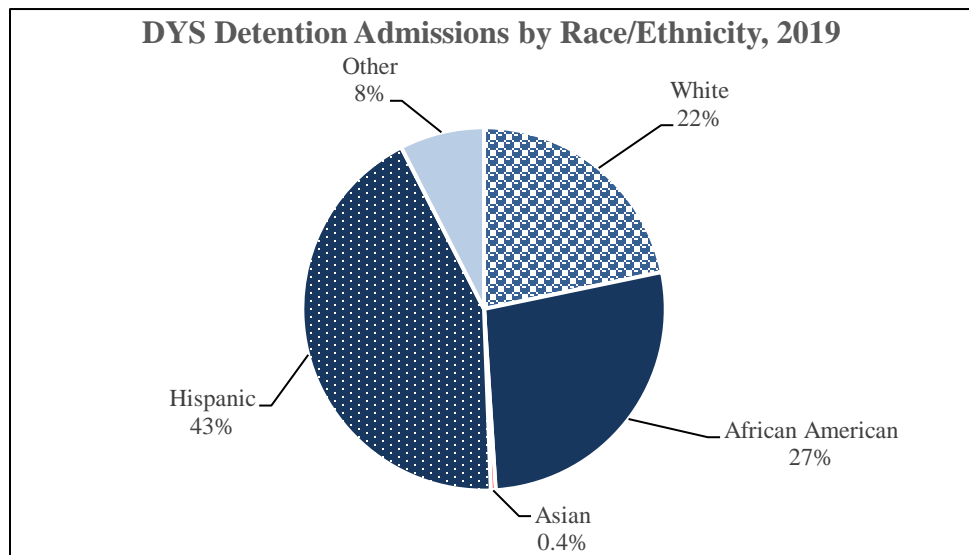


Figure 23. Massachusetts Department of Youth Services, 2019.

⁶⁹ JDAI Research and Policy Series, Detention: Research, Utilization and Trends, Accessed on 4/24/2018. <http://www.mass.gov/eohhs/docs/dys/jdai/dangers-of-detention-brief.pdf>

⁷⁰ Not including juveniles previously committed to DYS custody.

In 2019, there were 204 first time DYS commitments, and almost half (47%) are from Essex, Worcester, and Hampden counties (Figure 24).

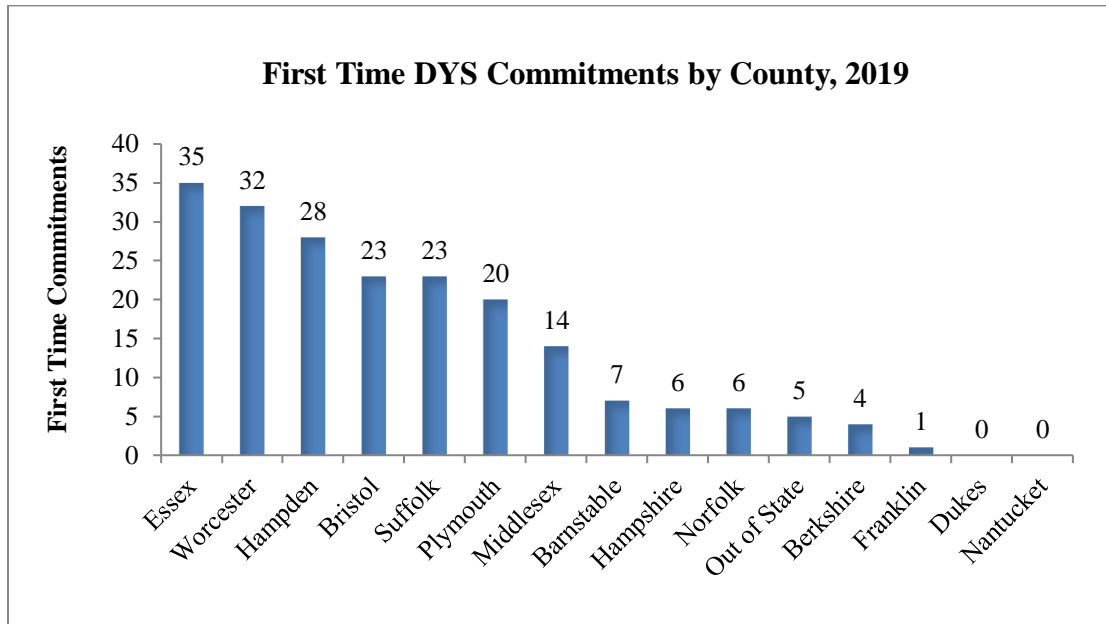


Figure 24. Massachusetts Department of Youth Services, 2019.

In 2019, three-quarters (79%) of new commitments to DYS are minority youth (Figure 25).

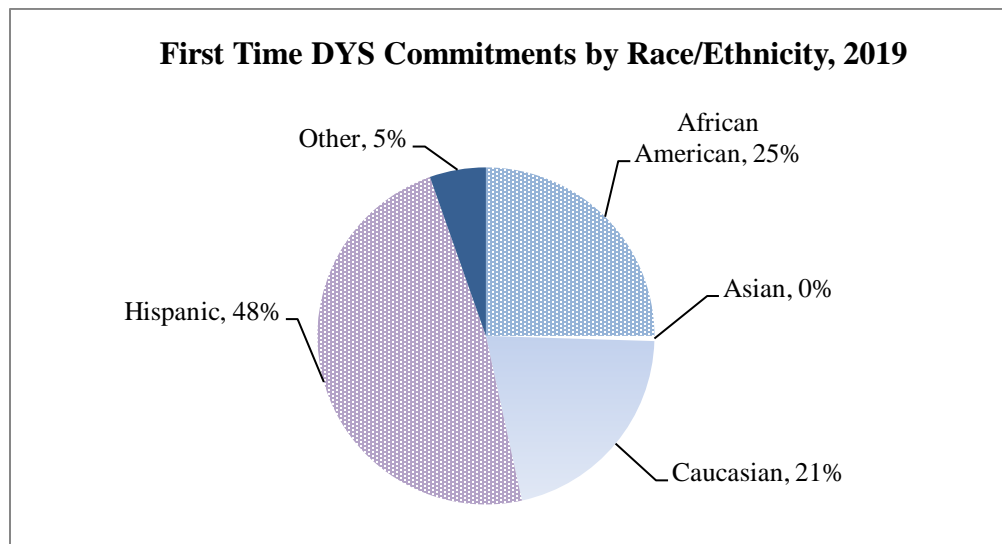


Figure 25. Massachusetts Department of Youth Services, 2019.

Delinquency cases are almost exclusively heard before the Juvenile Court but under the *Court Reorganization Act of 1992*, the Brookline and Gloucester District Courts retained jurisdiction over juvenile cases (MGL, Chapter 218, §57). In SFY 2019, there were 5,285 juvenile delinquency cases filed in Juvenile Court, marking a 77% decrease from the high of juvenile delinquency cases filed in SFY 2010, and a 33% reduction from the previous year (Figure 26).

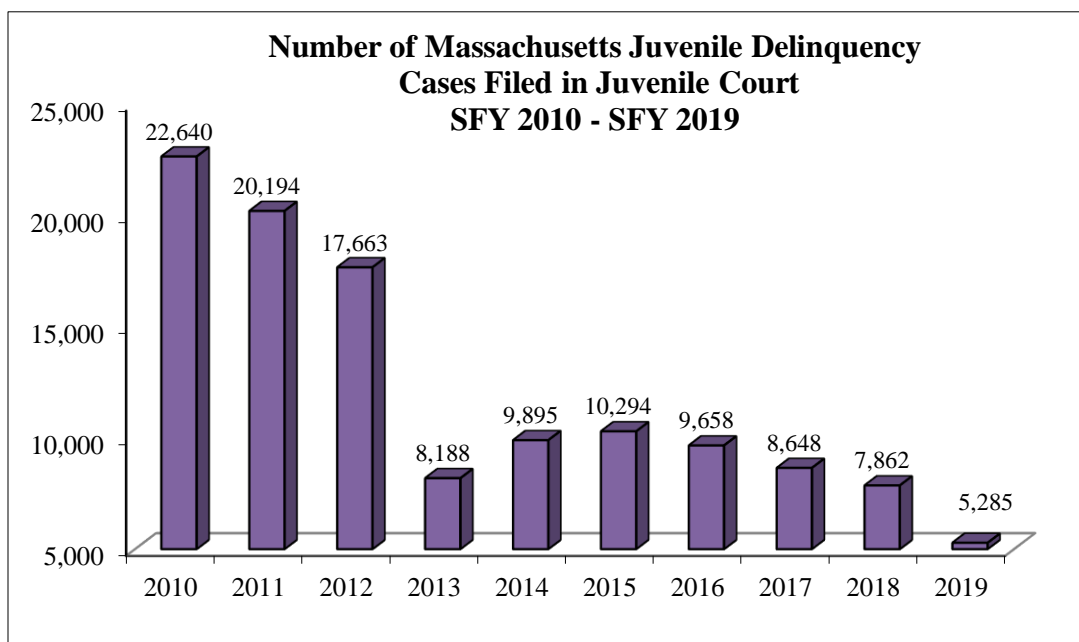


Figure 26. Executive Office of the Trial Court, Department of Research and Planning, Case Filings and Demographics of Selected Juvenile Case Types, February 21, 2020

Note: Data on the total number of delinquency cases before the Juvenile Court in SFY 2012 in both Essex County and Norfolk County is unavailable and excluded from this analysis.

PRIORITY #6: UTILIZING RESEARCH TO ASSESS THE EFFECTIVENESS OF JAG PROGRAMS

Goal

Improve the quality of programs funded by directing grant dollars to support evidence-based, promising and/or best practices proving greatest need.

Purpose Area(s) Addressed

- Planning, research, data collection, and program evaluation

Anticipated Activities

- Support research and evaluation relative to JAG-funded projects.
- Provide benchmarking for public safety agencies, designing and implementing effective performance measurement strategies.
- Support external research partnerships that use cutting-edge analytical methods to describe emergent crime problems and apply rigorous evaluation methods to assess innovative crime policy interventions.
- Award projects targeting current criminal justice issues facing Massachusetts.
- Prioritize funding for community based programs with the greatest public safety needs using risk indicators.

Rationale

The allocation of resources for this priority will help inform decision-making. Research and evaluation will help OGR assess the effectiveness of criminal justice and public safety programs, JAG-funded or otherwise.

Statement of the Problem

Utilizing research and data in strategic planning, applying for funding, and recommending funding of subgrantees is essential in the grant administration field. Without data, decisions would not be well informed and there would be no way of knowing if the problem is being addressed in the proper manner.

For this reason, OGR relies on RPAD to provide research and analysis for its myriad of federal and state grant programs, enabling OGR to make evidence-based decisions when it comes to recommending funding decisions to the Secretary and Governor. RPAD plays an essential role in the strategic planning process, as well as:

- Providing research and data expertise on criminal and juvenile justice initiatives for federal grant applications, OGR and Secretariat to advance the use of evidence-based decision-making.
- Supporting OGR's administration of JAG funding, through planning, evaluation and technology improvements in concert with the key purpose areas of sexual assault, technology, youth violence, and substance abuse. Primarily focus on JAG programs and state committees and commissions that influence JAG's work.

- Compiling data and analyze trends on crime and other risk indicators, in comparison with regional and national trends to determine JAG need areas and develop solutions. Analyses are included in grant applications submitted to the U.S. Department of Justice: (1) Three-Year Plan for Title II Formula Grant Program, (2) Edward Byrne Memorial Justice Assistance Grant (JAG) Program, (3) Residential Substance Abuse Treatment (RSAT) Program, and (4) Violence Against Women Act Program (VAWA).

ADDITIONAL ACTIVITIES:

- Participate in grant review teams for state and federal grant funding awarded by OGR.
- Contribute juvenile crime and victimization data for Juvenile Detention Alternatives Initiative (JDAI) dashboard and attend JDAI data subcommittee meetings.
- Educate program staff about opportunities to incorporate or strengthen evidence-based approaches (use of promising and evidence-based programs, implementation oversight, performance evaluation, program assessment, etc.), strongly encouraged by the U.S. Department of Justice and Bureau of Justice Statistics (BJS).
- Maintain databases and report on data to inform public safety and sexual assault programs.
- Offer technical assistance and expertise to develop new data collection systems or enhance ongoing collection processes.
- Participate in state and national committee and commission meetings that influence JAG's work, and regularly review criminal justice data to respond to requests as needed. For example, RPAD is equipped to respond to a request from a commission or committee about a specific interest or policy challenge. Using evidence and data to support the work of these bodies is critical to informed policy development. It is expected that RPAD will have input and responsibilities for the following entities: the Working Group for the Justice Reinvestment Initiative (coordinated by the Council for State Governments), and the annual Justice Research Statistics Association conference.

STRENGTHEN USE OF NATIONAL INCIDENT BASED REPORTING SYSTEM (NIBRS)

- Collaborate with staff at the Criminal Justice Training Council and EOPSS Legal division to respond to protocol and policy questions.
- Support police departments and Massachusetts Association of Crime Analysts to utilize NIBRS crime incident-based data and summary (UCR) arrest data for crime summaries and trends.
- Work with EOPSS Data Information Manager to develop an internal NIBRS database and public facing website that will enhance the efficiency and capacity to report on crime

trends, create customized reports, and monitor data quality and submissions by reporting agencies.

- Report data on violent crime to inform research, budgets, planning, and policy, such as the Shannon Community Safety Initiative (CSI) modeled after the OJJDP's Comprehensive Gang Model focused on regional and multi-disciplinary approaches to combat gang violence through coordinated prevention and intervention, law enforcement, prosecution, and reintegration programs.
- Write research briefs on violent and property crime trends, analyzing victim and offender demographics, city/town location of incidents, and per capita crime rates.

ANALYSIS

Like other states, the Commonwealth of Massachusetts must expand its knowledge base on what works in addressing serious crime and justice problems. Analysis plays a key role in the successful adoption of evidence-based policies within criminal justice agencies in two related ways.

First, analysis aids implementation by tailoring proven tactics and strategies to local contexts and operational environments. Crime problems and organizational capacities can vary in important ways across jurisdictions and the crime prevention potency of proven programs can be undermined if implementers are not responsive to salient differences. In turn, experimentation with evidence-based practices in varying settings contributes to our knowledge on the conditions and circumstances under which these interventions are successful in preventing crime.

Second, analysis can provide important descriptive evidence to guide and focus new approaches when police are faced with emergent crime issues and there is a lack of empirical evidence on effective strategies and tactics. Descriptive research evidence on crime problems provides criminal justice decision makers some much-needed information on innovative, and plausibly effective, ways to address new crime control challenges. Equally important, as new programs are launched to address evolving crime issues, scientific evidence must be developed to determine whether the implemented programs generated the desired outcomes.

The newly established Center on Crime and Community Resilience (CCR)⁷¹ at Northeastern University serves as the statewide partner to EOPSS to address persistent public safety problems. Northeastern University faculty and students work closely with government, non-profit, and community-based organizations to launch resilience-related initiatives that improve the safety and well-being of communities in the Commonwealth of Massachusetts. The development of a strong working relationship with EOPSS allows the CCR to leverage its established research excellence and credibility with local policy makers and practitioners to generate innovative policy lessons in partnership with US and international cities, and to help develop a new generation of researchers who are able to respond to crime policy needs.

⁷¹ <https://www.ccrresilience.org/>

ADDRESSING LAW ENFORCEMENTS CRITICAL NEEDS IN RESPONSE TO THE COVID-19 PANDEMIC

Statement of the Problem

Impact of COVID-19 on the Commonwealth of Massachusetts

On March 10, 2020, Governor Baker declared a State of Emergency in Massachusetts, one day before the World Health Organization formally declared COVID-19 a global pandemic. The coronavirus continues to spread at an alarming rate in Massachusetts and all over the world. Despite strong restrictions on our businesses, educational institutions, and the everyday lives of Massachusetts residents, the increase in those detected with COVID-19, and resulting deaths, continues to grow. March 20, 2020 marked the first death from COVID-19 in the state, which grew exponentially to 231 deaths in just 16 days. With increased testing, we see an exploding number of positive tests. On April 15, 2020, the number of confirmed cases reported was 29,918 and 1,108 deaths due to COVID-19. As of May 17, 2020, the number of confirmed cases are 86,010 and 5,797 deaths in Massachusetts due to COVID-19. Current projections estimate that the pandemic will result in 47,000 to 172,000 cases in the state of Massachusetts, representing between 0.7% to 2.5% of the state population.

With this pandemic comes increasing calls for emergency services, resulting in additional risks for first responders, law enforcement, and firefighters. Additionally, our prisons and jails incarcerate the most vulnerable populations; April 2, 2020 marked the first death of a Massachusetts state prisoner from COVID-19 with growing numbers of staff and inmates confirmed each day in the county and state correctional systems. Currently, the state's Supreme Judicial Court is considering an emergency release petition filed by the Massachusetts' Association of Criminal Defense Lawyers, Public Defender Agency, and American Civil Liberties Union. Potential early release of certain categories of pretrial and sentenced offenders would increase the need for additional law enforcement and community resources.

Impact on MA First Responders:

The pandemic is not immune to our law enforcement officers and is impacting Massachusetts police departments across the state with an estimated 250 officers from Boston to Taunton to Springfield testing positive for COVID-19 (as of April 21, 2020), according to the MA Major City Chiefs of Police Association. In the City of Chelsea, which has been one of the communities hardest hit, three officers have tested positive and more than a dozen have been quarantined.

The largest percentages of officers infected so far are in Taunton (15%), Pittsfield (7%) and Springfield (3%). The deadly virus has also hit hard in the City of Boston with a total of 73 officers infected, which equates to 3% of their force. Boston is where 29-year veteran officer Jose Fontanez was assigned. The 53-year-old was the first MA law enforcement officer to die from the virus in April 2020.

Equally hard hit are Massachusetts fire fighters. Sixty-one (61) firefighters in Massachusetts have tested positive for coronavirus as of April 17, 2020, according to The Professional Fire Firefighters of Massachusetts (PFFM); 2,646 firefighters have a documented exposure to COVID-19, 1,280 have been tested for the virus and 445 are under quarantine.

According to the PFFM, members testing positive for COVID-19 were up 53% in the previous 7 days. Members being tested for COVID-19 were up 34% in the previous 7 days and members exposed to the virus were up 28% in the previous 7 days. These numbers encompass 203 locals representing 11,131 members, which accounts for 98% of the union's membership.

On April 12, 2020, the Massachusetts Department of Correction (DOC) reported over 100 positive coronavirus cases among inmates, correctional officers and medical personnel. Across the state, 69 inmates were confirmed to have the virus, 28 correctional staff and 13 staff from contracted medical vendors. These numbers do not include 3 inmates who already died from this virus.

Personal protective equipment (PPE) refers to protective clothing, helmets, gloves, face shields, goggles, facemasks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness.

PPE is commonly used in health care settings such as hospitals, doctor's offices and clinical labs but also by first responders such as police and fire personnel. When used properly, PPE acts as a barrier between infectious materials such as viral and bacterial contaminants and one's skin, mouth, nose, or eyes (mucous membranes). The barrier has the potential to block transmission of contaminants from blood, body fluids, or respiratory secretions. PPE may also protect patients who are at high risk for contracting infections through a surgical procedure or who have a medical condition, such as, an immunodeficiency, from being exposed to substances or potentially infectious material brought in by visitors and healthcare workers. When used properly and with other infection control practices such as handwashing, using alcohol-based hand sanitizers, and covering coughs and sneezes, it minimizes the spread of infection from one person to another. Effective use of PPE includes properly removing and disposing of contaminated PPE to prevent exposing both the wearer and other people to infection.

PPE of all types are in great demand by our healthcare providers and first responders. There is also discussion underway about the need to stockpile PPE in preparation for another "surge" or "wave" of the virus in the fall and winter. The Commonwealth wants to be well positioned for such resurgence and have these critical items in place for its public safety agencies if/when this happens.

Currently the Massachusetts State Police is reporting the need for new uniforms for their uniformed personnel. The current uniforms require dry cleaning only and due to COVID-19, many dry cleaners are closed or operating on a part-time limited basis making it very difficult for law enforcement officers to clean their attire. This poses a health risk to not only the officers and the public, but also to their families who may be exposed to their uncleaned uniform that could contain traces of the coronavirus.

The MA DOC also has a great need for additional PPE. On April 12, 2020, the Massachusetts Department of Correction reported over 100 positive coronavirus cases among inmates, correctional officers and medical personnel. Across the state, 69 inmates were confirmed to have the virus, 28 staff and 13 staff from contracted medical vendors. These numbers do not include 3 inmates who already died from this virus.

B. Project Design and Implementation

As part of this statewide planning effort, OGR invited a wide variety of stakeholders to become members of the JAG Strategic Planning Committee to assist in the design and implementation of the Commonwealth's FFY19-24 JAG Strategic Plan. This Committee includes stakeholders from throughout the criminal justice system, including law enforcement, prosecutors, providers of indigent defense services, judges, corrections personnel, victim services, juvenile justice and delinquency prevention programs, community corrections and reentry services.

The overall goal of the JAG strategic planning process was to set the state's priorities, coordinate efforts, and determine funding allocations within JAG. In order to do this, OGR also identified funding administered not only by OGR, but also the Executive Office of Health and Human Services (EOHHS), Office of Attorney General for Massachusetts, and The United States Attorney's Office for the District of Massachusetts. Grants identified, but not limited to:

- Project Safe Neighborhoods (PSN)
- Sexual Assault Kit Initiative (SAKI)
- Victims of Crime Act (VOCA)
- Adam Walsh Act Implementation Program (AWA)
- National Criminal History Improvement Program (NCHIP)
- Safe and Successful Youth Initiative (SSYI)
- Title II Formula Grant Program
- National Highway Traffic Safety Administration (NHTSA) Grant
- NICS Act Record Improvement program (NARIP)
- Residential Substance Abuse Treatment (RSAT)
- Violence Against Women Act (VAWA)

Due to the research and collaboration we engaged in during our strategic planning process, we are able to identify priority areas for our JAG funds that will not duplicate efforts from the initiatives and agencies listed above. If anything, some of our JAG funded initiatives will complement those initiatives.

Byrne JAG Stakeholder Survey Development/Methodology

OGR's RPAD developed a survey to capture information from traditional and non-traditional partners across the state to inform the strategic planning effort. The survey aimed to provide additional input and assist the SAA with: 1) prioritizing Byrne Justice Assistance Grant purpose areas for funding, 2) prioritizing initiatives within the eight JAG purpose areas, and 3) understanding respondents' experiences with previous JAG funding.⁷²

⁷² The Massachusetts stakeholder survey draws heavily from these sources:

National Criminal Justice Association, *2018 Byrne JAG Strategic Planning Stakeholder Survey: A Report to the Kansas Governor's Grant Office*. L. Sampson (personal communication, Feb 11, 2019). The Indiana Criminal Justice Institute Research and Planning Division. *Edward Byrne Memorial Justice Assistance Grant (JAG) Program Indiana Strategic Plan 2017-2010*. Accessed on 2/11/19
https://www.in.gov/cji/files/2016_JAG_Strategic_Plan_Final.pdf

Given that a person's role and geography in the criminal justice system likely influences funding priorities, the survey was designed to capture information from each respondent about their agency's function within the criminal justice system and agency service area. This allows us to view results across a number of groups and dimensions, thus enhancing our understanding of the survey responses.

OGR launched the survey on February 25, 2019. An introductory email with a link to the survey was distributed to the following agencies/entities in Massachusetts:

- Executive Office of the Trial Court
- Supreme Judicial Court
- Juvenile Detention Alternatives Initiative (JDAI) within the Executive Office of Health and Human Services
- Committee for Public Counsel Services
- Department of Correction
- Department of Youth Services
- District Attorneys Association
- Parole Board
- Probation Services and their Office of Community Corrections
- Sheriffs' Association
- North American Indian Center of Boston
- Chiefs of municipal and state police departments
- Massachusetts Association of Crime Analysts
- Juvenile Justice Advisory Committee
- Community Resources for Justice, and
- Massachusetts Institute for a New Commonwealth.

OGR grant managers emailed the survey introduction and link to contacts for a variety of grant programs including:

- JAG
- Traffic Enforcement and STEP (Sustained Traffic Enforcement)
- Shannon Community Safety Initiative
- Residential Substance Abuse Treatment program
- Bulletproof Vest Program
- Municipal Public Safety Staffing Grant (MUNI)
- Homeland Security Advisory Councils (HSAC)

OGR strived to reach survey respondents that were not directly solicited through our email distribution and contact lists through snowball sampling, (asking survey recipients to pass along the survey link to others in their field). The survey and its results can be found in the 2019-2024 Strategic Plan.

C. Capabilities and Competencies

OGR is engaged in numerous activities that promote multi-agency collaboration and program coordination relative to the JAG Program. These collaborations range from partnerships with other federal, state, and local criminal justice agencies and coordination with state and federal grant programs. The following are a few examples of ongoing coordination efforts in which OGR participates:

- Special Commission to Study the Criminal Justice System;
- Pediatric Sexual Assault Nurse Examiner (Pedi-SANE) Advisory Committee;
- Governor's Council to Address Sexual Assault and Domestic Violence;
- Violence Against Women Act Advisory Committee;
- Massachusetts Chiefs of Police Association;
- Massachusetts Sheriffs' Association;
- Massachusetts District Attorney Association;
- Juvenile Detention Alternatives Initiative;
- Governor's Juvenile Justice Advisory Committee (OJJDP State Advisory Group).

The above collaborations, as well as many more not listed, are part of a much larger strategic plan that results in the funding and implementation of evidence-based, proven effective programs throughout the State of Massachusetts. Each program addresses a specific need and fills gaps for the types of services identified through this immense collaborative effort.

By fostering collaboration and program coordination, and through a combination of state and federal funding, OGR provides a comprehensive portfolio of grant programs for which public and private agencies and municipalities may apply. A primary example of this is the legislatively mandated and funded anti-gang, youth violence grant, Charles E. Shannon Jr. Community Safety Initiative (Shannon Grant), which has awarded approximately \$80 million to local communities and research partners since state fiscal year 2009. In order to combat youth violence, the grant requires collaborative relationships be developed and strengthened among police, prosecutors, human service agencies, and community service providers.

As the SAA for numerous federal and state grant initiatives, OGR personnel are well versed in the strategic planning process and the funding of evidence-based programs that have been implemented successfully over many years by JAG, VAWA, and RSAT subgrantees as well as State funded Shannon grantees.

D. Collecting and Submitting Performance Measurement Data

Through effective monitoring and evaluation, the JAG Program in Massachusetts aims to support both proven and innovative public safety projects to protect its citizens and improve the quality of life in the Commonwealth. Sub-recipients are required to report quarterly on programmatic progress and financial expenditures. In addition, the required performance metrics are reported quarterly by sub-recipients using the BJA Performance Measurement Tool.

The goal of the JAG Quarterly Progress Report is to understand the progress made by each organization receiving funding and to maximize the potential of JAG funded projects. The following definitions of Goals, Objectives, Activities, Collaborations, Performance Measures, Implementation Accomplishments and Successes, and Implementation Challenges are designed to help sub-recipients as they complete the following information on their JAG project.

Goals: statements of project intentions and desired outcomes.

Objectives: the intermediate effects to be achieved by the program in pursuing the goals. They are the steps that need to be taken to reach a goal. There are usually several objectives for any single goal. Objectives should be specific, measurable, action-oriented, realistic, and time-specific.

Activities: action-oriented operations. They are the steps through which objectives are achieved and programs are carried out. Multiple activities typically are required to accomplish a single objective.

Collaborations: describes all organizations and entities a sub-grantee will be in contact with or have formed partnerships with that will assist in meeting goals and objectives.

Performance Measures: explicit *quantitative* measures that indicate to what extent project goals are being met. Each of the goals will require at least one performance measure. Sub-recipients will provide dates and numbers whenever possible.

Implementation Accomplishments and Successes: accomplishments and successes that may or may not be contained in the performance measure data spreadsheet.

Implementation Challenges: any problems that may have arisen that hindered the completion of a project activity and delayed overall project schedule.

Quarterly Financial Reports consist of an excel file which includes five components, including the instructions and separate forms to be used for providing financial details, financial reports, tracking year-to-date expenditures, and requesting adjustments (e.g., budget revisions and grant period extensions).

All JAG funded programs support the overall goal to improve public safety and the quality of life in Massachusetts. OGR is currently managing contracts to sub-recipients which support programs that focus on youth violence prevention, smart policing, gangs, substance abuse,

reentry, victims of domestic violence and sexual assault, technology, and research. It is anticipated that JAG funding will continue to support evidence-based, innovative, and promising programs and practices statewide. More detailed processes for allocating FFY21 JAG funds are being developed now and will be implemented in the beginning in the fall/winter of 2021 upon receipt of the federal funds.

Conclusion

The Commonwealth, through OGR, continues to engage in numerous activities designed to promote multi-agency collaboration and program coordination to address JAG priorities. By fostering collaboration and program coordination, OGR provides a comprehensive portfolio of grant programs. Annually, several million dollars in federal and state funds are disbursed statewide for public safety and criminal justice-related purposes.

Some of our more recent and effective federal and state funded programs are/were:

- Local Law Enforcement Equipment and Technology Grant
- Heroin and Opioid Initiative for State Agencies & Local Units of Government
- Buyer Diversion Grant Program
- Gateway Cities Grant Program
- Shannon CSI
- Municipal Police Staffing Grant
- Bulletproof Vest Program
- Summer Youth Day Program

In order to best serve the constituents of Massachusetts, EOPSS and OGR work in partnership with numerous state and local agencies to address widespread public safety concerns that impact the Commonwealth.

Throughout the entire planning process members, of the committee were fully vested in identifying and approving the State's priorities for JAG funding. This involved numerous hours reviewing and interpreting data, analyzing the summary results of the survey (see FY2019-2024 MA Strategic Plan's Appendix B), researching existing programs and identifying gaps in service, and providing OGR with comments and suggestions when reviewing the draft plan. Stakeholders were engaged from start to finish, providing valuable time, resources and expertise to the formulation and completion of the strategic plan. Thanks to the invaluable contributions by the committee members, Massachusetts has put forward a strategic plan that will provide funding to the identified priority areas that will have the largest impact on the issues the Commonwealth is facing.