

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



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

Federal Fiscal Year 2022 Massachusetts Application

**Charles D. Baker
Governor**

**Karyn E. Polito
Lieutenant Governor**

**Terrance M. Reidy
Secretary**

**Kevin J. Stanton
Executive Director**

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I. Program Narrative/Strategic Plan

A. Description of the Issue/Priorities and Programs

Massachusetts intends to utilize FFY 2022 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, and a minor decline in 2017.² Gang membership was not reported in 2019. 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 2020, a combined total of 2,594 homicides, robberies, and aggravated assaults in Massachusetts involved the use of firearms. This figure represents a 2% rise from the prior year and a 33% decrease from the peak of 3,873 offenses in 2013 (Figure 1).

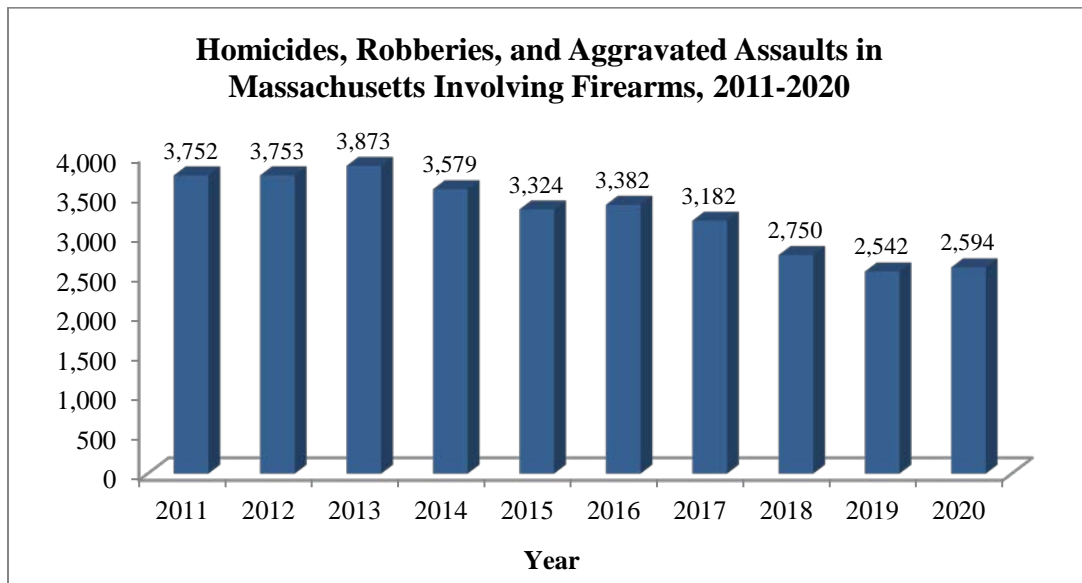


Figure 1. Source: FBI UCR, Table #20 (Murder, by State, Types of Weapons), Table #21 (Robbery, by State, Types of Weapons), and Table #22 (Aggravated Assault, by State, Types of Weapons). , Crime Data Explorer (CDE) 2020 (Crime in the United States by State). Accessed 7/27/2022. [CDE :: Crime \(cloud.gov\)](https://crime.cloud.gov)

YOUTH VIOLENCE AND GANG VIOLENCE

Juvenile Part I Arrest Rates

The eight offenses that comprise Part I Crimes or Index Crimes – criminal homicide, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft, and arson – are the most serious offenses against persons and property tracked by the Federal Bureau of Investigation (FBI). For the past ten years, Massachusetts' Part I juvenile arrest rate⁴ was less than half that of the national rate⁵, and rates for the nation and the Commonwealth have steadily declined since 2010. In the past ten years, the national rate of juvenile arrests for Part I crimes fell 63%, while the rate within Massachusetts during the same time frame dropped 72% (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.

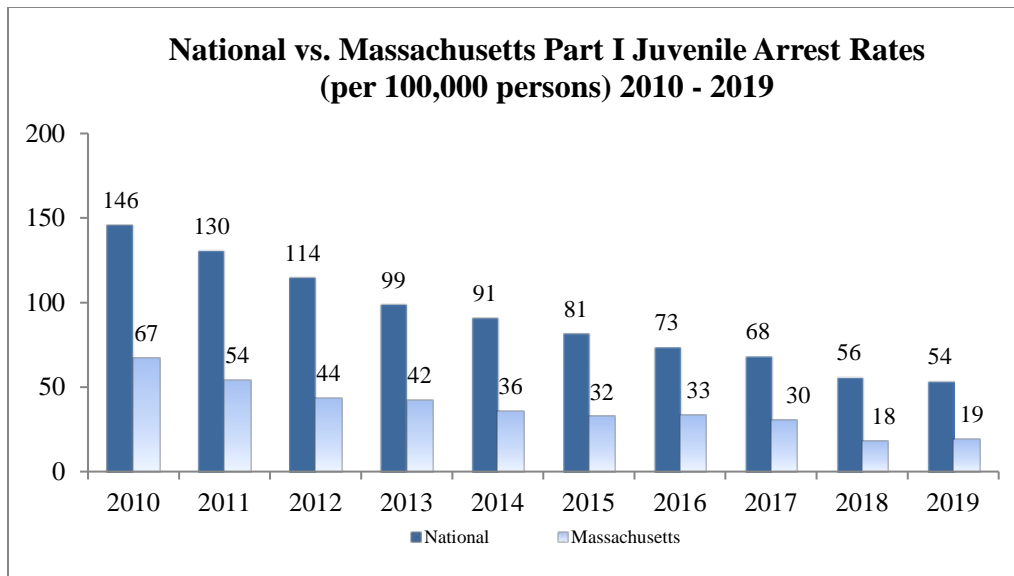


Figure 2. Source: FBI, UCR, 2007-2015, 2017-2018, Table 41 and 2016, Table 20 (National data) and 2007-2015, 2017-2019, Table 69 and 2016, Table 22 (MA data).

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 except for the last two years. In 2018 and 2019, the Massachusetts aggravated assault arrest rate was lower than the national rate.

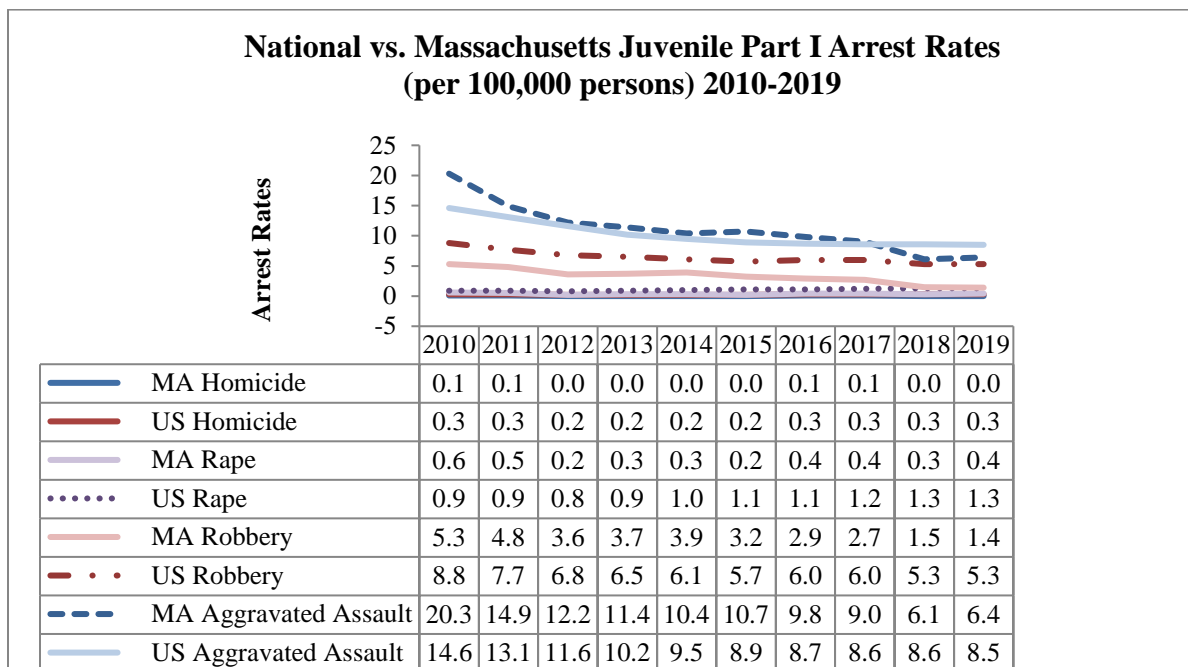


Figure 3. Source: FBI, UCR, 2007-2015, 2019 Table 41 and 2016, 2017-2018, Table 20 (National data) and 2007-2015, 2017-2019, Table 69 and 2016, Table 22 (MA data).

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 2019 *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 2009 through 2019:

- 16% of high school students reported being bullied at school in the past year – a slight increase from 2017;
- 5% of high school students fought on school property in the past year – a slight decrease since 2013;
- 5% skipped school because they felt unsafe in the past month – remaining static from 2015;
- 2% of students reported carrying a gun on school property in the past month – a slight decrease making the percentage the lowest across the data; and
- 5% reported being injured or threatened with a weapon at school in the past year – unchanged from 2017.

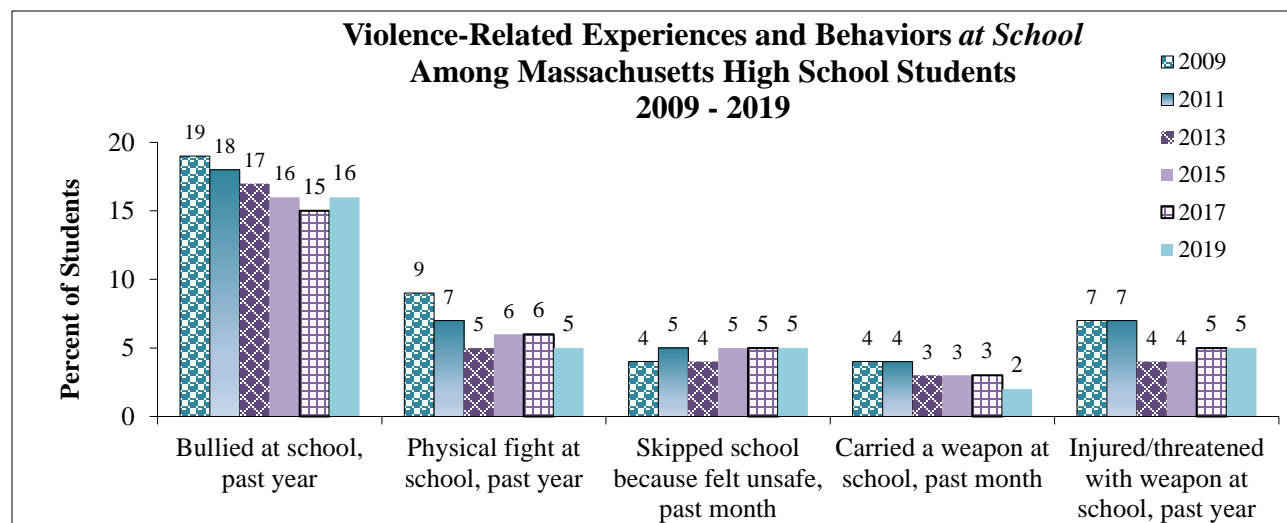


Figure 4. Centers for Disease Control and Prevention (CDC), *Massachusetts Youth Risk Behavior Surveillance System (MYRBSS)*, 2019

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 2009 to 2019. 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 2019:

⁶ Centers for Disease Control and Prevention, *Massachusetts Youth Risk Behavior Surveillance System*, 2019.
<https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm>

- 18% of students reported having been involved in a fight in the past year – the same as 2017;
- 10% carried a weapon in the past 30 days – continuing to decrease since 2015, making this year the lowest statistic;
- Gang membership was not captured in the 2019 survey; and
- 3% carried a gun within the past 30 days – remaining level since 2011.

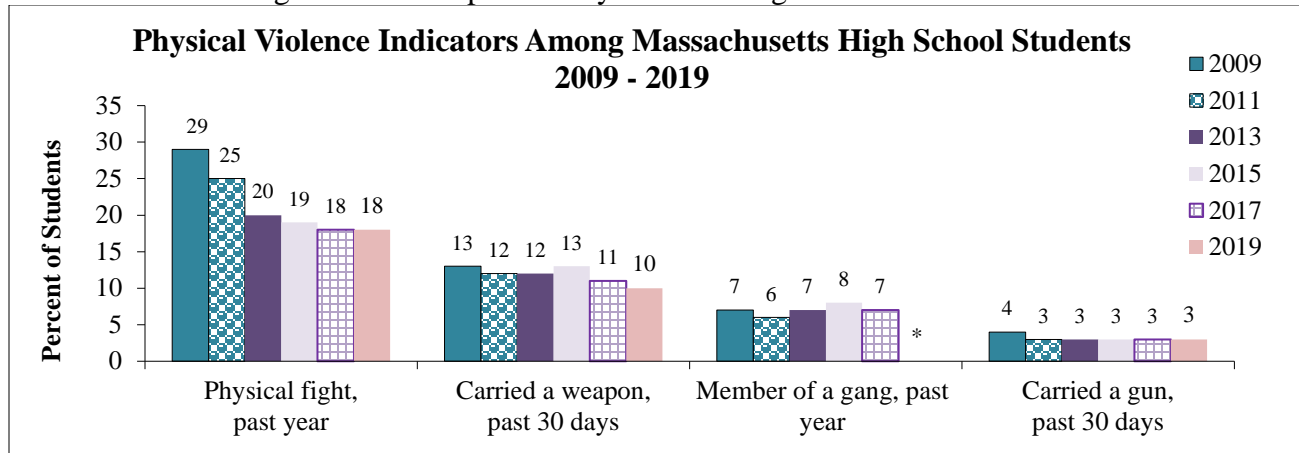


Figure 5. CDC, Massachusetts Youth Risk Behavior Surveillance System (MYRBSS), 2019

*Question not asked in 2019.

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

- 15% of male students and 5% of female students reported carrying a weapon in the past 30 days;
- 5% of males and 1% of females reported carrying a gun in the past year;
- 23% of males and 11% of females reported being in a physical fight in the past year; and
- 7% of both male and female students experienced physical dating violence.

Additional results from high school students who responded to the 2019 survey revealed: 14% reported being a victim of cyber bullying; 7% experienced physical dating violence; 6% experienced sexual dating violence; and 10% were forced to have sexual intercourse (Figure 6).

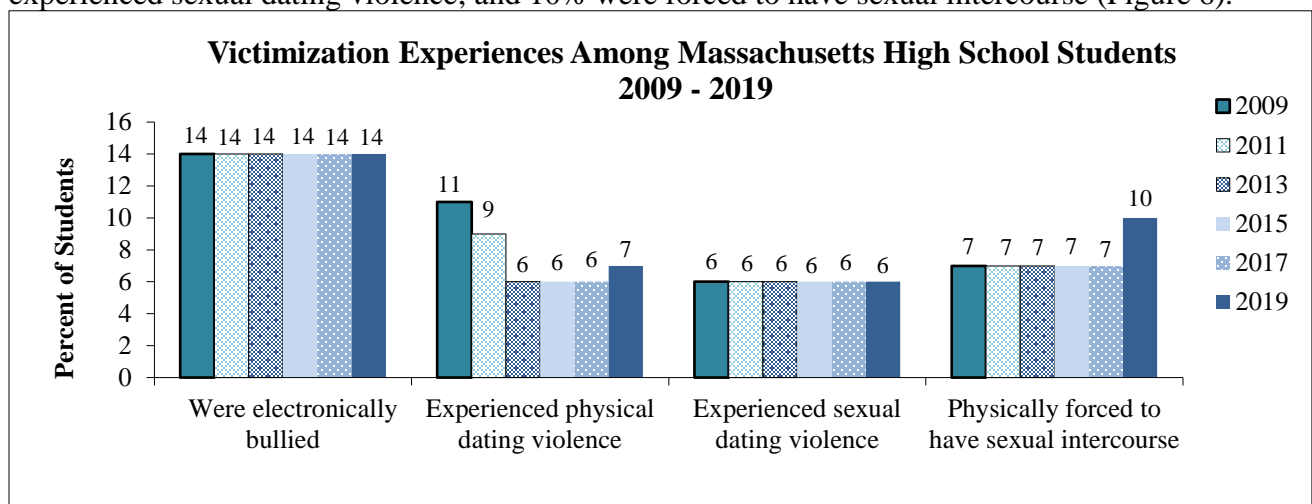


Figure 6. CDC, Massachusetts Youth Risk Behavior Surveillance System (MYRBSS), 2019

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.⁷

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 2020, an estimated 1,215,800 prisoners were under state or federal

⁷ 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 15% reduction from 2019.⁸ According to BJS, 3,890,400 offenders were under community supervision by the end of 2020, a decline of 9.5%. Among all adult U.S. residents, 1 in 66 were supervised in the community.⁹

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."¹⁰ In 2018, a 9-year follow-up on recidivism¹¹ 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.¹²

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.

⁸ Carson, E. Ann Carson, "Prisoners in 2020," BJS Bulletin, December 2021, NCJ 302776.

[Prisoners in 2020 – Statistical Tables \(ojp.gov\)](https://www.ojp.gov/bjs/statistics/prisoners-in-2020)

⁹ Kaeble, Danielle, and Mariel Alper Ph.D., "Probation and Parole in the United States, 2020," BJS Bulletin, December 2021, NCJ 03102. [Probation and Parole in the United States, 2020 | Bureau of Justice Statistics \(ojp.gov\)](https://www.ojp.gov/bjs/statistics/probation-and-parole-in-the-united-states-2020) National Institute of Justice. Online. Available:

¹⁰Online. Available: <https://www.nij.gov/topics/corrections/recidivism/pages/welcome.aspx>

¹¹ 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.

¹² 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 ^a	71%
Department of Youth Services	77%

^a Discharges and Paroles

^b Parolees released from the Department of Correction and 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 2020, 1,925 prisoners were released to the community, of which 1,054 (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 (330), followed by Springfield (171) and Brockton (100).

TABLE 2. CRIMINALLY SENTENCED JURISDICTION RELEASES TO THE COMMUNITY BY TOP TEN MASSACHUSETTS CITIES, 2020 ^a

CITY	NUMBER	PERCENTAGE
Boston	330	17.1%
Springfield	171	8.8%
Brockton	100	5.2%
New Bedford	99	5.1%
Worcester	89	4.6%
Fall River	64	3.3%
Lawrence	57	3.9%
Lynn	53	2.8%
Lowell	47	2.4%
Taunton	44	2.3%

^a Percentage based on 1,925 total releases to the community.

Source: Massachusetts DOC. “*Prison Population Trends 2020*”, May 2021.

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

Between 2011 and 2020, there was a 73% 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). The low number of releases from prison 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.¹³ In 2020 compared to the previous year, there was a decline of 57% and 15% in DOC admissions and releases, respectively.

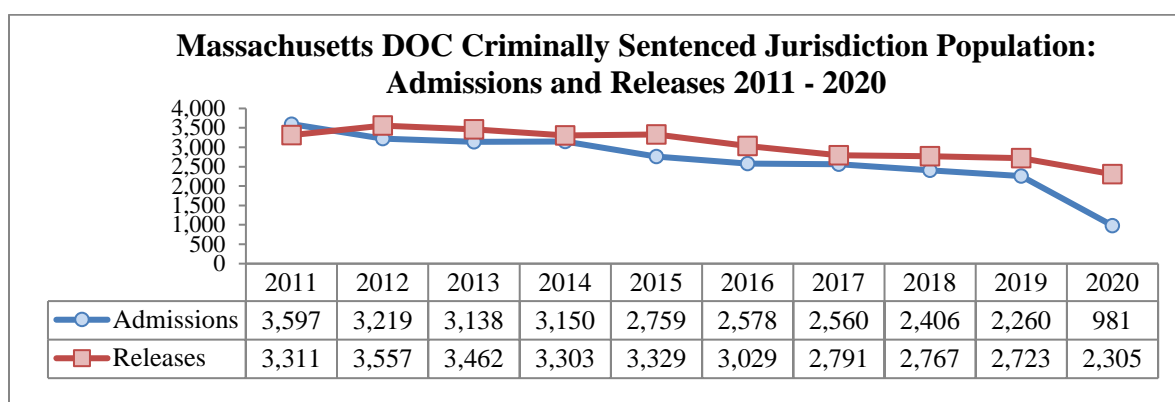


Figure 7. Source: Massachusetts DOC, “Prison Population Trends 2020”, May 2021.

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 criminally sentenced inmate jurisdiction population continued to decline for the eighth year, decreasing 28% after a peak of 10,491 in 2012 to 7,602 inmates in 2020 (Figure 8).¹⁴ 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.¹⁵ 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 community¹⁶ in 2011 and 2012, there was a notable difference between the two years. There were two separate events in 2012¹⁷ that contributed to a 19% increase from the previous year in the number of inmates released to the community.

¹³ This accounts for the increase in the number of persons under Massachusetts’ jurisdiction held in local jail facilities.

¹⁴ Massachusetts Department of Correction, “Prison Population Trends 2020”, May 2021.

¹⁵ 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

¹⁶ 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.

¹⁷ 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 resulting in several hundred releases “from court,” primarily during the months of September – November 2012.

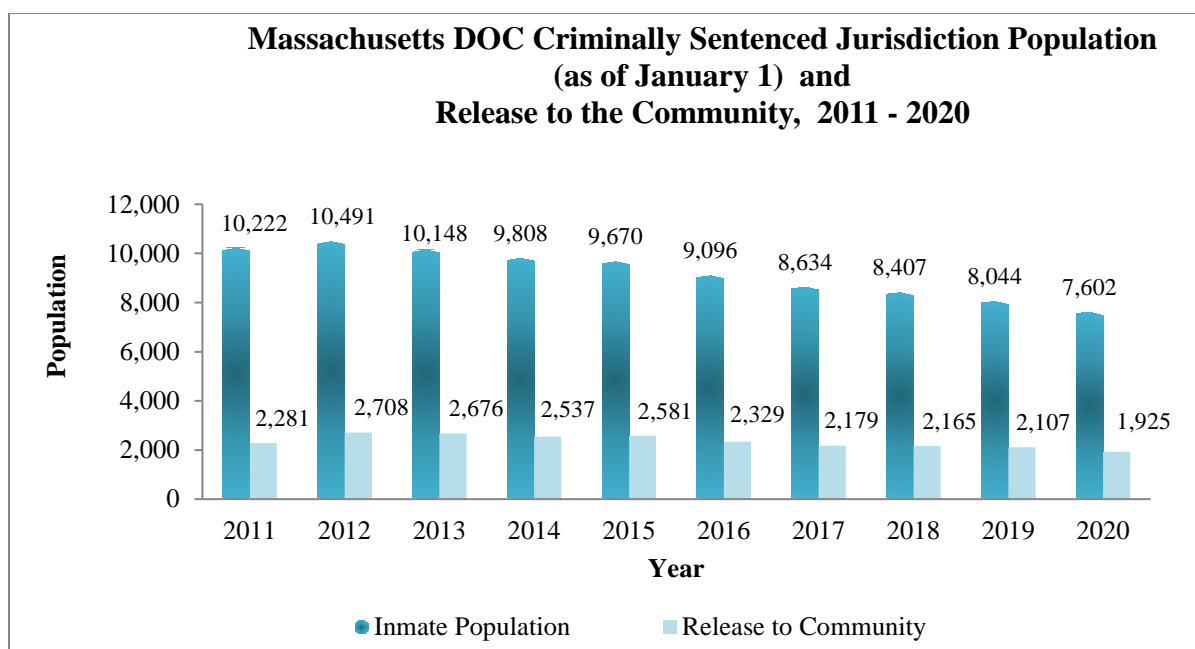


Figure 8. Source: Massachusetts DOC “Prison Population Trends 2020”, May 2021.

Evident in Table 3, the trend of prisoners released to the community under supervision hovered at 60% - 62% of released prisoners, but during 2020 this percentage increased to 74%.

TABLE 3. MASSACHUSETTS DOC POST RELEASE SUPERVISION TYPE, 2017-2020								
POST RELEASE SUPERVISION TYPE	2017		2018		2019		2020	
Parole Supervision (only)	281	13%	368	17%	389	18%	493	26%
Probation Supervision (only)	788	36%	728	34%	688	33%	560	29%
Parole and Probation Supervision (only)	233	11%	225	10%	220	10%	376	20%
No Post Release Supervision	877	40%	844	39%	810	38%	496	26%
TOTAL	2,179	100%	2,165	100%	2,107	100%	1,925	100%
POST RELEASE SUPERVISION	2017		2018		2019		2020	
Supervision	1,302	60%	1,321	61%	1,297	62%	1,429	74%
No Supervision	877	40%	844	39%	810	38%	496	26%
TOTAL	2,179	100%	2,165	100%	2,107	100%	1,925	100%

Source: Massachusetts DOC “Prison Population Trends 2020”, May 2021.

Table 4 provides the percentage of the Massachusetts population residing in each county in 2019¹⁸ compared to the percentage of criminally sentenced DOC inmates released to each county in 2020.¹⁹ Suffolk, Bristol, and Hampden counties had a disproportionately higher percentage of inmates released to communities in those counties (44%) than the population residing in those counties (27%).

¹⁸ The U.S. Census Bureau provided 2019 estimated county population statistics, 2020 is not available.

¹⁹ Information regarding release address is self-reported by inmates prior to their release.

TABLE 4. MASSACHUSETTS DOC 2020 CRIMINALLY SENTENCED JURISDICTION RELEASES TO THE COMMUNITY BY COUNTIES COMPARED TO THE ESTIMATED POPULATION OF MASSACHUSETTS COUNTIES IN 2020

COUNTY	NUMBER	% RELEASES TO THE COMMUNITY	PERCENTAGE OF MA POPULATION RESIDING IN COUNTY
Suffolk	370	19%	12%
Bristol	255	13%	8%
Hampden	239	12%	7%
Essex	206	11%	11%
Worcester	193	10%	12%
Middlesex	189	10%	23%
Plymouth	159	8%	8%
Norfolk	92	5%	10%
Berkshire	38	2%	2%
Barnstable	32	2%	3%
Franklin	25	1%	1%
Hampshire	18	1%	2%
Nantucket	2	<1%	<1%
Dukes	0	0%	<1%
SUB-TOTAL	1,818	94%	99%
Outside MA	106	6%	4%
Unknown	1	<1%	0%
TOTAL	1,925	100%	100%

Source: Massachusetts DOC "Prison Population Trends 2020", May 2021.

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

Domestic violence or sexual assault does not discriminate. In the case of sexual assault, the perpetrator may be a stranger, acquaintance, friend, family member, or intimate partner.²⁰ 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 Survey²¹

- There were 319,950 reports of rape or sexual assault in the United States in 2020;
- There were 856,750 violent victimizations committed by intimate partners or family members, at a rate of 3.1 per 1,000 persons in the population age 12 or older in 2020, of which 484,830 were intimate partner victimizations;
- In 2020, 1,973,200 victimizations involved perpetrators that were strangers at a rate of 7.1 per 1,000 persons;
- There were no statistically significant differences in the number of victimizations involving rape or sexual assault between 2019 and 2020;
- The percent of victimizations reported to police decreased from 2019 to 2020:
 - for rapes/sexual assault incidents from 33.9% to 22.9%;
 - for domestic violence incidents from 52.2% to 41.1%; and
 - for intimate partner violence incidents from 58.4% to 41.4%.

²⁰ The definition of an intimate partner is a current or former spouse, boyfriend, or girlfriend.

²¹ Rachel E. Morgan, Ph.D. and Alexandra Thompson, National Crime Victimization Survey, Criminal Victimization, 2020", October 2021, Online accessed: <https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/cv20.pdf>

The Centers for Disease Control (CDC) provide the following rape and sexual assault statistics:²²

- More than half (54.3%) of women and one-third of men (30.7%) experienced some form of contact sexual violence²³ during their lifetime;
- One in 4 women (26.8%) and nearly 1 in 26 men (3.8%) experienced completed or attempted rape at some point in their lives;
- About 1 in 9 men (10.7%) were forced to penetrate someone else at some point in their lives;
- Two percent of women and 0.3 percent of men reported rape victimization in the 12 months prior to the survey;
- About 1 in 4 women and nearly 1 in 9 men experienced sexual coercion victimization in their lifetime; and
- More than 1 in 4 non-Hispanic Black (29.0%) and non-Hispanic White (28.1%), 1 in 5 Hispanic (19.7%), and 1 in 6 non-Hispanic Asian or Pacific Islander women (17.2%) were raped in their lifetime.
- Most female and male victims of sexual violence knew their perpetrators:
 - 56.1% of female rape victims were raped by an acquaintance, 39.3% by an intimate partner, and 16.0% by a family member; and
 - 57.3% of male victims were raped by an acquaintance (57.3%), 16.0% by a family member, and 12.5% by an intimate partner.

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 256,617 victims of intimate partner and family violence in Massachusetts during the ten-year period from 2012 to 2021.²⁴ Over the course of the ten-year period, incidents of domestic violence in Massachusetts declined from a high of 27,331 in 2012 to 24,341 in 2019, an 11% reduction. However, the last two years have shown an increase of 10% from 2019 to 2021.^{25 26} Despite the reduction displayed in Figure 9, the need remains for accessible victim services and coordinated criminal justice policies to maintain this downward trend.

²² 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): 2016/2017* (June 2022). Online accessed: <https://www.cdc.gov/violenceprevention/pdf/nisvs/nisvsReportonSexualViolence.pdf>

²³ Contact sexual violence includes rape (completed/attempted), sexual coercion, unwanted sexual contact, sexual harassment in a public place, and/or for males, forced to penetrate someone else.

²⁴ 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 completed NIBRS compliance in 2020. NIBRS data covers approximately 87% of the Massachusetts population.

²⁵ The number of victims of intimate partner and family violence were determined by examining data within the *Crimes against Persons* crime category in CrimeSOLV.

²⁶ 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.

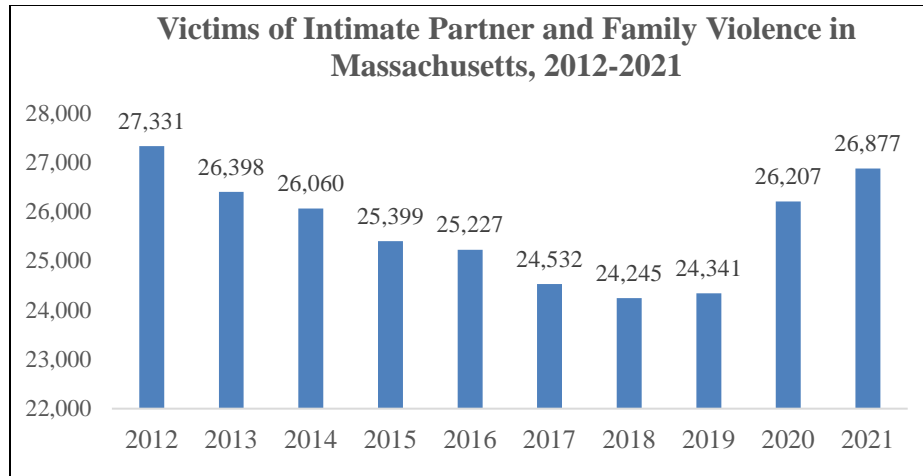


Figure 9. Source: NIBRS Data accessed via CrimeSOLV, Crimes against Person, Number of Victims by Select Characteristics by Victim/Offender Relationship. Accessed June 2022.

REPORTED RAPES

The FBI's definition of rape changed in 2013 to be more inclusive,²⁷ and as a result, the number of forcible rapes in Massachusetts spiked to 2,718.²⁸ According to the FBI Uniform Crime Reporting (UCR) Data, there were 20,569 incidents of rape in Massachusetts from 2011 to 2020 (Figure 10). In 2020, the incidents of rape declined 33% from the spike in 2013. The rate of reported rapes in 2019 was 32.0 per 100,000 population.²⁹

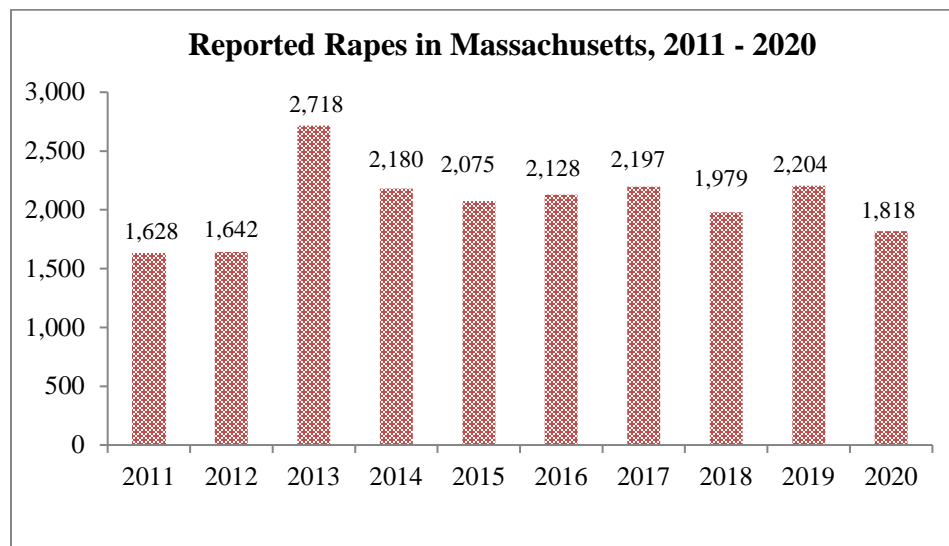


Figure 10. Source: FBI, UCR, 2007-2015, 2017-2019, Table #5, 2016, Table #3, Crime Data Explorer (CDE) 2020 (Crime in the United States by State). Accessed June 2022.

²⁷ 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

²⁸ Beginning in 2013, the rape figures were estimated using the revised UCR definitions of rape.

²⁹ FBI Crime Data Explorer (CDE) (Rape). Assessed 7/8/22 [CDE :: Crime \(cloud.gov\)](https://cloud.gov/cde)

SEXUAL ASSAULT REPORTING AND STATISTICS

Sexual assault is a serious problem that affects the lives of children and adults 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)³⁰ 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 2021, adults accounted for 1,046 or 93% of the total 1,123 sexual assault exams conducted. Between 2012 and 2021, 11,314 adult and 1,564 pediatric sexual assault exams were completed (Figure 11). From 2011 - 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 2017-2020. There was an increase in adult exams from 2020 to 2021, pediatric exams continued to decline.

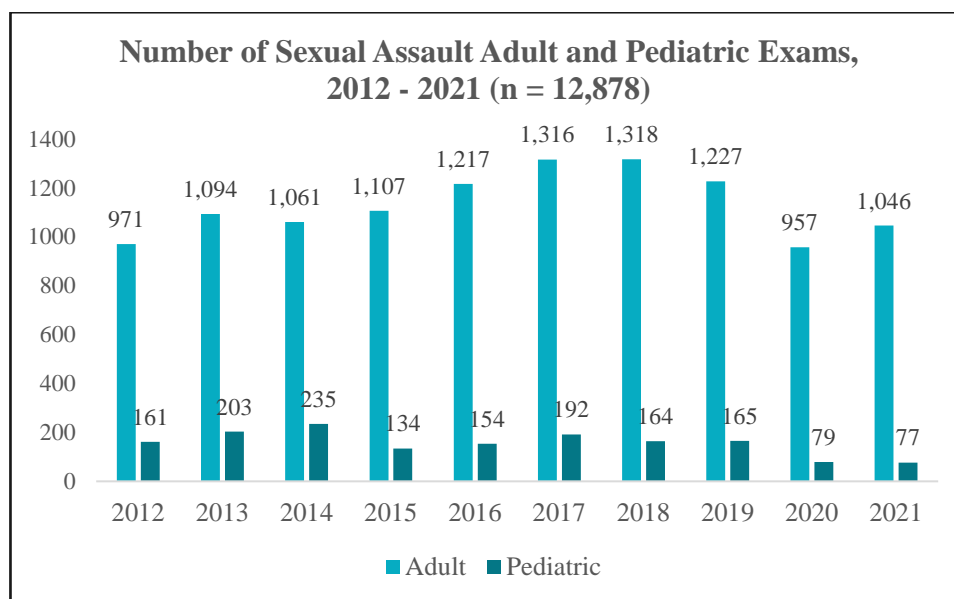


Figure 11. Source: RPAD, EOPSS, PSCR database extract July 8, 2022.

Excludes 266 cases where the assault occurred between 2012 and 2021 and the exam date was not reported.

³⁰ 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 53% decrease in the number of survivors age 12 or younger, 1% increase in survivors ages 13-24 years, and 20% increase in those 25 years or older. In 2021, 7% of the PSCR cohort were age 12 or younger, 48% were ages 13-24, and 45% were 25 years or older.

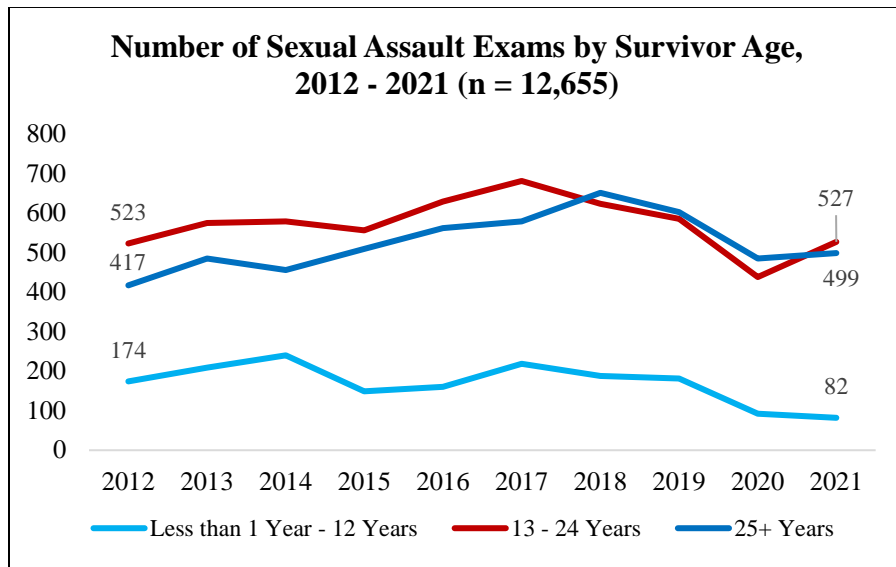


Figure 12. Source: RPAD, EOPSS, PSCR database extract July 8, 2022.
Excludes approximately 1.7% of cases (n = 221) where information is missing.

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 2021, 92% of the adult exams were females, 6% males, and 2% transgender or transitioning. For pediatric exams, 87% were female survivors, and 12% male survivors. The pediatric form does not include a non-binary option.

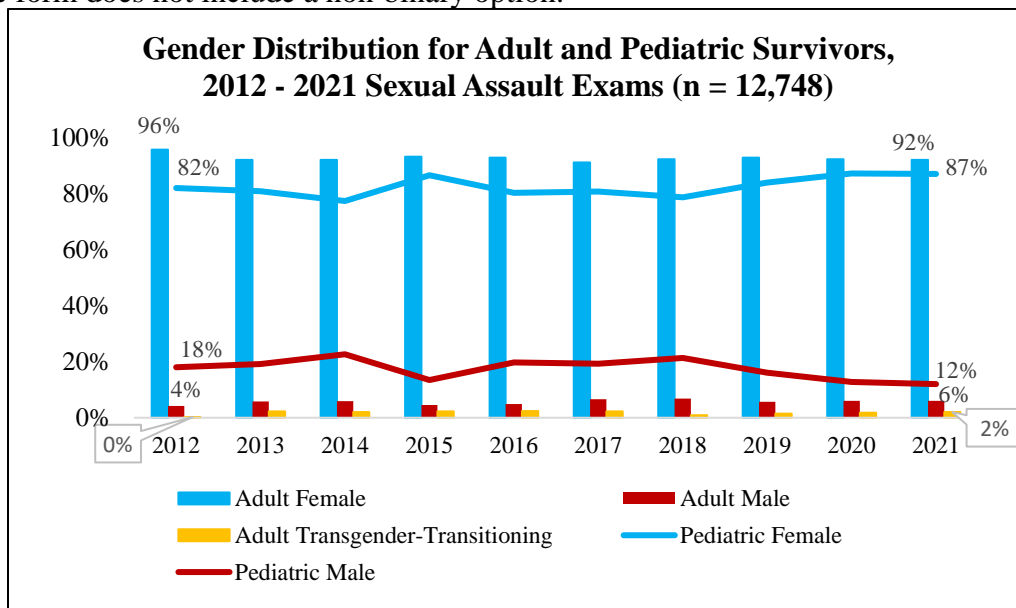


Figure 13. Source: RPAD, EOPSS, PSCR database extract July 8, 2022.
Note: Excludes cases where gender was not reported N=130 or 1.0%

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 survivors, the percent of assaults reported to police decreased over the ten-year period from 71% to 55%, while for pediatric survivors, the percent of assaults reported to police increased over the period from 73% to 76%. The 2021 PSCR percent of sexual assaults reported to police for adult and pediatric survivors combined (57%) represents a ten-year low and decrease from 2020 (63%).

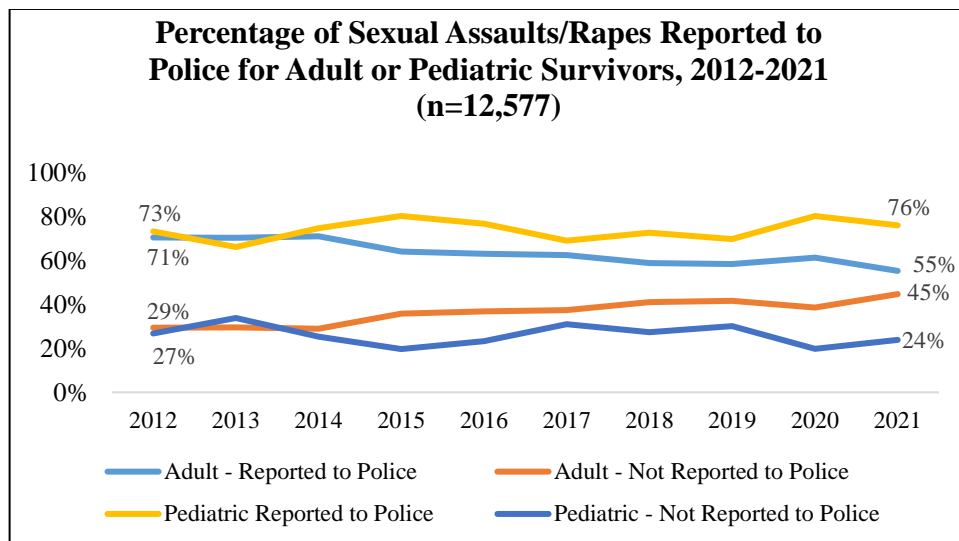


Figure 14. Source: RPAD, EOPSS, PSCR database extract July 8, 2022.

Note: Excludes cases where this information was not reported or not provided. (N=301 or 2.3%).

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 12% of the cases. For 2021, the number of missing or not reported is similar to previous years at 15%. 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.³¹

³¹ <https://nij.ojp.gov/topics/articles/victims-and-perpetrators>

TABLE 5. NUMBER OF SURVIVORS AND RELATIONSHIP TO ASSAILANTS, 2012 – 2021 ADULT EXAMS^a

YEAR	STRANGER/ UNKNOWN ^b	%	KNOWN ^b	%	ACQUAINTANCE /OTHER ^b	%	NOT REPORTED ^b	%	SURVIVOR TOTAL
2012	323	33.3	282	29.0	330	34.0	73	7.5	971
2013	370	33.8	318	29.1	363	33.2	85	7.8	1,094
2014	338	31.9	338	31.9	331	31.2	88	8.3	1,061
2015	334	30.2	351	31.7	387	35.0	75	6.8	1,107
2016	344	28.3	392	32.2	381	31.3	126	10.4	1,217
2017	341	25.9	431	32.8	381	29.0	205	15.6	1,316
2018	327	24.8	404	30.7	405	30.7	210	15.9	1,318
2019	312	25.4	360	29.3	388	31.6	211	17.2	1,227
2020	242	25.3	309	32.3	285	29.8	143	14.9	957
2021	286	27.3	311	29.7	320	30.6	158	15.1	1,046
Total	3,217	28.4	3,496	30.9	3,571	31.6	1,374	12.1	11,314

Source: RPAD, EOPSS, PSCR database extract July 8, 2022.

^a Individual sexual assault exams/cases can involve multiple assailants who have different relationships with the survivor. For cases where there are multiple assailants, each relationship to the survivor is only counted once in this table. Thus the Survivor Total does not reflect the sum of each row.

^b *Stranger/Unknown* - survivor reported the assailant was a stranger, or the survivor did not see the assailant or could not remember the assailant; *Known* – survivor reported the assailant was a friend, date, boyfriend/girlfriend or ex, spouse or ex, parent, or parents' live-in partner, or relative. *Acquaintance/Other* - survivor reported the assailant was an acquaintance, or the relationship did not fit into one of the above response options. *Not Reported* – relationship is missing or not reported.

The non-stranger category entails a cross-section of relationships – friends, boyfriend/girlfriend, exes, date, spouse, relative or parent. The survivor/offender relationship, ‘acquaintance’ represents the highest percentage of non-stranger assailants (31.1%) for adults in the sexual assault exam cohort. The “Other” category includes a variety of relationships where the survivor knew the assailant including work, group housing, or associations with friends/acquaintances, but the relationship did not fit precisely into one of the available categories (Table 6).

**TABLE 6. NON-STRANGER SURVIVOR/ASSAILANT RELATIONSHIP^a,
2021 ADULT SEXUAL ASSAULT EXAMS**

Survivor/Assailant Relationship	Number	Percent
Acquaintance	260	41.0%
Friend	147	23.2%
Ex-boyfriend/ex-girlfriend	31	4.9%
Date	32	5.0%
Spouse	28	4.4%
Boyfriend/girlfriend	19	3.0%
Relative	26	4.1%
Parent	13	2.1%
Parent's Live-in Partner	13	2.1%
Ex-spouse	4	0.6%
Other	61	9.6%
Total	634	100%

Source: RPAD, EOPSS, PSCR database. Data obtained July 8, 2021.

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

Note: Survivor/Assailant Relationship is missing for 158 (15.1%) of the 1,046 adult exams for 2021.

For the pediatric sexual assault exam cohort, the survivor/offender relationship reported as ‘father’ and ‘stepfather’ represents the highest percentage of non-other assailants (n=4). Approximately 67% of the data on relationship to assailant are missing for pediatric cases (Table 7).

TABLE 7. RELATIONSHIP BETWEEN PEDIATRIC SURVIVOR AND THE ASSAILANT, ^a 2021

Survivor/Assailant Relationship	Number	Percent
Other ^b	5	19.2%
Father	4	15.4%
Stepfather	4	15.4%
Cousin	3	11.5%
Acquaintance	2	7.7%
Other Male Relative	2	7.7%
Brother	1	3.8%
Daycare provider	1	3.8%
Family friend	1	3.8%
Friend of survivor	1	3.8%
Mother	1	3.8%
Other female relative	1	3.8%
Subtotal	26	32.9%
Missing/Not Reported	51	67.1%
Total	77	100%

Source: RPAD, EOPSS, PSCR database. Data obtained July 8, 2022.

^a Individual sexual assault cases can involve multiple assailants.

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

Because not all occurrences of sexual and domestic violence are reported to law enforcement, this data may not be an accurate or thorough depiction of the problem. Crime data is often more likely to be underreported in communities where large immigrant populations have settled. Victims from refugee and immigrant populations may under-report sexual violence incidents to law enforcement for a variety of reasons (e.g., poor relationship between law enforcement and local communities, language barrier, fear of deportation, and negative experiences with law enforcement in their native countries). The lack of data specific to cultural communities hinders the ability to truly understand the prevalence of rape and sexual assault within these specific underserved populations.

REGISTERED SEX OFFENDERS

Since more than 95% of everyone sent to prison will eventually be released, this population has significant implications when returning back to the community with respect to reducing recidivism, maintaining public safety, and monitoring those who may pose a risk due to prior criminal behavior.³² Table 8 displays the top ten Massachusetts cities³³ with the highest number

³² 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>

³³ The top ten communities in Massachusetts with the highest number of sex offenders are cities.

of registered sex offenders. These cities account for 38% of sex offenders registered throughout the Commonwealth. The city of Boston is the highest with 10% of registered sex offenders residing in the city.

Table 8. Top Ten Massachusetts Cities with the Highest Number of Registered Sex Offenders, 2021		
City/Town	Number	Percent of Total
Boston	1,093	10.3%
Springfield	607	5.7%
Worcester	500	4.7%
New Bedford	316	3.0%
Fall River	292	2.8%
Lowell	287	2.7%
Brockton	282	2.7%
Lynn	281	2.7%
Lawrence	183	1.7%
Pittsfield	182	1.7%
Subtotal	4,023	38.0%
Total	10,597	

Source: Massachusetts Sex Offender Registry Board, data provided July 11, 2022 to the Executive Office of Public Safety and Security, Research and Policy Analysis Division.

The Massachusetts Executive Office of Public Safety and Security (EOPSS) is the Executive Branch agency responsible for overseeing the Sex Offender Registry Board (SORB) and their effort to substantially comply with and implement the requirements of the Sex Offender Registration and Notification Act (SORNA). The Commonwealth of Massachusetts has been faced with challenges in implementing SORNA, created primarily by State legal limitations imposed by judicial decisions and statutory limitations.

Previously, the Commonwealth's Sex Offender Registry Board (SORB) cited "capacity of information systems," as a challenge, but database upgrades and system enhancements have enabled SORB to begin to maintain police reports, docket information, and some registration documents electronically for the purposes of quicker access by other jurisdictions. SORB continues to review ways to improve stronger communication with other jurisdictions and the public electronically. SORB has also moved forward with an enhancement to the Sex Offender Registration Information System (SORIS2), the database storing all sex offender information. Once implemented, this will allow level 2 and 3 offenders to register electronically with law enforcement.

Table 9 below provides the number of registered sex offenders at level 1 through 3 (n=9,984) currently under the jurisdiction of Massachusetts.

As shown in the table:

- 71% of the sex offenders are Levels 2 or 3, where the risk of re-offense is moderate (48.9%) or high (22.5%).

Table 9. Number of Massachusetts Sex Offenders by Level, 2022

Classification Levels for Sex Offenders	Number	Percent
Level 1^a	2,858	28.6%
Level 2^b	4,883	48.9%
Level 3^c	2,243	22.5%
Total Level 1 – 3 Offenders	9,984	100%

Source: Massachusetts Sex Offender Registry Board, data provided July 8, 2022 to the Executive Office of Public Safety and Security, Research and Policy Analysis Division.

^a The risk of re-offense by an offender is low and the degree of dangerousness posed to the public by that offender is not such that a public safety interest is served by public availability, the Board shall give that offender a Level 1 designation. Information on Level 1 offenders will not be available to the public.

^b The risk of re-offense is moderate and the degree of dangerousness posed to the public is such that a public safety interest is served by public availability of registration information, it shall give a level 2 designation to the sex offender.

^c The risk of re-offense is high and the degree of dangerousness posed to the public is such that a substantial public safety interest is served by active dissemination, it shall give a level 3 designation to the sex offender.

VICTIMIZATION AGAINST PERSONS WITH DISABILITIES

According to the Equal Rights Center³⁴ 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.

From 2017 to 2019—

- Persons with disabilities were victims of 26% of all nonfatal violent crime, while accounting for about 12% of the population.
- The rate of violent victimization against persons with disabilities (46.2 per 1,000 age 12 or older) was almost four times the rate for persons without disabilities (12.3 per 1,000).
- One in three robbery victims (33%) had at least one disability.
- Persons with cognitive disabilities had the highest rate of violent victimization (83.3 per 1,000) among the disability types measured.
- Nineteen percent of rapes or sexual assaults against persons with disabilities were reported to police, compared to 36% of those against persons without disabilities.³⁵

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

³⁴ National Domestic Violence Hotline, <https://www.thehotline.org/is-this-abuse/domestic-violence-disabilities-2/> Accessed May 14, 2020.

³⁵ Harrell, E. “Crime Against Persons with Disabilities, 2009-2019 – Statistical Tables.” U.S. Department of Justice, November 2021. [Crime Against Persons with Disabilities, 2009–2019 – Statistical Tables | Bureau of Justice Statistics \(ojp.gov\)](https://www.ojp.gov/crime-against-persons-with-disabilities)

abuse in their lifetimes.³⁶ 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.³⁷

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 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 to carry 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.

³⁶ 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>

³⁷ See Table 7.3, available at <https://www.mass.gov/files/documents/2017/09/zt/report-2016.pdf>

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 revised August 2020 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.³⁸ 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 2016.³⁹

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.”⁴⁰ 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.⁴¹

Compared to the rest of the Massachusetts adult population the opioid-related overdose death rate is:⁴²

- 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.

³⁸ 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, Revised August 10, 2020, NCJ 250546.

<https://www.bjs.gov/content/pub/pdf/dudaspi0709.pdf>

³⁹ 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>

⁴⁰ 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>

⁴¹ 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>

⁴² 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 2021 continued to drop from previous years⁴³.

Compared to the previous year, the Federal Bureau of Investigation (FBI) reports the number of persons (all ages) arrested for drug abuse violations in Massachusetts in 2021 declined by 15.1% from the previous year. In the ten-year period between 2012 and 2021, overall drug abuse violations fell 54.7% (Figure 15). A 2008 Initiative Petition replacing the 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 would exclude information regarding this civil offense from the state's criminal record information system, resulted in this decline.⁴⁴

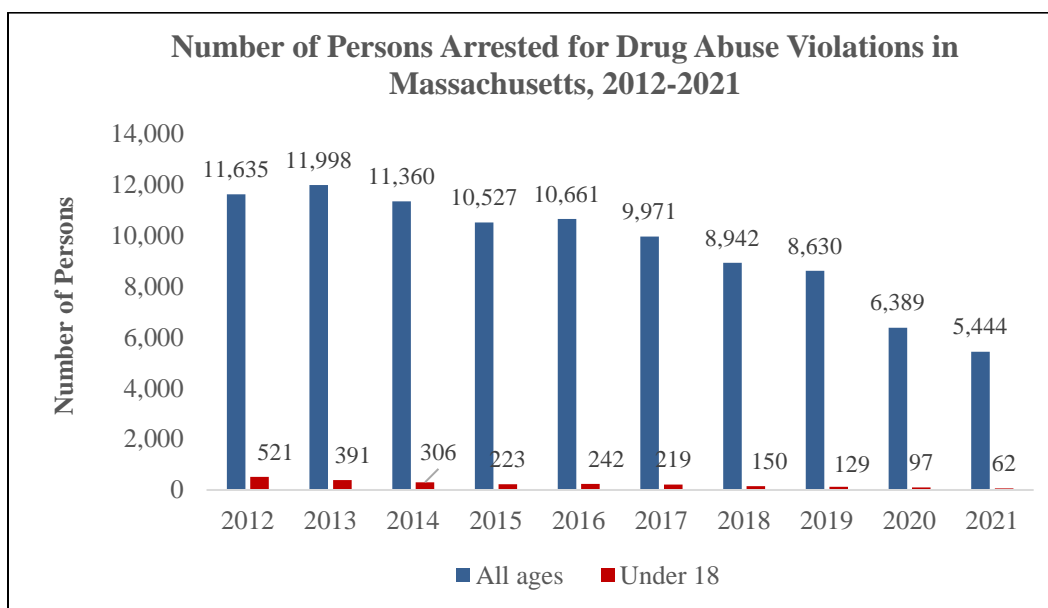


Figure 15. Source: Executive Office of Public Safety and Security, Research and Policy Analysis Division, CrimeSOLV, data obtained May 23, 2022.

Likewise, there has been a dramatic shift in the number of young people arrested for drug offenses during this period. Peaking at 521 in 2012, the number of juveniles under the age of 18 arrested for drug offenses declined 88.1% by 2021. 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. RSAT funding must continue not only to fund these programs, but also to accommodate in a timely manner those seeking treatment in the Department of Correction (DOC) and Houses of Correction (HOC).

⁴³ Executive Office of Public Safety and Security, Research and Policy Analysis Division, CrimeSOLV, data obtained May 23, 2022.

⁴⁴ Question 2: Law Proposed by Initiative Petition “*Possession of Marijuana*” Online. Accessed June 16, 2017 https://www.sec.state.ma.us/ele/ele08/ballot_questions_08/quest_2.htm

NUMBER OF NEW COURT COMMITMENTS FOR GOVERNING DRUG OFFENSES

The number of new court commitments for governing drug offenses to Massachusetts state and county correctional facilities fell from 3,055 in 2011 to 2,472 in 2014, a 19.1% decline, before increasing to 2,912 in 2015 (a 17.8% increase compared to the previous year) (Figure 16).⁴⁵ In 2019, there was a 9.5% decrease in DOC new court commitments for a governing drug offense from the previous year and a 60.2% decrease in 2020. Overall, the ten-year trend analysis reflects a 73.4% drop in DOC new court commitments for a governing drug offense.

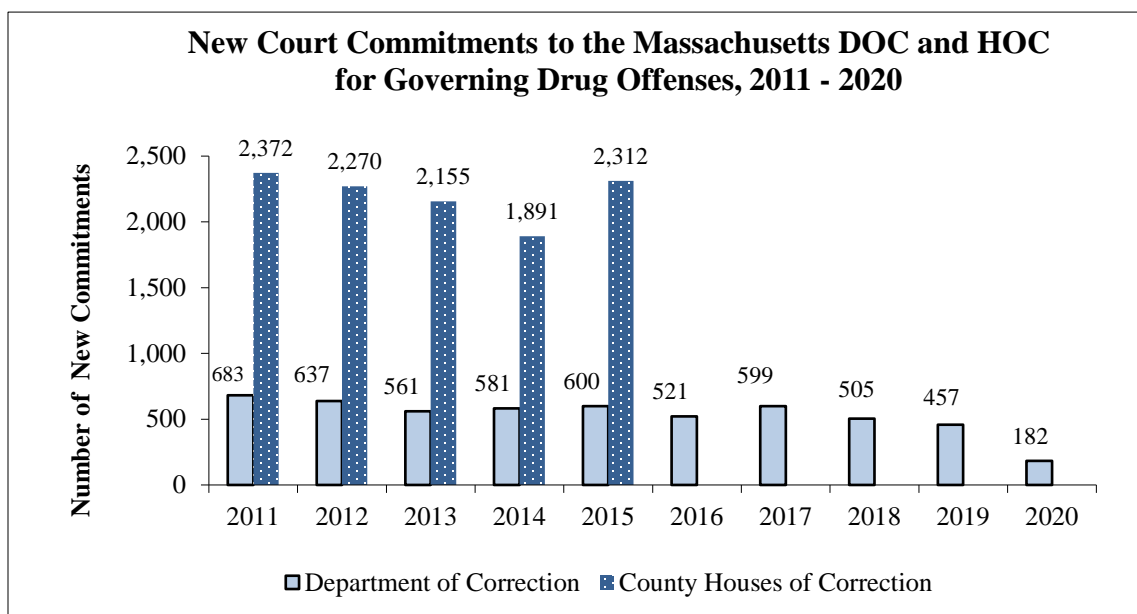


Figure 16. Source: Massachusetts Department of Correction, *Court Commitments to the Massachusetts Department of Correction, 2004 – 2008*; *New Court Commitments to Massachusetts County Correctional Facilities, 2004 – 2008*. Massachusetts Department of Correction, *Prison Population Trends, 2011 – 2020* reports. Massachusetts Sentencing Commission, *Survey of Sentencing Practices, SFY 2009 – SFY 2016*. Note: The Department of Correction data is based on calendar year and the Massachusetts Sentencing Commission is based on state fiscal year. County Houses of Correction data is not available after 2015.

DOC JURISDICTION POPULATION ON JANUARY 1, 2021 FOR GOVERNING DRUG OFFENSES

A report published by the Massachusetts DOC in May 2021, *Prison Population Trends, 2020*, identified the following characteristics of the inmate population incarcerated for governing drug offenses on January 1, 2021:⁴⁶

- Drug offenses were the third most prevalent governing offense category for offenders (10%), surpassed by crimes against person offenses (60%) and sex offenses (18%);

⁴⁵ New commitments for governing drug offenses to the county HOCs are obtained from the Massachusetts Sentencing Commission, *Survey of Sentencing Practices, SFY 2010 – SFY 2016*; however, data are not available for 2015 - 2020. 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 trend analysis beyond 2014.

⁴⁶ 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, 2020*”, May 2021.

- Drug offenses were the third largest governing offense type for males (10%) and the second largest for females (17%);
- 10% of the population serving a governing drug offense received a sentence of three years or more; and
- 390 males and 11 females were serving a governing mandatory drug sentence.

ALCOHOL AND SUBSTANCE ABUSE CIVIL COMMITMENTS

One of the three types of civil commitments⁴⁷ to the DOC is "Alcohol and Substance Abuse Commitments" to the Massachusetts Alcohol and Substance Abuse Center at Plymouth (MASPLY).⁴⁸ MASPLY provides detoxification and substance abuse treatment to males for a period up to 90 days. MASPLY commitments comprised 66% of the civil commitments to the DOC in 2020, a slight increase from 63% in 2019. Table 10 below displays the number of Section 35 commitments beginning in 2011, and shows a 21% drop in 2020 over the previous year.⁴⁹

Year	Number	% Change
2011	1,381	
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%
2020	1,230	-20.5%

Source: Massachusetts DOC, *Prison Population Trends* - reports from 2011-2020.

⁴⁷ Other two groups of civil commitments are "Mental Health Commitments" and "Sexually Dangerous Person Commitments".

⁴⁸ 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.

⁴⁹ 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.

⁵⁰ 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.

SUBSTANCE ABUSE IMPACT ON INMATE RELEASES TO THE COMMUNITY AND RECIDIVISM⁵¹

The DOC utilizes the COMPAS⁵² 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.

In 2020, 1,925 criminally sentenced inmates were released to the community. Boston had the highest number of criminally sentenced inmates released to the community (330), followed by Springfield (171) (Table 11).

**TABLE 11. CRIMINALLY SENTENCED RELEASES TO THE COMMUNITY
BY TOP TEN MASSACHUSETTS CITIES, 2020**

City/Town	Number	Percentage
Boston	330	17%
Springfield	171	8.9%
Brockton	100	5.2%
New Bedford	99	5.1%
Worcester	89	4.6%
Fall River	64	3.3%
Lawrence	57	3.0%
Lynn	53	2.8%
Lowell	47	2.4%
Taunton	44	2.3%

Source: Massachusetts DOC, *Prison Population Trends, 2020*, May 2021.

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.

⁵¹ A recidivist is defined by DOC research as any criminally sentenced inmate released to the community from MA DOC jurisdiction 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.

⁵² 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.

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 45% completed the program. This resulted in a 68% participation rate (sum of completed and participated).⁵³ 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%).⁵⁴

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 2020, the estimated count of opioid-related deaths was 2,104, confirming 2,035 (Figure 17). This is a 5.1% increase from 2019.

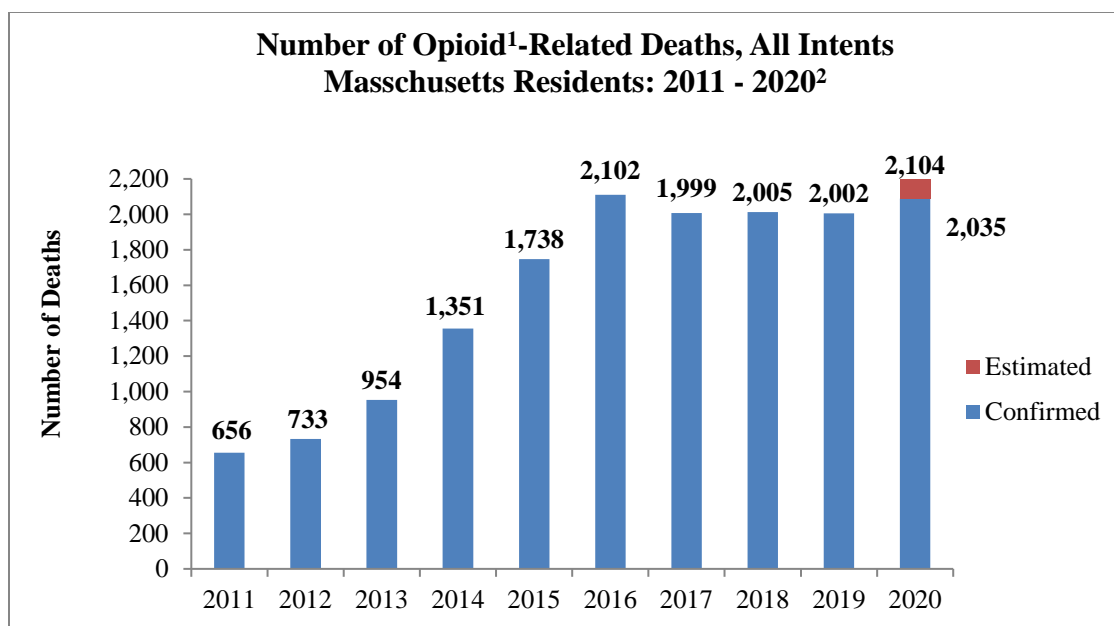


Figure 17. Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, Data Brief: Opioid-related Overdose Deaths among Massachusetts Residents, Posted: May 2021.

⁵³ 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 2019 Gap Analysis Report*, January 2020.

<https://www.mass.gov/doc/gap-analysis-report-cy19/download>

⁵⁴ Source: Massachusetts Department of Correction, Three-Year Recidivism Rates: 2015 Release Cohort, 2020

<https://www.mass.gov/doc/three-year-recidivism-rates-2015-release-cohort/download>

<https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-may-2021/download>

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

²The data contains both confirmed and estimated data through December 2020 based on the data available as of April 6, 2021. A confirmed death is one in which the state medical examiner has certified a cause of death.

There was a 205% growth from the rate of 9.9 deaths per 100,000 residents in 2011 to 30.2 deaths per 100,000 residents in 2020. There was a 5% rise in 2020 from the previous year (Figure 18).

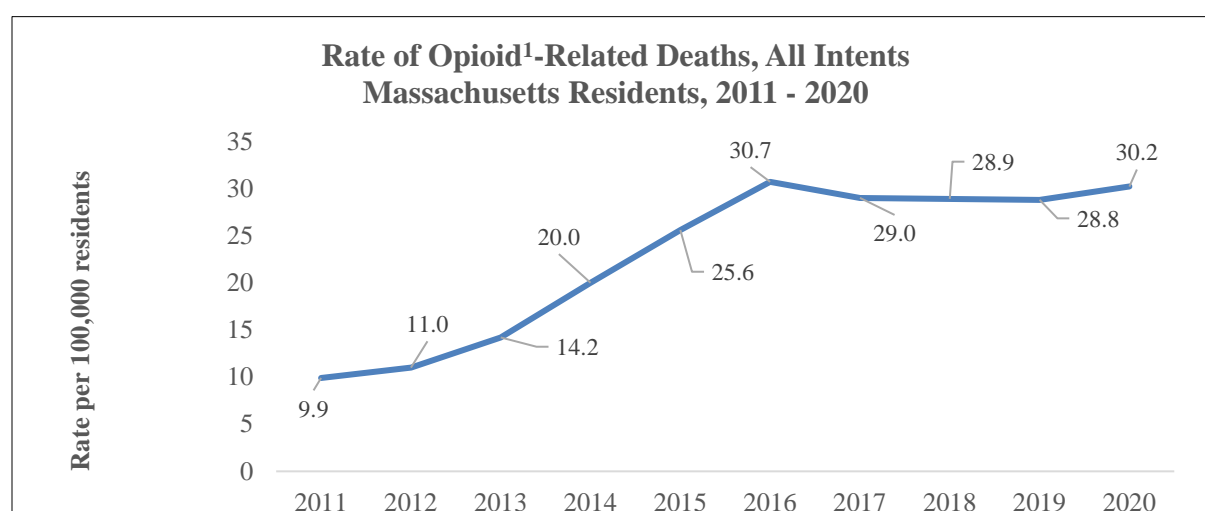


Figure 18. Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Data Brief: Opioid-Related Overdose Deaths among Massachusetts Residents*, Posted: November 2021. Accessed May 2022. <https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-may-2021/download>

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

Tables 12 through 14 display demographic data from confirmed opioid-related overdose deaths from January 2021 to December 2021.⁵⁵ Almost three-quarters (73.1%) of persons who died from confirmed opioid-related deaths were male (Table 12).

**TABLE 12. CONFIRMED OPIOID¹-RELATED DEATHS, ALL INTENTS, BY GENDER:
JANUARY 2021 – DECEMBER 2021**

Gender	Number	Percent
Male	1,632	73.1%
Female	602	26.9%
Total	2,234	100%

Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Opioid-Related Overdose Deaths, All Intent, Massachusetts Residents, Demographic Data Highlights*, Posted: June 2022. <https://archives.lib.state.ma.us/handle/2452/859520>

⁵⁵ 2021 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. Beginning with the May 2017 report, DPH started reporting opioid-related deaths for all intents, which includes unintentional/undetermined and suicide.

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

Displayed in Table 13, half (50%) of opioid-related deaths in 2021 occurred in the 25 – 44 age range. This age group accounts for only 5% of *all* deaths in the Commonwealth.

**TABLE 13. CONFIRMED OPIOID¹-RELATED DEATHS, ALL INTENTS
COMPARED TO ALL DEATHS BY AGE: JANUARY 2021 – DECEMBER 2021**

Age	<15	15-24	25-34	35-44	45-54	55-64	65+	Total
All Deaths	335	429	1,225	1,858	3,144	7,385	48,722	63,098
Confirmed Opioid ¹ -Related Overdose Deaths, All Intents	0	119	476	630	504	412	93	2,234

Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Opioid-Related Overdose Deaths, All Intents, Massachusetts Residents, Demographic Data Highlights*, Posted: June 2022.
<https://archives.lib.state.ma.us/handle/2452/859520>

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

White (non-Hispanic) individuals constituted 75% of the confirmed opioid-related deaths in 2021 (Table 14).

**TABLE 14. CONFIRMED OPIOID¹-RELATED DEATHS, ALL INTENTS
COMPARED TO ALL DEATHS BY RACE/ETHNICITY: JANUARY 2021 – DECEMBER 2021**

	White non- Hispanic	Black non- Hispanic	Asian non- Hispanic	Hispanic	Other/ Unknown	Total
All Deaths	58,833	3,409	1,751	3,358	713	63,098
Confirmed Opioid ¹ -Related Overdose Deaths, All Intents	1,672	180	19	316	47	2,234

Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Opioid-Related Overdose Deaths, All Intents, Massachusetts Residents, Demographic Data Highlights*, Posted: June 2022.
<https://archives.lib.state.ma.us/handle/2452/859520>

¹Opioids include heroin, illicitly manufactured fentanyl, 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 2021. Black non-Hispanics were the only group to not experience an increase in opioid-related deaths in 2021 (7.9% decrease). Opioid-related deaths for White non-Hispanics and Hispanics increased by 5.9% and 8.6%, respectively.

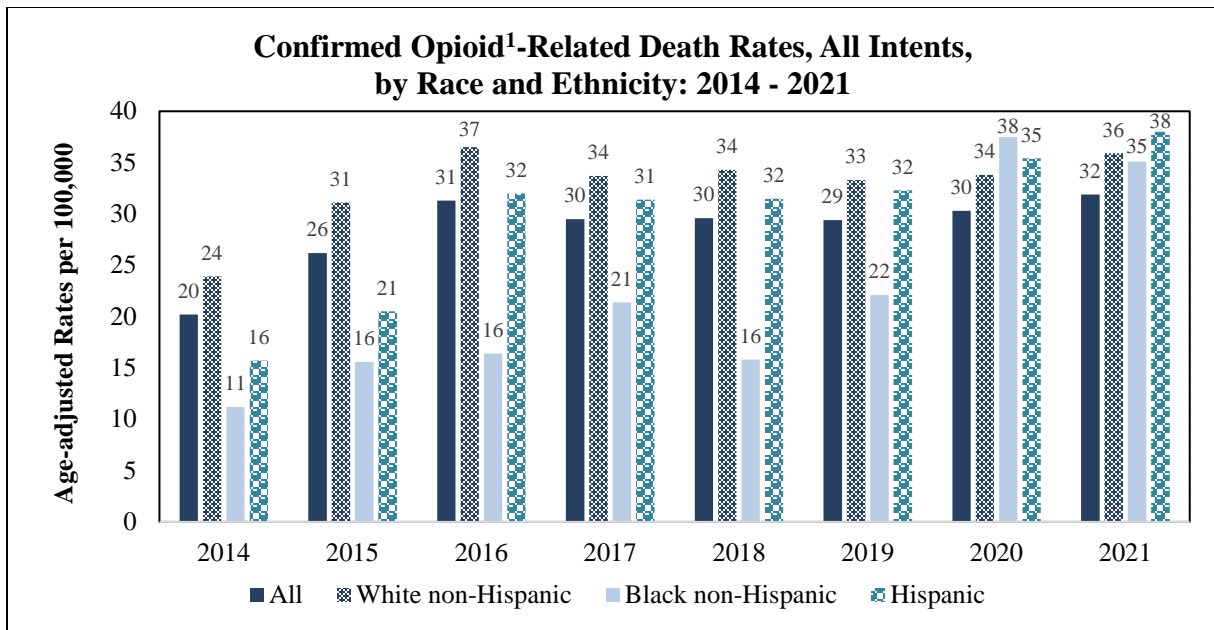


Figure 19. Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Data Brief: Opioid-Related Overdose Deaths, All Intents, Massachusetts Residents, Demographic Data Highlights*, Posted: June 2022.

<https://archives.lib.state.ma.us/handle/2452/859520>

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

Heroin is much deadlier as a result of high-purity and mixing with fentanyl and Carfentanil; often without the user's knowledge. As previously noted in this analysis, there were 2,035 confirmed and 2,104 estimated opioid-related overdose deaths in 2020 in Massachusetts.

While some cities and towns experienced a decline in opioid-related deaths in 2021 compared to 2020: notably Quincy, Worcester, and Springfield, others saw significant increases. Specifically, the cities of Taunton (82.6%), Lynn (42.9%), Haverhill (40.9%), and Lowell (23.5%) had substantial increases in 2021 from the previous year (Table 15).

**TABLE 15. NUMBER OF OPIOID¹-RELATED OVERDOSE DEATHS, ALL INTENTS BY THE TOP 15
MASSACHUSETTS CITIES/TOWNS²
CY 2017 – CY 2021**

City/Town	Number of Deaths					% Change CY 20 - CY 21	% of 2021 Total (n=2,309)
	CY2017 ³	CY2018 ³	CY2019 ³	CY2020 ³	CY2021 ³		
Boston	283	247	258	311	322	3.5%	13.9%
Worcester	123	135	144	132	123	-6.8%	5.3%
Springfield	57	111	103	119	111	-6.7%	4.8%
New Bedford	56	63	88	72	81	12.5%	3.5%
Fall River	64	67	71	72	81	12.5%	3.5%
Lawrence	50	62	64	43	49	14%	2.1%
Brockton	74	51	63	80	84	5%	3.6%
Lowell	59	73	59	51	63	23.5%	2.7%
Lynn	65	48	47	28	40	42.9%	1.7%
Quincy	37	36	43	38	34	-10.5%	1.5%
Pittsfield	14	21	32	34	35	2.9%	1.5%
Salem	40	37	28	44	47	6.8%	2.0%
Taunton	31	37	27	23	42	82.6%	1.8%
Everett	34	28	27	25	27	8%	1.2%
Haverhill	25	24	26	22	31	40.9%	1.3%

Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Number of Opioid¹-Related Overdose Deaths, All Intents by City/Town, 2015 – 2021*. Posted June 2022.

<https://www.mass.gov/doc/opioid-related-overdose-deaths-by-city-town-june-2022/download>

¹Opioids include heroin, illicitly manufactured fentanyl, 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 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.

The three following counties account for the highest number of opioid-related overdose deaths in 2021: Middlesex (15.7%), Suffolk (12.9%) and Bristol (12.7%) (Table 16).

**Table 16. Number of Opioid¹-Related Overdose Deaths, All Intents by County
Massachusetts Residents: 2011 - 2021**

County	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020 ²	2021 ²	Total
Barnstable	19	24	43	53	67	81	67	71	73	76	79	653
Berkshire	9	16	22	29	32	35	30	40	39	56	62	370
Bristol	82	95	115	145	172	243	239	218	260	233	290	2,092
Dukes	0	0	1	5	7	3	2	4	3	6	5	36
Essex	57	93	119	205	235	274	299	273	279	253	289	2,376
Franklin	6	8	10	11	18	14	9	22	17	20	36	171
Hampden	45	59	69	64	98	130	113	208	199	215	211	1,411
Hampshire	10	11	30	26	16	36	28	38	39	34	44	312
Middlesex	130	118	152	273	341	402	348	321	304	300	360	3,049
Nantucket	0	0	0	1	1	2	3	1	2	1	4	15
Norfolk	64	70	82	125	164	213	166	170	129	156	165	1,504
Plymouth	67	57	86	110	174	190	202	151	176	185	168	1,566
Suffolk	85	90	110	146	199	241	251	215	218	289	295	2,139
Worcester	82	91	115	162	222	246	249	281	267	282	282	2,279
Total	656	733	954	1,356	1,747	2,110	2,006	2,013	2,005	2,103	2,290	17,975

Deaths

Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Number of Opioid¹ Related Overdose Deaths, All Intents by County, MA Residents: 2010 – 2021*. Posted June 2022.

<https://www.mass.gov/doc/opioid-related-overdose-deaths-by-county-june-2022/download>

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

²Data for 2020 and 2021 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. Data updated on April 1, 2022.

³ This 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 203,819.⁵⁶ 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

⁵⁶ 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).⁵⁷

In SFY 2020, 115 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 and a 25% decline in SFY 2020.

⁵⁷ <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter119/Section52>

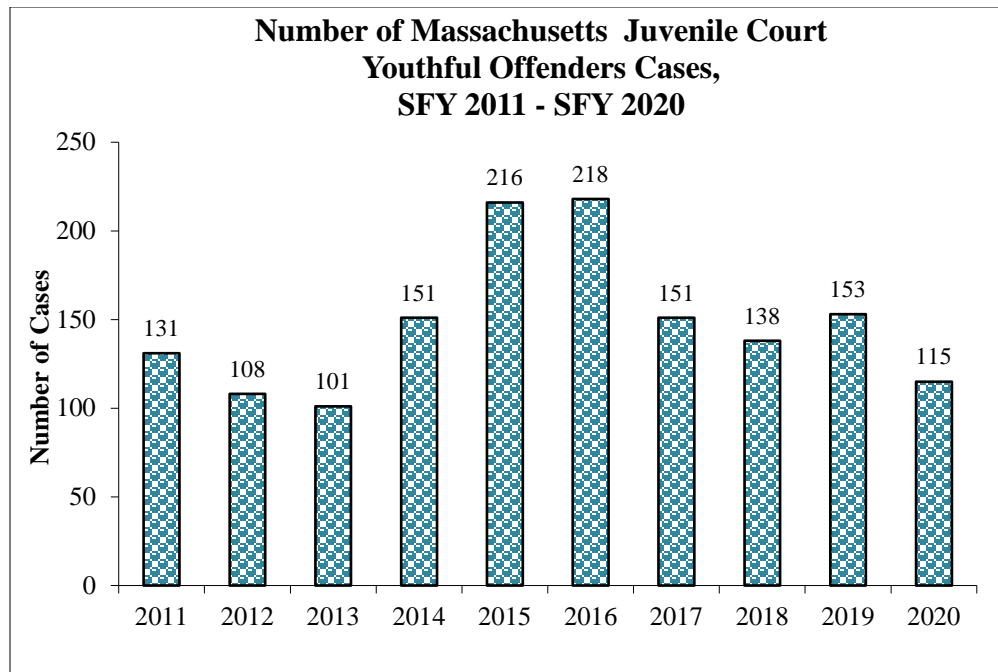


Figure 20. Executive Office of the Trial Court, Department of Research and Planning, *Case Filings and Demographics of Selected Case Types*, February 21, 2020.

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)⁵⁸ or “Racial and Ethnic Disparities” (RED)⁵⁹. Examining the race/ethnicity of individuals charged as a youthful offender in SFY 2020, Hispanic youth account for 48% of the cases, followed by Black/African American youth (32%), White youth (17%), and Other (3%).⁶⁰

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).⁶¹ 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

⁵⁸ <https://www.ojjdp.gov/programs/ProgSummary.asp?pi=18>

⁵⁹ <https://www.mass.gov/service-details/racial-and-ethnic-disparities-red>

⁶⁰ The race/ethnicity of individuals charged as Youthful Offenders is known in 106 of the 115 cases (92%).

⁶¹ *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>

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.⁶²

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
- Are 3 times more likely to be committed than a youth who remained in the community pending the outcome of their case.⁶³

According to DYS, in 2020 there were 570 juveniles sent to pre-trial detention.⁶⁴ The number of pre-trial detention admissions in 2020 declined 38% from the previous year and is 77% lower than the high of 2,515 in 2011 (Figure 21).

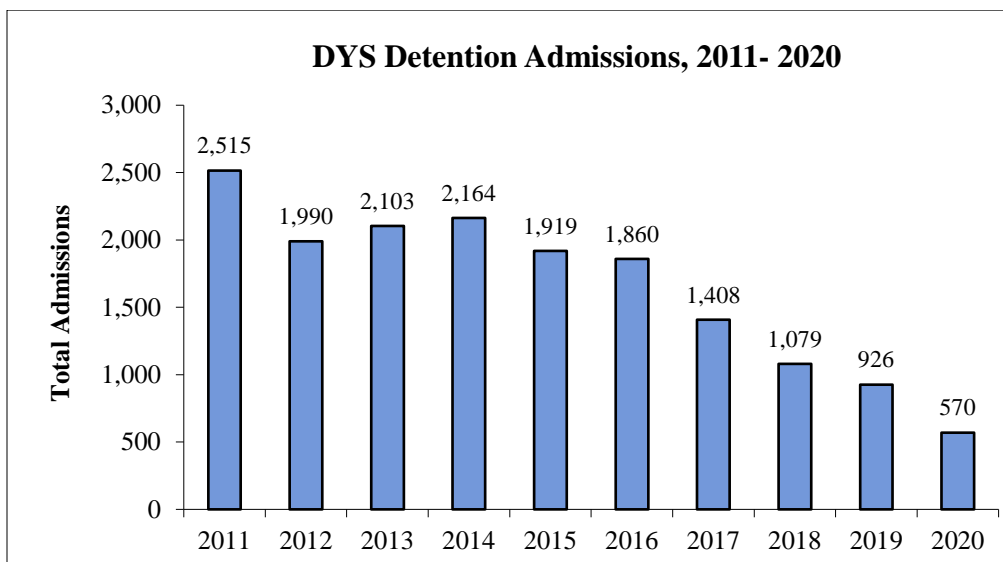


Figure 21. Massachusetts Department of Youth Services, 2021.

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.⁶⁵

In 2020, minority youth comprise 79% of all DYS detentions, as follows: 40% Hispanic, 30% African American, and 9% youth of some other race/ethnicity.

⁶² 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>

⁶³ 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>

⁶⁴ Not including juveniles previously committed to DYS custody.

⁶⁵ 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>

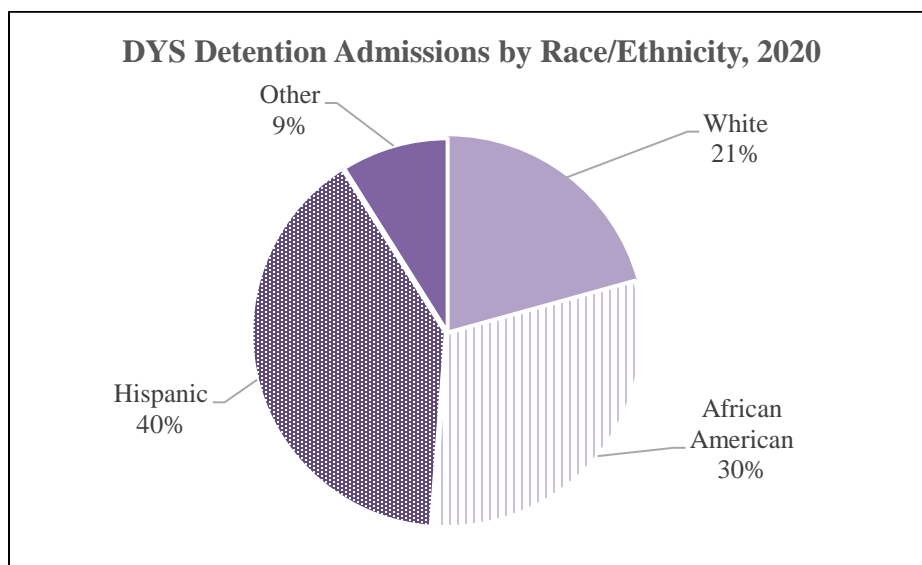


Figure 22. Massachusetts Department of Youth Services, 2021.

In 2021, the DYS committed population totaled 278 youth,⁶⁶ 91 of which are first time DYS commitments. The number of individuals in the total DYS population on January 1, 2021 represents a decrease of 75% from the high of 1,115 on January 1, 2012 (Figure 23). The reduction in the committed population may be attributed to the DYS “service continuum that engages youth, families and communities in strategies that support positive youth development”.⁶⁷

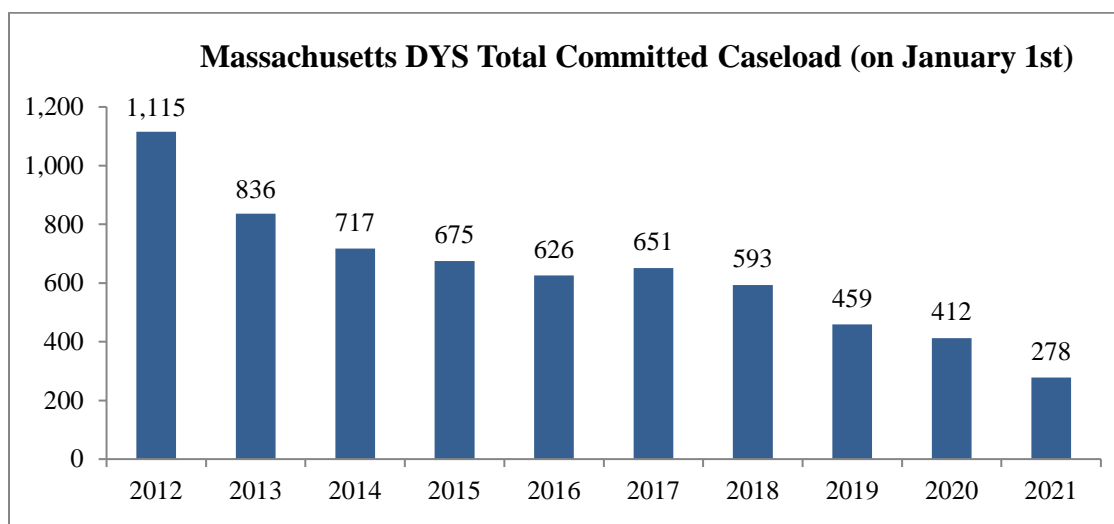


Figure 23. Massachusetts Department of Youth Services, Research Department, 2021.

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

⁶⁶ This is a point-in-time count on January 1, 2021.

⁶⁷ *Department of Youth Services 2015 Annual Report, December 2016.* <http://www.mass.gov/eohhs/docs/dys/dys-annual-report-2015.pdf>

juvenile cases (MGL, Chapter 218, §57). In SFY 2020, there are 4,809 juvenile delinquency cases filed in juvenile court, marking a 9% reduction from the prior year, and a 76% decrease from the high of juvenile delinquency cases filed in SFY 2011. (Figure 3). During SFY 2020, males represent 77% and females represent 23% of juvenile delinquency cases.⁶⁸ The race/ethnicity⁶⁹ of the individuals appearing before the juvenile court reveal White youth accounted for 38% of the population, followed by Hispanic youth (30%), Black/African American youth (28%), and Other (4%)⁷⁰ (Figure 24).

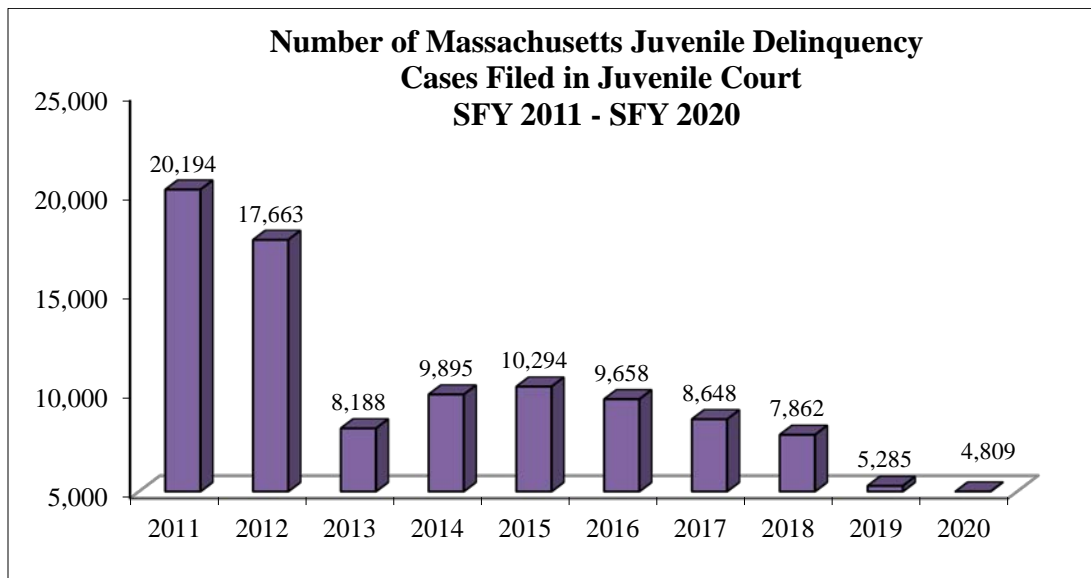


Figure 24. Executive Office of the Trial Court, Department of Research and Planning, *Case Filings and Demographics of Selected Juvenile Case Types*, June 16, 2021.

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.

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

⁶⁸ The gender of youth appearing before the Juvenile Court in delinquency cases is known in 5,217 of the 5,285 cases (99%).

⁶⁹ The Trial Court updated its reporting structure for race and ethnicity to conform to federal best practices since the last time this report was compiled. Reported racial categories are defined as the following: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, and Other or Mixed Race. The reported ethnicity categories are Hispanic or Latino, and Not Hispanic or Latino. For the purposes of this report, the Trial Court assigned the following racial / ethnic minority categories based on the information collected in the new reporting structure: White, Black, Hispanic, and Other. However, ethnicity information was missing or unknown in 31% of the sample, which could result in the undercounting of Hispanic individuals.

⁷⁰ The race/ethnicity of youth appearing before the Juvenile Court in delinquency cases is known in 4,378 of the 4,809 cases (91%).

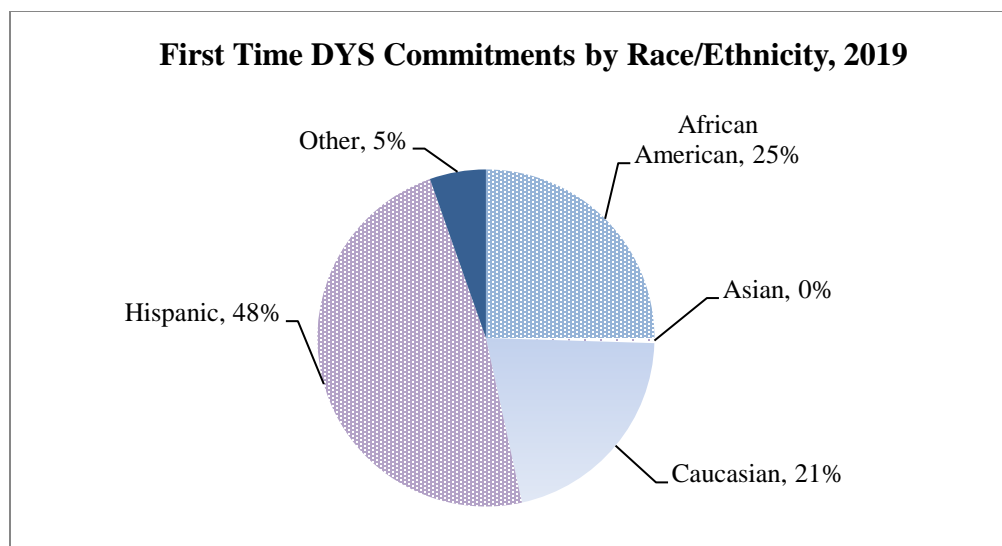


Figure 25. Massachusetts Department of Youth Services, 2019.

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 2020, there are 4,809 juvenile delinquency cases filed in juvenile court, marking a 9% reduction from the prior year, and a 76% decrease from the high of juvenile delinquency cases filed in SFY 2011. (Figure 3). During SFY 2020, males represent 77% and females represent 23% of juvenile delinquency cases.⁷¹ The race/ethnicity⁷² of the individuals appearing before the juvenile court reveal White youth accounted for 38% of the population, followed by Hispanic youth (30%), Black/African American youth (28%), and Other (4%)⁷³ (Figure 25).

⁷¹ The gender of youth appearing before the Juvenile Court in delinquency cases is known in 5,217 of the 5,285 cases (99%).

⁷² The Trial Court updated its reporting structure for race and ethnicity to conform to federal best practices since the last time this report was compiled. Reported racial categories are defined as the following: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, and Other or Mixed Race. The reported ethnicity categories are Hispanic or Latino, and Not Hispanic or Latino. For the purposes of this report, the Trial Court assigned the following racial / ethnic minority categories based on the information collected in the new reporting structure: White, Black, Hispanic, and Other. However, ethnicity information was missing or unknown in 31% of the sample, which could result in the undercounting of Hispanic individuals.

⁷³ The race/ethnicity of youth appearing before the Juvenile Court in delinquency cases is known in 4,378 of the 4,809 cases (91%).

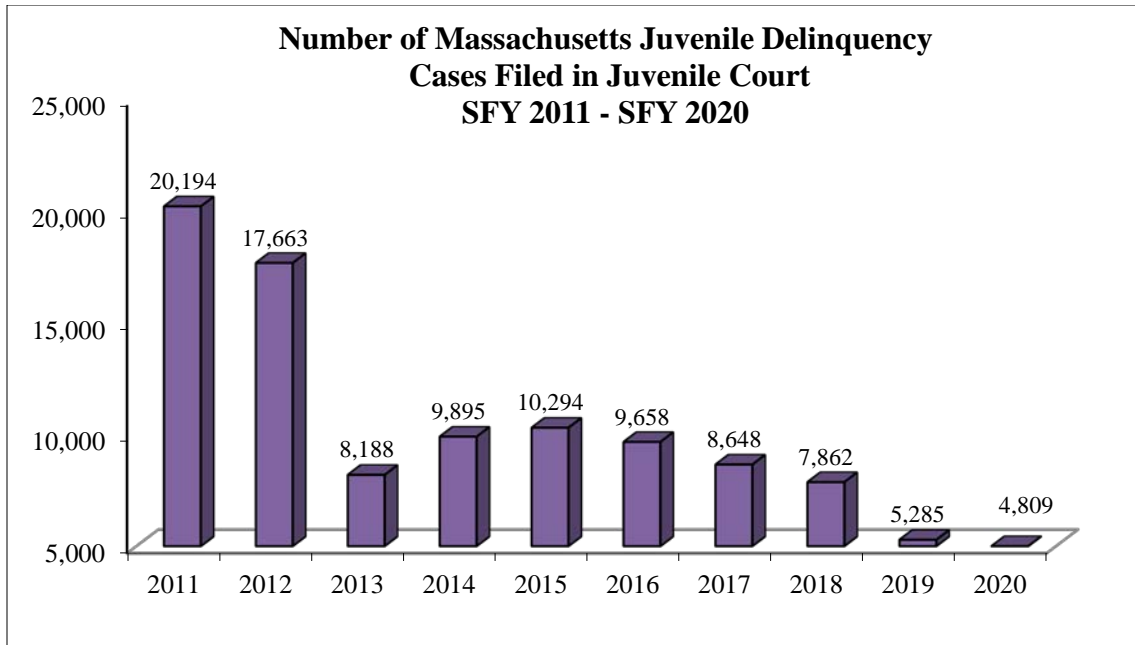


Figure 26. Executive Office of the Trial Court, Department of Research and Planning, *Case Filings and Demographics of Selected Juvenile Case Types*, February 21, 2020

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: PERSONAL PROTECTIVE EQUIPMENT

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.

PRIORITY #7: 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)⁷⁴ 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.

⁷⁴ <https://www.ccreilience.org/>

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.

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 \$70 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 FFY20 JAG funds are being developed now and will be implemented in the beginning in the fall of 2020 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 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.