Commonwealth of Massachusetts
Executive Office of Public Safety
Department of Correction

Governor's Commission on Corrections Reform
Major Recommendation #13

Dedicated External Female Offender Review

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Commissioner

August 1, 2005

Dedicated External Female Offender Review
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Executive Summary

The circumstances and conditions surrounding the death of a high profile inmate, former priest John Geoghan, resulted in an investigation that called for a more extensive review of our Department's policies and procedures. As a result, on October 17, 2003, Governor Mitt Romney established a Commission on Corrections Reform. The Commission, chaired by former Attorney General Scott Harshbarger, convened and conducted a comprehensive review of the Department of Correction.

Over the next eight months, the Commission met and conducted a review of our Department's Governance, Operations and Security, and Programs and Reintegration. On June 30, 2004, the Commission published a report of their findings. The report outlined eighteen major recommendations. In response, the Department of Correction conducted a feasibility review and developed a strategic implementation plan for each recommendation.

Subsequently, a Department of Correction Advisory Council was established by Executive Order of Governor Romney. The Advisory Council was established to work with and advocate for the Department of Correction during the implementation of these recommendations.

Our Department was pleased to learn that one of the eighteen major recommendations called for a review of the unique issues pertaining to female offenders in our custody. Soon thereafter, we began working with the Advisory Council to shape the scope of the study and to put together a one-time review panel of policymakers and stakeholders to conduct the review.

Female Offender Population

Female offenders and their crimes are different from their male counterparts. They have gender specific issues that significantly impact their potential for successful reentry. Creating an environment which provides these women with opportunities to address their issues is much more difficult because MCI-Framingham, the state's only committing facility for women in Massachusetts, is overcrowded and continues to experience substantial growth each year because of its diverse population. The population is made up of county awaiting trial and probation detainees; federal detainees; county, out-of-state, and state sentenced inmates; and civil commitments. During fiscal year 2004, 4,233 women were admitted to and 4,266 women were released from MCI-Framingham. In fact, the female offender population actually turns over six times per year. More than two-thirds of the admissions were detainees or civil commitments and more than half of the other one-third were house of correction inmates.

The Dedicated External Female Offender Review

The Dedicated External Female Offender review panel convened for the first time on March 14, 2005. The membership broke into five subgroups made up of stakeholders and policymakers and DOC support staff. The subgroups were assigned to assess Overcrowding, Booking and Admissions, Gender-Specific Medical Needs, Operations, Resources and Practices, Family Connections, Reentry, Treatment, and Fiscal Support.

The subgroups "hit the ground running", met bi-weekly, tripled their membership, conducted site visits, invited other policymaker and stakeholders to attend meetings, collected documentation and researched best practices. On August 1, 2005 each subgroup submitted its

findings and recommendations. The following are some of the panel's **major findings** and **major recommendations**:

Overcrowding; Booking and Admissions.

Major Findings:

- The issues of overcrowding, programming, warrant clearing, family connections and reentry are directly related to housing county women.
- Progress is being made on the separate facility in Western Massachusetts, which will house women from Hampden and adjacent counties. This supports the finding that, given the proper resources, counties can house their own women.
- There is an increase in the number of women civilly committed to MCI-Framingham for substance abuse issues (without criminal charges). These women are not receiving treatment. Those women who are civilly committed with criminal charges do receive treatment but do so with convicted inmates.
- A standard tool for assessing civil commitments is needed.
- The diverse population of detainee, county, state, federal and civilly committed female offenders affects the ability to offer effective programming and services.

Major Recommendations:

- Return pretrial detainees and sentenced house of correction inmates to their respective counties.
- Reopen detox centers throughout the Commonwealth, including secure and non-secure beds, with specific attention being paid to offering community-based services.
- Review the need for alternative sentencing options for female offenders (at the time of sentencing).

Gender-specific medical needs of female offender population.

Major Findings:

- Geographic segregation disproportionately negatively affects the health status and health care opportunities of female offenders in Mass.
- Majority of female offenders have trauma-related histories that negatively impact their health status and their successful utilization of health care services.
- Insufficient quality assurance and lack of quality improvement efforts across many of the health-related services areas impacting female offenders.

Major recommendations:

- DOC should progressively establish more local and regional correctional program options for women.

- The DOC should restructure its mission, staff training, and clinical and other female offender protocol management and habilitation programs to assure that they are trauma-informed and well-integrated.
- The DOC through Executive Branch consultation should determine appropriate options regarding establishing state health care quality assurance oversight of DOC medical and related services.

Operations; Resources and Practices

Major Findings:

- There is insufficient and inappropriate space for women prisoners who require segregation and isolation.
- There is insufficient staff to respond to prisoners' questions and concerns in a timely manner.
- The perception is held that a significant number of staff were problematic.

Major Recommendations:

- Create transitional unit at MCI-F for women with mental illness, who should not service close custody time.
- Reinstitute Unit Management. (3 positions recommended)
- Conduct formal survey of both staff and prisoners to improve staff-inmate interaction and improve gender-specific training.
- Reduce overcrowding and expensive transportation problems by studying the returning of prisoners who are awaiting trial and serving county sentences back to county facilities.
- Make significant improvements in maintenance and operations.
- Fill staff vacancies.

Family Connections; Reentry

Major Findings:

- Positive community involvement is important.
- Adequate case management services around parenting and family connections strengthens potential for successful reentry.
- Fostering positive relationships via community members, counselors or mentors strengthens potential for successful reentry.

Major Recommendations:

- Strengthen communication between the community and the state agencies; educate staff on gender-specific family issues and the important of family connections.
- Analyze staffing patterns.
- Develop and implement mentoring and other programs that promote positive relationships. Develop and implement partnerships with the community and develop in-reach strategies.

Treatment; Fiscal Support:

Major Findings:

- Female offenders need a comprehensive curriculum to meet their unique needs.
- Female offenders need more literacy instruction and special education instruction.
- There is a lack of good links to Adult Education and Workforce Development programs subsequent to release.

Major recommendations:

- Detainee awaiting trial and civil commitments should not be housed at MCI-Framingham.
- Female offenders should be housed closer to their respective communities.
- Reentry planning should begin as early as possible.
- Good parenting skills must be taught and emphasized.
- Gender-specific job development must be implemented.
- There should be portability for Adult Basic Education, English as a Second Language, job readiness and workforce development programs to Community Colleges.
- There needs to be an increase in the number of Special Education/Literacy teachers.
- The number of volunteers programs aimed at teaching and rebuilding socialization skills needs to be expanded.

Conclusion

In the detailed report which follows, the members of the Dedicated External Female Offender Review panel set forth their assessment of the nine major objectives. They identify minor and major problems with supporting data and propose remedies with short-term and long-term strategies. What they accomplished in less than four months in their comprehensive review of female offenders in our Department's custody can take years to do and then still not be done. Our Department recognizes and is very appreciative of the dedication, hard work, and commitment from the members of the Dedicated External Female Offender Review Panel. We will continue to value the relationships we have built with the panel members and hope that these relationships will expand in the future.

This is a very exciting time for our Department and we look forward to using this review as the very cornerstone by which we will improve our female offender culture.

GCCR Strategic Plan # 13

Dedicated External Female Offender Review

Review by Subgroup A

August 1, 2005

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Subgroup A
Executive Summary

The scope of our review centered on overcrowding at MCI-Framingham and the contributing factors including housing county inmates and civil commitments, as well as, the impact of sentencing, warrant clearing and programming. In order to accomplish our goals we met nine times during the months of March, April, May, June and July. We invited, and were joined by, representatives from agencies related to the scope of our review. The guests who joined us include: Michael Botticelli (Asst. Commissioner, Bureau of Substance Abuse Services, Department of Public Health), Brian Sylvester (Regional Manager, Southeastern Region, Bureau of Substance Abuse Services, DPH), Jim Walsh (Executive Director, Massachusetts Sheriffs' Association), and Brian Kearnan (DOC, Program Services Division).

Through these meetings, as well as, additional research, our group learned several things and offer several recommendations. The following are our top three recommendations:

1. Return pre-trial inmates and those with county sentences to serve their time in their respective counties acknowledging that some phase-in may be necessary.

2. Re-open detox centers throughout the Commonwealth with specific attention paid to offering community based services that meet the needs of civilly committed women, including the need for secure and non-secure beds.

3. Recommend consideration be given at the time of sentencing to those issues specific to the female offender and alternative sentencing options to be considered and utilized whenever possible (e.g. probation, electronic monitoring).

Subgroup A feels strongly that the above recommendations are critical to addressing the issues of overcrowding at MCI-Framingham. The above recommendations would also open the door to addressing the other aspects that were part of our review including programming, warrant clearing and sentencing.

I. Review placement which currently exists

A. Current Placement – Introduction and Background

The population of incarcerated women in the United States has reached unprecedented levels over the past decade. The population is smaller and significantly different from the male counterparts. It is often found that corrections professionals are reluctant to acknowledging that women in prison require special management, that they react differently, present a reduced risk for violence and generally require less security and custody attention. Overcrowding issues further complicate the challenges corrections professionals are faced with when dealing with the female offender.

MCI-Framingham houses awaiting trial inmates, county sentenced inmates and civil commitments in addition to state sentenced offenders. The population is quite diverse and the facility unique. Over the past several years, the number of females incarcerated in Massachusetts has risen. As a point of illustration, the total admissions to Framingham in 1994 were 2801 whereas the total admissions in 2004 were 4233. The awaiting trial population has nearly doubled since 1997, a population, one could argue, is misplaced at the state facility for women. MCI Framingham has a design capacity of 388 (excluding awaiting trial) but currently holds over 500 women[1]. While the statistics illustrate the overcrowding issue, one must also consider the importance of assigning female inmates to a facility that is most cost effective in achieving the goals of public protection and successful reentry. There are only two state-run facilities for female offenders, both located in Framingham: MCI Framingham and South Middlesex Correctional Center

B. Current Placement - MCI–Framingham

MCI-Framingham is a medium security correctional facility exclusively for female offenders, located twenty-two miles west of Boston. MCI-Framingham is the Massachusetts Department of Correction's (DOC) **only** committing institution for female offenders. It is noted as the second oldest female correctional institution in operation in the United States. The facility houses women at various classification levels, including state sentenced and county offenders, civil commitments and awaiting trial inmates (federal and county). The facility consists of four housing units within the compound, plus a two story 120+ bed modular housing unit. Also situated within the compound is a health service unit. The old administration building is presently used for inmate programming. The Betty Cole Smith Building includes inmate visiting, admissions processing area, administrative offices in addition to housing units.

[1] www.mass.gov/doc, Research Division

MCI-Framingham provides several program and treatment opportunities including mental health, medical, substance abuse, and family services, as well as educational, vocational, library, religious, recreation, and community service programs. Please see section II of the "Asses Booking and Admissions" piece of this report (pg. 25) for more information on programming at MCI-Framingham.

MCI-Framingham currently houses all female state sentenced inmates and either, all, or most of, the female offenders from the following counties: Essex, Middlesex, Norfolk, Plymouth and Worcester. The remaining counties either hold their own females or house their females in an adjacent county, generally for a fee. As a result, the population is diverse in many ways. There are some offenders serving weekend sentences while others are serving a life sentence without the possibility of parole. This vast difference makes it challenging, at best, to properly service the inmates in an effective and fiscally responsible manner.

Each county is obligated to report their inmate count each day to the DOC. This information is then prepared by the DOC and distributed by the Research Division. (See: Daily Count Sheet from 3-30-05, attached hereto as Appendix A.) It bears mentioning that there was some discussion over the accuracy of the information. As such, the information was given to James Walsh, Executive Director, Massachusetts Sheriff's Association for validation.

C. Current Placement - South Middlesex Correctional Center

Located across the street from MCI-Framingham, South Middlesex Correctional Center (SMCC) was founded in 1976 with an original population of twenty-five male inmates. South Middlesex Correctional Center is currently a two hundred-bed facility for minimum status and pre release female inmates within the Department of Correction. On July 1, 2002 South Middlesex Correctional Center's population became all female. South Middlesex Correctional Center consists of one large three-story building with a basement. The first floor consists of administrative offices, while the second and third floors are used as inmate living quarters. Most of these rooms are double occupancy, with some additional rooms that are either used as singles or house several women. As a Minimum Security and Pre release facility, SMCC is not within a secure perimeter and there are no lock-in cells. There are generally vacancies at South Middlesex Correctional Center as many arrive with complex medical or mental health issues requiring the services available at Framingham. Additionally, it is common for an offender to be deemed unsuitable for lower security at South Middlesex Correctional Center due to their unresolved legal issues needing resolution before an appropriate placement decision can be made.

The work release inmate population at South Middlesex Correctional Center holds jobs within the surrounding community. In turn, these inmates contribute 15% of their earnings to the Commonwealth of Massachusetts General Fund in order to help offset the cost of room and board. Minimum status inmates work within the institution as cooks, janitors, or carpenters, or in the community under direct staff supervision.

As you can see, both state facilities are located in Framingham, in many instances miles away from an inmate's support system and reentry community. Unlike populations (i.e. civil commitments, awaiting trial unit (ATU), county and state sentenced) are housed at MCI-

Framingham, which is taxing on resources and makes it difficult to manage from an administrative point of view. It is recognized that county corrections is more experienced and better equipped to deal with a county population (both ATU and sentenced) while state corrections is more experienced and better equipped to deal with a state population.

Several counties have had the luxury of concentrating on their male populations, while leaving virtually all responsibility for their females with MCI-Framingham.

D. Current Placement – Recommendations:

1. **The primary recommendation, and ideal solution, is to have county populations housed in county facilities and state populations housed in the state facility**. However, it is recognized that the female offender represents a small percentage of the total number of prisoners and so we recommend each county review how to manage their female county populations.

2. **Our secondary recommendation is to start placing/relocating county females awaiting trial not in MCI Framingham, but back in their home county or an adjacent/neighboring county facility.** In doing so, some counties may have to restructure their strategic plans to highlight the predicament for county female offenders.

3. **As soon as possible, each county should conduct a thorough review to assess their ability to house their female offender population, as well as neighboring counties' female offenders**. Great efforts and focus need to be paid to moving the county population from MCI-Framingham, again either to their own county or an adjacent/neighboring county.

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II. Review the need for alternative placement for county populations

A. County Placements - Introduction/Background

MCI-Framingham and South Middlesex Correctional Center are unique among state DOC facilities not just because they house female inmates, but also because nearly 67% of the population admitted annually to MCI-Framingham are either pre-trial inmates or those serving county sentences of less than 2 ½ years. This percentage includes almost all of the awaiting trial women and those given a county sentence of under 2½ years. More specifically, in fiscal year 2004, there were 2,682 females admitted to the awaiting trial unit (ATU). Approximately 96% of these are county inmates. Also, there were 2,830 females sentenced to Framingham in 2004 of which 868, or 32% were sent from district courts across the state[2]. In addition, 80% of the women who transfer to the lower security DOC facility of South Middlesex County Correctional Center are serving county sentences. All male pre-trial or county sentenced inmates serve their time in jails operated in their local jurisdictions by the respective sheriff of each county, with very few exceptions.

The combination in the two DOC women's facilities of female county inmates with very short sentences mixed with state-sentenced females serving long sentences has several operational implications. There is a management challenge to house inmates safely and efficiently in an overcrowded environment and to provide a wide mixture of programming for very different issues and needs of inmates. There is a fiscal implication in that it is usually more costly to house inmates in MCI-Framingham with its maximum security design than at county facilities. Finally there are ethical implications in that female county inmates are held in a facility away from their home area – distancing them from attorneys, families, children, and re-entry resources, unlike their male inmate counterparts.

B. Statistics

The federal Bureau of Justice Statistics continues to record that women inmates remain the fastest growing population. The Bureau of Justice Statistics reported that in 2003 101,179 women were housed in state and federal prisons – 6.9% of all prison inmates.[3] The number of female prisoners increased 3.6% from the previous year, higher than that of men –2.0%[4]. The average rate of growth for female prison inmates has remained at a higher rate than men since 1995. In 1995 the annual growth rate for women was 5.0% compared to the 3.3% growth rate for men. Since 1995, the total number of male prisoners has grown 29% compared to the

[2] www.mass.gov/doc, Research Division
[3] Harrison, P.M., & A.J. Beck. "Prisoners in 2003." Bureau of Justice Statistics Bulletin. November 2004. U.S. Department of Justice. Washington, D.C.
[4] Harrison, P.M., & A.J. Beck. "Prisoners in 2003." Bureau of Justice Statistics Bulletin. November 2004. U.S. Department of Justice. Washington, D.C

number of female prisoners – 48%.[5] Thus, the trend of the growth of the female prison population has been steady and forecasts anticipate a continued growth in the number of incarcerated females.

MCI-Framingham, the only maximum and medium state facility for women inmates and the second oldest women's prison in the country, reflects the high arrest and sentencing pattern of females by its growth rate and overcrowded environment. According to data maintained through the DOC Research and Planning Division in 2004, MCI-Framingham had an average daily population of 659 with 199 of these being detainees awaiting trial or civilly committed. South Middlesex Correctional Center maintained an average daily population of 99. The breakdown of years 2001 through 2004 is summarized on Table 1 below.

Table 1

As noted on the above table, in the year 2004 all of MCI-Framingham was filled beyond capacity with the largest overcrowding problem existing in the awaiting trial unit.

Pre-trial Detainees and Civil Commitments: From July 1, 2003 to June 30 2004 there were 2,830 females admitted to the Awaiting Trial Unit at MCI-Framingham. According to Mass.

[5] Harrison, P.M., & A.J. Beck. "Prisoners in 2003." Bureau of Justice Statistics Bulletin. November 2004. U.S. Department of Justice. Washington, D.C

General Laws Chapter 126 nearly all of these pre-trial women (96%) are under the responsibility of the respective county sheriffs with the exception of a small proportion (4%) of federal inmates, out-of-state women, and those sent from counties due to special circumstances. An historic practice evolved over the years in which several sheriffs chose to send their county females to the state facility. In 2004 the ATU Admissions statistics indicate that the four largest county pre-trial populations representing 84% of ATU counts are: Worcester County – 721 pre-trial admissions or 25%; Essex County – 720 admission or 25%; Middlesex County – 596 inmates or 21%; and Norfolk County – 372 or 13%. Twelve (12) percent or 321 detainees came from Barnstable, Bristol, Plymouth, and Suffolk Counties. Barnstable –1%; Bristol – 3%; Plymouth – 3%; and Suffolk – 5%. No pre-trial inmates went to MCI Framingham from Berkshire, Dukes, Franklin, Hampden and Hampshire Counties. Each of these counties hold pre-trial women within their own facilities[6].

Sentenced Women: In the year 2003, there were 2,682 women admitted to MCI-Framingham as sentenced. Of these 868, or 32%, were sent from district courts with county sentences. In addition to the Framingham population, 80% of the women at So. Middlesex Correctional Center are county inmates. Similar to the counties represented among the ATU population, Worcester, Essex, Middlesex and Norfolk Counties send their sentenced females to MCI-Framingham. Plymouth County also sends sentenced females to MCI-Framingham. Data clarifying where inmates were released to appears to validate this representation of county sentenced inmates. Although the following numbers represent a small proportion of state sentenced females, 80% of inmates released from MCI Framingham and So. Middlesex Correctional Center in 2004 returned to the above five counties. The rates of discharged females returning to each of the counties is as follows: Worcester – 200 inmates or 27%; Middlesex – 146 inmates or 20%; Essex – 110 inmates or 15%; Plymouth – 72 inmates or 10%; and Norfolk – 61 inmates or 8%. The remaining 20% are scattered among the other counties[7].

C. County Placements – History

Massachusetts General Laws (M.G.L.) Chapter 126 established the responsibility of locally elected sheriffs' for all pre-trial inmates and inmates sentenced to 2½ years and under within their county. Historically sheriffs sent female detainees and inmates to MCI-Framingham through a series of informal agreements. This practice was enacted either to address overcrowding in the county facilities or for convenience. While we recognize that M.G.L. Chapter 126, Section 42 states that "*The department shall maintain at the Massachusetts Correctional Institution, Framingham, a separate awaiting trial unit for females, to which female prisoners held for trial in accordance with section forty-two of chapter two hundred and seventy-six, may be transferred by the sheriff upon approval of the commissioner of correction if suitable facilities are not available in the county jail of the court of jurisdiction*…" it is clear that the intent of the law is for women to stay in their county of jurisdiction. Furthermore, the statute contemplates the need for county women to be placed at MCI-Framingham from time-to-time for specific reasons, e.g. disciplinary reasons, protection or other special circumstances, but not as the primary facility. County women inmates represent about 12% of the population of each jail

[6] www.mass.gov/doc
[7] www.mass.gov/doc

and these often, small, numbers of women present an operational challenge to house women inmates safely and with parity with their male counterparts.

In the decade of the 1980's only Berkshire, Dukes, and Nantucket Counties held all their female inmates. Most county females were therefore housed at MCI Framingham. Between 1989 and 1992 six counties elected to reclaim housing of the women inmates in their respective county facilities. In 1989, Barnstable County was the first of these. As of this writing (June 2005) they house 35 females, of which 14 are pre-trial. In 1991 Bristol County returned its females to the Bristol County Sheriff's Department. As of this writing they have a total count of 133 women of which 53 are pre-trial, 54 are county sentenced, 2 have state sentences and 23 are federal INS inmates.

Two class action lawsuits assured the return of women to Suffolk, Franklin, Hampden and Hampshire Counties. In 1988 a class action lawsuit was initiated in Suffolk County indicating that county women should not be held, as a class, away from their county facilities. Because a new jail facility was being constructed in Boston and the Suffolk County administration agreed to include space to house its county women, this lawsuit was settled amicably and women were returned to both the Suffolk County House of Correction and their jail in 1990. In 1990, a similar lawsuit was initiated in Hampshire County, Warrick v. Vose et al.,that embraced Hampshire, Hampden and Franklin County women. The litigants argued that unless there was a compelling reason to house women, as a group, away from home, the practice was unconstitutional gender discrimination. The plaintiffs argued that women, as a class, cannot be treated differently than male offenders. The lawsuit highlighted that by being housed away from their county, female offenders endured particular hardship relative to access to attorneys and families. As a result of this lawsuit Hampshire and Franklin Counties ceased sending female county inmates to Framingham in 1990. Hampden County agreed that it would continue housing some females at the Western Mass. Correctional Alcohol Center, it added females to its pre-release center, and to its day reporting program. Hampden County further agreed to include the remainder of its maximum and medium security inmates in the new facility it was constructing and it also offered to house sentenced females from Hampshire and Franklin in its new facility. This was acceptable to the courts since pre-trial detainees would still be close to attorneys and sentenced females were not far away and administrators agreed to assist with family visits if needed. When Hampden County opened its current jail in 1992, all its women were returned to the county and in fact its women's unit was recognized as regional for sentenced females only. Thus, this lawsuit was also amicably resolved.

Today, 13 pre-trial detainees are held at Hampshire County jail, 6 detainees are held at Franklin County jail, and 184 females are held in Hampden County of which 55 are pre-trial, 78 are sentenced in medium security, 26 are in the pre-release facility, 13 at the Western Mass. Correctional Alcohol Center, and 7 are in the community on the day reporting program. Berkshire County has a count of 59 females of which 15 are awaiting trial, 38 are sentenced, and 6 are on day reporting.

In 1997, the Essex County Women in Transition program was opened to house a portion of women inmates in their county in a minimum and pre-release level facility. This facility houses 24 inmates with an additional 20 in a day reporting residential program.

Five counties continue the practice of housing some or all of their inmates at MCI-Framingham. These are Essex County, Middlesex County, Norfolk County, Plymouth County, and Worcester County.

D. County Placements - Fiscal Implications

The research division of the DOC reports that the annual cost of housing a female offender at MCI-Framingham is $41,502.41. This amount is higher than the average county rates. Most county budgets report an annual cost per inmate nearly $10,000.00 less. A sample illustrates this: in 2005, Hampden County had an average cost per inmate of $29, 753.94; Worcester County an inmate cost of $28,813.88; Essex County $28, 216.78; and Franklin County $33,147.83. Only Middlesex County exceeds Framingham's inmate cost with an inmate cost of $42,389.56. Hampshire County has a close but lower inmate cost of $38,489.63.[8] Therefore, to house county inmates at the state prison in Framingham is generally more expensive. In addition, inmates in counties frequently have access to lower security opportunities, such as day reporting programs. These cost much less to operate and therefore also represent a cost savings when inmates can access them.

E. County Placements - Ethical Implications

When pre-trial detainees or inmates with county sentences spend their time at MCI-Framingham or SMCC, isolated from their home areas, they experience a hardship due to lack of access to attorneys, families and children, and re-entry resources such as job access or connection to community agencies. The two class action lawsuits acknowledged the importance of this local access to the quality of legal representation and ability to plan for re-entry.

F. County Placements - Recommendations:

Subgroup A addressing overcrowding unanimously agreed that the presence of county inmates serving their time at MCI-Framingham contributes significantly to overcrowding. In addition, the blend of county and state inmates together add operational challenges that inhibit providing the range of programs and available resources tailored to the issues of adjustment or re-entry that are so varied. The subgroup agreed upon the following recommendations.

1. **Return pre-trial inmates and those with county sentences to serve their time in their respective counties.** While this goal may need to be implemented in phases, the priority is the return of pre-trial inmates as soon as possible due to their complex legal and family issues. County-sentenced women should be integrated into all lower security facilities and programs available to male inmates, such as pre-release or day reporting centers, as

[8] Massachusetts Sheriffs' Association

soon as possible. Adding women to these programs may be another stage of county-re-entry while more expensive accommodations for medium security inmates are identified.

2. **Fully support the construction of a stand-alone facility in western Massachusetts without further delays**. Assure that this project is fully implemented including all the planned beds in order to accommodate regional county-sentenced females along with adding additional state females. In order to accommodate the increased building cost due to delays, support the appropriation of necessary monies through a supplemental budget to construct the originally planned beds. It is understood that proper and complete construction of the total facility in the start-up phase will facilitate taking inmates earlier from MCI-Framingham to reduce overcrowding and will be cost-effective in the long run.

3. As a means to re-integrate county women to their local areas, it is **recommended that counties consider a regional model similar to the Hampden County project** that will serve sentenced females but sustain the housing of pre-trial women in the local jurisdiction near the courts.

III. Review the need for alternative placement for civil commitments

A. Civil Commitment in Massachusetts - Background

Civil or involuntary commitment for alcoholism and substance abuse has a long history in the Commonwealth of Massachusetts. Massachusetts initially passed legislation in 1932 for the commitment of alcoholics in Chapter 123 of Massachusetts General Laws (M.G.L.).[9] What is known as civil commitment today is set forth in Chapter 123, Section 35 of the M.G.L. and permits a District court to involuntarily commit an alcoholic or substance abuser, for up to thirty days, to an inpatient facility approved by the Department of Public Health (DPH), when there is the likelihood of serious harm as a result of his/her alcoholism or substance abuse.

The history of civil commitment as it relates to women has been, and continues to be, a topic of public debate, as well as, subject to fiscal appropriations. The first version of what is referred to as "Section 35" was delineated in 1970 and outlined that treatment would be provided at approved treatment facilities with MCI-Framingham used only as a last option. The legislation also directed that if the Department of Correction (DOC) MCI facility was used, involuntarily committed females were to be housed and treated separately from the prison population of criminally convicted females.[10]

In 1988 a lawsuit was filed, Hinkley, et al. v. Fair, et al., regarding the treatment of females under a Section 35 commitment order. As party to the 1988 lawsuit, the Executive Office of Health and Human Services (EOHHS) participated in a settlement agreement and made a commitment to provide alternative treatment options in the community as a way to end the practice of treating civilly committed women solely at MCI-Framingham. (See: Settlement Agreement, attached hereto as Appendix B) In that same year, the Commonwealth adopted a policy that called for the expansion of services for civilly committed women within the public health system to eliminate the need for commitments to MCI-Framingham and the Commonwealth funded a twenty-bed, 28-day substance abuse treatment program for women civilly committed at the Osteopathic Hospital in Boston. Participation in this program was considered voluntary and the facility was not viewed as a secure setting. There was a similar twenty-bed program for women opened in Fall River and efforts were made by DPH to absorb Section 35 clients into the community detoxification (detox) system.[11]

These were the first of many good-faith efforts to fulfill the principles and goals of the Hinkley et al. Settlement Agreement. Additionally, statewide and regional coordinators were funded through the DPH to assist in the placement of Section 35 clients in the community, and, detox

[9] Barton, Sherrad. "Massachusetts General Law Section 35 History Narrative." Prepared for the Institute for Health and Recovery. April 30, 2002.
[10] Id.
[11] "Section 35." Prepared by Brian Sylvester, Bureau of Substance Abuse Services, Department of Public Health. April 2005.

programs were offered enhancement rates to admit these clients. In 1999, a six-bed secure unit was opened in Fall River for civilly committed women who had a history of elopement and the unit was expanded to eight beds in 2001. Additional funding was provided by the legislature to establish a similar program in the western part of the state, and a similar five-bed unit opened in Westborough in 2000.[12] Also, in FY '98 DOC/MCI-Framingham proposed a separate program for awaiting trial detox and treatment. The unit would have been self-contained and designed to meet the special needs of the awaiting trial population. The awaiting trial and Section 35 commitments would have been given priority for participating in this program, but funding was never secured.[13]

Unfortunately, the Commonwealth began cutting funds for its efforts to properly serve civilly committed women almost as soon as they got started. Regional coordinators and enhancement rates were discontinued around 1995. In 2001, the Westborough program was closed just one year after its opening. In 2003, the severe downsizing of the public acute treatment system (ATS), where the bed capacity was essential for addressing this population, was cut in half and DPH closed five of nineteen detox centers, including: Framingham Boston, Leominster, Quincy and Casper. In our conversations with DPH, we learned that these cuts have reduced the number of DPH detox beds from approximately 950 to around 400. These cuts have dramatically reduced access to treatment for Section 35 clients and resulted in an increase in women being sectioned to MCI-Framingham.

The eight beds at the Stanley Street facility in Fall River are currently the only secure DPH detox beds for women in the entire Commonwealth. The remaining publicly funded, non-secure, detox beds (approximately 400) are gender neutral.

Massachusetts Civil Commitment Statute:

The relevant part of current M.G.L. Chapter 123, Section 35 reads as follows:

" If, after a hearing, the court based upon competent medical testimony finds that said person is an alcoholic or substance abuser and there is a likelihood of serious harm as a result of his alcoholism or substance abuse, it may order such person to be committed for a period not to exceed thirty days. Such commitment shall be for the purpose of inpatient care in public or private facilities approved by the department of public health under the provisions of chapter one hundred and eleven B for the care and treatment of alcoholism or substance abuse. The person may be committed to the Massachusetts correctional institution at Bridgewater, if a male, or at Framingham, if a female, provided that there are not suitable facilities available under chapter one hundred and eleven B; and provided, further, that the person so committed shall be housed and treated separately from convicted criminals. A person so committed may be released

[12] "Section 35." Prepared by Brian Sylvester, Bureau of Substance Abuse Services, Department of Public Health. April 2005.

[13] Massachusetts Department of Correction, MCI-Framingham Detoxification Unit – DRAFT PROPOSAL

prior to the expiration of the period of commitment upon determination by the superintendent that release of said person will not result in a likelihood of serious harm. Said person shall be encouraged to consent to further treatment and shall be allowed voluntarily to remain in the facility for such purposes." (See: M.G.L. Chapter 123, Section 35 attached hereto as Appendix C)

B. Civil Commitment and its Current Impact on MCI-Framingham Overcrowding

In our efforts to address the issue of civil commitments sectioned to MCI-Framingham we invited administrators from DPH to join us for a discussion. Through this meeting, as well as from our subsequent research, Subgroup A identified four issues of concern with civil commitments as it relates to overcrowding at MCI-Framingham. These issues stem from:
1. The fact that MCI-Framingham is not designed to serve as a public acute treatment center for alcoholism and substance abuse and currently, cannot separate populations; 2. The lack of a standardized assessment tool for the civil commitment procedure; 3. The expanded use of Section 35; and 4. No viable early release procedure.

1. MCI-Framingham is not an acute treatment center for substance abuse and currently, cannot separate populations

The most obvious problem identified by Subgroup A, in regards to civilly committed women, is that MCI-Framingham is not designed, equipped or staffed to serve as an acute treatment facility for substance abusers, much less as the primary such facility for women in the state.

The substance abuse program at MCI-Framingham is not funded, approved or licensed by DPH.[14] The only MCI-Framingham substance abuse program is called the "First Step Program"

[14] Chapter 111B, Section 6, concerning the licensing and approval of public or private detoxification facilities, states:
"The department [public health] shall issue for a term of two years, and may renew for like terms, a license, subject to revocation by it for cause, to any person, other than a licensed hospital, a department, agency, or institution of the federal government, the commonwealth or any political subdivision thereof, deemed by it to be responsible and suitable to establish and maintain a facility and to meet applicable licensure standards and requirements. **In the case of a department, agency or institution of the commonwealth or any political subdivision thereof, the department shall grant approval to establish and maintain a facility for a term of two years, and may renew such approval for like terms, subject to revocation by it for cause."**
. . .
No person, excepting a licensed hospital, a department, agency or institution of the federal government, the commonwealth or any political subdivision thereof, shall operate a facility without a license **and no department, agency or institution of the commonwealth or any political subdivision thereof shall operate a facility without approval from the department pursuant to this section.**

and it provides substance abuse treatment services to women who have been sentenced, are awaiting trial, have been civilly committed, or have been identified as needing immediate detoxification and treatment. The First Step treatment component consists of a 35-day (note that Section 35 civil commitments expressly limit the commitment to a maximum of 30 days) schedule of classes on substance abuse education, relapse prevention and parenting and interpersonal skill acquisition. There is also an aftercare/discharge-planning component where women are referred and/or placed in post-release treatment settings as their circumstances allow**.**

The First Step Program was created as a result of language included in the Fiscal Year 1996 budget that required the DOC to establish and operate a twelve-bed treatment unit for female offenders by no later than January 1, 1996.[15] The First Step Program was designed to meet the needs of the MCI-Framingham female offender population – not the needs of civil commitments, as evident in its 35-day structure and its lack of DPH approval/licensing. Additionally, of key importance here is the fact that not all civilly committed women are even eligible for the First Step program – for, after consultation with DOC Legal Offices, DOC decided that a woman committed solely on a Civil Section 35 commitment is not housed/eligible for Phase II of the First Step Program.[16] Therefore, **unless a criminal charge is attached, the civilly committed woman will receive only basic detox services and is ineligible for participation in the full treatment program**. Even given the criminal charge requirement to participate, a waiting list to enter this program currently exists at MCI-Framingham. An example of the waiting list for the First Step Program, provided by DOC, suggests that the list increased from 37 to 53 in June 2005 alone. In this context, it is important to note that there are civilly committed women with criminal charges attached at MCI-Framingham who are not receiving substance abuse treatment and some who get released before such treatment because they are too far down the waiting list. Clearly, MCI-Framingham (and its First Step Program) does not have the capacity to serve the number of civilly committed women in the Commonwealth.

Moreover, Section 35 expressly states, "The person may be committed to the Massachusetts correctional institution a*t* Bridgewater, if a male, or at Framingham, if a female, provided that there are not suitable facilities available under chapter one hundred and eleven B.*"* However, Section 35 *also requires that "****the person so committed shall be housed and treated separately from convicted criminals.****"* (Emphasis added)

Due to overcrowding and the existence of only one substance abuse treatment program, separate housing and treatment is not the present practice at MCI-Framingham We learned from DOC staff that currently at MCI-Framingham, the civil commitments that are eligible to participate in the First Step Program do so along with awaiting trial and sentenced populations because it is the only program available: this program serves the convicted population simultaneously with the civilly committed population. Additionally, the civilly committed populations with no criminal charges are housed with the criminally charged awaiting trial population, separate from the

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[15] Massachusetts Department of Correction, MCI-Framingham Detoxification Unit – DRAFT PROPOSAL
[16] Id.

sentenced population but without substance abuse programming. These are the current realities of housing civilly committed women in a correctional institution instead of a detox center.

It is also important to note that unless a civilly committed woman is sent to a DPH detox center she is not a DPH client. Upon commitment to MCI-Framingham, civilly committed women are the sole responsibility of DOC. We did learn that there are currently two, part-time coordinators, funded through DPH, at the Institute for Health and Recovery that work to help move civilly committed women out of MCI-Framingham and into a community treatment facility. The Institute for Health and Recovery reported that in FY 2005, 116, of the 148 straight civil commitments, were transferred from MCI-Framingham to a community treatment center prior to the end of their commitment and 195 were diverted from ever going to MCI-Framingham by this service. DOC reports that the average stay for straight civil commitments, with out substance abuse treatment, before being transferred to a community detox bed is 17 days. While, it has been difficult for our Subgroup to understand how DOC can be solely responsible for the treatment of individuals who have been committed for substance abuse, especially those who have no criminal charge attached, we support and acknowledge the efforts of DPH, and the Institute for Health Recovery, to locate beds for civilly committed women among the drastically reduced number of community based, publicly funded detox centers.

2. Section 35, Civil Commitment - Assessments

The assessment process used for civil commitments is also a concern that our Subgroup identified. DPH does not assess civil commitment clients. Civil commitment assessments are done in the courts by a designated, Department of Mental Health (DMH), forensic psychologist. The Section 35 statute and DPH regulations do not require the use of a standardized assessment tool for the examination and evaluation of possible civil commitments.

After reviewing fourteen Section 35 assessments (See: Civil commitment assessments attached hereto as Appendix D) provided to us by DPH, (with the confidentiality of the clients secured), it is clear that there is a lack of standardization in the assessment process. All six assessments were very different; they ranged from hand written on plain paper (no letterhead, no format), to typed letters (again no established format), to the use of "Section 35" forms (of which there were two different forms, neither of which is created by DPH).

This lack of Section 35 standardized assessments is viewed as problematic by this Subgroup. First, it is difficult for a judge, or anyone, to identify and document the current condition of the client, the client's history and the demonstrated likelihood of harm to self or others when all assessments presented are in different formats. Second, without a standardized assessment tool it is not clear that all evaluators are including all pertinent information in their examination of the client. For example, several of the assessments reviewed do not mention mental status, do not substantiate danger to self or others, and/or do not include the name of petitioner as well as other pertinent information about the case and the client.

Lastly, the lack of standardization creates a situation where the key elements required for civil commitment are often left out or unidentifiable. Involuntary commitment and likelihood of harm to self or others are two key components of the Section 35 statute that are not clearly addressed

in these assessments. In the assessments reviewed by the Subgroup, there is a consistent lack of demonstrating or substantiating the likelihood of harm to self or others. Substance abuse, in and of itself, does not meet the definition of "harm" as defined in Chapter 123, Section 1 of the M.G.L.[17]

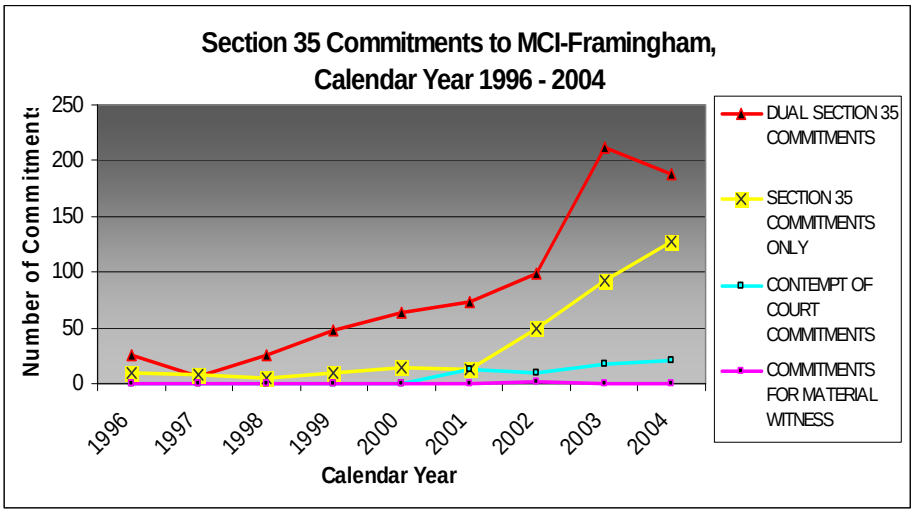
Additionally, there are possibly two examples of a voluntary admission, or statement of wanting to go, into detox recorded in the reviewed assessments. Unlike Chapter 123, Section 12 (concerning the civil commitment for mental illness), Section 35 does not include language that specifically allows for voluntary admission to treatment and prohibits civil commitment if said person is willing to be admitted.[18] This difference in language has important implications on the treatment setting and success. Substance abuse experts suggest that treatment is most successful when people can be held in the least secure setting and willingly seeking treatment.

3. Section 35 Civil Commitments – Expanded Use:

As funding for detox centers and DPH's effort to properly serve civilly committed women has been cut, the use of Section 35 has expanded and commitments to MCI-Framingham have increased. This is represented on the following chart by the spike in both dual Section 35 commitments and straight Section 35 commitments around 2002-2003 when the severe downsizing of DPH acute treatment centers occurred.

[17] M.G.L. Chapter 123, Section 1 provides the definition as:
""Likelihood of serious harm", (1) a substantial risk of physical harm to the person himself as manifested by evidence of, threats of, or attempts at, suicide or serious bodily harm; (2) a substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; or (3) a very substantial risk of physical impairment or injury to the person himself as manifested by evidence that such person's judgment is so affected that he is unable to protect himself in the community and that reasonable provision for his protection is not available in the community."

[18] Chapter 123, Section 12(c) states:
"No person shall be admitted to a facility under the provisions of this section unless he, or his parent or legal guardian in his behalf, is given an opportunity to apply for voluntary admission under the provisions of paragraph (a) of section ten and unless he, or such parent or legal guardian has been informed (1) that he has a right to such voluntary admission, and (2) that the period of hospitalization under the provisions of this section cannot exceed three days. At any time during such period of hospitalization, the superintendent may discharge such person if he determines that such person is not in need of care and treatment."



Information/chart obtained from MCI-Framingham fiscal year reports – "Strategic Plan #13, Proposed Scope of Female Offender Study, Information for Female Offender Review Panel Members."

The lack of DPH publicly funded substance abuse treatment facilities has created a situation where people are using Section 35 as a means to access the MCI-Framingham publicly funded detox program. It has been suggested to us that judges may be put in the position where the only option available to them to order publicly funded substance abuse treatment for women is to section the woman in front of them to MCI-Framingham. It also appears that minor criminal charges, i.e. shop lifting, are being attached more frequently because, as noted previously, civilly committed women are only eligible for MCI-Framingham's First Step Program if a criminal charge is attached. Unfortunately for women, this often leads to confinement to MCI-Framingham and, because of a long waiting list, often without receiving any substance abuse treatment.

Through our research and documentation provided for us by DOC, we found that from January 1, 2004 to December 31, 2004 a total of 315 women were civilly committed to MCI-Framingham, 188 with cash bail mittimus and 127 on Section 35 commitments only. Of those 315 only 148 were in the First Step Program. Because women who are civilly committed with out a criminal charge are not even eligible for the First Step Program and the long waiting list that currently exist for the program, more than half of the women who were civilly committed to MCI-Framingham in 2004 did not receive the substance abuse services they were specifically sent there for. This appears to be contrary to the language in the statute that states, "*Such commitment shall be **for the purpose of inpatient care** in public or private facilities approved by the department of public health under the provisions of chapter one hundred and eleven B **for the care and treatment of alcoholism or substance abuse.**"* (Emphasis added) This also creates a situation where civilly committed are not getting the treatment expected by their families and the courts that ordered the treatment.

4. Section 35 Civil Commitments and Potential Early Release:

Section 35 states: " . . . A person so committed may be released prior to the expiration of the period of commitment upon determination by the superintendent*."*

This language gives express authority to the "superintendent" of the facility – whether operated by DPH or MCI -- to grant early release to a civilly committed woman. In 1990, at the request of then Secretary of EOHHS Phillip Johnston and DPH Commissioner David Mulligan, Attorney General James Shannon examined the meaning of this part of the statute and concluded that not only does Section 35 permit the head of a facility to release a person committed to said facility prior to termination of the commitment period upon determination that the release would not result in a likelihood of harm, but that "superintendent" also includes the Superintendents of Massachusetts' Correctional Institutions (See: Letter from A.G. James Shannon attached hereto as Appendix E).

Referring to this language of the statute, DPH suggests that the Superintendent at MCI-Framingham can make determinations as to the full and early release, or release to a step-down program, of civilly committed women sectioned to the prison. Through discussions with corrections experts it became clear that it is not the practice of the DOC, specifically Superintendents, to assess and make determinations as to the mental and/or physical health of civil commitments and decide on an early release date. The Subgroup agreed that this was quite reasonable considering DOC Superintendents are not trained as substance abuse specialist and are not qualified to make these determinations, as well as the fact that the DOC is not structured or staffed to make these determinations or to identify available resources in the community based detox system to accommodate any such release.

Therefore, the statute creates a problematic situation where civil commitments sectioned to MCI-Framingham will not be released early, even if the facts may warrant an early release or a release to a step-down program. Thus, some civilly committed women end up staying at MCI-Framingham longer than they need to, even though they are not receiving any treatment. This is another factor that contributes to overcrowding.

C. Civil Commitments - Recommendations:

Subgroup A agrees that it is imperative that the current situation of housing civilly committed women at MCI-Framingham, either with programming but not separate from the convicted population or separate from the convicted population but without substance abuse treatment programming, needs to be addressed immediately. Addressing this problem will help reduce overcrowding at MCI-Framingham, but most importantly it will help to assure that civilly committed women are receiving the substance abuse treatment expected by their families and the courts. To this end, we offer six recommendations.

1. **The Commonwealth of Massachusetts must re-open detox centers throughout the Commonwealth with specific attention paid to offering community based services that meet the needs of civilly committed women, including the need for secure and non-secure beds.** The Department of Public Health must fulfill its statutory obligation that civilly committed women receive substance abuse treatment. The Commonwealth of Massachusetts needs to re-commit itself to publicly funding public substance abuse services and re-opening DPH approved community based detox centers. Investing in community based substance abuse treatment centers needs to be a priority in the Commonwealth's efforts to restore core services. In doing this, we need to pay particular attention to the need for secure beds to treat women who have been civilly committed so they simply do not end up at MCI-Framingham because there is no other place to send them.

2. **The Department of Public Health, in conjunction with the Department of Mental Health, should establish a standardized assessment tool for the use of Section 35 civil commitments.** DPH and DMH should distribute the form to all courts, and DMH forensic psychologist, and work with other agencies, including the trial courts division, to guarantee the training in, and use of, the standardized assessment tool for all civil commitments. The standardized assessment tool should include substance abuse criteria and clear declaration of danger to self or others.

3. **A survey should be performed on the current situation of civilly committed women at MCI-Framingham.** In our conversations with DPH, Bureau of Substance Abuse Services, they have offered to administer a survey and conduct some research, in conjunction with DOC and DMH, as to characteristics of the civilly committed population at MCI-Framingham. This survey should include criminal charges, bail, petitioner, insurance, voluntary commitment, programming, and appropriateness of Section 35 commitment. This survey could be a useful tool in carrying out our other recommendations and meeting the needs of the female civilly committed population. A preliminary survey of civil commitments at Massachusetts Alcohol and Substance Abuse Center (MASAC), administered by a team, representative of DMH Forensic Mental Health Specialist and DPH/BSAS, suggests that 35.7% of commitments were seen as not having documentation that would meet the criteria for a Section 35 commitment. We believe this may be even higher for women at MCI-Framingham.

4. **Inform and educate relevant district court personnel, including judges, on the expanded use and realities of Section 35 placements at MCI-Framingham**. This information and continuing education must include a concentration as to where civilly committed women end up and the lack of substance abuse programming for civilly committed women at MCI-Framingham. It should also address the need for the courts use of a standardized assessment form, the impact of adding a criminal charge to a civil commitment and the reality that DOC Superintendents do not release civil commitments prior to their 30 days.

5. **Create a multi-agency collaborative group to address the issues faced by civilly committed women.** This collaborative should include, at the very least, representatives from the DPH, DOC, DMH, the trial courts division and the General Court. In the 1990s, after the Settlement Agreement that resulted from Hinkley, et al., the above branches and agencies committed themselves to addressing the lack of secure beds for civilly committed women and the problems related to sectioning civilly committed women to MCI-Framingham. It is time to re-commit to this multi-agency collaborative approach to learning about and addressing the issues related to the lack of appropriate services for civilly committed women in the Commonwealth.

6. **Further review needs to be done as to the modification of Chapter 123, Section 35 of the Massachusetts General Laws or DPH regulations regarding civil commitments.** Specific issues that should be addressed include: modifications to the superintendent's authority to grant early release; requiring DPH, in conjunction with DMH, to create a standardized assessment tool for the evaluation of potential civil commitments; and the clarification of the client's right to voluntary admission to treatment and in which type of facility.[19]

[19] Subgroup A learned from discussions with Superintendents from MCI-Framingham and MASAC that there have been no voluntary commitments to MCI-Framingham, but there have been voluntary commitments to MASAC

IV. Review the need for a stand-alone facility in western Massachusetts

A. Stand-alone facility - Introduction

The Harshbarger Report that created the current Female Offender Review Panel made note of another issue relative to the needs of women offenders. It urged an examination of the need for a stand-alone facility for women inmates in western Massachusetts "to help to ease overcrowding in Framingham and provide female offenders in western counties with better access to local post release programs and community services for housing, education, employment, counseling, and treatment."[20] As the overcrowding committee explored the extent of overcrowding at MCI Framingham and the need to support re-entry with access to resources for women in local communities, Subgroup A unanimously supports the construction of the women's facility in western Massachusetts that has been in planning stages but was stalled due to fiscal constraints.

B. Stand-alone facility - History

Responding to a request from the Sheriff of Hampden County, the Massachusetts legislature appropriated money in 1996 [21] to construct a free-standing women's facility. At that time the need for this facility was documented to support adequate and equal treatment for women in county corrections in the western Massachusetts area in a gender-responsive physical and program environment. At that time the projected growth of women inmates was studied and anticipated, eventually straining the 126 beds for women at the facility in Ludlow. The Hampden County Correctional Center in Ludlow is a regional site for sentenced women from Hampden, Hampshire, Berkshire, and Franklin Counties. The plan for the new jail is to maintain this philosophy of providing a regional setting for sentenced women to maximize resources for comprehensive rehabilitative gender-responsive programming. It was also decided to maintain the housing of pre-trial female detainees in their home jails for access to attorneys and families and to encourage each Sheriff to participate in the re-entry planning and community re-integration at least 60 days prior to inmates' release. Land was identified and purchased in Chicopee, Massachusetts that was suitable for this project. Planning was undertaken for a project design. The jail plan was sent out to bid and a contractor selected for construction in 2003. Suddenly, due to fiscal constraints the entire project was placed on hold for further review.

In 2005 the governor approved the re-commencement of the project. At this writing a contractor has again been selected and the construction of the jail appears to be imminent. The original facility was designed for 176 beds. Due to the two year delay in awarding the contract, inflation, and a shortage of available funding, the project was re-bid with a base bid of 120 cells and support functions. The 56 cell housing unit is bid as an alternate possibility. At this writing this last housing unit may be delayed and not constructed due to fiscal challenges.

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[20] Commonwealth of Massachusetts Governor's Commission on Corrections Reform. "Strengthening Public Safety, Increasing Accountability, and Instituting Fiscal Responsibility in the Department of Corrections." June 2004. Boston, MA.

[21] Chapter 12 of the Acts of 1996

The Sheriff of Hampden County has historically allowed DOC male inmates from Hampden County who have less than 9 months to serve on their sentence to complete their sentence in Hampden County based on the availability of beds. There is no DOC re-entry point west of Worcester. Space permitting, the Sheriff has already agreed to re-open the new facility to assist DOC by taking short-term sentenced women from western Massachusetts to help relieve the overcrowding in Framingham and to help women inmates in the re-entry process to have better access to local jobs and services. Currently, Hampden County Correctional Center is near capacity with its 184 women. If the Berkshire County sentenced female population were added to this number as currently considered, the number of beds in the new facility would necessitate all planned housing units and beds if this jail were to be able to accommodate the addition of state-sentenced women from Framingham or So. Middlesex Correctional Center.

C. Stand-alone facility - Recommendations

1. **Subgroup A unanimously supports the construction of a free-standing facility in western Massachusetts. It urges that the project be expedited as soon as possible.**

2. **The subgroup further endorses the construction of the full program of 176 cells and supports an additional appropriation to fund this project.**

3. **The subgroup recommends that this regional facility add state-sentenced females as further study and agreements determine.**

Assess booking and admissions of female offenders

I. Review sentencing and impact

A. Sentencing – Background and Issues of Concern

"Drug convictions have caused the number of women behind bars to explode, leaving in rubble displaced children and overburdened families," said the 80 page report, *Caught in the Net: The Impact of Drug Policies on Women and Families.*[22]

Women are being sent to prison in ever increasing numbers on drug charges, even though they typically play only minor roles in drug trafficking, according to a report by the American Civil Liberties Union and two other groups.[23]

In 2003, 28% of the female population was serving a sentence for a drug offense. Of the 28%, 12% were serving mandatory sentences. Mandatory sentences prohibit parole, earned good time, work release and other pre-release programs until he/she has served the mandatory minimum sentence. This inability of the offender to step down through pre-release decreases the likelihood of a successful re-entry into the community. In the Department's most recent recidivism study, 68% of those released from maximum security and 53% of those released from medium security prisons were convicted of a new offense within three years of release, as compared with 38% released from minimum security and 37% from state pre-release.[24]

According to the Massachusetts Sentencing Commission, 47% of offenders given a state prison sentence in 2002 received a sentence with only a one-day difference between the minimum and maximum sentence.[25] This common sentencing practice by judges effectively precludes both parole supervision and placement in pre-release. In 2003, 82% of all females were released from medium custody (MCI-Framingham). 53% of those females released were released directly to the street with no post release supervision. Most offenders released by mandatory means do not require a subsequent period of parole supervision (2002 67% COD/expiration, 36% supervision).

In addition to serving mandatory drug terms females are serving mandatory sentences for OUI and Bartley Fox Gun Law (1%) (See: Massachusetts Sentencing Guidelines attached hereto as Appendix F). Mandatory sentencing is in statute and therefore must be changed legislatively. Nationally, states including Louisiana, Texas and Missouri have enacted sentencing reforms. Mandatory sentences essentially preclude participation in pre-release programs and parole supervision. In addition, inmates often have little incentive to participate in programming because they are unable to earn good time for participation. It has also been pointed out the

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[22] Lapidus, Lenora, Namita Luthra and Anjuli Verma. "Caught in the Net: The Impact of Drug Policies on Women and Families." American Civil Liberties Union. March 17, 2005.
[23] Id.
[24] *Recidivism of 1997 Released Department of Correction Inmate*, pg. 31. Massachusetts Department of Correction, Research and Planning Division. Concord, MA: 2003.
[25] *Survey of Sentencing Practices, FY 2002*, pg. 31. Massachusetts Sentencing Commission. Boston, MA. May 2003.

DOC should be spending public dollars on those offenders who pose the greatest public safety risks.

Week-end (2003 – 12)(2004 – 14) and 3 day sentences are currently being utilized by judges with female offenders, although not significant in number, create significant difficulties for MCI-Framingham. The disruption caused to families far outweighs any good served by sentences of this type. This Subgroup recognizes the rationale for sentences of this type, but would make the observation they do not serve their intended purpose unless served at a county facility so as to cause the least disruption to the offender's life.

Sentencing - Recommendations

1. **<u>While struggling with the issue of whether or not mandatory sentencing is effective, the short term issue which needs to be addressed is the programmatic restrictions placed on the offender as a result of the mandatory sentence, thus allowing for the gradual reduction, "stepping down," in security levels.</u>**

2. **<u>Provide district attorneys, defense attorneys, judges and others involved in sentencing with detailed information regarding the ramifications of certain sentences.</u>**

3. The issue of post release supervision is currently being addressed through pending legislation calling for those with mandatory sentences to serve two-thirds of the maximum term of imprisonment prior to being released to parole supervision (Senate Bill No. 931). **<u>The Subgroup unanimously supports this piece of legislation</u>**. (See: Senate Bill 931 attached hereto as Appendix G)

4. **<u>The Subgroup strongly supports follow-up to the recommendations of the Governor's Commission of Criminal Justice Innovation for sentencing reforms to enhance offender reentry.</u>** (The Commission recommended sentencing guideline legislation that would: 1) require appropriate mandatory supervision of all offenders being released from incarceration, including additional funding to support agencies responsible for post-release supervision: 2) prohibit sentences where the range between the minimum and maximum terms is very short; 3) ensure punishment for drug trafficking crimes within a sentencing grid that allows eligible offenders to participate in pre-release programs, and requires post-release supervision; 4) integrate intermediate sanctions within the comprehensive sentencing framework, providing guidance to judges on the use of such tools; and 5) make sentencing more predictable and provide the Commonwealth with an effective tool to manage the utilization of scarce correctional resources.[26]

5. **<u>Recommend consideration be given at the time of sentencing to those issues specific</u>**

[26] Governor's Report on Criminal Justice Innovation. Spring 2004.

to the female offender and alternative sentencing options be considered and utilized whenever possible (e.g., probation, electronic monitoring). Many women appearing before the court are single parents and their incarceration causes significant disruption to the family. Children of incarcerated women must be cared for by either the state (D.S.S.) or by overburdened family members creating less than ideal situations. As the system operates now, if incarcerated, they will serve the sentence a significant distance from their home community which all but prohibits visitation and attorney access.

Assess Booking and Admissions of Female Offenders

II. Review feasibility of legislated program incentives and mandatory program participation

A. Programming for Female Offenders at MCI-Framingham - Background

Programming is an important piece of rehabilitation, re-entry and family re-unification for female offenders. States throughout the country have used creative ways to offer incentives for offenders to participate in programming, as well as, legislatively mandating program participation. Overcrowding of facilities poses a challenge to effective programming that is particularly evident at MCI-Framingham.

At MCI-Framingham there is only one legislatively mandated program in which certain female offenders must participate: women that enter MCI-Framingham detoxing are legislatively required to participate in the First Step Program (other criteria for the program include a criminal hold, therefore civil commitments without criminal charges only go through the detox phase of the First Step Program and are not eligible for the rest of the program).[27]

The First Step Program provides substance abuse treatment services to women who have been sentenced, are awaiting trial, have been civilly committed, or have been identified as needing immediate detoxification and treatment. The treatment component consists of a 35-day schedule of classes on substance abuse education, relapse prevention and parenting and interpersonal skill acquisition. There is also an aftercare/discharge-planning component where women are referred and/or placed in post-release treatment settings as their circumstances allow.

While MCI-Framingham offers many other programs (See: Programming Handbook attached hereto as Appendix H**),** none of them are legislatively mandated, but "good time" incentives are offered for programs meeting specific criteria. "Good time" refers to time taken off of the inmates' sentence. Currently, inmates at MCI-Framingham can earn 2 ½ days "good time" for participation in programs that meet specific criteria, as well as, 2 ½ days "good time" for each month they are at level 2 security. The total amount of "good time" an inmate is allowed to earn is 7 ½ days per month. In order to earn "good time" for participation in programming, the programs must meet the following specific criteria: staff monitored, staff attended, and educational or rehabilitative in nature.

Through our research we have learned that some other states require that all offenders work, while other states put much more emphasis on educational programming. For example, the Indiana Women's Prison offers a substantial sentence reduction for education achievements: 6 months for a GED, 1 year for an associates degree, and 2 years for a bachelor's degree. Due to the high number of long-term offenders in the Indiana Women's Prison, state funded college

[27] Massachusetts Department of Correction, MCI-Framingham Detoxification Unit – DRAFT PROPOSAL

programs and sentence reduction incentives a substantial number of offender receive college degrees.[28] We also reviewed programming in the California women's prison and parole systems.

B. Programming – Issues at MCI-Framingham

Unlike most other state correctional facilities in Massachusetts and across the country, MCI-Framingham not only holds sentenced, long-term female offenders, but it also holds women serving county sentences (less than 2 ½ years), women awaiting trial, female civil commitments and some federal female prisoners. This unique situation not only has major implications on overcrowding at MCI-Framingham, but it also negatively impacts the ability of MCI-Framingham to provide appropriate programming to address the varying issues and needs of this diverse population. The diverse population at MCI-Framingham is the biggest obstacle to effective programming identified by our Subgroup.

Another difficulty with programming that is somewhat unique to Massachusetts is that corrections, parole and probation are organized under different secretariats. In Massachusetts the Department of Corrections and the Parole Board are both under the Executive Office of Public Safety but are separate entities. The Office of the Commissioner of Probation falls under the Massachusetts Courts System. This segregated system creates complications in programming to address pre-release and parole programming. All three agencies use different assessment tools when assessing the needs of individuals to be released, and there is a lack or coordination in efforts to meet these needs.

Another obstacle facing women's participation in programming are the restrictions placed on female offenders due to mandatory sentencing statutes. For example, women serving a mandatory sentence for drugs are prohibited from participating in work release, education release or other pre-release programming. This problem is more thoroughly addressed in the sentencing portion of this report, Objective #3, Task #1.

Women typically serve shorter sentences than men do; this too has implications on programming. In 2003 the mean maximum sentence for males was 5.5 years and the median was 4 years; for females the mean maximum sentence was 10.8 months and the median was 6 months.[29] In our discussions with DOC staff, it appears as though in general women are much more likely than men to participate in programming. One issue the Subgroup identified in our discussions with DOC staff is that since women tend to serve shorter sentences, they are more likely to choose work programs that provide the opportunity to earn money (to have upon release), than to choose to participate in educational programs. Factors that may contribute to this include: the educational programs offered at MCI-Framingham are limited as a result of budget cuts; it is often vital for women to be working since many will assume primary responsibility for their families upon their release; and it is our understanding that there is an

[28] Letter to Cameron Cob Lentz, Technical Assistant, National Institute of Corrections from Michelle Danaher, Director, Female Offender Services Massachusetts Department of Corrections. May 28, 2004. Provided to subgroup by Michelle Donaher.

[29] "2003 Court Commitments to the Massachusetts Department of Corrections." September 2004. www.mass.gov/doc

attempt to determine the most appropriate programming for female offenders on a case-by-case basis with respect to their unique needs.

C. Programming - Recommendations

Unfortunately, given the complexity of the issue and due to time constraints, our Subgroup was not able to address the issues related to mandatory program participation and incentives to program participation to the extent we would have liked. We would also like to acknowledge that there is another subgroup dedicated to the issue of programming that we are sure explored the issue more thoroughly. The subgroup acknowledges the link between issues with programming and other issues of concern addressed by our Subgroup including, overcrowding and sentencing.

We have three recommendations to offer

1. **It is imperative to address the issue of county women, both pre-trial and sentenced, at MCI-Framingham. We would like to reiterate our recommendation that county women remain in their respective counties.** Housing county women at MCI-Framingham, as well as, the diverse nature of the female population, makes it extremely difficult for the facility to provide appropriate programming.

2. **The use of a standardized assessment tool for assessing pre- and post-release program needs by the Department of Corrections, the Parole Board and the Office of the Commissioner of Probation, as well as, increased inter-agency collaboration**. This collaboration should also include efforts by parole and probation to make contact with female inmates before there release, in order to have a better understanding of the programming they have received, their pre-release plan and their needs upon release.

3. **Address the issues stated in previous section related to sentencing, mandatory minimums and program restrictions placed on offenders as a result of mandatory sentencing, as well as, other laws and/or regulations that inhibit program participation.**

4. **Expand pre-release and parole programming that addresses issues of housing and employment.** Continue to support regional re-entry programs, such as the program administered by South Middlesex Opportunity Council (SMOC), and work to create similar programs in other counties. The SMOC program is imperative to the successful release from MCI-Framingham and South Middlesex Correctional Center and similar programs should be created statewide.

The Subgroup supports continued efforts to review the feasibility of legislated program incentives, as well as, mandatory program participation.

III. Review warrant clearing process

A. Warrant Clearing - Introduction

Many women routinely enter MCI-Framingham with outstanding warrants. While MCI-Framingham has staff dedicated to assisting sentenced women upon entry in determining whether any outstanding warrants exist, and, if so, in filing motions for speedy trial,[30] in Fiscal Year 2004, over twenty-percent of women released from MCI-Framingham upon expiration of a sentence were released to an outstanding warrant. (See: Department of Corrections Release Statistics, attached hereto as Appendix I.) If the court with jurisdiction over the offense underlying the warrant finds probable cause, and the woman is unable to make bail, she will be committed back to jail, most likely returning to MCI-Framingham, to await trial.

During incarceration, outstanding warrants also make it difficult for female offenders to obtain lower security classification, which delays parole eligibility and release. If a female offender has an outstanding felony warrant, she automatically is classified at a medium security level under the point based system currently used by the Department of Corrections to determine classification of female offenders.[31] For women who are pregnant and serving a sentence of 18 months or less, an outstanding felony warrant will prevent her from being eligible to transfer to Spectrum Women and Children's Program for the birth of her child.

Outstanding warrants, therefore, appear to directly contribute to the problem of overcrowding at MCI-Framingham by delaying parole eligibility and causing women to return to MCI-Framingham immediately upon release to await another trial. Not only do outstanding warrants contribute to the institutional problem of overcrowding, but they also negatively impact the personal lives of the women affected, by clouding her future with uncertainty or significantly delaying her reentry into society.

B. Warrant Management System

[30] In Fiscal Year 2005, 738 speedy trial papers were processed with the respective courts for the 1,328 sentenced inmates that were received during the same time period. This statistic illustrates the volume of outstanding legal issues in need of resolution that sentenced women bring with them to MCI-Framingham.

[31] Under the point-based system currently used by the DOC to determine classification of male offenders, a pending felony warrant is not a variable that automatically amounts to a certain number of points. Instead, if a pending felony warrant exists for the male offender, an "override" may be used to preclude lower security classification. The DOC is currently considering changing the instrument used to determine the classification of female offenders. Under consideration at the present is a proposal that certain criminal offenses, including certain property, drug, and public order offenses, would not restrict lower security classification for females.

The Commonwealth's Warrant Management System statute provides the legal mechanism for addressing all outstanding warrants prior to sentencing. On December 24, 1994, the Governor signed into law, St. 1994, c. 247, § 3, which required the establishment of a computer system known as the Warrant Management System. (See: M.G.L. c. 276, § 23A, attached hereto as appendix J.) Whenever a court is requested to issue a default or arrest warrant, the person requesting the warrant is obligated to provide to the court the person's name, last known address, date of birth, gender, race, height, weight, hair and eye color, the offense or offenses for which the warrant is requested, a designation of the offense or offenses as felonies or misdemeanors, and any known aliases.[32] This information and the name of the police department responsible for serving the warrant are entered by the clerk's office into the Warrant Management System.[33] All warrants appearing in the Warrant Management System, which is maintained by the Criminal History Systems Board, is accessible to law enforcement agencies, including the Department of Corrections, and the registry of motor vehicles.[34] Whenever a warrant is recalled or removed, the clerk's office is required to enter this information in the warrant management system.[35]

Before a court releases, discharges, or admits to bail any person brought before the court, in any criminal matter, the court is required to first check the Warrant Management System to determine whether any warrant has been issued against the person in any jurisdiction of the Commonwealth. (See: M.G.L. c. 276, § 29, attached hereto as Appendix K.) If the outstanding offense is a bailable offense, the court is required to make a determination of bail for each outstanding warrant.[36]

If an individual is released on bail or recognizance for an outstanding warrant, the court is required to confer with the court that issued the outstanding warrant, and specify in the warrant management system the date on which the person must appear before the issuing court and notify the person.[37] If the person is not released on bail or recognizance for an outstanding warrant, the person is required to be transported by an officer or by the sheriff's department to the court that issued the warrant. If the issuing court is not in session, to the jail in the county of the issuing court, and thereafter, to the next regular sitting of the court that issued the warrant.[38] (See: Mittimus for Transportation to Another Court's Warrant, hereto attached as Appendix L).

Both the spirit and the letter of this law provides the mechanism to expeditiously clear any and all outstanding warrants, in any county in the Commonwealth, at the time a woman awaits trial on any offense in any county. Given the large number of women who are annually released from MCI-Framingham to an outstanding warrant, it appears that in practice the Warrant Management System is not always utilized by the Courts, as required by law. We recommend that Courts utilize the special mittimus, known as Mittimus for Transportation to Another Court's Warrant, pursuant to G.L. c. 276, § 29, and require that any woman held be transported the next business day to the court where any outstanding warrant was issued.

[32] M.G.L Chapter 276, Section 23A
[33] Id.
[34] Id.
[35] Id.
[36] M.G.L. Chapter 276, Section 29
[37] Id.
[38] Id.

C. Department of Correction Policy Regarding Criminal Records Processing

The Department of Corrections (DOC) has issued guidance "to establish the standards by which inmate criminal records information shall be processed at both reception and receiving facilities within the department of Correction**.**"[39] (See: Massachusetts DOC Criminal Records Processing, 103 DOC 417, attached hereto as Appendix M**).** This Policy is followed at MCI-Framingham, which has also established additional procedures for criminal records processing in accordance with this Policy. (See: MCI Framingham Criminal Records Processing Procedures, attached hereto as Appendix N).

The Policy states that all DOC facilities shall maintain Criminal Records Processing Units ("CRPUs") which shall be responsible for identifying and processing all inmate criminal records information. At those facilities "without sufficient workload to necessitate a unit, the superintendent shall identify a staff member whose primary responsibility is to perform Criminal Records Processing Functions. MCI-F currently staffs five full time employees in its CRPU.[40] The CRPU relies on the work of Program Officers to track the status of inmates' legal issues once each woman has been processed. The Program Officers capacity to adequately handle this task is limited; each program officer is responsible for approximately 120 women. Currently, MCI-F does not process the criminal records of pre-trial detainees, who account for approximately two thirds of the population at MCI-F.[41] At MCI-F, Admissions is responsible for pre-trial detainees.

According to the DOC policy, the CRPU is "responsible for the identification, interpretation, processing, and documentation of criminal records information for all inmates and individuals in custody at the facility." Inmates are subject to an initial review and subsequent reviews[42] during their incarceration. A thorough review is conducted for all "newly admitted individuals" including (1) newly committed inmates; (2) inmates admitted following a break in custody;[43] (3) federal, county and out of state inmates admitted to a DOC facility from a court of another jurisdiction; (4) civil commitments; and (5) detainees. The initial review consists of searching multiple databases to determine the full extent of an individual's outstanding legal issues.

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[39] Massachusetts Department of Correction, Criminal Records Processing Policy. 103 Doc. 417. Effective September 27, 2002.

[40] According to the unit supervisor, ten additional full time employees would be required to process the records of every woman detained and incarcerated at MCI-F.

[41] The CRPU supervisor stated that the unit is unable to process the records of pre-trial detainees with the current staffing resources. If detainees are bailed from MCI-F, then the CRPU performs a criminal records search.

[42] Subsequent reviews occur at different stages during incarceration, including (1) at a minimum of every 6 months, but within 5 days prior to classification reviews; (2) prior to transfer to a level three or lower security classification, or to an out of state facility; and (3) prior to release via parole, certificate of discharge or other release.

[43] This is a substantial administrative burden at MCI-F, especially where many women serve very short sentences. At MCI-F, this also includes women who return to custody to serve weekend sentences.

The DOC Policy directs the CRPUs to conduct the following initial information checks on individuals in DOC custody: (1) Alias Name Index ("ANI") to locate any aliases; (2) Board of Probation ("BOP") to provide information on adult and juvenile court appearances; (3) National Crime Information Center and Law Enforcement Automated Processing System ("Z2 NCI / LEAPS"); (4) Warrant Management System ("WMS") Massachusetts Trial Court warrant system; (5) QH to identify FBI number if unknown; (6) QR/Interstate Identification Index ("Triple I") to obtain criminal records from the FBI or participating states maintaining a criminal record on the individual; (7) IQ, if QR is positive, to obtain out of state records by name; and (8) FQ, if QR is positive or family history indicates out of state addresses, to obtain out of state records by state identification number.

At MCI-F, the CRPU organizes its criminal records review process according to sentence length. The DOC policy states that these checks shall be performed "as soon as possible, but within five (5) working days" of an individual's arrival at the DOC facility.[44] Inmates serving less than 60 days at MCI-F are processed within 3 business days of arrival. According to MCI-F's CRPU supervisor, the process may take from one half hour to an entire week, depending on the individual's criminal history and number of aliases. According to the DOC policy, "queries shall be run for all alias names and known combinations of . . . information (e.g.: names, dates of birth, social security numbers, SID numbers, PCR numbers). The task at MCI-F is substantially complicated by the relatively short sentence length and the high rate of turnover in the population.

At MCI-F, the CRPU's goal is to make sure than no woman is released from custody with any outstanding legal issues. Statistics indicate, however, that during the period from July 1, 2003 to June 3, 2004, out of 1449 total releases, 133 women were "released" at the expiration of their current sentence to a warrant.[45] We note that this number, while substantial, may be skewed by the short sentences that women commonly serve, which make it difficult to resolve outstanding legal issues before their sentences expire. Nevertheless, the inability to resolve outstanding legal issues during an inmate's sentence means that she may be detained when that sentence expires, thus contributing to the overcrowded conditions at MCI-F.

According to the DOC policy, one of the many important purposes of the multi-step criminal records query is to "[i]dentify legal issues including, but not limited to outstanding charges, probation matters, and fines." The CRPU shall verify any outstanding cases or issues "by contacting the court or probation department or by other appropriate means."[46] The CRPU is directed to "initiate and track the resolution of any and all outstanding issues and document it." The DOC Policy explains that such action includes, but is not limited to: (1) contacting courts; (2) filing speedy trial papers (only if requested by the court for inmates serving 90 days or less); (3) filing interstate agreements on detainers; (4) requesting writs of Habeas Corpus; (5) scheduling court appearances; (6) reviewing and updating status change information; and (7) verifying information regarding final disposition.

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[44] 103 DOC 417.02 (3)(a)

[45] To compare, of the 1449 releases, 405 women were released outright by the expiration of their sentence, 200 were released by permit of the parole board, and 26 were released from court.

[46] 103 DOC 417.04 (3)(l)

The information management system automatically generates speedy trial papers when outstanding legal issues are identified, and the papers are mailed directly to the respective courts. MCI-F's CRPU supervisor suggested it would be a great advantage to be able to integrate and modify the system in order to electronically submit these papers to the appropriate courts. At MCI-F, the CRPU supervisor estimated that speedy trial papers are sent out within 10 days of an individual's arrival, and that it usually takes two weeks to get a court date to resolve any outstanding legal issues. If a woman is sentenced to 60 days or less at MCI-F, the CRPU does not file speedy trial papers, but rather expedites the process by requesting a writ of habeas corpus directly from the court.[47] As stated above, during the period From July 1, 2004 to June 30, 2005, 738 speedy trial papers were processed with the respective courts for the 1,328 sentenced inmates that were received during the same timeframe. These numbers speak to the magnitude of the problem of resolving outstanding legal issues. We note that this number does not capture women who are serving short sentences, in those cases the CRPU relies on telephone calls to the respective courts.

D. Recommendations

1. **Increase capacity of CRPU in order to perform criminal records search for pre-trial detainees at MCI-Framingham.** The CRPU at MCI-F consists of five full time staff members, who are dedicated to processing the criminal records of sentenced women. Additional personnel could help to (1) process records of pre-trial detainees; (2) expedite processing of short-sentenced inmates and (3) track the status of inmates after their initial processing.

2. **Assign one full-time member of CRPU to monitor and ensure that all inmates are either habed into court for each speedy trial motion or that the case is dismissed**. Although the CRPU performs a thorough records check for sentenced women, it appears that additional tracking would help to resolve outstanding legal issues. Alternatively, reduce the number of inmates assigned to each program officer to improve monitoring and resolution of legal issues during incarceration.

3. **Link MCI-Framingham information system with courts to expedite filing and processing of speedy trial papers**. The CRPU already uses sophisticated electronic databases to facilitate records processing. Linking MCI-F to the courts would help to eliminate unnecessary delay.

4. **Dedicate staff member to track resolution of outstanding legal issues for short-sentence inmates (90 days or less).** Women with short sentences are at the greatest risk for being detained beyond their sentence due to outstanding legal issues, contributing to overcrowding.

[47] This practice comports with the DOC Policy which states that speedy trial papers shall be filed for inmates serving sentences of more than 90 days.

5. **Encourage all courts to utilize the Warrant Management System, as required by law, to track outstanding warrants and routinely issue Mittimus for Transportation to Another Court's Warrant if the individual does not make bail, so that individuals are transported by sheriff's department to county where there is outstanding warrant**.

Assess Booking and Admissions of Female Offenders

IV. Review classification process

A. Overview of Classification

Classification is not new to prison systems throughout the world. In fact, classification has been around for about two hundred (200) years under a variety of names.

Classification, by definition in Massachusetts, is a system by which the security and program need of each individual in the Department's custody is determined. These needs are regularly assessed and monitored.

During the 1970's, as offender populations increased, correctional practitioners recognized the need for objective and efficient methods of determining offender security levels. In 1972, the Legislature passed the Correctional Reform Act, which required the Department of Correction to develop a comprehensive Classification System.

In response, the Massachusetts Department of Correction (DOC) implemented a classification system, which could best be categorized as a subjective system. Although the variables used throughout the DOC were consistent, classification decision-makers subjectively made recommendations regarding an inmate's security level and program plan.

In the ensuing years, ongoing development and refinement of classification systems improved the ability of the Department to more appropriately place offenders in existing facilities and to plan for future facility and staffing needs. A noteworthy initiative was the development and implementation of a system called Classification and Program Agreements (CAPA) introduced in the mid 1980's. CAPA was designed as a voluntary agreement offered to suitable and eligible inmates during a classification hearing whereby the DOC agreed to schedule a reduction in security based upon the inmate's response to program recommendation. As this system was utilized and monitored, several issues resulted in the DOC seeking alternate classification systems.[59]

The current classification process includes:

1) Rational methods of assessing the relative needs and risks of each individual inmate with assignment to appropriate agency resources utilizing an objective point based system.

2) Inmates to be placed in the most appropriate level of security required ensuring protection of the public, correctional staff, themselves and other inmates.

3) Centralized control, monitoring and evaluation of the process.

[59] The DOC Director of Classification is a member of Subgroup A and prepared the Review of the Classification Process. The following information is derived from her institutional knowledge, CMR 420 and www.mass.gov/doc

4) Enhancement of the potential for the inmate's reintegration to a successful, law abiding community life.

5) Involvement of the inmate in determining the nature and direction of individualized goals and a mechanism for appealing administrative decisions affecting the inmates.

6) The collection of factual and quantifiable data to facilitate research.

Upon commitment to the DOC each inmate undergoes an initial classification process. This process includes an intake, orientation, structured interviews, and program needs assessments as well as the completion of a comprehensive report that contains an objective point based score. An initial security level placement is then determined based on recommendations made by the institutional classification committee and the institutional superintendent.

Subsequent classification hearings occur at regular intervals and serve to monitor the inmate's security rating and compliance with any program plan. This hearing may also include the reentry plan of offenders that are nearing release. Specifics regarding this process can be found in 103 CMR 420.

B. Overview of All DOC Security Levels

Level 6 ***(MCI-Cedar Junction- Maximum Security)***

Physical Plant: The perimeter is designed and staffed to prevent escapes and the introduction of contraband. Physical barriers control inmate movement and interaction. Single-cell housing.

Custody Exercised: Inmates are subject to direct supervision by staff and leave the perimeter in full restraints. Out of cell time is minimal except for a core of inmate workers. Visits are non-contact only. Personal clothing is not allowed.

Inmate Profile: Inmate has demonstrated a need for constant supervision based upon institutional maladjustment, the involvement in illicit activity, attempting to or involvement in the use or introduction of contraband, participation in serious disciplinary matters, security risk presentation, security threat group activity, and/or other factors requiring a structured setting.

Level 6 *(Souza-Baranowski Correctional Center-Maximum Security)*

Physical Plant: The perimeter is designed and staffed to prevent escapes and the introduction of contraband. Physical barriers control inmate movement and interaction. The design of the facility offers an ability to house some offenders separate from others without a limitation of program opportunities. Single-cell housing.

Custody Exercised: Inmates are subject to direct supervision by staff and leave the perimeter in restraints. Increased program and work opportunities. Contact visits are allowed. Personal clothing is not allowed.

Inmate Profile: Inmate has demonstrated a need for constant supervision based upon institutional maladjustment, nature of offense, length of sentence, participation in serious disciplinary matters, security threat group activity, security risk presentation, history of institutional failures, the use of or involvement in illegal substances.

Level 5 (Old Colony Correctional Center-Close Custody)

Physical Plant: Perimeter and physical barriers to control inmate movement and interaction are present. Double bunking.

Custody Exercised: Inmate movement and interaction are generally controlled by rules and regulations, as well as with physical barriers. Inmates leave the perimeter in restraints. Work and program opportunities are available. Contact visits and personal clothing are allowed.

Inmate Profile: Inmate has demonstrated a need for constant or semi constant supervision based on one or more of the following: history of assaultive behavior, refusal or inability to abide by the rules and regulations governing movement and interaction in lower security, escape or attempted escape from a lower level of security, nature of offense or other factors requiring a secure setting.

Level 4- Medium Security **(Bay State Correctional Center, Bridgewater State Hospital, Mass Treatment Center, MCI Concord, North Central Correctional Center, MCI Norfolk, MCI Shirley, Shattuck Correctional Unit,** MCI-Framingham**, Massachusetts Alcohol and Substance Abuse Center)**

Physical Plant: Perimeter and physical barriers to control movement and interaction are present.

Custody Exercised: Inmate movement and interaction is generally controlled by rules and regulations, as well as with physical barriers. Inmates leave the perimeter in restraints.

Inmate Profile: Inmate has demonstrated the ability to abide by rules and regulations governing movement and interaction within the institution without the need for constant supervision. Behavior in the community and/or presence of serious outstanding legal matters (e.g. felony warrants, parole failures) indicates the need for some controls and for segregation from the community.

Level 3- Minimum Security (**Boston State Pre Release Center, Massachusetts Alcohol and Substance Abuse Center, Northeastern Correctional Center, North Central Correctional Center, MCI Plymouth, Pondville Correctional Center, Old Colony Correctional Center, MCI Shirley,** South Middlesex Correctional Center**)**

Physical Plant: Perimeter is marked by non-secure boundaries. Physical barriers to movement and interaction are either non-secure or non-existent.

Custody Exercised: Inmate movement and interaction is controlled by rules and regulations only. Supervision is intermittent. Inmates may leave the perimeter under supervision.

Inmate Profile: Inmate has demonstrated the ability to function appropriately with only minimal external controls on behavior. If serving a lengthy sentence, the inmate has already served a portion of the sentence in security level 4, 5, or 6. The inmate has exhibited a period of non-violent behavior and has no unresolved legal matters. Inmate is compliant with rules and regulations and responds appropriately to program recommendations.

Level 2-Pre Release **(Boston State Pre Release Center, Northeastern Correctional Center, Pondville Correctional Center,** South Middlesex Correctional Center**)**

Physical Plant: Perimeter is marked by non-secure boundaries. Physical barriers to movement and interaction are either non-secure or non-existent.

Custody Exercised: Inmate movement and interaction is controlled by rules and regulations only. Inmates leave the institution daily for work and/or education in the community. Supervision while on the grounds of the facility is intermittent. While in the community, supervision is occasional, although indirect supervision (e.g. contact with employer) may be more frequent.

Inmate Profile: Inmate is within eighteen months of parole eligibility or release, and is not barred by sentence restrictions from participation in release programs. Inmate has demonstrated the ability to work and/or attend education

programs independent of frequent staff supervision. Inmate has no major unresolved legal matters.

Level 1- Contract Pre Release (Spectrum Women and Children's Program)

Physical Plant: Contracted residential placement (halfway house type setting).

Custody Exercised: These inmates are under the supervision of contracted staff (non-DOC). Inmates are considered pre-release (Level 2) status.

Inmate Profile: Inmates have demonstrated an ability to conform to all rules and regulations and require little to no on site supervision. Inmates are nearing release to the community and/or final discharge from their sentence.

C. Objective Point Based Classification

Through research, training, and the review of available literature, it was learned that states utilizing objective classification systems experienced a reduction in rates of institutional violence, escapes, and litigation and became more effective in monitoring inmate movement. Further, a validated objective system has shown to give greater consistency and equity in decision making, reduces the likelihood of over-classification and under-classification and results in more appropriate use of bed space.

The DOC committed to establishing an objective point based classification system. Through the Bureau of Justices' National Institute of Corrections, financial assistance was sought and a study initiated. Preliminary reviews indicated that an objective system in Massachusetts would result in a more efficient utilization of existing bed space and recommended major revisions to the existing Classification System. Internal Task Forces were developed while ongoing discussions and research ensued. The project continued under the direction of five successive Commissioners with various models being reviewed and refined.

Finally, in 1995, an objective system, whereby inmates are assigned points on a variety of factors or variables which results in a total score that designates a particular security level placement, was ready for piloting and the required testing on the male inmate population. This pilot test was conducted at two correctional facilities, MCI-Norfolk and MCI-Concord.

The system was then implemented at level 5 (Close Custody) and all level 4 (Medium) male facilities beginning in July 1995. In December 1995, a female objective point based scale, which is different from the male scale, was introduced at MCI –Framingham for the female population. After extensive analysis and testing, the male scoring scale was modified in 1997 to include rating level 6 inmates. Research and analysis of the female system was also conducted and as a result, new variables for female point based classification were added in 2001.

Over the past several years, there have been a number of policy and statutory mandates impacting classification. Examples are:

Immigration and Naturalization (INS)- due to changes in federal law, inmates who are non-US citizens are facing deportation thereby necessitating secure placements.

Truth in Sentencing- with the elimination of statutory good time, inmates are serving longer periods of time thereby making their suitability for level 3 lengthened.

Victim Sensitivity- we have seen an increase in victim involvement and the expressed concern regarding the placement of offenders in community correction facilities.

Program Involvement- in recent years, we have developed and implemented empirically supported inmate programs designed to effect positive behavioral change and effect recidivism. To this end, certain programming is a condition of placement in a community correction facility.

Security Risk Rating- the DOC has implemented a sophisticated review of offenders' security risk issues and has developed a rating system to guide placement decisions.

Security Threat Group (STG) Identification- the DOC manages a large inmate population of STG members, associates and/or suspected members. Inmates who engage in STG activities are closely monitored and placement restrictions may exist.

Sex Offenders- The DOC has restricted sex offenders from level 3 placement until program requirements specific to sex offenders have been met. Even if programming requirements have been met, we are now struggling with the issue of a possible commitment at the Treatment Center post release making level 3 placement considerations difficult at best. Sex offenders are statutorily prohibited from pre-release placement.

Policy Changes- we have promulgated policy or established procedures surrounding instances of inmate use of controlled substances and use of tobacco products. These have resulted in classification restrictions for some inmates. This is currently under review.

Public Safety Security Program (PSSP)- Inmates currently serving a sentence with a parole eligibility for Murder, Manslaughter, Mayhem, Assault w/ intent to Murder or a Sex Offense must have the approval of the Massachusetts Parole Board prior to being considered for a transfer to a level 3 correctional facility by the DOC.

New Facilities/Closed Facilities- We have added a level 6 institution and closed facilities since the research was conducted for the objective point base system.

Recognizing a diminished reliance on objective point based classification and the ongoing development and refinement of systems nationally, the Department of Correction, on November 25, 2002, requested technical assistance from the National Institute of Corrections for the purpose of conducting a comprehensive evaluation, and if necessary a validated adjustment, to our female and male classification systems. The evaluation will include a critical look at the

objective point base scale, classification restrictions and all assessment instruments currently used by DOC staff. A task force was identified in August 2003 to begin meeting in September 2003.

One of the necessary steps to conducting this review was to compile information on the inmate population so as to create a representative sample of our inmate population that can be studied to develop a valid, reliable and gender specific instrument. Much of this information was gathered manually as the new Inmate Management System was not present at all facilities during the data collection phase. We have secured all the necessary data, tested the instrument at all facilities, conducted the analysis, made some modifications and are now ready to share the final product for males. The female scale is still under analysis and should be ready by the fall of 2005. In the interim, the Commissioner of Correction, recognizing the relatively short period of time female offenders serve and the need to quickly move female offenders to the appropriate security level approved the use of a screening form that identifies suitable inmates for transfer to South Middlesex Correctional Center for initial classification. The use of this screening form has reduced the vacancy rate at South Middlesex Correctional Center and enhanced reentry initiatives. Additionally, it is being proposed that inmates with some outstanding legal issues be allowed to transfer to lower security, if eligible and suitable otherwise. A list of "permissible legal issues" has been developed and is pending approval. This will be discussed in another section of this report.

D. Classification - Recommendations

1. **The Subgroup would like to expressly state their support for DOC's efforts to study and re-validate a new objective classification system for female offenders and support the efforts that have been made thus far in prioritizing the female cases for review. We would further like to emphasize the need to re-evaluate the system within a 3-5 year period with special attention being made to the impact it will have on the female offender.**

2. **The Subgroup also recommends that the counties adopt the Department of Correction's new point based system as it will be a validated instrument that has been tested on the county population**. This will allow for a consistent approach to the classification of offenders in Massachusetts and will aid in the management of offenders that spend time in both jurisdictions.

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Appendix N	MCI-Framingham Criminal Records Processing Procedures

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GCCR Strategic Plan # 13

Dedicated External Female Offender Review

Review by Subgroup B

August 1, 2005

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Gender-Specific Medical Needs of Female Offenders:
Report of Subgroup B

Overview

This review has resulted in the identification of three over-arching concerns that the Subgroup believes must be addressed in order to achieve significant improvements in the health and well being of female offenders in Framingham. The first, which will be detailed further in this section, is the gender-based segregation of women in the Massachusetts correctional system; numerous care access, continuity of care, and trauma and mental health related challenges for the women incarcerated at Framingham have their roots in this systemic inequity.

The second over-arching concern, summarized here and reviewed in considerable detail in Task #5 of this Subgroup, is the need for a fully integrated, trauma-informed approach to the custodial, health, mental health, and substance abuse related care for incarcerated women. Addressing this concern will require substantive review of the DOC mission, and the administrative, staff management, environmental, clinical protocol and other service intervention practices.

These concerns are anchored in the substantive site visits, chart and document reviews, and client and staff interviews completed by the team; they are similarly supported by substantial evidence in the correctional and related women's health literature. The issues present inter-related and inter-dependent foci for remediation through policy, program, staffing, management, and funding determinations.

Ultimately, improvement of incarcerated women's health and of their successful use of health related services is deeply dependent on locating women offenders closer to community based family and other support networks and, concomitantly, assuring that all aspects of their care and support are fully integrated and informed by an understanding of the impact of diverse histories of trauma and evolving effective interventions.

The final over-arching recommendation is core to resolving these concerns and the many others that appear in this document. The health and well-being of women offenders must be actively overseen by appropriate health care quality and related oversight functions currently represented in other state administrative agencies, consistent with the kinds of scrutiny these activities receive in community settings. Transparency in the process of care and in its review will ultimately best serve the women and the Department of Corrections.

I. Gender-based segregation is an impediment to promoting the health care and well being of incarcerated women

As the second penal institution exclusively for adult women in the United States, and the oldest still in operation, Framingham has a rich, and largely progressive, history of responding to the incarceration and habilitation needs of women. In fact, the Subgroup's review of recent accreditation and quality of care site reviews gives ample evidence of the current administration's ongoing efforts to respond to the changing demographics of their population,

shifting resources available for their care, and evolving understanding of optimal interventions and support for a challenging and needy population.

However, an area of well-noted development in the successful care and habilitation of women offenders is largely beyond the facility's capability to address: the growing appreciation of the role of geographic proximity to community-based family and care and support networks in improving women inmate's health and other outcomes. Many have documented the important role of connection to social and other care networks in the successful health, mental health, and substance abuse service utilization of incarcerated women. In addition, geographic proximity to community based resources has been shown to facilitate successful completion of sentences, health and mental health related care use and outcomes, improved continuity of care, family stabilization and reunification, community re-entry and reduced recidivism. In fact, in December of 2004, the Little Hoover Commission identified the isolated warehousing of California's women prisoners as the most significant arena of needed change for improving women's care and habilitation. Beyond the deleterious effects on incarcerated women's health and well being, the report documents the profoundly negative impact on the physical and mental health of the children of women who are incarcerated at a distance from home. Finally, segregated care of women prisoners further limits the likelihood that their home communities will identify and develop the services, advocacy, and support necessary to assure their successful community re-entry. (See: Covington (2002); Henriques (2002); USDOJ (1998); Ausborn, et al (2001)).

Selective Framingham-related women's health concerns that emerged during the team's site visits and document reviews and are directly or indirectly related to issues of geographic isolation include:

- continuity of care as related to records transfer, care giving, care consultation, and discharge planning;
- access to a more diverse range of integrated community-based service providers and alternative service models in health, mental health, dental care, substance abuse and other support;
- the differential lack of care access and care interruption experienced by women with short-term stays particularly in STD diagnosis, treatment, and follow-up and in substance abuse and mental health programs that require 30-day minimum stays;
- concerns regarding re-traumatization exacerbated by lack of access to effective family and community network connections; and
- The diversion into ongoing needed capital improvements at Framingham MCI of potential care-related resources and/or other resources that could support more local correctional options for women.

Proposed recommendations regarding the impact of gender- based segregation on incarcerated women's health and medical care

- Establish a Task Force to identify mechanisms to progressively establish more local and regional correctional program options for women currently remanded to Framingham with an initial emphasis on women with short term stays;

- Determine improved program design and protocols to address care access, utilization, and continuity for those women who continue to be housed at Framingham;
- Support improved family and care and social network connections for women who continue to be housed at Framingham.

II. The absence of a trauma-informed environment and truly integrated health, mental health, substance abuse, and other support, puts women offenders at risk of under-utilization of needed health-related services, reduced benefit from services accessed, potential re-traumatization, and increased recidivism and behavioral and health risk upon return to the community.

Histories of victimization are central to the development of medical, mental health and substance abuse problems among female offenders (Veysey, 1998). Consistent with the literature, MCI Framingham (MCIF) staff estimate that 90% of women receiving mental health services at MCIF have identified trauma histories (Task Force on Women Offenders, 1990; Greenfield & Snell, 2000). Substance abuse staff report similar prevalence of trauma among female offenders receiving substance abuse services at MCIF.

Site visits, document reviews, and staff and patient interviews made apparent the disjointed nature of the systems of care within Framingham and the lack of an integrated and ecological approach to the implications of trauma across custodial, medical services, and treatment intervention arenas. The extensive related literature review documented in Task #5 further substantiates the need for a systematic, cultural, administrative, and practice shift from in the current management and treatment of women prisoners. A comprehensive articulation of these issues can be found on pages XX – XX; the following represents a summary of the major recommendations.

Proposed recommendations to achieve a trauma-informed integrated care environment

- Establish progressive and responsive mission, administrative, environmental, clinical, and other practice protocols with the assistance of an expert trauma integration consulting organization;
- Determine the need to identify dedicated funding resources to achieve trauma-informed and integrated services for incarcerated women.
- Establish an external mechanism to assess the impact of changes in policies, protocols and services on inmate outcomes in the areas of substance abuse, mental health, trauma symptoms, health and recidivism should be implemented.

III. Women offenders lack the lack access to the oversight and protective interests of Commonwealth executive agencies responsible for health care and related quality assurance.

While the Department of Corrections health services must comply with national accreditation standards, expanded utilization of the oversight services of state-based agencies holds the promise of better assuring compliance with local community standards of care, making available

meaningful technical support to the DOC, improving transparency regarding the health status and care of incarcerated women, and potentially adding to improved continuity of care at entry and discharge.

Proposed recommendation for expanding local oversight

- Determine through Executive Branch consultation appropriate options regarding establishing state health care quality assurance oversight of DOC medical and related services.

Task 1: Review of addiction, detoxification, and psychiatric medications issues

1a. Identification of Problem: There are several problems with the current formulary. Physicians must have access to an adequate range of psychiatric medications. The following are specific problem areas identified on review of the formulary. These comments are based on a review by Michael Angelini, M.A., Pharm.D., BCPP, MCPHS

1b/c. Supportive data/proposed remedies:

Antidepressants - other generic selective serotonin reuptake inhibitors (SSRI's), specifically citalopram and paroxetine, should be added to fluoxetine. Many patients do not respond to fluoxetine or can not tolerate its side effects. Fluvoxamine would not need to be added. It would also be appropriate to consider using duloxetine over venlafaxine since the cost is similar but duloxetine provides dual neurotransmitter effects at all doses and not just at higher doses.

Antipsychotics - Aripiprazole should be added to the list of major tranquilizers. This is a unique atypical antipsychotic medication, with a low incidence of side effects, and an effect on neurotransmitters that is different from the other drugs in this class. This will often be the first option for patients who have not responded to other medications in this class. This recommendations should achieve a positive clinical impact with likely cost savings.

There should be strict rules regarding dosing of these medicationss more than necessary per day (for ex-olanzapine at bedtime only instead of twice a day or more, and risperidone at bedtime only instead of twice a day or more).

It is also recommended that there be strict guidelines to limit the use of Quetiapine to <100mg a day for treating insomnia.

Stimulants – it is recommended that dextroamphetamine be added to the available Stimulants since approximately 30% methylphenidate nonresponders (for treating attention deficit hyperactivity disorder) will respond to dextroamphetamine (please see additional comments below regarding the protocol for the treatment of ADHD)

Hypnotics – it is suggested that chlordiazepoxide is not necessary with diazepam available.

Antimanic agents - If lithium extended release dosage form is more expensive than the immediate release capsule, then it is recommended that the extended release form not be used since lithium has about a 24 hour half life and nausea can be reduced by taking the immediate release with food.

2a. Identification of Problem – lack of appropriate detoxification services at MCI-Framingham for females, particularly in comparison to the relatively better services for men in MA DOC custody

2b. Supportive data – This data came from a meeting between Dr. John Renner and Judge Rosemary Minehan. Judge Minehan chairs the Mental Health Committee for the Massachusetts District Courts. Judge Minehan understood the problem of the Department of Public Health (DPH) having responsibility for detoxification services but being unwilling to enforce involuntary detoxification commitments; Judge Minehan was also very comfortable with the way the Department of Mental Health (DMH) manages involuntary commitments.

2c Proposed remedy -It is clear that the courts would like to see responsibility for substance abuse services transferred from DPH to DMH (and from DOC for Section 35 patients with no criminal charges). However, it is not likely that such a transfer will happen quickly or easily. An alternative solution that we could recommend and that would be relatively easy to implement would be for DMH to be funded to provide inpatient detoxification and intensive Substance Abuse services for women with **co-occuring SA and other mental health disorders**. Such units could be designed to accept Section 35 patients. As "dual diagnosis units" they would fall under existing DMH mandates, and would probably be an appropriate alternative for most of the Section 35 women currently sent to Framingham (especially given the high incidence of Post Traumatic Stress Disorder and other disorders). The Massachusetts legislature is planning to restore funding for at least 40 detoxification beds; a major part of this could be earmarked for the Section 35 dual diagnosis beds. The beds could be located in existing DMH facilities (beds closed in last few years with budget cuts), or with private vendors. New 10 bed units could be located in different locations around the state, thus implementing our recommendation for more community based services for women. Judge Minehan would be very supportive of such a recommendation. She was particularly concerned that the detoxification beds at Framingham NOT be eliminated until such alternative beds are opened elsewhere. She was also specifically concerned that the funding go through DMH and their vendors and not through the various drug courts and or court clinics in the state. She felt that the court clinics would be likely to apply for any available funding and that they would not be appropriate vendors for these services

Task 2 – Review of Medication Administration

1. Medication administration
a.Identification of Problem
While it is to be positively noted that the recent change from one medication window to three, and the successful implementation of the keep-on-person (KOP) medication protocol, have provided a significant decrease in the amount of waiting time for inmates to receive medication, a number of other problematic issues regarding medication administration need to be remediated.

b.Supportive Data
The data for the above problem statement comes primarily from staff interviews observation at visits to MCI Framingham from March through June, 2005 at MCI-Framingham along with review of treatment and program department policies and procedures and curricula. Information was also used from the qualitative interviews done by Mary Jo Larson and interviewers from the New England Research Institute in conjunction with the MA Department of Corrections (NERI/DOC survey).
Inmates reported (in the NERI/DOC survey) that inmates sometimes receive wrong medications, wrong doses, that needed medications are often not available to DOC, or that inmates medications are not received from the pharmacy in a timely manner, leaving inmates with gaps in appropriate treatment. Additionally, all medications are ordered via pen and paper or fax. Faxes received by the pharmacy often have errors or are difficult for pharmacist to read, resulting in further delays while orders are clarified. The medication ordering process for nurses is very labor intensive and inefficient, resulting in delays in receiving medications from the off-site pharmacy, medication errors, and interrupted treatment of medical conditions. Further, all medical records are paper records. This is also inefficient, and interferes with integrated treatment, since all providers do not have access to the paper record with documentation of diagnoses, medications, treatments, and health care plans. The issues of medication administration are complicated by the fact that the MCI-Framingham serves over 4,200 inmates a year, and approximately 60% of these are on medication. Many short-term inmates do not even receive their necessary medications during their stay.

c.Proposed Remedies
The **major recommendation** to correct these problems is for an expanded Inmate Management System or other computerized medical record system which allows for medication ordering, documentation, and record access for all health care providers. In addition to the computerized medical record and medication ordering systems, MCI-Framingham would realize increased efficiency and improved care for inmates with an on-site pharmacy/pharmacists.

2. Accurate assessment and prescription of medication for female
a. Identification of problem
The process of ascertaining which medications an inmate needs is by a
medical history provided by the patient as well as a medical assessment on intake.
Approximately 65% of the female inmates are taking prescription medication
On admission to MA DOC. Accurate assessment about the need for and the
receipt of appropriate pharmacotherapy must be carefully monitored.

b. Supportive data – primarily obtained by interviews with health services providers at MCI-Framingham, and supportive statistics provided to the Female Offender Review panel.

The vast majority of the 4,200+ inmates entering MCI-Framingham each year are on medications, and many of these are psychotropic medications. The MA DOC Health Services Division Treatment policy 661.02 outlines the prescription practices for physicians caring for inmates in the custody of the MA DOC.

c. Proposed remedies

Due to the number of women entering custody who are on medications, including psychotropic medication and analgesics that may be abused, it is strongly recommended that all inmates have a psychopharmacological evaluation on admission to the facility with timely follow-up evaluations for continued use of psychotropic and other medication. This is a **minor recommendation** with regards to the Female Offender Review Panel subgroup B report.

Task 3 - Review of issues related to barriers to provision of high-quality healthcare at MCI-Framingham

1a. Identification of Problem – Transportation and technological barriers to provision of high quality medical care at MCI-Framingham and South Middlesex Correctional Center; need for implementation and extensive use of Telemedicine at MCI-Framingham and South Middlesex Correctional Center.

b. Supportive data -The data for the above problem statement comes primarily from staff interviews observation at visits to MCI Framingham and South Middlesex Correctional Center from March through June, 2005 at MCI-Framingham along with review of treatment and program department policies and procedures and curricula.
Transportation for outside health care visits can be problematic due to the different type of inmates housed at MCI-Framingham, and the divided responsibility for transportation for outside medical services. County inmates needing to be transported to health care facilities must have transportation provided by their county of origin. Thus, if an inmate from Plymouth County needs to be transported to University of Massachusetts Memorial Hospital for care, the Plymouth County Sheriff's Department is responsible for sending a car and driver to MCI-Framingham to transport the inmate to her visit and back. This is costly and inefficient, resulting in very long waits for inmates who are shackled and waiting in holding cells for hours while waiting for transportation to arrive. Additionally, transportation arrangements are not always successful, and necessary medical visits are missed. The responsibility for transportation for outside medical services for state inmates rests with the MA DOC, but even these transports are costly and consume time, staff, and other limited resources, while posing security concerns for inmates, staff, and the general public.

c. Proposed remedy: telemedicine.
A **major recommendation** to address this and other issues related to need for
off-site health care services and providers is the greatly expanded use of telemedicine (the use of telecommunications equipment that allows prison inmates to be seen and diagnosed by health care providers located at a distance from the correctional facilities) in the MA DOC. According to MA DOC health care providers and other DOC staff, telemedicine is available at Souza-Baranowski, but it is only utilized minimally. A 2002 National Institute of Justice report, "Implementing Telemedicine in Correctional Facilities" (see Attachment) demonstrated that the use of telemedicine in prisons could
improve inmates health care by providing this remote access to specialists while reducing transportation and security costs. The report also provides a model for estimating the relative costs for telemedicine for correctional settings with variable conditions. Thus, it is recommended that further investigation be conducted to determine costs, benefits, and feasibility of the expanded use of telemedicine in the provision of health care to women in the custody of the MA Department of Corrections. Since women require/use health care services at a significantly higher rate than do men in the US, it is expected that the
gender-specific health care savings realized would outweigh the additional costs of implementing this technology.

2a. Identification of Problem
MCI Framingham Health Services Unit is an old building in a state of serious disrepair, significantly interfering with the provision of high-quality medical care to inmates in custody.

b. Supportive data
Data was obtained through repeated visits to the Health Services Unit by members of Subgroup B, by observations and interviews with health care providers and other staff, and by use of qualitative data based on NERI/DOC interviews with inmates. Inmates and staff both report that ceilings in various parts of the building leak, steam pipe leaks and puddles in the building's basement has left electrical and telephone cables corroded, and that climate issues interfere with the proper functioning of sophisticated medical equipment. The limited number and poor working condition of current phone lines are inadequate to serve the telecommunications needs of the facility as it currently operates, and would prove to be a barrier to the implementation of recommended telemedicine technology at MCI-Framingham. In addition, in 2004, a major electrical transformer exploded, leaving only a small electrical transformer serving the HSU. Consequently, x-ray examinations and mammographies were discontinued for three months since there was not enough electrical current available to support this equipment. The lack of access to x-rays and mammographies for this amount of time is inconsistent with the MA DOC Treatment Philosophy 630.01-3 that "all health care services be comparable in quality to that available in the community." Inmates interviewed for the NERI/DOC survey also complained of unsanitary conditions in the HSU and some stated that inmates "will NOT go to the Health Services Unit if they can avoid it." Finally, HSU is not handicapped accessible. This issue will be further addressed in the Task # 6 report from Subgroup B.

c.Proposed Remedy
The **major recommendation** for the Health Services Unit is that it be moved out of its current location and moved to a newer, larger building where the environment is more conducive to the provision of high quality health services for female inmates. In a dedicated unit, it is expected that current and future medical technology would be fully supported; that there would be minimal interruptions in service due to wiring/equipment malfunction; that sufficient telecommunications services related to the provision of medical care would be available; and that patient care and staff rooms would be designed that would be fully handicapped accessible; where patient privacy and staff confidentiality could be maintained; where staff could monitor inmates more effectively; and where environmental health hazards would be more effectively avoided/monitored/remediated.

Task 4 - Review of pregnancy/reproductive health issues

1a. Identification of Problem – lack of availability of oral contraceptives or Depo-provera for contraceptive use for short-term inmates in the custody of the MA DOC.

b. Supportive Data

According on reports from Ob/gyn providers at MCI-Framingham, no women in custody are allowed to use birth control pills while incarcerated. The use of Depo-provera is allowed for women in custody only for dysfunctional uterine bleeding, and not for contraception. A significant percentage of those in custody at MCI-Framingham are in their childbearing years, and have short sentences. Thus, if a woman enters MCI-Framingham who has been taking oral contraceptives or using Depo-provera, and her birth control is interrupted during her period of incarceration, she is highly likely to become pregnant with unprotected intercourse on release. The MA DOC formulary does list the availability of two oral contraceptives.

c. Proposed remedies

The recommendation is that Depo-provera for contraceptive use and oral contraceptives, in addition to the two listed in the MA DOC formulary, are made available to incarcerated women who request them, and who have short stays. Depo-provera has a contraceptive failure rate of less than 1%; oral contraceptives have a failure rate of less than 1% (www.engenderhealth.com.). With regards to the Female Offender Review Panel, this is a **minor recommendation**, yet one that should receive serious consideration.

2a. Identification of problem – shackling of pregnant female inmates for transport and treatment at outside health care facilities; inability of inmates who deliver infants to have visitors while in the hospital in the post-partum period.

b. Supportive data

Much of this data comes from interviews with MCI-Framingham health care staff during visits to MCI Framingham by the Female Offender Review Panel between March and June 2005.These reports are supported by responses of inmates to the qualitative interviews conducted for the NERI/DOC survey during this same time period. Inmates are particularly concerned that pregnant women are shackled and handcuffed during outside medical visits, and that the restraints extend to cuffing pregnant women to the hospital bed while they are in labor. While the *McDonald v. Fair* case resulted in an agreement which allows no more than one cuff to be used on the inmate who is hospitalized while in labor, this practice is considered by many to be inhumane, degrading, and unnecessary.

c. Proposed remedy

While it is recognized that the shackles and cuffs are intended to maintain security and custody of the inmate who is in labor, the security/custody issues might be addressed in less restrictive ways. Further complaints from inmates address the inability to have any outside visitors when they are hospitalized for delivery. A recommendation that might address these and other issues related to the protection and care of the inmate who is soon-to-deliver is the use of *doulas* (i.e., women who provide trained labor support.) This recommendation is based on the following article: Doula Birth Support for Incarcerated Pregnant Women by C. Schroeder and J. Bell, Public Health *Nursing* 2005 Jan – Feb; 22(1), 53-8. which states in the abstract that,

> "The objective of this study was to provide trained labor support to pregnant women in jail. A multiagency intervention project provided doula birth services to pregnant women in urban jails. Program evaluation included interviews with women and written satisfaction services of providers and correctional officers. A convenience sample of 18 incarcerated women received doula services. A doula visited each woman in jail antepartum to review expectations for labor and birth; during hospitalization the doula provided continuous support throughout labor and birth. Doulas visited women postpartum to review birth events. Surveys administered to providers and officers demonstrated high satisfaction with the program. Qualitative interviews with 14 women indicated unanimous support for the services and documented women's concerns. Findings support offering doula services to all pregnant women in custody and expanding doula services to include early and comprehensive intervention coordinated by nurses."

The recommendation regarding the implementation of doulas into the care of inmates who are in labor would increase direct supervision of the inmate while providing further supportive care for the laboring inmate. Thus the need for the restrictive cuffing of the inmate in labor might be avoided. Furthermore, use of less restrictive means in these instances is consistent with MA DOC Treatment Philosophy 630.01 – 2 that "all health care services shall be provided in an atmosphere that assures privacy and dignity for both the inmate and provider."

With regards to the Female Offender Review Panel, this is not a major recommendation, yet it is also to be given serious consideration.

3a. Problem – need for a Pelvic Pain Clinic

b. Supportive data – this data is was provided by health care providers in the Ob/gyn service at MCI-Framingham during two visits to HSU by members of Subgroup B in April and May, 2005. While the capacity of MCI-Framingham is approximately 660 women, the population turns over 6 times per year. In 2004, a total of 4233 women were in custody at MCI-F. It is reported by the obstetrics/gynecology health care providers at MCI-F that fully 25% of the inmates have complaints of frequent pelvic pain, dysmenorrhea, and other gynecologic aberrations. This is likely to be due to the high percentage of imprisoned women who have past histories of sexual abuse, other trauma, and scar tissue.

c. Proposed remedy

Thus, it is recommended that an on-site pelvic pain clinic be established to provide ongoing assessment, diagnostic services, educational services, and medical treatment and counseling services for female inmates with moderate to severe acute or chronic pelvic pain. This might also be considered a minor recommendation, but one that could improve the quality of lives of many women in custody in the MA DOC.

4a. Identification of Problem – moving pregnant women in custody of DOC to least restrictive setting (this is also an issue of overclassification of women in custody)

b. Supportive Data – this information was provided by Ob/gyn staff during interviews and visits to the Health Services Unit by members of Subgroup B between March and June, 2005. It should be noted that the goal of moving pregnant prisoners to the least restrictive settings as rapidly as possible while in the custody of the DOC has successfully reduced the number of inmates who deliver their infants while in custody. In 2004, 150 women entered custody while pregnant, but only 12 women delivered while still in custody. However, statutory restrictions prevent some women from being moved to the least restrictive settings. It is also noteworthy that, unlike results reported in many women's prisons (Martin, 1997), pregnancy outcomes for women delivering while in DOC custody in Massachusetts, are highly successful. This is likely to be due to the quality of care provided by the Ob/gyn staff and the Catch the Hope Program.

C. Proposed remedies

It is recommended that high quality Ob/gyn care continue to be supported at MCI-Framingham, South Middlesex Correctional Center, and the Women, Infants, and Children's Program. However, it is also recommended that the high quality of care could be further supported by the purchase of ultrasonography equipment for use on-site, and that an ultrasonography technician be hired to eliminate the need for pregnant women to be transported to another health care facility for ultrasounds during pregnancy. It is expected that the costs of the equipment and the hiring of an ultrasonography technician will be offset by the decreased need for additional staff to transport pregnant women to outside health care facilities.

Task 5 - Review of trauma and mental health issues

Overview

The trauma and mental health issues task group conducted a multi-pronged review of these critical concerns as they related to environmental circumstances at Framingham and as they were represented in the process of medical, mental health, substance abuse and other care related activities. The group was very impressed with the level of dedication and commitment of program staff offering these services to the women at MCI Framingham. Nonetheless, it was obvious that the mental health, substance abuse and trauma services were being provided in a fragmented, ill defined and uncoordinated way that decreased staff's ability to comprehensively address the needs of female offenders that will allow them to successfully reintegrate into their communities and reduce recidivism.

The group's primary finding and recommendation, reflected in Subgroup B's overarching recommendation, is that the DOC must undertake an administrative, systemic, cultural shift in the treatment of women prisoners from current practice to a fully integrated, trauma-informed approach to the custodial, health, mental health and substance abuse care for incarcerated women. We recommend that the Department of Corrections consider this recommendation as a means to establish a new funding process to redefine what and how it purchases and monitors incarceration and treatment services specifically for women in Massachusetts. Given the scope of this proposed change, it is strongly advised that an expert trauma-integration consulting organization be engaged to assist in the design and development of a plan to carry out this important task. An external mechanism to assess the impact of changes in policies, protocols and services on inmate outcomes in the areas of substance abuse, mental health, trauma symptoms, health and recidivism should be implemented. We do expect that there will be internal resistance to this to this proposal. However, we hope that our recommendations will prove helpful overtime and that all involved parties, including union members, will come to be partners in this change.

As a group, we have been pleased to be part of this important challenge. We will be interested in the Department of Corrections response to our report and would welcome the opportunity to further discuss our findings and recommendations. We would be happy to identify resources and other experts who have been consulted and have expressed interest in providing additional information.

1. Review of need to create a trauma-informed environment in which services, program, and substance abuse and mental health treatment are integrated.

a. Identification of the problem.

Histories of victimization are central to the development of medical, mental health and substance abuse problems among female offenders (Veysey, 1998). MCI Framingham (MCIF) mental health staff estimate that 90% of women receiving mental health services at MCIF have identified trauma histories. Substance abuse staff report similar prevalence of trauma among female offenders receiving substance abuse services at MCIF. National data support these estimates (Task Force on Women Offenders, 1990; Greenfield & Snell, 2000).

In order to decrease recidivism and promote rehabilitation, the corrections environment must be based on an understanding of the impact of victimization on the lives of female offenders and its role in the development of medical, mental health and substance abuse problems as well as criminal behavior. Failure to provide this kind of environment not only impacts recidivism, but results in re-traumatization of women, increase in mental health symptoms, behavioral problems that place excessive burden on the correctional staff, under-utilization of needed medical care, and increased risk of substance abuse relapse upon release.

Currently, MCIF services that address substance abuse, mental health and medical needs of women offenders are addressed separately and are disjointed. Department of Correction leadership, statement of common mission, communication among different disciplines is lacking, resulting in decreased ability to address the comprehensive needs of women offenders that will allow them to successfully reintegrate into the community following incarceration. Additionally, as noted in prior DMH and other MCIF site reviews, as well as cited literature, ecological aspects of women's care and treatment, their interaction with correctional officers, delays in accessing care, and the limitations on appropriate care provision can reinforce experiences of trauma and further diminish the likelihood of effective health and other care and habilitative service utilization. For instance, although time did not permit a full assessment, there appears to be underutilization of STD and other preventive health services, which staff consider to be associated with experiences of trauma. The provision of a trauma-informed environment, along with an integrated approach to substance abuse and mental health treatment with a trauma focus at its core, is currently considered "best practice" for women with co-occurring substance abuse and mental health disorders in community settings. The prevalence of both mental health and substance abuse disorders among women offenders has led to the suggestion, supported by preliminary data, that integrated, trauma-informed care would be more effective for incarcerated women as well.

b. Supportive data. Subgroup B used two major approaches for reviewing the existing evidence on the need for integrated trauma treatment within MCIF.

Interviews and review of MCIF documents. The first approach consisted of interviews and review of exiting documents provided by the MCPC. Information on existing environment and services was collected during two visits to MCIF by Subgroup members on May 2 and June 2 2005. The visit on May 2, 2005 included the Department of Mental Health Licensing Team and the Director of Licensing, Michael Weeks. Documents reviewed include: (1) Harshbarger Report, (2) The Department of Corrections RFR # 02-9004-R21, (3) UMMS Proposal and Contract to provide comprehensive health services to Massachusetts prison population, (4) UMMS Correctional Mental Health policies and procedures, (5) The Department of Corrections Strategic Plan, (6) Revised National Commission on Correction Care, June 2003, Report on the Health Care Services at MCI Framingham, (7) Commission on Accreditation for Corrections, May 2004, Standards Compliance Audit, (8) Review of Dental, Medical and Mental health Services for Segregated Units at MCI Framingham, January 2005, (9) The Commonwealth of Massachusetts Governor's Commission on Correction Reform Medical Review Panel Information Packet, (10) MCI Framingham Treatment and Program Department Policies and Procedures, (11) Outline of the Department of Correction Training Academy Female Offender Training Initiative, (12) Identifying Mental Health Issues PowerPoint developed by Greg Hughs, (13) Mental Health Services at MCI-Framingham document developed by Meredith Kasey, (14)

Suicide Prevention: Risks, Roles and Responses for MA Correctional Staff and (15) Curricula of the Substance Abuse Treatment Programs provided by Spectrum Health Systems, Inc.

Review of the scientific literature. The second approach involved a review of the scientific literature on trauma treatment with a special effort to assess the current state of knowledge about trauma treatment and integration in correctional settings[60]. Published studies and articles were identified through a literature search using relevant search terms such as women and trauma, trauma treatment, incarcerated populations, etc. The section below provides a summary of the literature search findings and existing body of knowledge.

Studies (Covington, 1998; Jordan, Schlenger, Fairbank., & Caddell, 1996) have consistently documented high prevalence rates of substance use disorders among incarcerated women. It was reported that, among women entering jails, 12 percent are diagnosed with mental illnesses and 72% are diagnosed with a co-occurring substance use disorders (Abram, Teplin, & McClelland, 2003). In addition to addiction disorders, incarcerated women with substance use problems report high rates of experiences of traumatic events. Study conducted with female prisoners with substance abuse disorders selected from the Correctional Institution for Women in Rhode Island (Zlotnick, 1997) revealed 40% indicating experiences of childhood sexual abuse, 55% for childhood physical abuse, 53% for rape in adulthood, and 63% reporting physical assault in their adulthood. Posttraumatic stress disorder has been found to be the most common disorder besides substance use disorders among female prison population with prevalence rates of 33.5% for lifetime PTSD and 22.3% for current PTSD (Zlotnick, Najavits, Rohsenow, & Johnson, 2003). Furthermore, past studies have documented that, compared to incarcerated men, women report higher prevalence rates of mental health problems including depression, anxiety, low self-esteem and use of prescribed psycho-active medications (Sacks, 2004; Teplin, Abel., & McClelland, 1997). The evidence clearly suggests a need for a trauma-informed environment and effective treatment for substance abuse and mental health disorders that is integrated and addresses trauma, to effectively respond to a complexity of treatment needs of women with co-occurring disorders.

While the importance of trauma-bases, integrated treatment services for co-occurring disorders among incarcerated women with substance use disorders has began to be recognized as a critical treatment concern, a review of the current literature suggests little is known about the effectiveness of prison based substance abuse treatment among women (Luekefeld & Tims, 1992; Staton, Leukefeld, & Webster, 2003; Zlotnick, Najavits, Rohsenow., & Johnson, 2003).

Existing studies have been primarily conducted with men or mixed-groups (Henderson, 1998) and a small number of treatments available to women are often adopted from treatment approaches that were first developed for incarcerated men (Zlotnick, Najavits, Rohsenow & Johnson, 2003). Furthermore, numbers of prison/jail based substance use treatment services remains squarely focused exclusively on treatments of addiction disorders alone. Several authors and studies have identified a need for gender-specific integrated services for women in criminal justice system based on the consensus that the needs of incarcerated women vary and unique from those of male inmates (Covington, 1998; Henderson, 1998; Sacks, 2004). Specifically, it is emphasized that substance abuse treatment for incarcerated women must simultaneously address

[60] The trauma and mental health task group wants to acknowledge the substantial contribution to this review of task group member Dr. Hortensia Amaro and Atsushi Matsumoto of the Institute on Urban Health Research at Northeastern University.

effects of interpersonal abuse, other mental health problems and other concerns that are unique to women. Findings from a needs assessment survey with incarcerated women (Sanders, McNeill, Rienzi., & DeLouth, 1997) indicated that women rated services related to both substance use and childhood sexual and physical abuse very important, thereby supporting a need for integrated treatment.

Review of literatures on prison/jail based substance use programs for women showed a clear lack of integrated services. There are some programs that are gender-specific and somewhat integrated, such as the Forever Free Program developed by the California Institution for Women (Hall, Prendergast, Wellisch, Patten., & Cao, 2004) and the Turning Point, which has been implemented by the Columbia River Correctional Institution. However, the primary emphasis still remains the treatment of substance use disorders, and trauma and other mental health problems secondarily.

The National Trauma Consortium (NTC) (2004) recommends that substance abuse and mental health treatment for women with co-occurring disorders be integrated and based on the principle that trauma is central to the development of such disorders. In addition, NTC recommended several integrated trauma-informed group interventions for incarcerated women. These included Addictions and Trauma Recovery Integration Model (ATRIUM; Miller & Guidry, 2001), Helping Women Recover (Covington, 2002), Seeking Safety (Najavits, 2002), Trauma Recovery and Empowerment Model (TREM; Harris, 1998), and TRIAD (Clark, Giard, Fleischer-Bond, Slavin, Becker, & Cox, 2005). In addition, other existing interventions include Trauma Adaptive Recovery Group Education and Therapy (TARGET; Ford & Russo, 2004) and Trauma, Addictions, Mental Health, and Recovery Project (TAMAR; Sidran Institute, 1998). All of those interventions focus on the development of skills to manage the sequelae of trauma, rather than on exploration of the traumatic events themselves. All are built upon a cognitive-behavioral approach, which has demonstrated effectiveness in treatments of both PTSD and substance abuse disorders (Caroll, Rounsaville, & Keller, 1991; Harvey, Bryant & Tarrier, 2003; Najavits, 2003). Specific techniques of a cognitive-behavioral approach such as, cognitive restructuring, skills-training, and psycho-education, are actively incorporated into contents of the interventions. The ATRIUM and Helping Women Recover incorporate relational theory in addition to cognitive-behavioral approach.

All programs mentioned above, are group-based (and some provide individual counseling simultaneously). With the exception of the TARGET (Ford & Russo, 2004), they are specifically developed for women with co-occurring disorders. While Seeking Safety (Najavits, 2002) focuses on comorbidity of substance abuse disorders and PTSD, other interventions are more inclusive where the emphasis is placed on not only the associations between addiction disorders and PTSD, but also co-occurring mental health problems. All treatment interventions have been manualized with the exception of the TRIAD (Clark, Giard, Fleischer-Bond, Slavin, Becker, & Cox, 2005). Some of those interventions have been modified or adapted to specifically meet the needs of girls and women in criminal justice system.

The **ATRIUM** (Miller & Guidry, 2001) is a 12-week (60-90 minutes) psychoeducational program with expressive activities that is designed to intervene on the levels of body, mind, and spirit. It has not yet been implemented in correctional settings. The **Helping Women Recover** (2002) is a 17-session (90 minutes each) intervention that integrates the theoretical perspectives of addiction, women's psychological development, and trauma. The sessions are organized within the four modules of self, relationships, sexuality, and spirituality and incorporate expressive activities. The author has developed and published a manual designed for

implementation in correctional facilities. The **Seeking Safety** (Najavits, 2002) is a 25-session (60-90 minutes each) present-focused therapy that is built upon five key elements: safety; integrated treatment of PTSD and substance abuse; a focus on ideals; cognitive, behavioral and interpersonal therapies with case management; and attention to therapist process. This intervention has been recently tested with incarcerated women and several prison/jail in Florida and other states have began to implement the program. **TREM** (Harris, 1998) is a 29-33 session (75 minutes each) psychoeducational program with skills-building approaches that focuses on survivor empowerment, techniques for self-regulation and soothing, and secondary maintenance. Quasi-experimental studies of TREM conducted by Maxine Harris and Roger Fallot have shown promising results of this model. The intervention has been implemented in a woman's correctional facility in Maryland/DC area as well as a number of other clinical sites throughout the US. The Boston Consortium of Services for Families in Recovery (Amaro et al, 2004) adapted TREM and added sections on HIV prevention as part of its integrated treatment model implemented in 5 Boston-based community treatment facilities. The **TRIAD** (Clark, Giard, Fleischer-Bond, Slavin, Becker, & Cox, 2005) is a 16-session (100-120 minutes each) that promotes survival, recovery and empowerment, while at the same time, helping women to gain and maintain personal safety. The intervention does not have a manual. It has been modified for the use in jails. **TARGET** (Ford & Russo, 2004) is a 9-session (90 minutes each) psychoeducation based program developed for both men and women with addiction disorders with co-occurring mental health disorders. The intervention aims to help participants acquire skill sequence for enhancing affect regulation and information processing as a ground for managing and reducing symptoms of both PTSD and substance use disorders. The manual has been modified and implemented in correctional facilities for women in Hartford, CT. **TAMAR Project** (Sidran Institute, 1998) is a treatment specifically developed for incarcerated women and is guided by the TAMAR Treatment Manual consisting of 15 specific modules that incorporate skills-training, psychoeducation and expressive art therapies. In addition to substance abuse, trauma and mental health issues, the manual contains sessions on HIV prevention. Groups meet twice a week over the course of 3-4 months. The intervention has been implemented widely in correctional settings in Maryland.

Currently, only a few outcome evaluations of the integrated treatment interventions are available. For example, TREM (Harris, 1998) and Seeking Safety (Najavits, 2002) have been tested with a community sample of women with substance use disorders and co-occurring PTSD and/or mental health problems. Even smaller numbers of outcome studies have been conducted with incarcerated women. For example, findings from a pilot study of Seeking Safety (Zlotnick, Najavits, Rohsenow, & Johnson, 2003) with 18 women in the minimum security wing of the prison facility reported that, there was a significant decrease in current PTSD symptoms and decrease in drug and alcohol use. At the end of the treatment, more than half (53%) of women no longer met criteria for PTSD and a total of 6 women (35%) reported using illegal substances within 3 months of release. Study with 216 incarcerated women who had received TREM, utilized a survival analysis and reported that, those who received TREM stayed longer in community after their release.

A review of previous studies on individuals with addiction disorders, co-occurring PTSD and mental health problems (Ouimette, Brown, & Najavits, 1998) highlighted the finding that remission of PTSD is related to better outcomes in substance abuse treatment, but that the remission of substance abuse is not associated with better PTSD outcomes. Similarly, a study with male veterans with substance use disorders with co-occurring PTSD (Ouimette, Moos, &

Finney, 2000) found that PTSD treatment in the first 3 months after enrollment in addiction treatment programs served as a predictor of full or partial addiction remission in 2 to 5 years later. Furthermore, longer the duration of PTSD treatment in the first year after enrollment in addiction treatment was associated with more stable remission (Ouimette, Moos, & Finney, 2000).

The most comprehensive and largest study of integrated treatment among women to date is the SAMHSA-funded Women, Co-Occurring Disorders and Violence Study. This study involved providing trauma-informed, integrated, comprehensive services for women with co-occurring disorders and histories of trauma at nine sites across the country. Compared to women receiving services as usual, those receiving the integrated trauma-informed services demonstrated greater improvement at 6 and 12 month follow-up. Participants in the intervention condition showed significantly decreased addiction severity scores at 6 months follow-up and improved mental health and trauma symptomatology at 6 and 12 months follow-up (Morrissey, Ellis, Gatz, Savage, Glover Reed, Amaro, et al, 2005; Morrisey, Jackson, Ellis, Amaro**,** et al., 2005). Also, the integrated treatment condition was associated with lower risk of drop out from residential treatment. Amaro et al (in press) report that compared to those in the intervention condition, service as usual clients had a 45% greater risk of drop out by 4 months in residential treatment (Amaro, Gampbel, Larson, Lopez, Richardson, Savage, & Wagner, 2005). In another paper, Amaro et al (in press) also report that integrated treatment also seems to lower HIV risk behaviors. Compared to those in the integrated treatment condition, women receiving services as usual were 3.2 times (at 6 month follow-up) and 4.5 times (at 12 month follow-up) more likely to have unprotected sex (Amaro, Larson, Zhang & Acevedo, 2005).

Thus, integrated treatment that addresses trauma recovery may be a critical factor in assisting incarcerated women with substance abuse and/or mental health disorders in their recovery process, in their utilization of needed health and other services, and in the reduction of future criminal behavior. It should also be noted that the literature consistently states that trauma group interventions must be delivered in an environment that is trauma-informed (Elliot et. al, 2005; Harris & Fallot, 2004; Markoff et. al, in press). All aspects of custodial, clinical, and other care, including administrative and staff management, training, and supervisory processes, must reflect an integrated understanding of and approach to the diverse histories of trauma represented in women offenders. There is an urgent need for implementation of integrated, trauma-informed services and treatment and systematic evaluations of outcomes of such interventions among women in the criminal justice system.

c. Proposed Remedies: Approaches for Developing and Implementing an Integrated, Trauma-Informed System of Care within MCI Framingham.

Based on the information gathered via interviews with MCIF staff and inmates, review of existing documents provided by MCIF and its subcontractors/consultants, and the review of the published literature on effective services for similar populations, we present proposed approaches for enhancing treatment services and the environment in which they are delivered in order to improve outcomes for women at MCIF.

The development of a trauma-informed environment and integrated medical, mental health and substance abuse treatment services that address trauma recovery should take place over time. To accomplish this, we recommend:

- Revision of the current Female Offender Management Mission Statement such that it explicitly promotes the provision of a trauma-informed environment that is effective in rehabilitating women inmates, including the provision of integrated treatment services (medical, substance abuse, mental health and trauma) that are based on a trauma recovery model.
- An expert consulting organization should be contracted by DOC to assist in designing and developing a plan for carrying out the mission as defined above.
- The consulting organization should convene a DOC management advisory board to develop a plan for the long term systems changes needed to create a trauma-informed environment in which services that address health, mental health, substance abuse, and trauma are integrated. This would include support for and systems to be established to create a total facility environment that is effective in rehabilitating women inmates.
- It is strongly encouraged that DOC evaluate the feasibility of a carve out from current DOC contracts and fiscal resources exclusive for female offenders, separate from those for male offenders. RFRs should be issued and encourage competitive bidding among potential qualified providers. This will allow for selection of contractors with expertise in working with the female offender population and development of gender-specific outcomes to be accomplished and measured. In the review of current mental health RFR, contract and policies and procedures, it was noteworthy that there is no gender-specific description of women inmates/programs, expectations regarding their treatment while incarcerated, no specific budgetary requirements and no policies and procedures that guided a cohesive staff practice within facilities.
- Whether part of a focused re-contracting process or as a qualitative interim leadership step, DOC needs to identify strategies for promoting the provision of integrated programming and services. DOC should consider the possibility of using a single vendor for substance abuse and mental health services in order to improve communication and collaboration between and among program, correctional, mental health, medical, and substance abuse staff. The expert consulting organization must play a role in developing the criteria to be used in selecting both short-term and long-term planning/implementation strategies
- DOC, with the assistance of the consulting organization, should begin mandatory training on the special needs of women offenders, with attention to the appropriate responses to women suffering from trauma, mental health and substance use disorders. This should include training in screening, assessment, crisis intervention including de-escalation and treatment approaches. In order to ensure that the organization's norms about providing services moves to an integrated model, staff should receive training on the intersection of mental health, trauma, substance abuse and medical problems. The following staff at all levels working within the correctional setting should be included: key administrators, correctional officers, medical, mental health, substance abuse program, operational and all contracted staff. This will be critical in achieving buy in and also collaboration and participation in implementing a trauma-informed and integrated approach.
- An Implementation Task Force that consists of administrative and local supervisory correctional staff, mental health staff, substance abuse staff and medical staff should be appointed to review policies, procedures, and practice to develop systematic changes

that will result in the provision of trauma-informed, integrated care as per the mission statement to be developed.

- DOC should contract with an external independent research group/university to assess the impact of changes in policies, protocols and services on inmate outcomes in the areas of substance abuse, mental health, trauma symptoms and health, as well as recidivism in criminal behavior. This contractor should provide ongoing data feedback to relevant groups at MCIF in order to inform the institutional change process and further changes that need to be made.

2. Review of needed changes in clinical practice and support for current staff in mental health and substance abuse programs

a. Identification of the problem

Interviews with staff working in the mental health and substance abuse programs at MCI Framingham established that they are highly motivated, compassionate, professionals dedicated to the rehabilitation of women offenders. However, it was apparent that their ability to develop a goal-oriented, rehabilitative focus is negatively impacted by lack of adequate resources.

Mental health and substance abuse services are significantly understaffed given the complex needs of the populations to be served. It was obvious to our task group that staff providing these necessary treatment services do not operate under a defined, common facility-based philosophy treatment approach. It was surprising to us that the mental health and substance abuse staff do not have regular or routine close working relationships with each other on this small campus.

In mental health services, this results in a crisis intervention orientation, rather than a proactive, rehabilitative approach. Women with significant mental health problems see an individual counselor for one half hour every other week, and may also participate in groups when available. This level of service may sometimes be sufficient to keep women stable, but does nothing to move them toward acquiring the coping skills necessary to reduce criminal behavior and successfully integrate into the community post- incarceration. In substance abuse services, there appear to be sufficient groups for building recovery skills, but the understaffing leads to gaps in case management or the ability to individualize services appropriately. In addition, in both mental health and substance abuse treatment, women offenders whose English skills are not well developed may not benefit from groups conducted in English, and there are few bilingual staff.

In addition to understaffing, two additional gaps in support for mental health and substance abuse staff were noted. Substance abuse and mental health staff and corrections staff assigned to specialized substance abuse and mental health units, do not get reimbursed for attending professional training that would improve their job skills. Staff members are using their own funds for this purpose. This includes staff who work on the Residential Treatment Unit, which uses a Dialectical Behavior Therapy model, a highly specialized clinical intervention, which, to be successfully implemented, requires specialized training. Another gap in staff support is lack of internet access. One important function of substance abuse and mental health staff is to assist in identifying community resources for women who are transitioning out of the prison and returning to communities all over the state. Staff who do not have access to the

Internet are handicapped in their ability to identify such resources and assist women in accessing them.

b. Supportive Data

The data for the above problem statement comes primarily from staff interviews, review of medical records and observation at visits to MCI Framingham on May 2 and June 2, 2005.

c. Proposed Remedies

- Additional female offender specific resources should be allocated to substance abuse and mental health contracts. These resources should support additional staffing, the hiring of bilingual staff, and a pool of funds for staff training when it is determined by an employee's supervisor that such training would enhance their ability to perform their current job responsibilities.
- Internet access should be provided for all substance abuse and mental health staff.
- Changes in clinical protocols, practice and policies to remove current trauma related barriers in the prison environment and enhance offender participation, rehabilitation and impact reduction in recidivism are needed. The following clinical considerations are strongly recommended:
    - DOC, with the assistance of mental health and trauma consultants should redefine the definition and criteria of "mental health cases" as described in the Governor's Commission on Corrections Reform Medical Review Report dated March 23, 2005. The reason why the number of mental health cases for women is reportedly increasing and is significantly higher than the percentage for men (21% male versus 66% female) should be closely examined. This appears to be supported by the number of inmates on mental health medications, 13% male versus 53% female. Resources such as the ACES Study (Adverse Childhood Experiences and Health and Well-Being Over the Lifespan) may help shape a new definition. (Refer to Attachment.
    - There must be targeted screening and evaluation procedures utilizing gender specific, state of the art instruments. Such changes should include adaptations to address situations that result in refusal of medical evaluation and treatment.
    - There is a need to revise all treatment to be integrated, skill-based with behaviorally measurable, trauma-informed treatment and service plans.
    - Appropriate and widespread resources for staff training and treatment culture shift/implementation need to be put in place. This should include an increase in the number of trauma-specific groups, the development of individual crisis prevention plans that proactively identify triggers and strategies for managing agitation and instructions for appropriate staff response. (sample of Personal Safety Tool attached), the development of a debriefing process post-incidents (i.e. self-injurious, assaultive, suicide watch, restraints) in order to prevent reoccurrence, and access to peer support.
    - Policies and procedures that establish criteria clearly describing the need for crisis assessment, watches and re-entry to population should be developed and carefully implemented.
    - Review of and implementation of Sensory-based approaches to managing impulses to self-injure are strongly recommended. Self-injury is not an

uncommon response to trauma experiences and may be one symptom of post-traumatic stress disorder. Sensory interventions have been found to be helpful in minimizing impulses that lead to self- harm. Exploration and consideration of such interventions that would be appropriate for a prison setting is warranted (Champagne and Stromberg, 2004.)

- During interviews with a community provider, it was noted that ex-inmates would benefit from additional domestic violence and sexual assault counseling and education.
- Cross training of staff across all disciplines for coverage and understanding of program outcomes should be encouraged.
- Development of discharge from prison crisis and relapse prevention plans that address triggers, warning signs, strategies and supportive resources to reduce likelihood of recidivism should be implemented.
- DOC should work with the Department of Mental Health Forensic Services division to establish a more clearly defined, behaviorally based referral and report forms for legal status 18A transfers. The format should include fields for DOC personnel to submit specific questions and request recommendations in particular areas. Medical records reviewed indicated that there is room for improvement of report content and communication between prison and receiving DMH state hospital staff.
- Serious consideration should be given to the renovation or relocation of the crisis mental health and medical services units, as the current facilities are not conducive to the function they serve.

3. Review of Gaps in Current Continuum of Care

a. Identification of the problem

In the community, for women with substance abuse and mental health disorders, an attempt has been made to develop a continuum of treatment services. Women at different phases in the recovery process have different needs in terms of intensity of support as well as structure. This is true for women offenders as well, and the treatment services at MCI Framingham do appear to have been designed with this in mind. Women with mental health disorders are primarily maintained in the general population with medication, individual and group counseling support. The Crisis Services Unit is available when a woman is at immediate risk of harming herself or others. The Residential Treatment Unit (RTU) is available for those who need a high level of structure and support on an ongoing basis. As a continuum of care in a statewide prison system, this appears to be rather sparse. One problem, as mentioned above, is the low intensity of services provided to women in the general population. One half hour of counseling every other week and some access to groups may help keep women stable, but does not provide sufficient support for building the skills necessary for recovery. In addition, there is no step-down environment for women who have been in crisis but are not ready to return to the general population. In addition, while the staff of the RTU appears to be doing an excellent job of making do, the physical facility in which the RTU is housed is not conducive to the development of a therapeutic environment.

The substance abuse services available also represent an attempt at a continuum. There is *The First Step*, a five week program for detoxification and early *recovery*, *Steps to Recovery*

which has an eight week track for those with sentences of 120 days or less and a 12 week track for those with sentences of more than 120 days but less than 10 months, and the Correctional Recovery Academy (CRA), which is a 10 month program. This service array is a serious attempt to meet the varied needs of varied women, and is to be commended. However, it leaves some gaps that should be addressed. At times, CRA has many empty beds, because most women do not have sentences long enough for them to be eligible. In addition, women who graduate from CRA long before their release may receive only one counseling session every three months, with no other support for retaining gains they have made in recovery.

One other problem was noted, related to overcrowding. Both the CRA and the RTU are used for overflow housing. Both units were developed for the purpose of creating a therapeutic environment. It is extremely disruptive to such an environment to have residents who are not participating in the program on-site. These overflow residents are less motivated than program participants and are not required to maintain the same standards of behavior. They may influence program participants in ways that are not conducive to their recovery and their cooperation with treatment protocols.

b. Supportive Data

The data for the above problem statement comes primarily from staff interviews and observation at visits to MCI Framingham on May 2 and June 2, 2005, along with review of treatment and program department policies and procedures and curricula.

c. Proposed Remedies

The Department of Corrections should consider, over time, filling the gaps in the continuum of care. The following are suggestions only, and should be considered in light of other facility changes or changes in the population that may occur as the result of the recommendations of the Women Offender Panel, and should be implemented in consultation with program, mental health and correctional staff.

- Should a new facility be built or major renovations undertaken, a space for the RTU should be created based on a design that replicates that of a therapeutic residential program in a community setting as closely as possible.
- A Step-Down Unit and programming should be developed for women who are ready to leave the CSU but not yet ready to join the general population. The programming should focus on the development of coping skills and crisis prevention plans.
- An additional track should be created within the CRA to address the needs of the majority of women who are currently not eligible due to sentence length, perhaps a 4-6 month track.
- Ongoing support for graduates of CRA should be developed. Perhaps peer support groups could be used to fill to this gap
- Should it be decided that MCI continue to receive women awaiting sentencing/trial, mandatory program opportunities should be developed to maximize rehabilitation and reduce likelihood of recidivism.
- Residential programs for women with substance abuse and mental health disorders should not be used as overflow housing.
- As it is current practice that once women are transferred from MCI to other local DOC facilities (South Middlesex and the Women in Transition Program,) treatment programs

are not continued, it is strongly recommended that if these needed services cannot be replicated on site, transport options for continuing care at MCI be investigated.

4. Review of Current Section 35 Commitment Practice at MCI Framingham

a. Identification of the problem

Massachusetts General Laws Chapter 123, Section 35 permits a District Court to involuntarily commit an alcoholic or substance abuser for up to 30 days, to an inpatient facility approved by the Department of Public Health, when there is a likelihood of serious harm as a result of his/her alcoholism or substance abuse. Under the actual statute, commitment to MCI Bridgewater for men and MCI Framingham for women is permitted when suitable DPH facilities are not available. In 1988, as the result of a lawsuit (Hinkley et al. v Fair et al.), a consent decree established that civilly committed women would not go to Framingham MCI. The Department of Public Health/Bureau of Substance Abuse Services established a statewide community-based system of services that could accommodate these women, contracting with a provider agency to place women who were civilly committed. The current contractor is the Institute for Health and Recovery.

Until recently, this system worked very well. Only 1-5 civilly committed women went to Framingham MCI each year, and these women rarely stayed more than few days before being released to community treatment. However, within the past three years, budget cuts have resulted in a major reduction in the number of detoxification beds in the community, and the elimination of community-based Level II beds, which were step-down beds that provided substance abuse treatment once medical detoxification was complete. The Level II beds were replaced by a very limited number of Transitional Support System beds, but even these limited beds were not designed with this population in mind. The lack of community based services, along with some judge's dissatisfaction with placing women in unlocked beds, has resulted in a severe escalation of the number of civilly committed women going to Framingham MCI. In addition, it has become increasingly difficult for women to be released to community treatment once they enter Framingham MCI. It takes MCI at least 48 hours to process a woman for release. By the time women can be released, they usually no longer quality for detoxification in the community. In FY 2004 there were 146 civilly committed women and 41 women who were civilly committed but also had a criminal charge (dual status) that were sent to MCI Framingham. For FY 2005, as of June 21, there have been 142 civilly committed women and 167 dual status women who went to MCI Framingham

Judges send women to Framingham MCI assuming that they will receive treatment services. However, civilly committed women are not eligible for the *First Step* program, because they cannot be mixed with sentenced women. Some women do eventually enter the *Steps to Recovery* program, but that program does not meet their needs as it is designed for women with longer sentences. Civilly committed women place a great burden on staff in the *Steps to Recovery* program, because they must do discharge planning for these women with great service needs in a very short period of time. For the most part, civilly committed women get little or no treatment at Framingham MCI.

b. Supportive Data

Support for the above problem description came from interviews with the Executive Director and the Section 35 Coordinators at the Institute for Health and Recovery, as well as a review of a 2001 document from the Department of Public Health outlining their plan to address the needs of civilly committed women.

c. Proposed Remedies

It is recommended that a high level Task Force be appointed by the Governor to review this topic to include the management of Section 35 patients in both community-based programs and institutions (DOC, DPH, DMH funded and private facilities.) The Task Force should include representatives of all the relevant agencies including the Courts and the Legislature. Other interested private organizations such as the Massachusetts Association of Behavioral Health services, the Massachusetts Psychiatric Society and NAMI should be involved in this needed system's change. Cultural and treatment philosophy differences between the Courts, DPH, DOC and DMH need to be resolved in order to fully develop a workable outcome to remove these patients from the criminal justice system. Any effective solution will require legislation and interdepartmental agreements that will entail extensive negotiation that should include discussion regarding:

- Community-based substance abuse treatment services that meet the needs of civilly committed women be substantially increased.
- Creating an on-going forum for communication with judges and forensic court clinicians about the needs, outcomes and placements of civilly committed women
- For those civilly committed women who cannot be diverted from MCIF, treatment and programming that address their needs and is appropriate to their length of stay should be developed.

Task 6 – Review of Issues Regarding Physical Facilities and Program Modifications for Individuals with Disabilities

I. Identification of Problem: Physical plant at MCI-Framingham poses health and safety risks and barriers to access to necessary programs and facilities:

a. The physical plant at MCI Framingham is composed of several separate buildings; the oldest in use was built in the 1880's. In order to access educational programs, health services, meals, workshops, recreation and gym rooms, inmates must move from one building to another, regardless of weather conditions. In inclement weather -- snow, ice or rain conditions -- there are physical risks to both prisoners and staff moving from one building to another. Inmates with mobility problems have increased risks.

b. Clothing issued by DOC is not warm enough or water repellant enough to avoid exposure to the weather and inmates are not provided with shoes appropriate to winter or slippery weather conditions.

c. Inmates must move to the Health Services unit to obtain prescription medication. The vast majority of inmates receive medication. Although improvements have been made in dispensing medication, there are still periods in which waiting lines extend outside the building. Some inmates are allowed to keep some types of medication "on person".

d. The mental health treatment and residence area of the Health Services Unit is located on the second floor with no elevator and no handicapped accessible bath/shower area.

e. Educational programs, vocational workshops, law library, gym and recreation rooms, chapel, social workers and psychology staff offices and cafeteria are located in the

oldest building – constructed in the 1880's. The building lacks an elevator and other architectural features that would allow wheelchair access. Stairways are narrow and steep. The computer lab does not have adaptive technology tools, other than those built into system software, for use by people with manual dexterity or visual disabilities. Since access to educational and vocational programming is very important, these barriers substantially hamper inmates' prospective rehabilitation and future employment options as well as health improvement through mental and physical exercise.

f. Small kitchen areas in the cottages are not equipped to handle/store food or serve food in the event of storms. Meals can be delivered to cottages for those inmates whose severe disabilities or illnesses will not allow them to use the cafeteria.

g. The overcrowding conditions, including double bunked beds in the detention/awaiting trial units and cottage" units pose physical risks to inmates, with particular risk to those with weight, arthritic or other mobility concerns.

h. The physical plant heating and ventilating systems serving the health services unit and cottages are old, with repeated reports of overheating, poor ventilation, evidence of mold which can affect inmates with respiratory and heart conditions, as well as spread illnesses. Health inspections cite numerous examples of hot water temperatures that are too low and lack of disinfectants or soap in kitchen and/or bath areas.

i. Ramps for wheelchairs, handrails, grab bars, lowered shower controls, elimination of lips in shower areas are present in a few facilities, but not all. One outside ramp apparently has settled, creating a further hazard at the CRA building. Loose or broken floor have been cited in health inspections. Some doorways are wide enough for wheelchair entrance and turning ratios.

j. Cells do not have both visual and auditory alarm signals inside the rooms. Since these rooms are locked at night and/or used as closed custody areas during the day, individuals with sight or hearing disabilities may be at risk in case of emergency. At least some doors are heavier than the standard 5-pound resistance level.

k. There is no tactile signage for people with visual impairments at either MCI-Framingham or Middlesex Pre-Release Center. Prison staff report that only one woman in recent years has had substantial sight problems that required modifications.

II. Supporting Evidence

a. Several site visits and a site evaluation July 7, 2005 with Steven Higgins, ADA coordinator for the Metrowest Center for Independent Living (see Higgins site report).

b. Individual reports: There are inmates with weight, hip, leg and foot disabilities that impede their abilities to walk and climb. Several report heart ailments and many have from time to time had surgery or injuries that resulted in temporary disabilities. One reviewer cited a person with a chronic fungal infection who did not have shoes or sneakers to cover the foot so that she could go outdoors. (Prison staff committed to finding more appropriate foot covering). Prisoners have reported falling/slipping on ice and or slippery floors, resulting in fractures and other injuries. (Prison issued shoes are soft-soled sneakers not designed for any traction on slippery surfaces).

c. Architectural Barriers Board standards 521 CMR 15.1-15.10.

d. The Americans with Disabilities Act Checklist for Readily Achievable Barrier Removal (Adaptive Environments Center, Inc., Barrier Free Environments, Inc, 1995).

e. Environmental Health Report, January 12, 2005, Joel Hollis and Arthur Cardarelli

III. Proposed remedies:

a. Short and medium term: DOC should identify other prison facilities (Hampden or Suffolk?) that can house female inmates with a physical disability or health status that impacts that walking or climbing stairs. DOC should if necessary reclassify non-violent prisoners with physical disabilities, regardless of length of sentences or mandatory sentence status so that they may be held in other facilities. DOC and County Sheriffs may need to negotiate agreements for this purpose. DOC should provide warmer winter clothing and winter shoes to all prisoners and provide/repair ramps external to buildings.

b. Medium Term: DOC should relocate classrooms and workshops, and all health related facilities to locations where elevators are not necessary. DOC should review the facilities for grab bars in bathroom showers, toilets compatible with wheel chairs, door way widths, bed heights. Items cited in Environmental Health Report should be monitored for correction.

c. Long Term: DOC with assistance of DCAM should include major capital needs to replace free standing buildings, provide program space for classrooms and workshops and meet current building codes related to architectural barriers and ADA regulations.

IV. Addendum: Middlesex Pre-Release Center

Reviewers visited both MCI-Framingham and the Middlesex Pre-Release Center. This report focuses mainly on MCI-Framingham because its facilities and programming are more complex than that Pre-Release Center. The Pre-Release Center is a newer facility that does have an elevator. For the most part inmates have access to programming offered at the facility directly or with staff assistance (the library is not easily accessible).

The accessible bath and shower area is located on the second floor which might mean mixing minimum and medium security populations. The cafeteria level does not have an accessible bathroom.

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GCCR Strategic Plan # 13

Dedicated External Female Offender Review

Review by Subgroup C

August 1, 2005

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Background

Subgroup C of the Dedicated External Female Offender Review Panel was charged with two objectives: assessing operations at female offender facilities, and assessing inmate services for the female offender population. Certain issues were designated as falling under the realm of operations or inmate services. Accordingly, Subgroup C reviewed the following areas: the operational and maintenance needs, capital planning, management, the transportation process, the need for technical assistance, disciplinary process, the use of segregation and the use of restraints, security practices, staff/inmate interactions, staffing and training, inmate grievances, canteen services, food services, clothing, and property issues. In carrying out this review, over the course of three months Subgroup members met with the rest of the Panel; spoke with officials from the Department of Corrections, MCI Framingham and South Middlesex Correctional Center; reviewed data, policies and other information provided by the Department; visited the facilities at MCI Framingham and South Middlesex; interviewed DOC and contract personnel at both institutions; interviewed inmates at both institutions; reviewed correctional standards and materials from outside agencies and bodies; and reviewed the *Pilot Survey of Women in Custody, Preliminary Report* (June 30, 2005), conducted by Mary Jo Larson, PhD, MPA, of the New England Research Institutes. Subgroup members then drafted sections of the report and circulated the sections to the other members for comment.

Summary of Recommendations

The following recommendations are presented in greater detail and content in the body of the Subgroup C Report, which is organized by objective (assessment of operations and assessment of inmate services). Each of the report's fourteen sections is devoted to one of the specific issues listed above, except for clothing and property issues, which are taken together.

A. <u>Objective: Assess operations at female offender facilities</u>

1. Review operational and maintenance needs.

Major Recommendations:

- *Establish a pool of skilled laborers that could be assigned to MCI-Framingham (MCI-F) and South Middlesex Correctional Center (SMCC) on an as-needed basis to fill in during periods of staff vacancy and recruitment or to be assigned as specialists for unique needs of older buildings (air conditioning, boilers, etc.).*

- *Assign regular skilled minimum-security work crews to MCI-F on a daily basis.*

- *Implement a set-aside as part of the operating budget (higher education uses 3%) for on-going maintenance and emergencies, with a carry over provision if unused.*

- *Continue access to emergency funding under the Division of Capital Asset Management's deferred maintenance account*.

- *Complete an analysis of non-uniformed staff, similar to the one completed in October, 2004 for uniformed staff.*

2. Review capital planning.

Major Recommendations:

- Develop a Capital Master Plan for MCI-Framingham (MCI-F), examining the following three alternative scenarios***:***

    1. *Study the largest county facilities (in Middlesex, Essex and Worcester) to determine their ability to appropriately handle returning ATU detainees, and develop the MCI-F master plan accordingly*.

    2. *Study all counties and their ability to appropriately handle returning ATU detainees, recognizing that not every county is equipped or otherwise able to handle them, and examine the advisability of establishing two more regional county facilities so that all ATU detainees can be moved to and housed in one of three regional facilities. The MCI-F master plan would be developed accordingly.*

    3. *Update the 1984 plan to fully accommodate the housing and other needs of both ATU detainees and the growing sentenced population, with both new construction for expanded housing options and substantial upgrades for existing housing. This would include:*

        a. *Creation of additional housing at MCI-F;*

        b. *Construction of a New Health Services Building*; *and*

        c. *Construction of a New Gymnasium.*

- *Develop a Capital Master Plan for South Middlesex Correctional Center (SMCC).*

- *Approve SMCC request to purchase/lease a modular building to offer more program space as well as for female inmates visits with their children*.

- *Embrace DCAM's recent suggestion that renovation/refurbishment of special populations become a Capital Needs Priority, and aggressively partner with that agency in determining how that change can best be made*.

3. Review management.

Major Recommendations:

- *Hire three Unit Managers for MCI-Framingham immediately.*

- *Department of Correction administration and the Human Resources Division must develop a system of more parity between bargaining units and management employees.*

- *Move Framingham and South Middlesex toward a system of defined measures as part of a Performance-Based Management and Accountability System (ACES) as described in the Harshbarger report.*

- *Conduct an independent review of business and management practices at Framingham including an examination of the organizational chart, work-flow patterns, personnel, overtime, communication between management and labor, etc.*

- *The Superintendent and other senior management members at Framingham and South Middlesex should be allowed to continue to participate in conferences and other meetings that concentrate on female offenders.*

4. Review the transportation process.

Major Recommendations:

- *Have the state take over all transportation at Framingham and South Middlesex and charge back the costs to the respective counties.*

- *Discuss with the Chief Administrative Justice of the court system and survey court facilities to determine if modular drop-off facilities could be annexed to existing court buildings that do not have security or holding areas.*

- *Analyze daily medical transports to determine if either specialized medical equipment could be brought to site or telemedicine could be performed on-site to avoid transportation.*

5. Review the need for technical assistance.

Major Recommendations:

- *The Courts of the Commonwealth should expand the present use of video conferencing, unless the inmate requests to be present at her scheduled court appointment or her presence in court is otherwise required.*

- *The Department should continue to use technical assistance grants from the National Institute of Corrections to assist in resolving problems that may need a gender-specific approach.*

- *The Department should pursue telemedicine as an alternative to transporting inmates to specialists off the grounds.*

- *The Department should consider a method to track inmate and staff location throughout the facility with the use of technology (i.e. barcode).*

6. Review disciplinary process.

Major Recommendations:

- *Amend 103 CMR 430.19 to clarify that the responsibility of the Superintendent or designee in reviewing all disciplinary dispositions includes "big picture" supervision of the institution's disciplinary practices. The amendment should require that all disciplinary matters be resolved with a guilty or not guilty determination on each charge that is not dismissed; require that any record of disciplinary charges that are dismissed or on which the prisoner is ultimately found "not guilty" be expunged from her six-part folder; require that all disciplinary matters be resolved either via dismissal, informal resolution or formal hearing; ensure that serious disciplinary matters receive formal hearings that record a coherent evidentiary basis for any guilty findings and clearly set out the findings themselves; and establish a reporting category to capture the number of disciplinary matters diverted or modified in consideration of mental health issues as well as the ultimate disposition of those matters.*

- *Add a provision to 103 CMR 430 requiring that the reporting officer be informed of the disposition of every disciplinary report, be it dismissal, guilty plea, or a finding after hearing, as well as of any appeal*.

7. Review the use of segregation and the use of restraints.

A. <u>Segregation – Programs and Services</u>

Major Recommendation:

- *Prisoners in administrative segregation and protective custody should get programs and services similar to the general population where possible.*

B. <u>Segregation – Functions of CCU</u>

Major Recommendations:

- *Study the creation of an intermediary unit to house women removed from the general population but not subject to disciplinary isolation.*

- *Provide alternative housing for women in protective custody.*

- *Utilize an existing housing unit as an intermediary unit between general population and the CCU.*

8. Review security practices.

A. Visitation and Telephone Policies and Practices

Major Recommendation:

- *Create and administer a survey to be filled out by visitors to Framingham and South Middlesex.*

B. Searches

Major Recommendations:

- *Modify the pat search policy to require that female officers perform pat searches on female prisoners except in extraordinary or emergency situations.*

- *Modify both the pat search and the strip search policies to specify the types of situations that are intended to excuse this requirement.*

B. Objective: Assess inmate services for female offender population

1. Staff/inmate interactions.

Major Recommendations:

- *Improve the screening and training of correctional staff.*

- *Institute a confidential and independent vehicle for female prisoners to register complaints of sexual abuse and other significant instances of staff misconduct*

- *Reinstate the position of unit manager.*

- *Accountability for misconduct needs to be clear to both staff and prisoners.*

- *Install cameras that have both audio and video recording capabilities.*

2. Review staffing and training.

A. Staffing

Major Recommendations:

- *Fill the vacant uniformed positions at Framingham and South Middlesex.*

- *Reassess the composition of the staff, especially with regard to programming, education and reentry (Correction Program Officers).*

- *Dedicate more staff to programming, education, and reentry.*

- *Conduct a survey specifically addressing the assignment of male officers to housing units, and if warranted institute a policy at Framingham and South Middlesex that male correctional officers shall not be assigned to housing units.*

- *Make the hiring of female officers a high priority.*

- *Counties should house most or all of their female prisoners awaiting trial at county facilities, rather than sending them to the ATU at Framingham.*

- *Reinstate the position of unit manager.*

B. <u>Training</u>

Major Recommendations:

- *Increase gender-responsive training for new recruits and experienced correctional staff, as well as training in professional interactions with prisoners that includes practical tips for addressing common situations.*

- *Provide pre- and post-testing evaluations to staff participating in training to assess its effectiveness.*

- *Survey women prisoners and non-correctional staff to measure the effectiveness of training.*

3. Review inmate grievances.

Major Recommendations:

- *Rewrite the portion of the Inmate Handbook describing the grievance.*

- *Appropriate long-term steps to address identified grievance system problems include*:
  (a) *Revise the inmate grievance form and procedure*;
  (b) *Revise time limits for standard grievances, medical grievances, and medical diet grievances to be identical;*
  (c) *Additional staff training on, and closer management supervision of, the grievance process;*
  (d) *Monitor the total numbers of grievances at MCI-F and SMCC for their relationship to total numbers in comparable-sized and security level male facilities.*

- *MCI-F property grievances should be subjected to closer analysis*.

- *Approval and denial statistics should be made available for each category of grievance.*

- *Reinstate the position of unit manager.*

4. Review canteen.

Major Recommendations:

- *Expand the canteen supply list to include healthy food options.*

- *Increase earning opportunities for women.*

- *Lower canteen prices.*

- *Bring Department policy into compliance with ACI standards for CCU Access*

5. Review food.

Major Recommendations:

- *A hot dinner should be provided to the inmates every evening of the week in lieu of the current practice of bag dinners twice per week.*

- *Allow for the periodic external review of food services by an independent entity with expertise.*

- *Obtain feedback from prisoners on unpopular foods, especially entrees.*

6. Review clothing and property.

Major Recommendations:

- *Provide warmer clothing to indigent prisoners during the winter months, including winter footwear and the ability to possess more than two pair of shorts in the summer.*

- *MCI-Framingham staff should continue the present review of intake, storage, and release of inmates' personal property, including clothing, to address the current deficiencies in the process.*

- *Undertake a review of the grievances and disciplinary tickets relating to inmate property, including clothing concerns.*

- *Increase the frequency of laundering whites and grays and/or increase the quantity of underwear, socks, and uniforms that the women are allowed.*

A. Objective: Assess operations at female offender facilities

1. Review operational and maintenance needs.

a. Identification of problems or needs.

A myriad of maintenance challenges exist at a facility of the size and age of MCI-Framingham (MCI-F) in terms of upkeep of the buildings and grounds and the staff to do the work. Male facilities typically have a skilled group of inmates (*e.g.*, licensed electricians) who work with the maintenance department but this is not the case at MCI-F. Although pre-release workers have been brought in for some jobs and this has helped, there is still no skilled labor as part of the inmate population. Requested staffing needs are high and it is difficult to fill these positions. The positions remain unfilled for long periods of time and the maintenance problems are simply deferred or addressed only when a crisis develops.

The maintenance operating budget has been level funded for the last several years. While there is an amount that reflects annual supply needs and contracts for specialized repair work and equipment, there is no set aside for emergencies in the operating budget. In an institution with the old administration building dating back to l877, there are always emergencies. South Middlesex has on-going heat and ventilation maintenance issues.

b. Data substantiating problems or needs.

MCI-Framingham encompasses 26 acres of land with buildings ranging in age from l4 to l28 years old and includes 12 inmate housing units, a hospital, power plant, maintenance area and garage, central kitchen, administrative offices, education department, industries shop, gym, library, two inmate dining halls, chapel and variety of program areas and office space.

Framingham's Maintenance Staffing Needs Assessment outlines three current staff, three current vacancies (including the Director of Engineering), and the ideal staffing plan which calls for l6 positions in total (including the three current staff and three current vacancies mentioned above).

Special Requests – This is a discretionary fund for the entire Department, usually distributed in the spring of the year for emergencies. Included in Framingham's 2004 request was $25,000 to use work release crews for the Medication Distribution Center and $l5,000 to retile the floor and purchase windows in the Old Administration Building. This work was approved and completed. The 2005 request includes $l0,000 to replace the floor in the inmate dining room and continue modifications to the security grill in the health services unit which is on-going.

c. Proposed remedies.

Establish a pool of skilled laborers that could be assigned to Framingham and South Middlesex on an as needed basis to fill in during periods of staff vacancy and recruitment or to be assigned as specialists for unique needs of older buildings (air conditioning, boilers, etc.). To accomplish this, investigate the feasibility of hiring retired state maintenance workers on a part time basis during these periods of time or utilize apprentices at the regional vocational high school in Framingham.

Assign regular skilled minimum-security work crews to Framingham on a daily basis. These crews are used to pick up trash on the highways but certainly some of them could be deployed within the system to help with critical repairs. Although the use of pre-release workers is infrequently utilized, this practice should be encouraged and accelerated in recognition that skilled laborers cannot be obtained internally at Framingham.

Implement a set aside as part of the operating budget (higher education uses 3%) for on-going maintenance and emergencies, with a carry over provision if unused. This allows for flexibility, better planning and more confidence that repairs will not be indefinitely deferred. It institutionalizes the maintenance budget as part and parcel of the operating budget.

Continue access to emergency funding under the Division of Capital Asset Management's deferred maintenance account. This past winter, emergency funding was used for replacing a transformer and for repairing corroded telephone wires. More ports for telephone extensions were not provided but are considered to be a critical emergency need.

Complete an analysis of non-uniformed staff, similar to the one completed in October 2004 for uniformed staff. This analysis would include maintenance, CPOs as well as Power Plant and Recreation staff.

2. Review capital planning.

a. Identification of problems or needs.

The DOC has embarked on building several new maximum-security prisons in recent years, and simultaneously examining the long range needs of some of its existing facilities. MCI-Framingham is the oldest facility in the system and has been severely overcrowded for many years with the Awaiting Trials Unit (ATU) currently at 328% of capacity. The rated capacity of the facility is 64, but the number of detainees in custody as of April 7, 2005 was 210. In addition, there has been substantial growth in the female offender population. In short, MCI-Framingham lacks the building space and physical layout to adequately serve an ever-growing population.

A Master Study commissioned in 1984 resulted in a 3-phase capital program for MCI-Framingham over several years, which has not been funded. Two (2) deferred maintenance projects were included in the Commissioner's list of priorities for FY 2006 fund transfers

submitted to the Division of Capital Asset Management (DCAM), including Smith Building (Security Upgrades), and Cottage HV (ventilation system) replacement and ceiling repairs.

Through the years several requests have been submitted, but never approved for lack of funding. Examples include a plan submitted in 2001 for a 72 bed Detoxification Unit. The funds for this project were later taken away and yet there is a 60% detoxification need upon admission. South Middlesex Correctional Center (SMCC) submitted a request this year (2005) to purchase/lease a modular building to be used for programs, and space for visits with their children. The request was also put on hold because of lack of funding.

b. Data substantiating problems or needs.

Commissioner Dennehy announced recently that DCAM, the agency responsible for Capital Planning and Budgeting, has agreed to maintain the infrastructure for special populations by renovating and refurbishing the facilities where those populations are housed. Those special populations include Female Offenders, Sex Offenders, and individuals civilly committed for alcohol and substance abuse.

SMCC capital needs include expanded program building for increased visiting, and increased program space as mentioned above. In addition, renovation of bathroom/showers, updated heating system, removal of porches (in back of buildings), and renovation of the kitchen area in the Old Section of the building, are identified as needs.

c. Proposed remedies.

Develop a Capital Master Plan for MCI-Framingham (MCI-F), examining the following three alternative scenarios.

4. ***Study the largest county facilities (in Middlesex, Essex and Worcester) to determine their ability to appropriately handle returning ATU detainees, and develop the MCI-F master plan accordingly.*** Carefully examine Middlesex, Essex, and Worcester counties to determine the extent to which the ATU population can be shifted back to them. Then, to the extent female detainees from those counties are moved from or otherwise not housed at MCI-F, determine MCI-F's needs. This could result in a recommendation**,** for example, that no more beds were needed at MCI-F and the space could be used for Health Services, emphasizing space conversion rather than new construction. Such a population shift may allow for closing down the older portions of the facility, redirecting activities to the newer facilities, and/or building modular units that would be less expensive to build and maintain.

5. ***Study all counties and their ability to appropriately handle returning ATU detainees, recognizing that not every county is equipped or otherwise able to handle them, and examine the advisability of establishing two more regional county***

facilities so that all ATU detainees can be moved to and housed in one of three regional facilities. The MCI-F master plan would be developed accordingly. There is a precedent for this approach. Hampden County currently houses women from Hampden County as well as women from neighboring counties as well.

6. Update the 1984 plan to fully accommodate the housing and other needs of both ATU detainees and the growing sentenced population, with both new construction for expanded housing options and substantial upgrades for existing housing. This would include:

a. ***Creation of additional housing at MCI-F*** to obviate the need for six-bed dormitory rooms. The Brewster Housing Unit at MCI-F contains sixteen dormitory-style rooms, with six beds in each room. A priority in any plan to alleviate overcrowding would be to end the use of these rooms. Additional housing must be provided if ATU detainees are to remain at MCI-F. In addition to expanded housing options, an in-depth inspection of existing housing must be undertaken to determine where upgrades are needed, including substantial upgrades to heating, ventilation, and hot water distribution systems, among others.

b. ***Construction of a New Health Services Building.*** The existing structure does not adequately address the complicated Medical and Mental health needs of the present population. The present Unit has improved recently, but the Unit has been cobbled together from available space. It is not conducive to good medical practice.

c. ***Construction of a New Gymnasium.*** MCI-F currently uses the Auditorium in the old Administration Building for recreational activities.

(For additional discussion of county facilities and ATU detainees, *see* the section on staffing in Subgroup C, Section B(2)(A), below, at pages 30-31.)

Develop a Capital Master Plan for SMCC.

Approve SMCC's request to purchase/lease a modular building to offer more program space as well as for female inmates visits with their children. This reinforces recommendations in other parts of the Panel Report that female prisoners be given increased access to programs, and stronger ties to their family while incarcerated.

Embrace DCAM's recent suggestion that renovation/refurbishment of special populations become a Capital Needs Priority, and aggressively partner with that agency in determining how that change can best be made. Emphasize the importance of keeping to an agreed upon funding schedule, and underscore the long standing crowded condition at MCI-Framingham to ensure that this strategy is not postponed. Substantiate the cost effectiveness of this strategy as opposed to building new prisons.

3. Review management.

a. Identification of problems or needs.

The position of Unit Managers must be reinstituted at MCI-Framingham. These positions were eliminated five years ago due to budget cuts. These positions are critical to having a well-managed closely supervised operation and to having issues and complaints handled efficiently and in a timely way. These unit managers, each assigned to between 3-4 housing units each, would be responsible for all aspects of care, custody, classification and reentry planning in those units and form teams comprised of security, treatment and program staff. Complaints would be funneled through the unit managers. Handling complaints within a team framework supervised by a member of the management team would greatly improve the current process. The system for complaints now is helter skelter – the inmates tell whichever staff member will listen and often the complaints are not processed because staff do not have the time to address such questions. Most inmates would rather have complaints resolved in their housing units than to go through the grievance procedures. Unit managers can resolve common problems while the current staffing of one CO per housing unit is unable to meet the needs of prisoners quickly and efficiently. Each position would pay between $60,000 and $75,000. Incentives (*see* the following paragraph) for these positions are an issue.

There are very few, if any, incentives within the DOC to move from line staff to management and, in fact, there are disincentives. This situation results in very few promotions from within and sometimes results in inexperienced outsiders taking on positions of leadership. Attracting, promoting and retaining experienced, skilled and educated employees to the corrections field is difficult enough. In addition, many seasoned DOC employees chose not to work with the female offender population which is perceived to be a more difficult group to work with and manage. The idea that there is also no incentive toward promotion is not normal or healthy for any organization.

b. Data substantiating problems or needs.

Several of the complaints from inmates informally surveyed center on how complaints are handled and how confusing it is. Informal interviews with inmates indicate many of their questions or problems are more likely to be raised informally and within the housing units. The prisoners reported difficulties in getting such issues resolved. Effective communication with a Unit Manager who is empowered to resolve most matters informally is the best method for minimizing formal grievances and keeping prisoners more content. Testimony from department staff indicate an inability to handle the needs of a transient population within the housing units and to coordinate all aspects of a prisoner's needs – programmatic, treatment, health, etc., without management represented.

c. Proposed remedies.

Hire three Unit Managers for MCI-Framingham immediately. The existing Unit Team Captain would become the Relief Captain and provide vacation coverage for the existing shift captains and thereby reduce overtime costs. Other issues that have surfaced in the informal

inmate interviews such as sanitation, inmate overall climate, case management and better supervision of Correctional Officers would be greatly enhanced by the team unit concept. The managers could also be used to institute step-downs prior to release, a recommendation for the entire prison population that is strongly endorsed by the Harshbarger report. In short, reinstituting the Unit Management system would create a more cohesive team of security staff, caseworkers, and management to work together in supervising, monitoring and responding to the concerns of inmates.

A system of more parity between bargaining units and management employees must be developed by Department of Correction administration and the Human Resources Division. Such a shift will require high-level discussions between labor and management and could be part of larger discussions, as mentioned in the Harshbarger report, about management control and discretion at the prisons.

Although management employees undergo annual performance evaluations and there is an annual three-day audit performed by the Policy Department and Compliance Unit, ***Framingham and South Middlesex should move toward a system of defined measures as part of a Performance Based Management and Accountability System (ACES) as described in the Harshbarger report.*** Such a move would actually empower management in a positive and productive way. It should be noted that some of this work has begun. A review of the Superintendent's most recent ACES shows that this process has been started but it must continue and expand to develop stronger and more meaningful measures.

Conduct an independent review of business and management practices at Framingham including an examination of the organizational chart, work-flow patterns, personnel, overtime, communication between management and labor, etc.

Because Framingham and South Middlesex serve a specialized population, ***the Superintendent and other senior management members should be allowed to continue to participate in conferences and other meetings that concentrate on female offenders.*** This practice professionalizes the Superintendent's role and allows her to learn from her counterparts in the American Association of Women Executives in Corrections.

4. Review the transportation process.

a. Identification of problems or needs.

The transportation system operating out of both MCI-Framingham and South Middlesex is confusing, complicated, costly and time consuming for both inmates and staff and for both the county and state. Separate procedures are necessary depending on the type of sentencing: Awaiting Trail, Civilly Committed, Serving County Time, Serving State Time. In addition, inmates are taken to courts, furloughs, emergency furloughs and medical appointments at several different locations and facilities (Worcester Medical, UMass Medical Center, Lemuel Shattuck, New England Medical Center, Mass General Hospital and Metrowest Medical Center for emergencies).

Framingham is overtaxed because of ATU related transportation issues. They require frequent transports to court because of pending cases. Many of them are in the process of detoxification or are otherwise seriously ill, having recently come from the outside where their conditions went untreated. They require more intense supervision as well as more frequent transports to the hospital or to specialist appointments. Transports require a minimum of two officers per inmate and while the counties are supposed to provide this manpower, they frequently do not so the transportation responsibilities fall to the staff.

Court and medical appointments often involve day-long waits for armed officers and inmates. The county is often late for medical appointments which means inmates miss important medical appointments. Cancellation calls come in too late to make other arrangements and are often driven by county staff unavailability. Unscheduled emergency-related medical trips most often cannot be accommodated by the county. Some inmates refuse to go to medical appointments because they are pregnant and in restraints for a long period of time. It is not unusual for inmates to be gone anywhere from 2 to l2 hours, leaving MCI-F at 6:30 A.M. and returning as late as 7:30 or 8:00 P.M.

b. Data substantiating problems or needs.

MCI-Framingham is now maintaining a log, "County Transport Issues", which documents the specifics of daily transportation issues. These entries should be analyzed.

See Transportation Procedure Flowcharts which outline exact steps and staff required by each type of inmate for each type of trip (scheduled court transport, unscheduled emergency hospital transport, scheduled hospital transport, scheduled furlough transport.)

State Director of Inmate Transportation Peter St. Amand indicates some positive changes had been made to improve the statewide transportation system including earlier hours of operation which cut down on inmates arriving late for appointments, the use of vans which accommodate more passengers, increased use of videoconferencing when possible (not all courts are wired for this opportunity), adding more wheelchair vans distributed on a regional basis throughout the state, knowing medical restrictions ahead of time and at Framingham specifically a better system of arrival/departure, vehicle searches, expedited admissions process, etc.

When asked if it might make sense to assign state transportation officers at a cluster of the busiest courts throughout the Commonwealth as opposed to mandating that two officers remain with one inmate at the court for much of the day, he explained he was already down seven staff members, operating with the same number as in l990. The number of trips has increased substantially because the prison population is getting older and sicker and higher security rather than lower security is required when multi-security level inmates are transported together.

c. Proposed remedies.

Have the state take over all transportation at Framingham and South Middlesex and charge back the costs to the respective counties. A cost/benefit analysis should be undertaken to be sure this approach is cost effective, accompanied by a sample contract of what the state would be paid under each category of transport for county inmates.

Director St. Amand mentioned the idea of removing the counties entirely from the transportation system, making trips much more manageable and streamlined to run. He told the panel he thought such discussions had taken place at one time between the Commissioner and the counties. He mentioned that the state has a contract with the federal government to transport certain federal detainees. Under this chargeback arrangement, if the federal inmate goes to a medical appointment, the state pays the cost of the trip but if the federal inmate has to go to court, the state gets paid for any overtime and mileage for the trip. The state and county governments could negotiate their own chargeback system that could save both time and money.

Discuss with Chief Administrative Justice of the court system and survey court facilities to determine if modular drop off facilities could be annexed to existing court buildings that do not have security or holding areas. This change alone would allow for multiple trips and better utilization of transport staff.

Analyze daily medical transports to determine if either specialized medical equipment could be brought to site or telemedicine could be performed on-site to avoid transportation. An example might be, in the case of high-risk pregnancies, the use of fetal monitors that currently involve between 15-25 women every month, of which each requires transportation. By bringing this equipment to Framingham, medical transport could be avoided altogether. The subgroup looking at medical issues may identify procedures that would be good choices for the use of telemedicine, thereby also avoiding trips.

5. Review the need for technical assistance.

a. Identification of problem or needs

Due to the age of MCI-Framingham's physical plant, it lacks the technology to assist in day-to-day operations. An Inmate Management System (IMS) is in place to manage inmate related data. Additional technology could, however, be employed to further assist and improve the operation. Both MCI-Framingham and South Middlesex Correctional Center may benefit from technical assistance grants to assist in examining current issues. Given the complexity of the population and the gender-specific issues that arise in connection with effectively managing female inmates, technical assistance in the area of gender-specific approaches to management and care of this population could be very helpful.

b. Data substantiating problem or needs

Physical Plant tour (visual observation).

c. Proposed remedies

The Courts of the Commonwealth should expand the present use of video conferencing, unless the inmate requests to be present at her scheduled court appointment or her presence in court is otherwise required. This will result in a dramatic cost savings.

The Department is in the process of assessing all facilities (including MCI-Framingham and South Middlesex Correctional Center) for video monitoring capabilities. The subgroup supports this initiative and recommends that both video and audio capabilities are included. This will assist in investigations of misconduct and deter illicit activity by both staff and inmates.

The Department should continue to use technical assistance grants from the National Institute of Corrections to assist in resolving problems that may need a gender-specific approach. The Department should consider this option as they address present problems. (i.e. transportation, property, culture shift).

The Department should pursue telemedicine as an alternative to transporting inmates to specialists off the grounds. This may reduce the high number of transportation trips, and curtail both overtime and the need for inmates to spend long periods of time in restraints.

The Department should consider a method to track inmate and staff location throughout the facility with the use of technology (i.e. barcode). For inmates, this could assist in security and attendance at programs. For staff, this could help with management, operations, and communication.

6. Review disciplinary process.

a. Identification of problems or needs.

The good news is that the disciplinary process at MCI-Framingham is alive and working well. A remarkable 100% of the women informally surveyed at Framingham (including one woman who has had 47 disciplinary tickets) report that the disciplinary process is consistently fair. Credit goes to the long-term disciplinary officer who treats the women with respect, investigates all aspects of an incident and fairly metes out discipline when warranted. In short, the disciplinary officer does what a good disciplinary officer should do, earning not only personal respect but respect for the process as well.

The bad news is in the DOC report generated from Inmate Management System data. According to the DOC, the data submitted to the Review Panel is incorrect due to an improper query.[61] The Department of Correction submitted additional MCI-Framingham disciplinary data to the subgroup on June 28, 2005. This data was characterized as "hand count" information. This "hand count" data addresses some of the problems identified in this section but also raises additional questions. The remainder of this section is based on the data received as a result of the hand count, with appropriate footnotes to the earlier IMS data.

The hand count data shows 2248 total disciplinary reports issued at MCI-Framingham in calendar 2004.[62] 320 of those matters were not completed because the prisoner was released before a hearing or other disposition occurred. That leaves 1928 matters that presumably were completed. The hand count data shows 731 disciplinary hearings. The hand count data refer also to another 21 matters that were handled informally or dismissed.[63] Disregarding those 21 matters, 1176 appear not to have had a hearing and presumably were completed either by dismissal or by formal or informal guilty plea. We do not know the disposition of those 1176 matters. Similarly, we do not know the disposition of the 731 matters that did go to a hearing.[64]

Finally, the hand count report indicates that there were "many cases" where the IMS failed to track a disciplinary matter because the prisoner went to court and returned with a new ID number or was released to a warrant and re-booked under a new ID number. In other words, the computer system cannot distinguish, at least for the purposes of disciplinary tracking, between a prisoner who is released and a prisoner who continues in custody under a different ID number.

Without belaboring the reporting issue, the fact that the IMS cannot track – and that the disciplinary process is short-circuited by – changes in prisoners' ID numbers even when they do not leave DOC custody, is a serious problem, and one that suggests a need for revision of the IMS itself. The administration has already requested that this change occur.

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[61] A DOC Inmate Management System printout dated 2/1/05 shows 2202 disciplinary reports issued at MCI-Framingham during calendar 2004.

[62] This contrasts with 2202 d-reports issued for 2004 according to the IMS data.

[63] This contrasts with 150 matters handled informally and/or dismissed according to the IMS data.

[64] The original IMS data showed 360 matters listed as "finding not specified."

MCI-Framingham prides itself on daily review of disciplinary and incident reports in order to screen for matters that result from mental health issues that are better addressed via a therapeutic as opposed to a disciplinary process. This is excellent practice. It would be very helpful to include the highly regarded disciplinary officer in these meetings. It would also be helpful to both line staff and to management if the IMS systematically recorded and reported such reviews and their outcomes.

b. Data substantiating problems or needs.

There appear to be a significant number of matters whose disposition is not specified, both in the original data provided and according to the hand count. Unspecified findings ought to be avoided, as they raise a strong implication of misconduct on the part of the prisoner without ever resolving the accusation one way or the other. In the context of classification and parole, even a finding of guilt, if it is of a minor charge, may be less harmful to the prisoner than an unresolved charge.[65] The *ACA Standards For Adult Correctional Institutions* (4th Ed.), Standard 4-4246, states that "[w]ritten policy, procedure, and practice provide that if an inmate is found not guilty of an alleged rule violation, the disciplinary report is removed from all of the inmate's files." 103 CMR 430.20 so provides, but the disciplinary regulations are silent as to the treatment of disciplinary reports where the result is neither "guilty" nor "not guilty." It is inappropriate that a disciplinary matter that is left in permanent limbo should remain in the prisoner's file and be considered by classification and parole authorities.

Both the Administrative Investigation of the murder of John Geoghan that was performed by Major Mark F. Delaney, Chief Mark Reilly, and George Camp, and the report of the Governor's Commission on Corrections Reform that followed it, stated that the "lack of fair and consistent policies for issuing disciplinary reports to inmates or applying sanctions based on those disciplinary reports … contributes to institutional stress and negative behavior by both inmates and staff." "In testimony and interviews, the [Governor's] Commission found that, due to inconsistent application of disciplinary rules, not all inmates understand what is required of them."[66] Although the focus of the two investigations was on the opportunities for manipulation of discipline and classification procedures that this lack of consistency creates, even absent any deliberate attempt to manipulate the disciplinary process, the pervasive uncertainties in final disciplinary results shown by the present data cloud the disciplinary process both as a means to maintain order and as a reliable generator of data to aid in the classification of individual prisoners.

The Inmate Management System seems not to record the incidence and disposition of disciplinary matters that are revised because of mental health considerations. The many existing reporting categories are confusing. Adding such a reporting category would clearly facilitate review of the functioning of the disciplinary process at MCI-Framingham.

[5] Even if the usage of the disposition categories in the printout is clear to the disciplinary staff at MCI-Framingham, they may be unclear to the prisoners, or to classification staff, or (more likely, as it is a separate agency) to the Parole Board.

[66] Final Report of the Governor's Commission on Corrections Reform (June 30, 2004), p. 57.

c. Proposed remedies.

Amend 103 CMR 430.19 to clarify that the responsibility of the Superintendent or designee in reviewing all disciplinary dispositions includes "big picture" supervision of the institution's disciplinary practices. The amendment should:

(1) require that all disciplinary matters be resolved with a guilty or not guilty determination on each charge that is not dismissed;

(2) require that any record of disciplinary charges that are dismissed or on which the prisoner is ultimately found "not guilty" be expunged from her six-part folder;

(3) require that all disciplinary matters be resolved either via dismissal, informal resolution or formal hearing;

(4) ensure that serious disciplinary matters receive formal hearings that record a coherent evidentiary basis for any guilty findings and clearly set out the findings themselves; and

(5) establish a reporting category to capture the number of disciplinary matters diverted or modified in consideration of mental health issues as well as the ultimate disposition of those matters. This will facilitate validation of the "650" procedures and assessment of the extent to which those procedures improve overall institutional adjustment of the affected prisoners.

In addition it is suggested that the Superintendent's general review of disciplinary practices be informed with information regarding the plea, conviction, acquittal, dismissal, and hearing rates for disciplinary reports in DOC male facilities at various security levels. While it is not necessary that such rates be the same for a female facility, great differences for those indicators from similar indicators in male facilities at comparable security levels should merit review where they do arise.

Add a provision to 103 CMR 430 requiring that the reporting officer be informed of the disposition of every disciplinary report, be it dismissal, guilty plea, or a finding after hearing, as well as of any appeal.[67] This will provide helpful feedback to staff as to the appropriateness of disciplinary citations, including the many cases in which the reporting officer does not appear at the hearing.

[67] Both the Administrative Investigation and The Governor's Commission Report noted and criticized the lack of such a feedback mechanism. "As noted in the Administrative Investigation, feedback is necessary so that individual officers learn from experience and, as a result, the disciplinary process becomes more consistent. The absence of this feedback is a lost opportunity for management oversight, and training and education of the officers." Final Report of the Governor's Commission, p. 57.

7. Review the use of segregation and the use of restraints.

A. Segregation – Programs and Services

a. Identification of problem or need.

Women in protective custody or administrative segregation should not be subjected to the punitive restrictions on programs and services that apply to disciplinary detention. While Framingham provides these prisoners with programming equivalent to the general population, privileges such as telephone, canteen and visitation appear to be restricted.

b. Data substantiating problem or need.

The Close Custody Unit (CCU) houses inmates and detainees in administrative segregation, disciplinary detention, and protective custody. It has capacity for 31 women, all housed in single cells, and the average daily population in 2004-05 was 26.8[68]. The CCU is governed by the rules and regulations applicable to Special Management Units in the DOC. Prisoners in the CCU are severely restricted in their visits, phone calls, canteen and other privileges; they are permitted only one hour out of their cell per day for recreation.

About half to three-quarters of women in the CCU are in protective custody or administrative segregation.[69] The American Correctional Association (ACA) accreditation standards provide that prisoners in administrative segregation and protective custody must "have access to programs and services that include, but are not limited to, the following: educational services, commissary services, library services, social services, counseling services, religious guidance, and recreational services."[70] The comment to this standard states, "Although services and programs cannot be identical to those provided to the general population, there should be no major differences for reasons other than danger to life, health or safety."[71]

Distinctions between conditions of confinement for administrative segregation/protective custody, on the one hand, and disciplinary detention, on the other, are set forth in administrative regulations.[72] However, at least on paper, the MCI Framingham Close Custody Unit Procedures ("CCU Procedures") make few such distinctions.[73] As regards non-attorney visits, all women in

[68] Information provided by Deputy Superintendent Edward Foley to the Female Offender Review Panel ("Foley Memorandum"), p. 1.
[69] *See id.*, p. 4.
[70] *See* ACA, *Adult Correctional Institutions*, Fourth Edition, 4-4273. The ACA further states that prisoners held in disciplinary detention over 60 days should also be provided the same program services and privileges as inmates in administrative segregation and protective custody. *See id.* at 4-4255 and *Comment* to 4-4273.
[71] *See id.*
[72] *See* 103 CMR 423.09.
[73] Indeed the CCU Procedures section on Conditions of Confinement has only one sub-section, "Administrative Segregation and Protective Custody," with no section on conditions of confinement for disciplinary detention. Though so titled, the section appears to cover disciplinary detention as well as PC and administrative segregation.

the CCU may receive only non-contact visits, which are limited to three per week, one hour each, with two adults only.[74] This conflicts with administrative regulations that provide, "Inmates [in administrative segregation/protective custody] shall normally have opportunities for visitation similar to the general population unless articulable reasons for withholding such privileges exist."[75] In addition, all women in the CCU are allowed only two personal phone calls per week (one maximum per day) limited to 15 minutes each.[76] Their canteen orders are limited to $20 dollars.[77]

The Framingham administration attempts to provide women in protective custody and administrative segregation with programming similar to the general population and those efforts are encouraged. Short CCU stays often thwart these attempts. However, the administration notes difficulties in providing women in protective custody and administrative segregation with telephone, canteen and visitation privileges greater than women in disciplinary segregation. Despite their small numbers and even with these difficulties, the ACA Standards and the Department's policies require that women in protective custody and administrative segregation be provided with programming similar to what is provided to the general population.

c. Proposed remedy.

Prisoners in administrative segregation and protective custody should get programs and services similar to the general population where possible. Written policies should provide that visitation privileges (*i.e*. non-attorney contact visits), canteen, telephone calls and other privileges for women in administrative segregation and protective custody will, so far as practicable, be brought in line with those granted to the general population.

B. Segregation – Functions of CCU

a. Identification of problems or needs.

Because so many women in the CCU have not been sanctioned with isolation time, but rather are in protective custody or administrative segregation, there is a need for an alternative unit that could separate such women from the general population while permitting them the same rights and privileges as the general population. In particular, women prisoners in protective custody (PC) are currently housed in the CCU and thus locked in segregation for 23 hours per day. They should not be confined in this way or suffer other reductions in programs and privileges applicable to prisoners in disciplinary detention and administrative segregation. While their number is small – only three or fewer women in PC have been in the CCU in 2004-05[78] - the hardship they face is difficult.

[74] *See* CCU Procedures at 423-3 to 423-4.
[75] *See* 103 CMR 423.19.
[76] *See* CCU Procedures at 423-6.
[77] *See id.*
[78] *See* Foley Memorandum, p. 4.

The subgroup discussed the need for a unit to house 20-30 women who should not be housed in the CCU due to their mental illness, or who are transitioning from the CCU to their housing units.

b. Data substantiating problems or needs.

Staff suggested that prisoners and staff would benefit from an intermediary unit to house such women. In addition to benefiting the women, the creation of such a unit could prevent overcrowding in the CCU. Most women in the CCU are not serving isolation time for a disciplinary infraction, but rather are awaiting action on a disciplinary report or in protective custody. Ironically, because so much space in the CCU is taken up by these groups, women who are actually sanctioned with isolation time usually spend it locked in their housing unit cells.[79]

The severity of conditions in the CCU is particularly difficult for protective custody prisoners. The Supreme Judicial Court ruled over 25 years ago that prisoners in protective custody are entitled to treatment equal, so far as reasonable, to prisoners in the general population.[80] The Department of Correction acknowledged this obligation in its Feasibility Assessment and Strategic Plan ("Strategic Plan") of August 2004.[81]

MCI-Framingham has few options for the low number of their protective custody inmates. In most cases, inmates on this status agree to reenter population with the assistance of staff. If this is not feasible, placement options are available in county facilities that hold women (Suffolk, Hampden, Bristol).

While approximately 66% of MCI-Framingham's population have open mental health cases, an even higher percentage of women in the CCU have open mental health cases – from 80% to 85% on randomly selected days.[82] A large body of literature has found that mentally ill prisoners are more likely than others to end up in, and least able to cope with, segregation.[83] Women face particular psychological risks from isolation, as it can retraumatize those who have histories of abuse.[84]

c. Proposed remedies.

Study the creation of an intermediary unit. The panel recommends a study of the creation of an intermediary unit to house women removed from the general population but not

[79] *See id.*
[80] *See Blaney v. Commissioner of Correction*, 374 Mass. 337, 341-42 (1978).
[81] *See* Strategic Plan , GCCR Major Recommendation #17, p.95
[82] *See* Foley Memorandum, p. 2.
[83] *See, e.g.*, U.S. Department of Justice, National Institute of Corrections, *Supermax Prisons and the Constitution*, pp. 15-20 (May 2005).
[84] *See* U.S. Department of Justice, National Institute of Corrections, *Gender-Responsive Strategies*, p. 5 (May 2005).

subject to disciplinary isolation. Such a unit should have privileges and programs equivalent to those available in the general population.

Provide alternative housing for women in protective custody. To the extent possible, PC prisoners in the CCU should immediately be granted full visitation, telephone, canteen and other privileges applicable to the general population. In the longer term, these women must be housed and protected somewhere other than the CCU. The creation of an intermediary unit, as discussed above, could address this problem. Alternatively, a study should consider whether a quay system such as that used in some of the men's prisons, where weaker prisoners are separated from those who are more aggressive, could separate and protect more vulnerable women rather than confine them in the CCU.

Utilize an existing housing unit as an intermediary unit. The subgroup recommends that the facility utilize an existing housing unit as an intermediary unit between general population and the CCU. The CCU is utilized whenever there is a need to remove an inmate from general population (for assaults, protective custody, etc.). However, inmates who need to be removed from general population but who do not require the strict requirements of a Special Management Unit, *e.g.*, protective custody inmates, could use the intermediary unit. Inmates could also be stepped down from the CCU to this unit to monitor their adjustment. Incentives for positive behavior and compliance with risk reduction plans should be employed.

C. Segregation – Visitation

Visitation will be addressed by subgroup D.

D. Restraints

a. Identification of problem or need.

Keeping prisoners restrained while in the yard does not allow for effective use of the recreation time allowed to them.

b. Data substantiating problem or need.

Female prisoners are less violent while in custody than their male counterparts; their disciplinary infractions though more frequent are for less serious rule violations.[85] Prisoners on special restraint status are held in a secure area alone during their recreation time. Since these same prisoners are not cuffed while housed in their cells, placing restraints on them while in yard seems unnecessary when they are already being held alone in a secure area under constant supervision. Releasing the prisoners from restraints will allow them to utilize their recreation time to exercise their bodies more effectively.

c. Proposed remedy.

[85] *See Strategies*, p. 6.

Allow prisoners on special restraint status to be released from restraints while in the yard.

MCI-Framingham currently utilizes Extra Restraint Status (ERS) for potentially violent/Assaultive Special Management Unit inmates (ref: DOC Standard Operating Procedures for Special Management Units). The DOC panel members object to this recommendation arguing that ERS is necessary for the safety and security of staff and inmates. Because ERS is so infrequently used (no instances in 2004, and two in 2005), they feel it is not a major issue.

8. Review security practices.

A. Visitation and Telephone Policies and Practices

a. Identification of problems or needs.

Telephone contact between female prisoners and their families – especially their children – can be difficult to maintain consistently. In-person contact can also be challenging, as the prison environment can be intimidating to visitors, in particular to the children of female prisoners.

b. Data substantiating problems or needs.

Currently, female prisoners are only allowed to make collect calls to a list of numbers on their PIN sheet. This system has the effect of limiting prisoners' contact to only those persons willing to accept collect calls. Clearly, costly collect calls discourage contact because relatives and loved ones, including those caring for the prisoners' children (including foster families), may refuse calls from the prisoners because of the collect call rates. As a result, minors have less access or no access to their mothers via telephone.

Maintaining contact with family, especially with children, is an issue that carries unique significance for female prisoners. Sixty-five percent of female prisoners nationally were primary caretakers prior to incarceration, and their children experience far greater dislocation than those of male prisoners. A national study indicates that 53% of children of female prisoners were placed with a grandparent, 28% with their fathers, 25% with other relatives, and 10% placed in state custody. This same study also revealed a decrease in family visits over the previous two decades, such that half of mothers in prison never received a visit from their children, one-third never received a phone call, and one-fifth never received mail.[86]

No accurate data exists on the number of mothers and children that are separated by imprisonment in Massachusetts, or the frequency of visits by family members to the female prison population. It has been estimated, however, that in 2003, out of about 9,000 female prisoners incarcerated at MCI-Framingham and the houses of corrections, 6,900 were mothers to about 16,000 children.[87] Thus, a large percentage of women going through the correctional system in Massachusetts are mothers. That many of them are housed centrally – at Framingham and South Middlesex – rather than locally, makes regular contact with loved ones even more challenging. Improving telephone contact and the visitation process will enable prisoners to better maintain family ties, specifically the mother-child bond, which is beneficial to the well-being of both mother and child.

[86] Erika Kates et al., *Women in Prison in Massachusetts: Maintaining Family Connections*, University of Massachusetts Boston Center for Women in Politics and Public Policy (March 2005), p. ii

[87] *Id.* at p. iii

c. Proposed remedies.

Permit children and family members of female prisoners to call prisoners at the facility during designated times. Family telephone calls to the prisoner would increase contact because children and other family members would be calling at a pre-arranged time, thus assuring that they are available to talk to the prisoner. In addition, by calling the facility family members would not incur expensive collect call charges. Such a system would be of particular benefit to those children who are unable to visit their mothers at the facility. The DOC panel members object to this recommendation citing logistical and resource issues and the potential for abuse.

Create and administer a survey to be filled out by visitors to Framingham and South Middlesex. A mechanism by which visitors can comment on the treatment they receive while visiting a correctional institution would offer insight to prison administration regarding the effectiveness of correctional staff in this area. In particular, a survey would measure employees' application of the Public Interaction and Interpersonal Communication skills, as outlined in the Knowledge and Skills Guide and about which employees have received training. Successes would be identified as well as areas for improvement, including areas in which retraining may be necessary. Soliciting input from visitors would go a long way toward creating a respectful environment for visitors, staff, and prisoners alike, and such an environment would encourage rather than discourage visits by children and other relatives.

B. Searches

a. Identification of problems or needs.

While the current practice is not to allow searches of female prisoners by male officers, these searches are permitted under DOC and Framingham policy.

b. Data substantiating problems or needs.

Both DOC and Framingham policy permit pat searches of female prisoners by male officers. 103 FRA 506 (V); 103 DOC 506.05. Pat searches require the searching officer to feel in extremely personal areas including under and between the prisoner's breasts, the buttock area and the inside of the upper thigh area, "tight to the groin area." 103 FRA 506V(4)-(6). Many female prisoners are victims of physical or sexual abuse, for whom this type of personal contact may be very difficult.

A strip search, of course, is even more invasive than a pat search. Strip searches of female prisoners by male officers are allowed under DOC and Framingham policy, but only under extraordinary or emergency situations. 103 FRA 506 (IV)(A)(2)(a); 103 DOC 506.04(2)(A). These policies do not give any indication of what circumstances qualify as extraordinary or emergency and what circumstances do not.

c. Proposed remedies.

Modify the pat search policy to require that female officers perform pat searches on female prisoners except in extraordinary or emergency situations. Given the scope of the pat search, there is no reason why this rule regarding strip searches should not apply equally to pat searches.

Modify both the pat search and the strip search policies to specify the types of situations that are intended to excuse this requirement. In order to avoid the abusive or mistaken assessment of the appropriateness of an opposite-sex strip or pat search, the policies should provide some more specific guidance in this area.

B. Objective: Assess inmate services for female offender population

1. Review staff/inmate interactions.

a. Identification of the problem and need.

> "Research from a range of disciplines (e.g., physical health, mental health, and substance abuse) has shown that safety, respect, and dignity are fundamental to behavioral change. To improve behavioral outcomes for women, it is critical to provide a safe and supportive setting for supervision… In their interactions with women offenders, criminal justice professionals must be aware of the significant pattern of emotional, physical, and sexual abuse that many of these women have experienced. Every precaution must be taken to ensure that the criminal justice setting does not reenact women offenders' patterns of earlier life experiences. A safe, consistent, and supportive environment is the cornerstone of an effective corrective process." Barbara Bloom, Barbara Owen, and Stephanie Covington, *Gender-Responsive Strategies for Women Offenders: A Summary of Research, Practice, and Guiding Principles for Women Offenders* (National Institute of Corrections, May 2005), p. 7 (hereinafter "*Strategies*").

The lives of female offenders are significantly impacted by their day-to-day contacts and interactions with correctional and non-correctional staff. While many of the women informally surveyed by subgroup members report positive interactions with correctional and non-correctional staff and the administration, negative interactions between staff and prisoners were reported as well. Negative interactions may result in potential management issues and can impede achievement of rehabilitative correctional goals. Inmates' problematic interactions focus almost exclusively on correctional staff. The women informally surveyed consistently cite four problem areas that need to be addressed. First, the inmates describe a lack of professionalism on behalf of some of the correctional staff. A small but significant number of staff are seen as disrespectful and insensitive to inmates, make rude or sexist comments to them, and are inconsistent or arbitrary in their dealings with them. Second, the inmates cite a lack of privacy in those housing units to which male correctional officers are assigned. On some occasions the only staff member in a unit is male, leaving inmates vulnerable to staff misconduct and the staff member vulnerable to allegations of misconduct. Third, a lack of sensitivity to female inmate mental health issues was cited. In particular, certain line staff disregard inmates' mental health issues and engage in behavior that exacerbates their condition. Finally, the women informally surveyed complain of the lack of relief from the problems and issues just discussed. The perception of the majority of the prisoners informally surveyed is that neither informal complaints nor formal grievances bring about any improvement in the situation, or lead to staff being held accountable for complained-of behavior. Without accountability the risk of retaliation to complaining inmates is high, which only discourages the reporting of unprofessional staff behavior.

In September of 2003 the Department implemented new procedures for reporting and investigating allegations of employee misconduct. The procedures require central reporting of all allegations of employee misconduct and a two-tiered level of review of all investigations

conducted on employee misconduct. The allegations are entered into a centralized database and tracked throughout the process. These procedures were then adopted into Department Policy 103 DOC 522 Internal Affairs.

Allegations of employee misconduct are classified as a Category I or a Category II investigation. Category I investigations are those that, if sustained, would result in suspensions of less than 5 days. Category II investigations are generally those that are deemed serious allegations of misconduct, which, if sustained would result in lengthy suspensions and or termination. Category I investigations are handled at the institution level, reviewed by the Superintendent and then approved by the Chief of the Office of Investigation (OIS) in Headquarters. Category II investigations are handled by the Internal Affairs Unit, reviewed by the Chief of OIS and then approved by the Deputy Commissioner. Once an investigation is approved, letters are sent to all parties advising them of the findings of the investigation (sustained, not sustained, unfounded, exonerated).

The centralized database (in place since September of 2003) provides the Department with valuable data on allegations of employee misconduct from which to evaluate trends, training issues, potential policy concerns and performance measures. The Chief of OIS is required to submit quarterly reports of this data.

b. Data substantiating the problem and need.

The data supporting the problematic issues cited by female inmates in the area of staff/inmate interactions comes primarily from interviews with the inmates themselves conducted by members of this subgroup. On May 10, 23, 31, 2005 and June 1, 28 and 29, 2005 subgroup members spoke to 38 prisoners and 22 staff in the yard, housing units, dining halls, ATU, Barton Unit and the CCU. Prisoners were stopped at random and asked if they would like to speak to a member of the subgroup about the areas we were reviewing, e.g., "we are reviewing staff-inmate interactions. Please describe staff-inmate interactions from your perspective?" Not all prisoners were asked the same questions, *e.g.*, some of the women interviewed in the dining areas were only asked about the food. Data was also culled from interviews with non-correctional staff as well as a recent focus group organized by DOC earlier in 2005.

This report also reflects important data from the *Pilot Survey of Women in Custody, Preliminary Report* dated June 30, 2005 (the "Pilot Survey Report"), prepared by Dr. Mary Jo Larson and a team of researchers from the New England Research Institute. Dr. Larson and her team designed the interview survey that was used to elicit the data for the Pilot Survey Report in consultation with officials of the Department of Correction (DOC), among others. Interviews with 98 inmates were conducted on June 15-17, 2005 by teams of volunteers at MCI-Framingham (71 interviews conducted) and South Middlesex (27 interviews). The Pilot Survey Report is attached as Appendix A to this report.

In informal interviews, inmates reported that a relatively small, but not insignificant, number of staff frequently made disrespectful, racist, or sexist comments. Inmates surveyed in the Pilot Survey Report characterized their interactions with 8% of female officers and 10.8% of male officers in their housing units as poor or very poor. Inmate interactions with officers

outside of their housing units were worse, with inmates reporting poor or very poor interactions with 13.8% of other female officers/staff and with 15.8% of other male officers/staff. Pilot Survey Report, p. 10. Non-correctional staff also reported hearing "a lot" of disparaging remarks directed toward the women prisoners.

The importance of professionalism and respectful behavior among staff is further underscored by the results of the DOC focus group of female prisoners and staff conducted earlier this year. When asked to identify the skills and qualities of a good CO, the most popular answer among female inmates was "Respect," (27%), and the second choice was "Professional Behavior" (23%). When staff members were asked to identify the skills most needed to work successfully with female inmates, the top answer was "Professional Behavior" (25%). Surveyed prisoners rated 31.2% of the staff as poor or very poor in showing respect to women in custody. Pilot Survey Report, p. 10.

Inappropriate, unprofessional behavior of line staff with respect to inmates' mental illness was a problem cited in interviews. Non-correctional staff reported difficulties with some insensitive line staff, whose behavior exacerbates the problems experienced by women with mental illness (*e.g.*, unnecessary yelling or loudness around women who are known to be have serious mental health problems). For many female prisoners their mental health issues are connected to a history of abuse, which renders them particularly vulnerable to what would otherwise be less damaging behavior.

Female inmates consistently cited the placement of male officers in housing units as an important issue for them, a problem that is dealt with in-depth in the section on staffing. *See* Subgroup C, Section B(2)(A), below.

Inmate interviews provided the primary data on the lack of effective relief from unprofessional behavior on the part of correctional staff. The women reported that officers who step out of line do not appear to be reprimanded for their conduct (*e.g.*, one CO made a crude, sexist comment as he tossed tampons to prisoners in front of a sergeant with no response from the sergeant; another CO made a racist comment to a prisoner in front of a sergeant, again without repercussions). Prisoners reported that some correctional staff often tell them "to just deal with it." Inmates informally interviewed report a perception that even if a prisoner is believed, the worst a CO can expect is a reprimand. An offending CO is rarely moved out of the unit. Multiple incidents have to be reported before a transfer will occur. *See* the Pilot Survey Report at pp. 7-10 for additional relevant data and inmate comments about staff/inmate interactions, and at pp. 10-12 for comments and data about training and officer skills, which has a direct impact on staff/inmate interactions. The Pilot Survey Report results are discussed in more depth in the section on staff training. *See* Subgroup C, Section B(2)(B), below.

Inmates also report that they have been harassed for filing grievances. Since filing grievances reporting officers' misconduct is generally ineffective, some of the COs know this and tell the prisoners as much. The pattern of no response, ineffective response, or retaliatory behavior as a result of complaints has led inmates to conclude that there is no one who will listen to them and help them deal with their problems. *See Nowhere to Hide: Retaliation Against Women in Michigan State Prisons* (Human Rights Watch, July 1998) (reporting acts of

retaliation against female inmates who reported sexual abuse by staff, and the chilling effect of retaliation and lack of accountability).

The problems described above are contrary to official departmental policy. DOC regulations provide that the superintendent of an institution shall ensure that staff communications with inmates be conducted in a courteous, professional manner. 103 DOC 400.01(2). The regulations strictly prohibit retaliation or harassment of any kind against inmates for exercising their rights, including filing a grievance or lodging a complaint. 103 DOC 400.01(4).

c. Proposed remedies.

More effective management of female offenders requires improving the quality of interactions between correctional staff and inmates and creating a structure to deal effectively, fairly, and timely with legitimate inmate complaints concerning correctional staff and conditions of confinement, including holding staff members accountable for unprofessional misconduct. To achieve these goals requires recognition that policies, practices and systems that were designed for male offenders may be ineffective or even counterproductive when applied to female offenders. Several recent studies by the National Institute of Corrections recommend the adoption of gender-specific responses for female offenders. We recommend the following.

Improve the screening and training of correctional staff. As an initial step, correctional officers who will be working with female prisoners should be screened for their ability to work with this population (*e.g.*, personality assessment, aptitude, questioning about views of women, views of mental illness and treatment, etc.). As a second step, training for COs who will work with female inmates must be improved and targeted specifically for this population and its specific correctional requirements. (For more detailed information on training, *see* Subgroup C, Section B(2)(B), below).

Institute a confidential and independent vehicle for female prisoners to register complaints of sexual abuse and other significant instances of staff misconduct. Inmates should be permitted an independent and confidential means to register complaints of serious staff misconduct, including sexual abuse. Whether through an independent correctional inspector general's office, a citizen review board, an independent office of ombudsman, or other vehicle, inmates must be provided with a safe, secure, and independent channel to report incidents of serious staff misconduct, particularly when less formal channels are deemed inappropriate or are perceived as ineffective. A confidential avenue to report abuse followed by an impartial investigation of claims will ensure that accused staff are not in a position to retaliate against the complainant. (*See, e.g.*, *Nowhere to Hide*, *supra*). A bill presently before the Legislature would create an office of independent inspector general of corrections, which would be authorized to launch an investigation on its own initiative, and to follow through on recommendations from the Commissioner of Correction and any member of the Massachusetts General Court.

Comment [M1]: It's my understanding hat DOC has a confidential sexual assault report line – PC.

Reinstate the position of unit manager. *See* Subgroup C, Section A(3), Management, above, for a detailed discussion of this recommendation.

Accountability for misconduct needs to be clear to both staff and prisoners. When a prisoner registers a complaint against a staff member, whether through an informal complaint procedure, the official grievance process, or another recognized channel, it must be thoroughly investigated. If following investigation misconduct is found on the part of staff, appropriate actions, including sanctions, must be taken and communicated to the complainant. While some women informally surveyed report not knowing what happens to their complaints, the central investigation process inaugurated in 2004 has begun to resolve several of these issues. Unless both prisoners and staff members are held accountable for any substantiated misconduct, none of the organizational changes outlined above will have any meaning or impact on the inmate population.

Install cameras that have both audio and video recording capabilities. While both Framingham and South Middlesex are due to receive a significant number of cameras in 2005, to meaningfully aid in investigations of staff misconduct the cameras must have an audio component and be able to record as well. Having one officer and 64 women in a housing unit can create a "he said-she said situation." Taping of interactions will provide investigatory staff with helpful evidence and will provide a disincentive for misconduct by putting staff on further notice that their actions are being continuously monitored.

2. Review staffing and training.

A. Staffing

a. Identification of problems or needs.

Staffing levels at both Framingham and South Middlesex fall below the levels currently established by the Commissioner of Correction. Framingham has a significant shortage of corrections officers, and South Middlesex, staffed solely by Correctional Program Officers (CPOs), needs CPOs as well. Unfilled vacancies at both facilities can limit operations and increase the burden on present staff members, in particular female officers. According to the Department, the high use of sick leave adversely affects staffing.

Aside from the simple measurement of unfilled positions, questions arise as to *how* each facility is staffed. Are sufficient resources devoted to certain functions of the institution? In particular, the staffing of inmate programming and education appears to be too low to meet the needs of the population. The handling of prisoner questions and problems presents another challenge: officers and administrators (sometimes several of them simultaneously) are routinely besieged with questions and problems but lack the time to address them efficiently. A third area of need exists in the housing units, where male correctional staff are often assigned and sometimes assigned alone. The majority of the subgroup believes this practice is not sound. The DOC panel members believe this practice, which has been in place for years, is operationally sound.

A sizable share of staff resources is devoted to the management of prisoners in the Awaiting Trial Unit (ATU) at Framingham. Though these prisoners comprise only one-third of Framingham's population, their medical and legal needs, including frequent transports, consume a disproportionate share of staff time and energy.

b. Data substantiating problems or needs.

With respect to the uniformed staff, shortfalls are evident at both facilities. As of March 2005, 71 uniformed staff positions were unfilled at Framingham: Correction Officers (36) and Sergeants (31) accounted for most of the vacancies. A staffing analysis of uniformed staff at Framingham, conducted in October of 2004, revealed that staffing levels were low compared to Level 4 men's prisons. Following that analysis, staffing levels for Framingham were increased (by 31 Correction Officers and one Lieutenant), but many positions remain unfilled. At South Middlesex, in May 2005 Superintendent Ryan reported seven Correctional Program Officer vacancies. A critical shortage of female CPOs also plagues South Middlesex; at times only one female CPO is present on a shift, and she is thus responsible for all searches and pat-downs in the facility.

Low staffing leads to predictably undesirable results. Posts are pulled on a daily basis. Given the costs of overtime, the administration at Framingham has attempted to reduce expenses by temporarily changing its operations: visiting days have been reduced from 5 to 4 days per week, bagged meals are delivered to the housing units on Saturday and Monday nights in lieu of

prisoners going to chow for dinner, and evening programming has been cut from 7 to 5 days per week. Based on prisoner interviews, it appears that Mondays are particularly austere, with the main institution building being closed, no visits available, and a bag lunch for dinner.

The number of personnel devoted to inmate programming and education is not sufficient to meet demand at either women's facility. South Middlesex has a wide variety of programs available including auto repair, daily living skills, work release and horticulture. Framingham is adding two vocational education programs, in culinary arts and cosmetology. According to the Pilot Survey Report, the majority of women surveyed (54.2%) had participated in some type of prevention or treatment program (*e.g.*, Correctional Recovery Academy, Steps to Recovery, yoga/stress reduction). Pilot Survey Report, p. 13. Still, during interviews prisoners reported that there are long wait lists for programs in general, and not enough teachers for ESL or GED classes. According to the DOC, there are currently wait lists of 23 and 13 inmates, respectively, for the Building Trades and Computer courses, and no other education classes are available during the summer. Substance abuse programs also cite long wait lists (25 for Correctional Recovery Academy, 39 for First Step, and 55 for Steps to Recovery). The Pilot Survey Report indicates that several women suggested an expansion of substance abuse services, as well as programs concerning issues such as living skills, parenting, and anger management. Pilot Survey Report, pp. 14-15. Very little post-secondary education is available; there is one college education program that is staffed and paid for by Boston University and its faith-based volunteers. There is a long waiting list to enroll in the program. Both prisoners and correctional staff commented that additional recreational staff would allow Framingham to open the yard more and increase the organized activities available to improve prisoners' health.

Allocation of resources to programming and education is a clear priority, particularly for female prisoners. The DOC's Female Offender Management policies (103 DOC 425) charge the Female Offender Management Division with, among other things, the task of implementing gender-responsive strategies and providing "a continuum of programs and services that address the multi-dimensional needs of female offenders." 103 DOC 425.01. The Governor's Commission on Corrections Reform, in its Final Report, concluded that overall the DOC spent too much money on line staff and not enough, only 3% of its budget, on programs. *See* Governor's Commission on Corrections Reform, Final Report (June 30, 2004), p. 35. The prisoners agree. In a February 2005 focus group conducted by the DOC, female prisoners expressed significant interest in vocational classes and life skills classes (concerning issues such as recovery, coping skills, and reentry preparation).

The housing units at Framingham lack not only unit managers (South Middlesex is not requesting unit managers), but often they lack female staff. At times there is only a male officer and no female officers assigned to a given unit. For instance, prisoners reported that the ATU has one CO for 62 prisoners, and that CO is often male. Previously, two staff members were assigned to the unit, at least one of whom was always female.

The Pilot Survey did not include a question directly soliciting prisoners' opinions about the assignment of male officers to housing units. A lack of respect for women's privacy, including while dressing or bathing, was cited frequently as an example of unprofessional conduct by staff (Pilot Survey Report, p. 8), but it was not tied to male officers or housing unit

staff. Inmates' overall rating of interactions with male officers in housing units was positive – 68.6% of such interactions were rated as good or very good – although the Report notes that the women surveyed found it difficult to rate interactions in general, instead of specific officers. Pilot Survey Report, p. 10.

By contrast, strong and consistent objections were raised by the majority of prisoners informally interviewed to the assignment of male staff to the housing units. As in the Pilot Survey Report, prisoners noted problems with a lack of privacy while dressing, showering, and going to the bathroom. Several prisoners elaborated that while some male officers jingle their keys or otherwise announce their presence in the unit, they still could not avoid being observed, because of lack of time or the configuration of the unit. Women who had been incarcerated in other states reported that the assignment of male officers to housing units was not an accepted practice in the states from which they came.

c. Proposed remedies.

Fill the vacant uniformed positions at Framingham and South Middlesex. As new COs graduate from the Training Academy, some of them will be assigned to Framingham and South Middlesex. This task is on its way to being completed and the additional costs approved. Reducing operations in order to limit the amount of overtime incurred, however necessary, is a step in the wrong direction with respect to the goals of the Department and the facility. As vacancies are filled, hopefully with a substantial number of female officers, the use of overtime should decline, bag lunches for dinner two nights per week will cease, and normal operations should resume.

Reassess the composition of the staff, especially with regard to programming, education and reentry (Correction Program Officers). The Department recently completed an analysis of uniformed positions at MCI-Framingham. A more comprehensive, external staffing analysis is recommended for non-uniformed personnel including education, correction program officers, clerical, maintenance, management, programs and mental health. This analysis should also include job descriptions, function, inefficiency and recommendations for improvement. The analysis should strongly consider the Department's goal of reducing recidivism.

That goal cannot be met without an increased dedication of staff in the areas of inmate programming, education, and reentry. A National Institute of Corrections (NIC) analysis of staffing in women's prisons nationwide found that "Medical *and program posts* are most strongly needed in women's housing." LIS, Inc., *Staffing Analysis for Women's Prisons and Special Prison Populations* (NIC December 2002), p. 10 (emphasis added). *See id*. at 12 ("More than 60% of [state correctional] agencies indicated a need for more program posts in women's" facilities). Part of this demand stems from the general characteristics of female prisoners: "Women offenders also have additional mental health and programming needs for issues including physical and sexual abuse, domestic violence, parenting, and child care. Waiting lists for treatment or other programs are common. Respondents also commented that women have an increased need for social services…Women also show a greater lack of education and job skills upon incarceration [than men]…" *Id.* at 12.

According to the NIC, the term "gender-responsive" means "creating an environment through…staff selection, program development, content, and material that reflects an understanding of the realities of women's lives and addresses the issues of the participants." Bloom, Barbara, Barbara Owen and Stephanie Covington, *Gender-Responsive Strategies for Women Offenders: A Summary of Research, Practice, and Guiding Principles for Women Offenders* (National Institute of Corrections, May 2005), p. 2. In its policies the DOC has espoused the need for gender-responsive strategies, including the provision of a continuum of services and programs addressing women's needs. More must be done in this area.

An obvious barrier to conducting a comprehensive staffing analysis, and to increasing any type of staff, is cost. Nonetheless, an analysis would ultimately be cost-effective because it would identify the best current practices and staffing ratios, and it would allow for informed long-range planning. Increased program and education staff are not only essential components of the Department's gender-responsive policy, but they will produce long term savings for the Commonwealth. Recidivism rates are lower for better educated ex-prisoners.[88] The Department made significant and highly laudable strides in this area when ten new teachers were hired system-wide in 2004.

Reinstate the position of unit manager. *See* Subgroup C, Section A(3), Management, above, for a detailed discussion of this recommendation.

Conduct a survey specifically addressing the assignment of male officers to housing units and, if warranted, institute a policy at Framingham and South Middlesex that male correctional officers shall not be assigned to housing units. This issue was one of the most frequently mentioned concerns of prisoners who were informally interviewed. The Pilot Survey Report does not reveal a similar level of concern among inmates, although the question is not directly posed. The issue is one that deserves further investigation, because privacy was a stated concern of women in both the survey and interviews. Moreover, the potential problems with male officers in the housing units, especially when unaccompanied by female officers, are clear, and they are not trivial, especially given the nature of the female prisoner population:

> Women are particularly vulnerable in the closed environment of a prison. They should never be placed in a situation where they are at risk of abuse or harassment by male members or staff. Office of the UN High Commissioner for Human Rights, *Human Rights and Prisons: A Manual on Human Rights Training for Prison Officials* (United Nations, 2004), p. 176.[89]

The Department of Correction staff on the subgroup does not agree with this recommendation.

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[88] According to the organization that sponsors the Boston University classes at Framingham and South Middlesex, the average recidivism rate for an ex-convict with a college degree is under 11%. Partakers, Inc., http://www.partakersinc.org (last visited June 20, 2005). This figure contrasts sharply with overall recidivism rates, which range from 41-60%.

[89] See *id.* at 176: "Ideally, women prisoners should be supervised exclusively by women staff. They should never be supervised exclusively by male staff."

Good practice for the treatment of female prisoners, according to United Nations standards, includes the following parameters: "No male member of the staff shall enter the part of the institution set aside for women unless accompanied by a woman officer." *Standard Minimum Rules*, ¶ 53(2). In addition, "Women prisoners shall be attended and supervised only by women officers … [without precluding] male members of the staff, particularly doctors and teachers, from carrying out their professional duties in institutions or parts of institutions set aside for women." ¶ 53(3). While interaction with male staff is perfectly appropriate in certain circumstances, and may even create a more normal atmosphere at the facility, an exception may be warranted for housing unit staff.

A potential barrier to any new policy would be claims of employment discrimination by male officers. Such claims would be weak, however, as the policy would be tailored to a few posts, not to the institution as a whole, and similar claims in other states have failed. *See, e.g., Everson v. Michigan Department of Corrections*, 391 F.3d 737 (6th Cir. 2004).

Make the hiring of female officers a high priority. The American Correctional Association[90] recommends equal opportunity practices. An affirmative action program should actively encourage women officers if there is not one in place already. A major deterrent preventing women, especially mothers, from becoming COs is how long it takes to get a reasonable day shift schedule. An affirmative action program could include flexibility in scheduling for COs with children below a certain age, or a similar sort of family-sensitive accommodation. Additionally, the Department should explore establishing a working relationship with neighboring Wellesley College's Center for Women or a similar institution that could provide research and resources to recruitment outreach efforts and other strategies for attracting women to the corrections field.

Counties should house most or all of their female prisoners awaiting trial at county facilities, rather than sending them to the ATU at Framingham. As previously discussed, the housing of prisoners awaiting trial taxes Framingham's resources, in particular their frequent transports to and from court and their unstable (and in many cases serious) medical conditions (including detoxification), which require close supervision and frequent transport to outside providers. These extra costs are only compounded by housing pretrial detainees in one central unit at Framingham, rather than in the county where they will be tried, closer to the courthouse. Framingham already faces the daunting challenge of housing female prisoners of virtually all security levels, in addition to ill and mentally ill prisoners. Administration and staff should be relieved of the task of tending to this additional category of prisoner.

Counties will undoubtedly object to closing the Framingham ATU, citing a lack of physical or economic resources for housing female pretrial detainees. Still, if the Commonwealth is ultimately paying for the detention of these women, over the long-term it may be more economical to house them in the counties where they have been charged, closer to the courthouse, their attorneys, and their families, and in units that can be tailored to tend to the specific medical needs of these women (*e.g.* detoxification, and other common treatments for women arriving directly from the street). While many good reasons exist to return women

[90] ACA 4-4053 recommends equal employment opportunities and states that "EEO is a public policy goal."

prisoners to the counties, this step first requires an in-depth examination of the county facilities (including the possibility of regional facilities), establishment of guidelines to insure consistency of care and programming and the establishment of local citizen oversight boards. Additionally, staffing levels, programming, education, medical and mental health care, etc., must at least duplicate what is available at Framingham and South Middlesex. It is therefore recommended that a detailed analysis be conducted of the costs and requirements of parity with the state-wide women's prisons and consideration be given to a phase-in system where the larger counties begin to house their prisoners first followed by the smaller counties who have fewer resources available to them before any transfers occur. (For a discussion of different approaches to handling ATU detainees, *see* the section on capital planning, Subgroup C, Section A(2)(c), above at pages 3-4.)

B. Training

a. Identification of problems or needs.

Women prisoners identified issues with staff that would appear to stem from inadequate or ineffective training. The issues raised suggest a lack of professionalism among some staff members; a lack of consistency which can result in arbitrary treatment and render it difficult for prisoners to anticipate how they must behave; and inadequate preparation for dealing successfully with inmates with mental health issues.

A special area of concern is female inmates' relationships with other inmates. It is an area where gender-based differences in training are critical. As noted in an NIC report, "Women often develop close personal relationships and pseudo families as a way to adjust to prison life. Research on prison staff indicates that correctional personnel often are not prepared to provide appropriate responses to these relationships." *Strategies,* p. 8.

The Department's Staff Development and Training Division recently implemented a new philosophy of training new employees. The approach moves away from the traditional classroom lecture to a program that delivers performance based results. A competency-based curriculum was developed where the performance of real world tasks is the benchmark of training success. Additionally, a continuum of assessment methods was incorporated including traditional quizzes with academic prompts that require analysis, interpretation/perspective of the subject matter and performance tasks that require the application of duties and competencies. A mock correctional institution was also implemented for recruits to practice everyday essential tasks. This program was recently awarded the Innovative Approaches Award from the International Association of Correctional Training Personnel. The Department of Correction's Staff Development and Training Division is planning to rollout this new approach in the annual in-service program.

In addition, recent changes have been made to the training program, to boost the amount of gender-responsive training made available to staff. However, there do not appear to be any outcome measurements in place. No procedure exists for assessing the impact of this training and whether concepts learned during training are being applied in practice.

b. Data substantiating problems or needs.

Concerns were raised by inmates about the level of respect and professionalism among staff. When asked in the Pilot Survey how well officers show respect to women in custody, prisoners were mixed in their response, with approximately one-third of respondents rating staff as good or very good, one-third rating staff as fair, and one-third rating staff as poor or very poor. Pilot Survey Report, p. 11. When asked where better supervision or training of officers was needed, respect for inmates was the most common answer. *Id.*

During informal interviews, prisoners cited a lack of professionalism among a significant number of correctional staff. Specific information regarding this issue is detailed in the section on staff/inmate interactions and thus will not be repeated here. *See* Subgroup C, Section B(1), above. It suffices to note that examples were provided of disrespectful, crude, sexist, and even racist comments by staff, and that non-correctional staff confirmed the proliferation of disparaging remarks among some correctional staff.

In addition to respect and professionalism, women raised the issue of officers' listening skills. Prisoners specified, in the interviews and the February 2005 focus groups, the importance of listening and the need for some officers to be trained in listening skills. The Pilot Survey produced similar results. While 22.8% of inmates rated as good or very good the active listening skills of staff, 41.3% rated these skills as poor or very poor. Pilot Survey Report, p. 11. During informal interviews, new officers were singled out as more likely than experienced officers to be unwilling to listen, discuss a matter with a prisoner, and some appeared more willing to escalate a situation.

Mental health issues emerged as an area of special concern, during informal interviews (as noted in the section on staff/inmate interactions) and in the Pilot Survey Report. According to the report, 60.0% of prisoners rated the officers' understanding of women with mental illness as poor or very poor. Pilot Survey Report, p. 11. Part of the problem stems directly from the inadequate training staff receives in the area of mental health. Currently, the annual in-service training for correctional staff includes suicide prevention training, in the form of a software program that requires ½ - 1 hour to complete. In interviews, some correctional staff did not recall this training, and it does not appear that any other training is provided regarding mental health or related issues, like symptoms and manifestations of mental illnesses, medications and their side effects, effects of physical and sexual abuse, psychological needs of imprisoned mothers, and practical advice for dealing with mentally ill inmates. A majority of women rated as poor or very poor the officers' skills at understanding several of these issues, including women with drug addictions (58.2%), the effects of medications on women in custody (55.3%), the effects of domestic violence on women in custody (53.6%), and the effects of prior sexual abuse on women in custody (52.9%).

New correctional staff are trained regarding their dealings with inmates. The Training Academy Schedule for New Recruits includes units that appear to pertain to staff/inmate interactions: "Supervision of Inmates/Inmate Rights," "Interpersonal Communications," "Interpersonal Relationships," and others are listed. Combined, such units amount to a day or

two of training out of nine weeks total training for new recruits. Lesson plans provided by the Department include units on "Interpersonal Communication Skills" and "Supervision of Inmates/Counseling Techniques." As with the Training Academy Schedule, however, most of the lesson plans deal with custody and security issues. It is unclear whether enough training time is devoted to staff/inmate interactions, and whether the units provided are useful and are applied in practice. When asked for areas in which correctional officers are well prepared, respondents to the Pilot Survey pointed most often to the handling of "codes," security, and fights. Pilot Survey Report, p. 12. The training in these areas, which is extensive, appears to serve the officers well. Similar results may be achieved from more extensive training on interactions with female prisoners.

The Department has recently introduced a gender-responsive unit as part of its in-service training for staff who deal with female prisoners. It is not yet clear whether this new unit is effective and is positively affecting the staff/inmate interactions at Framingham and South Middlesex. Some effort must be made to assess the efficacy of training and to identify areas of need.

c. Proposed remedies.

Increase gender-responsive training for new recruits and experienced correctional staff, as well as training in professional interactions with prisoners that includes practical tips for addressing common situations. The DOC has just implemented a one-week, gender-specific, in-service training. Experienced COs who received the training reported that they found its practical portions very helpful. This training is a step in the right direction, and it furthers the goals outlined in the Department's female offender management policy, 103 DOC 425. Such training should be extended to new recruits who will be assigned to Framingham or South Middlesex, or to experienced officers who are transferring into one of these institutions. Gender-specific training may be most effective for those who are just arriving, as they will likely lack experience in dealing with female prisoners (and will not yet have acquired any habits in dealing with women prisoners that would have to be changed). *See Standard Minimum Rules, supra*, ¶47(2) ("Before entering on duty, the personnel shall be given a course in training in their general *and specific duties* and be required to pass theoretical *and practical* tests") (emphasis added).

As part of any gender-specific training, practical instructions for dealing with female prisoners should be featured. According to an NIC report, "Preparing staff to work with women offenders requires increased knowledge about women that will help staff members develop the constructive attitudes and the interpersonal skills necessary for working with women under correctional supervision." *Strategies*, p. 4. A review of materials from the new gender-specific training and its training schedule, as well as the schedule for new recruit training, reveals that much of the training covers concrete issues that relate to the officers' tasks and duties, areas in which the officers received high marks in the Pilot Survey Report. There appears to be less emphasis on staff/inmate interactions. Improved training in this area could alert staff to common issues and situations that arise with female prisoners, and how to address them in light of the more general gender-specific principles. The topics addressed by such training could include

female inmates' relationships with other inmates, which (as previously mentioned) have a gender-specific character to them.

In particular, more training regarding mental health issues and the trauma many women have suffered should be provided to new and experienced staff. Mental illness plays a prominent role in interactions with a significant number of female prisoners (approximately 66% of Framingham prisoners have open cases with the mental health clinicians). Similarly, many women come from a background of substance abuse, sexual abuse, and/or domestic violence, which also affects their dealings with staff. The only in-service mental health training presently given concerns suicide prevention. Although important, suicide prevention training does not address all of the day-to-day issues that arise with mentally ill inmates. Practical training about mental illness and other related issues, and how they affect a prisoner's dealings with staff, would better equip staff to work with these prisoners.

Provide pre- and post-testing and evaluations to staff participating in training to assess its effectiveness. The implementation of gender-specific training for staff at Framingham and South Middlesex is laudable, and informal interviews with staff suggest that the program is helpful. However, although one can review the materials and schedules related to this training, it is difficult if not impossible to measure the outcome of such training by such a review, or even by witnessing the training.

Accordingly, procedures should be adopted to measure the effectiveness of staff training regarding interactions with female prisoners. Such procedures should include both pre- and post-course evaluations to be completed by participants in the training. Following its five-day seminar on managing women offenders, the NIC collected post-training evaluations from all the participants and retained a consultant to summarize and analyze these evaluations. *See* Linda Adams, *Critical Issues in Managing Women Offenders: Evaluation Report* (September 30, 1997). Similarly, a United Nations Trainer's Guide on human rights issues in prison includes a "Post-course Evaluation" for participants to complete, measuring their satisfaction with the training and allowing them to comment on it. Office of the United Nations High Commissioner for Human Rights, *Human Rights and Prisons: A Trainer's Guide on Human Rights Training for Prison Officials* (United Nations 2004), pp. 239-241. The UN Guide also includes a "Pre-course Questionnaire" for participants, which allows the trainers to better understand and tailor the training to their audience. Questions concern the participant's background, duties, and his or her understanding of certain concepts involving treatment of prisoners. *Id.*, p. 231.

Survey women prisoners and non-correctional staff. Measurement of the effectiveness of training must also include feedback from female prisoners and non-correctional staff. As the training's purpose is to inform correctional staff's interactions with inmates, the success of such training depends on whether the skills acquired are put into practice. While this subgroup (and another) surveyed women prisoners using a pilot instrument, the survey needs to be refined and administered to a wide variety of prisoners. Additionally, periodic surveys of prisoners and non-correctional staff at a statistically significant rate to be determined by the Department's research department (perhaps annually) would permit the administration to determine whether the training is accomplishing its goals, where it is most effective, and where it may need improvement.

3. Review inmate grievances.

a. Identification of problems or needs.

Present DOC grievance procedures are complex and confusing. The use of four separate review mechanisms for major decisions affecting prisoners undercuts the usefulness of the grievance process for prisoners (as a simple mechanism for resolving problems) and management (as a diagnostic tool for pinpointing operational problems) alike.

Confusion as to grievance processes extends to the question of which staff members should handle which kind of grievance. Conditions of confinement and housing issues are to be referred to the Unit Officer and the Sergeant. Formal grievances go to the Grievance Coordinator. Medical grievances must be received and processed by the Health Services Administrator. Classification appeals are to be given to the caseworker to be entered into the IMS for administrative action. Disciplinary appeals are to be given directly to the Disciplinary Officer. It is important that inmates and detainees have access to many different staff members so that the various types of issues can be properly resolved. However, if an inmate presents an issue to the wrong person, she should be directed to the proper staff person to resolve the matter as opposed to being "brushed off." The Unit Captain is a central figure in receiving and coordinating inmate and detainee complaints. The Captain, however, is not able, in a population of close to 700 prisoners at Framingham and over 100 at South Middlesex, to review or personally respond to every complaint raised. In the past Unit Managers had primary responsibility for such response. But now, with no Unit Managers, the process has become fragmented, leading to waste of time by both inmates and staff.

Inmates surveyed formally and informally report that they are not inclined to file grievances alleging officer misconduct. In connection with the Pilot Survey Report, prisoners were asked why they would not file a grievance even though they wanted to. Pilot Survey Report, p. 4. The Pilot Survey Report noted that the prisoners responded that the most common situation for potentially filing a grievance involved the action or behavior of an officer. *Id.* at 5. The women reported "universally" that filing a grievance against an officer was a risky situation with harsh repercussions to the grievance placer and little likelihood of satisfactory change. *Id.* Prisoners informally surveyed also reported that "nothing happens" when a CO's misconduct is reported to the Captain or Superintendent. Moreover, prisoners at MCI-Framingham report harassment for filing grievances.[91] Prisoners report that COs know that grievances filed reporting staff misconduct are generally ineffective, and repeatedly impress this upon the prisoners. The pattern of no response, ineffective response, or retaliatory behavior as a result of complaints has led to the perception held by many prisoners informally surveyed that there is no one who will listen to them to help them deal with their problems with correctional staff.[92] As a result, the

[91] Such harassment appears generally to be below the level of receiving disciplinary reports for filing grievances, but is nonetheless a significant factor in discouraging use of the grievance process.

[92] Such chilling of grievances can have a significant detrimental effect on the lawful operation of the institution. See *Nowhere to Hide: Retaliation Against Women in Michigan State Prisons*

total number of grievances reportedly filed at MCI-Framingham and at South Middlesex Correctional Center appears to be abnormally low, especially in relation to the thousands of women who pass through the two facilities each year.

Property-related matters comprised well over half (83 of 151) of all grievances filed at MCI-Framingham during calendar 2004, and amounted to five times the number of the next most frequent grievance category. Because there is only one female facility, inter-institutional transfers are much less of an issue for women than for men. The prevalence of property complaints at MCI-Framingham is concerning. Departmental staff are aware of this issue and have formed a multi-disciplinary work group to address this area.

The substantial number of logged complaints about the food at MCI-Framingham (11)[93] was corroborated by informal prisoner interviews.

The Department has improved oversight of the grievance process. The office of Administrative Resolution was created, monthly reporting was implemented, and a quarterly audit system was put in place for quality control. The IMS was modified to improve confidentiality and statistical data. The current CMR was also translated into Spanish. A new two day Certificate Training Program was also held for all Institution Grievance Coordinators.

A Department-wide statistical comparison between inmate grievances in 2003 and 2004 indicated an increase in the approval rate of grievances from an average of 9.2% in 2003 to 22.8% in 2004. The approval rate for inmate grievances continued to improve in 2005, when 34.4% of inmates surveyed who had filed a grievance indicating that they were satisfied with the grievance process and result. Pilot Survey Report, p. 4.

b. Data substantiating problems or needs.

The description of the grievance procedure in the Inmate Handbook for MCI-Framingham is confusing.[94] It speaks of informal grievances and formal grievances. While it informs inmates that an informal grievance need not be filed in order to commence a formal grievance, it does not say whether an informal grievance, unresolved, may continue as a formal grievance without the filing of a formal written grievance. Nor does it explain the effect, if any, of filing an informal grievance upon the running of the time limit for filing a formal grievance. Moreover, the Inmate Handbook does not mention the categories of matters that are not grievable because they have separate grievance or review systems.

(Human Rights Watch, July 1998)(reporting acts of retaliation against female inmates who reported sexual abuse by staff, and the chilling effect of retaliation and lack of accountability).

[93] Eleven of 151 MCI-Framingham grievances may not seem many, but food grievances were in fact the second -largest non-aggregated grievance category.

[94] The fragmentation of grievance processing is a problem at *all* DOC facilities. To the extent that it is confusing, however, it may well be more problematic for women prisoners, who generally have much shorter sentences and less familiarity with grievance submission requirements generally than do the men.

At present the "standard" DOC grievance procedure is found at 103 CMR 491.00 *et seq.* 103 CMR 491.08 (1) excludes *four* types of matters that may not be grieved: classification decisions, disciplinary decisions, medical care decisions, and medical diet issues.

It is not possible to determine from the grievance data submitted whether any disciplinary reports have been written for alleged abuse of the grievance process and, if so, what the outcome of those disciplinary matters was.

Inmate Management System Data for Calendar 2004 list 151 grievances filed at MCI-Framingham, 25 at South Middlesex Correctional Center, and one from a female inmate at Lemuel Shattuck Hospital. Data on grievances from any comparable-sized male facility has been requested from the DOC Research Division, and that request is pending. Grievance data for calendar 2004 from the Inmate Management System indicates that the areas of top concern are property, food, canteen, and access to medical care.[95] Significantly, there were 83 property grievances filed at MCI-Framingham, that category accounting for more than five times the next highest ("other" at 16). Property grievances were the most frequent at SMCC as well. The grievance officer at MCI-Framingham indicated during an interview on June 1, 2005, that the largest source of grievances stems from women sharing clothes.

During informal surveys, prisoners reported that the response to property grievances left them with the perception that little could be done for them. One woman who had been at MCI-Framingham for seven years reported that she didn't know she could file grievances.[96]

See the Pilot Survey Report section on inmate's experiences with the grievance process, pp. 4-6.

c. Proposed remedies.

Rewrite the portion of the Inmate Handbook describing the grievance procedure to clarify the matters set out in the first paragraph of (b) above.

***Appropriate long-term steps to address identified grievance system problems include*:**

(a) ***Revise the inmate grievance form and procedure*** so that it states in bold at its top, that it can be utilized only for standard, medical, and medical diet grievances, with appropriate check boxes, and that it cannot be used to appeal disciplinary convictions or classification decisions; and

(b) ***Revise time limits for standard grievances, medical grievances, and medical diet grievances to be identical.*** Ideally, time limits for required inmate action to appeal disciplinary convictions and classification decisions should also be identical to those for filing grievances, so that inmates and staff can learn a simple unitary rule for how long an inmate has to appeal any adverse administrative determination.

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[95] "Grievances Filed by DOC Female Inmates During Calendar Year 2004 by Institution and Category," DOC Inmate Management System, 2/1/05.

[96] May 10, 2005 fact-finding visit.

It is worth noting that the present MCI-Framingham "Inmate Complaint Process" appears to encourage a process whereby unit staff know who should respond to various types of complaints and steer prisoners to the right person to process each type of complaint. If staff are well educated on the standard grievance, medical grievance, classification and disciplinary appeals processes this may work fairly well. However, the existence of multiple channels of complaint still encourages prisoners to try multiple channels in order to get a hoped-for result from at least one of them. A unitary intake process that routes the various types of complaints to the proper staff members would eliminate most such multiple complaints.

(c) ***Additional staff training on, and closer management supervision of, the grievance process***, emphasizing that it must be protected by non-retaliation, seems particularly to be in order at MCI-Framingham.[97] *See* also the section of this Report on Staff-Inmate Interactions, above.

(d) ***Monitor the total numbers of grievances at MCI-Framingham and SMCC for their relationship to total numbers in comparable-sized and security level male facilities.*** Any substantial minimization of total numbers of grievances has two probable alternative explanations: an extremely well run facility or a facility that discourages the filing of legitimate grievances. Ascertaining which case controls is of prime importance to the administration.

MCI-F property grievances should be subjected to closer analysis. How can they more usefully be classified? For example, a complaint that certain property is not authorized for retention is a property grievance, as is a complaint that authorized property has been damaged or stolen, but the two claims have very different management implications. If many property claims are made for lost or damaged items, are those (the) grievances being denied? How much money is the DOC paying out to adjust property claims at MCI-F each year? From the institutional budget, it appears to be $1,000 or less.

Approval and denial statistics should be made available for each category of grievance. The existing grievance data for MCI-Framingham and SMCC includes information on approvals, partial approvals, and denials – but only in the form of totals. Additional useful suggestions for changes in procedure would undoubtedly be generated if information by category of grievance were made available.

Reinstate the position of unit manager. *See* Subgroup C, Section A(3), Management, above, for a detailed discussion of this recommendation.

[97] There is no indication that retaliation for grievances is a problem at SMCC.

4. Review canteen.

a. Identification of the problems and needs.

The food quality of items offered in canteens is inadequate for the maintenance of a healthy diet. The canteen supply list used by the DOC lacks the healthy food items necessary for women to actively develop a healthy diet. Moreover, the existing canteen supplies do not address women's specific nutritional needs.

Irrespective of the quality and selection offered in the canteen, prisoners must overcome financial obstacles to making effective use of the canteen. Since receipt of property from outside the prison is severely restricted, inmates must rely on paid prisoner employment for income or outside friends and family to provide supplemental income. However, many inmates are hampered from purchasing canteen items because the current markup formula utilized by the DOC allows an 8 percent markup that effectively sets prices beyond their financial ability. In turn, diminished earnings potential limits women's ability to purchase personal items and grooming aids. Moreover, as researchers from the University of Massachusetts-Boston recently pointed out, 65 percent of women inmates were the primary caretakers of their children before being incarcerated. *See* Erika Kates, *et al*., *Women in Prison in Massachusetts: Maintaining Family Connections*, University of Massachusetts-Boston, ii (March 2005). Consequently, female offenders cannot rely on external family financial assistance from spouses or spousal equivalents to provide supplemental income necessary to purchase basic canteen items.

b. Data substantiating the problem and need.

Women surveyed formally and informally affirm the desire to take command of their eating habits. They commented that some of the canteen food items are healthy, but that a vast number are unhealthy. The women complained that eating canteen food could lead to health problems. However, 96.9% of the women formally surveyed reported they relied on the canteen for supplementing the food served in the chow hall and to order toiletries needed for basic personal hygiene. Pilot Survey Report, p. 15. Almost all of the women surveyed said that some of the toiletries given out to indigent prisoners were inadequate for their needs. *Id.* at 16. Female prisoners also complained about access to feminine hygiene products. *Id*.

c. Proposed Remedies.

Expand the canteen supply list to include healthy food options. As an institution interested in promoting the public welfare while limiting costs, it is in the Department's best interest to equip women with canteen items that will enable them to follow healthy eating habits. The DOC should expand its canteen supply list to include healthy food options. While nutritional quality is best addressed by a nutritional expert, at a minimum the DOC should add to the canteen drinks that are not high in sugar content. Also, the canteen should provide products that address the particular health needs of women, for example by including calcium-enriched items. Providing healthy alternatives in the canteen could help women improve their eating habits given the high percentage of women who use canteen services.

Increase earning opportunities for women. To ensure that canteen services are effectively utilized, the DOC should implement necessary policies to eliminate the substantial financial impediments women face in purchasing canteen goods. As a start, the department should provide women with greater opportunities to earn income. Lacking supplemental income opportunities from outside friends or family members, incarcerated women often must rely only on their own income generating activities to acquire canteen items. *See* Kates. Expanded work hours and higher wages would better enable women to purchase basic goods.

Lower canteen prices. The DOC should revise the existing pricing formula to ensure that prices are within reach of most women by more accurately reflecting the purchasing ability of inmates given their limited earning potential. Rather than allow the existing 8 percent markup, the DOC should adopt a formula similar to that adopted by the Pennsylvania Department of Corrections that limits selling prices to a 5 percent maximum markup. *See* Commonwealth of Pennsylvania, Department of Corrections, Personal Property, Basic/State Issued Items, and Commissary/Outside Purchases Policy (DC-ADM 815), June 3, 2002.

Bring Department policy into compliance with ACI standards for CCU Access. The DOC should update its policy to ensure that it fully complies with the standards developed by the Adult Correctional Institutions. The existing policy of severely restricting or entirely prohibiting canteen access for women in the CCU falls short of the ACI standard that calls for canteen access for persons in segregation similar to the access provided to the general population without major differences "for reasons other than danger to life, health, or safety." *See* Adult Correctional Institutions (4^{th} ed.) Standards, 4-4273.

According to DOC staff, hygiene items are purchasable by inmates in the CCU. However, food items are not available. Departmental staff supports current practice.

5. Review food.

a. Identification of problems or needs.

In response to a staffing shortage, the women at Framingham are currently being given bag dinners twice a week rather than a hot dinner, and the bag dinners are inadequate.

Although the recommended portion size of the food being served may be appropriate, it is not clear that the actual portion sizes being served are adequate. Moreover, women informally surveyed report that those near the front in chow lines report getting smaller portions of food than those later in line in what appears to be an effort to make sure there is enough food to go around.

The food quality is lacking in certain respects, including taste, presence of necessary nutrients, and overreliance on certain foods and ingredients.

Prisoners at South Middlesex, however, report that while the menus and recipes there are identical to those at Framingham, the food tastes much better. Food services staff report that the reason for this phenomenon is simple; it is much easier to cook for 100 women than 700 and the equipment at South Middlesex allows for more flavorful cooking (ovens instead of steam kettles which result in a loss of flavor).

b. Data substantiating problems or needs.

With respect to the bag dinners, the administration at Framingham reports that staffing shortages have resulted in the temporary suspension of certain operations. Among these operations is the service of dinner in the chow hall on Mondays and Saturdays. On these two days, the meals served to women are reversed with a hot meal served for lunch and a bag lunch brought to the housing units for dinner. The current dinner consists of a cold cuts sandwich, chips, a cookie, sweet punch and a piece of fruit. During interviews the women universally report that the bag dinners are both unpalatable and insufficient. They report that the sandwiches are small with two pieces of meat. Unfortunately, women informally surveyed report that this is simply not enough food to hold a person over until breakfast thirteen hours later (dinner ends at 6:15 P.M. and breakfast starts at 7:15 A.M. as per 760 FRA (C)(2)).

With respect to portion size, many women reported that the portion sizes are too small. The menu itself does not give portion sizes; the recipes, however, do specify portions. For those recipes reviewed, the portion sizes seem to be adequate. However, this may be a case in which the actual practice departs from the paper guidelines. Women report the onset of markedly diminished portions at the same time the private kitchen contractor hired new staff (Winter 2005). The new staffer reports clearing up prior problems with “record keeping”. Subgroup member ate lunch at Framingham on two occasions and once at South Middlesex. All report that the food was less than appealing.

While 71.3% of the women who participated in the Pilot Survey Report that the timing of meals was good and 49.3% felt that the kitchen and dining halls were clean, 52% felt the food freshness was a problem and 45% found the food temperature to be poor or very poor. *See* Pilot Survey Report, p. 17.

With respect to food quality, a recurring theme with the prisoners was taste. In interviews, the women reported that the food quality is very poor. One possible cause of this problem is the health-conscious nature of the menu. In particular, many of the foods listed on the menu are low sodium. While they are healthier, low-sodium foods also tend to be less palatable. In addition, some women informally surveyed report bad lunchmeat. Additionally, food served directly on a plastic tray (that will be re-used many, many times) without a plate makes it very unpalatable.

Taste is only one aspect of food quality; nutrition is another. A registered nutritionist was asked to review the menus for Framingham. She found them generally to be nutritionally balanced. Since the menu conforms to a strict daily calorie requirement of 1,800 calories, excessively sugary foods will comprise a significant proportion of these calories, and they will leave the women feeling hungry earlier than more nutritious, filling foods. (*See* USDA Dietary Guideline 2005.) This aspect of the menu appears to be another cause of the women's consistent reports of hunger – too many of the 1,800 calories each day come in the form of sugar.

The nutritionist also noticed that the menu does not provide enough calcium to meet the USDA recommended daily allowance. The only time milk is offered is at breakfast, and on some days this is the only dairy product offered all day. A nutritional analysis of the Framingham menus, using mypyramid.gov (a USDA-sponsored web service) revealed that the menu often does not provide a sufficient amount of calcium. Calcium is an especially important nutrient for women.

A final aspect to food quality is choice of ingredients. Quality and nutritional balance are diminished if certain foods appear repeatedly, to the exclusion of other foods from the same food group. Overreliance on certain foods may also produce unintended consequences. For instance, a large number of women prisoners are detoxing when they arrive at Framingham, and therefore they require large amounts of fluids. Yet, the Spring/Summer 2005 three-week menu rotation offers prune juice as a beverage on 19 of the 21 days, along with coffee every day. One woman reported that the daily dose of prune juice causes frequent diarrhea, contributing to rather than alleviating dehydration.

c. Proposed remedies.

A hot dinner should be provided to the inmates every evening of the week in lieu of the current practice of bag dinners twice per week. Staffing shortage problems should be resolved, or at a minimum they should not impede prisoners' access to a hot dinner every evening. Should this be impossible and should cold meals need to be sent out to the housing units, we recommend that the cold meal should be given at breakfast rather than dinner. Breakfast is more amenable to a cold meal, and, more importantly, the next meal is only 3.5 hours later. Should the women find themselves hungry soon after this meal, the wait until lunch is much shorter.

Allow for the periodic external review of food services by an independent entity with expertise. The Panel's analysis of food quality, though it did consult a registered nutritionist and some government resources, was necessarily limited by a lack of expertise in this area. It appears that as to several issues, the policies and guidelines are more or less appropriate, but the larger question is whether and how these guidelines are being carried out. An independent entity with expertise in food services could answer that question through a periodic inspection of food services. Such an inspection would include a review of actual portion sizes, nutritional content of the meals actually being served, the type of ingredients being used, and records of menu substitutions (kept per 103 DOC 760.05(2)) and the effect of substitutions on the meal.

Periodic reviews would identify deficiencies that should be corrected, including several of the issues raised by prisoners or staff: the use of sugar to provide calories (in recipes), the repeated use of one member of a food group (*e.g.*, prune juice) to the exclusion of others, and frequent or unhealthy menu substitutions (*e.g.*, substituting white bread hamburger rolls for whole grain bread).

The Department's dietician should be more open to serving a wider variety of foods. The food services staff expressed a desire for more autonomy, and in principle this sounds like a good idea. Such discretion must necessarily be tempered by nutritional requirements, but overall it may provide more variety and balance at a lower cost. In lieu of requiring specific dishes (and the use of specific recipes), the Department could call for certain categories of food instead. For instance, fruits and vegetables can be broken down into such categories. The USDA breaks vegetables down into categories based on nutrient values (dark green vegetables: broccoli, spinach, kale, etc.; orange vegetables: carrots, squash, etc.; starchy vegetables: potatoes, sweet potatoes, corn, and peas; legumes: pinto, kidney or black beans, lentils, and split peas, etc). By specifying "dark green vegetable" instead of "broccoli" then the food services staff may get some of the autonomy it desires, while still maintaining a certain minimum standard. Similarly, not requiring tomatoes in a dish when their costs are at an all time high does not make fiscal sense.

Obtain feedback from prisoners on unpopular foods, especially entrees. Women prisoners could be polled periodically, to find out which foods they like and which they do not. Those entrees that most women do not like should be replaced with more appetizing alternatives. Alternatively, food services could permit a woman to opt out of that meal's entrée and replace it with a simple, nutritious alternative (yogurt, salad, hearty unprocessed cereal). In this way women who dislike a given entrée will not go hungry and will have an option that is neither excessively burdensome nor costly.

6. Review clothing and property.

a. Identification of problems or needs.

There are three notable clothing and property-related problems at MCI-Framingham and South Middlesex. First, winter and summer clothing for indigent women are not sufficiently tailored to the season. Second, the management of inmate property at MCI-Framingham warrants closer review. The intake, storage and return of inmates' personal property present a daunting challenge, one that has not been adequately reviewed to ensure that it is being met. In addition, a majority of inmate grievances and disciplinary tickets relate to inmate property and clothing concerns. These grievances and disciplinary reports should be reviewed to identify common problems and areas for improvement. Finally, more than 60% of the women surveyed had experienced problems with the laundering of clothes, which is perceived as too infrequent given the limited quantity of underwear and grays the women are allowed. Pilot Survey Report, p. 7.

b. Data substantiating problems or needs.

With respect to winter clothing, informal interviews of prisoners revealed that the issued scrubs are thin and long johns are not provided for indigent prisoners. Poor quality long johns are available only through the canteen. Women expressed particular concern about DOC-issued footwear. The thin cloth shoes (bobos) that are provided are very cold, especially during outside recreation and walks to chow and the medication line in the winter. When the shoes get wet, they bleed blue dye making the wearer's feet blue.

During their interviews, women also reported a frustration with the inability to possess more than two pair of shorts. While pleased with the opportunity to have five pair of blue jeans, warm New England summers dictate cooler clothing, and the possession of more pairs of shorts would be very helpful.

With respect to the management of inmates' personal property at MCI-Framingham, according to Departmental records, the facility processed 4,233 admissions in 2004 and 4,266 releases. Due to the transient nature of the population, and the fact that the majority of admissions are directly from the community, inventorying, cleaning, and storing personal property (clothing, pocketbooks, cellular phones, money, jewelry, etc.) is a monumental task. The Panel was not able to discuss with ex-offenders how their personal property was processed upon intake and how it was returned to them upon release; thus it is unclear how well this task is being performed.

The volume of grievances and disciplinary tickets related to inmate property and clothing concerns is similarly impressive. Of the 113 grievances that inmates have filed at Framingham over the past six months nearly half (52) are property related. Likewise, in fiscal year 2004 there were 155 disciplinary offenses issued for 'unauthorized possession of property belonging to another person' and 602 offenses issued for 'possession of items not authorized for retention.' The Panel did not have an opportunity to review these grievances and disciplinary offenses for

content, to ascertain how many related to clothing, and to determine whether there were ways to reduce such problems.

c. Proposed remedies.

Provide warmer clothing to indigent prisoners during the winter months, including winter footwear and the ability to possess more than two pair of shorts in the summer. According to 103 DOC 755.03, the superintendent is responsible for the "issuance of suitable clothing to preserve health and comfort at all times of the year." Moreover, ACA Standard 4-4336 indicates that "[w]ritten policy, procedure, and practice [should] provide for the issue of suitable clothing to all inmates. Clothing [should be] properly fitted, climatically suitable, durable, and presentable." To comply with both DOC regulations and ACA Standards, the DOC should provide warmer clothing to indigent prisoners during the winter months, including appropriate winter footwear, and should allow the possession of more than two pairs of shorts during the summer.

MCI-Framingham staff should continue the present review of intake, storage, and release of inmates' personal property, including clothing, to address the current deficiencies in the process. The panel recommends that the current review in process by facility staff continue. Performance measures have been put in place to monitor progress in this area. This practice should continue to include consultation with current and former prisoners to determine whether the processing of personal property is effectively and properly executed.

Undertake a review of the grievances and disciplinary tickets relating to inmate property, including clothing concerns. In light of the vast number of grievances and disciplinary tickets relating to these issues, a review should be conducted of the substance of these matters. Common problems underlying the grievances and disciplinary offenses should be identified, and areas for improvement noted. For example, it may be that some disciplinary tickets stem from women who can afford warmer clothing from the canteen sharing or bartering their warm clothes with indigent women, whose issued clothes do not suffice to keep them warm in the winter. Provision of warmer clothing to indigent inmates would address that problem. Additionally, one prisoner reported that once the initial indigent toiletry bag runs out, it can take weeks for replacement toiletries to be supplied, if they are at all. During that wait, an indigent woman may receive a disciplinary ticket for possession of another prisoner's toiletries that she borrowed or for which she bartered. Such a ticket could be avoided through more efficient replacement of indigent supplies. Identifying problems such as these through a comprehensive review of the property-related grievances and disciplinary tickets, and resolving the problems systemically, could significantly reduce the number of grievances filed and disciplinary tickets issued.

Increase the frequency of laundering whites and grays and/or increase the quantity of underwear, socks, and uniforms that the women are allowed.

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GCCR Strategic Plan #13

Dedicated External Female Offender Review

Review by Subgroup D

August 1, 2005

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Executive Summary

As acknowledged throughout this report, female offenders have unique needs involving children, poverty, health care, mental health and substance abuse and cultural issues. An important aspect of women's interactions and experience involve their relationships with other people. While negative relationships may be the impetus behind a woman's involvement in the criminal justice system, research cited throughout this report also notes that positive relationships, particularly those with people and agencies in a female offender's home community, provide a stabilizing environment which helps women maintain a productive and law abiding lifestyle.

Subgroup D unanimously agrees that all efforts must be made to maintain a woman's connection to her community throughout her incarceration as well as to promote the creation of positive relationships with individuals able to support and stabilize the offender while in prison as well as after she is released. Various agencies of the criminal justice system, the social services system and the treatment communities operate as independent entities. That practice must end; **we must pursue full integration of the planning and delivery of all these services into case management practices.**

This report recommends adopting a universal policy encouraging community agencies and supportive individuals, such as mentors, to reach into prisons prior to a woman's release to provide a bridge for re-entry and reintegration services. This kind of uninterrupted attention and positive relationship building will enhance a woman's chances for successful long term reintegration.

An office of reintegration should be created in each facility, the staff of which would promote two-way communication between community organizations, state agencies and the prison institution, be directly involved in assisting community based organizations to enter facilities, meet clients in a timely manner, assist with data collection and ensure agencies have the most efficient and effective contextual basis with which to conduct business with clients.

To facilitate positive long term community relationships to assist in the process of reintegration, the DOC should revise its policies related to volunteer interactions and relationships with inmates. Understanding the very real security concerns the Department maintains, new regulations should promote building positive healthy relationships between women and community volunteers who will be able to continue to assist the women once they are released.

Rather than building parallel, uncoordinated and silo systems to measure only risks and needs of inmates, **the DOC should work collaboratively with community based partners, including law enforcement and the court system, to ensure that the intake/assessment process is efficient and that key issues are addressed as soon as possible.** Consistent two-way communication among agencies and institutions will enable better use of more effective assessments.

Since more than 90% of women incarcerated eventually return to the community, all assessments must take reintegration and reentry into consideration. **This panel recommends that DOC better utilize assessments of female offenders that are expanded to appropriately identify needs among female offenders, such as those regarding child custody, family issues, parenting, history of abuse, depression and are applied to truly inform a case management model where there is a single point of contact for each offender coordinating her needs and is trained and qualified to do so. In the short term, DOC should ensure that the consultant enlisted to establish a risk/needs instrument and potentially a more coordinated and expanded assessment process for at least DOC and Parole includes gender specific tools and applications and establishes a process whereby CPOs are designated as the person to whom all aspects of an offenders needs are coordinated and qualified/trained to follow a case management model.**

Maintaining community connections is also critical to preserving family connections. Research supports the postulate that women who are invested in their families and children's lives are much less likely to recidivate. To that end, in addition to actively offering and promoting programs which encourage the continued communication with children and community support services, this **panel recommends evaluating the staffing levels for the Family Services Departments in both MCI-Framingham and South Middlesex Correctional Center in the context of the important role they play to support public safety by reducing recidivism.** Expanding the family services staff will enable more women to take advantage the services.

Finally, reviews of DOC's facilities for women and comparisons to state prisons for women in other states must consider the impact of having so many county inmates, women serving shorter sentence lengths, women awaiting trial and women who are civilly committed within the criminally sentenced population. The ramifications of women with substance abuse problems, particularly those serving a civil commitment sentence, and mental health issues may be better served in an alternative placement to state prison and need to be considered. **The Commonwealth must prioritize diverting components of the female population from placement at MCI-Framingham.** Specifically, the increased numbers of civil commitments and county sentenced offenders has both operational and programmatic implications for the facility. **These populations could be more effectively managed in an alternative setting; ie, within the community for civilly committed females and within county jurisdictions for county sentenced females.** Such alternative settings would also enhance community and family connections.

Dedicated External Review of Female Offenders
in the Department of Correction's Custody
by Subgroup D

A. Assess the issue of women incarcerated and the family connection

1. Review diversity issues

Many factors contribute to the diversity of the population of females in DOC custody[98]. The focus herein is on the variations in the sentenced and awaiting trial populations. In summary, an individual in DOC custody can be sentenced for a state, county, federal or out-of-state criminal offense, civil commitment, or awaiting trial. The female offender population embodies all these populations, mostly within MCI-Framingham. Only criminally sentenced female offenders are incarcerated at South Middlesex Correctional Center (SMCC).

The increase within many of these sub-populations over the years has had tremendous implications on policy, planning and operations. Over the last ten years, admissions to the awaiting trial unit (ATU) alone has risen (45%) from 1,545 in 1994 to 2,830 in 2004. During the same time frame sentenced admissions increased (10%) from 1,256 to 1,403. Similarly, civil commitments in total, increased almost ten fold from 34 in 1996 to 336 in 2004. Civil commitments include those for Contempt of Court, Material Witness, MGL Chapter 123, Section 15(e) (found guilty of a crime and sent for evaluation for aid in sentencing), and Section 35, involuntary commitment for substance abuse and addiction (only or with cash bail for a criminal hold). Though the last few years have shown an increase among women committed for contempt of court, the vast majority of civil commitments have been for Section 35s.

[98] Data provided for this section was extracted from the DOC Inmate Management System by Research Division staff, primarily Senior Analyst, Lisa Sampson.

A snapshot of the MCI-Framingham population in the Spring 2005 reflected 452 criminal sentenced female inmates, 245 county and 207 serving state sentences. On that same day, a total of 205 females were in the awaiting trial unit and 23 were in MCI-Framingham for a civil commitment. In total, the MCI-Framingham population on May 16, 2005 was 680 with an additional 131 criminally sentenced female offenders at SMCC and 7 in the Women and Children program.

Currently, on any given day there are well over 800 women in DOC custody. Approximately 72% are criminally sentenced, 25% are awaiting trial and 3% civilly committed. However, the turnover among civil commitments, woman awaiting trial and county sentenced women is high. For example, 2,078 women were in the ATU at MCI-Framingham in 2003. Of those 2,078 females, 74% stayed in the ATU less than 30 days, 18% 1-3 months, 4% 3-6 months with the remaining 4% having lengths of stay between 6 months and 5 years.

Most county houses of corrections in Massachusetts do not house their female offenders or do so on a limited basis.[99] Worcester, Middlesex, Essex, Plymouth, and Norfolk county Sheriff's rely on the DOC to house the majority, if not all, of their female offenders. An analysis of new court commitments to the DOC in 2003 revealed that 890 were for county sentences compared to 91 for state prison sentences. Among the county sentences for females in 2003, 37% were for three months or less, 26% fell in the range of 3-6 months, 21% within six months to one year, 11% one to two years and 4% over 2 years. Comparatively, 14% of the state prison sentences had maximum sentences between 1-2 years, 85% were over 2 years and one was for a first degree life sentence. Reviews of DOC's facilities for women and comparisons to state prisons for women in other states must consider the fact and impact of having so many county inmates and women serving shorter sentence lengths within the criminally sentenced population as well as those awaiting trial or civilly committed.

Barriers

As noted above, the variations in legal status of the female population at the DOC has tremendous implications on policy and practice. The ramifications of women with substance abuse (particularly Section 35s) and mental health issues who may be better served in an alternative placement to state prison need to be considered. The role of county facilities and overcrowding at MCI-Framingham in relation to the large number of women serving county sentences in state prison is discussed elsewhere. Similarly, programming needs and services, and other major issues are compounded by the variations in the different populations within the female offender population and the varying lengths of stay.

Recommendations

The Commonwealth must prioritize diverting components of the female population from placement at MCI-Framingham. Specifically, the increased numbers of civil

[99] Kohl, Rhiana (May 2005). "Female Offenders Returning to the Commonwealth in Massachusetts." Department of Correction Research Brief.

commitments and county sentenced offenders has both operational and programmatic implications for the facility. These populations could be more effectively managed in an alternative setting; ie, within the community for civilly committed females and within county jurisdictions for county sentenced females. Such alternative settings would also enhance community and family connections. Massachusetts must require all counties to have their own facilities for females serving county sentences. The Commonwealth must also provide adequate mental health and substance abuse treatment facilities and services for all women whether they may be in custody or returning to the community.

2. Review family preservation and reintegration

An excellent starting point for this review is to examine the established mission statements provided by the Department of Correction for Female Facilities.

Female Offender Management
Mission Statement

"The Division of Female Offender Services is committed to providing a continuum of programs and services which address the multi-dimensional needs of the Department's female offender population by reinforcing and developing innovative and comprehensive gender-responsive strategies."

MCI-Framingham
Mission Statement

"The mission of MCI-Framingham is the protection of the public through the incarceration and detention of female offenders while providing a safe, secure, and humane environment where inmates and detainees can participate in effective programming to prepare for a successful return to society."

South Middlesex Correctional Center
Mission Statement

"South Middlesex Correctional Center's mission is to provide female offenders with a community based environment that encourages ongoing utilization of the skills and resources necessary for their successful reentry into the community while ensuring public safety."

Women and Children's Program (Spectrum Health Systems, Inc.)
Mission Statement

"The mission of the Women and Children's Program is to reduce substance abuse and criminality utilizing a specialized curriculum supported by the principles of social learning."

Framingham Women's Transition Program (SMOC)
Mission Statement

"The Framingham Women's Transition Program mission is to help women establish strong foundations for social change and economic independence."

Having established mission statements for Female Services and for the three levels of supervision where women serve their sentences speaks loudly of the Departments ongoing commitment to provide clear direction and a well established foundation for operating in a practical and philosophically consistent manner. The Family Services that will be described once functioned as an independent contracted staff and in 1998 was added to the Spectrum Contract of Program Services. However, a separate mission statement for this important service has not been developed to date.

The group has reviewed extensive literature supporting the importance of family preservation as pertaining to the successful reintegration of the female offender. Additional benefits for the well being and overall harm reduction to the children of incarcerated mothers are highlighted in the literature as well. There are a host of innovative program models in operation in various parts of the Nation which boast family preservation as a central goal, if not their very mission. The Massachusetts Department of Correction may accurately count themselves among them.

The Family Services Department at MCI Framingham and South Middlesex Correctional Center provide an array of professional services to incarcerated women. The case management model is utilized in this Department. All offenders referred for services meet with a Family Services counselor, complete an intake and are provided services such as: coordination of visits with Department of Social Service; DSS Service Plan Reviews; visit preparation; foster care review coordination; adoption mediation; access to a legal custody workshop (provided by **Aid to Incarcerated Mothers**); screening and enrollment in **Girl Scouts Beyond Bars;** information and availability of other community sponsored activities; Department centered activities that recognize children's need for letters, cards, small gifts and activities around the holidays; **Parenting education groups** for specific age groups of children; parenting support groups; access to **Trailer Visitation** (which is an overnight and weekend long visiting program for eligible mothers and their young children); crocheting afghans for those in need (nursing homes, children's programs); menu planning and meal preparation/cooking skills for those accessing the trailer program.

Each one of these services is well planned, and accessible to incarcerated women at MCI Framingham and South Middlesex Correctional Center. Participation is evident in the ongoing enrollment of these programs. When word of new services that may benefit the goal of reintegration or preservation of families spreads through the professional community the Director of Family Services, a Master's level Social Worker active in the field, is contacted. Programs' viability and usefulness for the population are reviewed by family services, The Correctional Services Administration such as the Director of

Treatment, Deputy Director and/or Superintendents. An additional process of a program application filed with Program Services Central office occurs to ensure proper review, compatibility with Program Services established mission and availability of resources occurs. **The Amachi program** serves as a positive and recent example. This program was founded in Philadelphia and has begun to spread across many states. This is a faith-based initiative designed to benefit the children of incarcerated offenders by matching those children with well-trained mentors from local churches. The goal is to increase the likelihood of success for these youngsters' who by virtue of having an incarcerated parent are already more likely to become incarcerated themselves later in life. Although in its first year at MCI-Framingham and participation has been low, it is yet another well founded model of support for families that is being made available to the population.

Approximately 70 percent of all women under correctional supervision have at least one child younger than 18. Two thirds of incarcerated women have minor children; about two-thirds of women in state prison and half of women in federal prisons have lived with their young children before entering prison. Nationwide, it is estimated that 1.3 million minor children have a mother who is under correctional supervision and more than 250,000 minor children have mothers in jail or prison. In Massachusetts, recent estimates project that every year close to 16,000 children are impacted by their mother's involvement with the criminal justice system.[100]

Barriers

The Family Services Department for women at MCI-Framingham and South Middlesex Correctional Center does not have enough qualified staff members to address the family related issues which arise with the women incarcerated in these facilities. Family Services staffing consists of one full time supervisor based at MCI-Framingham and two full time counselors (one at MCI-Framingham and one at South Middlesex Correctional Center). Many of the family issues that are identified or arise during the period of incarceration require skilled clinical intervention, consisting of an accurate assessment of the problem, a coordinated treatment approach (often involving multiple parties; personal and agencies) and patient but persistent and ongoing follow up to achieve a positive outcome (which can take any where from a month to a year or longer). Given an average daily census of 660 at MCI-Framingham and 100 at South Middlesex Correctional Center it becomes obvious that only a portion of the population at each facility can realistically access these highly valued services.[101]

Recommendations

A more thorough analysis than time has permitted of other state systems staffing models, qualifications and assigned duties is suggested. Hamden County, New Hampshire, Rhode Island, Connecticut and Bedford Hills New York are suggested for review and

[100] Kates, Erika, Paige Ransford and Carol Cardozo. (Spring 2005). "Women in Prison in Massachusetts: Maintaining Family Connections." Univeristy of Massachusetts Boston, Center for Women in Politics and Public Policy, Research Report.

[101] Massachusetts Department of Correction, Strategic Plan #13, Proposed Scope of Female Offender Study, Information for Female Offender Review Panel Members. (2005).

analysis. Once such a review is completed; the panel recommends that the Department of Correction convene an executive management and multi-department committee, including Program Services staff, MCI-Framingham and SMCC Directors of Treatment and assigned vendor staff, to establish staffing consistent with assigned tasks as well as a specific mission statement for Family Services Department. The vendor contract offers a vehicle for the addition of program goals and performance measures as well as system for monitoring progress and reevaluating goals on an annual basis.

Barriers
The two key interpersonal barriers affecting women's access to treatment, noted in "Best Practice for Treatment and Rehabilitation for Women with Substance Use Problems,"[102] were fear of losing children and lack of family support.

- ***Fear of losing children.*** *Most key experts identified women's fear of losing their children to their partners or child welfare as a central reason for not accessing treatment. Key experts described this fear as "immense". Many women have total responsibility for their children. They fear having to give their children to child welfare (in order to enter residential treatment) and never getting them back.*
- ***Lack of family support.*** *A lack of support from a husband, partner or family is another barrier for women needing treatment. Lack of support may be based on the family's denial or shame or on an abusive relationship which supports dependency.*

A combination of limited staffing resources and "immense fear" regarding accessing family services that may be needed result in many women's family service based needs not being addressed. Add to this picture a lack of external/extended family support and the goal of family preservation begins to fade.

Interviews with Department of Correction personnel, vendor personnel and a written survey administered to two groups of offenders who are current and active participants of parent education and other family services did reveal a high level of consensus when asked what kinds of services have proven beneficial and what else may be needed.

Recommendation
With such consensus evident across multiple stakeholders, establishing a mission statement as well as a set of attainable & measurable goals should be relatively easy to achieve. It is a recommendation of this panel to create such a mission statement.

The Spectrum Women and Children's program was previously known as the Neil J. Houston House. This level one facility houses women with their children up to the age of 18 months, who meet the following criteria:

[102] Currie, Janet C. (2001) "Focus Consultants for Canada's Drug Strategy Division." *Health Canada*. In "Best Practices Treatment and Rehabilitation for Women with Substance Use Problems."

- Each and every admission is approved both by the Massachusetts Department of Correction and the Director of the Spectrum Women and Children's Program. Final approval rests with the Department of Correction.
- The pregnant or parenting woman must be within 18 months of release, parole reserve, or parole eligibility date in order to be eligible for consideration for admission to the Spectrum Women and Children's Program.
- The woman must be pregnant or post-partum or have an infant under the age of 24 months at the time of admission or have a child or children under the age of 10 years old, and is in need of services to establish a healthy, positive relationship with the child or children.
- The prospective resident must be in need of both parenting education and substance abuse treatment.
- She must have no open court cases.
- The candidate must be willing to participate in treatment, parent her child, and follow the rules and regulations of the both Massachusetts Department of Correction (DOC) and the Spectrum Women and Children's Program (SWCP).
- She must have received medical clearance vis-à-vis communicable diseases
- She must not be currently taking anti-psychotic psychotropic medications or have mental health issues that interfere with her participation in treatment.
- All women must be drug free upon admission to the program.
- All sentenced women must be classified to SWCP by the Massachusetts Department of Correction.
- Women under the jurisdiction of the Department of Correction who are candidates for admission must commit to at least 4 months of treatment and must remain in the program for at least two months post-partum. The average length of stay is approximately nine months.
- All program candidates must agree to begin planning for their discharge upon admission and actively work toward this end throughout their stay in the program.
- The program is able to take women that require on-site methadone treatment services.[103]

This program was cited by the *American Correctional Association's Best Practices: Excellence in Corrections* in 1998.[104]

Since 1998 many additional improvements have been made to this unique model of services offered to incarcerated pregnant or post partum women. The facility moved from its Boston location to a more suburban setting in conjunction with plans to build an expanded and dedicated building for this program. The subgroup toured this facility and met with the Director Beverly Parham. The program was near capacity on the day of touring with 12 women and 8 children in residence.

[103] Spectrum Health Systems, Inc. "A Response to the RFR for the Provision of Pre-Release Services for Expecting/Substance Abusing Females, Spectrum Women and Children's Program." RFR #02-9003-M03. Submitted to the Massachusetts Department of Correction.
[104] Rhine, Edward E. ed. (1998). *Best Practices: Execellence in Corrections.* American Correctional Association.

Barriers
One question raised regarding referrals to this service revealed that some women who fit the criteria are not able to access this service due to their serving a mandatory sentence which precludes placement at level one security facility. Additional barriers to placement in this program include women who do not meet the aforementioned criteria which serve to limit the number of women eligible.

Recommendations
Further study of the actual numbers of women prohibited from access to this service due to their sentence structure is recommended as well as an expansion of eligibility criteria.

3. Review visitation

The National Institute of Corrections published *Gender Responsive Strategies Research, Practice and Guiding Principles for Women Offenders* in June 2003. This publication provides a wealth of material for administrators, policy makers, clinicians and evaluators when considering both what constitutes best practices in this field today as well as how to educate and guide the effective implementation of these research based principles in Corrections. One of the comprehensive guiding principles proposed by this research suggests that corrections departments and institutions must develop policies, practices and programs that are relational and promote healthy connections to children, family, significant others, and the community.

In order to implement this suggested methodology, the DOC must:

- Develop training for all staff and administrators in which relationship issues are a core theme. Such training should include the importance of relationships, staff-client relationships, professional boundaries, communication, and the mother-child relationship.
- Examine all mother and child programming through the eyes of the child and enhance the mother-child connection of the mother to child caregivers and other family members.

Barriers
The women's prison facilities operated by the DOC currently lack stimulating parent-child environments for family visitations. The current area assigned at MCI-Framingham to children having supervised visits is small and orderly. While one wall has an animal theme mural, the other walls are bare. There is a child activity table with children's chairs and a small display of children's books. Other available seating is vinyl cushioned seats and couches places around the perimeter of the room. The chairs are drab brown and the overall tone of the room is institutional. At South Middlesex Correctional Center the visitation area is even more limited, not separated in any way for children, nor does it have any child oriented décor.

At MCI-Framingham a courtyard area is being explored for use for visitation. At South Middlesex Correctional Center outside visiting areas are well utilized in the good weather. There is a play area with a wooden play structure for children to access as well.

South Middlesex Correctional Center includes a trailer situated on the lawn just outside the prison. The trailer is used in coordination with the Family Services Department for women to have overnight visits with their children. Women housed at SMCC who have completed a five week parenting class with children under the age of 13 may reserve 12 to 48 time allocations for visits with their children. The trailer enables mothers to recreate a home environment, spending time with her children, helping them with their homework, preparing and presenting family meals and coordinating bedtime routines. At the end of May 2005, twenty women out of the 130 at SMCC qualified to use the trailer.

Barriers

Eligibility restrictions including a maximum child's age of 12 as well as prohibition of medication being allowed into the trailer and restrictive sentences preclude many women from using the facility. Women who may have multiple children some older than 13 and some younger often opt not to use the trailer since they cannot have all of their children there at once. Restrictions against medicine being brought into the trailer mean that children taking anything from psychotropic medications to control ADD or ADHD or insulin for diabetes to cough syrup for a cold cannot have their medication for the period in the trailer. Women with children who take medications therefore cannot use the trailer. Many of these restrictions minimize the use of the trailer, however, there is no written policy delineating these restrictions.

While the trailer does offer mother and child a positive bonding experience, the program at SMCC does not provide adequate supervision of parenting behavior while women are using the facility. Following the visit, the incarcerated mother does spend some time debriefing her visit with the Family Services staff, however, without firsthand knowledge of what happened during the visit, the Family Services staff is limited in the feedback and suggestions they can make.

Recommendations

The panel recommends reviewing all policies impacting a woman's use of the trailer and expanding its accessibility particularly around the use of medication and age restrictions for children. If increasing the availability of trailer visits results in long waiting lists for the use of the facility, then this panel recommends adding a second trailer, similar to when the program was at MCI-Lancaster. A recommendation of this panel is to encourage more oversight of visits and evaluation for mothers to strengthen their parenting skills, future visits and eventual reunion outside of prison.

The panel further recommends: Development of a plan to enhance the child visitation area with additional murals, replacement of furniture with furniture that is more child friendly (colorful, less uniform) and expanded play materials; review feasibility of utilizing outdoor areas in good weather. For South Middlesex, explore the expansion of

play materials to add additional materials/equipment designed for younger children and toddlers as well as identify an inside area more suitable for family visits.

Barriers
Time has not permitted this group do complete a thorough review of all mother-child programming in process at these facilities. However the following observations were made by all parties consulted: Transportation is a significant barrier to accessing programs/visits. There is one cab company that transports from the local train station to the facilities. Lack of transportation is a major barrier for many family members resulting in isolation, disconnection and interrupted relationships, especially with children, who are already at increased risk due to parental incarceration.

Recommendations
An additional recommendation of the group to aid in family preservation, reintegration and visitation efforts would be inclusion of a strategic plan to reach out and bring in all agencies (community and state) equipped with family preservation resources in the reintegration efforts for female offenders. A centralized effort to establish (and in some cases strengthen existing) relationships and more fully develop in-reach plans would likely generate many beneficial results. Some of the observations of the sub committee were the obvious gaps in information sharing that could be filled in if we had greater extent of information sharing between the courts such as: pre-sentencing evaluations, status of minors pertaining to custody, community treatment relationships already established that could be continued.

The panel recommends that DOC develop and integrate a strategic plan for enhanced community involvement in the area of family preservation resources to reach-in to the family services department to enhance current services and establish a connection for post release access.

(Inserted here are recommendations from Subgroup C per the request of said subgroup. Subgroup D takes no position relative to these recommendations because the members were unable to review the content given time constraints.)

Review Segregation Visitation

Barriers
MCI-Framingham's Closed Custody Unit (CCU) policies currently provide, "Visitors will be limited to two (2) adults," preventing women in these units from receiving visits from their minor children.

Visits from minor children are particularly vital to the well-being and reentry prospects of women prisoners, as well as the welfare of their children. Eighty percent of women in prison are mothers, and 65% of women prisoners were primary caretakers of their children before being incarcerated (compared with 25% of male inmates).[105] Therefore,

[105] Kates, Erika et al. (March 2005).

child visitation is a particularly important concern for this group. Visits are critical to maintaining the bond between mother and child and preventing serious behavioral problems in the child.

Recommendations
The panel recommends that all non-disciplinary CCU residents should be allowed visits from minor children absent. Visits should take place in the family visiting area similar to the visitation that occurs for the general population. Written policies should provide that all non-disciplinary women inmates housed in the CCU shall be permitted visits with accompanied minor immediate family members.

The panel further recommends that the CCU's restrictive telephone policies should be revised to permit for greater contact with minor children for all non-disciplinary women in the CCU. Visitation is not feasible for many minor children who lie far from MCI-Framingham or do not have a guardian willing to bring them to visit. Telephone contact is vital for these children and should not be unduly restricted.

Review Visitation and Telephone Policies and Procedures

Telephone contact between female prisoners and their families—especially their children—can be difficult to maintain consistently. In-person contact can also be challenging, as the prison environment can be intimidating to visitors, in particular to the children of female prisoners.

Barriers
Currently, female prisoners are only allowed to make collect calls to a list of numbers on their PIN sheet. This system has the effect of limiting prisoners' contact to only those persons willing to accept collect calls. Clearly, costly collect calls discourage contact because relatives and loved ones, including those caring for the prisoners' children (including foster families), may refuse calls from the prisoners because of the collect call rates. As a result, minors have less access or no access to their mothers via telephone.

Maintaining contact with family, especially with children, is an issue that carries unique significance for female prisoners. Sixty-five percent of female prisoners nationally were primary caretakers prior to incarceration, and their children experience far greater dislocation than those of male prisoners. A national study indicates that 53% of children of female prisoners were placed with a grandparent, 28% with their fathers, 25% with other relatives, and 10% in state custody. The same study also reveals a decrease in family visits over the previous two decades, such that half of mothers in prison never received a visit from their children, one-third never received a phone call, and one-fifth never received mail.

No accurate data exists on the number of mothers and children that are separated by imprisonment in Massachusetts, of the frequency of visits by family members to the female prison population. It has been estimated, however, that in 2003, out of about 9,000 female prisoners incarcerated at MCI-Framingham and the houses of corrections,

6,900 were mothers to about 16,000 children.[106] Thus, a large percentage of women going through the correctional system in Massachusetts are mothers. That many of them are housed centrally—at MCI-Framingham and South Middlesex Correctional Center—rather than locally, makes regular contact with loved ones even more challenging. Improving telephone contact and the visitation process will enable prisoners to better maintain family ties, specifically the mother-child bond, which is beneficial to the well being both mother and child.

Recommendations
Therefore, the panel recommends that children and family members of the female inmates be permitted to call the prisoners at the facility during designated times. Family telephone calls to the prisoner would increase contact because children and other family members would be calling at a pre-arranged time, thus assuring that they are available to talk to the prisoner. In addition, by calling the facility family members would not incur the expensive collect call charges. Such a system would be of particular benefit to those children unable to visit their mothers in the facility.

Additionally, the panel recommends creating and administering a survey to be filled out by visitors to MCI-Framingham and SMCC. A mechanism by which visitors can comment on the treatment they receive while visiting a correctional institution would offer insight to prison administration regarding the effectiveness of correctional staff in this area. In particular, a survey would measure employees' application of the Public Interaction and Interpersonal Communication skills, as outlined in the Knowledge and Skills Guide and about which employees have received training. Successes would be identified as well as areas for improvement, including areas in which retraining may be necessary. Soliciting input from visitors would go a long way toward creating a respectful environment for visitors, staff and prisoners alike. Such an environment would encourage rather than discourage visits by children and other relatives.

4. Review social services

Existing policies for visitation as well as the memorandum of understanding between the Department of Social Services and the Department of Correction were reviewed by the subgroup with limited input from the Department of Social Services. Interviews with Family Services staff regarding these areas of need pertaining to enhancing family preservation for the incarcerated female offender revealed that the coordination of multiple agencies and multiple parties is often involved. With that in mind, establishing a regular forum for communication and review of needs and processes appears logical.

Barriers
Many inmates' family members are angered by history of offender' behavior/actions and the impact this has had on them and their families. Thus many are unwilling or reluctant to visit. Outreach has proven successful, but requires a knowledgeable social services

[106] Kates, Erika, et al. (March 2005).

assessment of problem, family dynamic, what is in the best interest of the offender and time to plan and implement intervention procedures. The issue here reverts back to skill and number of available staff to address the need.

Recommendations
The panel recommends a quarterly meeting of DSS area managers, Family Services Supervisor and institution management as a vehicle to optimize all opportunities to support the goals of family preservation and successful community reintegration is proposed. Additionally, vendor providers discussed having a similar meeting on a quarterly basis (one was held a number of years ago; hosted by Span founder Lyn Levy). Because multiple service providing vendors are utilized by Framingham and South Middlesex (Spectrum Health Systems, South Middlesex Opportunity Council, Span, Wayside Family and Youth Services to name just a few) the value of a regular meeting to discuss common treatment barriers, share education and information on related treatment areas is worth pursuit.

B. Assess the reentry process for female offenders and how recidivism can be reduced

1. Review the case management process

The challenges of providing case management services to the population at both MCI-Framingham and South Middlesex Correctional Center relate to the unique treatment needs of female offenders; the need for a standardized, holistic case management model; the challenges of working with a population that is diverse in terms of sentence structure and length of incarceration;[107] and the need to integrate programs and services into reentry planning.

Policies, services and programs for female offenders need to be gender and culturally responsive to women's specific needs. An understanding of the various life factors that impact women's patterns of offending needs to be the foundation from which case management practices are structured. These life factors are recognized to be that female offenders have more severe substance abuse histories; more co-occurring psychiatric disorders; more extensive sexual and physical abuse histories which are a precursor to subsequent addiction and criminality; and frequent dependence on relationships which often lead to criminal involvement, neglect and/or abuse.[108] In terms of both programming needs and successful reentry, the role of motherhood and the interrelationship between substance abuse, trauma and mental health issues, understandably, have a significant impact on female offenders' successful transition to the community. It is recognized that the Department of Correction has progressed

[107] Of 2003 DOC releases, sixty-six (66%) of released females served sentences with a maximum term of less than one year. Releases from the Massachusetts Department of Correction During 2003. DOC Research and Planning Division, prepared by Lori Lahue, Research Analyst

[108] Travis, Jeremy and Michelle Waul, eds. (2003). *Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families and Communities.* Urban Institute.

significantly in its recognition of this reality by offering key programs provided by contract staff.

Barriers
The integration of programs into case management services is a separate challenge needing further development. Indeed, various agencies of the criminal justice system, the social services system, and the treatment community operate as independent entities.

Recommendations
We must continue to pursue full integration of the planning and delivery of all these services into case management practices. This is particularly important since a majority of all DOC releases have probation and/or parole supervision upon release.[109] *It is recognized that a well designed, integrated case management model can prepare females for release, by addressing the life factors that have led to incarceration and utilizing post-release supervision to both monitor and support the efforts of the released offender as she prepares for, and subsequent to release from custody.*

2. Review unit management model

The panel is unable to provide recommendations at this time. Further review is recommended.

3. Review the risk/needs instrument

As acknowledged in this report, female offenders have unique needs involving children, poverty, health care and cultural issues. The intake process, generally, and the assessment process, in particular, represent a critical juncture for gathering valuable data and information. However, rather than building parallel, uncoordinated systems to measure only risks and needs of inmates, the DOC should work collaboratively with community-based partners, including law enforcement, to ensure that the intake/assessment process is efficient and that key issues are addressed as soon as possible.

The assessment process is an opportunity to identify and measure not only program needs and security risk needs, but also skill development needs (eg., daily living skills, mental health skills, interpersonal skills, cognitive skills, academic skills, etc.) If assessment is to have a basis in case management and release planning, we need to broaden the data collection focus beyond measuring the likelihood of re-offense. In other words, how can the assessment process be linked to results, impact the

[109] Data provided for this section was extracted from the DOC Inmate Management System by Research Division staff, primarily Lori Lahue, Research Analyst.

likelihood that a particular female offender will not re-offend, and inform effective post-release supervision strategies.

Recommendations
The assessment process must be gender specific in order to assess the special needs of female offenders. In this regard, the DOC should give careful consideration to the reliability and validity of assessment instruments. The DOC should also prioritize staff training and a process to gather feedback in an organized manner regarding the assessment process and tools used. Since so much of the effectiveness of any assessment is related to the skill and abilities of those who are doing the assessment, the DOC should carefully consider who will be charged with conducting assessments and how they will be supervised. Additionally, the assessment process must include a clear plan as to how the information is to be used and how assessment relates to the Agency's mission. It is apparent to us that insufficient attention has been given to the fact that assessment and case management are inter-related.

We acknowledge and commend the DOC for taking the lead to initiate an inter-Agency task force to develop an RFR in order to receive assistance in the development of an instrument which can be shared among partner agencies. The issues raised in this report need to be considered by the task force. The issues before the task force are far greater and more complex than selecting an instrument to use for female offenders. At issue are the processes, goals and meaning of what is to be assessed, by whom and for what end.

The Female Offender Review Panel is not in a position to answer these questions, but we are obliged to raise them, advocate for their thoughtful consideration and ensure that they are part of the recommendation which is ultimately developed.

4. Review the release planning process

The DOC should be commended for its commitment (reflected in its vision and mission statements) to reentry. Recent changes in the DOC around reentry have required a culture shift within the department among correctional program officers (CPOs). Up until the fall of 2004, CPOs were primarily responsible for the classification review of inmates. Now in addition to classification, CPOs are playing a critical role in release planning for inmates.

At MCI Framingham, CPOs are responsible for release planning for sentenced inmates serving more than 120 days who are not involved in the First Step and Correctional Recovery Academy (CRA) programs. Inmates who are involved in First Step and CRA are serviced by staff from those programs. Inmates who are serving less than 120 days (and are not in First Step or CRA) are serviced by a contracted Transitional Planner who staffs a resource center called New Horizons. Inmates have access to New Horizons during office hours two days per week.

It should be noted that other programs and services within the institution also play a role in release planning with inmates, however, they are not directly responsible for the inmate's transition plan in IMS. These programs include the chaplaincy, mental health services, family services, etc. Representatives from each program attend a weekly discharge team meeting to ensure that a transition plan is in place for all inmates who are within 45 days of release. Inmates who will be residing in the greater Framingham area upon release may be referred to the South Middlesex Opportunity Council's (SMOC) Women's Transition Program for release planning and up to a year of community based post-release case management and follow-up.

All of the personnel interviewed and observed as part of this process are to be commended for their high levels of professionalism and the care and dedication with which they provide release planning services to inmates.

A more in-depth review of the release planning process by this subgroup was not feasible due to time limitations. The following items are suggested by this subgroup for further consideration:

- Given the sheer volume of releases processed by MCI Framingham, the *staffing patterns* for release preparation should be further reviewed to ensure that the staff to inmate ratio is adequate.
- Existing *systems for cross-program collaboration and communication around release planning* should be further reviewed to ensure that there is adequate coordination of release planning activities among the various stakeholders.
- *Training for CPO's* around reentry planning, how to identify and access appropriate community resources, and case management principles should be reviewed to ensure that CPO's are afforded every opportunity to "buy in" to their new reentry role and that they are properly equipped to provide quality release planning for inmates.
- The *supervision model for CPO's* should be examined to ensure that CPO's are being provided adequate supervision and support around release planning.
- Further review should be given to the *quality of release planning* services on an individual basis *from the inmate's perspective*, possibly via an exit survey.
- Further review of the adequacy of *release planning for short term inmates* is recommended, since New Horizons is accessed on a voluntary basis and staffed by one individual.
- Examine whether programs like SMOC that offer in-reach and community based *follow-up services* could be made available *statewide*.

Information for the purposes of reviewing the release planning process included interviews with the following individuals: Lynn Mullaney, Director of Treatment MCI-Framingam; Lisa Jackson, Director of Reentry DOC; Gayle Lewis, Transitional Planner MCI-Framingam; and Rhonda Coleman, Family Services MCI-Framingam. In addition, informal reports on the release planning process were gathered from a variety of sources including former inmates, CPOs and social service providers. A

discharge meeting was observed and written information provided by the DOC was reviewed.

Due to time constraints, further review is required before recommendations could be proposed. Refer to section above for items this subgroup has suggested be considered for further review.

5. Review post release services

The following is a list of gender specific post-release services for women reintegrating from prisons and county houses of correction:

This first list focuses on services that are exclusively for the reintegration/re-entry period and are either aftercare to services begun *behind the walls*, or are designed specifically to address reintegration issues.

AID TO INCARCERATED MOTHERS:

A gender specific program for mothers while in prison and upon release from prison, AIM services to clients include intensive case management, clinical and support services provided or supervised by a staff psychiatrist and psychologist, family therapy, legal advocacy on child custody, visitation and domestic violence/sexual assault issues and HIV/AIDS education and prevention. AIM also operates Children and Mentors Partnership (CAMP), a mentoring program to children (aged 4 -14) of incarcerated parents.

SOUTH MIDDLESEX OPPORTUNITY COUNCIL (SMOC):

South Middlesex Opportunity Council, Inc. is a private nonprofit corporation operating as the Community Action Agency for the Metrowest and Blackstone Valley Area. SMOC provides:

- A transitional supportive housing program for women leaving MCI/Framingham and other correctional facilities throughout the state. The program provides transitional housing, substance abuse treatment, educational, and vocational training.
- A housing program: housing specialists across the state work closely with Re-entry Case Managers at each correctional institution to secure appropriate housing for offenders releasing from prison.
- A multi-service center for women being released from prison offering individualized case management services to women who have recently been released from prison or who are currently on probation or parole. Case managers help program participants with employment, housing, counseling, parenting, financial assistance, education and skills training. Services are provided for up to a year.

SPAN:

A reintegration services agency serving men and women offering pre-release discharge planning and release preparation, and post-release treatment and referral including housing, case management, substance abuse treatment, recreational services, health education and prevention, youthful offender services, prevention case management, and support groups. Span offers in-prison and post-release services for women with HIV/AIDS, and post-release services for women who have been incarcerated including case management, health education, prevention case management, social security eligibility assistance, and information and referral. Support groups are also available.

CAMBRIDGE CARES ABOUT AIDS

CCAA offers pre and post release services to women affected by HIV/AIDS. Services include individual discharge planning, referral to community based agencies for health, mental health, substance abuse, housing, and other issues. Provides intensive case management and follow up.

THE ESSEX COUNTY SHERIFF'S DEPARTMENT'S WOMEN IN TRANSITION FACILITY

This facility, located in Salisbury, is a pre-release center that serves women with drug and alcohol addictions. The facility has recently expanded and places women out on the Electronic Monitoring Program. They have an AFTER – CARE PLANNING AND ASSISTANCE component that may include, but is not limited to: securing a halfway house or sober house placement; setting up an educational program; employment assistance; post-release counseling; and establishing a supportive self-help network.

MENTORING GROUPS:

- SMOC's mentoring program, Family and Friends for Life, is an adult to adult female to female program. The Greater Framingham Community Church provides the mentors.
- Sister Maureen Clark, Catholic Chaplain at MCI-Framingham and SMCC coordinates mentoring program for women with mentor/mentee meetings in the institution prior to release and follow up meetings following the mentee's release.

OTHER NON-SPECIFIC POST-RELEASE SERVICES:

A review of the "Ex-Offender Working Group's Resources for Ex-Offenders in Greater Boston" also described generalized services for women. Included in those are substance abuse treatment programs both residential and outpatient, programs for pregnant and parenting women, legal assistance services for women working to regain visitation or custody of their children, mental health, and housing services. These are

not services specifically designed for reintegrating offenders, but do not necessarily refuse to serve women who are recently released from prison.

There are several faith based initiatives in the greater Boston area that have welcomed reintegrating offenders, male and female into their churches for special reintegration services and assistance:

Azusa Christian Community, 411 Washington St. Dorchester
Bethel AME Church, 215 Forest Hills St. Jamaica Plain
Concord Baptist Church, 190 Warren Ave. Boston
Ebenezer Baptisit Church, 157 W. Springfield St. Boston
Holy Spirit Episcopal, 525 River St. Mattapan
Iglesia de San Juan Episcopal,1220 River St. Hyde Park
Old South Church (United Church of Christ), 654 Boylston St. Boston
Pilgrim Church, 540 Columbia Rd. Dorchester
St. Cyprian's Episcopal Church, 1073 Tremont St. Roxbury
St. John's Episcopal Church, Corner of Revere and Roanoke Jamaica Plain
St. John's Missionary Baptist Church, 230 Warren St. Roxbury
St. Mark's Epsicopal Church, 73 Columbia Rd. Dorchester
St. Mary of the Angels Roman Catholic, 2056 Columbus Ave. Roxbury
St. Mary's Episcopal Church, 14 Cushing Ave. Dorchester
The Boston Synagogue, 55 Marth Rd. Boston
Trinity Episcopal Church, 206 Clarendon St. at Copley Square Boston
Union United Methodist Church, 485 Columbus Ave. (South End) Boston

As has been made clear by the dearth of resources, there is a gap in the reintegration process. *Re-entry* is an ***action*** that eventually occurs for nearly everyone who is in prison. They leave prison and re-enter the community. *Reintegration* is a *process* of re-entry that has several layers and must begin in prison and continue into the community to complete the process successfully. While many women succeed in the effort to construct a law abiding, productive and satisfying life for themselves and their families, they do so without an organized, strategic support system to assist in that process. We need to understand what makes a successful reintegration happen and what causes it to fail.

The Reintegration process begins at arrest, continues through sentencing, incarceration, release and resettlement. The goal of all systems involved in the work of criminal justice must be to address the issues of community reintegration.

Women are the fastest-growing segment of the prison population and their involvement in the criminal justice system has a disproportionately negative impact on the well being of children, families, and neighborhoods. Women in the criminal justice system are largely non-violent and not a risk to public safety. Typically, they are poor women of color who were arrested for drug-related crimes. Most have substance abuse histories, and are survivors of family violence and sexual abuse as well. Over three-quarters are mothers and

more than half have minor children at home. It can cost over $100,000 a year to lock up a woman and place her children in foster care.

Barriers

Women leave prison with few tangible skills and face considerable obstacles once they reenter the community. Too often, responses to these complex problems are developed without consideration of the specific challenges raised by women. (Women's Prison Association, Institute on Women & Criminal Justice (IWCJ) a new, national center for dialogue, research, and information about criminal justice-involved women, their families and communities based in New York City.)

Recommendations

1. *Begin reintegration work at intake for all inmates including awaiting trial, county and state sentenced woman. A comprehensive needs assessment, including information about family issues, children, custody issues, mental health, substance abuse, education, employment, etc. must be done and re-evaluated periodically to update and confirm information that may have changed.*

2. *There must be strategic, interagency communication regarding women who are involved with multiple systems.*

3. *Community based organizations must be engaged to provide pre-and post release services using a regional and relational model. The relational model is based on the belief that healthy connections with other human beings are mutual, creative, energy-releasing, and empowering for all participants, and are fundamental to women's psychological well-being. Psychological problems or so-called pathologies can be traced to disconnections or violations within relationships, arising at personal/familial levels as well as at the socio-cultural levels.*[110] *Each provider must work with the client based on individual need, since mothers come into prison all over the spectrum of family connections, and many of them are not*

[110] Covington and J. Surrey. (2001). "The Relational Model of Women's Psychological Development: Implications for Substance Abuse." *Work in Progress*, no. 91. Wellesley, Mass.: Stone Center, Working Paper Series. Also published in Sharon and Richard Wilsnack, eds., *Gender and Alcohol: Individual and Social Perspectives*. Brunswick, NJ: Rutgers Center of Alcohol Studies. 1997, 335-351.

ready to be reunited with their children, or it is not in the children's best interest to be reunited with their mothers. The program must work with them as women and as mothers and get them to a place where they can make an informed decision on how to proceed.

4. *Beginning in prison and continuing into the community, through resettlement, community based organizations working with women must provide comprehensive needs assessments, referral and follow-up to community programs providing housing, medical care, children's' services, guidance in the areas of family reunification, education, job development and placement, job coaching, substance abuse treatment, mental health treatment, and other services as needed. Post release tracking should take place for one year post-release.*

5. *If/when women have returned to prison, the agency that provided reintegration services in the community may continue working with them after their return to determine the causes of their recidivism. This would accomplish two goals: to assist the client to more clearly identify needs for post-release services and to add to the knowledge about recidivism to better plan for future policies and services.*

6. *An office of reintegration services should be created in each facility, the staff of which will be directly involved in assisting community based organizations to enter facilities, meet clients in a timely manner, assist with data collection, and ensure agencies have the most efficient and effective contextual basis with which to conduct business with clients.*

7. *Providing safe and secure housing must be an integral part of post-release reintegration programming. Homelessness is a major factor in recidivism.*

8. *Prior to release, assemble health and mental health records and ensure that the client will leave prison with photo identification, eligibility for public benefits, and prescriptions for all her medications and a means to pay for them.*

9. *Support the development of community based agency supported mentoring programs for women to provide support and guidance appropriate to the need of the individual.*

6. Review community connections

Barriers

Women returning to the community from prison do not have sufficient positive connections to their communities to support their families and reintegrate successfully upon their release. Women operate on a relational level, relying on those people around them to provide assistance, support and set a good example. Without positive role models and the integrated support of community organizations and service agencies initiated while women are still incarcerated, women fall back on

familiar old relationships, which may involve those who steered the course toward crime initially.

At MCI-Framingham, most community organizations and service agencies that provide programming to the women are operating on a contract basis, providing in house services but not a bridge back to the communities where the women will be returning. Spectrum Health Systems, Wayside Community Counseling, Forensic Health Services, Great Brook Valley Health Center, City Mission Society, National Education for Assistance Dog Services, the Department of Mental Health, Boston University, Alcoholics Anonymous, Narcotics Anonymous and most religious chaplaincies provide education, counseling and treatment to women while they are incarcerated, but do not maintain a connection once the women have returned to the community.

Barriers
Those organizations who do assist with release planning, mostly offer services to women who are returning to the Boston area, when in 2004 more than half of the women released from MCI-Framingham returned to Worcester County, where these transitional assistance programs may not be as helpful. 108 women returned to the city of Worcester, while less than half that, 45 women, returned to the City of Boston. Cities on the North Shore/Merrimack Valley including Lynn, Lawrence, Lowell and Haverhill, received close to 100 returning women offenders.[111]

Ninety-seven percent of female offenders in Massachusetts reported returning to a community. According to data provided to the Female Offender Review Panel, between 1995 and 1999 the recidivism rate for women hovered between 20% and 30%. The data however, does not delineate between re-arrest and re-incarceration as a result of a new offense, a parole or probation violation, or the resolution of an existing warrant. According to a 2004 study by the Department of Correction, 252 or 34% of the 734 female inmates released in 1998 were re-incarcerated within three years of their release.[112] While women do recidivate at a lower rate than men, they do require community supports to operate appropriately in the community. Anecdotal stories of women returning to the community as well as stories from individuals who work at MCI-Framingham and SMCC reflect the need to maintain connections to people who provided support to them while they were incarcerated.

Recommendations
Involving community organizations and service agencies in an integrated and cooperative manner while women are still incarcerated provides stability when women transition from incarceration to life on the street again.

[111] Kohl, Rhiana. (May 2005). "Female Offenders Returning to the Commonwealth of Massachusetts." DOC Strategic Planning & Research Brief.
[112] Research and Planning Division. (June 2004). "Recidivism of 1998 Released DOC Inmates." Massachusetts Department of Correction. Available Online: http://www.mass.gov/Eeops/docs/doc/research_reports/rec98.pdf

Released in December of 2004, California's Little Hoover Commission on female offenders notes that partnering with communities both strengthens the woman's treatment by connecting her to her community as well as strengthens the community's involvement with the corrections process. Research supports employing a relational model when providing services to incarcerated women. Because relationships are often the impetus for women who do commit crimes, "intervention must acknowledge and reflect on these relationships."[113] Initiating and sustaining mutual relationships is fundamental to women's identity and sense of self worth. Models for reintegration from prison or community corrections taken from other states as well as substance abuse treatment programs reveal that partners and an extensive support network provide women with the tools they need to lead a successful and productive life in their communities.[114]

Minnesota offers two programs for female offenders which promote a model of case management through teamwork and community involvement. Project Rebound, launched in 1991, helps mothers with substance abuse problems by coordinating a team of professionals who integrate and manage all aspects of their treatment. The team includes a correctional officer, a social worker and a family worker. While the program is demanding, each woman has weekly meetings with each member of her team and monthly meetings with her entire team to review her goals and progress, the sustained coordinated services help the woman both in her recovery as well as to navigate the system in which she and her children may be caught. The success of Project Rebound is predicated on involving the woman and her personal goals as a partner and stakeholder in the service process. Working in partnership with the woman and her family allows the team to identify resources that support the woman's interests, values and preferences. Furthermore, this model blends the efforts of several agencies providing easier access to a more comprehensive network of services than any one worker or agency can make available. Project Rebound also incorporates a diverse group of individuals into the team, better enabling them to serve women with similarly diverse backgrounds.

Though Project Rebound has been incredibly successful reintegrating women upon release, it has not operated without its own hurdles needing careful attention. The coordinating agencies each have their own philosophy for care and treatment that may be divergent. The key to maintaining an efficient and productive team is communication and the ability to keep personal professional biases out of their relationships with program participants. In addition to their meetings with the client, the team meets alone once a week to discuss the participant, in what may be meetings which last multiple hours. The participants must understand that anything they say to one team member will be passed on to the whole team, so that individuals cannot play

[113] Bloom, Barbara, Barbara Owen, and Stephanie Covington. (May 2005). "Gender Responsiveness for Women Offenders: A Summary of Research Practice and Guiding Principles for Women Offenders." National Institute of Corrections, U.S. Department of Justice. Available online: http://www.nicic.org.
[114] ibid.

team members against each other. Finally, the staff of these teams have regular meetings with a family services therapist, who helps the group negotiate philosophical and personality differences amongst team members. Michelle Moran, who directs this program in Minnesota, acknowledges that "partnerships really add value…but they do require more perspiration than inspiration, and they demand constant communication among the partners."[115]

The second program in Minnesota is called Project Reconnect and operates on a similar philosophy to Project Rebound. Project Reconnect also began in 1991 and is a collaboration between Ramsey County Community Corrections, the Minnesota Department of Human Services and the Minnesota Department of Public Health. They also contract with a local non-profit for a full-time therapist as well as children's services. As Bloom et. al, notes, this program relies on the fact that "women change and grow within the context of a relationship and their primary motivation is for connectedness."[116] Project Reconnect reports a terrific success rate, with only 7% of participants between 1996 and 1997 convicted of a new offense within one year; 13% had a new conviction within a 2-year period. In 1999, the proportion of clients referred to child protection agencies for abuse or neglect of children declined from 36% to 10% for those women served by Project Reconnect. Dinny Pritchard, who operates Project Reconnect, notes that one of the most important lessons she learned is "The work should be done in the community where the women live. The women need support and guidance as they deal with the pressures of that environment, because the reality is that this is where they have to live."[117]

Recommendations
Massachusetts could learn from the successes of both of these programs when addressing re-entry and family connections for women offenders. Though both programs rely heavily on experienced and qualified staff and require significant time commitment on the part of the offender and the team, the success rate is unparalleled. Providing women with the network of support they need to maintain a clean lifestyle and address the needs of their family will enable women to transition to productive self-sufficiency. Each of these programs involves those people with the expertise in the community already addressing a specific aspect of a woman's case. Rather than revamping the job description for in house corrections, these programs bring in experts from the outside. In so doing, they strengthen the woman's connection to her community while she is incarcerated and set her up to have critical support once she is released. Creating and maintaining these connections supports the accepted

[115] Moran, Michelle. (2001). "Partnership Helps Mothers with Substance Abuse Problems 'Rebound.'" *Topics in Community Corrections*, National Institute of Corrections. Available online: http://www.nicic.org.
[116] Pritchard, Dinny. (2000). "Project Reconnect: Responding to Women Offenders on a Personal Level." *Topics in Community Corrections*, National Institute of Corrections. Available online: http://www.nicic.org.
[117] ibid

practice that strong and positive relationships provide the most successful intervention and treatment for women.

The DOC has contracted with South Middlesex Opportunity Council (SMOC) in Framingham to provide in-reach and aftercare services to female offenders releasing to the greater MetroWest area. SMOC is uniquely positioned to meet the needs of female offenders in the Framingham area. SMOC operates a large number of social services including emergency shelter, sober and transitional housing, residential treatment programs for women recovering from addiction, outpatient mental health and substance abuse services, domestic violence services, WIC, Headstart, daycare, food stamps, fuel assistance, Career Center, Adult Learning Center, Office Skills Training Program and food pantry.

SMOC's Women's Transition Program (WTP) has three full-time case managers who provide in-reach and aftercare to inmates at MCI-Framingham and SMCC who are referred by correctional program staff. Case managers meet with inmates prior to their release to do intake and service planning. Based on national research which encourages a relational model for women, WTP case managers meet with inmates multiple times prior to release and are heavily involved in the release planning process. Case managers develop a rapport with inmates, work to secure housing and treatment for inmates prior to release. WTP case managers often pick the inmates up at the institution and transport them to their housing on the day they are released. Again, national research indicates that the first 72 hours after release are the most critical. Case managers then continue to meet with the individual regularly in the community for up to a year post-release. Case managers assist program participants with accessing housing, employment, mental health & substance abuse treatment, education, and navigating the maze of social services for which they may be eligible. Case managers connect participants with existing services available through SMOC, other community social service providers and government agencies. Case managers provide goal-setting, encouragement and support to help ex-offenders make a smooth transition from an institutional life to life in the community. National research indicates that treatment received behind bars enjoys a greater success rate when followed up with a continuation of treatment in the community.

Recommendations
The DOC contract with SMOC is an example of a strong formal community connection the DOC has established on behalf of female offenders. A recommendation of this subgroup would be for the DOC to expand this type of community connection to other metropolitan areas that service large numbers of women releasing from MCI-Framingham. Worcester, Boston and Lawrence/Lowell are communities that should be considered, based on release statistical data provided by the DOC. It is recommended that funding be identified that would allow the DOC to solicit Requests for Responses (RFR's) from community social service providers in these communities to contract with the DOC to provide WTP services following the same program model that the DOC is currently using for the WTP in Framingham. The model would emphasize relational, gender sensitive, intensive individualized case

management services through in-reach and community based follow up for up to a year with a goal of continuity of services aimed at promoting public safety and reducing recidivism. Every effort should be made to expand this "best practice" model.

In addition to coordinating the network of services a woman offender is offered, by creating teams of individuals to manage her treatment, care, and legal involvement, the relational model stipulates that women work best in the context of a partner or mentor. This strategy is employed by substance abuse treatment programs such as Alcoholics Anonymous and Narcotics Anonymous and results in strong rates of success.

At MCI-Framingham and South Middlesex Correctional Center (SMCC), Sister Maureen Clark, Director of the Catholic Chaplaincy, coordinates a mentoring program called the Aftercare-Reentry Program, for women approaching release. Sister Maureen's mentoring program, which was established in 1997, involves a small number of incarcerated women (90 between 1997 and 2005). Staffed by volunteers from Catholic Charities, Sister Maureen employs an inside prison coordinator and an outside prison coordinator, to comply with DOC regulations regarding staff and volunteer contact with offenders following their release. Prior to the woman's release, she is paired with a mentor from the Church. She meets with the mentor while she is still incarcerated and that mentor stands as a bridge for her when she is released. No personal information is exchanged between the offender and the mentor and all meetings once the offender is released take place in a safe and neutral location. The mentor assists the woman with church and spiritual direction, counseling, anger and stress management, education and vocational training, employment, family reunification and parenting skills, family services, food, clothing, housing, finances, health services, substance abuse prevention and transportation.

Of the 93 who participated in the mentor program (3 were men), 5 women were re-incarcerated, 4 women returned with new charges (3 were for drug use) and 1 woman chose to wrap-up, rather than be on parole. Sister Maureen's success rates are directly related to the personal relationships built between the mentors and offenders. Stability and friendship enabled most participating women to transition to and sustain a crime free and substance free existence outside of the corrections facility.[118]

Recommendations
Included in the appendix of this report is a proposal to initiate an expanded mentoring program for incarcerated women. Changes to Massachusetts General Law and/or DOC regulations may be necessary for volunteers to initiate and maintain contact with offenders prior to and after their release. Furthermore, California's review of female offender issues also recommends strengthening their mentoring program, noting that multiple needs require multiple interventions and

[118] Clark, Sister Maureen. (May 9, 2005). Presentation to Female Offender Review Panel, Subgroup D.

that mentors are community assets. The Little Hoover Commission further notes that to be fully effective "the services must be integrated and case managed to address multiple needs and overcome structural barriers—competencies of local communities, not the State."

Finally, residential incarceration or community corrections programs administered by outside organizations with expertise in treatment and counseling provide a supportive environment for women who are incarcerated enabling them to serve their sentences in a secure environment while still maintaining a connection to the community. The Women and Children's Program operated by Spectrum Health Systems in Westboro, Massachusetts is an example of a successful community partnership. Formerly the Neil J. Houston House and located at the Dimick Community Health Center in Roxbury, the Women and Children Program is currently located on a campus of Spectrum Health Systems.

This program serves incarcerated women who are pregnant or have young children. Presently, women are able to keep their children with them in the facility up to age 2. The unit includes bedrooms in which the women sleep as well as their children in cribs. While the floor where the program is located is locked at all times, pregnant and postpartum women receive medical and mental health services and may obtain passes to attend appointments. The women participate in substance abuse treatment and counseling, parenting classes, nutrition classes, anger and stress management, learn to maintain their house, and training in other necessary skills. Women are also eligible for work release. When mothers are at an appointment or working, the other women on the floor take turns babysitting, thereby enhancing the hands on parenting training the women receive. The average stay for women in this program is six to nine months.

At the end of May 2005, the floor was operating close to capacity, with 12 out of 15 beds for women occupied and 8 children residing in the facility. Spectrum Health Systems plans to break ground on a new facility also in Westboro in the beginning of 2006 that will expand the capacity of the program. Of the 12 women participating in the program upon our visit, 6 had been referred by DOC, 4 by the Parole Department and 2 by the Probation Department.[119] Presently, this program is too small to evaluate its effectiveness with regard to recidivism; however, similar programs with larger populations in other states show very high success rates.

Recommendations
A recommendation of this subgroup is for DOC to support the expansion of the Women and Children's Program and encourage the classification of eligible women into the program.

[119] Parham, Beverly. (May 27, 2005). Female Offender Review Panel Tour of Women and Children Program.

Preliminary results from the recent program evaluation of Tamar's Children, Maryland's program for incarcerated mothers and their children show that 67% of babies participating in the program with mothers are demonstrating secure attachment, as compared with 23% of babies born to incarcerated mothers not participating and 60% of babies born to middle class mothers with no history of incarceration.

At the Bedford Hills Correctional Facility, a maximum security prison in New York State, women who are programmed into Comprehensive Alcohol and Substance Abuse Treatment (CASAT) may be housed in the Taconic Correctional Facility nursery with their babies. The philosophy of this facility recognizes that "inmates who maintain strong ties with their families during incarceration have a greater chance of positive rehabilitation and run a much lower risk of recidivism."[120] This nursery program, which takes into consideration the applicant's criminal background, past parenting performance, disciplinary record and educational need, provides women with substance abuse treatment, academic courses, parenting, job training and job placement. While the women are busy during the day, their children are cared for in a day care center operated by women from the general facility.

On average women stay with their children in the program for 7 months. This facility is operated by Catholic Charities, Diocese of Brooklyn. By contracting the nursery program with Catholic Charities, the New York Department of Correctional Services has employed an experienced service provider to coordinate the kind of human resources necessary to operate a successful program. Research sited previously regarding community involvement supports taking advantage of community service providers, particularly those who provide successful substance abuse treatment and mental health services. Bedford Hills reported that after three years, 13% of the participants in the nursery programs returned to prison, compared to 26% of all women inmates.

Nebraska reported that after three years, 9% of the participants in the nursery program were re-incarcerated, compared to 33% for women who had children while in prison, but had to give them up. The re-incarceration rate for all women in Nebraska over this period was 17%, perhaps correlating the trauma a woman undergoes giving up her child with a higher likelihood of turning back to crime once she is released.[121]

Recommendations
Another recommendation of this subgroup is not only the expansion of this nursery type program but also a loosening of the restrictions put on women who qualify for the transfer to the Women and Children's Program. Presently, women must be pregnant or post-partum or have an infant under the age of 18 months and meet a

[120] The Prison Nursery Programs, Bedford Hills Correctional Facility and Taconic Correctional Facility, New York State. (1998).
[121] Lee, Arlene. Director, Federal Resource Center for Children of Prisoners, Child Welfare League of America, Inc. email correspondence: June 17th, 2005.

host of other criteria. However, this program has served mothers of older children as well, providing both with valuable lessons in bonding and parenting.

California offers two programs for incarcerated mothers: Community Prisoner Mother Program (CPMP) and Family Foundations Program (FFP). CPMP serves female felons with children under the age of 6 who are serving sentences of not longer than 6 years for non-violent crimes. The average stay for women in this program, which can accommodate 70 women and 105 children (not more than two per mother), is eight months. All three sites for this program in California are operated by private contractors and offer substance abuse prevention. FFP was established by the Pregnant and Parenting Women's Alternative Sentencing Program Act of 1994 in California and provides an alternative to prison for non-violent, substance abusing pregnant or parenting women with children six years of age or younger. Offenders who are recommended for the program by a sentencing judge, must have sentences of 36 months or less and meet other criteria. California operates two locations for this program, with room for 35 women and 40 children in each. Like CPMP, substance abuse and supportive services are provided by private contractors.

Barriers
Additionally, to qualify for the Women and Children's Program in Massachusetts a woman must be in need of both parenting education and substance abuse treatment, have no open court cases, not be taking any anti-psychotic or psychotropic medications, be entirely drug free among other criteria.

Recommendations
Loosening the restriction on women who participate in this program will enable DOC to provide greater proven treatment to more women reducing rates of recidivism. Pregnant and post-partum women not in need of substance abuse treatment can also benefit from the parental programming provided in this placement. Those women requiring anti-psychotic or psychotropic medications permitted during pregnancy should not be prevented from participating in this enriching program. Recommendations which could be adopted in the short term and expand this invaluable program include reconsidering the criteria for participating women in order maximize the program's effectiveness.

Upon recommendation from the Minnesota Report on Alternatives to Incarceration for Female Offenders in February 2004, Minnesota has re-opened its Community Alternatives for Mothers in Prison (CAMP) program. This program served pregnant women either a minimum or medium classification and their newborn children from 1988 to 2001. According to the report, all involved agencies have expressed excitement and enthusiasm at the prospect of reinstating this program and are committed to working on this joint venture.[122]

[122] "One Less Bed: Report on Alternatives to Incarceration—Female Offenders." (February 2004). Available Online: www.nicic.org.

7. Review transitional and residential pre-release housing programs

Specturm's Women and Children's Program is reviewed above. At this time the panel is unable review additional transitional and residential pre-release housing programs. Further review is recommended.

8. Review recidivism and trends

The DOC should be commended for publishing an annual recidivism report with the 3 year re-incarceration recidivism data used, which is rich in detailed data. In this manner, the recidivism definition utilized reflects the national definition and provides the means to compare data in a variety of ways. Most notable is the consistency in which the recidivism reports break the statistics down by gender.

Recommendations

In order to further improve the reporting process, it is recommended that there be:

- *An increase in multiple year comparisons, with appropriate analysis reflecting the basis and impact of such trends.*
- *An application of recidivism data (and other outcome measures) to other facets of DOC operations and female population characteristics. These should be published separately, but include areas such as social/medical/mental health history, program participation, other incarceration experiences, reentry plans, and so forth.*
- *Track and correlate risk to recidivate scores (using a valid assessment tool) with actual recidivism rates, which is also relevant and should be part of the program evaluation and prison reentry process.*
- *Appropriate comparisons of targeted female offenders. For example, if a particular program targets female offenders at high risk for re-offending than the measure of success should be gauged against the recidivism rate for fellow high risk offenders to get a true reflection of the initiative's impact.*
- *Consideration of the non-criminally sentenced populations recidivism rates.*

It should also be noted that the DOC has undertaken a post-release survey of their offenders. Efforts are also underway to better process incoming offenders who are recidivating, by looking at what happened while they were released in light of their return.

Most current re-incarceration recidivism rates for female offenders based on 1999 releases reflect a 22% recidivism rate one year out (compared to 20% for males) and 38% after a total of three years (compared to 39% for males). Women who recidivate tend to recidivate quickly, engaging in criminal activity within days/months of release if you consider how many are *re-incarcerated* within a year.

- Of those females who recidivated, 40% did so within 6 months, 59% within a year, and 74% within 18 months.
- Keeping in mind the majority (66%) of females released are between 25-39 years old, the three year recidivism rate for 17-24 year olds was 39% and 42% for 25-39 year olds.
- For women released 40 years or older (20% of females released), the rate drops significantly.
- Within one year of being released, 60% of female recidivists had a new court commitment to the DOC (48%) or HOC (12%) with the remaining 40% comprising parole (25%) or probation (15%) violators.
- Female parolees consistently recidivate at a higher rate one year out than those released by expiration of sentence. This did not used to be the case after three years out, but has changed—though it is unclear how many offenders are still under parole supervision all or what part of the three years.

Recommendations
Efforts directed at reducing recidivism for women being released from the DOC should factor in:

- *Focusing in on the first year out of prison, starting with day one.*
- *Recidivism patterns statewide, with an accurate and comprehensive overview of all female offenders in the state, realizing 40% of DOC female offenders are county sentenced and there is limited (i.e. Hampden County) to no recidivism data elsewhere.*
- *A better exchange of information among, but not limited to criminal justice agencies to understand what happened between being released and returned to prison. The DOC should expand sharing information such as reentry plans and relevant history to relevant agencies (i.e. parole, probation) and service providers at release and, in turn, receive Parole Violation Reports (PVR's) and other such documentation when an offender returns as a recidivist.*

More research into best practices on utilizing recidivism data to inform evaluation studies, to compare rates, and to highlight best practices which reduce recidivism is needed. Some of this research exists and needs to be applied and other research is too few and far between for the female offender population. Furthermore, existing research on recidivism is all too often based on just the male population or both with the female proportion being so small that the generalizations for females are limited, at best.

Conclusion

Maintaining and creating positive connections between the offender and her community as well as ensuring two-way communication between the prison institutions and state and community agencies are critical to providing women with the necessary support to lead a productive and law abiding life once she is released. Public Safety and Health and Human Services agencies providing services to incarcerated and released women must share the cost of these services to provide comprehensive integrated care.

Building and sustaining positive relationships will also enable women to learn responsibilities necessary to preserve her connection to her children. Family connections are one of the simplest and most successful ways promote public safety because women are less likely to recidivate and their children, growing up in positive supportive environments, are much less likely to become offenders themselves.

Viewing reentry and reintegration as part and parcel to a woman's incarceration and employing a holistic case management model to integrate her treatment and services will also enable prison institutions as well as community organizations to maximize the services and programs women participate in while they are incarcerated. All risk and needs assessments done on incarcerated women throughout their time in prison should be crafted and administered in this more holistic community perspective.

While this subgroup has produced productive long term and short term recommendations to strengthen family connections and the reentry and reintegration processes, the time constraints of the review panel limited the depth to which the group was able to engage on a number of topics. The group recommends that female offender policies and practices continue to be reviewed by an external review panel. Additional areas to be looked at from this subgroup include a full review of the unit management model as well as transitional and residential pre-release housing options for female offenders. Further review of assessment tools for women in the context of case management and reintegration as well as a reevaluation of pre-release planning from an integrated and comprehensive perspective are also recommended.

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Appendix

MENTORING PROPOSAL FOR SUFFOLK COUNTY WOMEN'S RESOURCE CENTER

By Martina T. Jackson

PURPOSE:

In ten years as a teacher in the women's unit at the Suffolk County House of Correction, I have witnessed the almost universal anxiety of inmates facing release, because they have no outside support network to sustain them. In fact, while estimates of female recidivism vary, at least one in five returns to prison. Inmates and those who work with them ascribe their recidivism to their re-connection with the negative behavior which originally pitted them against the law.

While the Suffolk County Women's Resource Center provides some recovery and basic skills programs, many women have no safe haven to shelter them when they leave prison. Unless they go directly to McGrath House a halfway house or treatment program, they are at risk of resuming the lifestyle which contributed to their incarceration.

Left unresolved, their sense of loneliness and abandonment will prove costly to them and to society. Clearly, a program which provides long-term, consistent, positive support and reinforcement is the antidote to their chronic isolation. A mentoring program as a part of the re-entry system, will provide a one-on-one relationship with a well-trained, accepting women who have successfully negotiated life's challenges. Mentors will offer on-going stability and guidance to released inmates who have no reliable relationships or direction. The mentoring program will be a part of the Dimock Community Health Clinic and work exclusively with the Women's Reource Center. (As a matter of fact, both MCI Framingham and the Rhode Island prison system have found that mentoring women reduces recdivism to about 2%.)

Since most women inmates have no reliable parental figure in their lives, they have had little of the one-on-one nurturing and guidance which introduces children to their societal responsibilities. While the recovery unit at the House of Correction may point some women in a new direction, they need someone by their side, helping them to cope with the complex problems awaiting them on the outside, especially if these include homelessness, addiction, alienation from family, children, abusive relationships, lack of employment, and inadequate education. The mentor will serve as role-model, case-manager, teacher, confidence-builder, and friend.

METHOD:

DIRECTOR:

1) A half-time, paid director of the program will work with Dimock professional staff, the director of the Resource Center, caseworkers, and the re-entry staff to select suitable candidates (mentorees) for the mentoring program. Initially, up to ten mentorees will be chosen for a pilot program.

2) The Director will coordinate the recruitment of mentors and mentorees, as well as their training and activities. It will be the director's responsibility to appear before religious, business, and other community groups to describe the mentoring program inviting women to train and join. Along with Dimock and Resource Center staff, the director will evaluate each volunteer's potential success as a mentor.

3) She will work with staff at both Dimock and the Resource Center to integrate personnel and services for the mentors and mentorees. In addition, the Director will prepare a handbook for mentors and mentorees, implement the mentor/mentoree training program, adding new readings and other reference materials, and inviting guest speakers to monthly pot-luck dinnners.

4) Coordinating services of Dimock and the Resource Center, the director will establish a twenty-four-hour call-line for mentorees with emergencies. The call-line staff member will call the mentor to relay the message, and the mentor will contact the mentoree to help with the problem. In emergencies, or if the mentor is unavailable, the hotline staffer will assist the mentoree.

5) Working with both agencies, the director will design a Resource Center/Dimock guide listing and describing the full range of available services for mentorees and their children. Once mentorees are reunited with their children, the director and the Dimock liason will work with the mentor and the mentoree to assure that she is attending to her children's phyisical, psychological and educational needs.

6) Finally, it shall be the director's responsibility, assisted by both staffs, to design an evaluation instrument to measure the program's short- and long-term performance. Clearly, the best indication of the program's success is the mentorees ability to survive and remain free. Included in the evaluation will be a examination of the mentorees living arrangements, educational or job situation, on-going attenance at NA and AA meetings, children's situation, participation in mentor/mentoree activities, mentor assessment, and length of time out of prison.

CONSULTANT:

The director and the mentors will work with the Dimock Break Away consultant to:

1) assist mentorees in accessing health-care, counseling, and educational services
2) assist the mentoree in finding transitional or permanent housing
3) assist the mentoree in finding job-training or employment
4) assist the mentoree in accessing health-care and counseling services for her children
5) assist the director in recruiting potential mentors

MENTORS:

The director will recruit twelve women from the community, through church groups and women's organizations, who have productive lives, as well as time and perspective to commit to a challenging and sometimes frustrating relationship. Directors at MCI-Framingham's Hodder House and the Rhode Island House of Correction women's facility, noted that surprisingly large

numbers of community women volunteered to serve as mentors. Such women embrace the opportunity of making a significant difference in the life a someone genuinely determined to change her life and break the cycle of recidivism. Volunteers are also motivated by the desire tio prevent a subsequent generation from following their mothers to prison.

Mentors must be non-judgmental, but good judges of people. Although the director would not necessarily exclude "younger" women as potential mentors, women who have experienced and solved life's problem's seem more successsful, resilient candidates. In addition, inmate focus group par#ticipants indicate a preference for older women, or possibly, peers, but not younger mentors.

Equally, mentors must have flexible schedules which would not be disrupted by a mentoree in crisis, and should be prepared to make a minimum of eighteen months commitment beyond the training program. No mentoree will require less than a year-and-a-half, and most will probably require at least two years of guidance before she can function independently.

Mentors will be supporters and advocates rather than case-managers. They will guide mentorees in solving problems and developing strategies for coping and adjusting to life “on the outside.”

MENTOR TRAINING:

1) Mentors will undergo a twelve-session, in-depth training program to give them guidelines for working with mentorees.
2) They will be trained to develop boundaries to protect them from victimization by inmates. Caseworkers, well acquainted with this population, will assist in training mentors. The director will coordinate training sessions, including discussions by designated correctional officers, NA and AA counselors, teachers, HOC chaplains, ex-offenders and community providers.
3) In addition to the resources available at Dimock and the Resource Center, mentors will learn about agencies and organizations which provide for needs beyond those readily available, particularly education and housing opportunities.
4) The training sessions will also include written materials such as "The Criminal Justice System and Women," and a handbook outlining the role, function, and limits of the mentoring program as well as a comprehensive description of community resources.

MENTOREES:

Initially up to ten inmates will be chosen for mentoring on the basis of their likely success and relationship "readiness." Generally, inmates who have their GED by the time of release would be good candidates for participation, although neither a high school diploma nor GED is a requirement for participation. Regrettably, not everyone is ready to make the transition to a more productive life-style. The Resource Center staff, aided by recommendations from HOC case managers, the director and the Break Away consultant will need to determine genuine commitment. Many inmates really want help, but are not prepared to undertake the arduous task of altering their life styles. Rather, they have learned "to walk the walk and talk the talk."

The director, having reviewed recommendations from HOC and Resource Center staff, will interview and screen all candidates.
1) Those with the most complicated parenting problems, i.e., those who have been convicted or cited for child abuse, will not be included in the trial mentoring program.
2) Mentorees convicted of violent crimes and arson, will also be ineligible in the first cohort of mentorees.
3) While mentorees are part of the Resource Center they will be subject Center rules.

MENTORS AND MENTOREES:

Phase 1:

Mentorees and mentors will begin meeting shortly after the inmate is released to the Resource Center. Mentors will have concluded all or most of their training sessions and will have some idea about the issues confronting potential mentorees. After two or three joint sessions during which both will have in-depth discussions led by the director and the Break Away Consultant, mentors and mentorees will be asked to make three selections among one another. We will include two additional mentors in case a selected mentor most leave the program or doesn't work out.

Together, mentors and mentorees will attend sessions outlining their responsibilities and the community options available to assist mentorees in succeeding on the outside. With the help of the director and the caseworker, they will develop a plan outlining chronological steps of the mentoree must follow. The director will keep copies of the individual plans.

Mentors and mentorees will arrange a regular meeting time and call-in system. The program will include a twenty-four hour central number which released inmates can call when they need to contact mentors.

Recognizing that most mentorees are recovering addicts for whom constructive use of time is a problem, mentors and mentorees will be encouraged to attend monthly pot-luck supper at which guests will explore a range of interests such as sewing, painting, ceramics, poetry.

Mentorees and mentors will participate in support groups, which allow for pooling of information and sharing of experiences. They will add to resource materials, evaluating which agencies offer the best and most useful services. Further, they will be asked to contribute to a handbook for inmates and mentors which describes the successes and pitfalls in the program.

Mentorees will also be required to attend sessions dealing with basic life skills like job-hunting, resume writing, interviewing, clothing and make-up, bank accounts, grocery shopping, health and nutrition, exercise. If mentorees are mothers they will attend classes on responsibilities of parenting including nurturing children, choosing and talking to health-care providers, dealing with schools, and the like.

Mentorees must have assistance in finding shelter in a transitional facility or in some predetermined safe dwelling. Mentors will assist mentorees in the search for such housing.

Additional arrangements will include a discharge plan including the best drug-treatment program; health care facilities; educational alternatives; employment and or training opportunities; suitability and strategies
for reuniting mothers and children. Mothers and children should not be reunited in a living situation until mentorees have spent at least several months of successful transition.

Dimock health care professional will be asked to co-operate in the discharge plan by discussing the need for on-going medication, and making other health-related recommendations and referrals.

Mentorees who have been involved in abusive relationships will receive help from their mentors in accessing restraining orders and will participate in counseling programs. Physical safety is a primary focus of the mentoring program. Mentors will help mentorees learn to protect themselves from harmful associations.

Phase 2:

Mentors will also require access to a support network, particularly in an emergency situation. In addition, mentors will meet regularly for on-going training sessions and assistance in dealing with specific situations. Both mentors and mentorees will pool and learn from each other's successes and failures.

The program director and the caseworkers will meet periodically with both mentor and mentoree to assess their progress and offer suggestions where necessary. In cases where the relationship does not continue to serve the mentoree's needs or if the mentor finds herself in a crisis, back-up mentors will fill the gap.

SUPPORT:

Increasingly, members of the Massachusetts legislature have expressed enthusiasm for alternatives to incarceration. Several Representatives of the Massachusetts State House have indicated particular support for a mentoring program, among them State Senator Cynthia S.Creem, Senate Chair of the Joint Committees on Criminal Justice; Representative Peter Koutoujian, Vice Chair of the Joint Committees on Health Care; as well as other senators and representatives. In addition, Jackie Jenkins Scott, Director of the Dimock Community Health Center, has expressed interest in her agency's participation.

Clearly, spending $50,000 a year on a mentoring program which keeps women out of prison is considerably less expensive than spending $27,000+ a year per inmate to repeatedly incarcerate them. Moreover, if we realize the goal of stabilizing a former inmate, we will have a significant, positive impact on her children as well. Mentors will serve as constructive role models for both generations, reducing the likelihood that the children will follow their mother to prison.

CONCLUSION

There is increasing professional and community sentiment for mentoring programs. With the re-entry planning currently underway, this is the moment to implement a mentoring program for women which would expand support for released inmates without significantly increasing expenditures of HOC resources. More important, mentoring reduces costly recidivism.

Many ex-offenders simply have no experience of social norms. They grew up in chaotic family situations, often raised by abusive adults, not necessarily their biological parents. Drugs and alcohol have been their escape, Because they have been deeply scarred, their emotional development has been altered. Many report that living reckless lives gives them their only emotional “rush.”

Providing these women with highly functioning, strong, nurturing role models will significantly aid in socializing and stabilizing them. Such relationships will build self-esteem and offer concrete solutions to the problems which heretofore defeated them It will make them problem-solvers rather than problem causers.

For mentors, the relationship will give them a sense of the true value of their lives. They will grow in understanding about the social causes of antisocial behavior and have the realization that they are helping to overcome the causes one-on-one. Moreover, their efforts may help to prevent another generation from following a perilous course.

ADDENDUM;

As an adjunct to the mentoring program, I propose development of a transitional unit, like Hodder House at MCI Framingham, to allow women inmates greater access to mentors as well as to Community Work Projects and carefully monitored work-release programs. Indeed, Linda Hyde, director of Hodder House reports only a two percent recidivism rate for women participating in her program.

Beyond the Hodder model, the Suffolk County House of Correction in conjunction with an area CAP agency should develop transitional housing outside the House of Correction facility to allow women inmates to live in a safe, supportive, professionally staffed facility while they establish productive life-styles. In fact, Marc Draisen, who heads such an agency has expressed interest in working on transitional housing for former women inmates. Secure housing is an almost universal need for released inmates and may make the critical difference between successful social re-entry or return to crime.

Women require access to studio or small apartments for themselves and their children, when they are deemed fit to assume parental responsibilities. Transitional housing could be either new construction or rehabilitated housing stock. There should be a communal kitchen and dining

room and residents will be required to collaborate on one meal per day. Residents will be responsible for contributing time and effort to the property's maintenance.
On-site parenting and day-care programs should be available as should individual counseling. The mentoring program director will schedule regular on-site meetings and special programs for mentors and mentorees. Mentorees will be required to attend a number of programs per month, particularly a weekly conflict resolution session and basic life-skills course.

Project Hope in Dorchester, The Newton Community Center's Young Mothers Program transitional housing at Morgan Place in Newton as well as the transitional housing for former women inmates and their children in New York are positive models for our own housing.

GCCR Strategic Plan # 13

Dedicated External Female Offender Review

Review by Subgroup E

August 1, 2005

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Objective: Assess the treatment process for female offenders

1. Review therapeutic work programs.

a. Identification of problem/need and magnitude.

The current curriculums and program models for the major female offender programs (i.e. Correctional Recovery Academy) at the female offender institutions are not especially female-gender specific.

For example, several of the curriculums utilized (Criminal Thinking, Anger Management) authored by Dr. Barbara Armstrong, Ph.D., and associates, in the Correctional Recovery Academy at MCI Framingham and South Middlesex Correctional Center, are the exact same curriculums taught in the male programs. In addition, the program model of the Correctional Recovery Academy is based on the research of Paul Gendreau, Ph.D., who stressed in his work Principles of Effective Intervention, [123]that for treatment for the offender population to be effective, it must be intensive. As a result, participants of the Correctional Recovery Academy are in the classroom 12.5 to 15 hours per week, extending anywhere from a 6 to 10 month program, depending on security level. While this methodology for applying intensive interventions has worked well for the male offenders, given their general longer sentence structure, it has resulted in a more disjointed program experience for many of the female offenders, given their general shorter sentence length.

Consequently, these programs as designed, while certainly effective and transferable to the female offender population, are nonetheless not as fully equipped to address the unique characteristics and needs of women in conflict with the law as well as they could be. Further, the lack of female gender-specific curricula clearly results in programming that is not as holistic and all-inclusive as is needed to best treat this distinctive population. The lack of a more female gender-specific program model (i.e. a prolonged or disproportionate time in residential treatment matched up with corresponding sentence structure then is the case for the men) has resulted in a program that may lack the overall flow or continuity that the female offender could most benefit from.

b. Subjective and objective data substantiating problem/need.

Subjective data relating to this problem/need include the anecdotal comments of staff on the identical curriculum elements of the male and female offender Correctional Recovery Academy, as well as the differing behaviors and performance adjustments between the male and female offenders in the residential treatment program units. For example, the

[123] Gendreau, Paul. Department of Psychology, University of New Brunswick, *Principles of Effective Intervention with Offenders. (*May, 1994)

women often bring different issues (i.e. the effects of their own victimization and trauma) to the group discussions more so than the men, and behaviorally, they tend to get involved in situational relationships with each other on the residential unit, resulting in their getting in "each other's business", often resulting in a higher rate of disciplinary reports for disruptive behavior. In fact, for FY 2004, MCI Framingham had the highest rate of Disciplinary Reports written for any Correctional Recovery Academy program unit, as there were 42 Disciplinary Reports issued. The next highest site, for rate of comparison, was the Correctional Recovery Academy program unit at Old Colony Correctional Center, a male facility, which had 29 Disciplinary Reports issued to program participants during FY 2004.[2]

In addition, to further underscore the differences between the male and female Correctional Recovery Academy program unit that the anecdotal evidence reveals, one can turn to the program completion rates. For example, the successful program completion rate for the Correctional Recovery Academy at MCI Framingham is significantly less than that of the male institutions. Specifically, for FY 2004, at MCI Framingham, the Correctional Recovery Academy program completion rate was 23% (25 completions out of 110 admissions).[3] This statistic is objective data that supports the subjective anecdotal testimony, and is even more unsettling when compared with the overall program completion rate for FY 2004 for all of the male facilities. In fact, combined, the overall program completion rate for FY 2004 for all of the male facilities is 59%(332 completions out of 564 admissions). Even the lowest program completion rate among all the individual male facilities for FY 2004 was still significantly higher than at MCI Framingham, (MCI Shirley, 43%, 45 completions out of 105 admissions).[4] Therefore, it is evident from the data that the program model of the Correctional Recover Academy is not transferring as effectively to the unique issues the female offender population bring to both the classes and the behaviors they commonly display around the program unit.

Anecdotal evidence from staff comments further suggests that the program length of the Correctional Recovery Academy at the female offender facilities as it coincides with the relatively shorter sentences of the majority of the participants results in a number of females being classified out of MCI Framingham (in order to reposition them to a lower security setting before their release) before successfully completing. Although these women are eligible to resume their participation in the program at neighboring South Middlesex Correctional Center, it can be a logistical challenge to re-insert them in the exact stage of treatment from where they left off, resulting in a disjointed program experience. Further, women with shorter sentences are likely to be disinterested in applying for enrollment to the program at South Middlesex Correctional Center, as they know they will not have time to finish it.

[2] Spectrum Health Systems, Inc. Annual Report, FY 2004.
[3] ibid
[4] ibid

Objective data relating to this problem/need include what the research tells us about the need for an integrated curriculum for female offenders addressing trauma and addiction. For example:

The findings of a major 1998 study (Behind Bars: Substance Abuse and America's Prison Population; The National Center on Addiction and Substance Abuse at Columbia University)[5] recently confirmed that the proportion of female and male offenders who have a history of regular drug use is about the same (65 % vs. 62 %), **although important differences apply**:

Offense History: women are significantly more likely than men to be serving a sentence for a drug offense and less likely to have been sentenced for a violent crime. [Women in Prison NCJ-145321]; women are more likely than men to have committed their crimes to get money for drugs.

Economic Status: female substance abusers are more likely than their male counterparts to be unemployed (Murphy and Rosenbaum, 1992).

Parenting Issues: Typically, 70% to 80% of female offenders have children. Many will have lost custody rights. Statistically, these children have a heightened rate of future involvement with the criminal justice system (Austin et al, 1992).

Drug of Choice: women are much more likely than men to have been under the influence only of drugs (i.e., not alcohol) when they committed their crime; incarcerated women are less likely to be alcohol-involved offenders.

Relational Issues and Co-Dependence: females are more likely than males to become drug involved through a relationship with a drug dependent partner (Mendelson et al., 1991).

Mental Illness: females experience a higher rate of co-morbidity of substance abuse with psychiatric disorders than do males (Bartholemew, et al., 1994; Reed, 1994; Williams and Roberts, 1991).

Health Issues: a significant proportion of female offenders are either pregnant or postpartum upon entering prison; female offenders are almost twice as likely as male offenders to test positive for HIV upon entering prison (CASA, 1998); of women entering drug treatment programs through the criminal justice system, nearly half rate their health status as only fair to poor while almost a third perceive no connection between their drug use and their physical condition. (Falkin and Strauss, 1997).

[5] The National Center on Addiction and Substance Abuse at Columbia University. "Behind Bars: Substance Abuse and America's Prisons." (1998)

Background and Environmental Factors: female (vs. male) substance abuse is more likely to be linked to problem family backgrounds, childhood sexual abuse and depression (Inciardi, Lockwood and Pottieger, 1993; Fullilove et al., 1992).

Prevalence of Physical and /or Sexual Abuse: approximately 40% of female offenders self-report that they were sexually or physically abused before the age of 18; the literature indicates that prevalence of abuse may be far higher.

c. Proposed remedy – include supportive evidence – proven best practices if known.

A proposed remedy is to issue a Request for Response (RFR) for NIC Technical Assistance in researching and finding evidence-based female offender program models and research-based female offender program curriculum, as well as "Best Practices", that are designed to directly address the unique characteristics of this population, and in doing so, reduce the likelihood of recidivism.

2. (a) Review educational programs.

a. Identification of problem/need and magnitude.

The academic school at MCI Framingham provides education in the following topics: adult basic education, pre GED, GED preparation, English as a Second Language and Title I (remedial work while involved in another educational program).

Given the results of the TABE (Test of Adult Basic Education) which is administered to all inmates at intake and provides a grade level score in math, reading and language, there is a glaring need for additional services to low level and special needs inmates. For example; 27 percent of the inmates tested in 2004 scored below the 6^{th} grade level in reading and 51 percent below the sixth grade level in math. (TABE, 2004) There is not a specific program geared toward literacy development nor is there a special education teacher available. Years of physical abuse and/or substance abuse have rendered some women with learning disabilities, which required the skills of a special education teacher.

However, given the shorter sentence structure of the female inmates and the crimes for which they were incarcerated, the females are moving through the system at a fairly rapid rate. With that in mind there is certainly a need to expand the teaching staff at MCI Framingham to accommodate all inmates and reduce current waiting lists but also a need to establish linkages with community agencies and organizations to establish or strengthen the community tie, making it possible for them to continue their education once released.

Unfortunately, most women will not be returning to the Framingham community and while housing them in the community to which they'll be returning will be ideal, having a stronger

working relationship with community colleges and adult learning centers would also be recommended.

b. Subjective and objective data substantiating problem/need.

A number of statistical reports have been released recently on education as it applies to the inmate population.

Some studies have reported recidivism statistics associated with educational attainment in prison, others compare lower educational levels of the imprisoned population verses national households and still others have focused on a lack of educational offerings in most prison settings. Not surprising, we find similar results in all reports: not enough programs in prison to address the actual needs and inmates that take advantage of educational programs in prison will lessen their risk of recidivism upon reentry.

The National Adult Literacy Survey examined the literacy proficiency of many adults in the United States. The report entitled Literacy Behind Prison Walls specifically examined the English literacy levels of males and females serving time in state and federal prisons and randomly selected adults in households across the nation and compared the two populations.

In broad terms the report found that prisoners are more likely than the household population to perform in the lower levels of the scales. About one in three prison inmates perform in Level 1 of five levels on the prose scale, compared with one in five of the household population. About 33 percent of prison inmates and 23 percent of the household population perform in Level I on the document scale, and 40 percent of prisoners and 22 percent of household respondents on the quantitative scale. (Haigler, Harlow, O'Conner, Campbell, 1994)

Thus, prisoners consistently demonstrate lower proficiency than the household population in all three categories, whether measured by the distribution of prisoners in the levels of each scale or by their average proficiency scores.

Truly, not all inmates are released at the same educational levels as first incarcerated. However, given the short sentences and rapid movement from medium security at MCI Framingham to South Middlesex Correctional Center a minimum/pre release center, the Department should maximize the time available to provide educational opportunities.

One of the most definitive pieces of research involving correctional education is the Three State Recidivism Study. Its author's Steve Steurer and Linda Smith have written an executive summary entitled "Education Reduces Crime".

Two findings of this exhaustive study in the area of recidivism and wages were the following: "for re-arrest, correctional education participants had statistically significant (at the .01 level) lower rates of re-arrest (48%)) when compared to the comparison group of non participants (57%)", and "for each of the three years wage earning data showed that correctional education participants had higher earnings than non-participants." [6] The authors concluded: "in an era

[6] Three State Recidivism Study, ed.; Steve Steurer and Linda Smith

when "best practices" is an important concept in corrections, on-going research to document the efforts of the thousands of dedicated correctional educators is needed to confirm and reinforce the idea that correctional education does work. Focusing solely on recidivism would be inadequate. However, especially when there are many other meaningful outcomes such as family stability, workforce participation, and cost savings/ benefits." [7]

While there is extensive research on correctional education and recidivism this study, although not the first of its kind, proved definitively that there is a real connection between a lower rate of return to prison and the amount of education obtained in prison.

Furthermore, a number of studies (Hrabowski, F., and Robbi, J., 2002; Jancic, M., 1998; Nuttall, J., Hollmen, L., Staley, E., 2003) have indicated the benefit and ultimate cost savings of prison education.

Thus, the plethora of research conducted all appears to have similar results in that completing an educational program in prison is positively related to post-release adjustment and breaking the cycle of recidivism.

c. Proposed remedy – include supportive evidence – proven best practices if known.

Reestablishing a literacy development program would address the issue of nearly one third of inmates who, at intake, test at below grade six in reading. While slightly over forty percent test on a level between grade 9 through 12, those are the inmates who most certainly will learn more rapidly and with work actually achieve success on the GED test. Generally speaking, the low-level learners will need a far greater percentage of time and effort to reach levels appropriate for GED testing. In addition, many have learning problems, which require the skill of a special education teacher. A literacy development teacher and a special education teacher should be hired for MCI Framingham.

In order to reestablish a reentry educational strategy most appropriate for each inmate transferring to South Middlesex Correctional Center or returning to another community upon release a support system must be in place or the demands of reintegrating into community life, work and children will be overwhelming. Training often takes a back seat to the daily trials of survival. We need to ensure that each individual woman with academic or vocational training needs to be well informed of the opportunities in her neighborhood and is aware of the additional programs and contacts specific to her situation. Additionally, stronger ties with and providing knowledge about adult learning centers must be part of the Department's reentry program.

2. (b) Review vocational programs.

Correctional Educational Association, September, 2001.

[7] ibid

a. Identification of problem/need and magnitude.

Removing the barriers to successful reentry can be accomplished with life and employment skills, which will equip the inmate returning to community life to get and hold a position with a wage that is adequate to support a family. Vocational training can provide such opportunities.

Unfortunately, at MCI Framingham there are only two vocational trainings in operation. One program is the computer lab, which, through the Microsoft Office package teaches basic office skills, necessary knowledge for nearly all jobs. The other is the Women in the Building Trades program, which had minimal success in placing women in that trade. The unique needs of women on a building site with mostly male counterparts has proven to be a difficult environment even for the most self-confident individual.

South Middlesex Correctional Center also has two training programs, horticulture and a Jiffy Lube oil changing training. Both are short-term training programs popular with the population. The pre release inmates that are able to leave the facility to work each day are largely placed in low paying jobs in the local community adjacent to the institution. Once the inmate has been released, she returns to yet another community, which offers no continuity to the previous job experience.

b. Subjective and objective data substantiating problem/need.

Empirical evidence suggests that having the skills to secure employment is a necessary and positive thing if independence is to be achieved. For the most part, female inmates enter the correctional system with low levels of academic achievement and no marketable job skills.

In order to break the reincarceration cycle serious job training must be offered. A major benefit is completing a vocational program in prison and lowering the recidivism rate. A study completed by the Virginia Department of Correction affirmed. Three thousand released inmates were analyzed for their participation and completion of a vocational education program while incarcerated**.** The results showed that the percentage reincarcerated for vocational enrollees (not program completers) was 37.3% for those who completed 21.3% and for those who did not take advantage of a vocational training program 49.1%. Clearly, the chances for successful reentry and the possibility of meaningful employment is enhanced by completing a training program during incarceration.

c. Proposed remedy – include supportive evidence – proven best practices if known.

The Department should move the Women in the Building Trades program to a male facility as a building trades program and implement a more appropriate trade program.

Additional short-term certificate based modular programming should be considered for MCI Framingham. To support this initiative, community college involvement should be sought. Community colleges have been established within fairly close proximity to all

citizens of the Commonwealth and, therefore, make perfect partners to agencies like the Department of Correction who are releasing inmates to all counties within the state.

Upon release, an inmate would be able to complete any training module begun while incarcerated and would not only have a connection to the community college but also be able to reach the school without a hardship commute. The modular concept of training is ideal for short and long term inmates. Short-term inmates who avail themselves of training opportunities should be able to complete the process once released. If classified to South Middlesex Correctional Center while enrolled in a vocational program the inmate should be able to return to MCI Framingham on a daily basis to complete as much training as possible prior to release. Then avail themselves of the training once situated in their community or as a part time endeavor while working.

3. Review outreach programs and in-reach programs.

a. Identification of problem/need and magnitude.

Out reach and in-reach programs, commonly known as reentry programming, are plentiful at the female offender facilities. However, even though there is abundant programming occurring in this area, there is a lack of complete standardization and uniformity with regard to these efforts, as compared with that for the male offenders. For example, MCI Framingham does not offer Transition workshops.

All facilities with the exception of MCI Framingham offer Transition workshops to offenders within twelve months of release. These 5-day transition preparation workshops are followed by access to referral and case management services as needed. The workshop focuses on assisting offenders in developing a comprehensive plan for release that addresses financial/employment needs, housing, education, substance abuse, medical and mental health needs, and victim awareness. An average of two thousand offenders attend these workshops annually.

During the Transition Workshop, Transition Unit Staff facilitate curriculum designed to assist offenders in the development of the necessary skills that are needed for successful transition back into the community. In addition, offenders receive assistance in developing their own individual transition plan. These plans call on offenders to identify extensive details of their intended post release arrangements and expectations regarding employment, housing, treatment programming, medical needs, and household budgeting. Offenders' work on these plans themselves (therefore they are invested in them) and a copy is incorporated into their DOC file. In addition, transition plans assist offenders in identifying and reviewing basic life skills necessary for a successful reintegration.

The absence of Transition Workshops at MCI Framingham represents a glaring void in the reentry planning of offenders there, as this is a cornerstone of the Department's release preparation efforts.

In fairness, the mixed populations (sentenced, awaiting trial, and civil commitments) and generally shorter sentence structures of the women make the streamlined, or standardization, of reentry services like that for the men more complex to implement for the women. Further, nearly all of the major programs at MCI Framingham (i.e. First Step, CRA, etc.,) have an aftercare mechanism built into their curriculums. Additionally, MCI Framingham has an individually contracted discharge planner, who provides the "New Horizons" program that is designed to assist offenders in formulating release plans. That said, the lack of a more unified reentry program still creates a situation where there is duplication of work, wasting valuable staff resources, and/or several program staff are likely to just assume that the other is working with a given offender, allowing for the possibility that some offenders are "slipping through the cracks", and not receiving the full services they should be. Therefore, a more total and systemic approach is needed in this area.

b. Subjective and objective data substantiating problem/need.

For FY 2004, there were 4,266 releases from MCI Framingham. Of the 4,266 releases, 1,449 were sentenced women and 2,817 were awaiting trial.[8] However, for FY 2004, there was a significantly lower rate of program completions from the major discharge-planning programs and/or programs that have a discharge-planning component built into them, (i.e. New Horizons and the Correctional Recovery Academy's Reintegration Services component). Specifically, from September 2003, (when the New Horizons program was restored and records were again retained) through the end of the Fiscal Year, June 30, 2004, there were 345 New Horizons completions.[9] Furthermore, there were 16 CRA Reintegration Services component completions at MCI Framingham during FY 2004.[10] Therefore, this disparity in the numbers clearly underscores the necessity for a foundational reentry program like Transition Workshops to be offered at MCI Framingham. In fairness, the First Step program also has an aftercare element within its program model, and there were 276 completions of this 35-day program during FY 2004. However, to be more precise, the legislatively mandated First Step program is primarily a substance abuse program, providing a detoxification segment (for those that require it) followed by short–term substance abuse treatment programming. The aftercare-planning component in First Step involves referrals and/or placements in post-release treatment settings as offenders' circumstances allow, but is fairly limited in scope, as the major focus of the programming is directed at substance abuse treatment.

c. Proposed remedy – include supportive evidence – proven best

[8] Inmate Demographics, MCI Framingham, July 1, 2003 – July 1, 2004.
[9] Data provided by MCI Framingham.
[10] Spectrum Health Systems, Inc. Annual Report, FY 2004.

practices if known.

Implement female-gender specific transition workshops at MCI Framingham that not only focus on the transition of the female offender, but also take into consideration family transition issues, for example, childcare issues. Consideration should be given when designing these workshops to sentence structure, as it differs significantly from the sentence structure of the males. By providing transition workshops at MCI Framingham, staff would have a consistent focal point to connect with and link to when initiating additional and supplementary discharge planning services for female offenders nearing release. Minimally, by completing a Transition Workshop, a "safety-net" is secured in that staff can be ensured that the offender has at least addressed her intended discharge plans around employment, housing, treatment programming, medical needs, and household budgeting in a formal setting, and has received information, applications, and referrals to community services as needed.

4. Review volunteer services.

a. Identification of problem/need and magnitude.

System-wide in the Department, there is a gap in the scope of programming that is typically provided through volunteer services in that the Department lacks a significant presence of volunteer programming that overlies the major programmatic areas covered by vendor and staff facilitated programming, (i.e. Cognitive Skill Building, Reentry,). This disparity, although not as pronounced as it is in the male facilities, is also true for the female offender facilities. The Department could bridge this gap, however, by incorporating curriculums that compliment and are compatible with programming in these areas that could be volunteered facilitated, and by recruiting enthusiastic and motivated volunteers to do so.

In addition, system-wide in the Department, due to the lack of a comprehensive recruitment strategy, the majority of volunteers and volunteer programs are concentrated within religious services. Volunteers are not perceived as a key component of the Department because they have not been integrated within the core of DOC program services.

b. Subjective and objective data substantiating problem/need.

As part of the Department's response to the Governor's Commission on Correctional Reform, a Volunteer Services work group was established to conduct a review of all applicable policies in an effort to identify best practices and remove the unnecessary barriers that result in an unproductive and negative volunteer experience. As part of their work, the chairperson met with over 20 volunteers who have a long, established tradition of providing services throughout the Department. Several issues were discussed, including the need for the Department to expand it's

utilization of volunteers through the identification and development of additional programs that compliment and enhance the major programmatic areas that are provided by vendors and staff. [11]

Furthermore, in January 2005, the Department completed a volunteer survey. There were 177 surveys analyzed. Volunteer programs were categorized into four areas: academic education, cognitive/ social skills, self-help, and religious services. Three-quarters of the respondents reported that they volunteer in a "religious services" type of program.[12] This finding clearly underscores the need for the diversification of volunteer services beyond the concentrated area of religious services.

c. Proposed remedy – include supportive evidence – proven best practices if known.

The Department has created and hired a Director of Volunteer Services who will begin work in July 2005. Naturally, this position will be critical to the successful implementation of an enhanced volunteer services initiative system-wide, and not only at the female offender facilities. Nonetheless, because this position is responsible for the overall coordination and recruitment strategy of volunteers, establishing new volunteer programs, maintaining the volunteer services link, and developing and facilitating volunteer training, volunteer services at MCI Framingham and South Middlesex Correctional Center will no doubt benefit from this initiative.

Objective: Assess the fiscal support for managing the female offender population.

1. **Assess the grant, funding and budget process for female offender management.**

a. Identification of problem/need and magnitude

The Department of Correction receives an annual budget through the Commonwealth of Massachusetts budgetary process. The Department has one main appropriation (8900-0001) funding the operations of 18 facilities and personnel. The budget is initiated by a bill that the Governor submits in January to the House of Representatives. The House Ways and Means Committee reviews this budget, develops its own recommendation and once debated, amended and voted on by the full House is passed onto the Senate. The Senate Ways and Means Committee reviews that bill, develops its own recommendation and once debated, amended and voted on is then passed to a joint "conference committee" to negotiate the difference between the

[11] Massachusetts Department of Correction, Supplemental Strategic Plan, Volunteer System. August 2004.
[12] ibid.

House and Senate bills. The conference committee budget must be voted on by both the House and the Senate, after this approval the Senate passes the bill to the Governor who has ten days to review, approve it, and make vetoes or reductions. The House and Senate may vote to override the Governor's vetoes. The final budget is also known as the General Appropriation Act of the designated fiscal year. This process may or may not be completed by July 1 of any given year, which is the beginning day of the Commonwealth's fiscal year.

The Department responds on a regular basis to inquiries from the both the House and Senate Ways and Means Committees regarding its budget. The legislature not only agrees upon a dollar figure for the Department's appropriations, but can also add language to the appropriation mandating that funds be expended in specific ways, i.e., mitigation to the cities and towns hosting Department facilities, and/or name programs to receive a designated amount of funding .

Therefore, it is important that the legislature understand the vast variations of the population at MCI Framingham and South Middlesex Correctional Center, the current programming being conducted at both facilities, and the existing variation in population and proposed suggestions to address these problems.

Grant funding for programs is received from the federal government or through the Executive Office of Public Safety (EOPS), who is the single point of contact for grant programs from the Bureau of Justice Assistance. Federal programs funded through the Executive Office of Public Safety are awarded by the Programs Division. The Department must apply and compete with the houses of correction and other departments under the jurisdiction of EOPS. Direct funding from the federal government is statutorily determined and prioritized by Congress. The Department must submit an application for award through a competitive process.

b. Subjective and objective data substantiating problem/need.

As stated earlier in this document, the vast variations of the population housed at MCI Framingham and South Middlesex Correctional Center due to the shorter sentence structure of the female inmate, movement through the system and crimes committed, result in drastically different programmatic needs for the female inmates.[124] With current funding resources, it is difficult to provide the necessary variety of programs for all female inmates effectively, when the female inmates have such diverse needs.

Female inmates at MCI Framingham and South Middlesex Correctional Center are from throughout the Commonwealth. The county houses of correction hold awaiting trial detainees and incarcerate inmates who are generally from that specific county. However, many counties do not house female detainees or inmates, specifically, Bristol, Essex, Norfolk, Middlesex and Suffolk counties.[125] Over the past decade, new houses of correction were constructed, but did not make accommodations for female detainees or inmates. Thus the county house of correction

[124] Inmate Demographic, MCI Framingham, July 1, 2003 – July 1, 2004
[125] ibid

female inmates are still awaiting trial and committed to MCI Framingham, far from their neighborhood resources.

Female inmates from MCI Framingham and South Middlesex Correctional Center are released to communities throughout the state, not just the greater Framingham area.[126] This greatly impacts release / reentry issues and programming, not to mention linkages in the community for the female offender. The needs of the female inmates are clearly delineated under section one "review therapeutic programs." To decrease the risk to recidivate requires a comprehensive, holistic and coordinated reentry process with clearly defined and structured release plans, as well as strong local community links. The current population of awaiting trial detainees, civil commitments, house of correction and state prison commitments all in one facility increase the risk to recidivate as program dollars must be stretched for multiple programs to address the vast variation of programming needs for this mixed population.

The funds appropriated to the institutions (MCI Framingham and South Middlesex Correctional Center) are trying to address all the needs of all the offender types, resulting in waiting lists for programs.

c. Proposed remedy – include supportive evidence – proven best practices if known.

The Department should remand all civil commitments(Section 35A's) to the Department of Public Health for civilian substance abuse treatment, with coordination between the Department of Public Health (DPH) and Department of Mental Health (DMH) for mental health cases. This is a civil population and not appropriate for a prison environment.

House of Correction (HOC) detainees and committed females should be remanded to their respective county. Programming and reentry planning can be more effectively implemented in the county as house of correction staff has the knowledge and availability of in house short term programming and community services. Direct involvement for reentry planning from the county in which the inmate will be returning is critical to ensure community links to reduce recidivism. If the HOC is unable to house females in medium or higher custody, should implement plans to establish minimum and/or pre-release settings to better transition the population back into the community. In the short term, HOC staff funded by the county should development strong "in reach" programs for female offenders committed from their respective county. In addition, to support programming efforts for HOC inmates the counties should pay a per diem daily rate to the Department for each detainee and commitment. This would afford the Department a revenue resource to address programmatic needs. Case precedence exists for state male inmates housed at the Plymouth House of Correction through appropriated funding 8910-0000.

Reducing the population count at MCI Framingham and South Middlesex Correctional Center through the above proposed remands, would allow a significant reduction in waiting lists/times for educational, vocational and therapeutic programming. This would

[126] ibid

also allow the Department to better align funds to programming needs of a population with a more cohesive sentence structure. However, it would be naïve to think that there would be major costs savings attributed to the reduction of the population due to the nature of operations of the physical plants.

Documents Collected

(1) Massachusetts Department of Correction, Female Offender Programs.

(2) Division of Inmate Training and Education, TABE (Test of Adult Basic Education) Results for 2004.

(3) Division of Inmate Training and Education, Teacher Salary Scales for MCI Framingham.

(4) Division of Inmate Training and Education, Teacher Salary Scales for South Middlesex Correctional Center.

(5) New Female Offender Admissions by Age and Race to Department of Correction, for Calendar Year, 2004.

(6) Inmate Demographics, MCI Framingham, FY 2005.

(7) Inmate Demographics, MCI Framingham, July 1, 2004 – December 31, 2004.

(8) Inmate Demographics, MCI Framingham, July 1, 2003 – July 1, 2004.

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