

**Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Office of Grants and Research**



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

Federal Fiscal Year 2018 Application

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**Submitted to:
U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance**

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I. INTRODUCTION

The Executive Office of Public Safety and Security (EOPSS) is responsible for the policy development and budgetary oversight of the secretariat agencies, independent programs, and several boards which aid in crime prevention, homeland security preparedness, and ensuring the safety of residents and visitors in the Commonwealth. The Office of Grants and Research (OGR) is the arm of EOPSS that serves as the State Administering Agency (SAA) for federal criminal justice and highway safety funds. Additionally, OGR uses research and evaluation to promote public safety in the Commonwealth of Massachusetts by informing criminal justice and public safety policy. The goals of the OGR include:

- Improving community safety and local preparedness by providing resources to communities based on need;
- Investing in innovative programs;
- Granting awards based on national and state priorities;
- Fostering collaboration across jurisdictions by delivering grant dollars with a regional approach;
- Making funding decisions factoring in research, empirical data, and best practices; and
- Ensuring the grant awarding process is open, public, and competitive; and in compliance with federal and state guidelines.

This document serves as the Commonwealth of Massachusetts's FY 2018 Edward Byrne Memorial Justice Assistance Grant (JAG) Program application. Over the past several years, EOPSS has improved its grant making policies and procedures; enhanced communications, provided personalized technical assistance and quicker response time to sub-recipients, and standardized the reimbursement documentation required of sub-recipients. Furthermore, it is paramount to EOPSS to improve upon and implement systems that ensure transparency and accountability in awarding and monitoring all federal and state grant funds. Sub-recipients are required to report quarterly on programmatic progress and financial expenditures. In addition, the required performance metrics data are reported quarterly by sub-recipients using the Bureau of Justice Assistance (BJA) Performance Measurement Tool. Through effective administration, monitoring, and evaluation, the JAG Program aims to support both innovative and proven effective programs and practices that increase public safety and enhance the quality of life in the Commonwealth.

EOPSS intends to utilize JAG funds for a broad range of activities to prevent and control crime and to improve the criminal justice system in keeping with JAG purpose areas. There are six state-identified priorities for FY 2018 JAG. In its strategic planning efforts to make informed decisions regarding priorities and allocations, particularly for the state portion of JAG funds, EOPSS will continue to assess its public safety agencies' needs as well as participate in the Special Commission on Criminal Justice, and participate in the Council of State Government state-related endeavors. JAG project identifiers associated with proposed project activities are: Crime Prevention, Drug Offenders, Equipment, Gangs, Mental Health, Policing, Reentry, Research, Substance Abuse Treatment and Violence Against Women

In addition to the JAG Program, EOPSS/OGR administers several other state and federal criminal justice grant programs with purposes that complement the proposed JAG initiatives (e.g., state-funded programs for youth and gang violence prevention, the distribution of sexual assault evidence collection kits). EOPSS/OGR is the SAA for funding from the United States Department of Justice (DOJ), BJA, the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the Office on Violence Against Women (VAWA), and the Bureau of Justice Statistics (BJS). EOPSS/OGR is also the SAA for federal funds from the National Highway Traffic Safety Administration (NHTSA). These grant programs are centralized under EOPSS in order to provide a unified and coordinated approach to the criminal justice and public safety needs of the Commonwealth.

All JAG funded programs support the overall goal to improve public safety and the quality of life in Massachusetts. OGR is currently managing contracts to sub-recipients which support programs that focus on youth violence prevention, smart policing, gangs, substance abuse, reentry, victims of domestic violence and sexual assault, technology, and research. It is anticipated that JAG funding will continue to support evidence-based, innovative, and promising programs and practices statewide. More detailed processes for allocating FY 2018 JAG funds are being developed now and will begin to be implemented in the fall of 2018 upon receipt of the federal funds.

II. PROGRAM NARRATIVE

A. Justice Assistance Grant Priorities and Programs

EOPSS/OGR is applying for FY 2018 Byrne JAG funds. Up to 10% of the funding will be utilized for grant administration as purposed by the OGR. The balance of JAG funds will be awarded to state agencies while, 33.9% will be awarded as required to meet the variable pass-through rate (VPT) to implement the various public safety programs and services throughout the Commonwealth.

OGR will address its JAG funding priority areas by implementing JAG funded programs that include proven effective programs and practices, innovative ideas, and creative solutions. OGR will also promote regionalism, research-based policy, and rational decision-making via an open and public competitive grant process that ensures the distribution of funds geographically and across disciplines within JAG purpose areas. Reducing violence through crime prevention strategies is a top priority for the Commonwealth. Massachusetts intends to utilize FY 2018 JAG funds for a broad range of activities to prevent and control crime and to improve the criminal justice system in keeping with the JAG purpose areas and our identified JAG priorities.

The Commonwealth will maintain focus on priorities identified previously: guns, youth violence and gang membership, reducing recidivism; preventing and addressing domestic violence and sexual assault; reducing drug-related crime and substance abuse with an emphasis on opioids; and advancing criminal justice policies and systems through smart policing, technology, equipment, district attorney programs, and research and evaluation. Funding will be provided to support evidence-based programs and best practices. Ultimately, all JAG allocations will be based on an assessment of the relative public safety and criminal justice needs of the Commonwealth as determined by the Governor and Secretary of Public Safety and Security and informed by the statewide strategic planning process, undertaken in part by the Special Commission on Criminal Justice as well as by local law enforcement officials that represent our local units of government.

PRIORITY #1: REDUCING GUNS, GANG AND YOUTH VIOLENCE

Goal

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

Purpose Areas Addressed

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

Anticipated Activities

- Revitalize neighborhoods by developing collaborative model projects at the state level that promote efforts of local law enforcement and human service agencies.
- Continue community-oriented policing initiatives statewide in conjunction with innovative, community-based law enforcement programs.
- Promote and support programs that provide wrap-around services to high risk youth, including faith-based and community-based efforts.
- Promote and support education and training, including curriculum development addressing youth violence prevention.
- Continue to support traditional law enforcement activities (apprehension, detention, deterrence, suppression).

Rationale

Gun-related crimes, gang affiliation and youth violence in Massachusetts have received increased attention in recent years. Initiatives that target high-risk communities and youth are yielding some positive results. This is evident by the substantial decline in the amount of youth violence in the past fifteen years. High school students self-reporting gang membership was declining until there was a slight uptick in 2013 and 2015. Unfortunately, gang membership was not on the 2017 survey. Massachusetts General Law c.265 s.44 references a gang as an "organization of three or more persons which has a common name, identifying sign or symbol and whose members individually or collectively engage in criminal activity."¹ To ensure the positive trends are sustained, it is necessary to continue to fund and support the policy and program initiatives that have contributed to these outcomes.

Statement of the Problem

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

¹ Nadeau, G. Massachusetts State Police Gang Unit, *Street Gangs: Intelligence & Awareness Training*, 2013. https://www.neushi.org/student/programs/attachments/shi_gang.pdf

CRIMES INVOLVING FIREARMS

The Federal Bureau of Investigation's (FBI) annual *Uniform Crime Reports* (UCR) publication presents crime statistics from police departments nationwide, including the number of offenses committed involving firearms. In 2016, there were a combined total of 3,382 homicides, robberies, and aggravated assaults in Massachusetts that involved the use of firearms. This figure represents a slight uptick (2%) from the prior year and a 13% decrease from the peak of 3,873 offenses in 2013 (Figure 1).

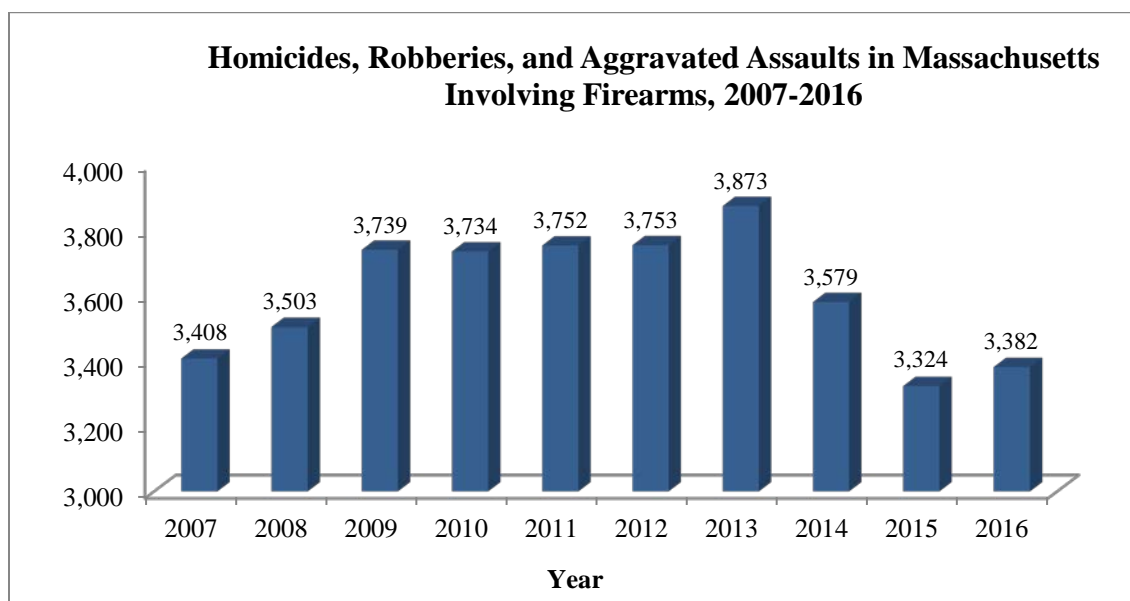


Figure 1. Source: FBI UCR, Table #12 (Murder, by State, Types of Weapons), Table #13 (Robbery, by State, Types of Weapons), and Table #14 (Aggravated Assault, by State, Types of Weapons).

YOUTH VIOLENCE AND GANG VIOLENCE

Juvenile Part I Arrest Rates

The eight offenses that comprise Part I Crimes or Index Crimes –homicide, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft, and arson – are the most serious offenses against persons and property tracked by the FBI. For the past ten years, Massachusetts almost consistently have Part I juvenile arrest rates² that are half that of the national rate,³ while more recently, rates across the nation and within the Commonwealth are steadily declining since 2009. In the past eight years, the national rate of juvenile arrests for Part I crimes fell 57%, while the rate within Massachusetts during the same timeframe dropped 58% (Figure 2, page 8).

² Juveniles are defined as individuals under the age of 18. All rates are calculated per 100,000 persons in the total population; population figures include both juveniles and adults within a given locale (Massachusetts and the United States, respectively).

³ FBI figures include only those agencies that voluntarily report their crime data on an annual basis.

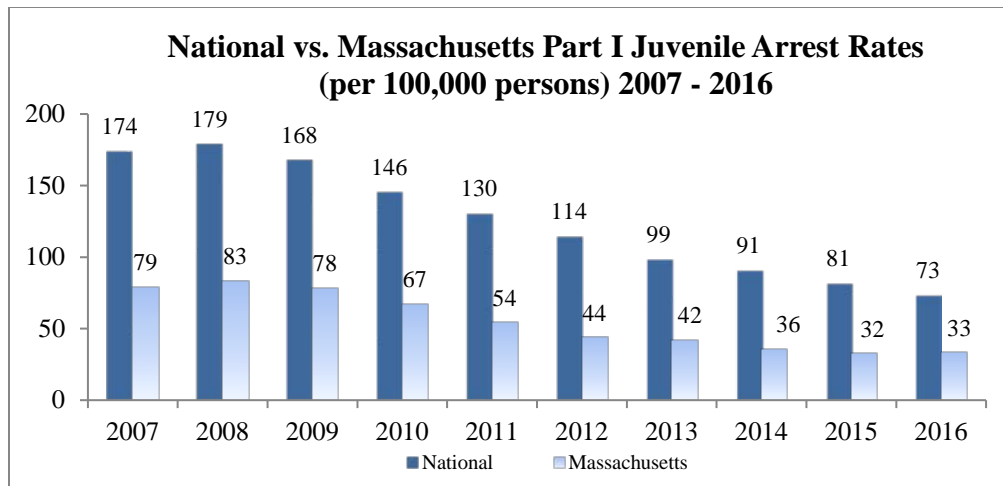


Figure 2. Source: FBI, *UCR*, 2007-2015, Table 41 and 2016, Table 20 (National data) and 2007-2015, Table 69 and 2016, Table 22 (MA data).

Figure 3 below further breaks down a comparison of juvenile violent crime arrest rates nationally and in Massachusetts. Excluding aggravated assault, Massachusetts arrest rates for homicide, rape and robbery have steadily been lower than the national rates. However, the juvenile arrest rates for aggravated assault in Massachusetts consistently exceed the national rate during the ten-year trend analysis (2007-2016).

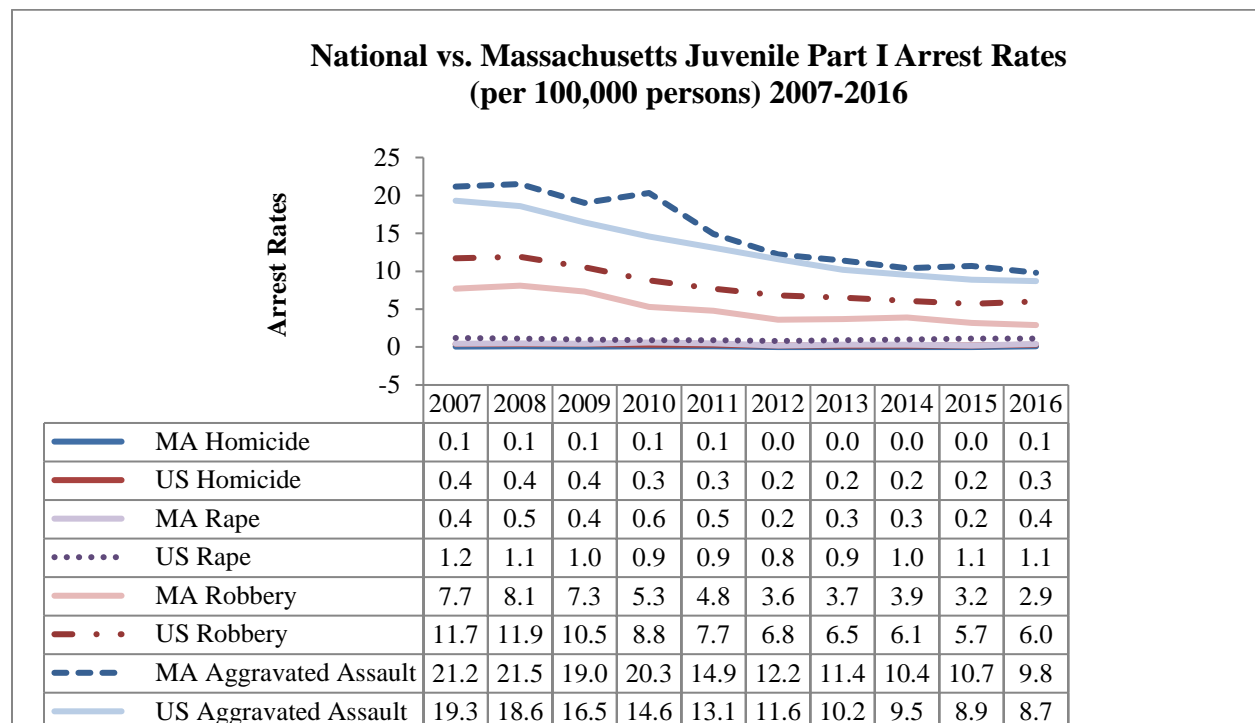


Figure 3. Source: FBI, *UCR*, 2007-2015, Table 41 and 2016, Table 20 (National data) and 2007-2015, Table 69 and 2016, Table 22 (MA data).

Ideally, school should be an environment that fosters teaching and learning, and not where one is exposed to crime and violence. Crime and violence at school can influence negative behaviors such as alcohol and drug use and suicide. It also can have psychological effects such as fear,

isolation and depression that can lead to poor academic performance and contribute to truancy and dropping out of school.

Juvenile Violence-related Experiences and Gang Involvement

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

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

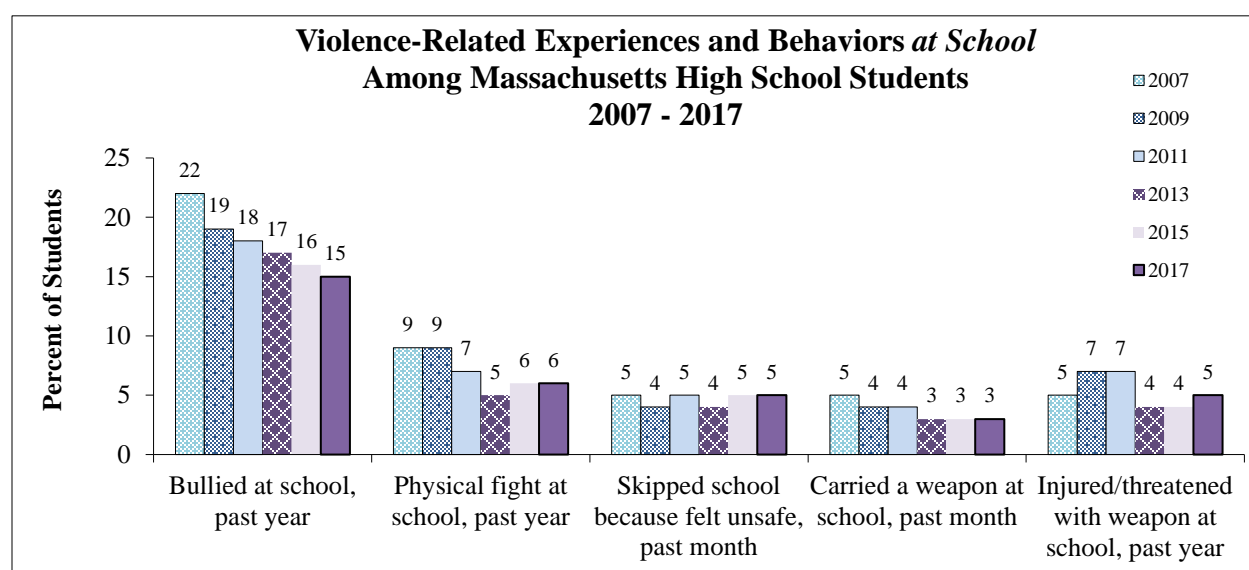


Figure 4. Centers for Disease Control and Prevention, *Massachusetts Youth Risk Behavior Surveillance System*, 2017

While the levels of gang membership and illegal gang activity are difficult to measure, a few sources shed light on the extent to which gangs are active in Massachusetts. Generally, student reported physical violence indicators show a decline, leveling off, or a slight uptick between 2007 and 2017. Physical fights declined since 2009, carrying weapons and gang membership increased since 2011, and carrying a gun remained steady. Figure 5 page 10, shows the following indicators for 2017:

⁴ Centers for Disease Control and Prevention, *Massachusetts Youth Risk Behavior Surveillance System*, 2017. <https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm>

⁵ For students who identify their sexual orientation as Gay, Lesbian, and Bisexual, 34% report being bullied at school in the past year in contrast to 14% who identify as heterosexual.

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

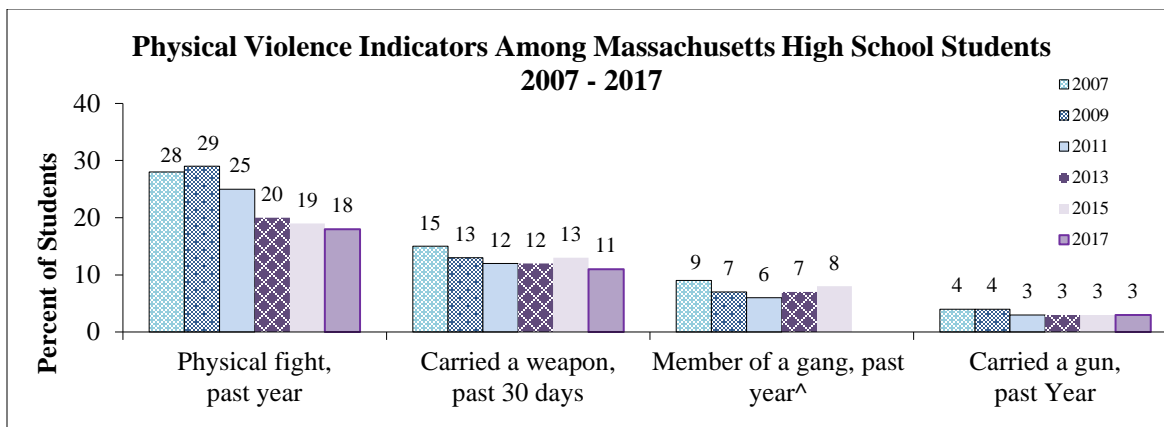


Figure 5. Centers for Disease Control and Prevention, *Massachusetts Youth Risk Behavior Surveillance System, 2017*
 ^Question not asked in 2017.

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

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

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

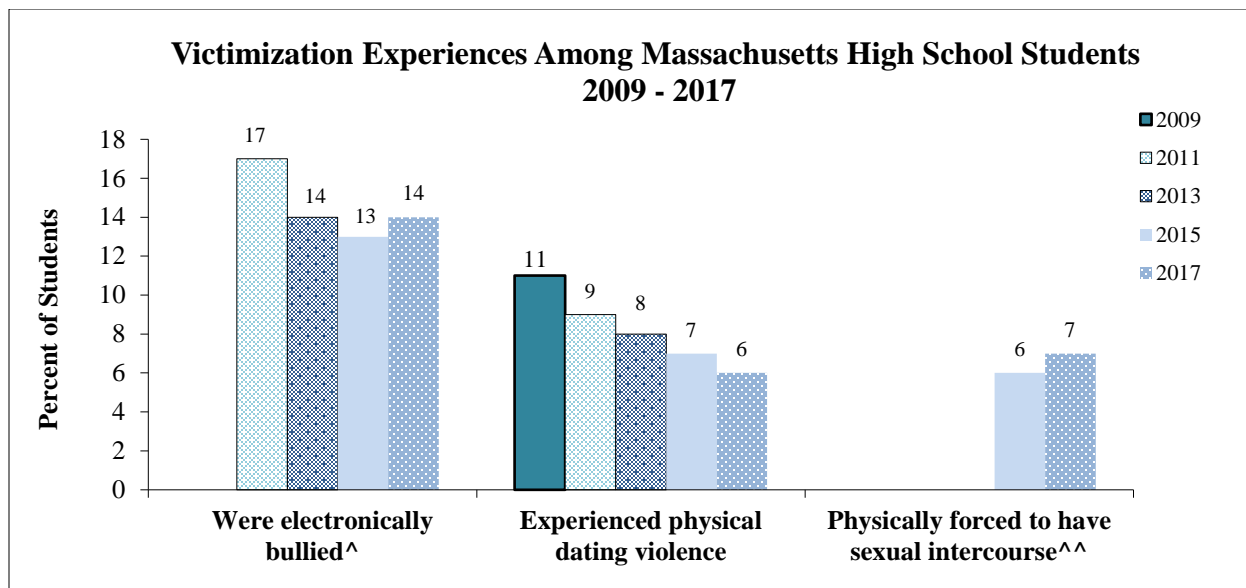


Figure 6. Centers for Disease Control and Prevention, *Massachusetts Youth Risk Behavior Surveillance System, 2017*

[^]Information for 2009 is unavailable.

PRIORITY #2: SUPPORTING EVIDENCE-BASED REENTRY PROGRAMS

TO REDUCE RECIDIVISM

Goal

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

Purpose Areas Addressed

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

Anticipated Activities

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

Rationale

Improving the reentry process for released prisoners is a critical public safety issue for Massachusetts, one that has received increasing attention in the last few years. Several reports have been published that describe the population of individuals being released from prison and document the challenges that they face. The challenges to reentry include obtaining employment and housing and addressing health and substance abuse problems in a community setting. Many released prisoners are returning to major metropolitan areas and are often concentrated in a few neighborhoods – which have public safety implications. All of these studies conclude that the State, communities, and families are not doing enough to ensure a successful transition of offenders from prison back to their community.⁶

Statement of the Problem

Returning to the community after a period of confinement in and jail or prison often is a difficult transition for most offenders as well as their families and communities. Many former offenders still struggle with substance abuse, mental health issues, inadequate education and job skills, and restrictive housing options. In 2016, 626,000 men and women – approximately 1,715

⁶ See “*From Cell to Street: A Plan to Supervise Inmates After Release.*” MassINC (January 2002); “*Parole Practices in Massachusetts and Their Effect on Community Reintegration.*” Boston Bar Association Task Force on Parole and Community Reintegration (August 2002); “*Governor’s Commission on Criminal Justice Innovation: Final Report*” (2004); “*From Incarceration to Community: A Roadmap to Improving Prisoner Reentry and System Accountability in Massachusetts.*” Crime and Justice Institute (June 3, 2004); “*Strengthening Public Safety, Increasing Accountability, and Instituting Fiscal Responsibility in the Department of Correction.*” Governor’s Commission on Corrections Reform (June 30, 2004). “*Prisoner Reentry in Massachusetts.*” Urban Institute (March 2005).

individuals a day – were released from state or federal custody.⁷ According to BJS, over 4.5 million offenders were under community supervision by the end of 2016.⁸

RECIDIVISM

Recidivism refers to a person's relapse into criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime. According to the National Institute of Justice, "recidivism is measured by criminal acts that result in rearrests, reconviction, or return to prison with or without a new sentence during a three-year period following the prisoner's release."⁹ In 2018, a 9-year follow-up on recidivism¹⁰ conducted by BJS illuminates the high reoccurrence of criminal behavior among released prisoners. The updated study found:

- The 401,288 prisoners released in 2005 had an estimated 1,994,000 arrests during the 9-year period, an average of 5 arrests per released prisoner;
- 60% of these arrests occurred during years 4 through 9;
- An estimated 68% of released prisoners were arrested within 3 years, 79% within 6 years, and 83% within 9 years;
- Almost half (47%) of prisoners who did not have an arrest within 3 years of release were arrested during years 4 through 9;
- 44% of released prisoners were arrested during the first year following release, while 24% were arrested during year 9; and
- 5% of prisoners were arrested during the first year after release and not arrested again during the 9-year follow-up period.¹¹

The Research and Policy Analysis Division (RPAD) at OGR, together with research partners in other Massachusetts criminal justice agencies, analyzed recidivism data for approximately 43,000 offenders released in 2005 with or without supervision from either county or state correctional facilities, the Department of Youth Services (DYS), or from cases beginning a term of probation or parole supervision. Recidivism for this analysis is defined as any offense committed after release to the community, or after initial placement in the community, that results in a conviction from an adult or juvenile court. Cases with a disposition of "continue without a finding" were counted as a conviction for this study. The Massachusetts statewide recidivism analysis is displayed in Table 1, page 14.

⁷ Carson, E. Ann, "Prisoners in 2016," BJS Bulletin, January 2018, NCJ 251149.

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

⁸ Kaeble, Danielle "Probation and Parole in the United States, 2016" BJS Bulletin, April 2018, NCJ 251148.

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

⁹ National Institute of Justice. Online. Available:

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

¹⁰ The updated study by BJS analyzed the offending patterns of a sample of 67,966 prisoners who were among the 401,288 state prisoners released in 2005 in 30 states.

¹¹ Mariel Alper, Ph.D., and Matthew R. Durose, "2018 Update on Prisoner Recidivism: A 9-Year Follow-up Period (2005-2014)" Bureau of Justice Statistics, May 2018 NCJ 250975,

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

TABLE 1. MASSACHUSETTS STATEWIDE SEVEN-YEAR CUMULATIVE RECIDIVISM RATES

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

^a Discharges and Paroles

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

PRISONER REENTRY

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

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

In 2017, 2,178 prisoners were released to the community, of which, 1,183 (54%) reported a release address in one of the top ten cities listed in Table 2. Boston had the highest number of criminally sentenced inmates released to the community (497), followed by Springfield (162) and Worcester (109).

TABLE 2. TOTAL CRIMINALLY SENTENCED RELEASES FROM THE DOC TO THE STREET BY TOP TEN MASSACHUSETTS CITIES, 2017

CITY	NUMBER	PERCENTAGE
Boston	497	23%
Springfield	162	7%
Worcester	109	5%
New Bedford	68	3%
Lawrence	67	3%
Lowell	66	3%
Lynn	66	3%
Brockton	59	3%
Fall River	59	3%
Haverhill	30	1%

Source: Massachusetts DOC. "Prison Population Trends 2017," March 2018.

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

Between 2007 and 2016, there was a 37% decline in the number of admissions to the DOC. Excluding 2007, 2008, and 2011, the number of releases from the DOC surpassed the number of

admissions, reflecting a trend of sporadic decline in the incarcerated population across the Commonwealth (Figure 7). In 2010, the number of annual admissions and the number of annual releases was closely aligned; however, this changed in 2011 with the reduction in parole releases. This reduction in the number of overall releases from prison to the community in 2011 – a decline of 15% from the previous year – is an aberration. In 2011, there was an overhaul of the Massachusetts Parole Board which reduced the number of hearings, votes, and parole releases to the street. Parole hearings with a full Board complement resumed in mid-April 2011. Additionally, in 2013, there was an increase in inmates transferred to local jails prior to their release from prison as part of a step-down initiative for reentry; this accounts for the increase in the number of persons under Massachusetts’ jurisdiction held in local jail facilities. In 2017, there was a decline of 1% and 7.9% in DOC admissions and releases, respectively.

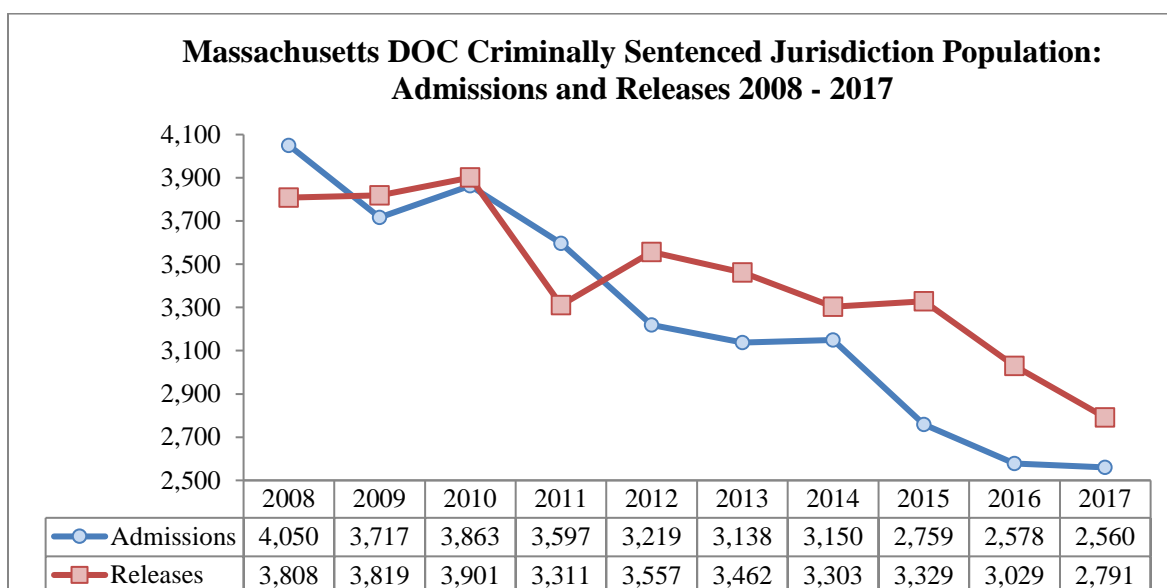


Figure 7. Source: Massachusetts DOC. “Prison Population Trends 2017,” March 2018.

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

The Massachusetts inmate jurisdiction population continued to decline for the fourth year, decreasing 19% after a peak of 11,723 in 2012 to 9,496 in 2017 (Figure 8, page 16).¹² Because nearly 95% of everyone who is sent to prison will eventually be released, the incarcerated population has significant implications for prisoners returning to Massachusetts communities and the efforts to reduce recidivism.¹³ In varying degrees, the communities to which former prisoners return have socioeconomic factors such as poverty, disenfranchisement, minimal social supports, and persistently high crime rates that present a variety of challenges which can hinder successful reintegration. Comparing releases to the community¹⁴ in 2011 and 2012, there was a

¹² Massachusetts Department of Correction, “Prison Population Trends 2017,” March 2018.

¹³ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, “Reentry Trends in the United States,” <https://www.bjs.gov/content/reentry/reentry.cfm>

¹⁴ Starting in 2012 and going forward, releases to the street is defined by the DOC Strategic Planning and Research Division as including expiration of sentence, parole, expiration of fine, payment of fine, and court release.

significant difference between the two years. There were two separate events in 2012¹⁵ that contributed to a 19% increase from the previous year in the number of inmates released to the community.

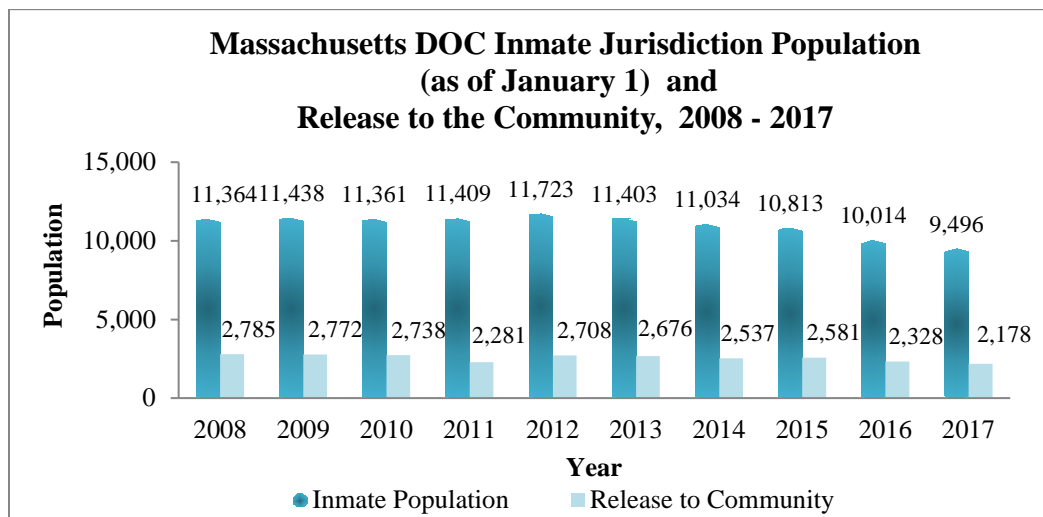


Figure 8. Source: Massachusetts DOC. “Prison Population Trends 2017,” March 2018.

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

POST RELEASE SUPERVISION TYPE	2014		2015		2016		2017	
Parole Supervision (only)	441	17%	455	18%	357	15%	281	13%
Probation Supervision (only)	830	33%	901	35%	859	37%	787	36%
Parole and Probation Supervision (only)	254	10%	279	11%	227	10%	233	11%
No Post Release Supervision	1,012	40%	946	37%	885	38%	877	40%
TOTAL	2,537	100%	2,581	100%	2,328	100%	2,178	100%
POST RELEASE SUPERVISION	2014		2015		2016		2017	
Supervision	1,525	60%	1,635	63%	1,443	62%	1,301	60%
No Supervision	1,012	40%	946	37%	885	38%	877	40%
TOTAL	2,537	100%	2,581	100%	2,328	100%	2,178	100%

Source: Massachusetts DOC. “Prison Population Trends 2017,” March 2018.

¹⁵ Chapter 192 of the Acts of 2012 known as the “Crime Bill” was enacted on August 2, 2012, and resulted in an immediate change to sentence structure for dozens of inmates. The second event was issues regarding accuracy of testing at the Hinton Drug Lab resulted in several hundred releases “from court,” primarily during the months of September – November 2012.

Table 4 provides the percentage of the Massachusetts population residing in each county in 2016¹⁶ compared to the percentage of criminally sentenced DOC inmates released to each county in 2017.¹⁷ Suffolk, Hampden, and Bristol counties (in **bold** below) had a higher percentage of inmates released to communities in those counties (43%) than the percentage of Massachusetts residents living there (27%).

TABLE 4. MASSACHUSETTS DOC 2017 CRIMINALLY SENTENCED RELEASES TO THE COMMUNITY BY COUNTIES COMPARED TO THE ESTIMATED POPULATION OF MASSACHUSETTS IN 2017

COUNTY	NUMBER	% RELEASES TO THE COMMUNITY	PERCENTAGE OF MA POPULATION RESIDING IN COUNTY
Suffolk	531	24%	12%
Middlesex	246	11%	23%
Essex	244	11%	11%
Worcester	236	11%	12%
Hampden	226	10%	7%
Bristol	206	9%	8%
Plymouth	156	7%	8%
Norfolk	105	5%	10%
Barnstable	52	2%	3%
Berkshire	33	2%	2%
Hampshire	18	1%	2%
Franklin	12	1%	1%
Nantucket	1	<1%	<1%
Dukes	0	0%	<1%
SUB-TOTAL	2,066	95%	99%
Outside MA	111	5%	1%
Unknown	1	0%	0%
TOTAL	2,178	100%	100%

Source: Massachusetts DOC. "Prison Population Trends 2017," March 2018.

¹⁶ 2016 estimated county population statistics were provided by the U.S. Census Bureau, 2017 was not available.

¹⁷ Information regarding release address is self-reported by inmates prior to their release.

PRIORITY #3: TARGETING DOMESTIC VIOLENCE AND SEXUAL ASSAULT OFFENDERS

Goal

Reduce the incidents of domestic violence and sexual assault as well as increase the level of effective and appropriate services for these victims.

Purpose Areas Addressed

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

Anticipated Activities

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

Rationale

There is no discrimination when it comes to who is victimized by domestic violence or sexual assault. In the case of sexual assault, the perpetrator may be a stranger, acquaintance, friend, family member, or intimate partner.¹⁸ Women, children, and men of all ages have been victims of sexual assault and domestic violence. Domestic violence and sexual assault crosses all races and ethnicities, religions, and economic strata.

Statement of the Problem

According to the National Crime Victimization Survey:¹⁹

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

From the same survey, 62% reported being the victim of aggravated assault, 58% the victim of domestic violence, and 32% the victim of rape or sexual assault. Although there has been a decline in domestic violence and sexual assault victimizations over the years, the above statistics highlight these remain critical issues for the law enforcement community and victim service organizations.

¹⁸ An intimate partner is defined as current or former spouses, boyfriends, or girlfriends.

¹⁹ Truman, Jennifer Ph.D., and Rachel E. Morgan, Ph.D., National Crime Victimization Survey, Criminal Victimization, 2015, October 2016, pg. 2. Online accessed: <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=5804>

INTIMATE PARTNER AND FAMILY VIOLENCE

Data compiled by the Massachusetts State Police's (MSP) Fusion Center via the National Incident-Based Reporting System (NIBRS) reveals that there were a total of 294,514 victims of intimate partner and family violence in Massachusetts during the ten-year period from 2008 to 2017,²⁰ this information is displayed in Figure 9. Over the course of the ten-year period, incidents of domestic violence in Massachusetts peaked at 29,127 in 2010, and from this peak declined by 17% in 2017 (24,296).^{21,22} Despite the reduction displayed in Figure 9, the need remains for accessible victim services and a coordinated criminal justice system to maintain this downward trend.

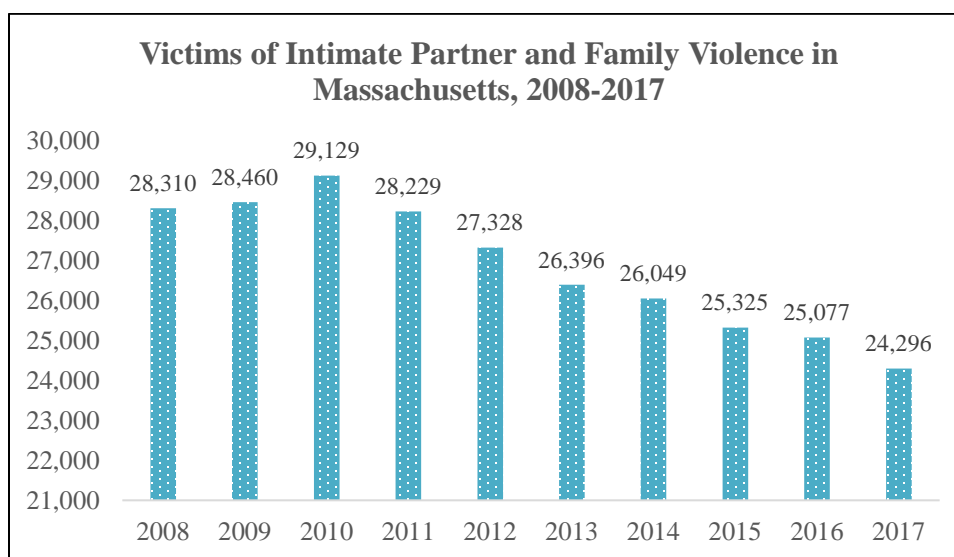


Figure 9. Source: NIBRS Data accessed via CrimeSOLV, Crimes against Person, Number of Victims by Select Characteristics by Victim/Offender Relationship.

REPORTED RAPES

The FBI's definition of rape changed in 2013 to be more inclusive,²³ and as a result, the number of forcible rapes in Massachusetts spiked to 2,718.²⁴ Much of the increase can be attributed to the change in definition. According to the FBI UCR, there were a total of 19,220 incidents of rape in Massachusetts from 2007 to 2016. Incidents of rape fell 6% between 2006 and 2012 (Figure 10, page 20). In 2014 and 2015, the number of rape offenses, using the revised

²⁰ NIBRS reporting is completely voluntary and as such, this data does not include all agencies statewide; most notably, data from the cities of Boston and Lawrence are absent. Both cities are working toward NIBRS compliance. NIBRS data covers approximately 87% of the Massachusetts population.

²¹ The number of victims of intimate partner and family violence were determined by examining data within the *Crimes against Persons* crime category in CrimeSOLV.

²² In January 2013, the national UCR program created two additional offenses in the Summary Reporting System and NIBRS: 1) Human Trafficking/Commercial Sex Acts; and, 2) Human Trafficking/Involuntary Servitude.

²³ Effective January 1, 2013, the FBI implemented a new definition of Rape that is used in the collection of national crime statistics. The term "forcible" was removed from the offense name. https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015/offenses-known-to-law-enforcement/rape/rapemain_final.pdf

²⁴ Beginning in 2013, the rape figures were estimated using the revised UCR definitions of rape.

definition, declined 20% and 5% from each previous year, respectively. In 2016, there was a 3% uptick in reported rapes from the previous year, and the rate of reported rapes is 31.2 per 100,000.

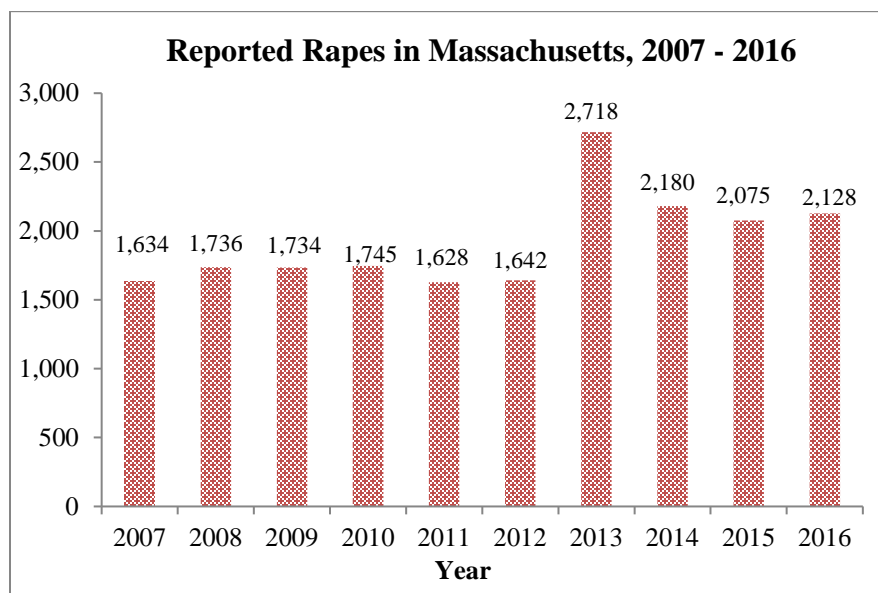


Figure 10. Source: FBI, UCR, 2007-2015, Table #5 and 2016, Table #3 (Crime in the United States by State, 2016).

SEXUAL ASSAULT REPORTING AND STATISTICS

Sexual assault is a serious problem that affects the lives of women, men, and children everywhere. Generally, researchers are limited to statistics that estimate the prevalence or incidence of sexual assault. Separate from incidents reported to law enforcement or indicated through the National Crime Victimization Survey, few details are known about the specific nature and context of sexual assault. The Provider Sexual Crime Report (PSCR)²⁵ is both unique and significant because it allows for a more detailed analysis of both the nature and context of sexual assault in Massachusetts. Exams are conducted by medical professionals; however, victims are not required to report the crime to the police. Therefore, the PSCR captures cases that often go unreported to police.

The statistics provided in Table 5 show that victims of sexual assault cross all age groups. Over the six year trend analysis, victims who were ages 0-12, and obtained a sexual assault exam, represented anywhere from 11.6% to 20.7% of the total cases. The majority of people who obtained a sexual assault exam were younger than 25 years old.

²⁵ Massachusetts General Laws, Chapter 112, §12A½. Statute adopted in 1991 and amended in 1996. Massachusetts General Law requires the reporting of all cases of rape and sexual assault where the victim sought medical treatment, regardless of whether the case was ever reported to police. The PSCR Form is part of the Sexual Assault Evidence Collection Kit that is distributed on an annual basis to hospital emergency departments throughout the state by the Executive Office of Public Safety and Security (EOPSS). After a victim is seen in a medical facility, the care provider is required to complete the PSCR Form, which is then shared with local law enforcement and submitted via facsimile to EOPSS, where all information is recorded and maintained in a master database.

TABLE 5. NUMBER OF SEXUAL ASSAULT EXAMS CONDUCTED BY VICTIM AGE

YEAR	AGES 0-12	%	AGES 13-24	%	AGES 25+	%	UNK.	%	TOTAL	TOTAL %
2011	252	20.7%	563	46.3%	379	31.2%	21	1.7%	1,215	100%
2012	174	15.4%	523	46.2%	417	36.8%	18	1.6%	1,132	100%
2013	210	16.2%	574	44.3%	486	37.5%	27	2.1%	1,297	100%
2014	240	18.5%	576	44.5%	457	35.3%	22	1.7%	1,295	100%
2015	149	12.0%	556	44.8%	507	40.9%	28	2.3%	1,240	100%
2016	157	11.6%	620	45.8%	556	41.1%	21	1.6%	1,354	100%
2017	218	14.6%	675	45.2%	573	38.3%	29	1.9%	1,495	100%
Total	1,400	15.5%	4,087	45.2%	3,375	37.4%	166	1.8%	9,028	100%

Source: RPAD, EOPSS, PSCR database. Data obtained June 30, 2017.

Note: Cases where the victim's age was unknown (N=137) were excluded.

Unfortunately, rape and sexual assault remain highly underreported crimes. As noted, the PSCR provides an indication as to whether the victim reported the sexual assault to law enforcement prior to the exam. It is possible that some victims reported after the exam date. Table 6 shows the number and percent of individuals who reported the crime to law enforcement. Over the six year trend analysis, between 60.6% and 70.2% of victims reported their sexual assault to the police. The most recent year of data (2017), had the lowest percentage of reporting sexual assaults to the police.

TABLE 6. NUMBER OF SEXUAL ASSAULT EXAMS CONDUCTED WITH REPORTING TO POLICE

YEAR	NOT REPORTED	%	REPORTED	%	MISSING	%	TOTAL	TOTAL %
2011	328	27.0%	853	70.2%	34	2.8%	1,215	100%
2012	322	28.4%	785	69.3%	25	2.2%	1,132	100%
2013	384	29.6%	884	68.2%	29	2.2%	1,297	100%
2014	356	27.5%	901	69.6%	38	2.9%	1,295	100%
2015	414	33.4%	801	64.6%	25	2.0%	1,240	100%
2016	471	34.8%	857	63.3%	26	1.9%	1,354	100%
2017	533	35.7%	907	60.6%	55	3.7%	1,495	100%
Total	2,808	31.1%	5,988	66.3%	232	2.6%	9,028	100%

Source: RPAD, EOPSS, PSCR database. Data obtained June 30, 2017.

Note: Cases where it was unknown whether the victim reported to police (N=177) was excluded.

In over half of the sexual assault cases the victim knew her/his assailant (Table 7). Reviewing 2017 data, in a small number of sexual assault cases, the assailant is identified as “other” or is not known, 8% and 6%, respectively.

TABLE 7. NUMBER OF REPORTED SEXUAL ASSAULT ASSAILANTS^a BY VICTIM/OFFENDER RELATIONSHIP

YEAR	NON-STRANGER ^b	%	STRANGER	%	OTHERS	%	UNK.	%	TOTAL	TOTAL %
2011	572	56.0%	303	29.7%	73	7.1%	73	7.1%	1,021	100%
2012	579	56.6%	326	31.3%	79	7.6%	57	5.5%	1,041	100%
2013	665	55.4%	358	29.8%	75	6.3%	102	8.5%	1,200	100%
2014	667	59.2%	344	30.5%	57	5.1%	59	5.2%	1,127	100%
2015	690	59.1%	340	29.1%	74	6.3%	63	5.4%	1,167	100%
2016	703	58.2%	348	28.8%	89	7.4%	68	5.6%	1,208	100%
2017	760	58.6%	372	28.7%	97	7.5%	67	5.2%	1,296	100%
Total	3,876	57.3%	2,019	29.8%	447	6.6%	422	6.2%	6,764	100%

Source: RPAD, EOPSS, PSCR database. Data obtained July 13, 2018.

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

^b Non-stranger relationships include friends, acquaintances, dates, boyfriend/girlfriend, ex-boyfriend/ex-girlfriend, spouses, relatives, parents, and parents' live-in partners.

The non-stranger category entails a cross-section of relationships – friends, boyfriend/girlfriend, or exes, or date, spouse, relative or parent. The victim/offender relationship that is identified as an acquaintance represents the highest percentage of non-stranger assailants (41%) (Table 8).

TABLE 8. NON-STRANGER VICTIM/OFFENDER RELATIONSHIP,^a 2017

Victim/Offender Relationship	Number	Percent
Acquaintance	315	41.4%
Friend	214	28.2%
Ex-boyfriend/ex-girlfriend	51	6.7%
Boyfriend/girlfriend	45	5.9%
Date	35	4.6%
Parent	32	4.2%
Relative	31	4.1%
Ex-spouse	16	2.1%
Spouse	14	1.8%
Parent's Live-in Partner	7	0.9%
Total	760	100%

Source: RPAD, EOPSS, PSCR database. Data obtained July 13, 2018.

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

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

The Council created five committees in the following areas of priority: 1) Veterans/Military, 2) Child Trafficking, 3) Prevention Education, 4) Housing Stability and Self Sufficiency, and 5) Response and Assessment. Each committee sets and reports on annual goals and recommendations and informs the Commonwealth on improving prevention, enhancing supports to survivors, and increasing accountability of perpetrators. The Council consists of 30 members representing providers, advocates, healthcare, the Attorney General's Office, law enforcement, the courts and higher education.

The Council is chaired by Lt. Governor Karyn Polito, meets bi-monthly, and conducts outreach and supports the committees in carrying out their tasks. Supporting the Council, the Executive Director is responsible for the day-to-day operations.

PRIORITY #4: SUBSTANCE ABUSE WITH AN EMPHASIS ON OPIOIDS

Goal

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

Purpose Areas Addressed

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

Anticipated Activities

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

Rationale

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

Statement of the Problem

Statistics demonstrate that there is a direct relationship between the use of drugs and the volume of crime committed by drug users. A June 2017 report issued by the BJS noted 42% of state inmates committed their offense under the influence of drugs. Furthermore, 7% of state inmates reported heroin/opiate use at the time of the offense, and 58% report drug dependence or abuse.²⁶

²⁶ Bronson J., Jessica S, Stephanie Z, and Marcus B, “*Drug Use, Dependence, and Abuse Among State and Federal Prisoners and Jail Inmates, 2007-2009*,” BJS Special Report, June 2017, NCJ 250546.
<https://www.bjs.gov/content/pub/pdf/dudaspii0709.pdf>

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

The Drug Enforcement Administration (DEA) released a report in October 2017 entitled *National Drug Threat Assessment 2017*, which provides an in-depth analysis of the specific types of drugs and drug-abuse patterns nationally, and in the New England region. The report identified opioid abuse, and in particular, heroin and controlled prescription medications, as the primary drug concerns for the New England region. Specifically, in Massachusetts, opioid abuse remains a serious public health concern as drug-related overdoses and deaths remain high. However, for the first time in seven years, overdose deaths decreased. In 2017, there was a 6% decrease from 2016.²⁷

Governor Baker continues to champion many initiatives to combat the continuing drug crisis in Massachusetts. Noted in previous federal applications, Chapter 55 of the Acts of 2015 (Chapter 55) was passed by the Massachusetts Legislature and signed into law by Governor Charles D. Baker in August 2015. “First-in-the-nation, this law permits the linkage and analysis of existing data across state government in order to better guide policy development and programmatic decision-making to successfully tackle the current opioid epidemic.”²⁸ In the year since the release of the first Chapter 55 report in September 2016, approximately 2,000 Massachusetts residents have died of opioid-related overdoses.²⁹

Governor Baker’s proactive response to the opioid crisis in Massachusetts has remained steadfast. Governor Baker established the Opioid Working Group which released 65 recommendations and an action plan in June 2015. The Governor’s Working Group on Opioids released an update on November 14, 2017, which noted there are signs of initial improvement in the fight against opioid addiction. The following are some of the highlights from this update:³⁰

- The rate of overdose deaths has slowed, the first 9 months of 2017 showed a 10% decrease over 2016;
- The presence of prescription opioids and heroin in toxicology of opioid-related deaths continues to decline, however, the presence of fentanyl in opioid-related deaths has been increasing significantly;
- Prescribing clinicians have changed their practice and are using the prescription monitoring program;
- The number of opioid prescriptions has decreased by 29% since 2015; and

²⁷ Source: Massachusetts Department of Public Health, Office of Data Management and Outcomes Assessment, *Data Brief: Opioid-related Overdose Deaths among Massachusetts Residents*, Posted: May 2018. Accessed on May 23, 2018. <https://www.mass.gov/files/documents/2018/05/22/Opioid-related%20Overdose%20Deaths%20among%20MA%20Residents%20-%20May%202018.pdf>

²⁸ Massachusetts Department of Public Health, *An Assessment of Opioid-Related Deaths in Massachusetts (2013-2014)*, September 2016. <http://www.mass.gov/eohhs/gov/departments/dph/stop-addiction/chapter-55-overdose-assessment.html>

²⁹ Massachusetts Department of Public Health. *Data Brief: An Assessment of Opioid-Related Overdoses in Massachusetts 2011-2015, August 2017*. <https://www.mass.gov/files/documents/2017/08/31/data-brief-chapter-55-aug-2017.pdf>

³⁰ Commonwealth of Massachusetts, *Governor’s Working Group on Opioids Update*, November 14, 2017. Online. Accessed May 17, 2018. <https://www.mass.gov/files/documents/2017/11/15/2017-annual-update-action-items-gov-working-group.pdf>

- There continues to be an increase in the use of Naloxone as a result of expanded access.
 - The Overdose Education and Naloxone Distribution (OEND) program has trained over 64,000 individuals on how to administer naloxone since the program began in 2007.
 - Since 2007, nearly 12,800 overdose rescues have been reported. Over 8,600 since 2015 and 3,600 rescues in 2016 alone.

Compared to the rest of the Massachusetts adult population the opioid-related overdose death rate is:³¹

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

Additional findings from the 2017 Chapter 55 Opioid Data Brief note:

- Nearly 1 in 10 individuals die within two years after an initial nonfatal overdose;
- The average survival time for those who died of an opioid overdose was 36 months; and
- Individuals who received three months of prescribed opioids in 2011 were four times as likely to die from an overdose within one year, and 30 times as likely within five years.³²

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

NUMBER OF PERSONS ARRESTED FOR DRUG ABUSE VIOLATIONS

Compared to the previous year, FBI reports the number of persons (all ages) arrested for drug abuse violations in Massachusetts in 2016 remained static. In the ten-year period between 2007 and 2016 overall drug abuse violations fell 53% (Figure 11, page 27). This decline in Massachusetts may be attributed to a 2008 Initiative Petition that replaced the criminal penalties for possession of one ounce or less of marijuana with a new system of civil penalties, to be enforced by issuing citations, and would exclude information regarding this civil offense from the state's criminal record information system.³³

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

³² Ibid.

³³ Question 2: Law Proposed by Initiative Petition “*Possession of Marijuana*” Online. Accessed June 16, 2017 https://www.sec.state.ma.us/ele/ele08/ballot_questions_08/quest_2.htm

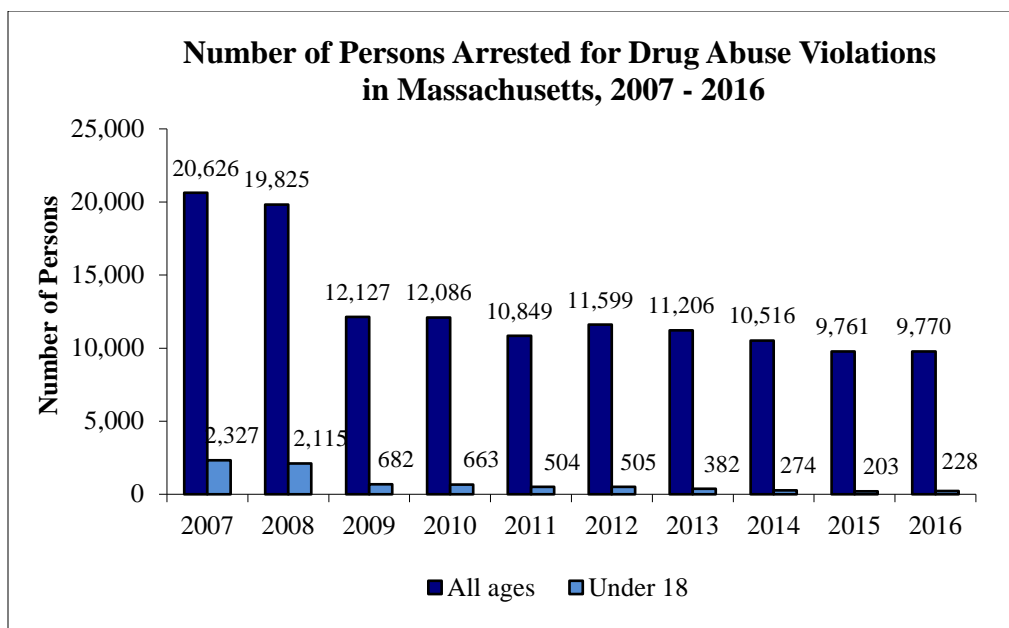


Figure 11. Source: FBI, UCR, 2007-2015, Table 69; 2016, Table 22.

Likewise, there has been a dramatic shift in the number of young people arrested for drug offenses during this time period. Peaking at 2,327 in 2007, the number of juveniles under the age of 18 arrested for drug offenses declined 78% by 2011, remained static in 2012, and declined 55% between 2012 and 2016. Despite the downward trend, there is still a critical need to support substance abuse programming in county and state correctional facilities. This is especially true given the lengthy waiting lists for substance abuse programming at many facilities. RSAT funding is needed not only to continue these programs but to accommodate in a timely manner those seeking treatment in the DOC and Houses of Correction (HOC).

NUMBER OF NEW COURT COMMITMENTS FOR GOVERNING DRUG OFFENSES

The number of new court commitments to Massachusetts state and county correctional facilities fell from 4,337 in 2008 to 2,912 in 2015, a 33% decline (Figure 12, page 28).³⁴ In 2017, there was a 15% increase in DOC new court commitments for a governing drug offense. However, the ten-year trend analysis reflects a 41% drop in DOC new court commitments for a governing drug offense.

³⁴ New commitments for governing drug offenses to the county HOCs are obtained from the Massachusetts Sentencing Commission, *Survey of Sentencing Practices, SFY 2009 – SFY 2014*; however, data are not available for 2016 and 2017. As a result, it is not possible to extend the HOC trend analysis beyond 2015.

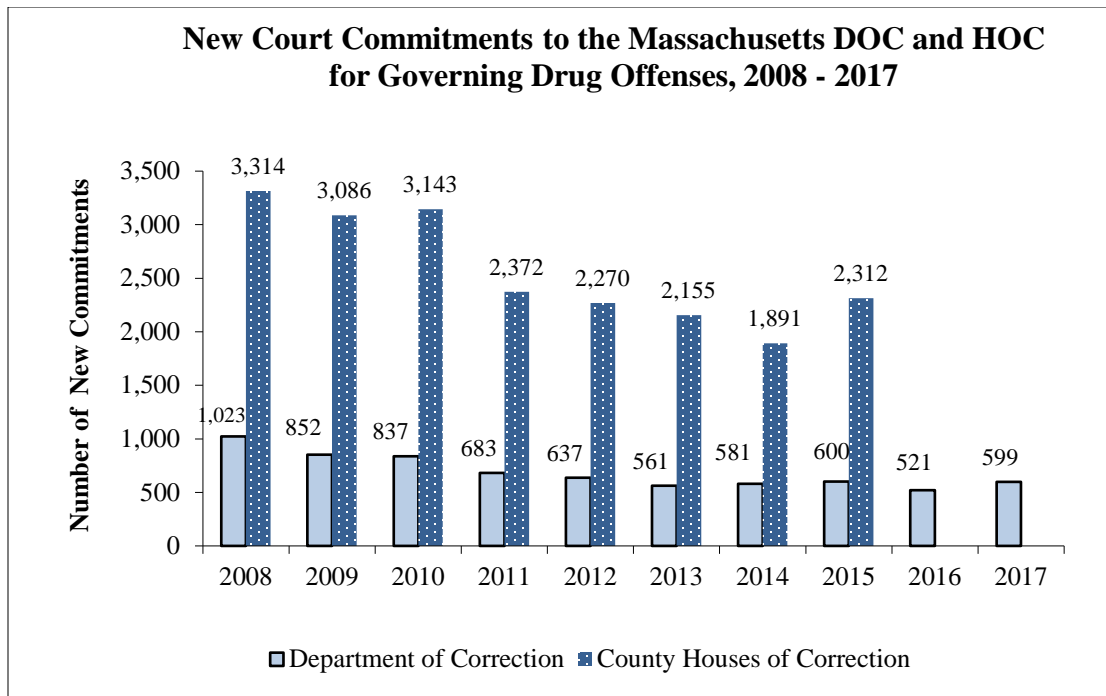


Figure 12. Source: Massachusetts Department of Correction, *Court Commitments to the Massachusetts Department of Correction, 2004 – 2008*; *New Court Commitments to Massachusetts County Correctional Facilities, 2004 – 2008*. Massachusetts Department of Correction, *Prison Population Trends, 2009 – 2016*. Massachusetts Sentencing Commission, *Survey of Sentencing Practices, SFY 2009 – SFY 2015*. Note: the Department of Correction data is based on calendar year and the Massachusetts Sentencing Commission is based on state fiscal year.

MASSACHUSETTS DOC PRISON POPULATION JANUARY 1, 2017

A report published by the Massachusetts DOC in March 2018, *Prison Population Trends, 2017*, identified the following characteristics of the inmate population incarcerated for governing drug offenses on January 1, 2018:³⁵

- 785 males and 18 females were serving a governing mandatory drug sentence;
- 13% of the population serving a governing drug offense received a sentence of three years or more; and
- Drug offenses were the third most prevalent governing offense category for offenders (14%), surpassed by crimes against person offenses (54%) and sex offenses (15%). The remaining governing offense categories were (8%) for both property and other.

³⁵ MA DOC define a drug offense as “offenses set forth in Massachusetts General Laws Chapter 94C, including offenses pertaining to the distribution or possession with intent to distribute, trafficking of drugs, and drug violations within proscribed distances from schools and parks”. Massachusetts Department of Correction, *Prison Population Trends, 2017*, March 2018.

ALCOHOL AND SUBSTANCE ABUSE CIVIL COMMITMENTS

One of the three types of civil commitments³⁶ to the DOC is “Alcohol and Substance Abuse Commitments” to the Massachusetts Alcohol and Substance Abuse Center (MASAC).³⁷ MASAC provides detoxification and substance abuse treatment for males for a period up to 90 days. On January 1, 2017, there were 251 civil commitments and 24 criminally sentenced inmates.³⁸ MASAC commitments comprised 77% of the civil commitments to the DOC in 2017; a decline from 79% in 2016. Table 9 below displays the number of Section 35 commitments beginning in 2010, and shows a 9% drop in 2017 over the previous year.³⁹

TABLE 9. CIVIL COMMITMENTS TO MASAC/MASAC AT PLYMOUTH⁴⁰
2010 – 2017

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

Source: Massachusetts DOC, *Prison Population Trends, 2010-2017*.

SUBSTANCE ABUSE IMPACT ON INMATE RELEASES TO THE COMMUNITY AND RECIDIVISM⁴¹

The DOC utilizes the COMPAS⁴² Risk/Needs assessment to determine inmates’ risk for recidivism and their programming needs. The assessment identifies the following areas: criminal history factors, criminal associates/peers, criminal attitudes, social environment, and needs assessment (e.g., substance abuse, financial, vocational/education). Properly assessing the risk and needs of offenders and providing the appropriate programming will help reduce recidivism.

³⁶ The other two groups of civil commitments are “Mental Health Commitments” and “Sexually Dangerous Person Commitments”.

³⁷ M.G.L. Chapter 123, Section 35 (i.e., Section 35’s). Section 35’s provides a mechanism for a family member, police officer, physician, or court official to petition for a person whose alcohol or drug use puts themselves or others at risk to be involuntarily committed for substance abuse treatment.

³⁸ Massachusetts Department of Correction, *Prison Population Trends, 2016*, March 2017.

³⁹ While the number of criminally sentenced jurisdiction admissions have steadily declined from 2014 (3,152); 2015 (2,759); and 2016 (2,578), the civil commitments to MASAC have increased since 2014.

⁴⁰ Detoxification and substance abuse treatment was originally located at the Southeastern Correctional Center (SECC). Upon the closing of SECC and a mission change in 2002, these services were moved to a facility renamed MASAC on the grounds of the Bridgewater Complex. As of May 1, 2017 MASAC was relocated to the closed MCI-Plymouth facility.

⁴¹ A recidivist is defined by DOC research as any criminal sentenced inmate released to the community from MA DOC jurisdiction during 2014 who is re-incarcerated for a new sentence or violation of parole or probation to a Massachusetts state or county facility or to a federal facility within three years of his/her release.

⁴² COMPAS [Criminal Offender Management Profiling for Alternative Sanctions] is a statistically based and validated risk assessment tool specifically designed to assess key risk and needs factors in correctional populations and to provide decision support for classification.

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

According to the DOC, in 2017, Boston had the highest number of criminally sentenced inmates released to the community (497), followed by Springfield (162) (Table 10).

**TABLE 10. CRIMINALLY SENTENCED RELEASES TO THE COMMUNITY
BY TOP TEN MASSACHUSETTS CITIES, 2017**

City/Town	Number	Percentage
Boston	497	23%
Springfield	162	7%
Worcester	109	5%
New Bedford	68	3%
Lawrence	67	3%
Lowell	66	3%
Lynn	66	3%
Brockton	59	3%
Fall River	59	3%
Haverhill	30	1%

Source: Massachusetts DOC, *Prison Population Trends, 2017*, March 2018.

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

Initial findings in the DPH report, *An Assessment of Opioid-Related Deaths in Massachusetts, (2013-2014)* include:⁴³

- Twenty-five percent (25%) of prison inmates received treatment during their incarceration;
- Compared to the general population, individuals recently released from a Massachusetts prison are 56 times as likely to die from an opioid-related overdose;
- The risk of death is highest in the month following release;
- When examining opioid-related overdoses, former inmates had death rates in the first month after release that were up to six times higher than rates at later times;
- Among those released from prison, individuals ages 18 to 24 have almost 10 times the risk of death upon release compared to individuals 45 years and older; and
- During 2013 and 2014, 13,918 inmates were released from state correctional facilities. Of these, 287 died during the same time period. Of these deaths, 121 (42%) died from an opioid-related overdose. Comparing with the total population in the state, opioid-related deaths accounted for only 2,192 (2.1%) deaths.

⁴³ Massachusetts Department of Public Health, *An Assessment of Opioid-Related Deaths in Massachusetts (2013-2014)*, September 2016.

<http://www.mass.gov/eohhs/gov/departments/dph/stop-addiction/chapter-55-overdose-assessment.html>

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

To further support the need for substance abuse treatment and relapse prevention in a correctional setting, Massachusetts DOC three-year recidivism rates for 2014 releases to the community revealed:⁴⁴

- After serving time for drug offenses 24% of males and 25% of females re-offended; and
- The recidivism rate for those serving a mandatory minimum drug sentence was lower than those serving a non-mandatory drug sentence (23% vs. 25%).

The DPH report also provided recommendations for reducing inmates' post incarceration risk of substance abuse. The recommendations are:

- Ensuring the availability of treatment within correctional facilities, and improved aftercare planning for inmates prior to release has the potential for life-saving impact and should be prioritized.
- Treatment and overdose prevention services should be expanded in correctional facilities and should be standardized, evidence-based, and monitored.
- Further research is warranted to identify other specific risk factors associated with the increased risk for those released from incarceration.⁴⁵

NATIONAL DRUG THREAT ASSESSMENT

The *2017 National Drug Threat Assessment Summary*, conducted by the DEA, report that 9% of national law enforcement agencies consider Controlled Prescription Drugs (CPDs) as the ultimate drug threat in their region. This is down substantially from 2014 when 22% reported this concern, and further declining in 2015 and 2016, 15% and 12%, respectively. In the New England region, there was a dramatic shift in reports of CPDs as the greatest drug threat. In 2014, 33% reported CPDs as the greatest drug threat which fell to 5% in 2017 (Figure 13, page 32). This is an 85% decline over a four year period and may be attributed, in part, to the change in practice by prescribing clinicians and the use of the prescription monitoring program. For example, in Massachusetts, the number of opioid prescriptions has decreased by 29% since 2015.⁴⁶ Nationwide, there too was a decline in the reporting of CPDs as a greatest drug threat; however, in 2017 the New England threat was lower than the nationwide threat.

⁴⁴ Source: Massachusetts Department of Correction, *Prison Population Trends, 2016*, March 2017, pg. 50.

⁴⁵ Massachusetts Department of Public Health, *An Assessment of Opioid-Related Deaths in Massachusetts (2013-2014)*, September 2016.

<http://www.mass.gov/eohhs/gov/departments/dph/stop-addiction/chapter-55-overdose-assessment.html>

⁴⁶ Commonwealth of Massachusetts, *Governor's Working Group on Opioids Update*, November 14, 2017. Online. Accessed May 17, 2018. <https://www.mass.gov/files/documents/2017/11/15/2017-annual-update-action-items-gov-working-group.pdf>

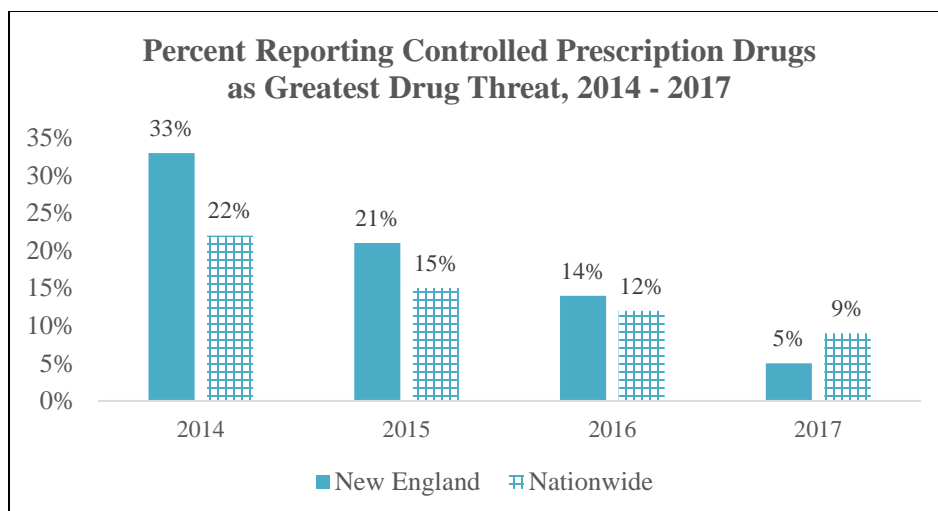


Figure 13. Source: DEA, *National Drug Threat Assessment Summary*, 2017. October 2017.

Figure 14 demonstrates the availability of CPDs in the New England region as reported by law enforcement officials. In 2010, New England respondents stating there is high CPD availability in their jurisdictions rose 45% from the previous year (80%), remained static in 2011, then declined between 2013 and 2015, had a slight uptick in 2016, and fell to 42% in 2017. The number of individuals reporting current use of CPDs remains more than those reporting use of cocaine, heroin, methamphetamine, MDMA, and phencyclidine (PCP) combined.⁴⁷

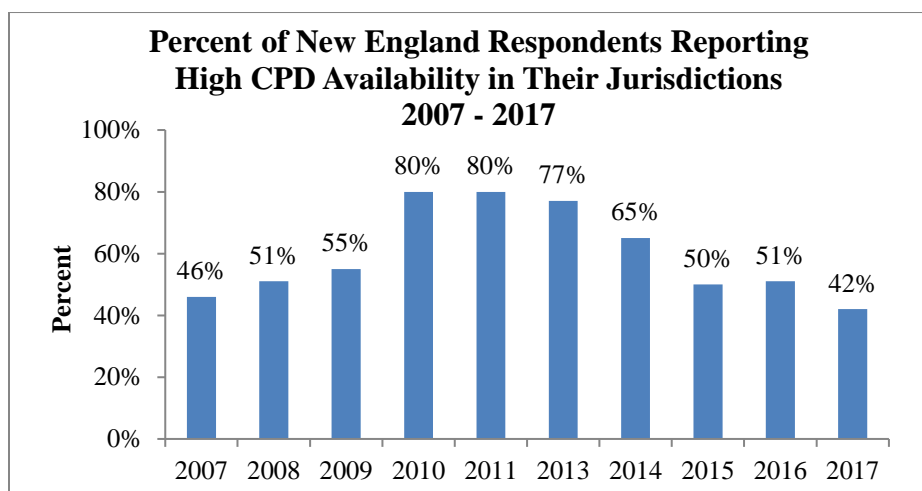


Figure 14. Source: DEA, *National Drug Threat Assessment Summary*, 2017. October 2017.

Note: Data is from the National Drug Threat Survey 2007 – 2011, 2013 – 2017.

The National Drug Threat Survey was not administered in 2012.

A Department of Justice report details the overall drug threat to the New England (NE) High Intensity Drug Trafficking Area (HIDTA) region. Two New England regions are identified as

⁴⁷ Drug Enforcement Administration, November 2016. *National Drug Threat Assessment Summary*, 2017. October 2017. Online. Accessed May 17, 2018. Available: https://www.dea.gov/docs/DIR-040-17_2017-NDTA.pdf

high intensity drug area hubs: Hartford, CT/Springfield, MA and Lowell/Lawrence MA.⁴⁸ Furthermore, Boston, Brockton, Cambridge, Lynn, Springfield, and Worcester (MA); are the largest Massachusetts cities in the HIDTA counties. Boston – New England’s largest city – is primarily a “consumer drug market” receiving drugs from Lawrence, Lowell, and the New York City metropolitan area. The area between Providence, RI and Fall River, MA is identified as a secondary distribution network that supplies illegal drugs to the Cape Cod area.

As a consequence of the severe heroin problems in New England, in 2016, the Director of National Drug Control Policy added Bristol County to the HIDTA list; resulting in half of Massachusetts’s 14 counties with this designation. Bristol now joins Essex, Hampden, Middlesex, Plymouth, Suffolk, and Worcester counties as “critical drug trafficking regions”.⁴⁹ The HIDTA designation means these counties receive federal resources to reduce drug use and overdose deaths, provide treatment services, and serve as a catalyst for coordinating resources among local, state, and federal law enforcement agencies.

As displayed in Figure 15 below, a high percentage of law enforcement officials responding to the 2017 National Drug Threat Survey report a high availability of heroin in the New England region (72%). The percentage of responders acknowledging high heroin availability increased 68% between 2007 and 2015, remained static in 2016, and increased 7% in 2017. Sixty-five percent (65%) of New England respondents stated heroin was the greatest drug threat compared to 44% nationally.

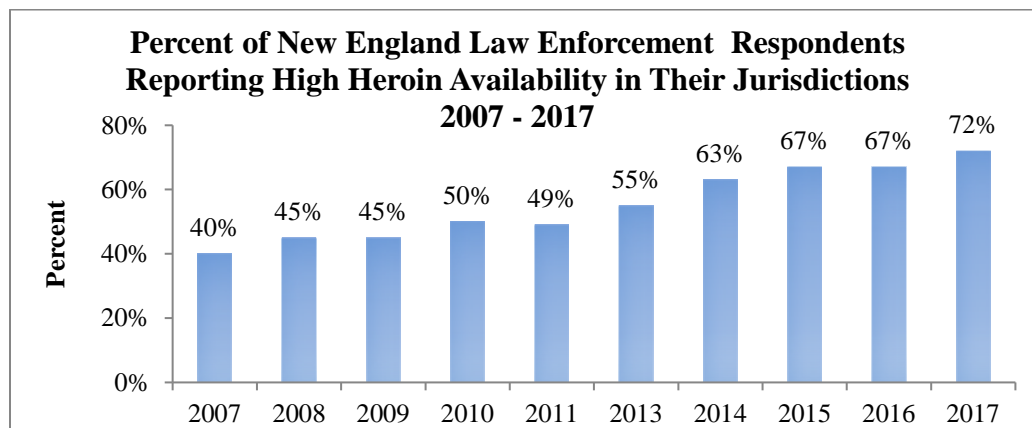


Figure 15. Source DEA, *National Drug Threat Assessment Summary*, 2017. October 2017.
Note: Data is from the National Drug Threat Survey 2007 – 2011; 2013 – 2017. The National Drug Threat Survey was not administered in 2012.

⁴⁸ U.S. Department of Justice, National Drug Intelligence Center, September 2011. *New England High Intensity Drug Trafficking Area Drug Market Analysis*, 2011. Online. Available:

[https://www.justice.gov/archive/ndic/dmas/New_England_DMA-2011\(U\).pdf](https://www.justice.gov/archive/ndic/dmas/New_England_DMA-2011(U).pdf)

⁴⁹ Online. Available: <https://obamawhitehouse.archives.gov/the-press-office/2016/01/15/white-house-drug-policy-director-announces-designation-14-counties-high>

HEROIN AND OPIOID-RELATED DEATHS IN MASSACHUSETTS

The high heroin and opioid availability continues to impact the Commonwealth of Massachusetts as evidenced by an exponential increase in the number of heroin and opioid deaths in recent years. In 2017, the state's count of opioid-related deaths was 2,016, of which 1,874 have been confirmed (Figure 16). A confirmed death is one in which the state medical examiner has certified a cause of death.

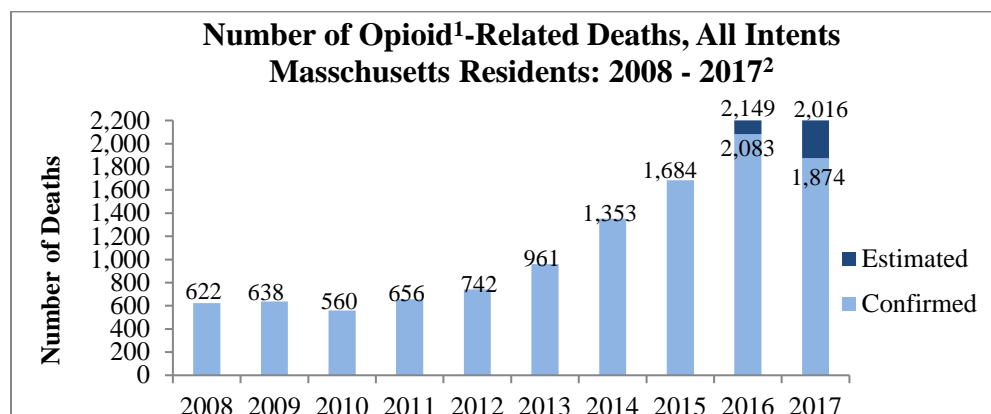


Figure 16. Source: Massachusetts Department of Public Health, Office of Data Management and Outcomes Assessment, *Data Brief: Opioid-related Overdose Deaths among Massachusetts Residents*, Posted: May 2018. Accessed on May 23, 2018.

<https://www.mass.gov/files/documents/2018/05/22/Opioid-related%20Overdose%20Deaths%20among%20MA%20Residents%20-%20May%202018.pdf>

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

²The data contains both confirmed and estimated data through December 2016.

In 2017, the estimated rate of unintentional opioid-related overdose deaths was 29.6 deaths per 100,000 residents. This represents a 6% drop from the rate of 31.6 deaths per 100,000 residents (Figure 17). This is the first decline since 2010. Despite this recent decline, there was a 393% growth from the rate of 6.0 deaths per 100,000 residents in 2000, to 29.6 deaths per 100,000 residents in 2017.

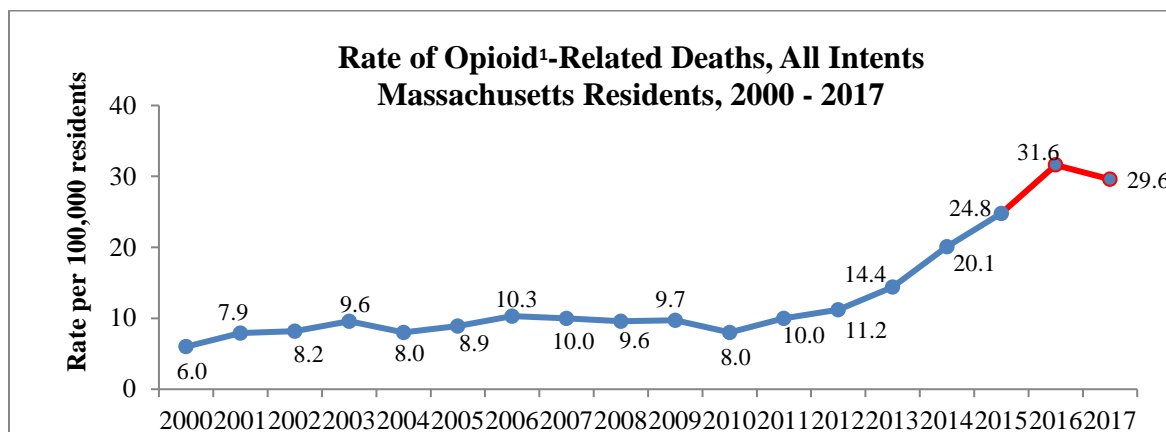


Figure 17. Source: Massachusetts Department of Public Health, Office of Data Management and Outcomes Assessment, *Data Brief: Opioid-Related Overdose Deaths among Massachusetts Residents*, Posted: May 2018.

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

Tables 11 through 13 display demographic data from confirmed opioid-related overdose deaths from January 2017 to December 2017.⁵⁰ Three-quarters (76%) of persons who died from confirmed, opioid-related deaths were male (Table 11).

**TABLE 11. CONFIRMED OPIOID¹-RELATED DEATHS, ALL INTENTS, BY GENDER:
JANUARY 2017 – DECEMBER 2017**

Gender	Number	Percent
Male	1,432	76%
Female	442	24%
Total	1,874	100%

Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Data Brief: Opioid-Related Overdose Deaths, All Intent, Massachusetts Residents, Demographic Data Highlights*, Posted: May 2018. Accessed on May 23, 2018. https://www.mass.gov/files/documents/2018/05/22/Opioid-related%20Overdose%20Deaths%20Demographics%20-%20May%202018_0.pdf

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

Displayed in Table 12, over three-quarters (78%) of opioid-related deaths in 2017 occurred in the 25 – 54 age range. This age group accounts for 10% of all deaths in the Commonwealth.

**TABLE 12. CONFIRMED OPIOID¹-RELATED DEATHS, ALL INTENTS
COMPARED TO ALL DEATHS BY AGE: JANUARY 2017 – DECEMBER 2017**

Age	0-14	15-24	25-34	35-44	45-54	55-64	65+	Total
All Deaths	380	495	1,271	1,499	3,163	6,333	45,617	58,758
Confirmed Unintentional/ Undetermined ¹ Opioid Deaths	0	126	576	451	428	251	4213	1,874

Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Data Brief: Opioid-Related Overdose Deaths, All Intent, Massachusetts Residents, Demographic Data Highlights*, Posted: May 2018. Accessed on May 23, 2018. https://www.mass.gov/files/documents/2018/05/22/Opioid-related%20Overdose%20Deaths%20Demographics%20-%20May%202018_0.pdf

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

⁵⁰ 2017 death data are preliminary and subject to updates. Case reviews of deaths are evaluated and updated on an ongoing basis. A large number of deaths have yet to be assigned final cause-of-death codes. The information presented in the report only includes confirmed cases. Data updated on 04/20/2018. Beginning with the May 2017 report, DPH started reporting opioid-related deaths for all intents, which includes unintentional/undetermined and suicide.

White (non-Hispanic) individuals constituted 81% of the confirmed opioid-related deaths in 2017 (Table 13).

**TABLE 13. CONFIRMED OPIOID¹-RELATED DEATHS, ALL INTENTS
COMPARED TO ALL DEATHS BY RACE/ETHNICITY: JANUARY 2017 – DECEMBER 2017**

	White non- Hispanic	Black non- Hispanic	Asian non- Hispanic	Hispanic	Other/ Unknown	Total
All Deaths	51,985	2,634	1,162	2,352	625	58,758
Unintentional/Undetermined ¹ Opioid Deaths	1,510	103	12	222	27	1,874

Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Data Brief: Opioid-Related Overdose Deaths, All Intents, Massachusetts Residents, Demographic Data Highlights*, Posted: May 2018. Accessed on May 23, 2018. https://www.mass.gov/files/documents/2018/05/22/Opioid-related%20Overdose%20Deaths%20Demographics%20-%20May%202018_0.pdf

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

Figure 18 below displays the increases in confirmed opioid-related death for race and ethnicity between 2014 and 2017. Excluding blacks, despite some recent declines in 2017, the opioid-related death rates remain high.

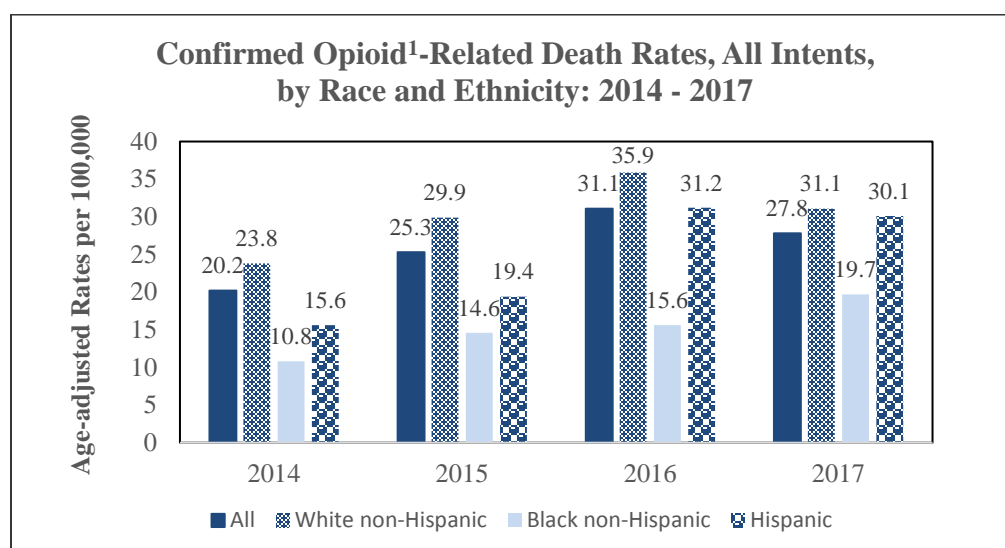


Figure 18. Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Data Brief: Opioid-Related Overdose Deaths, All Intents, Massachusetts Residents, Demographic Data Highlights*, Posted: May 2018. Accessed on May 23, 2018.

https://www.mass.gov/files/documents/2018/05/22/Opioid-related%20Overdose%20Deaths%20Demographics%20-%20May%202018_0.pdf

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

Nationally, heroin overdose deaths more than quadrupled between 2010 and 2015, and are predominantly high in the Northeast and Midwest.⁵¹ From 2015 - 2016, Massachusetts in

⁵¹ Source: Drug Enforcement Administration, *National Drug Threat Assessment Summary, 2017*. October 2017. Online. Accessed May 17, 2018. Available: https://www.dea.gov/docs/DIR-040-17_2017-NDTA.pdf

addition to two other states⁵² experienced the highest death rate from synthetic opioids.⁵³ Synthetic opioids include fentanyl and carfentanyl.⁵⁴ Heroin is much deadlier as a result of high-purity and mixing with fentanyl and carfentanyl; often without the user's knowledge. As previously noted in this analysis, there were 1,874 confirmed and 2,016 estimated opioid-related overdose deaths in 2017 in Massachusetts. While some cities and towns experienced a decline in opioid-related deaths in 2017 compared to 2016: notably Fall River, Lowell, New Bedford, Springfield, Weymouth, Lawrence, Everett, and Taunton, others saw significant increases. Specifically, the cities of Lynn (35.6%), Attleboro (69.6%), and Salem (31%) had substantial increases from the previous year (Table 14).

**TABLE 14. NUMBER OF OPIOID¹-RELATED OVERDOSE DEATHS, ALL INTENTS BY THE TOP 15 MASSACHUSETTS CITY/TOWN²
CY 2013 – CY 2017**

City/Town	Number of Deaths					% Change FFY 16 - FFY 17	% of 2017 Total (n=1,944)
	FFY2013	FFY2014	FFY2015	FFY2016 ³	FFY2017 ³		
Boston	128	165	220	258	266	3.1%	13.7%
Worcester	61	86	118	108	109	0.9%	5.6%
Brockton	39	46	83	68	69	1.5%	3.5%
Fall River	31	49	43	84	63	-25.0%	3.2%
Lynn	27	41	41	45	61	35.6%	3.1%
Lowell	29	54	65	77	55	-28.6%	2.8%
New Bedford	35	36	63	62	55	-11.3%	2.8%
Springfield	31	30	62	74	55	-25.7%	2.8%
Weymouth	20	25	34	57	49	-14.0	2.5%
Lawrence	13	27	41	60	42	-30.0%	2.2%
Attleboro	19	16	17	23	39	69.6%	2.0%
Salem	10	22	25	29	38	31.0%	2.0%
Quincy	24	39	42	36	37	2.8%	1.9%
Everett	19	34	43	39	32	-17.9%	1.6%
Taunton	18	23	18	44	31	-29.5%	1.6%

Source: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, *Number of Opioid¹-Related Overdose Deaths, All Intents by City/Town, 2013 – 2017*. Posted May 2018.

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

² Table 6 contains counts of opioid-related overdose deaths in the city/town of residence for the decedents among Massachusetts residents.

³ The data includes all opioid-related overdoses due to difficulties in reporting heroin-associated overdoses separately. Many deaths related to heroin are not specifically coded as such due to the fast metabolism of heroin into morphine. Please note that 2016-2017 death data are preliminary and subject to updates. Case reviews of deaths are evaluated and updated on an ongoing basis. A large number of death certificates have yet to be assigned final cause-of-death codes. The information presented in this city/town table only includes confirmed cases. Data updated on 4/20/2018.

⁵² The other two states are New Hampshire and West Virginia.

⁵³ Seth P, Lawrence S, R Rudd, S Bacon. *Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants — United States, 2015–2016*. Centers for Disease Control and Prevention, MMWR Morbidity and Mortality Weekly Report, March 30, 2018, Vol. 67 no.12: <https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6712a1-H.pdf>

⁵⁴ National Institute on Drug Abuse, Research on the Use and Misuse of Fentanyl and Other Synthetic Opioids, June 30, 2017. Online. Accessed June 5, 2018. <https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2017/research-use-misuse-fentanyl-other-synthetic-opioids>

In 2015, Boston remained unrelenting with the highest number of nonfatal opioid-related overdoses, accounting for almost 10% of the total opioid-related overdoses in the state (Table 15). The 41% increase from the previous year highlights the burgeoning opioid crisis that continues in Boston and many Massachusetts' cities and towns. For example, Lawrence experienced a 105% increase in FFY 2015 from the previous year in nonfatal opioid-related overdoses, (105 in FFY 2014 to 215 in FFY 2015).

**TABLE 15. TOP 15 MASSACHUSETTS CITY/TOWN FOR NONFATAL OPIOID-RELATED OVERDOSES, HOSPITAL EVENTS
FFY 2011 – FFY 2015**

City/Town	Number of Overdoses					% Change FFY 14-FFY 15	% of 2015 Total (n=11,794)
	FFY2011	FFY2012	FFY2013	FFY2014	FFY2015		
Boston	623	716	802	803	1,132	41.0%	9.6%
Worcester	225	263	334	423	657	55.3%	5.6%
Brockton	136	145	187	300	461	53.7%	3.9%
New Bedford	165	172	215	331	445	34.4%	3.8%
Fall River	170	165	225	269	343	27.5%	2.9%
Lowell	118	124	159	191	278	45.5%	2.4%
Quincy	152	129	197	216	262	21.3%	2.2%
Lynn	116	106	116	168	250	48.8%	2.1%
Taunton	53	96	101	163	221	35.6%	1.9%
Lawrence	55	60	76	105	215	104.8%	1.8%
Haverhill	48	47	74	129	211	63.6%	1.8%
Springfield	106	134	123	153	195	27.5%	1.7%
Weymouth	82	90	115	137	193	40.9%	1.6%
Revere	61	113	95	131	174	32.8%	1.5%
Barnstable	24	46	63	98	170	73.5%	1.4%

Source: Massachusetts Department of Public Health, Inpatient Discharge Database, MA Observation Database, and MA Emergency Department Discharge Database, Center for Health Information and Analysis (CHIA), *Nonfatal Opioid-related Overdoses, Hospital Events, FFY2011-FFY2015*, data obtained May 2, 2017.

Note: Drug poisoning intent categories may be unreliable due to difficulties ascertaining patient's intent and variability in coding across hospitals. Therefore, all intents of nonfatal drug poisonings are included.

Data are submitted by and reported by [federal] fiscal year (October 1st -- September 30th).

Counts represent acute-care hospital episodes which include hospital and emergency department discharges, and observations stays. Opioids include heroin, prescription-based opioid pain killers, and unspecified opioids.

Counts less than 11 are suppressed per confidentiality rules.

In 2015, the Center for Health Information and Analysis added several diagnosis fields to the hospital and ED databases. For consistency, DPH used the same definition as last year (i.e., searched 15 diagnosis fields in hospital, and 6 diagnosis fields in ED).

Please note: this is the most recent data available.

In FFY 2015, there was a 66% increase in Massachusetts from FFY 2014 in the number of inpatient hospitalizations, observation stays, and emergency department visits for nonfatal heroin-related overdoses (5,320 vs. 8,805), and a 148% increase from FFY 2013 (3,547). Similar to the above statistics for nonfatal opioid-related overdoses, the city of Lawrence had the highest increase for nonfatal heroin-related overdoses in FFY 2015 (108%). This was followed by Haverhill which had the second highest increase at 84% in FFY 2015 (Table 16, page 39).

**TABLE 16. TOP 11 MASSACHUSETTS CITY/TOWN FOR NONFATAL HEROIN-RELATED OVERDOSES,
HOSPITAL EVENTS
FFY 2011 – FFY 2015**

City/Town	Number of Overdoses					% Change FFY 14-FFY 15	% of 2015 Total (n=8,805)
	FFY2011	FFY2012	FFY2013	FFY2014	FFY2015		
Boston	336	420	517	542	835	54.1%	9.5%
Worcester	86	147	217	309	533	72.5%	6.1%
Brockton	81	80	130	219	376	71.7%	4.3%
New Bedford	95	115	152	264	367	39.0%	4.2%
Fall River	100	101	158	198	267	34.8%	3.0%
Quincy	96	79	134	171	205	19.9%	2.3%
Lynn	77	61	67	132	198	50.0%	2.2%
Lowell	57	63	84	110	189	71.8%	2.1%
Taunton	34	60	69	129	183	41.9%	2.1%
Lawrence	55	60	48	84	175	108.3%	2.0%
Haverhill	48	47	40	93	171	83.9%	1.9%

Source: Massachusetts Department of Public Health, Inpatient Discharge Database, MA Observation Database, and MA Emergency Department Discharge Database, Center for Health Information and Analysis (CHIA), *Nonfatal Heroin-related Overdoses, Hospital Events, FFY2011-FFY2015*, data obtained May 2, 2017.

Note: Drug poisoning intent categories may be unreliable due to difficulties ascertaining patient's intent and variability in coding across hospitals. Therefore, all intents of nonfatal drug poisonings are included.

Data are submitted by and reported by [federal] fiscal year (October 1st -- September 30th).

Counts represent acute-care hospital episodes which include hospital and emergency department discharges, and observations stays. Opioids include heroin, prescription-based opioid pain killers, and unspecified opioids.

Counts less than 11 are suppressed per confidentiality rules.

In 2015, the Center for Health Information and Analysis added several diagnosis fields to the hospital and ED databases. For consistency, DPH used the same definition as last year (i.e., searched 15 diagnosis fields in hospital, and 6 diagnosis fields in ED).

Please note: this is the most recent data available.

PRIORITY #5: COLLABORATIVE PROSECUTION AND PREVENTION PROGRAMS

Goal

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

Purpose Areas Addressed

- Prosecution and court programs
- Prevention and education programs

Anticipated Activities

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

Rationale

There are eleven elected District Attorneys and their combined staff of 1,500 employees, including 785 prosecutors and 260 victim-witness advocates in Massachusetts. In calendar year 2017, there were a total of 203,819 criminal and delinquency cases filed.⁵⁵ Assistant District Attorneys assigned to Superior Court prosecute most felony crimes, such as murder, rape, armed robbery and motor vehicle homicide in the Superior Courts in each county. They also present these cases to the Grand Jury for indictment. The Assistant District Attorneys assigned to the District Court handle the vast majority of cases that come before the District Courts and Juvenile Courts in each county. All criminal charges are arraigned in District Court. Felony crimes are then presented to the Grand Jury for indictment and tried in the Superior Court.

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

Many district attorneys have diversion programs that allows first-time non-violent juvenile offenders to be considered for entry into a pre-trial diversion program. Juvenile diversion programs offers certain eligible juvenile offenders an alternative to formal prosecution. The program diverts select juveniles into the program before they are arraigned in court, protecting them from having a criminal record. Diversion allows the juvenile an opportunity to participate in remedial programs, receive counseling and/or perform community service in lieu of prosecution. The goal is to address the root causes of juvenile delinquency and to work with the

⁵⁵ Data received August 13, 2018, from the Administrative Office of the Trial Court, Boston Municipal Court, District Court, Juvenile Court, and Superior Court, CY 2017, Total Criminal Cases and Total Delinquency Cases.

juvenile to make better choices while also minimizing any life-altering negative consequences. The program seeks to treat juveniles, not as criminals, but as children in need of aid, encouragement and guidance.

Statement of the Problem

While prosecution of crime is a District Attorney's primary function, the District Attorneys in Massachusetts also engage in prevention and intervention initiatives aimed at the Commonwealth's most vulnerable citizens, juvenile and senior citizens. By working together with schools, police, councils on aging, health care providers and other professionals and concerned citizens, the District Attorneys work to ensure safer schools and communities for all Massachusetts citizens.

JUVENILE INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM

The following statistics clearly support the need for prevention and intervention initiatives by the District Attorneys with regard to youth violence and juvenile crime in Massachusetts.

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

- previously been committed to the Department of Youth Services (DYS); or
- committed an offense which involves the infliction or threat of serious bodily harm in violation of law; or
- committed a violation of [MGL, Chapter 269, §10(a)(c), (d), MGL, Chapter 269, §10E (firearm offenses)] (MGL, Chapter 119, §58).⁵⁶

In SFY 2017, 151 youthful offender cases were heard before the Juvenile Court involving young people between ages 14 and 18 (Figure 19, page 42). During the five years between 2008 and 2013, the number of youthful offender cases stabilized or declined; however, subsequent to the raised age of Juvenile Court jurisdiction, the number of cases rose in SFY 2014. In SFY 2014 and 2015, the number of cases rose 50% and 43%, respectively from the preceding year, and leveled off in 2016. In 2017, youthful offender cases declined 31%. Males accounted for the overwhelming majority of individuals in cases seen before the Juvenile Court (97%),⁵⁷ not unlike the other data previously discussed in this analysis.

⁵⁶ <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter119/Section52>

⁵⁷ Executive Office of the Trial Court, Department of Research and Planning, *Case Fillings and Demographics of Selected Case Types*, March 9, 2018.

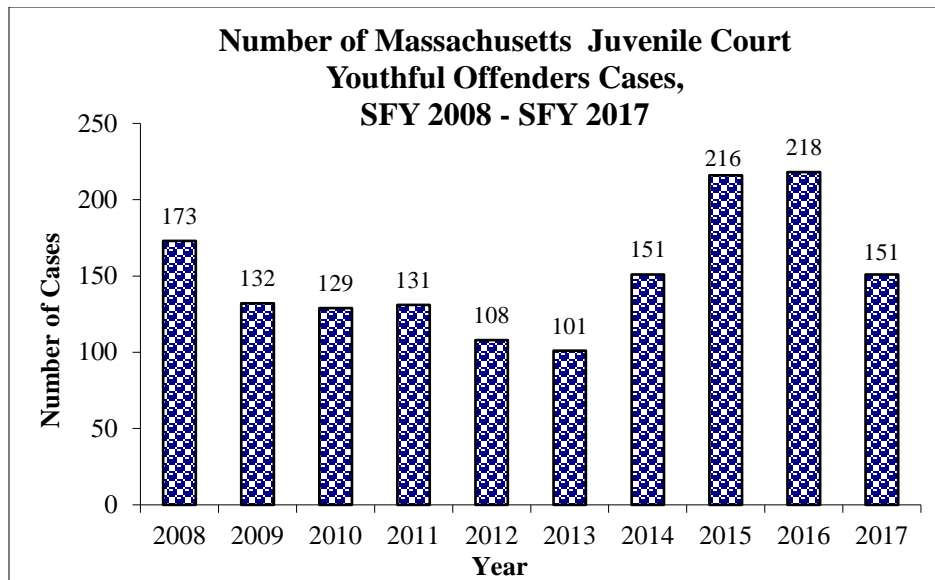


Figure 19. Executive Office of the Trial Court, Department of Research and Planning, *Case Filings and Demographics of Selected Case Types*, March 9, 2018.

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

In Massachusetts and other states across the country, there are racial disparities in the juvenile justice system. These disparities are often referred to as “Disproportionate Minority Contact” (DMC)⁵⁸ or “Racial and Ethnic Disparities” (RED)⁵⁹.

Examining the race/ethnicity of individuals charged as a youthful offender in SFY 2017, Hispanic youth account for 43% of the cases, followed by Black/African American youth (35%), White youth (22%), and Other (2%).⁶⁰ Figure 20, page 43 reflects that minority youth comprise the majority of youthful offender cases in many of the counties. This is especially true for the counties of Middlesex (100%) and Plymouth (100%).

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

⁵⁹ <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/jdai/racial-and-ethnic-disparities.html>

⁶⁰ The race/ethnicity of individuals charged as Youthful Offenders is known in 136 of the 151 cases (90%).

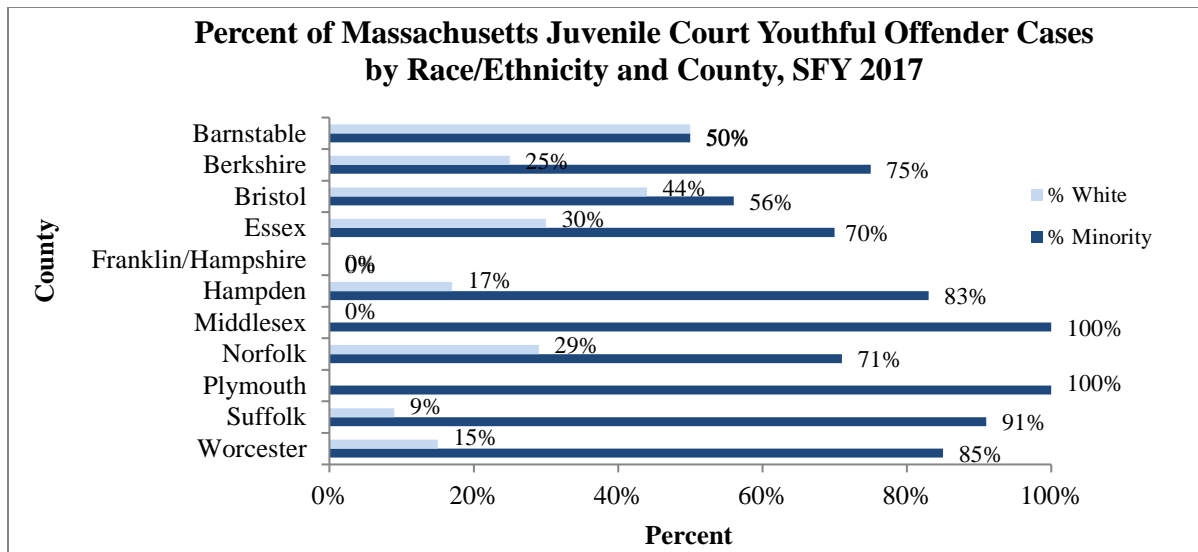


Figure 20. Executive Office of the Trial Court, Department of Research and Planning, *Case Filings and Demographics of Selected Case Types*, March 9, 2018.

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

In 2017, 13,179 applications for complaint cases were heard before the juvenile court involving young people age 17 and under. The counties of Middlesex, Worcester, Essex, Bristol, Suffolk and Hampden account for 78% of all applications for complaint cases (Figure 21).

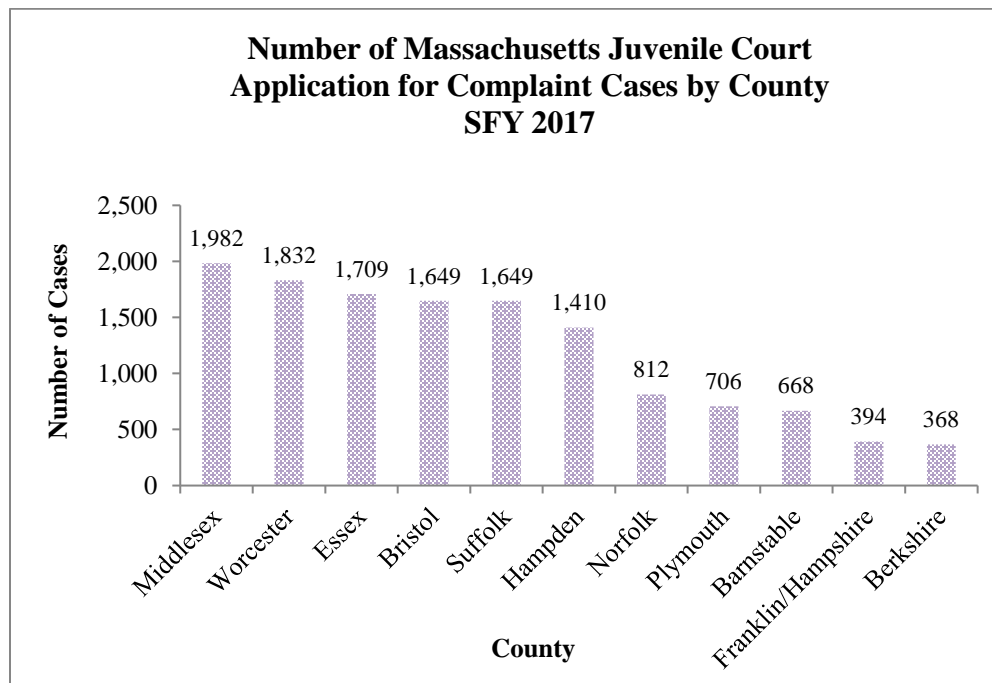


Figure 21. Executive Office of the Trial Court, Department of Research and Planning, *Case Filings and Demographics of Selected Case Types*, March 9, 2018.

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

Examining the race/ethnicity of individuals who had applications for complaint cases before the juvenile court White youth account for 47% of the cases, followed by Hispanic youth (27%),

Black/African-American youth (24%), and Other (2%).⁶¹ Figure 22, reflects that minority youth comprise the majority of application for complaint cases in many of the counties. This is especially true for the counties of Suffolk (86%) and Hampden (70%).

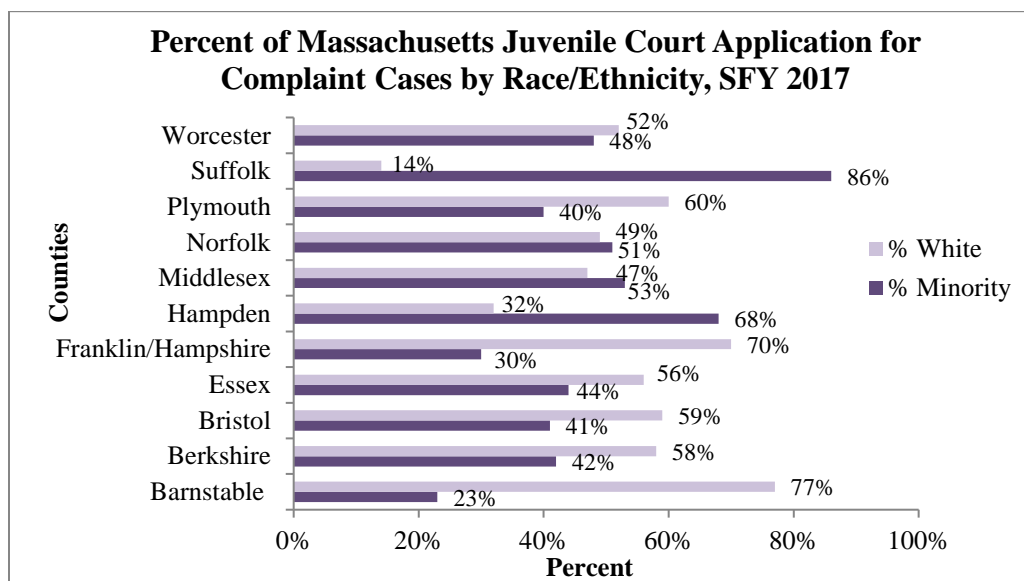


Figure 22. Executive Office of the Trial Court, Department of Research and Planning, *Case Filings and Demographics of Selected Case Types*, March 9, 2018.

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

Ideally, detention should be used for youth who are unlikely to appear in court if released or they have committed a certain serious offense and present a danger to others and the community. The Commonwealth is actively working to minimize the use of detention through JDAI.⁶² The four strategic goals are:

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

Despite the Commonwealth's efforts to minimize the use of detention through JDAI, many low-level offenders, who are often Hispanic and African-American, are placed in detention. Secure detention does more harm than good particularly for those youth who are held for minor or nonviolent offenses. Detention further impedes a youth's healthy development, educational progress, and is likely to result in increased criminal activity and recidivism.⁶³ For example detained youth:

- Have a suicide rate 2-4 times that of youth in the community;
- Are 19% less likely to graduate than non-incarcerated youth;

⁶¹ The race/ethnicity of individuals with an Application for Criminal Complaint is known in 9,767 of the 13,179 cases (74%).

⁶² *The Juvenile Detention Alternative Initiative (JDAI) in Massachusetts works to ensure that "the right youth, is in the right place, for the right reasons."* Accessed on 3/22/17 <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/jdai/jdai-work-plans-and-goals.html>

⁶³ The Annie E. Casey Foundation. *Juvenile Detention Alternatives Initiative Progress Report*, 2014. Accessed on 3/31/17 <http://cms.aecf.org/m/resourcedoc/aecf-2014JDAIProgressReport-2014.pdf#page=5>

- Are 13.5 times more likely to return to the juvenile justice system in the future; and
- Are 3 times more likely to be committed than a youth who remained in the community pending the outcome of their case.⁶⁴

According to DYS, in 2017 there are 1,408 juveniles sent to pre-trial detention.⁶⁵ Suffolk, Worcester, Hampden, and Essex counties have the largest number of youth held in detention, accounting for 66% of the Department of Youth Services (DYS) detainee population (Figure 23).

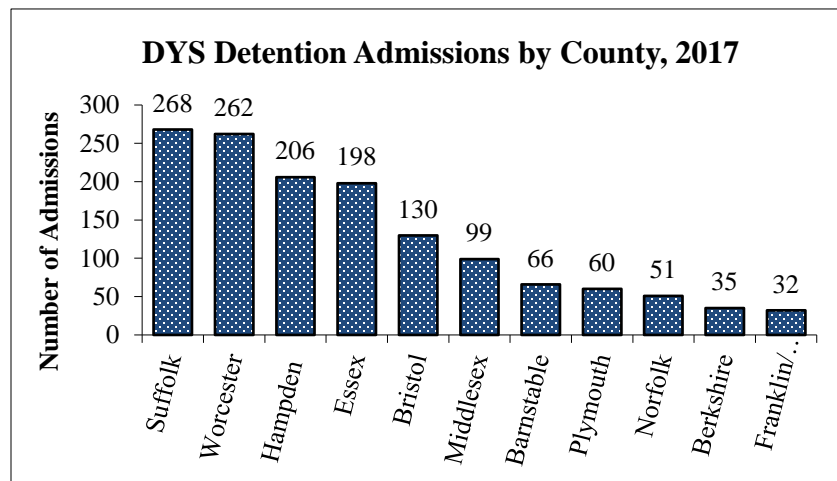


Figure 23. Massachusetts Department of Youth Services, 2018.

Similar to the DYS committed population minority youth are also overrepresented in the 2017 DYS detainee population. Minority youth comprise 70% of all DYS detentions, as follows: 39% Hispanic, 28% African American, 1% Asian, and 2% youth of some other race/ethnicity (Figure 24). The percentage of Hispanic and African American youth held in detention is unchanged from 2016.

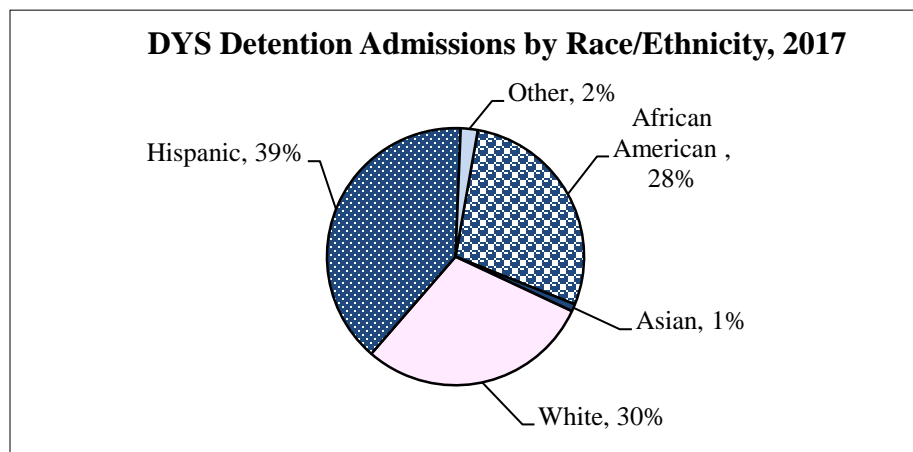


Figure 24. Massachusetts Department of Youth Services, 2018.

⁶⁴ JDAI Research and Policy Series, Detention: Research, Utilization and Trends, Accessed on 4/24/2018. <http://www.mass.gov/eohhs/docs/dys/jdai/dangers-of-detention-brief.pdf>

⁶⁵ Not including juveniles previously committed to DYS custody.

In 2017, over half (52%) of the new DYS commitments are from Suffolk, Essex, and Worcester, counties (Figure 25).

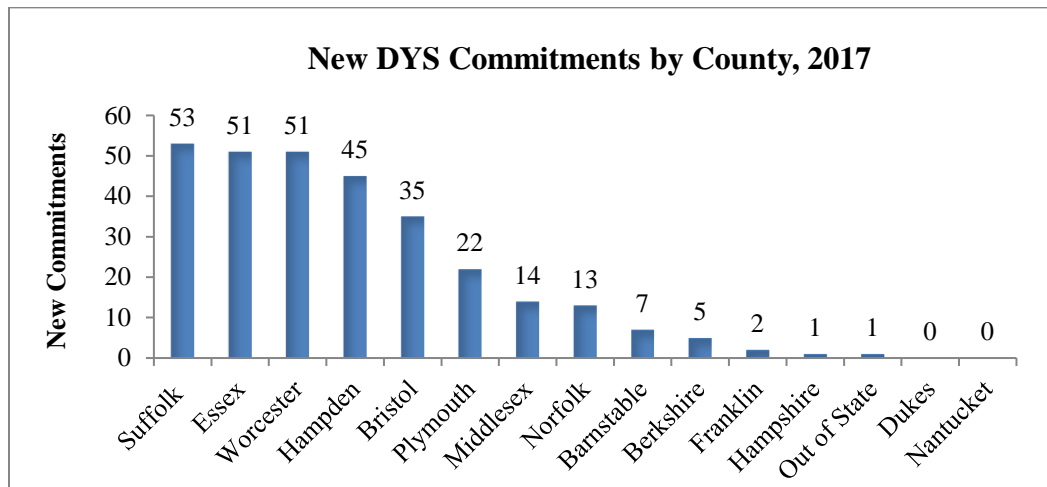


Figure 25. Massachusetts Department of Youth Services, 2018.

In 2017, three-quarters (75%) of new commitments to DYS are minority youth (Figure 26).

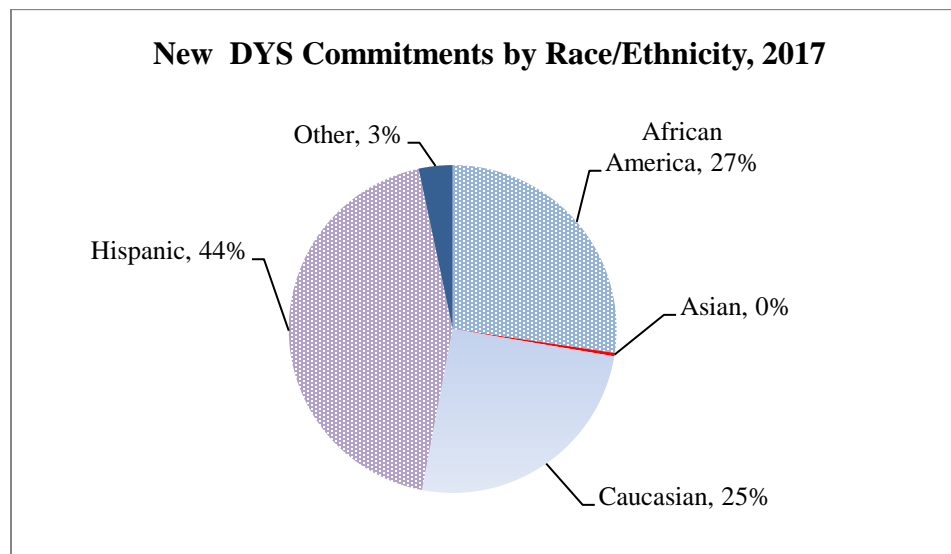


Figure 26. Massachusetts Department of Youth Services, 2018.

Delinquency cases are almost exclusively heard before the Juvenile Court but under the *Court Reorganization Act of 1992*, the Brookline and Gloucester District Courts retained jurisdiction over juvenile cases (MGL, Chapter 218, §57). In SFY 2017, there are 8,648 juvenile delinquency cases filed in Juvenile Court, marking a 73% decrease from the high of juvenile delinquency cases filed in SFY 2008, and a 10% reduction from the prior year (Figure 27).

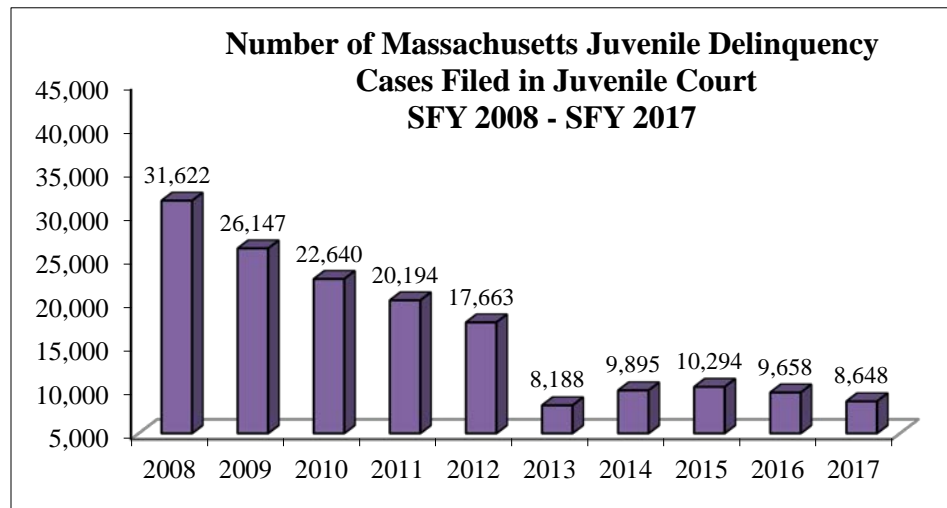


Figure 27. Executive Office of the Trial Court, Department of Research and Planning, *Case Filings and Demographics of Selected Juvenile Case Types*, February 28, 2017.

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

In 2017, 67% of Massachusetts Juvenile Court Delinquency Cases are from the counties of Essex, Middlesex, Worcester, Bristol and Hampden (Figure 28).

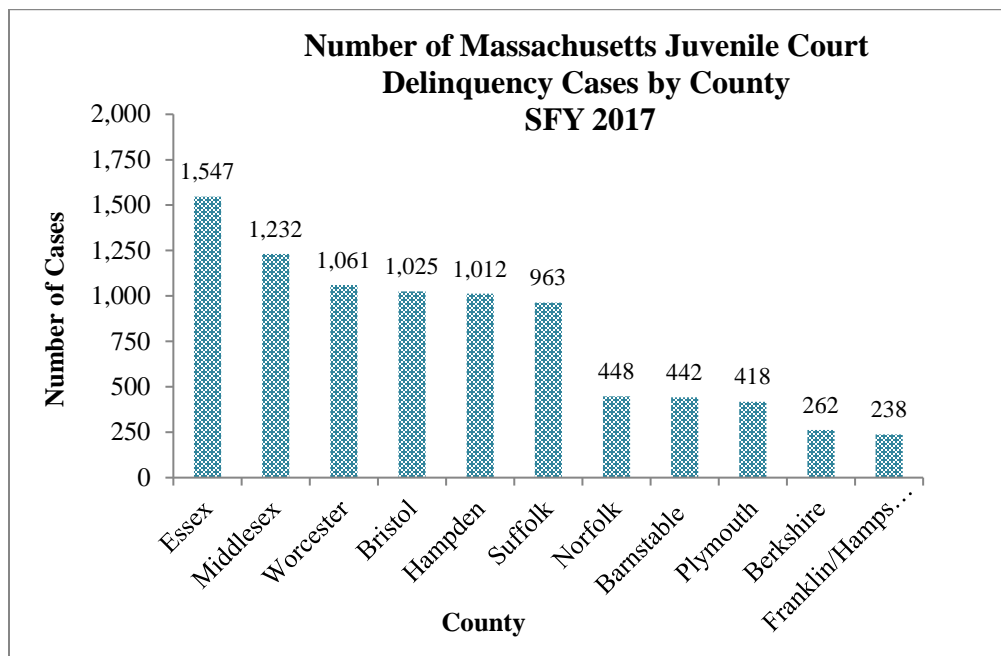


Figure 28. Executive Office of the Trial Court, Department of Research and Planning, *Case Filings and Demographics of Selected Case Types*, March 9, 2018.

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

Examining the race/ethnicity of individuals charged in delinquency cases in SFY 2017, Suffolk County had the highest percentage of minority youth (88%), followed by Hampden County (73%), Middlesex County (57%), and Worcester County (56%), (Figure 29).

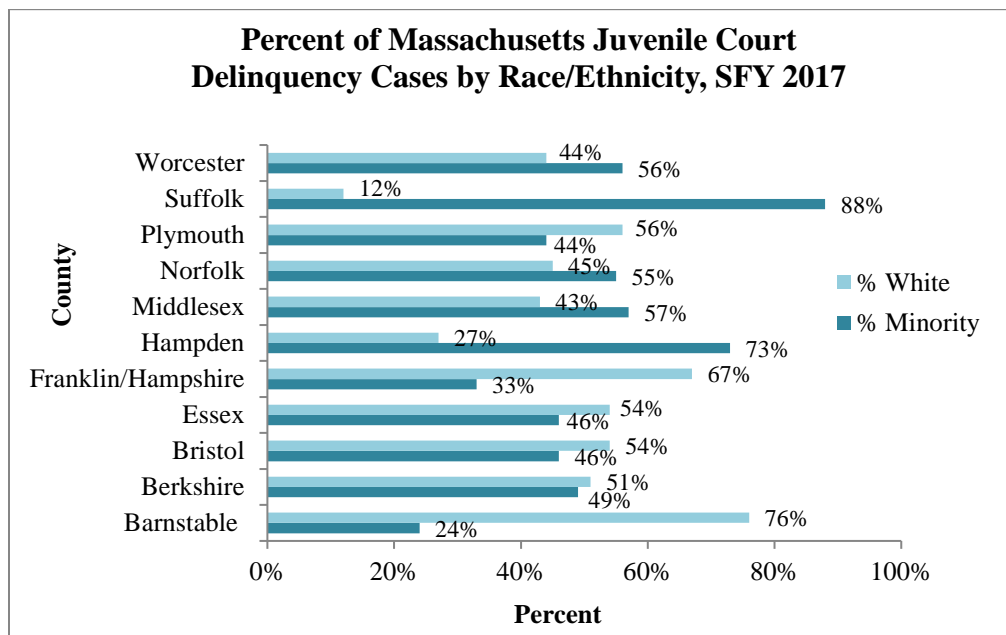


Figure 29. Executive Office of the Trial Court, Department of Research and Planning, *Case Filings and Demographics of Selected Case Types*, March 9, 2018.

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

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

Goal

Improve the quality of programs funded through the JAG Program by targeting grant dollars to support programs demonstrating evidence-based, promising and/or best practices. Target criminal justice funding toward areas of greatest need, based on geographic and emerging public safety trends and issues.

Purpose Area(s) Addressed

- Planning, research, data collection, and program evaluation

Anticipated Activities

- Set aside JAG funds specifically for research and evaluation relative to JAG-funded projects.
- Provide benchmarking for public safety agencies, designing and implementing effective performance measurement strategies.
- Support public policy research and capacity-building projects targeting current criminal justice issues facing Massachusetts.
- Target funding of innovative programs in communities with the greatest public safety needs using risk indicators.

Rationale

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

Summary of Research and Policy Analysis Division (RPAD) Projects

PROVIDE RESEARCH AND DATA EXPERTISE ON CRIMINAL AND JUVENILE JUSTICE INITIATIVES FOR FEDERAL GRANT APPLICATIONS, OGR AND SECRETARIAT TO ADVANCE THE USE OF EVIDENCE-BASED DECISION MAKING.

Support JPD's administration of JAG funding, through planning, evaluation and technology improvements in concert with the key purpose areas of sexual assault, technology, youth violence, and substance abuse. Primarily focus on JAG programs and state committees and commissions that impact JAG's work.

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

ADDITIONAL ACTIVITIES:

Participate in grant review teams for state and federal grant funding awarded by OGR.

Contribute juvenile crime and victimization data for Juvenile Detention Alternative Initiative (JDAI) dashboard and attend JDAI data subcommittee meetings.

Educate program staff about opportunities to incorporate or strengthen evidence-based approaches (use of promising and evidence-based programs, implementation oversight, performance evaluation, program assessment, etc.), strongly encouraged by the U.S. Department of Justice and Bureau of Justice Statistics (BJS).

Offer technical assistance and expertise to develop new data collection systems or enhance ongoing collection processes.

Submit report on quarterly programmatic and financial activities to JAG grant manager; submit quarterly federal performance metrics tool report (PMT).

Participate in state and national committee and commission meetings that impact JAG's work, and regularly review criminal justice data to respond to requests as needed. For example, RPAD is equipped to respond to a request from a commission or committee about a specific interest or policy challenge. Using evidence and data to support the work of these bodies is critical to informed policy development. It is expected that RPAD will have input and responsibilities for the following entities: the Special Commission on Criminal Justice (Chaired by EOPSS), Working Group for the Justice Reinvestment Initiative (coordinated by the Council for State Governments), and the annual Justice Research Statistics Association conference.

STRENGTHEN NATIONAL INCIDENT BASED REPORTING SYSTEM (NIBRS)

Collaborate with staff at the Criminal Justice Training Council and EOPSS Legal division to respond to protocol and policy questions.

Encourage police departments to report NIBRS rather than summary (UCR) data.

Work with EOPSS Data Information Manager to develop an internal NIBRS database that will enhance the efficiency and capacity to report on crime trends, create customized reports, and monitor data quality, and submissions by reporting agency.

Report data on violent crime to inform research, budgets, planning, and policy (such as the Shannon Community Safety Initiative (CSI) modeled after the OJJDP's Comprehensive Gang Model focused on regional and multi-disciplinary approaches to combat gang violence through coordinated prevention and intervention, law enforcement, prosecution, and reintegration programs.

Write research briefs on violent and property crime data trends, analyzing victim and offender demographics, city/town location of incidents, and per capita crime rates.

B. Project Design and Implementation

EOPSS and OGR continue to engage law enforcement and other public safety stakeholders in Massachusetts through the Special Commission to Study the Criminal Justice System, which was established in Outside Section 189 of the Acts of 2012.

The Commission, which is chaired by the Secretary of Public Safety and Security, continues to examine a variety of areas including, but not limited to: the prisoner classification systems, mandatory minimum sentences, sentencing guidelines, the provision of cost-effective corrections' healthcare, the probation system, the parole system, the operations of the sheriffs' offices, overcrowding in prisons and houses of correction, recidivism rates, the treatment of juveniles within the criminal justice system, the role of mental health and substance abuse issues, and best practices for reintegrating prisoners into the community.

The Commission supports ongoing work to compile and assess a statewide inventory of public criminal justice programs and practices targeting recidivism reduction. The census of programs operated by the DOC, Parole, Probation, Trial Court, County Sheriffs' Departments, and DYS captures program services, capacity, funding levels, populations served, implementation fidelity to proven models, and evidence of effectiveness—nearly 30 data elements in all. The systematic approach helps to identify evidence-based and promising programs and practices proven by rigorous research to reduce recidivism, a subset of which will be analyzed using a peer reviewed cost-benefit model to determine programs' long term investment and performance potential. This critical information about programs' evidence of effectiveness and likely costs, benefits, and impact on recidivism will further inform the Commission's work.

In addition, members of EOPSS attend regular meetings of the Massachusetts District Attorneys' Association, Massachusetts Sheriffs' Association, Massachusetts Chiefs of Police Association, and the Massachusetts Major Cities Police Chiefs' Association, and the Governor's Council to Address Sexual Assault and Domestic Violence.

Staff also attend ad-hoc meetings with the Committee on Public Counsel Services, American Civil Liberties Union, Massachusetts Bar Association, Boston Bar Association, Neighbor to Neighbor, Boston Worker's Alliance, Families Against Mandatory Minimum Sentences, MA Community Action Network, Citizens for Safety (Handgun Violence), Black Ministerial Alliance of Greater Boston, the Massachusetts Immigrant and Refugee Advocacy Coalition, Jane Doe, Boston Area Rape Crisis Center, the Commonwealth CORI Coalition, and numerous other community based victim services/reentry providers/social service providers on issues of mutual concern.

OGR utilizes outside reviewers from a cross section of criminal justice, victim services, public safety stakeholders, and community-based agencies who read and evaluate proposals for JAG funding and make recommendations to EOPSS regarding awards.

Furthermore, EOPSS has a number of advisory councils that include these and other groups that provide stakeholder input on policy and resource allocation, including the following:

- Forensic Sciences Advisory Board
- Medico Legal Commission
- Criminal Justice Information Services
- Juvenile Justice Advisory Committee
- Municipal Police Training Committee
- State 911 Commission
- Regional Homeland Security Councils

EOPSS/OGR will also continue to fund the Governor’s Council to Address Sexual Assault and Domestic Violence and the Research and Policy Analysis Division (RPAD). Both Units are funded directly with Byrne JAG funds as they are programmatic in scope, and not part of the 10% administrative costs.

The Governor’s Council to Address Sexual Assault and Domestic Violence (Council) consists of an Executive Director who is responsible for coordinating the activities of the Council, including implementation of various components of Massachusetts General Law Ch. 260, Domestic Violence legislation and reviewing programs aimed at reducing sexual assault and domestic violence in the Commonwealth. This project addresses priority no. 3 as outlined in Massachusetts’ FY 2018 JAG grant application.

JAG program funds support the staff within RPAD to conduct research, planning, data collection, and evaluation of criminal justice policies and programs targeting priority areas as identified by the EOPSS and JAG to include: gang and youth violence, juvenile justice, substance abuse and drug-related crime, crime prevention, crime trends, prisoner reentry, recidivism, domestic violence and sexual assault, criminal justice technology, evidence-based programs, and performance management.

C. Capabilities and Competencies

EOPSS/OGR is engaged in numerous activities that promote multi-agency collaboration and program coordination relative to the JAG Program. These collaborations range from partnerships with other federal, state, and local criminal justice agencies and coordination with state and federal grant programs. The following are a few examples of ongoing collaborations in which EOPSS participates: Special Commission to Study the Criminal Justice System; Pediatric Sexual Assault Nurse Examiner (Pedi-SANE) Advisory Committee; Governor’s Council to Address Sexual and Domestic Violence; Violence Against Women Act Advisory Committee; Governor’s Juvenile Justice Advisory Committee (OJJDP State Advisory Group).

By fostering collaboration and program coordination, and through a combination of state and federal funding, OGR provides a comprehensive portfolio of grant programs for which public and private agencies and municipalities may apply. A primary example of this is the

legislatively mandated and funded anti-gang, youth violence grant, Charles E. Shannon Jr. Community Safety Initiative, which has awarded approximately \$61 million to local communities since state fiscal year 2009. Thirteen million was appropriated in state fiscal year 2009; \$5 million in 2010, \$7 million in 2011, 2012, 2013, and 2014; 8.2 million in 2015, and \$7 million for state fiscal 2016. In order to combat youth violence, the grant requires collaborative relationships be developed and strengthened among police, prosecutors, human service agencies, and community service providers.

D. Collecting and Submitting Performance Measurement Data

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

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

Goals: statements of project intentions and desired outcomes.

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

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

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

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

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

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

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

Through effective monitoring and evaluation, Massachusetts aims to support innovative, evidence-based, proven effective, public safety and criminal justice projects that protect its citizens and improve the quality of life in the Commonwealth.

In conclusion, the Commonwealth through EOPSS continues to engage in numerous activities designed to promote multi-agency collaboration and program coordination to address JAG priorities. By fostering collaboration and program coordination, OGR provides a comprehensive portfolio of grant programs. Annually, several million in federal and state funds are disbursed statewide for public safety and criminal justice-related purposes. In the best interest of the public, EOPSS and OGR work in partnership with numerous state and local agencies to address the public safety concerns of gang/violent crime, substance abuse, sexual and domestic violence, criminal justice records improvement, juvenile justice, and drug-free schools.

All JAG funded programs support the overall goal to improve public safety and the quality of life in Massachusetts. OGR is currently managing contracts to sub-recipients which support programs that focus on youth violence prevention, smart policing, gangs, substance abuse, reentry, victims of domestic violence and sexual assault, technology, and research. It is anticipated that JAG funding will continue to support evidence-based, innovative, and promising programs and practices statewide. More detailed processes for allocating FY 2018 JAG funds are being developed now and will be implemented in the fall of 2018 upon receipt of the federal funds.

The following appendix expands upon preceding data throughout the application as well as including additional data sets.

APPENDIX

TOTAL PART I ARREST RATES BY OFFENSE TYPE

The FBI tracks data on Part I offenses, which consist of property crime: burglary, larceny, motor vehicle theft, and arson; and violent crimes: homicide, rape, robbery, and aggravated assault. Table 17 displays the Part I total arrest rates by offense at both the statewide and national levels over a ten-year period. Between 2006 and 2016, there is a dramatic reduction in crime rates nationally and with few exceptions, the same in Massachusetts.

Rate (per 100,000 persons)

Table 17.

Part I Arrest Rates	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	% change '07-'15	% change '15-'16
MA Property Crime Arrests	275.4	290.6	317.4	327.8	326.8	308.6	308.6	307.6	295.9	251.5	232.6	-20.0	-7.5
US Property Crime Arrests	524.5	544.1	565.2	571.1	538.5	531.3	528.1	513.2	490.2	458.9	420.6	-22.7	-8.3
MA Burglary	58.3	62.8	64.0	61.3	64.2	61.8	56.9	52.5	46.0	37.1	33.2	-47.1	-10.5
US Burglary	102.5	101.5	102.3	98.1	94.3	95.6	90.7	82.9	74.9	67.5	64.3	-36.7	-4.7
MA Larceny	199.8	208.5	238.9	253.6	247.9	233.7	240.7	244.5	238.5	204.4	188.6	-9.5	-7.7
US Larceny	370.0	398.0	425.7	442.3	417.5	410.6	411.9	405.5	390.9	364.5	326.5	-18.0	-10.4
MA Motor Vehicle Theft	15.6	16.9	12.1	11.4	12.5	11.7	9.2	8.7	10.0	9.1	9.6	-43.2	5.5
US Motor Vehicle Theft	46.5	39.5	32.5	26.8	23.1	21.4	21.9	21.4	21.5	24.2	26.7	-32.4	10.3
MA Arson	1.7	2.3	2.3	1.6	2.2	1.4	1.8	1.9	1.4	0.9	1.2	-47.8	33.3
US Arson	5.5	5.1	4.7	4.0	3.7	3.8	3.7	3.4	2.9	2.8	3.0	-41.2	7.1
MA Violent Crime Arrests	211.3	200.8	214.3	212.1	211.8	192.8	175.0	164.0	168.2	158.9	150.0	-25.3	-5.6
US Violent Crime Arrests	207.0	200.2	198.2	191.2	179.2	172.3	166.3	159.8	156.7	157.2	159.7	-20.2	1.6
MA Homicide	1.4	1.2	1.3	1.2	1.4	1.5	0.8	0.8	0.8	0.8	0.9	-25.0	12.5
US Homicide	4.5	4.5	4.3	4.1	3.6	3.5	3.5	3.4	3.3	3.5	3.7	-17.8	5.7
MA Rape	5.5	5.2	5.3	5.3	6.2	4.8	4.0	4.2	4.5	4.4	4.7	-9.6	6.8
US Rape	8.2	7.7	7.5	7.0	6.5	6.3	5.8	5.5	6.6	7.1	7.3	-5.2	2.8
MA Robbery	35.7	31.5	35.5	34.7	30.2	30.3	26.0	24.5	24.2	19.4	19.6	-37.8	1.0
US Robbery	43.2	42.9	43.6	42.0	36.6	34.5	33.1	32.0	29.7	29.7	29.8	-30.5	0.3
MA Aggravated Assault	168.8	163.0	172.2	170.9	174.0	156.2	144.3	134.4	138.7	134.3	124.8	-23.4	-7.1
US Aggravated Assault	151.1	145.1	142.9	138.2	132.6	128.0	123.9	118.8	117.1	117.0	119.0	-18.0	1.7
MA Total Part I Arrests	486.7	491.4	531.7	539.9	538.6	501.4	483.6	471.6	464.1	410.4	382.6	-22.1	-6.8
US Total Part I Arrests	731.5	744.3	763.4	762.3	717.7	703.6	694.4	673.0	646.9	616.1	580.3	-22.0	-5.8

Source: Federal Bureau of Investigation, *Uniform Crime Reports*, 2007-2015, Table 41; 2016, Table 20 (National data) and 2007-2015, Table 69; 2016, Table 22 (MA data).

Figure 30 reveal that the US total Part I arrest rates are significantly higher than the Massachusetts' rates during the ten-year trend analysis. Comparing the violent crime arrest rates, between 2008 and 2011, the Massachusetts violent crime arrest rates were higher than the national rates.

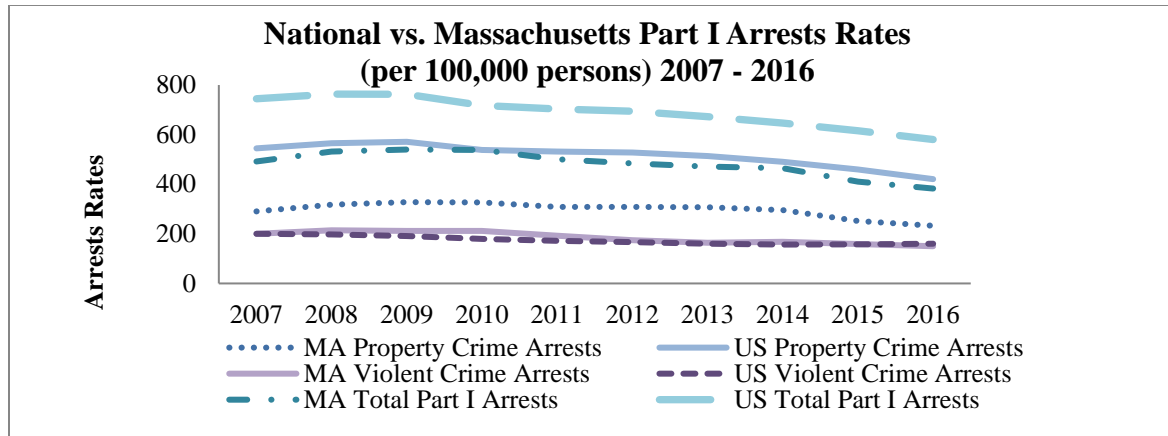


Table 30. Source: Federal Bureau of Investigation, *Uniform Crime Reports*, 2007-2015, Table 41; 2016, Table 20 (National data) and 2007-2015, Table 69; 2016, Table 22 (MA data).

Table 18 displays the Part I juvenile arrest rates at both the statewide and national levels over a ten-year period. Between 2006 and 2015, there is a dramatic reduction in crime rates both nationally and in Massachusetts.

	Rate (per 100,000 persons)											
Part I Juvenile Arrest Rates	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	% change '07-'16	% change '15-'16
MA Property Crime Arrests	49.8	52.5	51.4	45.5	33.9	27.6	26.7	21.2	21.4	20.0	-59.9%	-6.5%
US Property Crime Arrests	141.6	147.2	139.4	120.9	108.5	95.0	80.8	73.9	65.5	57.3	-59.5%	-12.5%
MA Burglary	12.2	11.7	10.6	10.0	7.7	6.6	6.2	4.9	4.1	3.3	-73.1%	-19.5%
US Burglary	27.4	27.9	24.8	21.4	19.9	17.3	14.1	12.7	11.1	9.9	-63.9%	-10.8%
MA Larceny	33.1	38.0	38.5	32.3	24.2	19.1	18.9	14.5	15.7	14.4	-56.5%	-8.3%
US Larceny	101.9	108.9	106.3	93.0	82.5	72.1	61.6	56.2	49.0	41.7	-59.1%	-14.9%
MA Motor Vehicle Theft	3.2	2.0	1.7	2.1	1.5	1.1	1.0	1.3	1.4	1.7	-46.3%	21.4%
US Motor Vehicle Theft	9.9	8.3	6.6	5.1	4.5	4.2	3.9	4.0	4.5	4.9	-50.5%	8.9%
MA Arson	1.3	0.8	0.6	1.2	0.5	0.8	0.6	0.5	0.3	0.5	-60.7%	66.7%
US Arson	2.4	2.2	1.8	1.5	1.6	1.4	1.2	1.0	0.8	0.8	-66.7%	0.0%
MA Violent Crime Arrests	29.4	30.2	26.9	26.3	20.3	16.0	15.3	14.6	14.3	13.2	-55.1%	-7.7%
US Violent Crime Arrests	32.6	32.0	28.4	24.6	21.9	19.4	17.8	16.8	16.0	16.1	-50.6%	0.6%
MA Homicide	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1	29.0%	0.1%
US Homicide	0.4	0.4	0.4	0.3	0.3	0.2	0.2	0.2	0.2	0.3	-25.0%	50.0%
MA Rape	0.4	0.5	0.4	0.6	0.5	0.2	0.3	0.3	0.2	0.4	-11.0%	100.0%
US Rape	1.2	1.1	1.0	0.9	0.9	0.8	0.9	1.0	1.1	1.1	-8.3%	0.0%
MA Robbery	7.7	8.1	7.3	5.3	4.8	3.6	3.7	3.9	3.2	2.9	-62.4%	-9.4%
US Robbery	11.7	11.9	10.5	8.8	7.7	6.8	6.5	6.1	5.7	6.0	-48.7%	5.3%
MA Aggravated Assault	21.2	21.5	19.0	20.3	14.9	12.2	11.4	10.4	10.7	9.8	-53.7%	-8.4%
US Aggravated Assault	19.3	18.6	16.5	14.6	13.1	11.6	10.2	9.5	8.9	8.7	-54.9%	-2.2%
MA Total Part I Arrests	79.2	82.7	78.3	71.8	54.2	43.7	42.0	36.0	36.0	33.2	-58.1%	-7.8%
US Total Part I Arrests	174.1	179.3	167.7	145.5	130.4	114.5	98.6	90.7	81.5%	73.4%	-99.6%	-9.9%

Source: Federal Bureau of Investigation, *Uniform Crime Reports*, Table 41 (National data) and Table 69 (MA data), 2006-2015.

Upon further examination of the trends for Massachusetts juveniles arrested for crimes against persons and property, the patterns display a similar trajectory over time. The property crime rate dropped 60% between 2007 and 2016 and 7% in the period from 2015 to 2016, and the violent crime rate fell 55% over the ten-year period and 8% from 2015 to 2016 (Figure 31).

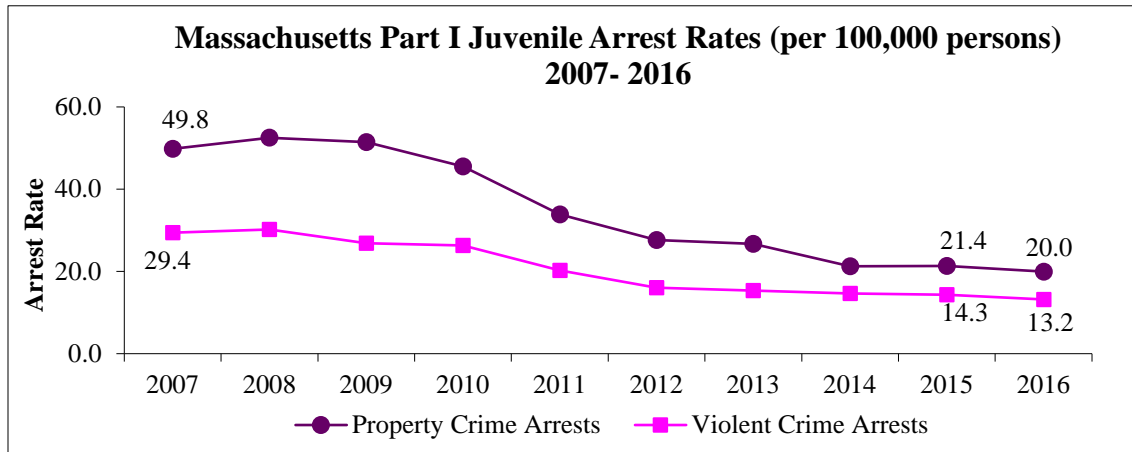


Figure 31. Source: Federal Bureau of Investigation, *Uniform Crime Reports*, 2007-2015, Table 69; 2016, Table 22

TOTAL PART II ARREST RATES BY OFFENSE TYPE

In addition to Part I Offenses, the FBI also tracks data on Part II Offenses, which cover all crimes not otherwise noted in Part I. Those crime classifications include other assaults, forgery and counterfeiting, fraud, embezzlement, buying/possessing stolen property, vandalism, weapons carrying/possessing, prostitution, sex offenses, drug abuse violations, gambling, offenses against family/children, driving under the influence, liquor law violations, drunkenness, disorderly conduct, vagrancy and all other offenses. Part II Offenses also include: suspicion, and curfew/loitering law violations, which are status offenses.

Exhibited in Table 19, page 58, US Part II arrest rates were higher than statewide rates over the ten-year trend analysis.

Rate (per 100,000 persons)

Table 19.

Part II Arrest Rates	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	% change '07-'16	% change '15-'16
MA Other Assaults	291.1	318.6	366.6	362.7	368.8	359.7	353.6	334.1	325.2	288.2	295.6	-7.2	2.6
US Other Assaults	439.7	436.3	430.8	432.3	420.0	399.9	382.9	360.5	343.4	336.8	334.2	-23.4	-0.8
MA Forgery & Counterfeiting	13.8	14.0	10.7	11.4	11.0	9.7	9.3	9.3	8.6	7.9	7.3	-47.9	-7.6
US Forgery & Counterfeiting	36.7	34.6	29.9	28.1	25.3	22.6	21.4	19.9	17.8	17.3	17.5	-49.4	1.2
MA Fraud	24.9	23.7	26.1	25.2	23.2	19.8	21.7	23.2	21.3	19.1	19.6	-17.3	2.6
US Fraud	91.2	82.1	75.6	67.6	60.4	53.7	48.7	46.2	44.1	41.4	39.7	-51.6	-4.1
MA Embezzlement	1.6	2.0	2.7	2.3	2.4	1.5	2.3	2.1	2.2	2.1	2.1	5.0	0.0
US Embezzlement	6.8	7.5	7.1	5.9	5.4	5.2	5.1	5.2	5.1	5.0	4.9	-34.7	-2.0
MA Buying/Possessing Stolen Prop.	24.1	22.5	23.0	23.8	24.1	21.5	23.7	21.1	19.6	17.1	16.8	-25.3	-1.8
US Buying/Possessing Stolen Prop.	41.6	40.9	37.1	34.6	31.0	30.1	31.3	30.4	28.0	27.7	29.1	-28.9	5.1
MA Vandalism	59.0	57.3	59.2	55.3	57.8	52.5	52.5	44.7	45.6	40.8	41.8	-27.1	2.5
US Vandalism	101.7	98.0	94.9	88.8	82.4	76.7	73.0	66.0	62.3	59.6	60.7	-38.1	1.8
MA Weapons Carrying/Possessing	23.8	23.5	24.1	24.7	26.0	24.8	21.4	21.6	21.4	21.0	19.2	-18.3	-8.6
US Weapons Carrying/Possessing	68.1	63.3	59.9	54.6	51.5	49.4	47.5	45.9	44.1	45.1	48.5	-23.4	7.5
MA Prostitution	15.0	18.6	21.1	13.6	14.8	14.4	15.4	14.4	11.1	8.2	8.6	-53.8	4.9
US Prostitution	27.6	26.3	25.5	23.6	20.1	18.5	17.9	17.1	14.9	12.8	11.9	-54.8	-7.0
MA Sex Offenses*	10.1	10.3	12.0	11.6	10.7	9.5	8.9	7.0	7.2	7.0	6.5	-36.9	-7.1
US Sex Offenses	29.2	27.8	26.3	25.2	23.5	22.2	21.7	19.1	17.4	16.0	15.8	-43.2	-1.3
MA Drug Abuse Violations	324.0	349.6	340.6	197.8	197.1	181.7	189.4	174.8	173.7	157.6	151.8	-56.6	-3.7
US Drug Abuse Violations	636.8	614.8	564.8	544.2	530.6	491.8	494.2	492.2	489.0	463.3	486.4	-20.9	5.0
MA Gambling	0.2	0.4	0.6	0.3	0.2	0.3	0.3	0.2	0.4	0.4	0.2	-50.0	-50.0
US Gambling	4.2	4.1	3.3	3.4	3.1	2.7	2.5	2.1	1.7	1.5	1.1	-73.2	-26.7
MA Offenses Against Family and Children	24.8	27.6	22.3	30.2	34.8	32.9	29.7	25.7	18.7	19.0	19.1	-30.8	0.5
US Offenses Against Family and Children	42.5	39.4	37.8	36.6	35.5	36.8	33.8	32.1	31.8	29.3	27.3	-30.7	-6.8
MA Driving Under the Influence	152.8	199.1	222.4	201.8	189.8	165.5	139.5	130.7	124.4	133.3	140.0	-29.7	5.0
US Driving Under the Influence	479.3	468.2	480.8	463.8	453.1	389.2	406.4	373.8	348.6	337.7	313.6	-33.0	-7.1
MA Liquor Laws	83.6	88.3	72.4	82.8	75.0	72.2	67.1	57.2	50.3	34.5	31.1	-64.8	-9.9
US Liquor Laws	216.5	212.3	207.4	186.6	166.8	160.7	140.5	114.3	99.9	82.9	72.4	-65.9	-12.7
MA Drunkenness	124.8	125.1	103.5	116.5	121.4	121.4	114.7	113.2	113.6	91.7	87.0	-30.5	-5.1
US Drunkenness	189.0	200.0	205.4	196.7	184.3	173.6	164.6	145.7	131.3	127.5	116.9	-41.6	-8.3
MA Disorderly Conduct	135.0	135.9	143.2	132.7	129.5	123.6	112.4	101.7	92.4	70.2	67.3	-50.5	-4.1
US Disorderly Conduct	239.5	239.6	229.5	216.1	201.2	188.2	173.9	152.7	136.7	120.8	114.5	-52.2	-5.2
MA Vagrancy	0.3	0.2	0.3	0.3	0.2	0.2	0.05	0.2	0.1	0.2	0.2	0.0	0.0
US Vagrancy	12.5	11.4	11.4	11.0	10.3	9.4	8.6	8.8	8.7	7.9	7.7	-32.5	-2.5
MA All Other Offenses	575.0	563.8	581.9	581.0	592.1	587.4	599.2	557.7	575.6	548.1	554.8	-1.6	1.2
US All Other Offenses	1,346.6	1,307.2	1,265.3	1,228.4	1,204.5	1,132.0	1,097.5	1,066.3	1,024.4	1,000.9	1,005.5	-23.1	0.5
MA Suspicion	3.2	2.9	0.5	0.3	0.9	0.4	0.8	0.9	1.1	1.6	0.0	-100.0	-100.0
US Suspicion	0.8	0.7	0.5	0.6	0.4	0.5	0.5	0.3	0.4	0.4	0.2	-71.4	-50.0
MA Curfew and Loitering Law Violations	0.3	0.1	0.2	0.2	0.1	0.1	0.03	0.0	0.0	0.0	0.0	-100.0	#DIV/0!
US Curfew and Loitering Law Violations	52.8	48.7	45.1	37.4	30.8	24.9	22.3	19.5	16.7	13.7	10.6	-78.2	-22.6
MA Runaways**	5.7	4.8	5.0	4.1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
US Runaways**	38.7	36.6	36.4	30.8	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MA Total Part II Arrest Rates	1,893.1	1,988.3	2,038.4	1,878.6	1,879.9	1,799.1	1,762.0	1,639.8	1,612.5	1,468.0	1,469.0	-26.1	0.1
US Total Part II Arrest Rates	4,101.8	3,999.8	3,874.8	3,716.3	3,540.2	3,288.1	3,194.3	3,018.1	2,866.3	2,747.6	2,718.5	-32.0	-1.1

Source: Federal Bureau of Investigation, *Uniform Crime Reports*, 2007-2015, Table 41; 2016, Table 20 (National data) and 2007-2015, Table 69; 2016, Table 22 (MA data).

The rate of juvenile arrests for all Part II Offenses fell 9% in the one-year period from 2015 to 2016, and 64% over the ten-year period from 2007 to 2016, demonstrating a similar pattern of decrease seen for Part I Offenses over the same time frame. Representing 73% of the Part II offense categories, the top six offenses with the highest crime rates for 2016 in descending order are – other assaults (23.1), all other offenses (22.7), vandalism (6.4), disorderly conduct (6.1), liquor laws (4.5), and drug abuse violations (3.5) (Table 20).

Rate (per 100,000 persons)

Table 20.

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	% change '07-'16	% change '15-'16
Part II Juvenile Arrest Rates	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016		
Other Assaults	36.2	38.7	37.9	39.0	34.1	31.4	28.0	26.0	24.8	23.1	-36.3%	-6.9%
Forgery & Counterfeiting	0.4	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.3	0.3	-30.9%	0.0%
Fraud	0.7	0.7	0.8	0.5	0.4	0.4	0.4	0.3	0.4	0.5	-28.3%	25.0%
Embezzlement	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.0	0.0	-100.0%	0.0%
Buying/Possessing Stolen Property	4.3	3.4	3.7	3.8	2.8	2.7	2.4	1.9	2.7	2.4	-44.3%	-11.1%
Vandalism	14.4	13.9	12.3	12.3	9.1	9.1	6.9	7.1	6.9	6.4	-55.6%	-7.2%
Weapons Carrying/Possessing	4.4	4.1	3.6	3.6	3.0	2.5	2.4	2.4	2.8	2.5	-43.6%	-10.7%
Prostitution	0.1	0.1	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.0	-100.0%	0.0%
Sex Offenses	1.5	1.3	1.3	1.5	0.8	1.0	0.8	0.8	0.6	0.7	-53.5%	16.7%
Drug Abuse Violations	36.1	32.5	10.3	10.8	7.6	7.6	5.7	4.1	3.3	3.5	-90.3%	6.1%
Gambling	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0%	0.0%
Offenses Against Family and Children	2.8	1.6	2.2	2.7	2.3	1.9	0.9	0.3	0.4	0.5	-82.4%	25.0%
Driving Under the Influence	2.2	1.6	1.3	1.3	1.0	1.1	0.8	0.7	0.7	0.7	-68.0%	0.0%
Liquor Laws	15.5	11.9	14.0	15.9	11.3	12.3	9.5	7.5	5.8	4.5	-71.0%	-22.4%
Drunkenness	5.0	3.1	4.2	3.8	2.6	2.3	3.0	2.5	0.8	0.6	-88.0%	-25.0%
Disorderly Conduct	22.6	21.2	19.6	18.0	14.5	11.8	10.6	8.4	7.0	6.1	-73.0%	-12.9%
Vagrancy	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-100.0%	0.0%
All Other Offenses	54.9	54.4	50.1	52.9	39.7	37.7	25.8	25.7	25.1	22.7	-58.6%	-9.6%
Suspicion	0.3	0.0	0.0	0.1	0.0	0.1	0.1	0.2	0.2	0.0	-100.0%	-100.0%
Curfew and Loitering Law Violations	0.1	0.2	0.2	0.1	0.1	0.0	0.0	0.0	0.0	0.0	-100.0%	0.0%
Runaways*	4.4	4.5	3.8	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total Part II Juvenile Arrest Rates	206.2	193.9	165.6	166.7	129.6	122.1	97.6	88.2	81.8	74.5	-63.9%	-8.9%

Source: Federal Bureau of Investigation, *Uniform Crime Reports*, Table 69, 2006-2015.

*Note: Runaways were last reported in the 2009 UCR.