

# Department of Correction Biannual Report on Restrictive Housing

Calendar Year 2022  
1<sup>st</sup> Biannual



Executive Office of Public Safety and Security  
August 2023

Maura T. Healey, Governor  
Terrence M. Reidy, Secretary of Public Safety and Security



## **Use of Restrictive Housing January 1, 2022 to June 30, 2022**

**To the Joint Committee on the Judiciary, Public Safety, Homeland Security and the House and Senate Committees on Ways and Means**

### **Massachusetts Department of Correction**

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## Methodology

Restrictive Housing (RH) in the Massachusetts Department of Correction (MADOC) is a status in which an incarcerated individual can move between units in the institution or move to units within other MADOC institutions and remain on the same RH status. An RH status ends when the incarcerated individual is released to general population or to a specialty unit that no longer confines one to a cell for more than 22 hours per day. An individual may have one or more than one RH status during a reporting time frame.

This report reflects changes in the system that occurred during the reporting period. Specifically, with the exception of Disciplinary Restrictive Housing in the Department Disciplinary Unit (DDU), the MADOC no longer utilizes any form of Restrictive Housing at any facility. MCI Framingham ceased utilizing any form of Restrictive Housing on March 12, 2020. Moreover, as of May 18, 2022, at Souza Baranowski Correctional Center (SBCC) and April 4, 2022, at other facilities<sup>1</sup>, MADOC ceased utilizing Restrictive Housing (with the exception of Disciplinary Restrictive Housing in the DDU) and transitioned to a Behavior Assessment Unit (BAU) model of intervention.<sup>2</sup> While in a BAU, incarcerated individuals are not housed in Restrictive Housing, as defined by G.L. c. 127, sec. 1, the American Correctional Association, or 103 CMR 423. The BAU houses individuals removed from general population due to unacceptable risk to facility safety and operations. While in the BAU, an interdisciplinary appraisal team identifies the underlying causes of behavior, identifies the individual's potential needs, and refers the individual for placement to an appropriate setting required to meet those needs. Additionally, individuals are offered a minimum of three hours out-of-cell time daily, a weekly wellness group, access to core general population programs (e.g., education and recidivism reduction programming) through tablets or packet work as applicable, and program tablets for self-directed enrichment work.

All measurements presented in this report reflect the changes as noted above. As the MADOC no longer utilizes any form of Restrictive Housing except for Disciplinary Restrictive Housing in the DDU, this will be the final Biannual Report on Restrictive Housing. The Biannual Report on Department Disciplinary Unit Housing will continue and is available at <https://www.mass.gov/report/department-of-correction-reports>.

The data used for this report comes from the MADOC's Inmate Management System (IMS) and the MADOC Health Services Division (ERMA).

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<sup>1</sup> MCI-Concord, NCCI Gardner, Massachusetts Treatment Center, MCI Norfolk, Old Colony Correctional Center, and MCI-Shirley.

<sup>2</sup> BAU Monthly reports are available publicly at <https://www.mass.gov/report/department-of-correction-reports>.

The data represents 739 RH statuses based on 590 incarcerated individuals with one or more discharge date(s) from a RH placement within the reporting time frame from January 1, 2022 to June 30, 2022. The following data tables describe this cohort.<sup>3</sup>

## Length of Stay in Restrictive Housing<sup>4</sup>

Average length of stay = 21.1 days

Median length of stay = 10 days

Table 1

Length of Stay	RHU Count	Percent
30 Days or Less	609	82%
31-60 Days	63	9%
60+ Days	67	9%
<b>Total</b>	<b>739</b>	<b>100%</b>

## Length of Stay in Restrictive Housing of Incarcerated Individuals with Open Mental Health<sup>5</sup>

Average length of stay = 22.7 days

Median length of stay = 10 days

Table 2

Length of Stay	RHU Count	Percent
30 Days or Less	366	82%
31-60 Days	36	8%
60+ Days	42	10%
<b>Total</b>	<b>444</b>	<b>100%</b>

## Length of Stay in Restrictive Housing of Incarcerated Individuals 21 Years of Age or Younger<sup>6</sup>

Average length of stay = 36.8 days

Median length of stay = 11 days

Table 3

Length of Stay	RHU Count	Percent
30 Days or Less	8	73%
31-60 Days	1	9%
60+ Days	2	18%
<b>Total</b>	<b>11</b>	<b>100%</b>

<sup>3</sup> Due to rounding, percentage totals may not add up to 100 percent in all tables.

<sup>4</sup> Data is based on 590 incarcerated individuals with one or more discharge date(s) within the reporting time frame. Incarcerated individuals who remained active during the reporting time frame and those who have a discharge date after the reporting time frame were excluded from this report as they will be included in subsequent reports. The length of stay is tracked in days, and individuals with less than a full day length of stay were counted as one day.

<sup>5</sup> An incarcerated individual with Open Mental Health (OMH) is diagnosed with a mental illness or determined to be in need of mental health intervention on an ongoing basis. See Appendix II for a full definition. Data is based on individuals with OMH released from RH within the reporting time frame. There were 345 OMH individuals who were discharged from RH during the reporting time frame based on their most recent mental health screening. This field signifies whether or not the individual was on the institution's OMH caseload prior to entering this status or at any time during their status. Any incarcerated individual carrying the Gender Dysphoria (GD) diagnosis will remain an OMH case. Incarcerated individuals with Serious Mental Illness are included in the count for OMH for the purposes of this report. See Appendix II for a full definition of Serious Mental Illness.

<sup>6</sup> Data is based on incarcerated individuals aged 21 years or younger on their date of discharge from RH within the reporting time frame. There were 10 individuals who were 21 years of age or younger when discharged from RH during the reporting time frame.

## Criminally Sentenced Releases to the Community within 30 Days of Restrictive Housing Discharge Date<sup>7</sup>

Table 4

Release Breakdown	Count
Releases to the Community within 30 Days	19

## One Year Recidivism Rate of Incarcerated Individuals who were placed in Restrictive Housing<sup>8</sup>

A recidivist is defined as any criminally sentenced incarcerated individual released to the community, via expiration of sentence or parole, from the MADOC during 2020 who was re-incarcerated for a new sentence or violation of parole or probation to a Massachusetts state, county, or federal facility within one year of release.

### 2020 Male Releases to the Community

One year recidivism rates for incarcerated individuals who were placed in RH from CY18 to CY20.

Table 5

Restrictive Housing Status	Count	Recidivist	Percent
Incarcerated Individuals with RH Status	596	83	14%
Incarcerated Individuals without RH Status	1,130	155	14%
<b>Total</b>	<b>1,726</b>	<b>238</b>	<b>14%</b>

<sup>7</sup> Data is based on criminally sentenced individuals who were discharged from RH and released to the community within 30 days of their RH discharge date. The individual's release may have occurred during the following biannual reporting period. See Appendix II for a full definition.

<sup>8</sup> Data is based on criminally sentenced incarcerated individuals who were placed in RH between CY18 and CY20 and then released to the community in 2020. Due to a change in the recidivism collection methodology, the release cohort does not include individuals paroled to the Transitional Treatment Program at Boston Pre-Release Center.

## Restrictive Housing Admissions

Data is based on incarcerated individuals who had one or more admission date(s) within the 6-month reporting time frame regardless of their release date. The admission counts and percentages are based on 507 individuals. These counts include incarcerated individuals with a single admission, and those with multiple admissions. Individuals with multiple admissions were admitted and discharged more than one time during the 6-month reporting period.

Of the 507 incarcerated individuals, 410 (81%) had a single admission to RH while 97 (19%) had multiple admissions during the 6-month reporting period. These 97 individuals with multiple admissions were admitted an average of 2.3 times which accounted for 35% of the total admissions.

Table 6

Single Versus Multiple RHU Admissions				
Admission Type	Incarcerated Individual Count	Incarcerated Individual Percent	Admission Count	Admission Percent
Single Admissions	410	81%	410	65%
Multiple Admissions	97	19%	218	35%
<b>Total</b>	<b>507</b>	<b>100%</b>	<b>628</b>	<b>100%</b>

## Admission Trends

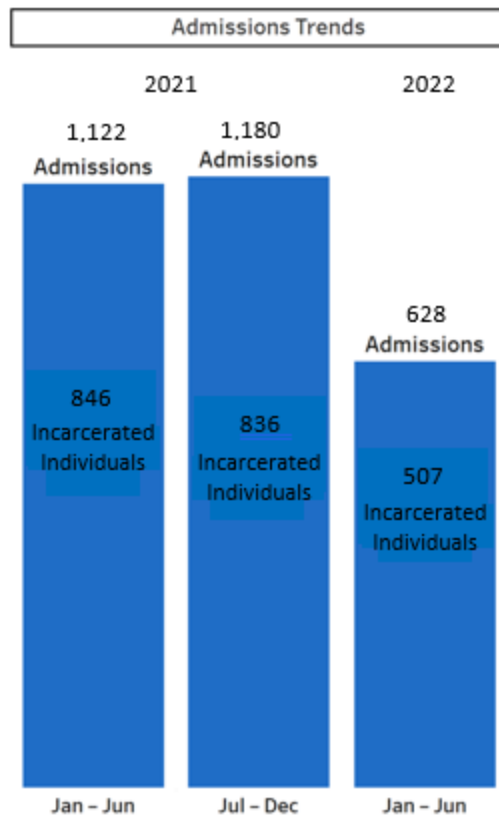
Data is based on incarcerated individuals who had one or more admission date(s) within the 6-month reporting period regardless of their release date. The data includes incarcerated individual and admission counts for all of 2021 and the first half of 2022 (Jan 1, 2022 - June 30, 2022).

There was a 1.2% decrease in incarcerated individuals and a 5.2% increase in admissions from the first half of 2021 to the second half of 2021. There was a 39.4% decrease in incarcerated individuals and a 46.8% decrease in admissions from the second half of 2021 to the first half of 2022.

Table 7

		Admission and Incarcerated Individual Trends			
		Incarcerated Individuals	Incarcerated Individual Trend	Admissions	Admission Trend
2021	Jan – Jun	846	-	1,122	-
	Jul – Dec <sup>9</sup>	836	-1.2%	1,180	5.2%
2022	Jan – Jun	507	-39.4%	628	-46.8%

<sup>9</sup> As part of the Department's continuous quality improvement process, the Department assesses past and present reports to ensure that accurate data has been and continues to be reported.





## Release to the Community Trends

Data is based on criminally sentenced incarcerated individuals released to the community within 30 days of their Restrictive Housing discharge date within the 6-month reporting period. The data includes counts for 2021 to the first half of 2022.

In the first half of 2021, there were 37 incarcerated individuals released to the community, with 36 individuals released in the second half of 2021, which represents a decrease of 2.7%. In the first half of 2022, there were 19 individuals released to community, which represents a decrease of 47.2% from the prior biannual reporting period.

Table 8

		Incarcerated Individuals Release to the Community Trends	
		Incarcerated Individuals	Incarcerated Individual Trend
2021	Jan – Jun	37	-
	Jul – Dec	36	-2.7%
2022	Jan – Jun	19	-47.2%

## Appendix I: Open Mental Health Delineated by Diagnosis

Diagnosis Code	Diagnosis	Count of Diagnoses
F10.10	Alcohol abuse, uncomplicated	4
F10.20	Alcohol dependence, uncomplicated	3
F10.21	Alcohol dependence, in remission	1
F11.10	Opioid abuse, uncomplicated	1
F11.20	Opioid dependence, uncomplicated	6
F12.10	Cannabis abuse, uncomplicated	57
F12.20	Cannabis dependence, uncomplicated	6
F14.10	Cocaine abuse, uncomplicated	1
F14.20	Cocaine dependence, uncomplicated	4
F14.21	Cocaine dependence, in remission	1
F16.20	Hallucinogen dependence, uncomplicated	2
F17.210	Nicotine dependence, cigarettes, uncomplicated	55
F25.0	Schizoaffective disorder, bipolar type	1
F31.2	Bipolar disorder, current episode manic severe w psych features	1
F31.31	Bipolar disorder, current episode depressed, mild	1
F31.32	Bipolar disorder, current episode depressed, moderate	1
F32.5	Major depressive disorder, single episode, in full remission	1
F32.8	Other depressive episodes	3
F33.1	Major depressive disorder, recurrent, moderate	4
F33.2	Major depressive disorder, recurrent severe w/o psych features	1
F33.41	Major depressive disorder, recurrent, in partial remission	1
F34.9	Persistent mood [affective] disorder, unspecified	1
F40.240	Claustrophobia	1
F41.0	Panic disorder without agoraphobia	1
F41.1	Generalized anxiety disorder	5
F41.8	Other specified anxiety disorders	4
F41.9	Anxiety disorder, unspecified	3
F43.10	Post-traumatic stress disorder, unspecified	2
F43.12	Post-traumatic stress disorder, chronic	1
F43.8	Other reactions to severe stress	1
F55.3	Abuse of steroids or hormones	1
F60.2	Antisocial personality disorder	13
F60.3	Borderline personality disorder	6
F60.81	Narcissistic personality disorder	1
F60.9	Personality disorder, unspecified	1
F63.9	Impulse disorder, unspecified	1
F90.0	Attn- deficit hyperactivity disorder, predom inattentive type	1
F90.9	Attention-deficit hyperactivity disorder, unspecified type	3
F95.2	Tourette's disorder	1
	<b>Total</b>	<b>201</b>

## Appendix II. Definitions and Acronyms

Acronym	Term	Definition
ERMA	Electronic Record Management Application	
IMS	Inmate Management System	(103 CMR 430.05) The Department's automated information system that provides processing, storage and retrieval of [incarcerated individual]-related information needed by Department personnel and other authorized users within the criminal justice system.
MCI	Massachusetts Correctional Institution	
OMH	Open Mental Health	An incarcerated individual who is diagnosed with a mental illness or determined to be in need of mental health intervention on an ongoing basis. At any time during his or her incarceration, an incarcerated individual may become an open mental health case (OMH) based on a mental health crisis, including suicidal threats or self-injurious behavior and/or the display of signs and/or symptoms of mental illness or emotional distress. Based upon clinical indications and within the discretion of the Primary Care Clinician (PCC), in consultation with the site Psychiatrist (if on medication) and/or Site Mental Health Director, an incarcerated individual may also be removed from the active mental health caseload. However, any incarcerated individual carrying the Gender Dysphoria (GD) diagnosis will remain an open mental health case.
	Release to Community	The release of an incarcerated individual from the jurisdiction of the Massachusetts DOC by parole or by discharge to the community. Conditions warranting a release to the community generally include court release (see Crime Lab), expiration of fine, payment of fine, parole and expiration of sentence.
RH	Restrictive Housing	A placement that requires an [incarcerated individual] to be confined to a cell for more than 22 hours per day for the safe and secure operation of the facility. For purposes of this report, in accordance with 103 CMR 423.06, Restrictive Housing shall not include the following: any placement in a DDU as the result of a sanction imposed in accordance with 103 CMR 430.00: Inmate Discipline; any placement of an [incarcerated individual] on disciplinary detention as the result of a sanction imposed in accordance with 103 CMR 430.00; any placement ordered by a medical or mental health provider including, but not limited to, the placement of an [incarcerated individual] in a Health Services Unit; the placement of an [incarcerated individual] in a hospital; the placement of an [incarcerated individual] in a medical setting where treatment is being provided; or the placement of an [incarcerated individual] on a mental health watch.
RH Status	Restrictive Housing Status	An incarcerated individual is on Restrictive Housing Status while in restrictive housing and until the incarcerated individual is released to general population or to a specialty unit that no longer confines one to a cell for more than 22 hours per day. An incarcerated individual may move to different restrictive housing units within or between facilities during a single restrictive housing status.
SMI	Serious Mental Illness	(M.G.L. c.127, §1) A current or recent diagnosis by a qualified mental health professional of one or more of the following disorders described in the 5 <sup>th</sup> edition

Acronym	Term	Definition
		<p>of the <i>Diagnostic and Statistical Manual of Mental Disorders</i>:</p> <ul style="list-style-type: none"> <li>(a) schizophrenia and other psychotic disorders;</li> <li>(b) major depressive disorders;</li> <li>(c) all types of bipolar disorders;</li> <li>(d) a neurodevelopmental disorder, dementia or other cognitive disorder;</li> <li>(e) any disorder commonly characterized by breaks with reality or perceptions of reality;</li> <li>(f) all types of anxiety disorders;</li> <li>(g) trauma and stressor related disorders; or</li> <li>(h) severe personality disorders; or a finding by a qualified mental health professional that the [incarcerated individual] is at serious risk of substantially deteriorating mentally or emotionally while confined in restrictive housing, or already has so deteriorated while confined in restrictive housing, such that diversion or removal is deemed to be clinically appropriate by a qualified mental health professional.</li> </ul>