



Strategic Plan for Women Who Are Incarcerated in Massachusetts

Report submitted on June 21, 2022 by

The Ripples Group

*Independent Report Commissioned by the
Massachusetts Division of Capital Asset
Management and Maintenance (DCAMM)*

“Somehow we've weathered and witnessed
a nation that isn't broken
but simply unfinished”

- Amanda Gorman

June 21, 2022

Commissioner Carol Gladstone
Division of Capital Asset Management & Maintenance
1 Ashburton Place
Boston, MA 02108

Dear Commissioner Gladstone:

It has been an honor to collaborate with the Division of Capital Asset Management & Maintenance (DCAMM) on this important undertaking to reimagine women's incarceration in Massachusetts. The attached report—Strategic Plan for Women Who Are Incarcerated in Massachusetts—summarizes the direction that emerged from the strategic analysis and discussions that started in April 2021.

Corrections around the nation and in Massachusetts are being probed and scrutinized by an increasingly demanding public. In this context, it would have been easy to adopt a defensive posture and to clamp down. Instead, DCAMM and the Department of Correction (DOC) approached this project with an open mind, listened to stakeholders, especially currently and previously incarcerated women, searched for best practices around the globe, studied all relevant data carefully, and applied a visionary, future-looking approach. We applaud the determination and courage demonstrated through this process.

The focus of this initiative was to identify elements that would make the DOC an aspiration for other states, taking into account the changing 21st century perspectives on the female custody population. Therefore, this is as much about operations, policies and procedures, staff and culture as it is about built spaces. While we at Ripples maintained an independent perspective, the project and the report benefited greatly from the collaboration with DCAMM and DOC, including the careful attention and valuable guidance from the Steering Committee which also included the Executive Office of Public Safety and Security.

We are grateful to you and DOC leadership for the transparent and frank dialog and quickly fulfilling our demanding information requests. We are also indebted to all the stakeholders—including currently and previously incarcerated women, victims and survivors, correctional officers, advocates, legislators, attorneys, leaders in the Court system, trauma and mental health experts—who took the time to share with us their unique perspectives, often with great passion and at times with considerable pain. As much as possible under the existing legal framework, we tried to incorporate these diverse views into the resulting strategy.

The Strategic Plan for women who are incarcerated in MA envisions a considerably smaller footprint and operation than what exists today at MCI-Framingham. In line with DOC's current mission, at the heart of the entire strategy are **rehabilitation as primary mission** and **human dignity as a non-negotiable** without sacrificing safety and security. Built spaces are still a part of the strategy given DOC's public safety mandate. Accordingly, the next phase will investigate location choices and facility design, using services of an architectural firm. The path ahead outlined here, however, does not have to wait; this report in fact specifies many short-term improvement areas that are already in implementation mode.

Undeniably, some serious barriers will have to be surmounted to fully realize the plan as envisioned; however, we are sincerely encouraged by the vision and dedication we saw through this effort, and trust that the DOC and DCAMM will seize the moment. The burden also rests on all stakeholders in the justice system to support you on this journey.

Please do not hesitate to reach out to me or my team if we can be helpful in any way.

Respectfully,

A handwritten signature in blue ink, appearing to read 'Atilla' followed by a stylized flourish.

Atilla Habip

Partner, The Ripples Group

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EXECUTIVE SUMMARY

With corrections entering a new era, with far more focus on rehabilitation, it is timely to reconsider women's incarceration in Massachusetts—and with urgency as MCI-Framingham, the only correctional center for women incarcerated in the state under the custody of the Department of Correction (DOC), is oversized, physically outdated for its rehabilitative mission, and requires significant capital investment. This report is the product of the five-month undertaking overseen by the Division of Capital Asset Management and Maintenance (DCAMM) on behalf of the DOC and the Executive Office of Public Safety and Security (EOPSS), also engaging a multitude of stakeholders, to approach women's incarceration in the state with a blank sheet and to develop a long-term strategy. The Ripples Group, an independent management consulting firm, spearheaded the initiative.

The resulting strategy is a substantial transformation in terms of facilities, operations, and culture. Recognizing the decline in the number of women who are incarcerated, the plan envisions a much smaller footprint and an operational model that is right-sized for the reduced custody population and improved facility design. The strategy centers relentlessly on rehabilitation as its primary mission. Developing the self-esteem of the women and providing them with a dignified experience are essential goals. The role of staff balances safety and security with helping the women heal, begin the process to overcome their trauma and health challenges, and learn skills for a fair chance at being capable members of their families and communities.

The targeted point of arrival entails a small-scale, medium security Rehabilitation Center combined with the ability to step down incarcerated women to minimum security facilities in partnerships with established community providers and with sheriffs, as in place today. The Center and the partnering facilities are to provide a heightened level of programming to address life and vocational skills, to engage in social and community participatory activities, to ensure job readiness, as well as the appropriate medical and mental health care, and substance use treatment.

The scope of this study does not include design and location selection of the future facilities, which will be addressed next by an architectural firm under a separate project. The right-sized facility and operations under this strategy should minimize the capital needs. Ongoing expenses are also expected to be lower than what is needed to operate MCI-Framingham today.

The proposed strategy benefits from a deep dive into DOC data and practices as well as a broad scan of innovative practices in the U.S. and globally. Some of the proposed changes are incremental while others are transformative. This report lays out a pragmatic multi-year plan to transition into an enhanced mode of operations. As in any transformation, there will be serious implementation challenges. Meanwhile, meaningful improvements are achievable in the short-term with minimum investment and DOC is already addressing some of these.

If this strategy is implemented as envisioned, the resulting system for women's incarceration in the Commonwealth will likely become the exemplary model for other states. Traditional corrections practices across the nation are out of sync with 21st century sensibilities. Hence, many correctional systems around the country have entered a new era of catching up to society's expectations, with renewed focus on rehabilitation and re-entry. Massachusetts has already taken bold steps in this direction. With dedicated leadership and sufficient resourcing, building on current best practices, this strategy will enable MA to pave the way for women's corrections nationally in the long term.

PROJECT BACKGROUND

CONTEXT & OBJECTIVES

After a decades-long mass-incarceration era, the country has started questioning its sentencing and correctional practices, and prison populations have started declining in the last decade. Increasingly the *primary* mission of corrections is rehabilitation, and many states, Massachusetts among them, have been moving in this direction. This project is a broad and fresh look at all aspects of women's incarceration under DOC custody with a 21st century sensibilities lens.

There is also a practical urgency. MCI-Framingham, the only state prison for women, is the oldest operating women's correctional institution in the U.S. Over the decades, it has grown in scale and gone through several renovations. However, as it stands today, it needs major capital infusion to make it a viable facility for the future to fulfill its enhanced rehabilitative mission. Its sister facility across the street, the South Middlesex Correctional Center, whose operations were suspended in early 2021.

Meanwhile, the number of women under DOC custody has declined substantially from 844 in 2007 to about 160 by the spring of 2021. As discussed further below, much of the decrease in the DOC custody population is due to transfers of county-sentenced and pre-trial women to Sheriffs' jails.

The evolution of correctional practices, the state of women's facilities, the large investment needs, and the much-reduced population of women under state custody have naturally raised questions about the scale and the characteristics of the current and future needs for the DOC. In late 2020, DCAMM sought responses for consultation services by a strategic planning consulting firm to examine the current state of women's incarceration in the Commonwealth from a multiplicity of perspectives and develop evidence-based recommendations. After a competitive

procurement process, The Ripples Group was selected and contracted to spearhead this initiative.

An independent consulting firm with a twenty-year history of helping state agencies as well as private companies, Ripples Group was tasked to start with a blank page and re-imagine women's incarceration for the long run, including policies and procedures, health care, programming, and operations. Specifically, Ripples was asked to engage with a wide spectrum of stakeholders—from women who are currently incarcerated to correctional officers, from legislators to victims, from advocates to law enforcement officials—and incorporate their views into the strategy where viable and desirable.

The scope of this Strategic Plan excludes architectural services for the design of correctional facilities. For that purpose, DCAMM conducted another competitive procurement, and an architectural firm was selected by the Designer Selection Board (DSB) to take the recommendations of the Strategic Plan into the next phase of rethinking the built environment for women, including site selection and facility design. Correctional centers under control of the County Sheriffs and other segments of the criminal justice system outside DOC's jurisdiction are also out of scope of this project.

METHODOLOGY & GOVERNANCE

The Ripples team worked closely with DCAMM which provided day-to-day project management and facilitated a productive collaboration with DOC and EOPSS. In addition to weekly reviews with DCAMM leadership, the team collaborated closely with DCAMM's project manager, who brought to the initiative deep experience with DOC facilities.

The project was conducted in three phases:

1. Immersion

2. Research & Stakeholder Engagement
3. Synthesis and Planning

In the **Immersion phase**, Ripples interviewed the key DOC, EOPSS and DCAMM executives and carried out separate focus groups of women currently in custody and corrections officers at MCI-Framingham. An extensive information request was submitted to DOC and DCAMM. In addition, a **Steering Committee** was established with membership from DOC, EOPSS and DCAMM to guide and oversee the project. Steering Committee members are listed below.

STEERING COMMITTEE

DOC

- Carol Mici, Commissioner
- Jennifer Gaffney, Deputy Commissioner
- Rhiana Kohl, Executive Director, Office of Strategic Planning & Research
- Kristie Ladoucer, Superintendent, MCI-Framingham
- Allison Hallett, Assistant Deputy Commissioner Reentry
- Robert Higgins, Assistant Deputy Commissioner, Prison Division
- Mitzi Peterson, Assistant Deputy Commissioner of Clinical Services
- Kyle Pelletier, Special Programs Director

EOPSS

- Andrew Peck, Undersecretary
- Jennifer Roedel, Chief of Staff
- Emi Joy, Chief Financial Officer

DCAMM

- Liz Minnis, Deputy Commissioner, Office of Planning

- Elayne Campos, Director, Office of Planning
- Emmanuel Andrade, Project Manager, Office of Planning

Throughout the project, the Steering Committee assisted with information gathering and sense making, and periodically reviewed and discussed all conclusions in formal meetings with the Ripples Group.

The **Research and Stakeholder Engagement phase** entailed a deep dive into DOC operations, review of internal reports and documents, external research, visits to facilities, discussions with experts in mental health, corrections, and trauma, studying innovative practices across the nation and globally, and listening sessions with a multitude of stakeholders.

Substantial information was gathered from DOC and DCAMM and analyzed. In addition to regular reporting such as Annual Population Trends and Weekly Counts from the Division of Research & Planning, internal policies and program literature, and access to internal dashboards, DOC provided highly valuable primary data which included:

- A database of currently incarcerated women at MCI-Framingham, including age, race, offense, sentence, zip code of home community, number of children reported by women (no names);
- A database of staff at MCI-Framingham, including positions, gender, race (no names);
- Historical breakdown of the population at MCI-Framingham by sentence types (i.e., state/county/pre-trial/civil/federal);
- Program participation and visitations at MCI-Framingham;
- Financials on MCI-Framingham.

Further, DCAMM supplied a large set of reports and files, especially relating to facility conditions.

External sources included published information from the United Nations, the Bureau of Justice Statistics, Federal Bureau of Prisons, National Institute of Corrections, the Prison Policy Initiative, Sentencing Project, Vera Institute, MassINC, the Massachusetts Department of Public Health, the Substance Abuse and Mental Health Services Administration, and various other sources. Ripples also relied on academic papers on correctional practices, staffing, programming, and trauma in prisons. Boston Bar Association's Restorative Justice Seminar series and the meetings of the Special Commission on Correctional Funding provided further background.

After vaccination against Covid-19, for first-hand observations and in-person discussions, the Ripples team visited MCI-Framingham and the Women's Pre-release Center at Billerica, a new unit on the grounds of the Middlesex Jail & House of Correction that houses county and state-sentenced women.

Integrating the primary and secondary research, Ripples carried out in depth analyses of current operations and compared to external benchmarks. Specifically, Appendix C outlines innovative practices in the U.S. and globally that were considered most relevant to the project.

All essential learnings were shared with the Steering Committee. This phase also included a visioning session with key DOC, EOPSS and DCAMM staff, the results of which are outlined in the report.

Building on the extensive research, analysis and engagement, **the Synthesis and Planning phase** focused on a clear synthesis of all learnings and the articulation of a plan for the future of women under DOC's custody. Various options were systemically evaluated, and a final direction was

chosen. As the operating model and programs inform the design of the built environment, this phase also included bringing the architectural firm selected for the next phase up to speed on the strategic thinking so that they can carry forward the initiative.

This report is the final deliverable of the strategic planning project and covers the most essential insights and recommendations.

STAKEHOLDER ENGAGEMENT

Through the project, Ripples Group had listening sessions with a multitude of stakeholders and criminal justice thought leaders. These were almost all Zoom sessions (except for site visits). Each person was promised confidentiality and anonymity, and accordingly, the feedback is aggregated, and no individual names are attached to any stakeholder quotes. The full list of stakeholders who were engaged is provided in Appendix B. In a few instances, particular advocates shared their valuable perspectives but asked for their names to be left out, which is honored here. Similarly, the names of victims and survivors who generously offered their vital perspectives, at times with great pain, are left out of the report.

CURRENT STATE OF WOMEN'S INCARCERATION

NATIONAL CONTEXT

This section looks externally to the national context of criminal justice. What are the developing/emerging ideas and sentiments across the nation? What lessons are being learned? What in this context, if any, should inform the DOC's approach with women in Massachusetts?

Taking a broad look across the nation, it is not hard to conclude that **corrections has entered a new era**. After a 'tough-on-crime' ¹ mass-incarceration boom that filled prisons around the country with millions of people, disproportionately Black and Brown,² the country is questioning the rationale of incarceration and alternatives are emerging.

*"Although crime rates in the US have not been markedly different than those of other Western countries, the rate of incarceration has soared in the US while it has remained stable or declined in other countries. Between 1960 and 1990, for example, official crime rates in Finland, Germany and the US were close to identical. Yet the US incarceration rate quadrupled, the Finnish rate fell by 60%, and the German rate was stable in that period."*³ – Michelle Alexander

Diversion from prison, shorter sentences, making prisons more rehabilitative, and providing more re-entry supports are key elements of criminal justice reforms across the nation.

*"If incarceration worked to secure safety, we would be the safest nation in all of human history."*⁴ – Danielle Sered

Moreover, the anti-incarceration and pro-rehabilitation sentiments cut across ideological divides. We are facing a world, for example, in which Koch and Soros foundations, roughly at the opposite ends of the political ideological divide, are working in alignment for prison

reform. The restorative justice movement is growing with success stories around the country and globally.⁵ Even victims and survivors are asking for enhanced rehabilitative efforts in prisons. There is wide consensus that measures to prevent crime and reduce incarceration, which include addressing poverty, substance use, mental health, and judicial reform, deserve more investment and attention even if policies and budgets are yet to catch up to that logic.

*"The status quo in our criminal justice system is not working. An effective criminal justice system protects people and preserves public safety, respects human dignity, restores victims, removes barriers to opportunity for people with criminal records, and ensures equal justice for all under the law."*⁶ – Charles Koch Institute

A 2017 poll conducted for the John D. & Catherine T. MacArthur Foundation reported 60% of respondents favored rehabilitation over incarceration for non-violent offenders, while 71% opposed imprisonment altogether for the mentally ill.⁷ A 2017 survey conducted for the ACLU found that 71% of Americans agreed that incarceration for long periods is counter-productive to public safety due to the absence of effective rehabilitation programs in prisons.⁸ In a 2018 public survey by the Justice Action Network, 85% of respondents supported making rehabilitation the goal of the criminal justice system rather than punishment.⁹ More recently, the high infection rates of incarcerated people during the Covid-19 pandemic produced strong public outcries in many states.¹⁰ At the extreme, there is a growing prison abolishment movement across the nation. **In effect, the traditional US corrections practice around the nation is out of sync with 21st century sensibilities.**

Underlying the changing public sentiments and new public policies is increasing evidence that traditional approaches of care and custody in the U.S. are not achieving positive results. Evidence shows, for instance:

- A high incarceration rate does not reduce but in fact fuels crime, especially through its impact on children, families, and communities.¹¹

“The use of custodial sanctions may have the unanticipated consequence of making society less safe.” – Cullen et al¹²

- Children of incarcerated persons have a higher likelihood to be imprisoned. Incarcerated parents are unable to contribute financially and emotionally to their families.¹³

“An overlooked effect of mass incarceration is that today an astounding one in four women and nearly one in two Black women has a family member in prison. The sense of loss is painful, acute, and often borne in silence, leading to illness, severe depression, and even suicide.” – Gina Clayton¹⁴

- Trauma, prior abuse, mental health, and substance use fundamentally hinder prisons from rehabilitating people in custody.¹⁵
- Prison populations are aging in the U.S.; it is estimated that by 2030, one third of all prisoners in state prisons will be over 55 years old.¹⁶
- Recidivism rates remain high across the nation, with the same individuals re-offending and finding themselves in prison over and over. For instance, in a large-scale recidivism study across states, the Bureau of Justice found that 68% of people released were arrested within three years, 83% within nine years.¹⁷

“If you were to design a system to perpetuate intergenerational cycles of violence and imprisonment in communities already overburdened by criminal justice

involvement, then the American prison system is what you would create. It routinely and persistently fails to produce the fair and just outcomes that will make us all safer.” – Shon Hopwood, Georgetown University¹⁸

- The U.S. criminal justice system disassociates the perpetrators of a crime and their victims/survivors, and often they are not truly held accountable to their victims (which the restorative justice movement is currently trying to address).¹⁹
- The prison environment extracts a toll from correctional officers too. They experience depression, PTSD, and suicide rates far higher than the general population.^{20 21}

The mounting evidence towards ineffectiveness of incarceration is even stronger for women in this country, due to:

- Women are far more likely than men to be the primary family caretakers. Hence, incarcerating women often leads to more problems for their children and families, and in turn for communities.²²
- Women are more likely to be victims themselves. Abuse, trauma, poverty, mental health, and chronic health problems are very prominent among women. For instance, more than two-thirds of incarcerated women in America reported having a history of mental health problems. Per a Department of Justice study, 86% of incarcerated women experienced sexual violence and 77% experienced partner violence prior to incarceration.²³
- Lesbian or bisexual identifying women are incarcerated at disproportionately higher rates and face a harder time in prisons.²⁴

Not surprisingly, criminal justice reforms across the nation aim to lower incarceration and recidivism rates. Bail reforms, diversion programs, electronic monitoring and home confinement options, shorter sentences, elimination of mandatory minimum sentences,

more community-based programs, and “progressive prosecution” are some of the emerging approaches in Massachusetts and elsewhere. Meanwhile, crime rates, taking a long-term perspective, continue to decline.

In fact, incarceration rates in the U.S. have declined in the last ten years with an almost 12% reduction of people in prisons between 2009 and 2019.²⁵ Nevertheless, they still remain much higher than historical levels prior to the mass incarceration era.

Some corrections departments around the country have started embracing new approaches and implementing strategies with deep commitment to rehabilitation and successful re-entry. Examples include:

- New York’s corrections agency defines its mission as: *ensure public safety by operating safe and secure facilities, preparing individuals for release, and then supervising them to be successful when they return home from prison.*²⁶
- Ohio and California have inserted the word “rehabilitation” into their agency names: *Ohio Department of Rehabilitation and Corrections* and *California Department of Corrections and Rehabilitation*. California’s agency defines its mission as: *To facilitate the successful reintegration of the individuals in our care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative, and restorative justice programs, all in a safe and humane environment.*²⁷
- Pennsylvania’s DOC defines its mission as: *To reduce criminal behavior by providing individualized treatment and education to inmates, resulting in successful community reintegration through accountability and positive change.*²⁸
- Connecticut goes further: *The Department of Correction shall strive to be a global leader in progressive correctional practices and*

*partnered re-entry initiatives to support responsive evidence-based practices aligned to law-abiding and accountable behaviors.*²⁹

CT DOC appears to have put human dignity at the center of their new correctional initiatives, as depicted on the Department’s home page:



Stating a mission in a certain direction is not enough to achieve the desired goals of course, but it is a meaningful start. These approaches are not universal in the US with many states continuing on the traditional ‘care and custody’ version of corrections despite the overwhelming evidence and growing public sentiment against it. That said, the states that are embracing rehabilitation and human dignity will likely achieve visibly better results in the coming years—all evidence points in that direction—and other states will likely follow. Corrections has entered a new era.

In fact, Massachusetts already has taken many steps, for women and men, which recognize such changes. The strategy presented in this report for women intends to put the Commonwealth ahead of other states.

“We have a choice. We can embrace our humanness, which means embracing our broken natures and the compassion that remains our best hope for healing. Or we can deny our brokenness, forswear compassion, and, as a result, deny our own humanity.”

— Bryan Stevenson³⁰

INNOVATIVE PRACTICES IN THE U.S. AND GLOBALLY

This section looks externally to innovative practices in other states and regions that can inform the future state of women's incarceration. Here we discuss some highlights from extensive research we conducted (see Appendix C for more examples) with the goal to learn from others as we reimagine the future, acknowledging that some practices may be out of reach for the US today while others may well be already implemented in MA and can be enhanced.

Any discussion of best practices in corrections almost immediately turns to the so-called "European Model", as practiced in countries such as Norway, Germany, and Denmark. Many of the innovative practices in the U.S. are adaptations of approaches in Europe.^{31 32 33 34} While practices differ across countries and states, as well as between male and female populations under custody, there are some common threads that should be noted as they inform the strategy for women's incarceration in Massachusetts:

- Culture, policies, and staffing that embrace human dignity and build self-esteem;
- A nurturing environment that supports personal growth and connections;
- Gender-responsive practices in case management, healthcare, substance use, education, and programming;
- Philosophy and practice of gradual step down and successful re-entry;
- Enhanced family relationships and community integration.

CORRECTIONS IN NORWAY

The Norwegian corrections practice stands out for its rehabilitation focus and low recidivism outcomes. The policy is quite clear: *"Everything a prison officer does—every conversation, each*

*activity and any provision that is established in the prisons—is to be measured up against this principle: that the prisoner should be better equipped on release than at the time of committal."*³⁵

Every person in the prison is entitled to have their "personal officer"³⁶ which means that the individual has one officer who sees him or her through the prison-term, with the task of motivating and giving support when needed, to make the time spent as rehabilitating as possible. Caseloads tend to be three incarcerated persons per officer. The personal officer is supposed to be a role-model and an advisor. To do this the officer must be open, tolerant and good at communication while maintaining their responsibility for security in that section.³⁷

"We are there fifty per cent in order to keep an eye on them, to ensure that they stay here [in prison]. The other fifty per cent we are trying to help them. They may be drug users or have other problems, and it's just as much our duty to help them as to watch them. And when we help, this contributes to security just as much as a locked door or an alarm."

— Prison Officer, Norway³⁸

The United Nations has adopted and recommends this practice of 'dynamic security': *"Security also depends on an alert group of prison staff developing positive staff-prisoner relationships; staff who have an awareness of what is going on in the prison; fair treatment and a sense of 'well-being' among prisoners; and staff who make sure that prisoners are kept busy doing constructive and purposeful activities that contribute to their future reintegration into society."*³⁹

To this end, correctional officers in Norway, like in Germany, undergo two years of intense training that focuses heavily on community reintegration and social work.⁴⁰ There are in fact recent demands to extend officer training to four years.

Norwegian prisons are meant to be normalizing spaces. That means no bars on the windows, kitchens fully equipped including sharp objects, and friendships between officers and people in custody. For instance, small groups of incarcerated people get together to cook and eat their meals with the full range of silverware and cutlery, which would be very unusual in U.S. prisons.

In Norway, case management extends beyond release as the main mission is success once back in society. The objective of the Norwegian Correctional Services' professional activity is *"a convict who has served the sentence, is drug-free or has control of his drug use, has a suitable place to live, can read, write and do basic mathematics, has a chance on the labor market; can relate to family, friends and the rest of society, is able to seek help for any problems that may arise after his release, and can live an independent life."*

EXAMPLES IN THE U.S

The European Model, still in the making, is not perfect by any means. It benefits from a substantially different orientation in the overall criminal justice system and cannot be simply copied and implemented in the U.S.

Still, an in-depth survey of innovative practices in the U.S. indicates that there is a substantial influence of European corrections practices in various states. For instance:

- The recently built Las Colinas Detention and Reentry Facility in San Diego has the aesthetics and many of the operational approaches of Norwegian and Danish prisons. It has a college campus feel adopting a light color palette with soft and varied materials (including wood and glass) as well as better acoustics and ample natural light.⁴¹



Photo: Las Colinas Detention and Reentry Facility, HMC Architects

- Oregon is transforming its correctional culture through an immersion into the Norwegian system, sending correctional officers to Norway and hosting Norwegian officers locally. One of the results has been improved health and wellness as well as job satisfaction for correctional officers.⁴²
- The groundbreaking T.R.U.E. and W.O.R.T.H. correctional units in Connecticut are fashioned after European prisons with a deep rehabilitation commitment.⁴³ Specially trained staff work with the offenders in a much less confrontational manner. At W.O.R.T.H., officers are trained to talk to the women about their traumas and vulnerabilities.⁴⁴ There is an emphasis on planning for a crime-free life after release. Everyone has a job inside, and they apply for a new one every two weeks such that they get frequent opportunities to write resumes and interview. [In fact, Massachusetts has recently opened a unit for young fathers, called BRAVE, reflecting similar ideas.]

"We don't have to hide behind our attitudes here. We have the opportunity to open up to the mentors. They know what to look for when we seem shy or isolated. When there is a disagreement, the women sit in a circle and work through it like a family would."

– Incarcerated Woman at WORTH unit, CT

- In Minnesota, the feedback from corrections officers, focused on transforming the lives of the people who are incarcerated, echo European sentiments.

“As a correctional professional, I use many different hats in order to conduct my job. In addition to providing security and safety, at times I’m a mentor, motivator, and a spiritual light to those who are in the darkness. I encourage the incarcerated men to believe they may someday have the same opportunities as the next man. I influence them to study hard and to take advantage of all the opportunities to better themselves while they are serving their time.”

– Minnesota Corrections Officer

- In recent years, New York City and San Francisco have permitted free calls for people who are incarcerated, reflecting the approach in Germany (where the Constitutional Court found that the constitutional requirement of social rehabilitation of sentenced persons is violated when a prisoner is charged excessive fees for phone services, and anything more than external market rates are considered excessive).⁴⁵

“It is said that no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones.”

– Nelson Mandela

Some of the best practices in the U.S. stand on their own. For instance, the National Institute of Corrections (NIC) has developed a case management model with University of Cincinnati that has been implemented in various states with impressive empirical results.⁴⁶ The Bedford Hills Correctional Facility in New York stands out with its family-friendly and especially children-friendly policies and visitation center. As in Massachusetts, numerous evidence-based trauma programs have been implemented across the country in accordance with guidance from the Substance Abuse and Mental Health Services Administration (SAMSHA).

Some vocational training programs in the U.S. arguably go further than European counterparts —e.g. The Last Mile program (computer skills) in California; the Michigan Women’s Vocational Village, the Prison Entrepreneurship program in Texas, and the Sustainability in Prisons program in Washington State. The Last Mile in California boasts a zero percent recidivism rate⁴⁷ while Texas’ Prison Entrepreneurship Program claims 100% employment in 90 days after release.⁴⁸



<https://thelastmile.org>

GENDER-RESPONSIVE CORRECTIONS PRACTICE

Key principles of a gender responsive approach to women “address the areas of environment, relationships, services and supervision, economic and social status, and community,” per the influential report by Bloom, Owen, and Covington, *Gender Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders*.

“First and foremost, it is the simple acknowledgement that gender does make a difference for correctional practice. Without this acknowledgement by senior policymakers, and a grounding in the knowledge of gender differences, there is little support for changing and improving policy and practice based on the gender specific needs of women. Next would be creating an environment based on safety, respect, and dignity. Given the high rates of trauma and

victimization of women in the correctional system, it is important both for the women and staff that the environment does not reinforce or exacerbate the impact of a history of violence.”

– Bloom, Owen, and Covington

As women make up a small portion of the incarcerated populations, they typically get less attention and resources.⁴⁹ Still, the recognition of gender-differences and women’s unique needs are increasingly understood and addressed. In Alabama, for instance, the Department of Corrections has established a women’s division and has been applying gender-responsive best practices, including the NIC’s case management model.

Elements of Gender-Responsive Practice

Relational. Promote mutual respect and empathy

Strengths-based. Recognize and mobilize strengths

Trauma-Informed/Healing Centered. Be aware of and address prior personal abuse and its effects

Holistic. Deploy a comprehensive case management model

Culturally Competent. Value diverse backgrounds

In Massachusetts, the DOC has long instituted gender-specific policies and practices, including female offender training for all staff assigned to MCI-Framingham, a universal precaution approach as it relates to trauma, a needs assessment unique to the female offender, and quarterly multidiscipline meetings with DOC leadership to discuss policy and practices that affect the female offenders. Many of these practices have been in place for nearly a decade.

Other examples of innovative practices globally and across the U.S. are further explored in Appendix C.

Cutting across all innovative practices are three fundamentals:

- **Uncompromising commitment to human dignity;**

- **Institutional primary mission of rehabilitation; and**
- **Full recognition of gender differences.**

DOC & MCI-FRAMINGHAM BACKGROUND

The sections above covered the national context and examples of innovative practices in corrections in the U.S. and overseas. This section turns the lens to Massachusetts. The main focus is on MCI-Framingham but the sister facility South Middlesex Correctional Center, with its operations recently suspended, is also covered.

PRISON POPULATION

Reflecting the general patterns across the nation over the last two decades, the total DOC population in MA (both jurisdiction and custody; male and female) grew from 2001 to 2012, and then declined about 40% through 2020.⁵⁰ (See Exhibit 1) However, this is still high versus the early 80's levels of 3,000-5,000.

Women make up only 3% of the overall custody population. In fact, **Massachusetts has the lowest incarceration rate for women in the U.S.**; the average rate for the nation is five times larger.⁵¹

It is important to understand the history of placement of incarcerated women in Massachusetts. Up until recent years women in DOC's custody were roughly one third state sentenced, one third county sentenced, and one third pre-trial detainees. In Massachusetts the delineation between a county versus state sentence is unique, such that one can serve up to two and a half years per conviction for a county sentence, whereas in most states a county sentence is up to a year and state sentences are one year or greater. This is relevant in this planning process given the historical shift in where incarcerated women are placed among state and county facilities.

Women under DOC custody peaked in 2007 at 844 and has declined 80% since then, **down to 166 by January 1, 2021, and 162 by April 2021** as depicted in Exhibit 2.⁵²

Exhibit 2, second part, depicts the timeline and main reasons for the population declines under state custody. In general, women under county custody or awaiting trial were moved to Sheriffs' Houses of Correction custody over the last decade, to return them to the correct jurisdiction and prevent placement in state prison. Transfers to the Western MA Women's Regional Correctional Center in Chicopee, Women's Recovery from Addiction Program in Taunton (straight civil commitments only), and Suffolk County House of Corrections in Boston substantially shrunk the population under custody in MCI-Framingham. Middlesex County is an exception (note that the state facilities for women are in that county). Meanwhile, criminal commitments have also been declining since 2014. A small portion of the current population (about 25) were women awaiting trial in the Middlesex County and there were a few women at MCI-Framingham who are county sentenced, under the Middlesex County Sheriff's jurisdiction. About ten women were civilly committed with an accompanying criminal charge. All in all, **as of June 2021 there were 125 state-sentenced women at MCI-Framingham.**

Women who are incarcerated at MCI-Framingham are considered medium security. According to data provided by the DOC in April 2021, seventy-one women were incarcerated for first and second-degree murder or manslaughter; about 50 were sentenced for life. Armed robbery, assault/battery, and human trafficking were the other major crimes among the MCI-Framingham population.

While about 40% of women were incarcerated for violent crimes in state correctional centers across the nation, at MCI-Framingham about 70% of the women were sentenced for violent crimes. The snapshot at this time (soon after shorter sentenced women with less violent crimes are transferred out) may not be reflective of the long-term population.

"The population decline has led to a higher concentration of inmates with violent offenses due to their longer sentences as well as

changes in crime reform for alternatives to incarceration among non-violent offenders.” –
DOC Prison Population Trends, 2019

The demographic highlights for women under custody at MCI-Framingham as of April 2021 are as follows (based on data provided by DOC):

Women in DOC custody are aged 20 to 76. Fourteen are below age 26 and ten are over age 65. Average age is 42.

DOC records show that 74% of women at MCI-Framingham reported having children, with 17 stating having four or more children. Based on anecdotal evidence, more women might have children than the records indicate. [Nationally ~80% of women in prisons have children.] Two women at MCI-Framingham were reportedly pregnant.

59% of the women are White, 19% are Black and 7% are Hispanic. Versus the state population (71% White, 9% Black, 12% Hispanic, and 3% two or more races per 2021 census), Black women are represented disproportionately; however, the racial disparity is not as stark as it is with men under DOC custody (28% Black and 26% Hispanic).

Mental health issues affect the overwhelming majority of women at MCI-Framingham with 70% having open mental health cases (up from 59% in 2015). 67% have a serious mental illness (SMI) which has a broader definition under the 2018 criminal law reforms, and 63% are on psychotropic medications.

Only four women reported last residency in the City of Framingham.



EXHIBIT 1. DOC POPULATION (MEN AND WOMEN)

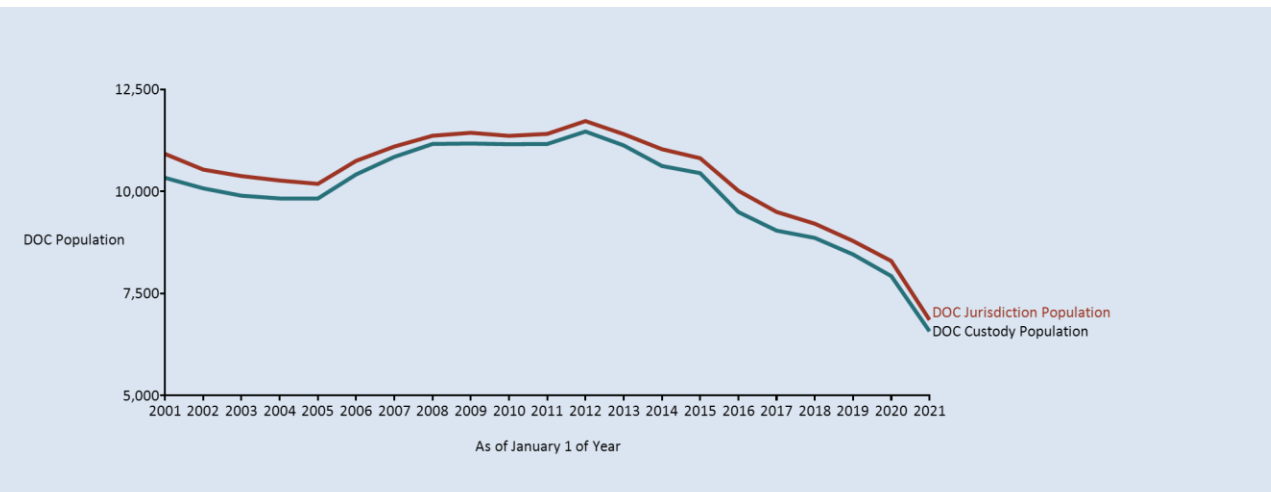
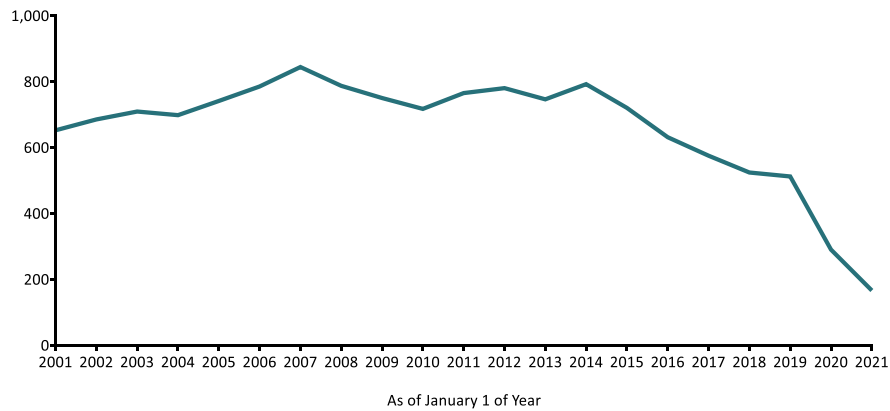
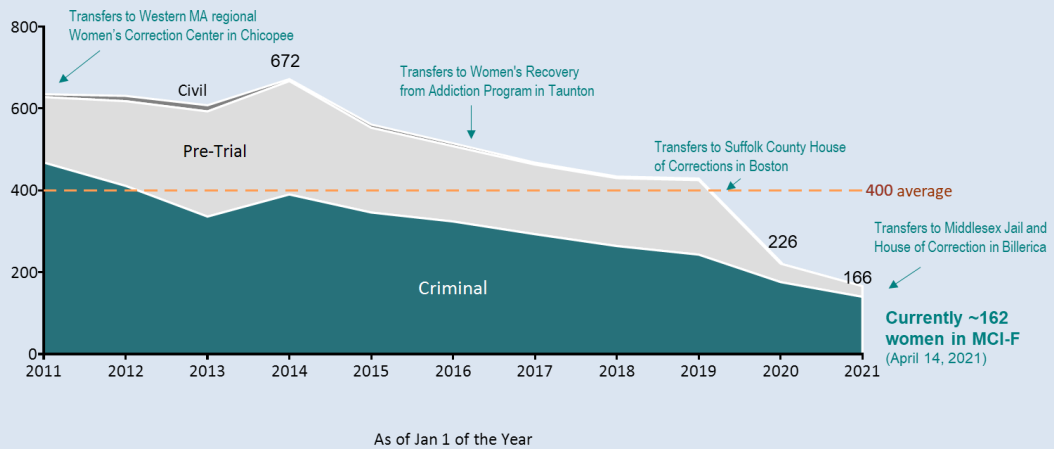


EXHIBIT 2. WOMEN UNDER DOC CUSTODY

DOC Female Population



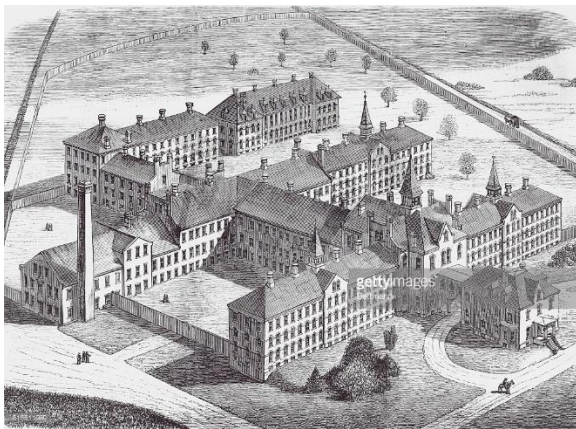
MCI-F Population



PHYSICAL FACILITIES

MCI-Framingham is the oldest operating women's prison in the US. It has undergone many expansions and renovations since 1877, with the latest buildings added in early 90's. **Today it is no longer a desirable correctional center to meet the needs of the women. This is not only because of the physical conditions of the buildings but also due to the unsuitable layout of the entire campus for enhancements to its rehabilitative mission.** Its physical deterioration has been recognized for decades. A House Report in 1993 recommended shutting it down. A DOC Master Plan by DCAMM and other DCAMM studies have found many urgent capital investment needs. DOC heroically manages to keep the campus' facilities functioning.

Recent estimates put the capital need to overhaul MCI-Framingham as is at \$80 million (2020 dollars).⁵³



MCI-Framingham historical photo – Getty Images

OPERATIONS & STAFF

The operations at MCI-Framingham are arguably out of sync with its current population. It previously grew to accommodate a much larger population (844 in 2007 vs. 162 in April 2021), and its present operational capacity of 498

is misaligned to the current population under custody.

MCI-Framingham offers a broad variety of programming options to the women under custody. Some of these are truly impressive. For example, visitors to the Old Administration building can see a flag and embroidery shop with commercial machinery operated by the women. The women run a lunch cafe, train dogs for the disabled, attend Boston University programs and more. A volunteer-supported greenhouse provides the women the opportunity to learn horticultural skills while beautifying the grounds with seasonal gardens.

However, many of the programming options were unavailable due to the pandemic in the past year and a half when volunteers backed off. Further, some programs are not viable at the current small scale at MCI-Framingham. Others have no takers. In actuality, program participation is uneven. For instance, all women in custody, upon entrance, are recommended and encouraged to participate in a primary Pathway Program designed to address their core issues from trauma to addiction. Based on the gender-responsive assessment and classification system, the Pathways Model is an integrated approach to managing and providing treatment services. Per recent data, participation in Pathway programming is very high (practically all eligible women participating, 2% refusal rate). While a novel and innovative approach at its inception in 2015, Pathways has also proved to be a limitation, with some women reporting in focus groups having completed the pathway curriculum multiple times and finding nothing new to engage with; and others complaining about the quality and the experience levels of trainers they are working with.

While population declines coupled with Covid-19 may partially explain some of the decline in active programs, it is worth looking at other practices, supports and incentives that could increase participation in programming. The performance management system for

correctional officers assigned to MCI Framingham, for instance, does not require any encouragement of the women to participate in programming as in the case of European models. In contrast, Correctional Program Officers and Unit Team correctional staff are evaluated for their case management skills and the ability to motivate women to participate in treatment and programming opportunities.

The case management approach has undoubtedly improved over the years and the gender-specific classification system was most recently enhanced and re-validated in 2018. The current classifications system aims to step women down to lower security as individuals get closer to their release date and are suitable for placement. Women who committed violent crimes have not been stepping down, regardless of age and health, opening the opportunity for further progress.⁵⁴

MCI-Framingham's adoption of the National Resource Center for Justice Involved Women's trauma-informed corrections practice has in fact been highlighted as a best practice by The US Commission on Civil Rights, "Women in Prison: Seeking Justice Behind Bars" (2020) for its positive impact on reducing prison violence.⁵⁵

The college education available through a partnership with Boston University stands out among the various educational options. The women can get adult basic education, high-school equivalency and up to college degrees.

Besides a few programs such as the basic First Step program, pre-trial women do not participate in most programming per DOC policy (keeping sentenced and pre-trial populations separate). Because some of these women are under custody for multiple years while awaiting trial, this restrictive policy around programming is worthy of re-consideration for those detainees who wish to participate in opportunities beyond what they are offered today.

MCI-Framingham offers a full array of medical and mental health services. Treatment for substance use, including Medically Assisted

Treatment (MAT), resulting from the Cares Act, are available on site. In cases where in-patient mental hospitalization is needed, the patient is sent to a psychiatric hospital under the Department of Mental Health. All these services are heavily used, albeit some women complained in focus groups about the ease of access to medical personnel. Two mental health units at MCI-Framingham house the women in highest need of on-going attention to their unique needs with one offering long term care, and the other focused on crisis stabilization intervention.

MCI-Framingham has a large visitation area, open three days of the week, with a special room for children. Prior to the pandemic a "mom and me" event was hosted annually. Visitations of course have slowed down due to the pandemic. Even before the pandemic, however, women at MCI-Framingham received about one visit per month on average (2019 data), which is half the rate of visits men under DOC custody receive. It should be noted that national averages tend to be lower for women across the country.

A Family Reunification Home on the South Middlesex Correctional Center campus is currently closed (as the operations at the Center are suspended). When the Center was open, qualified women used this home to spend time with their children, including overnight visits.

With the South Middlesex Correctional Center suspended, memorandums of understanding were established with Sheriffs in Hampden, Middlesex, and Essex counties to step state-sentenced women down to lower security facilities in those counties.

As in all state prisons MCI-Framingham's incarcerated population is geographically dispersed. Releases from MCI-Framingham to Suffolk, Middlesex and Essex counties make up 58% of the total. Boston is the leading city with 13% of releases.

As of April 2021, there were 163 correctional officers spread over three shifts at MCI-Framingham, at an almost 1:1 ratio with the

women incarcerated there. This is much higher than any benchmarks and is symptomatic of the scale and complexity of the MCI-Framingham campus. Interestingly, correctional officers reasoned in a focus group that they are understaffed due to the scale and layout of the campus.

The total headcount was close to 300 (as of April 2021) with other DOC employees, including medical and Spectrum (vendor) staff assigned to MCI-Framingham mostly supporting programming and treatment.

38% percent of the correctional officers are women. Women are represented more among the starting level correctional officers (48% of CO1) and less so among senior correctional officers (10% of CO3). In contrast, guidance from the United Nations for women's corrections is to have mostly female staff, especially at senior roles and where gendered privacy is required. The guidance from the Inter-American Commission on Human Rights goes further: *"The custody and surveillance of women deprived of liberty shall be performed exclusively by female personnel, although staff with other capacities or skills, such as doctors, teachers or administrative personnel may be male."*⁵⁶

Minorities make up 23% of correctional officers. Among the senior correctional officers (CO3's), minorities drop to 10%. All five captains, the highest correctional officer position, are white men.

Not surprising from the numbers above, as staff make up the largest expense in corrections, **MCI-Framingham is very expensive to operate at its current scale and layout.** Annual expense per woman incarcerated at MCI-Framingham was \$162,000 in 2020 and is estimated to be 50% higher in 2021.

One of the DOC innovations, also practiced at MCI-Framingham, is signing up incarcerated people to MassHealth before they are released so that they are provided seamless health benefits after prison. In general, however, resources available after release are very

limited. While some non-profits have established re-entry programs and opportunities like the McGrath House in Boston, women upon release can easily find themselves left alone with minimal resources and supports. For many, lack of skills and a trade, broken ties with families and communities, poverty, and homelessness, exasperated with medical, mental health and substance use issues set the stage for failure after release. This is not a just DOC-related observation but speaks to the full criminal justice system in the Commonwealth.

Three-year recidivism rates have somewhat improved in the last decade and hover around 31% for women (2016-2019, 29% for men). Longer term recidivism rates are not currently available.

STAKEHOLDER PERSPECTIVES

As requested by the DOC and DCAMM, the Ripples Group engaged with stakeholders and criminal justice thought leaders across a broad spectrum, listed in Appendix B. All interactions were treated strictly confidential. This was inarguably a brave and honest act of taking a hard look in the mirror and coming to terms with the reflection, warts and all.

STAKEHOLDERS & THOUGHT LEADERS

- Currently incarcerated women at MCI-F
- Currently incarcerated women at Billerica Pre-release Center
- Previously incarcerated women
- Victims and survivors
- DOC Leadership & Staff
- Correctional Officers, Board members of MCOFU
- EOPSS Leadership
- Parole Board
- DCAMM Leadership
- Ex-DOC/EOPSS staff
- Advocates
- State Legislators
- Law Enforcement Professionals
- Trial Court & Probation Leadership
- Massachusetts Bar Association
- CPCS Leadership & Staff
- AG's Office
- Departments of Mental Health and Public Health
- National experts on corrections, mental health and trauma

With such a multitude of stakeholders, many at different ends of the ideological spectrum offering their perspectives and suggestions, a consensus view was not expected.

Perspectives ranged from the need for basic enhancements to transformative changes, and at the extreme, as argued by some advocates, that women should not be incarcerated. Yet, **despite diversity of backgrounds and**

experiences, the need to focus on rehabilitative mission, small facility footprint corresponding to the reduced population, and increased programming to enable women to prepare for re-entry stood out as common themes.

There was a clear consensus that the primary mission of any correctional facility should be rehabilitation. In several interviews, even victims of horrendous crimes agreed that prison should be a rehabilitative experience, and the outcomes for people who have been incarcerated should relate to how far they have come in improving themselves and how much remorse they show. Recidivism and re-offend rates commonly came up as success measures in all discussions.

Virtually all stakeholders want the women to be treated with dignity and favor a culture that builds self-esteem. The aspiration of “home-like spaces” was mentioned in many interviews. In focus groups of women who are currently incarcerated some shared examples of inhuman treatment in focus groups and called their experience “degrading.” Yet, while visiting the campus, it was also common to see warm and respectful interactions between staff and the women incarcerated there.

While stakeholders agree that women enter prison with high degrees of trauma and prison itself is a traumatizing experience, **the responses to what to do about trauma varied.** Some stakeholders asked for more trauma-informed policies and procedures while others, mainly advocates, argued that trauma cannot be managed in a correctional setting. One thought leader on trauma claimed prisons can never successfully deal with trauma. Yet a globally acclaimed trauma expert talked about effective trauma-addressing programs at prisons. There is empirical and anecdotal evidence to support both points of view to some extent.

There was consensus on the need for enhanced programming opportunities and diversity of options. Preparation for well-paid jobs, such as web-design or building trades, repeatedly came up as strong recommendations. In addition,

many spoke to the need for more attention to basic life skills such as parenting, personal finance, or even shopping at a supermarket. Several stakeholders argued for asking the women who are incarcerated what they want for programming. One volunteer at MCI Framingham commented: *“The women are resilient. Most of us could not have survived what they face. They have something we can build up.”* The women, when questioned in focus groups, indeed asked for life skills, building trades, and preparation for better paying jobs in society.

Also, there was **agreement on the need for better training for staff** working with women who are incarcerated at MCI-Framingham. Few stakeholders were aware of the Female Offender Training (a trauma-informed and gender-specific training instituted about a decade ago) that the staff at MCI-Framingham attend; those who knew about it wanted enhancements. Stakeholders mentioned several times the two-year programs for correctional officers in Germany and Norway. It was surprising to hear how many legislators and law enforcement professionals had in fact visited European prisons and were familiar with “the European Model.” Particular attention was on soft skills, including showing empathy, communicating, and de-escalating more effectively. Many stakeholders pointed out that correctional officers and other staff themselves need better mental health supports, given the trauma-inducing nature of their work and the current built environment.

Given the high prevalence of mental health issues among the women (70% open cases), it was not surprising to hear from stakeholders **a deep concern for dealing with mental health problems**. Some argued for more access to mental health treatment while others wanted a closer partnership with the Department of Mental Health. In reality, the women in MCI-Framingham have more access to mental health treatment and resources than most people in the community.

There is **almost universal consensus that MCI-Framingham as a facility has surpassed the end of its life and requires major campus reconfiguration to serve its rehabilitative mission**.

Almost everyone agreed that the incarcerated populations, especially of women, will decline in coming years. While the possibility of a Willie Horton-like event came up in some conversations, potentially leading to “tough-on-crime” policies, the general sense was that the country as a whole and Massachusetts in particular has shifted away from the mass-incarceration era, and criminal justice law reforms will support diversions from prison. Many mentioned restorative justice advances and new attitudes in prosecution. Parole reform was a common expectation. Legislators in particular seemed motivated to progress with further legislation building on the 2018 reforms, but some seasoned stakeholders also cautioned that such reforms may take decades.

There was general agreement that any transformative changes will face resistance. Some stakeholders referred to the Harshbarger report (2014) and other studies of the DOC in the past three decades with progressive recommendations, and questioned “what will be different this time?” Many stakeholders pointed out that, despite the good intentions of its leadership, the rank and file at DOC have a persistent legacy culture and resist change. That said, most agreed that transformative change is easier for women than men as the public shows more empathy for women. Crucially, most stakeholders also agreed that such change would be a win-win for correctional officers and other staff as they would learn new skills, enjoy their work more, get more respect, and suffer less trauma. Still, not a single person claimed that it would be easy to change the culture.

Putting long-term changes aside, many spoke to **immediate improvement ideas** at MCI-Framingham. For instance, the quality of the mattresses came up in at least a dozen interviews (DOC has already addressed this

point). Additional mental health supports in the evenings and weekends were mentioned by many. Expanded visitation flexibility (currently limited to Saturday-Monday and only two visitors at a time due to the pandemic) also routinely came up. Several stakeholders asked for more (or only) female staff.

All stakeholders seemed to support investments in prevention, especially dealing with poverty and drug use, and additional resources for the women after release.

The strategic plan as laid out in this report benefits from these emerging themes. Many suggested improvements, whether directional or immediately actionable, have been incorporated.

In fact, the vision below (developed independent of the stakeholder feedback) reflects much of the stakeholder perspectives in painting the picture of the desired future.

VISION AND STRATEGIC OPTIONS

SHARED VISION

The following description of the shared vision is derived from the May 11, 2021 visioning session with DOC, EOPSS and DCAMM leadership when they were asked to describe the future they wanted to create. To be clear, **elements in the vision below do not imply that they do not exist today**; the vision builds on existing strengths, enhancing and re-imagining where needed to achieve the desired outcomes that were articulated by the leadership.

DESIRED OUTCOMES

Women have a better life post-incarceration than pre-incarceration.

Women go back to a supportive society.

There is long-lasting and meaningful public safety due to sustained change in behaviors upon reentry.

VISION AT A GLANCE

Nurturing environment that enables healing, personal growth, and connections

Culture, policies and staffing that embraces human dignity and builds self-esteem

Trauma informed and gender-responsive practices in case management, healthcare, substance use, education, and programming

Philosophy and practice of progress towards successful reentry

Enhanced family relationships and community integration

DETAILED DESCRIPTION OF VISION ELEMENTS

NURTURING ENVIRONMENT THAT ENABLES HEALING, PERSONAL GROWTH, AND CONNECTIONS

Nurturing environment, more like a college campus, including different types of housing with small dining rooms, smaller housing units with areas for families and activities with children, conducive to community building.

Thinking of space differently, multi-use areas such as multipurpose programming space, classroom settings, and creating an environment that is comfortable, warm, and inviting (choice of color, furniture, lighting)

Outdoor space used to foster change, conducive to rehabilitation (i.e., outside visiting areas, playground, growing own food, etc.) Lots of green spaces, garden, and benches.

Professional setting that accommodates interaction with courts, professional visits, and medical appointments. Service dogs, promoting a sense of responsibility and care.

Holistic milieu, trauma-informed healing and transformative environment balancing safety and security, giving a sense of hope, infused with respect and dignity.

CULTURE, POLICIES AND STAFFING THAT EMBRACES HUMAN DIGNITY AND BUILDS SELF-ESTEEM

Enhancing self-value, using person-first language. Creating a sense of community/ belonging.

Staff roles redefined; security looks different; well-trained therapists and counselors who can take a

holistic approach; correctional officers not all in uniform.

Cross-training beyond posts: training non-security staff on security procedures and training correctional staff on trauma-informed care: rehabilitation, inmate assessment, reentry plans.

Increased number of female correctional officers. Enough staff to really develop connections, deal with issues around guilt and shame.

Investing on improving technology infrastructure, such as technology for more secure server, more reliable internet access; providing tablets.

Sustainable living wage employment, providing help with financial management as a life skill for reentry. Doing away with fees where possible.

TRAUMA INFORMED AND GENDER-RESPONSIVE PRACTICES IN CASE MANAGEMENT, HEALTHCARE, SUBSTANCE USE, EDUCATION, AND PROGRAMMING

Staff educated in addressing trauma, on how to engage, communicate, and preserve dignity.

Less “siloe” healthcare. Medical support that meets community standards. Mental health support is 24/7 and there is more mental health counseling.

Giving women the skills to choose healthy options: exercise, self-care, yoga. Education on nutrition.

A continuous progressive, phased approach to treatment, appropriate for all levels of security.

Pathways for education, training and mental health and relevant work assignment and programming.

Nutrition: having more choice, healthy options, cafeteria-style and opportunity to make your own meal.

More investment in programs ensuring sustained, qualified long-term vendors. Pre-release jobs in community.

A substance abuse program that allows women to be completely clean and sober, not reliant on another medication. A relapse prevention plan.

Supporting inmates with family stability, housing, employment, social skills ahead of release.

PHILOSOPHY AND PRACTICE OF PROGRESS TOWARDS SUCCESSFUL REENTRY

Phased approach starting with assessment and progressing along a continuum: intensive during entry; autonomy to make their own choices progressively, letting them take charge towards the end. Multiple security and autonomy/ responsibility levels.

Bring as much of the outside world in (doctors, jobs, mental health etc.). Corporate involvement for joint training in preparation for re-entry and employment.

Programming on adult life skill areas (e.g., parenting, personal financing, cooking, and communications). Creating jobs that are less “institutional” and resemble the outside workforce and job market more closely such as a coffee shop on campus serving dual purpose of holding a job and providing income.

Increased use of technology for education, including college degrees.

Extending the definition of public safety into post-release, ensuring successful reentry, and not putting women back in harm’s ways. Social worker follow-up post release.

ENHANCED FAMILY RELATIONSHIPS AND COMMUNITY INTEGRATION

Building skills for future relationships, could include couples counseling, family reconnections, cooking shared meals, starting with assessment of needs to address.

Building family and community ties prior to release.

Bringing as much of the community inside as possible, visits without restraints.

Having visitations with family in outside settings. Allowing babies to stay with their mother up to two years of age.

POPULATION PROJECTIONS

As any strategy about women's incarceration will take years to play out, the population question becomes critical: how many women will be under state custody in the long term?

Past projections of custody numbers are textbook examples of how guessing the future can go wrong. Unexpected developments like a global pandemic can also impact prison populations. That said, a stake must be put in the ground for the planning to take shape.

The Ripples Group went about this with a scenario planning approach. Specifically, three scenarios were developed and analyzed:

1. A "base case" scenario that projects from the current numbers and trends;
2. A "tough-on-crime" scenario based on a premise of the state reverting to higher incarceration policies; and
3. An "increased diversion" scenario based on a premise of further progressive criminal justice reforms and changes in prosecution that may divert more offenders away from prisons.

We assigned likelihood of occurrence to each scenario based on national and local context and stakeholder inputs. The base case received 50% probability, the "tough-on-crime" scenario received 20%, and the "increased diversion" scenario received 30%. Extensive external research and stakeholder discussions, especially with legislators and law enforcement professionals, informed these estimates.

Supported by discussions with the Middlesex Sheriff's Office and the Massachusetts Sheriffs' Association, all scenarios assumed that the county-sentenced and pre-trial women from MCI-Framingham will move to the Middlesex Jail & House of Corrections. This is also aligned with the DOC's policy of separating pre-trial and sentenced populations (considered a United Nations best practice).

To inform all scenarios, Ripples investigated the state sentenced population under DOC custody over the last decade. As Exhibit 3 shows, this was in a relatively narrow range, 330 in 2012 at its peak and 125 in June 2021 at its lowest.

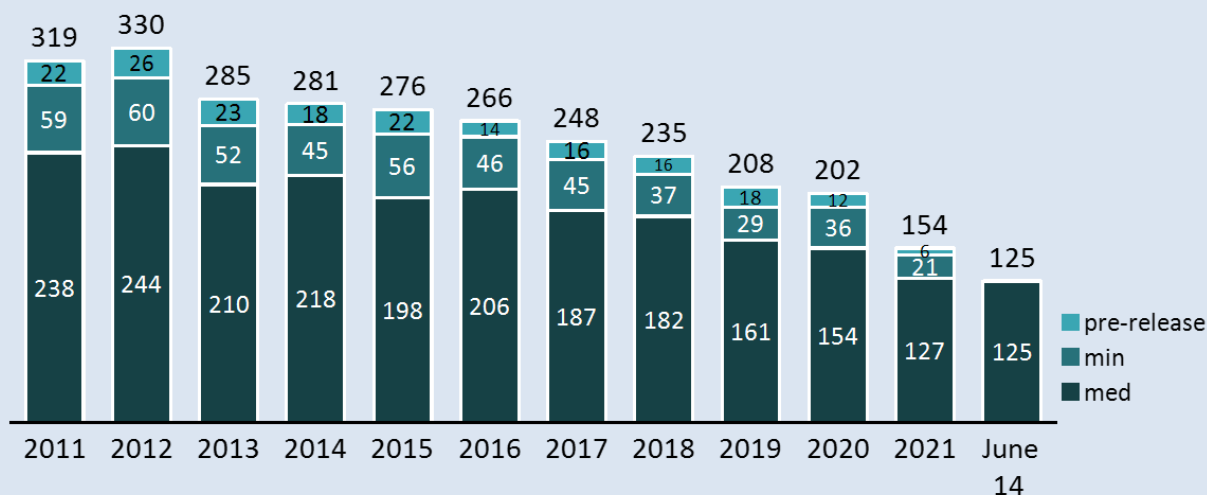
As the facility part of this strategy will play out for multiple generations over decades, it is not enough to estimate a number in the future. We used a buffer of 40% to cope with volatility. Under the base case, leveraging all available information, the population estimate for 2025 was below 125. With a 40% buffer for longer term volatility, the base case led to a maximum population estimate of 175. This was roughly the same estimate from calculating the expected value of all scenarios. Hence, 175 was selected as the target capacity. The probability of this estimate being too large is higher than the probability of it being too small but given the nature of prison development for three decades, it was considered safer to err on the side of a somewhat larger estimate.

The next question was about the distribution of this estimate into medium and minimum security/pre-release populations. Historical numbers showed that 18-26% of incarcerated women were classified as minimum security over the last decade. Here, this number could be higher as the overall strategy focuses on rehabilitation with steady "stepping down" aspects built in across the board. However, as the exact percentage is impossible to know, Ripples used a range of 15-30% which implies that 25-50 women could be in minimum security facilities. Even for the remaining population in medium security (125-150), the strategy favors flexibility for further stepping down to minimum security; in other words, a portion of the medium security campus should be modifiable to a minimum-security area.

All in all, the following pages assume **a medium security facility with a maximum capacity of 150 women**. Given the on-going developments in the criminal justice system, it would be prudent to revisit these numbers before final commitments

to capital expenditures for facilities (at least a year out).

Exhibit 3. STATE-SENTENCED WOMEN UNDER DOC CUSTODY BY SECURITY LEVEL (2011-2021, BEGINNING OF YEAR)



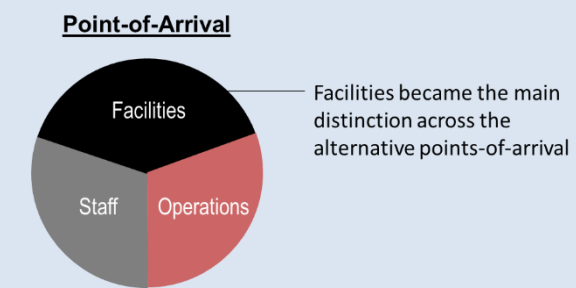
STRATEGIC OPTIONS

As brought to life in the description of the vision above, the goal here is to develop a system of incarceration for women that propels Massachusetts to be an aspirational leader in correctional practices in the new national context, serving as an example from which other states can learn. Although this vision cannot be realized overnight, the chosen strategy incorporates bold steps forward in that direction.

When considering alternative points of arrival, the dominant feature of the future-state came down to facility choices. Strategic choices around operations and staff are informed by best practices in the U.S. and globally. As these operational and staff practices point into the same direction, with minimal degrees of variation in each area, they do not make up alternative strategic options. In contrast, there are clearly distinct viable options with facilities,

and they were reviewed in detail. Exhibit 4 captures this conclusion.

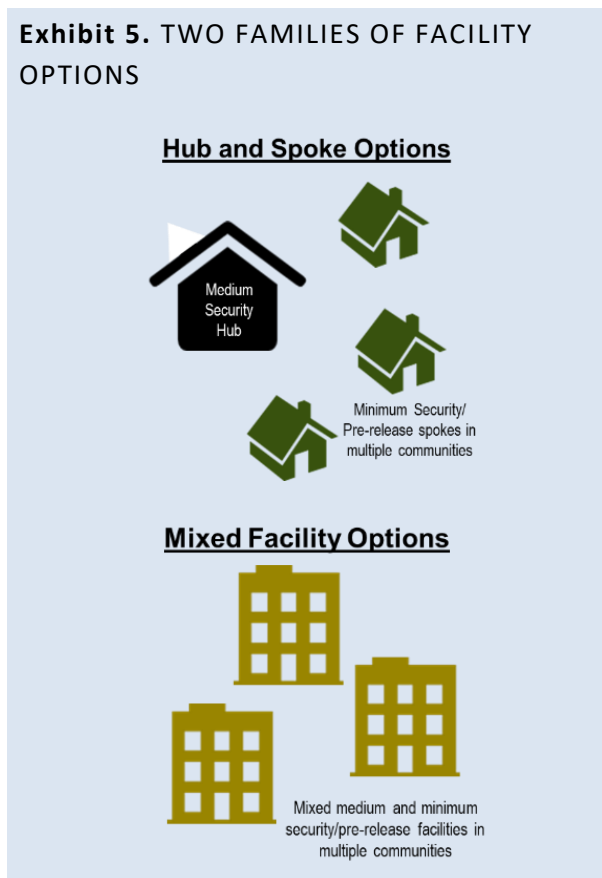
Exhibit 4. POINTS-OF-ARRIVAL DISTINGUISHED BY FACILITIES



Having no prison for women was not an option under the existing criminal justice system and legal framework. The DOC has an obligation to maintain women in custody as long courts sentence women to state prison. It should also be added that 15% of the women currently at MCI-Framingham are sentenced to life with no parole.

Instead, the Steering Committee considered two families of options as described in Exhibit 5.

Exhibit 5. TWO FAMILIES OF FACILITY OPTIONS



Hub & Spoke Options. Several variations of this theme were considered. For instance, one option entailed a medium security hub as an entry point and a minimum/pre-release spoke as the main gateway from the system. Historically MCI-Framingham and the South Middlesex Correctional Center have operated in this manner. Another option expanded the spoke concept to multiple spokes in various communities, designed for lower security placement. These spokes could be run by DOC or obtained through existing correctional centers

under the control of the County Sheriffs across the state, and/or through DOC developing partnerships with established community providers.

Furthermore, the hub concept was envisioned to resemble a college campus with small residential units, as depicted in Exhibit 6, to get away from an institutional feel and to maintain long-term flexibility. An example to illustrate this idea is the cottages at MCI-Framingham. MCI-Norfolk also has a similar lay out.

Exhibit 6. THE HUB REVISITED



Mixed Facility Options. Mixed facilities are common in corrections. Since they house both women in medium-security and minimum-security, they are more complex to manage. Here, options varied only by location and hence were treated as a single coherent alternative.

As a reminder, the scope of this project did not include site selection for correctional facilities. The Ripples Group was asked to be location-agnostic, consider all viable options, and not be constrained by existing DOC sites. Accordingly, the options were evaluated irrespective of specific locations, including consideration of the existing structures at MCI-Framingham or South Middlesex Correctional Center. The next phase, spearheaded by an architectural design firm, will consider various sites and associated costs.

ASSESSMENT CRITERIA

The strategic options were assessed using six criteria that the Steering Committee agreed upon as depicted in Exhibit 7 below:

Exhibit 7. ASSESSMENT CRITERIA

 Likely impact on recidivism and success in society	<ul style="list-style-type: none">• How many women will become productive members of their communities (or find meaning inside)? Will communities be better off?
 Safety and security risk	<ul style="list-style-type: none">• Pre-mature releases and inside safety of staff and other incarcerated women
 Economics	<ul style="list-style-type: none">• Capital investment & operating expenses + impact of recidivism
 Flexibility	<ul style="list-style-type: none">• Ability to scale up or down per the incarcerated population over the years
 Consistency	<ul style="list-style-type: none">• Alignment/parity with the rest of DOC operations and approaches
 Feasibility	<ul style="list-style-type: none">• Fit with culture, staffing, management practice; alignment with public and victim perceptions

Early on, it became obvious that the first and the fifth criteria were to dominate the decision-making as the other criteria mostly washed through across options. To be an inspirational leader in women's corrections, "recidivism and success in society" is a crucial factor that must weigh in heavily. At the same time, any approach with women will have implications elsewhere in the DOC domain and hence must be considered with a holistic perspective. Interestingly, the rough economics of various options did not differ widely.

OPTIONS EVALUATED

Systemically applying the assessment criteria above to the options, one of the Hub & Spoke alternatives emerged as the preferred facility solution. As discussed further below, the full strategy is much more than just facility choices, but it was still crucial to determine the physical configuration of the future system.

The mixed facility options were rejected mainly due to the operational complexities they pose, and limitations of location choices. Among the hub and spoke options, the one with multiple spokes was favored. The medium-security hub in turn was named a Rehabilitation Center, reflecting its primary mission and the minimum-security spokes were named Pre-release Centers true to their purpose. **The recommended option is a Rehabilitation Center plus multiple minimum security Pre-release Centers that are not limited to facilities operated solely by the Department of Correction.**

Having multiple Pre-release Centers only operated by the DOC poses several challenges when pragmatically considering the small number of women they would be serving. Therefore, this component should include several options including established program providers in communities as well as partnerships with Sheriffs' Departments. Stepping down the pre-release women together with such partners enables them to get closer to their families and communities and start making connections (e.g., work-release programs) that are critical for re-entry back into society. This is the most likely approach to be the leading model for women's incarceration in the nation in the long-term.

The strategy suggests three minimum-security Pre-release centers to ensure geographical spread, but the scale could be expanded or

reduced based on population numbers in the future and DOC's ability to find appropriate partners.

In practice, minimum-security Pre-release Centers should reflect many of the practices that existed at the South Middlesex Corrections Center and currently exist at the newly opened Women's Pre-release Center in Billerica, operated by the Middlesex Sheriff. Currently, the small facility in Billerica houses fewer than a dozen women and has capacity to go up to twenty.

Expanding options to community and non-profit programs would further assist in the geographical closeness discussed earlier and complement the DOC work in successfully transitioning women into the community. These partnerships would require careful vetting and agreements with the DOC prior to implementation as all those transitioning to such programs would remain under the DOC's supervision until the termination of their sentence.

The strategic choice of the facility configuration is a necessary step towards an incarceration system that truly stands out. Successful execution, however, is not just about buildings but highly dependent on operations and staff in the facility and the resulting culture. The strategy below takes the rehabilitation concept to its logical conclusion and the proposed transformation roadmap puts forth a realistic phased approach to executing the strategy.

RECOMMENDATIONS: STRATEGIC PLAN FOR WOMEN WHO ARE INCARCERATED

Based on the strategic direction that emerged from this project, here we describe the targeted point-of-arrival by 2025-2026 and the roadmap to get there.

The strategy recognizes the decline in the number of women who are incarcerated and envisions a much smaller footprint and scaled-down campus and operations, compared to the existing MCI-Framingham layout and scale. Under this vision, a small-scale medium Rehabilitation Center and multiple minimum security Pre-release Centers that are operated via partnerships in geographically dispersed communities across the Commonwealth will provide the re-imagined built environment for women who are incarcerated.

The strategy centers relentlessly on rehabilitation as its primary mission. As such, it includes a heightened level of programming to address life and vocational programs for marketable skills, including various trades. It provides for enhanced medical and mental health care as well as substance use treatment. Developing the self-efficacy of the women and providing them with a dignified experience are essential goals of the strategy.

In this approach, the role of staff balances safety and security with helping the women overcome their challenges and learn new skills such that they are given a fair chance to become fully functioning members of their communities.

The transformation required to achieve the future state envisioned by the leadership has multiple system-wide challenges that cannot be solved singularly by DOC and requires collaboration from many stakeholders. The roadmap outlines a phased approach including some actions that are underway and others that are essential to execute the strategy.

TARGETED POINT-OF-ARRIVAL 2025-26

The targeted point-of-arrival is explored in three sections: Facilities, Operations, and Staff.

FACILITIES

Per the population estimates of incarcerated women over the long-term, the strategy is anchored on a far smaller footprint than MCI-Framingham. Specifically, the facility configuration includes a medium-security Rehabilitation Center with a maximum capacity for 150 women coupled with multiple minimum-security facilities enabled through partnerships with Sheriffs and community providers. This provides the ability to step women down to lower security facilities where women would be closer to their releasing communities. Exhibit 8 depicts the facilities contemplated in this strategy.

The Rehabilitation Center is characterized as having a college-campus feel with small residential units, shared facilities for healthcare, education as well as programming, and carefully integrated with treatment-oriented outdoor and recreation spaces. It should reflect the following design elements for a rehabilitative experience:

- ◆ Accessible, normalizing facilities that are human-scaled, attractive for incarcerated women, staff, volunteers, and visiting family members.
- ◆ Small housing units with communal spaces.
- ◆ Housing units with single rooms (unless double is preferred for health reasons); privacy in bathrooms (in compliance with all national PREA and ACA standards).
- ◆ Adequate and welcoming spaces for health care, mental health, education, vocational training, other programming, and visitations to include specifically

designed spaces for children and families.

- ◆ Flexible vocational training space that allows for programming changes to reflect evolving career opportunities.
- ◆ Modern library and computer lab.
- ◆ Store for food and other goods.
- ◆ Integrating healing-centered design principles as much as possible.
- ◆ Mental-health unit for severe cases.
- ◆ Campus design that supports day and evening spaces, reflecting the natural transitions occurring outside the walls.
- ◆ Outdoor spaces of healing and peace with access to nature.
- ◆ Ideally easy access to public transit, either by bus, subway, or commuter rail. DOT-coordinated shuttle service between nearby transit stops and the facility if/where needed.

In addition to the elements of the Rehabilitation Center above (albeit in a scaled down version), the **Pre-release Centers** operated by the DOC or in partnerships with the counties or community providers should:

- ◆ Be smaller in scale.
- ◆ Have a welcoming feel with security features that complement the security level

- ◆ Support additional independence and choices that provide practice and a bridge to life outside
- ◆ Have single rooms and increased privacy.
- ◆ Provide a cooking area and more spaces for volunteers and community resources.
- ◆ Be embedded in a release community with direct access to families, work-release programs, transportation, etc. to the extent possible.

These elements reflect best practices across the U.S. and globally. Based on DCAMM data and external benchmarks, **the smaller facility should cost much less than the capital infusion needed to upgrade MCI-Framingham and South Middlesex Correctional Center campuses, given the reduction in square footage.** Exact capital needs, including potential demolition of existing buildings that are unsuitable to a rehabilitative mission, will be developed in the next phase of this effort by an architectural firm.

Exhibit 8. POINT OF ARRIVAL – FACILITIES

Medium security **Rehabilitation Center**

- Point of entry, primarily therapeutic focus
 - Small residential houses, flexible



Minimum security **Pre-release Centers**

- Point of exit, primarily re-entry focus
- Embedded in communities of release
- Under Sheriffs or Community providers

OPERATIONS

The recommended operations borrow from innovative practices across the country and build on the current and past practices at MCI-Framingham, at times enhancing the existing approaches and at times suggesting transformative changes. The resulting operational approach is summarized in Exhibit 9 below incorporating both existing and new operational elements. The transformation roadmap includes a phase of more detailed planning to further develop and operationalize the ideas presented here.

As the **primary mission is rehabilitation**, all operational aspects follow from that orientation. This is consistent with the shared vision, the national context, stakeholder feedback, and innovative practices discussed above.

Case management and classification models are critical for enabling to step women down to lower security as deemed eligible and suitable. Here an intensive, individualized case management model is envisioned, taking the existing case management model to the next level. The National Institute of Correction's Women Offender Case Management Model (WOCMM)⁵⁷ for gender-specific case management could be a good starting point. Ideally, a case manager's load is small, and the case management function stretches from entry to release and to supporting the women after release with appropriate consent.

The classification model builds on the existing dynamic assessment approach but further strengthens the stepping down aspects, such that women's opportunity to move to minimum security is not determined by the original conviction reason. This approach is sensitive to victims' and survivors' wishes. As emphasized by the growing practice of restorative justice, women's acknowledging accountability and remorse, and showing respect to victims should be key considerations for stepping down.



MCI-Framingham currently offers **extensive healthcare services**, and the new strategy assumes that this would continue at the Rehabilitation Center. In general, the aim is for medical, mental health, substance use treatment services to continue to meet the general public standards. Furthermore, access to such services should be easy and streamlined. Given the high prevalence of mental health problems among the women under custody, additional mental health supports are envisioned. In particular, the strategy assumes that transgender women and men will be provided responsive services for their special health care needs.

The Pre-release Centers, where it is not possible to have such high levels of healthcare services or facilities, should still be able to meet the women's dynamic needs even though it would be on a smaller scale. For example, for any center contracted or operated by the DOC, a rotating nurse should be available daily at these facilities; where necessary, 24-hour nurse coverage should be instituted (e.g., supporting diabetics with insulin shots) which in turn will increase eligibility for lower security. For any partnerships, a similar standard of care should be sought after to expand the ability for women to step down to a community program.

Education should be driven by needs and wants of the women who are incarcerated and orchestrated by the case managers as contemplated above. Resources should be readily available and the rise of secure online content eases accessibility to many levels and types of education. Quality space and materials should be provided for self-study. This builds on already existing education resources provided at MCI-Framingham, both lowering barriers to access and enhancing incentives to participate.

The strategy envisions **extensive programming**, expanding the current offers especially with life skills (e.g., family relations) and vocational training in better paying trades and professions.

Exhibit 9. OPERATIONAL ELEMENTS (EXISTING & NEW)

	 Women's Rehabilitation Center	 Pre-Release Centers for Women
Security	Medium Security	Minimum Security/Pre-release <i>(under Sheriffs or Community Providers)</i>
Primary Mission	Rehabilitation	
Case Management/ Classification	Healing-centered, gender-responsive, intensive <i>individualized</i> case management with dynamic assessment (like under WOCMM) from entry to <i>after release</i> (voluntary) provided by qualified staff. Enhanced classification model with stepping-down focus.	
Healthcare	Health care, mental health and substance use treatment as outside, Medicaid-level, easily accessible and available 24/7. Patient-centered care, including transgender.	Small but qualified team on site plus more reliance on community resources. Rotating nurse.
Education	High-school equivalency, trades and high-wage professions, college and more – access to safe on-line education. Driven by needs and wants, orchestrated by case managers. Incarcerated women as mentors. Library. Tablets.	
Programming	Diverse gender responsive life skills, vocational (including trades) and hobbies/exercise programming. Employment opportunities with proper wages inside. Reentry thinking from day 1. Low fees. Service dogs. Culture supportive of participation.	Same + Outside employment opportunities and utilizing community resources. Facilitating successful reentry with housing, medical care, substance use treatment, family relationships, life skills and employment. Financial mechanism to support viable transitions.
Policies & Procedures	Healing-centered, gender responsive policies, procedures and language that enhance self-esteem and value human dignity. Carefully balancing power dynamics. Enhanced visitation rights, welcoming and functional visitation center for families. Nutritious food options. Supportive of restorative justice approaches.	Same + increased privacy and self-determination. Relaxed dress code for inmates. Home confinement where appropriate. More supports after release (esp. housing, employment, substance use and mental health treatment – e.g. BHJI).
Metrics	Outcome metrics: Recidivism, re-offend rate, community/family integration, economic independence, multi-generational impact Process metrics: Staff satisfaction, women's dignity, participation rates, critical incidents (assault, suicide attempt etc.)	

A re-entry focus is assumed from the day a woman enters the system. The Rehabilitation Center should offer employment opportunities that pay better than today's wages at MCI-Framingham (typical today is \$3-5 per week of work), which requires a change to the CMR and additional funds. As in the past a work-release program that prepares women for well-paying jobs after release would be appropriate at lower security pre-release centers. In all partnerships, the pre-release centers' primary focus should be successful re-entry. Teaching the women basic skills such as having a bank account, shopping for food, or cooking for a family should be front and center. Any partnership with reputable non-profit or community programs should also meet these standards. The nationally recognized NEADS and AMVETS service dog programs in MCI-Framingham are expected to continue across all centers under this strategy.

Lowering fees for communications (phone call, email, video-call) and secure tablets, will create a more equitable experience inside the system, support family and community connections, and along with higher wage employment options, facilitate savings such that the women have some resources at their disposal when they are released. The emerging standard seems to be a mixture of regular market rates and no-cost services (see e.g., Germany, New York, San Francisco - Appendix C). Any other supports after release, such as the behavioral health justice involved (BHJI) grants, and housing should help reduce recidivism rates.

The strategy presupposes **policy and procedure enhancements**. Human dignity is central to all changes and so is building the self-esteem and self-efficacy of the women. Improved nutrition options, extended visitation opportunities, and policies supportive of restorative justice approaches such as peace circles are among the recommended directions.

Changes in the institutional **language** are also envisioned here. For instance, people-first language such as "women who are incarcerated" is preferred to "inmates," "offenders," or

"lifers." At the pre-release facilities, procedures should allow women access to wear their own clothes, which is aligned with the concept of normalization. Similarly, unclothed search policies should continue to be reviewed at all levels, keeping in mind the unique needs of incarcerated women, to ensure such policies balance the important security function they serve with the gender responsive trauma informed practices discussed above.

All in all, the operations drive the rehabilitation mission. In fact, the key outcome metrics under this strategy are recidivism, re-offend rates, as well as others that reflect successful reintegration in society. Given the small population of women, it should be feasible for the Division of Planning & Research to study additional metrics, such as employment, familial relations, housing, educational achievement, and health conditions. The strategy also introduces periodic surveys for staff and women who are incarcerated to track both employee satisfaction and dignity levels.

STAFF

The cultural change aspects of the strategy are only possible if staff adopts a rehabilitative posture, focused on building dignity and prosocial skills. To this end, investment in new types of training with increased attention to communications and other soft skills is envisioned for the staff selected to execute this strategy. The recent training for the BRAVE unit could be the starting template.

Correction officers are expected to balance safety and security with helping the women rehabilitate and **prepare for successful re-entry**. Staff should be adequately trained to support these multiple roles. The best models practice dynamic security where staff continuously engage with the women and help them practice appropriate behaviors for living outside after release.

Training and services should also be directed to staff to cope with the challenging work

environment. Given the traumatizing and stressful aspects of these jobs, staff should also be provided mental health and wellness supports.

Well-trained staff should also motivate the women to develop their interactions with others, especially family, build positive behaviors and sense of self in preparation for release (or to mentor other women on their path to release). Family Services resources are expected to help the women maintain or improve family relationships—a key indicator of success after release.

As best practices make it very clear, staff should be female as much as possible, especially at key roles and where gendered privacy is required.⁵⁸ Racial diversity and an inclusive culture are givens. The performance management system for staff should reflect the balancing role between safety and rehabilitation—stepping up to a new level from what has been in place for decades. These requirements necessitate new agreements with the unions. While a challenge, this can also be seen as a win-win; times are changing, and the nature of the work will also inevitably change.

Even if these facilities are richly staffed, the Rehabilitation Center and its Pre-release partners would still employ fewer people than MCI-Framingham today, which suffers from an outdated and complicated layout and vast scale misaligned with the small population under custody. A detailed staffing study to establish the right staffing levels considering the operational enhancements mentioned here surely needs to be carried out while the design work is progressing. **The overall operating expenses for the model described above should be substantially lower than MCI-Framingham as it stands today.**

ROADMAP

How can DOC get to the point-of-arrival articulated above? A cursory look at the various

studies and reports over the last three decades filled with recommendations along similar lines signals considerable difficulty. If it were easy, such changes would have been implemented long ago, especially when the DOC leadership is aligned with the shared vision.

History can be a good teacher. The history of corrections in Massachusetts looks like a pendulum swinging back and forth. It is not an exaggeration that virtually every idea in this report was tried at some point. Why did so many of them not stick? What were the barriers? What drives the pendulum left and right? Three main factors must be considered:

- Corrections is a risk management business. Eventually something goes wrong. At the extreme stands the Willie Horton incident that seems to be alive in every memory. When something goes wrong, and the public outcry follows, the political response is a top-down, broad reversion of the progressive approaches. Somehow, surgical improvements to cope with the identified specific risks do not prove popular. Hence, every reform agenda faces a time bomb, and considering such agendas take years to implement, the likelihood of a reversal before completion is high. Consequently, all good ideas put in action are often reversed over time. To be successful, the approach ahead must stand such shocks and exhibit patience and perseverance. It also requires commitment and investment from policy makers across the board, above and beyond the DOC.
- The corrections system displays a strong resistance to change. This is true across the nation, not a local phenomenon. The path ahead must deploy world-class change management approaches, over communicate, and turn every resistance point into a win-win.
- Meaningful change takes years, especially when capital projects are involved, whereas administrations often change mid-way. This impacts the level of commitment, ownership, continuity, and momentum for

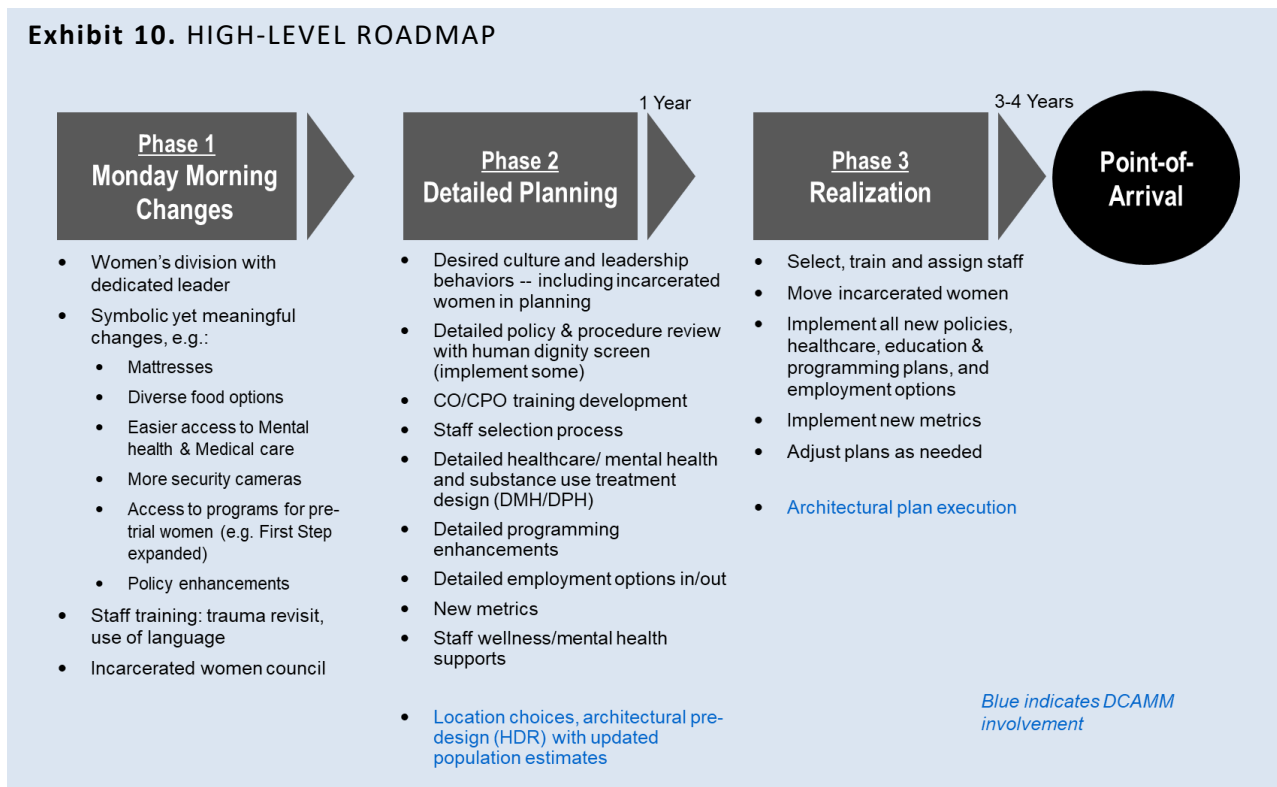
execution as other priorities get in the way. Trust established with women under custody also gets eroded with administration changes.

These observations are rather basic, but it is often such basics that prevent progress. Execution of this plan will very much depend on DOC leadership as well as support from various stakeholders such as the Executive Office of Public Safety and Security (EOPPS), legislators, Parole Board, the unions, the judiciary, and so on. **Without united leadership and perseverance, this too can become another plan on the shelf.**

As in any large-scale change process, building momentum matters here. The proposed Roadmap aims to implement immediate

improvements to signal a clear direction and produce good will from various stakeholders. Then, a detailed planning phase is envisioned with two parallel (and connected) streams: an internal DOC team is to develop details on operational aspects of the plan while the architectural team is to assess prospective locations and develop facility designs. Only then can the system be ready for full implementation, which will take several years. The approach is summarized in Exhibit 10 below.

Exhibit 10. HIGH-LEVEL ROADMAP



PHASE 1

Women make up only 3% of DOC's jurisdiction and custody populations. As such, the

mainstream focus of the Department is men. Organizational theory and research into innovation indicate how hard, often close to impossible, it is to execute holistic changes for women under this set-up. Empirical research

supports that success in such situations almost always requires a small, dedicated team to spearhead the non-mainstream efforts (“adjacent” in strategy literature; e.g., Zook & Allen). Accordingly, Phase 1 envisions a dedicated group of correctional leaders focused on women’s needs, led by a senior executive who assumes overall responsibility and accountability. This is seen as an expansion of the current Female Offender Meeting process which elicits input, research, and commitment from all divisions.

Research elsewhere shows the fragility of adjacency structures—for this strategy to succeed, such a dedicated team with a qualified leader is essential and it will need to be protected such that the mainstream operation does not swallow it or turn it toothless.

This team effort is expected to function outside the current MCI-Framingham but operate in close collaboration with the leadership there. Ideally, it should report directly to the Commissioner of DOC and have considerable authority to change policies and procedures and to contract with vendors for programming and healthcare. A visionary leader who is capable of maneuvering inside DOC could substantially improve the odds of success with fidelity to the strategy. This team will also need to be in constant communication with the architectural firm working on facility locations and designs.

All transformative change starts incrementally and builds momentum from there. Quick-wins are crucial for the momentum, as they signal direction and motivation, and build confidence. Accordingly, Phase 1 sets forth immediate modifications, named here “Monday morning changes,” that require minimal investment and signal a deep commitment. Such changes could include:

- ◆ Replacing all the standard issued thin mattresses for the women with higher-quality mattresses like the ones in the Billerica Pre-release Center for Women. Both currently and previously incarcerated women repeatedly brought up health

issues tied to the current mattresses in stakeholder discussions; many advocates saw replacement of mattresses as a clear signal of the DOC meaning to make a difference. **This recommendation is already being implemented by DOC.**

- ◆ Similarly, MCI-Framingham reportedly has limited food options in its cafeteria and adding more diverse and nutritious food options would be an obvious quick win. **This recommendation is also already in progress at the time of this writing as the Commissioner of DOC has instituted the first major overhaul of dining choices, including healthier meals.**
- ◆ In focus groups many women complained about barriers to access to healthcare. This was not about having adequate healthcare services but the perception of a cumbersome approval process to see a provider. This appears to be a likely rapid-cycle process fix.
- ◆ In a recent visit MCI-Framingham staff pointed out several zones with constrained visibility; extra security cameras could contribute to improved safety at MCI-Framingham immediately while the architecture team works on the future facilities design.
- ◆ Women who are awaiting trial (small population) are not given a chance to participate in programming besides a few options. While this may be reasonable for women who are at the campus for a short period, MCI-Framingham has some women who are awaiting trial for several years. One commented, “I sit around all day doing nothing.” Extending the opportunities for programming for women who are at the facility for over 90 days seems reasonable, assuming the mechanics of separating the sentenced and pre-trial populations can be maintained or mitigated. While full implementation of a new approach could take long, starting this work would itself give a strong message.
- ◆ Other short-term policy improvements include extending visitation days (currently

limited to Saturday–Monday per DOC policy), easing the restrictions on how many people can visit at one time, making it easier to send and receive packages as well as printing and storing legal documents—all examples of improvement opportunities articulated by stakeholders. This is meant to be examples, not a definitive set of recommendations. The DOC team may, as an early step, systematically evaluate policies and procedures with a laser focus on rehabilitation and come up with other or better short-term improvements.

An incarcerated women’s council, along the lines of the inmate council at MCI-Norfolk, could give further voice to the women and engage them in the detailed planning. Also, in this phase there should be a training refresh for staff at MCI-Framingham, especially focused on dealing with trauma and healing. Changing the language to people-first language could be a part of this training as well.

PHASE 2

Phase 2 is envisioned to be detailed planning in two parallel streams: (1) DOC to develop detailed plans about operations and staffing, including proper metrics; (2) DCAMM and the architectural firm to assess location options and develop building solutions.

Part of the planning is working and partnering with outside organizations. For instance, Community Corrections Centers under Probation could support reentry efforts and connections to local resources. The Departments of Mental Health and Public Health could be engaged in the detailed healthcare and substance use treatment planning. Successful change leadership is consistently about engaging

stakeholders, especially staff, and inspiring the motivation for change. The Massachusetts Corrections Officers Federated Union (MCOFU) is a key stakeholder who needs to play a critical role in achieving the envisioned future. Also included in this phase is building supports for staff wellness and mental health, in particular dealing with the traumatizing effects of prison work.

The design firm has been tasked with selecting viable locations and designing spaces aligned with the recommended direction in this strategy in collaboration with DCAMM and DOC. This stream includes decisions about potential demolition of unsuitable buildings and possible new uses of existing DOC land.

As this phase will take probably close to a year, it would make sense to revisit the population estimates used in this document with fresh data and dial up or down accordingly in advance of committing any capital investments.

PHASE 3

Phase 3 is pure execution of the detailed plans from the previous phase. This phase is expected to last several years as it involves seeing the capital projects to their conclusions. 2025 would be a speedy target to complete the entire execution. 2026 may be a more reasonable expectation. The stretched timeline also highlights the necessary leadership and perseverance to accomplish it all.

IN CLOSING

This strategic plan marks a crucial opportunity to transform women's incarceration in the state towards better outcomes, especially with reduced recidivism. Executing on it with fidelity will very likely place the Massachusetts corrections practice as the national leader in women's incarceration. Our hope is that what can be accomplished for women under this plan can also inform men's incarceration.

The DOC is surely in charge of implementing this plan, but the Department cannot achieve the desired ends by itself. It will need support from all stakeholders. Some of the advances contemplated under this strategic plan require legislative changes. Advocates also play an important role in educating the public. While the plan may not go far enough for some who, for instance, want to abolish all prisons, implementing this strategy can take the future of women's incarceration as far as it can under the current legal framework.

The DOC will need much courage, patience, and perseverance to take bold steps forward. Even when the plans are directionally aligned with the external pressures, this field is filled with deep passions and strong convictions, and maintaining a sensible balance is never easy. **If the Department is to succeed on this journey to become an aspiration to the nation, it must also have support from all stakeholders.**

APPENDIX A: KEY TERMS

DCAMM: Division of Capitol Asset Management and Maintenance

DOC/MDOC: Department of Corrections/ Massachusetts Department of Corrections

EOPSS: Executive Office of Public Safety and Security

MCI-F: Massachusetts Correctional Institution, Framingham

SMCC: South Middlesex Correctional Center

MCOFU: Massachusetts Correction Officers Federated Union

CO: Correctional Officer

CPO: Correctional Program Officer

CPCS: Committee for Public Counsel Services

MPS: Massachusetts Probation Service

AGO: Attorney General's Office

DMH: Department of Mental Health

DPH: Department of Public Health

SAMSHA: Substance Abuse and Mental Health Services Administration

DOJ: Department of Justice

NIC: National Institute of Corrections

BJA: Bureau of Justice Assistance

UNOPS: United Nations Office for Project Services

UNODC: United Nations Office on Drugs and Crime

APPENDIX B LIST OF STAKEHOLDERS & THOUGHT LEADERS

EOPSS

Undersecretary Andrew Peck
Jennifer Roedel, Chief of Staff
Emi Joy, CFO
Kelsey Goetz, Budget Director

DOC

Carol Mici, Commissioner
Jennifer Gaffney, Deputy Commissioner
Chris Fallon, Deputy Commissioner
Rhiana Kohl, Exec. Director, Division of Research & Planning
Robert Higgins, Assistant Deputy Commissioner
Mitzi Peterson, Assistant Deputy Commissioner of Clinical Services
Allison Hallett, Assistant Deputy Commissioner of Reentry
Kyle Pelletier, Director, Special Programs
Abbe Nelligan, Director, Central Classification
Kristie Ladouceur, Superintendent, MCI-F
Jeffrey Quick, Director, Division of Resources Management
Matthew Moniz, Director, Program Services
Kathleen Lydon, Director, Inmate Training & Education

MCI-Framingham Focus Groups & Visit

Women currently incarcerated focus groups (12 Women)

MCI-F Correctional Staff focus group including Members of the Executive Board of MCOFU (6 Officers)

MCI-F visit and discussions with staff

Middlesex House of Corrections Billerica Pre-release Center for Women Visit and Focus Group

Facility visit and discussions with Director Jillian Ketchen and staff

Focus group of women at Billerica (previously incarcerated at MCI-F, 7 women)

DCAMM

Liz Minnis, Deputy Commissioner, Office of Planning
Elayne Campos, Director, Office of Planning
Emmanuel Andrade (Project Manager), Office of Planning

Legislators

Senate President Karen Spilka
Senator Cynthia Friedman
Senator Jamie Eldridge
Senator Will Brownsberger
Senator Walter Timilty (via his staff)
State Rep Carmine Gentile
State Rep Jack Lewis
State Rep Maria Robinson
State Rep Kay Khan
State Rep Christine Barber
State Rep Michael Day
State Rep Carlos Gonzales (via his staff)

Trial Court & Partners in the Justice System

Chief Justice of the Trial Court Paula Carey
MPS Commissioner Ed Dolan
MPS Deputy Pamerson Ifill
MPS Deputy Michael Coelho (ex-EOPSS)

Carrie Hill, Sheriff's Association
Hampden County Sheriff Nick Cocchi

Patty Murphy, Western MA Regional
Women's Correctional Center
Special Sheriff Shawn Jenkins, Middlesex
Sheriff's Office

Anthony Benedetti, Chief Counsel, CPCS
Director Josh Dohan and CPCS staff focus
group

Charu Verma, Massachusetts Bar
Association/CPCS

Middlesex DA Marian Ryan

Chief Michelle Wetherbee, Parole Board

Attorney General's Office (names
withheld)

Victims and Survivors

With special thanks to Chrissy Ruuska
Director, Victim Services Unit at DOC,
discussions with 5 victims/survivors of
serious crimes (names withheld)

Advocates and Thought Leaders

Susan Sered, Suffolk University
Greg Torres, MassINC
Nancy Sali, DMH
Joli Sparkman, Social Worker, Previously

Incarcerated

Lois Ahrens, Advocate & Author
Jennifer Levi, Advocate & Attorney
Nikki Bell, Lift, Previously Incarcerated
Debra Bercuvitz, DPH/BSAS
Leslie Credle, Advocate, previously
incarcerated
Dee Farmer, Advocate, previously
incarcerated
Wendy Williams, women's incarceration
director in Alabama
Debra Pinals, ex-DMH, National Mental
Health Expert
Kathy Dennehy, ex-DOC Commissioner,
National Expert
Lynn Bissonnette, ex-MCI-Framingham
Superintendent
Carlene Pavlos, MA Public Health
Association, ex-DPH
Elizabeth Matos, Prisoners' Legal
Services
Molly Baldwin, CEO at Roca
Scott Scharffenberg, Roca, ex-Essex
County Jail
Joe Funari, Roca, ex-Essex County Jail

A few advocates were generous with their time
and shared their opinions but asked not to be
named in this report.

APPENDIX C: INNOVATIVE PRACTICE EXAMPLES

INTRODUCTION

This appendix summarizes the learnings from the Ripples Group scan of correctional practices outside Massachusetts. This information was critical to inform the project team conversations with stakeholders and the Steering Committee, providing examples that ground the vision as an achievable reality. While the focus of this research has been on practices outside of MCI-Framingham, numerous practices are already present in Massachusetts. **Wherever possible, we have added an asterisk(*) to identify practices that are in place at MCI-Framingham today, either in pilot mode or fully embedded.**

In developing an informed approach, the project team drew on best (evidence-based) and promising (evidence-emerging) practices currently in place in the U.S. and around the world. While no practice or approach is perfect in its entirety, this Appendix gives a selective array of innovative approaches implemented in corrections. The mission was not to develop an all-inclusive menu of impressive practices but to pick the ones that are most meaningful and informative to the experience of incarcerated women in Massachusetts today and in the future.

Here, innovative practices for corrections are divided into five categories:

1. **Environment:** A nurturing environment that supports personal growth and connections
2. **Culture:** Culture, policies and staffing that embrace human dignity and build self-esteem
3. **Gender-Responsiveness:** Gender-responsive practices in case management, health care, substance use, education, and programming
4. **Reentry:** Philosophy and practice of gradual step down and successful return to society

5. Family & Community Integration: Enhanced family relationships and community integration

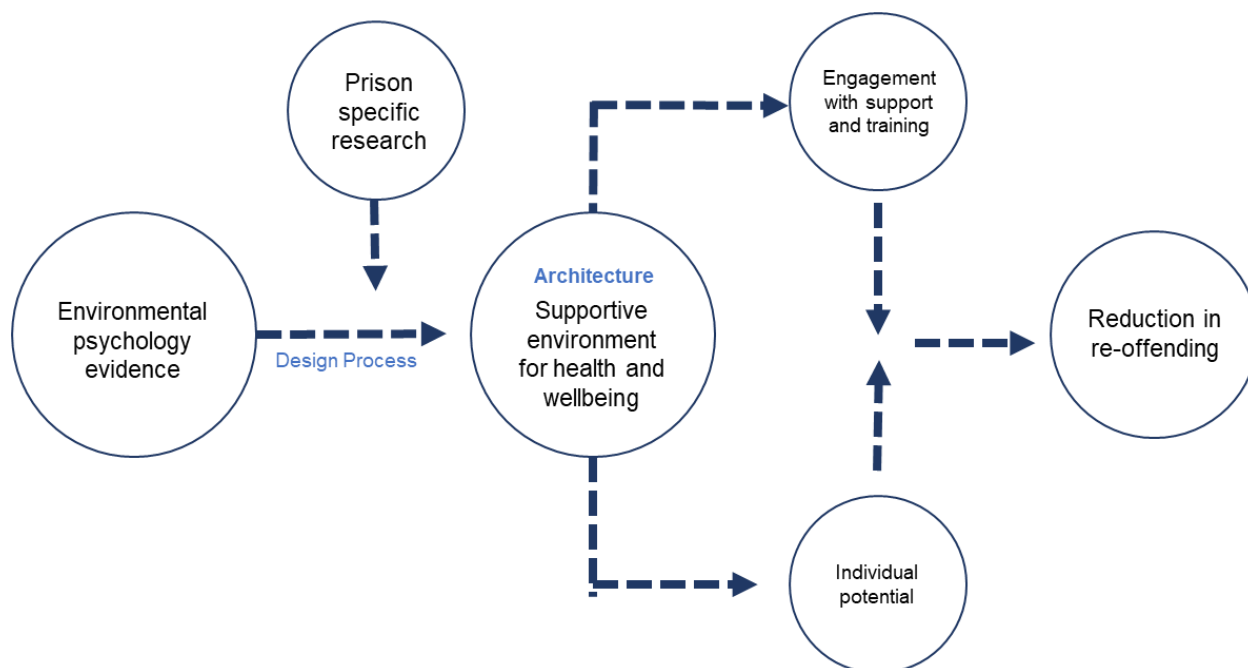
ENVIRONMENT

Our physical environment impacts our ability to learn, our ability to rest, and our ability to reflect, therefore it is crucial to programming and reentry success. Best designs ensure public safety but also allow women to recover, reflect, and learn to be productive community members. Progressive international and domestic designs create calming spaces and positive stimulations in spaces that offer a chance to heal, 'practice' life outside, and provide a bridge to positive choices and behaviors.

TRAUMA-INFORMED DESIGN

The built environment shapes our thinking and cognition. In *Welcome to Your World: How the Built Environment Shapes Our Lives*, scholar and architecture critic, Sarah Williams Goldhagen outlines the process in which, the environment itself makes us conscious of the interactive nature of our relationship to our own bodies, to the natural world, to the social world, to itself, and only then can we reflect upon our experience from multiple points of view.⁵⁹

The impact of this conditioning is even more significant in the controlled prison environment, where traditionally such environments are characterized by loud, degrading, or unsafe conditions which dehumanize and worsen the already stressful experience of being incarcerated. The lasting effect of these sensory experiences remain after leaving jail, which may result in long-term behavioral consequences and pose major barriers to successful re-entry into society. Not surprisingly, some macro studies



have concluded that prisons by their nature increase trauma rather than address it (e.g., by Susan Sered at Suffolk University).⁶⁰ But this is not an excuse to exclude trauma-informed approaches.

In fact, trauma-informed design has the potential to alleviate some of these effects. According to the Van Alen Institute's *Justice in Design* Report, "Well-designed spaces have positive behavioral impacts: they can ease tensions for and between inmates and staff, and also convey and foster respect."⁶¹

Design can improve the jail experience in two ways:

- *By providing dedicated spaces for a diversity of experiences, developing pro-social skills, and constructive programming, and
- By designing attractive and well-maintained spaces that convey respect for people who are detained and for correction officers and staff.

Central to this approach is integrating trauma-informed care into design to create an environment that "promotes safety, well-being, and healing," with an emphasis on empowering

change, as stated by Neha Gill, Executive Director of Apna Ghar and Forbes Nonprofit Council Member.⁶²

The Substance Abuse and Mental Health Service Administration (SAMHSA)⁶³ provides guidance for creating a trauma-informed approach by asking:

- How does the physical environment promote a sense of safety, calming, and de-escalation for clients and staff?
- In what ways do staff members recognize and address aspects of the physical environment that may be re-traumatizing, and work with people on developing strategies to deal with this?
- How has the agency provided space that both staff and people receiving services can use to practice self-care?
- How has the agency developed mechanisms to address gender related physical and emotional safety concerns (e.g., gender-specific spaces and activities).
- How does the physical environment promote a sense of safety, calming, and de-escalation for clients and staff?

Informed design, environmental psychology, and the ways in which individuals in the corrections setting engage with their surroundings have the potential to improve outcomes, including a reduction in re-offending.

These ideas have already led to the implementation of healthier designs into corrections models across the country. For instance, New York City's principles are informing the Riker's Island Jail Replacement with four borough-based facilities by 2027, released in 2020. These include: ⁶⁴

- ***Direct supervision:** Direct supervision is a residential plan that stations a correction officer within the living area, with cells arranged around a day room with clear sight lines, to visually observe and maintain personal, one-on-one relationships with people being detained. It allows for more effective and respectful communication and has been found to help alleviate and deescalate situations in residential units.
- **Connection to embedded program spaces:** Specific program spaces embedded into residential areas allows for a greater diversity of living and learning environments within the residential unit and helps to limit the need for complex coordinated movements of people throughout the day. This offers greater freedom of movement for detainees since they don't need escorts as frequently. This arrangement offers choice and creates more natural living environments.
- **Managing sensory stimulation in physical environment:** Reducing background noise and volume through acoustic properties of materials, temperature consistency, and air circulation. Combined, these help establish more conventional living and working environments.

- **Streamlining the intake and release processes:** Better ways to access data electronically, and schedule and process individuals could be very helpful in improving living and working conditions in facilities.
- **Re-conceiving medical and behavioral health service processes:** Comfortable and appropriate waiting spaces, *efficient movement through care, increased visibility and communication between providers are important elements in the overall living and working conditions within jails.

PHYSICAL COMPONENTS

Space, light, and engagement are crucial to development and maintenance of a therapeutic environment.* The typical lack of space and light in corrections facilities has been proven to create stress and increase discomfort. These conditions limit the degree of control an individual has over their movement and create negative effects on their health and wellbeing.

In contrast, architects, designers, and researchers specializing in healthcare have found that healing environments: ⁶⁵

- Support privacy and personal control
- Enable social support (including families)
- Provide positive distraction
- Reduce environmental stressors (noise, smell, air quality, color)
- Provide light



Photo: Van Cise-Simonet Detention Center, Hartman Cox Architects

Many of these core design principles are already utilized all over the country especially in colleges and universities. College campuses are often characterized by their use of color, home-like environment, focus on acoustics, green design and natural elements which contribute to an overall feeling of safety and security for students and educators. Integrating these elements of collegiate design in corrections environments can foster engagement by enhancing openness and intentional movement through the provision of private spaces and spaces for group engagement.

In countries like Norway, these design elements reflect a **principle of normality**,⁶⁶ rooted in the notion that removing people's freedom is enough punishment. In accordance with this principle, correctional services must maintain as much "normalcy" as possible. In Norway, this means that there are no bars on the windows, kitchens are fully equipped, and friendships are encouraged between guards and those incarcerated at the prison.

Similarly, in Anstalten,⁶⁷ a prison in Greenland, walkways are utilized to connect housing units to the remainder of the facility. These walkways allow for a daily physical and mental separation* for those incarcerated at the facility. Walking between these spaces mimics the "daily commute" between their "residence" and "workplace" much like life outside the prison.



Photo: Halden Prison, The Story Institute



Photo: Halden Prison, The New York Times

This use of design as a tool for enhancing wellbeing and supporting re-entry extends to the exterior design of the prison as well, where trees block prison walls. Likewise, Anstalten is designed so residents can see over the walls toward the sea from bar-less windows in their room.

This approach is increasingly being implemented abroad and more recently, in the US:

- **Storstrom Prison**,⁶⁸ located in Gundslev, Denmark was built to look and feel like a university campus, with a minimalist Scandinavian look modelled on the traditional Danish village.



Photo: Storstrom Prison, *The Daily Mail*

The campus is surrounded by farmland and each 40 square foot cell is equipped with a fridge, 22-inch TV, long window, and wardrobe. Living quarters also include a private bathroom and shared communal kitchens where individuals can make their own food. During their downtime people are allowed to wander about the campus, spanning the size of 18 football fields, to study, exercise, take part in programming, or pray.

- **Las Colinas Women's Detention and Reentry Facility**,⁶⁹ located in San Diego, California, is similarly oriented into a campus with zones for administrative, communal, programmatic, and housing purposes connected by a central quad for recreation. All public spaces feature large windows, natural light, warm colors, and alternative materials in addition to standard concrete. The overall design is intended to support education and rehabilitation in addition to facility security.



Photo: Las Colinas Detention and Reentry Facility, HMC Architects



Photo: Las Colinas Detention and Reentry Facility, HMC Architects

Overall, American prison design is rapidly changing to reflect the reality of 21st century corrections.

"When housing an ever-more diverse group of inmates, architects also need to take into account concerns such as aging in place, mobility issues, and design for a large mentally and emotionally challenged population."

- Rachel Slade, Architectural Digest

**ENVIRONMENT INNOVATIVE PRACTICES
SUMMARY:**

PHYSICAL SPACES WITH HOUSE-LIKE FEEL
(SMALLER HOUSING UNITS*, COMMUNAL
SPACES*)

OUTDOORS, NATURE ACCESS,
RESTORATIVE SETTING*

“COLLEGE CAMPUS” FEEL WITH
SEPARATION OF HOUSING AND
PROGRAMMING*

SPACES CONDUCIVE TO PROGRAMMING,
WITH FLEXIBILITY TO UPDATE
PROGRAMMING WITH
NEEDS/OPPORTUNITIES

PHYSICAL SPACES REFLECTIVE OF THOSE
OUTSIDE OF PRISON TO SUPPORT
TRANSITION FROM FACILITY TO THE
COMMUNITY

COLORS, TEXTURES, NOISE-LEVELS,
PRIVACY, ETC. THAT PROMOTE GROWTH

MODERN HEALTH AND TREATMENT
SPACES

CULTURE

Correctional environments are fundamentally shaped by their embedded cultures developed through staff, policies, and procedures. Culture practices that are inclusive of enhanced staff training* and dignity-based approaches* can build self-esteem for the incarcerated people and reinforce respect for everyone working and living in a prison.

STAFF

Western European countries are home to some of the most advanced practices regarding dignity-based culture, policies and staffing. Among them, Norway currently holds one of the world's lowest rates of recidivism at approximately 20% after three years. Central to the Norwegian system's success is their utilization of correctional officers for reform.⁷⁰

*"Everything a prison officer does—every conversation, each activity and any provision that is established in the prisons—is to be measured up against this principle: **that the prisoner should be better equipped on release than at the time of committal...**The prison stay should have an impact on the inmates, offenders are to be rehabilitated, lives are to be changed – and within this task, the officers are referred to as the very **"backbone of the work of change and reintegration that is carried out in the prisons."***

- Norwegian Directorate for Correctional Services, 2004 ⁷¹

Norwegian contact officers are responsible for providing comprehensive case management as well as security to the prison system. According to the Norwegian Correctional Service, their main tasks include: ⁷²

- Being responsible for ensuring that the person who has been incarcerated

receives information about the prison and his or her rights and obligations;

- Providing the incarcerated person with an introduction to the contact officer's duties and the limits to these;
- Identifying problems, requirements, and resources as soon as possible after they arrive;
- Supporting and motivating the inmate to work constructively during their prison sentence;
- Being the connection between those incarcerated and the prison as a whole
- Contributing to the process of planning for the future;
- Assisting in external inquiries, for example to social services, employment offices and school authorities.

Each incarcerated person receives their own "personal officer" upon request who will help guide them through their sentence, providing motivation and support to ensure that their sentence is rehabilitative.

Contact officers' low caseload of three people allows them to provide everyday reentry assistance like accessing medical care, applications, phone calls, and networking. Additionally, officers work with a professionally trained team of social workers* and release coordinators to create a continuous network of assistance.

*"Not 'guards', we are prison 'officers' and of course we make sure an inmate serves his sentence, but we also help that person become a better person. **We are role models, coaches and mentors."***

- Are Hoidal, governor of Halden Prison, 2019⁷³

To effectively provide this service in addition to security, a personal officer must be open, tolerant, and good at communication, assuming the role of a guard and a helper at the same time. These characteristics are supplemented with

extensive training, including social work. In their study of officer recruitment and training, scholars Sami Abdel-Salam and Hans Myhre Sunde,⁷⁴ found that the average Norwegian prison officer's education is divided into six different subject areas:

- Introduction to the Role of the prison officer and the Norwegian Correctional Service (20 credits)
- The Law of Execution of Sentences and Other Legal Topics (10 credits)
- Safety, Security and Risk Management (37.5 credits)
- **Community Reintegration and Social Work II (35 credits)**
- Professional Knowledge and Ethics (7.5 credits)

Similar practices are in place in Germany, where correctional officer selection and 2-year training reflect German corrections' expectations of service.⁷⁵

Norwegian officers also engage in what is referred to as **dynamic security**,⁷⁶ by building relations and getting knowledge through participating in the daily life of those who are incarcerated. The mindset is that maintaining physical and procedural security (e.g., wall, barriers and locks, searches) alone are insufficient to ensure prison security.

In addition to physical controls "security also depends on an alert group of prison staff developing positive staff-prisoner relationships; staff who have an awareness of what is going on in the prison; fair treatment and a sense of 'well-being' among prisoners; and staff who make sure that prisoners are kept busy doing constructive and purposeful activities that contribute to their future reintegration into society."⁷⁷

The United Nations Prison Incident Management Handbook (2013) states that:

"Prison staff members need to understand that interacting with prisoners in a humane and equitable way enhances the security and good

order of a prison. (...) Irrespective of staffing ratios, each contact between staff and prisoners reinforces the relationship between the two, which should be a positive one, based on dignity and mutual respect in how people treat each other, and in compliance with international human rights principles and due process."

In the US attitudes regarding the role of correctional officers are changing. For example, in **Connecticut** innovative units are providing young people in custody with programming to engage them as individuals with potential for early rehabilitation. **The T.R.U.E. unit**,⁷⁸ an acronym for Truthfulness, Respectfulness, Understanding, and Elevating, utilizes specially trained staff to work with those who are incarcerated in a non-confrontational dignity-based approach.

Following the success of the T.R.U.E. unit, a **second unit, W.O.R.T.H.**,⁷⁹ was opened in July of 2018 at York Correctional Institution the state's only women's correctional institution. Modeled after T.R.U.E, the unit which stands for Women Overcoming Recidivism through Hard Work, provides women at York with similar rehabilitation and programming. **An essential component to both units' approach is the relationship built between officers and the women in DOC custody. Officers are trained to talk to the women about their traumas and vulnerabilities.**

"When I first experienced the T.R.U.E program, it was similar to someone who goes through culture shock. It was different from past experiences of jail I've been to. Especially the interactions with the CO's; they were shaking my hand and asking genuine questions about myself, my goals, and how I felt about being in the program. They also said how important it was that I was selected to be here, which made me feel exclusive."

- Incarcerated Young Man at TRUE⁸⁰

Similar ideas have been voiced by officials in Massachusetts*, for instance:

"My motto of correctional supervision is "strength reinforced with decency; firmness dignified with fairness." As with any correctional facility, our foundation is a safe, secure, and orderly facility, but that is only our foundation, not the whole edifice. If you stop there you miss a great deal of the challenge, energy, and good efforts of corrections. The house that we build on that foundation, our daily operational practice, has to be humane, positive, productive, and permeated with a respect for the worth of every staff member and every inmate. Like most of life, the answers in corrections will not fit on a bumper sticker and they do not lie at the extremes...We do not want to run hotels, but we also do not want to run cesspools of stagnation, frustration, and new crime."

- Mike Ash, Ex-Sheriff, Hampden County, 2006 ⁸¹

DIGNITY-BASED POLICIES

Beyond staff roles and institutional culture, there are numerous other policies that contribute to human dignity and self-esteem in a prison environment.*

- Language that does not dehumanize
- Use of like-gender staff for searches
- Healthy food and food choices
- Sanitary product access and availability
- Basic services delivered without fees
- No or low fees for communication with families

Person-first language is critical to building esteem. According to the Vera Institute, "Throughout history and across the world, dehumanizing language has facilitated the systemic, inhumane treatment of groups of people. This is certainly the case for people impacted by the U.S. criminal legal and immigration systems, and that's why it's so

important to **use language that actively asserts humanity.**" ⁸²

Defining people's identity with their involvement in these systems can be harmful. While the use of terms like "convict," "inmate," "felon," and "prisoner" are still in use, there are better alternatives. According to the Vera Institute, person-first alternatives include "person who was convicted of a crime," "person who is incarcerated," "person convicted of a felony," and "person seeking lawful status."

"These words and phrases matter. Choosing people-first language is a step toward asserting the dignity of those entangled in these dehumanizing systems."

- Erica Bryant, Vera Institute⁸³

Physical searches are another correctional practice that is frequently cited as dehumanizing. In addition to language, there are also methods of ensuring that physical searches prioritize dignity to the fullest extent possible. Good practice for personal searches, in accordance with the United Nations Handbook for Prison Managers and Policymakers on Women and Imprisonment, ⁸⁴ states that searches should ensure that people who are incarcerated are not humiliated by the searching process, for example, by having to be completely naked at any time, and should stipulate individuals should be searched by staff of the same gender and be out of view of staff of the opposite gender.

Prison food also has a significant impact on public health and civil rights. **Budgetary restrictions are an insufficient excuse for not providing healthy food options to people who are incarcerated.** The Prison Policy Initiative found that **serving healthier food is cheaper than serving unhealthy and unappetizing food in the long-term due to the additional costs associated with poor food quality.**⁸⁵ Moreover, deteriorating food quality can and have caused

frequent security problems (e.g., protests and large-scale prison strikes).

Improving the nutritional quality of prison food can be a cost-effective way to improve overall health and offset health care spending. Prison Voice Washington found that food costs make up less than 4% of the daily cost of incarcerating one person compared to health care, which accounts for 19% of the cost (Prison Policy Initiative).⁸⁶

Alternatively, European prison systems approach food very differently.

- In **Norway**, groups communally cook and eat their meals. While eating, they have access to a full range of silverware and cutlery that can't be accessed anywhere else inside the prison. Individuals at Bastøy Prison in Norway are given a weekly allowance of roughly \$90 a month to do their own in-house groceries as well as grow their produce.⁸⁷ Individuals make their own meals under light supervision. Additionally, fresh produce and healthy alternatives are standard in prisons across Norway as well as in the Netherlands and Germany.



Photo: Halden Prison, *The New York Times*

Access to sanitary products is a human rights issue of significant importance to women who have been incarcerated. Women are typically provided with a very limited number of products that are not of good quality and access to them is closely guarded.⁸⁸ When sanitary products run out, women may be forced to beg for more from the guards. Better alternatives for tampons and pads might be offered through commissary, but the prices are often out of the price range of many women who are incarcerated. Only 13 states have laws addressing menstrual equity in correctional facilities, according to the ACLU (2021),⁸⁹ and Massachusetts is not one of them.

*"I'm an activist and advocate, but sometimes people simply call me a "tampon queen." I got this moniker because, while I was incarcerated, I learned how to make my own tampons out of the subpar menstrual products I was "given" while incarcerated." - Kimberly Haven in 'Incarcerated People Deserve the Dignity of Menstrual Equality'*⁹⁰

Prison fees are being increasingly recognized as a source for disparity and inequality for individuals who have been incarcerated as well as their family and friends.⁹¹

Among the fees that impact individuals who have been incarcerated are fees for family-prisoner communications, such as email, phone, etc. In contrast, Germany and the Netherlands encourage communication between prison and the outside world as a way for individuals to stay connected to outside life.

Currently in the US there is a trend towards providing 'free calls' from correctional facilities.

- **New York** was the first major city in 2019 to allow free calls from jail.⁹² In 2020 **San Francisco** became the first county in the nation to offer free calls for inmates.⁹³ Following the COVID-19 pandemic the Bureau of Prisons instituted a similar policy.

Video calls are becoming increasingly more common following the pandemic and are currently in place in numerous corrections facilities across the country. MCI-Framingham offers video visitation to the families and loved ones of the women who are incarcerated at the facility through Secarus Technologies Video Visitation Program.⁹⁴

Technology also has a significant role in making communication, services, and reentry programming more accessible for individuals who are incarcerated.

- Abroad, nations like **Turkey** have begun implementing a digital transformation of their prisons to allow people who have been incarcerated to make video and voice calls, manage canteen orders and online payments, access health videos, request library books, and view petition and application procedures from secure tablets.⁹⁵
- In the U.S., states like **Colorado, Pennsylvania, and Alaska** have been at the forefront of VR reentry programs for those sentenced long-term.⁹⁶ A program ran by the Colorado DOC teaches 32 lessons in daily tasks such as cooking a hotdog in the microwave, laundry, walking on a busy street, using an ATM card and self-scanning at checkout. Along with additional support from social workers, these lessons are further reinforced with classroom instruction.

Access to the internet has become an emerging human rights question. Currently, the Federal Bureau of Prisons allows access to the Trust Fund Limited Inmate Computer System (TRULINCS), a computer system that allows men and women who have been incarcerated to have email communication with their approved contacts.* TRULINCS does not provide internet access.⁹⁷

While internet access does raise security concerns, advocates and tech companies argue that it will help with rehabilitation efforts. Dave

Maass,⁹⁸ an investigative researcher for the campaign group the Electronic Frontier Foundation (EFF), argues that in a world increasingly defined by technology, denying internet access makes it harder to prepare for life on the outside.⁹⁹

CULTURE INNOVATIVE PRACTICES SUMMARY:

WELL TRAINED AND MOTIVATED STAFF
WHOSE ROLE EXTENDS BEYOND
SECURITY, BECOME ROLE MODELS, BUILD
RELATIONSHIPS, AND STAY ENGAGED

MIX OF STAFF (SECURITY,
PROGRAMMATIC, THERAPEUTIC, SOCIAL
WORK) + VOLUNTEERS*

POLICIES THAT SUPPORT HUMAN DIGNITY
(SANCTIONS, SEARCHES, PRIVACY, DRESS-
CODE, NUTRITION, SANITARY PRODUCTS,
GENDER IDENTITY, FEES, ETC.)

INSTITUTIONAL CULTURE, INCLUDING
LANGUAGE, SUPPORTIVE OF SELF ESTEEM

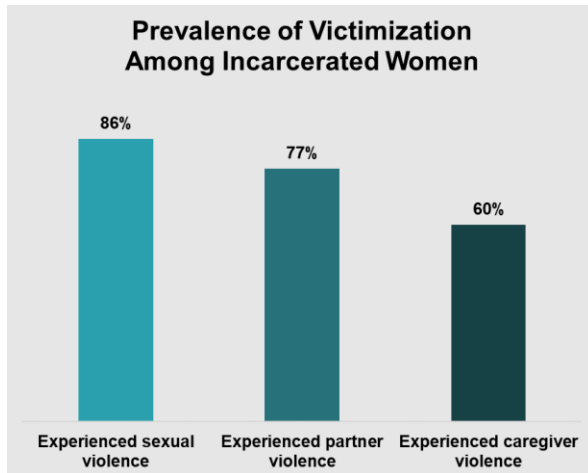
ACCESS TO EMAIL/ RESTRICTED INTERNET

GENDER-RESPONSIVENESS

Women who are incarcerated face a distinct set of challenges in a correctional environment compared with men. Gender-responsive practices are designed to address these challenges and best fit their needs.

According to *Gender Responsive Strategies* by Bloom, Owen, and Covington,¹⁰⁰ the key principles of a gender responsive approach are gender, environment, relationships, services and supervision, economic and social status, and community. Central to this approach is the

acknowledgment that gender does make a difference for correctional practice* and an environment must be created based on safety, respect, and dignity. Because many of the women in prison have experienced trauma or victimization, it is essential to avoid exacerbating the impact of their history of violence.



Source: Vera Institute, *Overlooked: Women and Jails in an Era of Reform*¹⁰¹

Gender-responsiveness measures combine facility, staff, and policy factors. These key indicators by which to measure the gender-responsiveness of a correctional facility include:

- A gender informed mission statement is clearly articulated
- Attention is paid to the adequacy and appropriateness of basic living conditions*
- Facility design and operation match demonstrated requirements of the women*
- There are written policies and procedures for the implementation of gender informed practice in critical areas (i.e., property list, hygiene products, transportation of pregnant women, cross-gender supervision, privacy, pat and strip searches, and sexual harassment/PREA)*
- Inmates and staff feel physically and emotionally safe
- **Staff members receive initial and ongoing training that provides them**

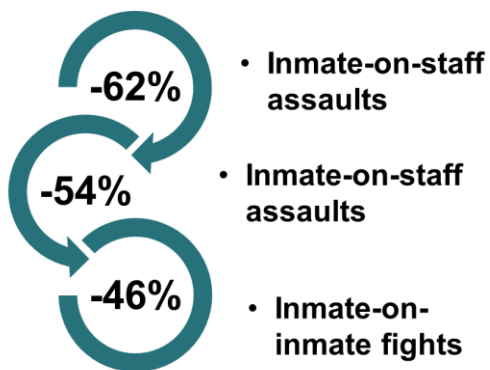
with the skill and competencies for working effectively with women (e.g., behavioral impacts of trauma, communication styles)*

In fact, MCI Framingham has long history of gender-responsive innovation and trauma-informed care.* In 1877, Framingham was the second women's prison to open in the United States. Today it's the oldest continuously operating women's correctional institution in the U.S. In 1932, Miriam Van Waters instituted a series of reform efforts including the construction of the first cottages on the MCI-F campus which housed mothers and their children. Waters also expanded programs for work outside the prison and supported voluntary educational courses.

Continuing the legacy of earlier reforms, the Pathways program was developed in 2012 for innovative gender-responsive treatment. In addition to Pathways, MCI-F programming includes:

- A continuum of trauma-informed care, trained employees and a multi-disciplinary approach
- College degree program with BU
- NEADS programs with support dogs
- Gardening program
- Trailer program for extended time with family members
- Mom and Me programming inside the prison to support family reunification
- Mediation programming in partnership with UMass

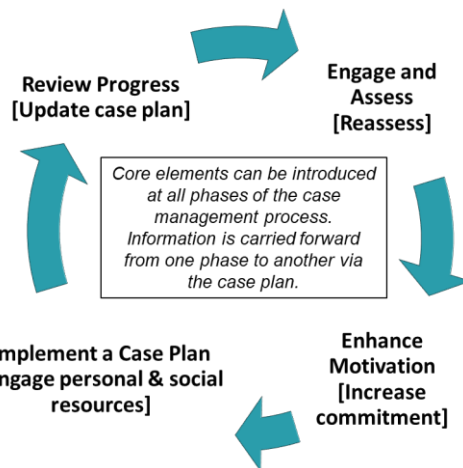
Just one year after adopting a trauma-informed approach, MCI-F saw a massive reduction in inmate-on-staff assaults (-62%), inmate-on-inmate assaults (-54%), and inmate-on inmate fights (-46%).¹⁰²



CASE MANAGEMENT

A comprehensive evidence-based case management system is necessary for the implementation of gender-responsive practices. The Women Offender Case Management Model (WOCMM), developed by the National Institute of Corrections, is a leading model for case management to improve re-entry.¹⁰³ The WOCMM approach provides consistency across all levels of re-entry and utilizes a gender-responsive risk-needs-responsivity tool to determine the scale of intervention necessary. According to WOCMM, during each phase of re-entry the case management team should

1. Engage and assess
2. Enhance women's motivation
3. Implement the case plan
4. Review/update case plan



Source: NIC, *Women Offender Case Management Model, 2006*; National Resource Center on Justice Involved Women, "Reentry Considerations for Justice Involved Women," Rachelle Ramirez¹⁰⁴

WOCMM is strengthened by multiple programming options. Per the WOCMM report:

"In order to address the goals identified in the Case Plan the team must be prepared to deliver and/or broker an array of services. Women offenders present with needs across a number of critical life domains including: family, social network, education and employment, housing finances, medical, mental health, and others"

- Women Offender Case Management Model, 2006

NIC studies of WOCMM participants have shown that the model routinely delivers positive results. In a 2010 evaluation, new arrests were reduced by 26% among women exposed to WOCMM.

WOCMM can be supplemented with the BJA's **Collaborative Comprehensive Case Plans** (CC Case Plans) which is an online tool that improves the coordination of pre- and post-release resources. The tool helps behavioral health and criminal justice experts utilize the information gathered from assessments into case plans that engage the person reentering the community. Lead case planners oversee the process and connect with professionals from each partnering

agency, and the participant along with their supports.



Source: National Reentry Resource Center

HEALTH CARE

Women who have been incarcerated have a distinct set of gender-specific health needs that must be addressed in correctional facilities. They face higher rates of substance use disorder, prior trauma and abuse, mental illness, and sexually transmitted infections (STIs) than incarcerated men, as reported by the National Institute of Corrections. In fact, mental health issues affect the overwhelming majority of women at MCI-Framingham and up to 80% of the women have children. Two women were reported pregnant at the facility as of April 2021.

Best practices for prenatal and postpartum care in a correctional setting, as summarized by Knittel et al (2017) include: ¹⁰⁵

- Allowing those who have been incarcerated to communicate with their contact person in an accessible and easy way, such as a pager. The contact person should be facilitating immediate and safe transportation to a hospital when the individual is ready to give birth.

- Fund, implement and evaluate evidence-based programs designed to increase childbirth and parenting education and support, including midwifery care and doula support during pregnancy, childbirth, and postpartum, and supportive housing for mothers and infants.
- Provide breast pumps, time accommodations, milk storage, and delivery to the infant, and lactation support for postpartum mothers
- Secure positions in medication-assisted treatment programs for opiate addiction and re-entry housing support for mothers leaving the criminal justice system.
- Develop and expand programs that provide women with the opportunity to spend time and bond with their infants, such as WIAR, MINT, and **prison nurseries**.



Photo: Bedford Hills Correctional Facility, NBC News

At New York State **Bedford Hills Correctional Facility**, well-known for its nursery, women learn to provide for their children through a variety of parenting courses.¹⁰⁶ The mothers incarcerated at the facility live in **private rooms with cribs for their babies**. Certain prison rules, such as requiring that all facilities be locked at night, are relaxed for the nursery. As a result, **mothers can easily prepare a bottle for their infants at any hour of the night**. In addition to the benefit for mothers and their infants, by allowing incarcerated mothers to remain with their

children the public avoids the costs associated with foster care.

Treating trauma* is critical to maintaining physical and mental well-being as well as

Massachusetts has its own promising practice for substance abuse intervention at the Middlesex House of Correction. The **Accountability Recovery Community** is a 90-day treatment program whose goal is to **inculcate prosocial values which are incompatible with criminal thinking and substance misuse**. In a 126-bed pod, participants receive cognitive behavioral therapy as well as a variety of other treatment modes inside a modified therapeutic community. The program has been recognized as a Residential Substance Abuse Treatment (RSAT) National Mentoring Site.

increasing re-entry success. An increasing body of evidence tells us that the overwhelming majority of women in jails and prisons have experienced trauma that has scarred their minds and hearts.¹⁰⁷ They may have survived rape, assault, or childhood sexual abuse, or they may have witnessed violence done to others. Trauma can result in physiological changes in the way our brains respond to danger, especially when the trauma is repeated. It has also been linked to depression, suicidal tendencies, chronic anxiety, hostility, impaired ability to relate to others socially, and many other serious consequences in personal life.

"Many women do not even recognize the role that past trauma has played in their pathway to crime. Our staff must recognize [the importance of trauma] before we can expect the women to."

- Jane Parnell, Former Superintendent¹⁰⁸

In prison, programming based on guidance by organizations like the Substance Abuse and Mental Health Services Administration

(SAMHSA) and the CSG Justice Center can be implemented to address this trauma. Similarly, the Justice Center describes their comprehensive Behavioral Needs Framework (2012) as a tool designed to:¹⁰⁹

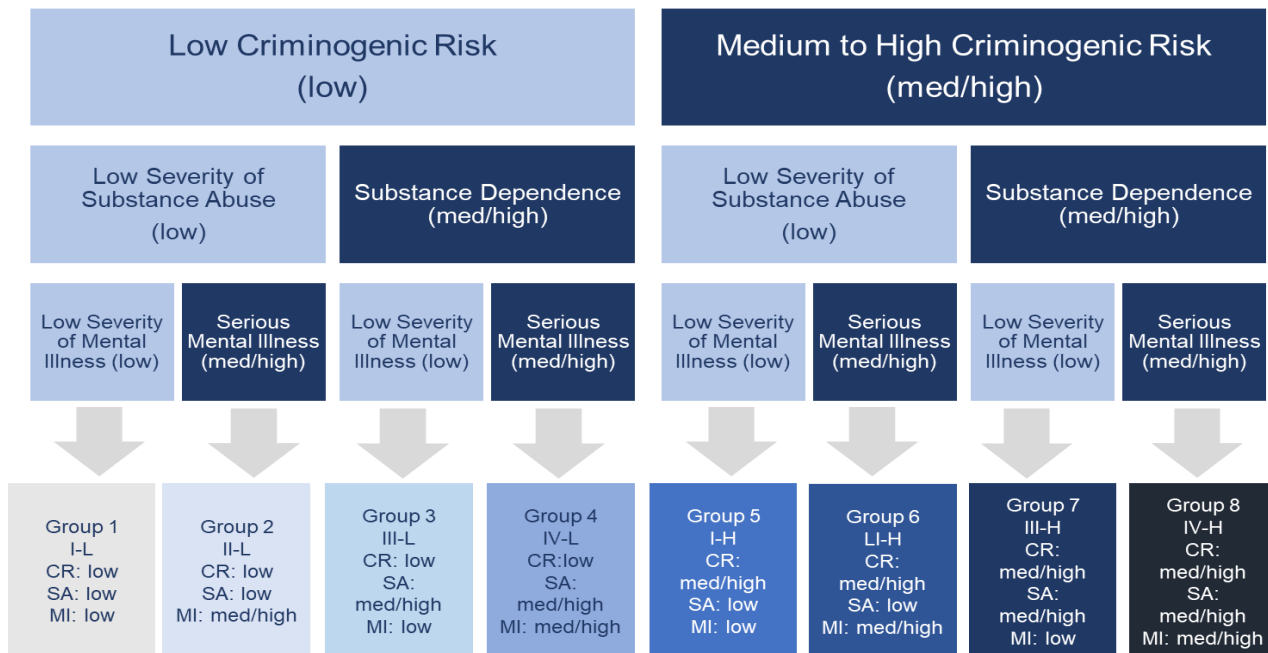
- Develop a shared language around the risk of criminal activity and public health needs
- Integrate best practices in mental health treatment, substance addiction treatment, and recidivism reduction
- Allocate scarce resources more wisely
- Maximize the impact of interventions on public safety and public health

Elements of this approach can be found in the Bureau of Prison's **Residential Drug Abuse Treatment Program** (RDAP), the current national standard for intensive treatment.¹¹⁰ RDAP is a 500-hour program in which participants are placed in a residential unit reserved for drug treatment at a BOP institution. Participants undergo a minimum of three hours of drug treatment per day.

The program employs intensive cognitive behavioral therapy that focuses on reducing the likelihood of an individual abusing substances. Additionally, the program also focuses on challenging antisocial behavior and criminality. After participating in RDAP, participants were found to be 18% less likely to recidivate. Studies found that female participants had higher levels

- Phase 3: They receive an additional 6 months of counseling while on parole or in work release

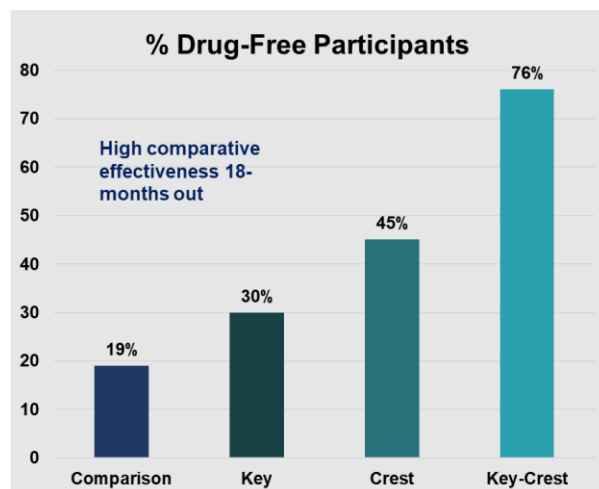
Behavioral Health Needs Framework



of success than male participants in maintaining employment, obtaining educational degrees, and caring for their children.

¹¹¹ The Delaware Multistage Correctional Treatment Program brings together similar pre-release programming with post-release programming to provide a model for long-term therapeutic intervention.¹¹² The program utilizes therapeutic communities to improve post-release outcomes. Program participants take part in three phases:

- Phase 1: Offenders spend 12 months in, **Key**, a prison-based therapeutic community
- Phase 2: 6 months in, **Crest**, a pre-release therapeutic community



Source: Stohr, Mary K, and Anthony Walsh. *Corrections: From Research, to Policy, to Practice*, 2020

After completing Crest, they participate in aftercare while on parole and living full-time in

the community. They are required to return weekly to an assigned center for group counseling and subject to random mandatory drug testing.

According to a study completed by Steven Martin and colleagues (1999), **Key-Crest treatment group participants were more likely to be drug free (23%)**, compared with the comparison group participants (6%) at the 3-year follow up.¹¹³

VOCATIONAL PROGRAMMING

Beyond treatment, vocational programming is critical to success.* Research from the Department of Education shows that individuals with criminal histories can benefit from understanding their own career interests and aptitudes, the types of educational credentials required for jobs along a specific career pathway, and the relevance of education programs to those jobs.¹¹⁴

*“Incarcerated people are likely to endure violence, including sexual violence. Incarcerated people are likely to experience enormous mental distress and endure serious and lasting trauma...When they return home from prison, they face enormous barriers to securing safe housing, **obtaining and retaining employment that pays a living wage**, accessing medical care, voting and serving on juries, obtaining an education, reconnecting with their families, and meeting their basic needs.*

Because they relate directly to the core drivers of violence, each of these barriers makes a person more likely to commit and to experience harm.”

- Danielle Sered¹¹⁵

Vocational programming offered in conjunction with treatment has the potential to facilitate successful re-entry as well as community integration.

Key features of successful career pathway programs, according to the US Department of Education’s Reentry Education Model are:

1. Credentials are recognized by and aligned with the needs of an industry sector, along with contextualized and integrated learning strategies
2. Career navigation and employment assistance
3. Wrap-around support services

These characteristics of successful vocational programming can be found in innovative programs across the country. Some examples include:

- **The Last Mile, California:** The Last Mile is an innovative coding program currently running in several correctional facilities in California.¹¹⁶ In two six-month training periods, program coordinators provide job skills, counseling, books, videos and coding instruction in JavaScript, HTML and CSS. The programming takes place in a self-contained network, without access to the internet, so participants work in an environment similar to the internet without the security risk, all while leveraging paid apprenticeships.

Graduates of TLM with time remaining can continue working in the Last Mile Works, a full stack development shop where they earn an industry-standard living wage they can collect upon release, making them the **highest-paid incarcerated workers in the state**. The program boasts a **0% recidivism rate**.¹¹⁷

- **Vocational Village, Michigan:** Michigan Department of Corrections vocational village for women trains up to 180 women in computer coding, carpentry, cosmetology, 3D printing, and graphic design.¹¹⁸ Participants work towards accomplishing measurable goals and earn nationally recognized certifications in their trade once completing their program. **70%** of people

who completed training at the vocational village **obtain and retain employment.**



Photo: Vocational Village, Parnall Correctional Facility, MI Dept. of Corrections

This program “will help us prepare more of our returning citizens for high-demand careers and a better life in the community, while reducing the risk of returning to prison.”

- Michigan Governor Rick Snyder ¹¹⁹

- **Prison Entrepreneurship Program (PEP), Texas:** PEP is a comprehensive re-entry program that utilizes an “inside/outside strategy.”¹²⁰ Participants receive leadership and business education and mentorship in prison and transition to re-entry services post-release.

In prison, participants first enroll in a 3-month Leadership Academy. After completing their “Mini-MBA” program, they take part in the Business Plan Competition (BPC). Each student is required to create a business they would start upon release, along with a comprehensive business plan. Then the student must pitch his plan “Shark Tank” format over 120 times. Participants also complete a financial literacy course, an employment workshop, business etiquette course, and a Toastmasters class. Finally, participants graduate in front of their family and friends and receive a Certificate in Entrepreneurship from Baylor University

Hankamer School of Business that does not have the word “prison.”

Out of prison, participants have access to **5 Transition homes** managed by PEP in Houston and Dallas. They can also utilize the **Communitas Business Center**, a startup incubator for graduates, and **Eschool**, a Weekly educational program taught by executives, MBA candidates and university professors

The program has successfully helped **100% of its participants secure employment in 90 days since it began in 2010.**¹²¹ Additionally, the average starting wage for PEP graduates is nearly \$13 per hour, and \$26 after three years.¹²² More than 500 businesses have been launched by PEP graduates, including five that generate over \$1M in gross annual revenue. Finally, PEP graduates maintain an exceptionally low **8.3% three-year recidivism rate.**

EDUCATION

Post-secondary education is crucial to rehabilitation and success after incarceration.* Post-secondary education has been found to reduce recidivism and increase employment. Research from the Vera Institute’s Making the Grade report showed that compared to the costs of reincarceration, the cost of prison education saves about \$5 for every dollar spent.¹²³ Vera researchers also found that incarcerated people who participate in prison education programs are:

- 43% less likely to recidivate than those who do not
- 13% higher chance of obtaining employment post-release

In New York, the **Hudson Link for Higher Education in Prison** program provides both college courses and mentorship for participants

who are interested in higher learning and obtaining a college degree.¹²⁴



Photo: Hudson Link for Higher Education in Prison

The program has four major components: a one-year, six-course **College Preparatory School** to prepare for college-level learning; the **College Program** offering courses from nine partner institutions of higher learning across the state at five correctional facilities; **College Completion** for those who were unable to complete their degree in prison; and **Alumni Services** through partner reentry organizations to provide job readiness support for students.

85% of Hudson Link graduates are employed in the field of social services within three months of release.¹²⁵ Additionally, the program has an impressive **2% recidivism rate** among its participants. The program reportedly saves New York state taxpayers over \$21 million per year.

RESTORATIVE JUSTICE

Restorative justice programs aim to get those who are incarcerated to take responsibility for their actions, to understand the harm they have caused, to give them an opportunity to redeem themselves, and to discourage them from causing further harm. Restorative justice practices develop a dialogue between a victim and the individual who perpetrated a crime against them in order for the victim to communicate the impact of the offense. The

victim is empowered and the perpetrator, hopefully, gets a real sense of the consequences of their action in order to take accountability and ownership of their actions.

The practice has been growing in popularity globally as dialogues surrounding criminal justice have become increasingly normalized. Restorative justice as a means of reducing recidivism has become a major point for advocates of its use.

A meta-study by Heather Strang and colleagues, published in 2013, found that programs that include offender/victim dialogues had a significant decrease in post-release recidivism and was cost-effective—up to 14 times more so—when compared to the costs of the crimes prevented.^{126 127} Victim satisfaction with the handling of their cases was also uniformly positive.

Founded in 1997 at San Quentin State Prison, the **Insight Prison Project** offers unique and effective programming for thousands of men, women, and youth at 21 state prisons, three county jails, several reentry facilities, and one juvenile institution.¹²⁸ The core program is the 18-month long Victim/Offender Education Group (VOEG) which was put together by both mental health experts and survivors of violent crimes in collaboration with people incarcerated for previously violent behavior.

According to the organization's website, "IPP facilitators create a space with VOEG that allows victims and incarcerated people an opportunity to work together, which dramatically aids in the healing process for everyone involved and enhances public safety by greatly reducing recidivism."

As of 2019, MCI-Framingham hosted its own Victim Offender Education Group (VOEG), which it describes in the Massachusetts Department of Corrections Program Description Booklet as an opportunity for "inmates to internalize

accountability, responsibility and learn empathy towards their victims and the community.”¹²⁹



Photo: San Quentin Prison, Victim Offender Education Group, Greater Good Magazine

GENDER-RESPONSIVENESS INNOVATIVE PRACTICES SUMMARY:

INTENSIVE, INDIVIDUALIZED CASE MANAGEMENT THROUGH TRANSITION TO LIFE IN SOCIETY

ACCESS TO HEALTH CARE, SUBSTANCE USE, AND MENTAL HEALTH TREATMENT* LIKE OUTSIDE PRISONS INCL. LOOK & FEEL, 24/7

ENHANCED PRE- AND POST-NATAL CARE AND SUPPORTIVE POLICIES

EDUCATIONAL OPPORTUNITIES RECOGNIZING DIVERSE LEARNING STYLES (ONLINE TOO)*

DIVERSE PROGRAMMING IN LIFE SKILLS, VOCATIONAL AREAS AND HOBBIES*, INCLUDING HIGH-PAYING PROFESSIONS AND TRADES

EMPLOYMENT OPPORTUNITIES INSIDE PRISON (WITH PROPER WAGES)

RESTORATIVE JUSTICE PROGRAMS*

REENTRY

Corrections best practices increasingly incorporate the philosophy and practice of gradual step down with a rehabilitation focus on successful reentry.

ASSESSMENT

Assessment is key to understanding how best to help and rehabilitate women who have been incarcerated. Unfortunately, in the past many tools designed to assess incarcerated individuals' needs and risk profile were designed for men and applied to women uniformly. Gender-sensitive assessment tools* are extremely important in capturing women's background and developing a reentry plan that has the best chance of success.

According to the UN, a gender-sensitive risk assessment should:¹³⁰

- Take into account the very low risk most women pose to others and the particularly harmful effects high security measures and increased level of isolation can have on them
- Enable essential information about women's backgrounds, such as violence they may have experienced, history of mental disabilities and drug abuse, as well as parental and other caring responsibilities to be taken into account in the allocation and sentence planning process
- Ensure that those with mental health care needs are housed in the least restrictive accommodation and receive appropriate treatment, rather than being placed in higher security levels, purely due to their mental health problems

Assessment models should be dynamic, changing to fit the needs of individual women

both prior and during their incarceration. Because many women who are incarcerated have faced significant barriers and dangerous environments, they have often developed a set of survival skills that might not be conducive to a correctional setting.

These survival strategies might present as difficult behavior that can be easily exacerbated by their environment, who they are speaking to, and the language being used. For these reasons **a dynamic model of assessment is the preferred method of assessing women.**

Dynamic Risk Factors/Needs (Changeable)

1. Anti-social Attitudes
2. Anti-social Friends and Peers
3. Anti-social Personality Pattern
4. Substance Addiction
5. Family and/or Marital Factors
6. Lack of education
7. Poor Employment History
8. Lack of Pro-social Leisure Activities

Source: National Reentry Resource Center Behavioral Health Needs Framework, Sept 2019; The Five CORE Practice Areas of Gender Responsiveness, CORE Associates

In the United States a variety of tools are combined to create a holistic view of each woman, in order to further understand their pathway to successful and sustainable rehabilitation.

In Massachusetts the classification policy and assessment tools for women were revised and improved in 2018. The approach is gender-specific and incorporates proper elements of dynamic assessment.

The United Kingdom has developed its own process at a women's rehabilitation center, in Northamptonshire, England to address this

issue.¹³¹ The simplified assessment process allows assessments and input from a range of appropriately trained mental health professionals, resulting in a quicker assessment and less unnecessary costs, per the Prison Policy Institute. The woman meets with her support team, consisting of her probation officer, assistant psychologist, and support worker, and together they map out her needs across different areas of her life.

Once she is assessed, the woman will undergo regular individualized psychologic interventions. Many are also required to take courses as part of their sentence that are administered by external nonprofits. Courses include confidence building, healing trauma and anger management. Women can also elect to take drug and alcohol treatment at the center to fulfill unpaid work requirements.

CONTINUOUS CASE MANAGEMENT

Early assessment and continuity are key components of reentry. Reentry planning should begin immediately when an individual enters prison. Throughout their time in the system and during the gradual process of stepping down from corrections and reentry centers, an individual should receive a continuous level of care and resources.

Early transition planning is even more essential for successful community integration for those suffering from substance abuse. According to SAMHSA an ideal set of transition services for those who have substance-use disorders include:¹³²

- Reassessments conducted at various stages throughout incarceration and the community release process
- Continued supervision that includes ongoing monitoring and assessment of the offender's needs. These assessments should form the basis for ongoing case management and service delivery.

- Additional assistance to help offenders prepare for the return to family, employment, and the community.

These services and transition planning should be offered in a dynamic way that changes as the individual accepts more responsibility for their transition. Being a part of the planning process helps those who have been incarcerated begin to make their own decision and take responsibility for themselves.

The NIC's **Transition from Prison to the Community** (TPC) Initiative creates a framework based on assessment and early information gathering that follows women throughout their correctional and release experiences.¹³³ As a result, it captures the gender-informed factors that drive female incarceration.

After an individual is properly assessed and integrated into the system officials use the information captured in the assessment to put together a **Transition Accountability Plan** (TAP). TAP is driven by two key questions:

1. Is the woman the mother of a minor child/children and does she desire reunification?
2. Does she have the physical or mental capacity to live independently in the community?

Continuity in case management is especially importance after release. This process should be initiated long before women leave the institution.

DOMESTIC & INTERNATIONAL INNOVATIVE PRACTICES FOR REENTRY

Domestic

Hope for Prisoners, Las Vegas: The Hope for Prisoners program works with formerly incarcerated individuals and their families to ensure that they successfully reenter the workforce and the community.¹³⁴

Enrollment in the program is voluntary and each participant receives:

- Job Readiness Workshop: a week-long training and goal setting course (30 hours of instruction)
- Case management
- Job referrals
- Access to a drop-in computer center
- 18 months of mentoring

The organization brings together a staff of full-time case managers as well as 200 trained volunteer mentors from the community. Community mentors act as quasi case-managers. They are first trained, then they attend group meeting with clients called "huddles." These huddles allow new mentors to receive guidance from more senior mentors and provide clients a place to collectively talk about their past experiences.

Mentors provide notes electronically to an online portal that is monitored by the client's case manager. Clients and mentors work together for 18+ months as they support them through employment, the transition from incarceration, and family reunification.

The program has an overall employment rate of 64%, a rate of reincarceration of 6.3%, and the mentorship was found to be the strongest predictor of employment, indicating that community-based resources can be exceedingly helpful in facilitating reentry.¹³⁵

Intensive Supervised Release (ISR), Minnesota: Minnesota corrections authorities have used a program known as intensive supervised release to monitor those who exiting the prison system in the state. In July 2018, the MN DOC added a new criterion for ISR placement. Previously, placement was based on offense type and risk level. New criteria for placement are based on recidivism as measured by the Minnesota Screening Tool Assessing Recidivism Risk 2.0 and the Minnesota Sex Offender Screen Tool-4.

Research done by Grant Duwe and Susan McNeeley at the MN DOC found that ISR decreased the risk of re-arrest (-38%), reconviction (-28%), felony reconviction (-34%), and violent reconviction (-34%).¹³⁶ ISR also significantly reduced the number of rearrests and reconvictions for general and felony reoffending. On the other hand, the findings showed that the risk of a technical violation revocation was nearly 150 percent greater for those placed on ISR.

Boston Reentry Initiative, Massachusetts: Since ended for lack of funds, BRI aimed to help those who have been incarcerated with violent convictions transition back into their community following their sentence. Focused on men being held in custody, the program formerly held at the Suffolk House of Correction provided mentoring services, case management, social service assistance, and vocational development to program participants. BRI consisted of three major phases:

1. **BRI Panel Session** (within 45 days of entering the House of Correction): Representatives from criminal justice agencies (e.g., prosecution, probation), and social service providers inform participants about the resources available to them inside and outside of prison along with the knowledge that they will be held accountable for their behavior post-release.
2. **Transitional Accountability Plan (TAP):** Assembles a coordinated plan for treatment and supervision from an individual's time in custody to their release. Included in in this regimen are a continuum of services to meet participants' individual needs. These services address issues pertinent immediately following release, such as identification/drivers' licenses, health insurance, shelter, transportation, or an interim job, as well as long-term issues, such as substance abuse treatment,

mental health treatment, education, or permanent housing.

3. **Day of Release:** A member of the individual's support team, either a family member or a case manager meets the individual at the door
 - i. After, individuals are encouraged to continue their work with their team while transitioning into the community
 - ii. Participants receive continuous support and supervision through a local reporting center
 - iii. Case managers provides support for up to 18 months post release.

The program facilitated strong partnerships among agencies and community organizations as well as the incarcerated individuals they served. Most importantly, the program had significant positive outcomes:¹³⁷

- BRI participants **were arrested for any crime at a rate 10% less** than the control group
- BRI participants **were arrested for a violent crime at a rate 11% less** than the control group
- BRI participants had a **32.1% reduction in the subsequent overall time** to arrest for any crime and a 37.1% reduction in the subsequent time to arrest for violent crime

International

Singapore Prison Service Rehabilitation Framework, Singapore: the mandate of the SPS "lies in enforcing secure custody and rehabilitation for offenders."¹³⁸ Their approach, based on the widely accepted, Risk-Needs-and-Responsivity Model, consists of three parts:

1. **"In-Care:** Prisoners are assessed and classified with programs targeted at those with the highest security risk and rehabilitation needs to give the best returns with the resources used. A prison officer will be assigned to the prisoner on admission, to monitor the rehabilitation plan of all prisoners placed

in their charge throughout their periods of incarceration

2. **Halfway Care:** Suitable prisoners are allowed to serve the tail end of their sentences in various community-based programs. These programs include home detention, halfway house, and work release options.
3. **Aftercare:** The Community Aftercare Program (CAP) is a voluntary post-release program aimed at supporting ex-prisoners up to a period of six months. Prisoners who sign up are assigned Aftercare Case Managers to help them deal with their reintegration challenges including employment, finance, accommodation, coping skills and family/social support."

Canadian Healing Lodges, Canada: It is essential for community transition plans to be culturally sensitive to the communities that women integrate into post-incarceration. In Canada, Indigenous peoples are massively overrepresented in the prison population. They constitute 3% of the population in Canada, but 24% of the prison population.^{139 140}

Canadian Healing Lodges provide an example of holistic culturally informed re-integration practices for indigenous individuals. There are currently 10 healing lodges across Canada. The aim of the healing circles held at the lodge are to realign a person's physical, emotional, mental, and spiritual wellbeing. The small groups are unique to the lodges and allow participants to develop a strong connection between their culture and identity.

Norway continues its holistic approach through re-entry and reintegration.

"If the penalty is to work, reintegration work must be satisfactorily planned and addressed...The objective of the Norwegian Correctional Services' professional activity is a convict who has served the sentence, is drug-free

or has control of his drug use, has a suitable place to live, can read, write and do basic mathematics, has a chance on the labor market; can relate to family, friends and the rest of society, is able to seek help for any problems that may arise after his release, and can live an independent life. The Government considers that a good point of departure on release increases the probability of inmates succeeding in living a life without crime."

- Norwegian Ministry of Justice and the Police, 2008

REENTRY INNOVATIVE PRACTICES SUMMARY:

DYNAMIC "DANGEROUSNESS"
ASSESSMENT TOWARDS MINIMUM
SECURITY AND PRE-RELEASE*

REENTRY MISSION FROM DAY 1 AND
STRONG REENTRY PROGRAMMING

GRADUAL INCREASE OF INDEPENDENCE
AND SELF-DETERMINATION*

EMOTIONAL SPACE AND OPPORTUNITIES
FOR RELATIONSHIP BUILDING INSIDE THE
PRISON

EARNED ALTERNATIVES TO PRISON

RESOURCES TO SUPPORT TRANSITION
INTO SOCIETY, INCLUDING VOLUNTARY
CASE MANAGEMENT

FAMILY & COMMUNITY INTEGRATION

Supporting women to maintain their relationships with their family and their community during and after their incarceration is vital to their growth and rehabilitation.*

FAMILY REUNIFICATION: INSIDE

In their report, *Families Left Behind* (2016), the Urban Institute found that the outcomes of those who maintained family connections during prison through letters and personal visits compared to those who did not suggests that preserving family ties during incarceration has a negative impact on recidivism rates.¹⁴¹

"A commitment to human dignity mandates that facilities implement policies and practices that encourage families and friends to visit, facilitate the presence of outside organizations within the prison, and provide opportunities for incarcerated people to spend constructive time outside the prison."

- Vera Institute, 2018¹⁴²

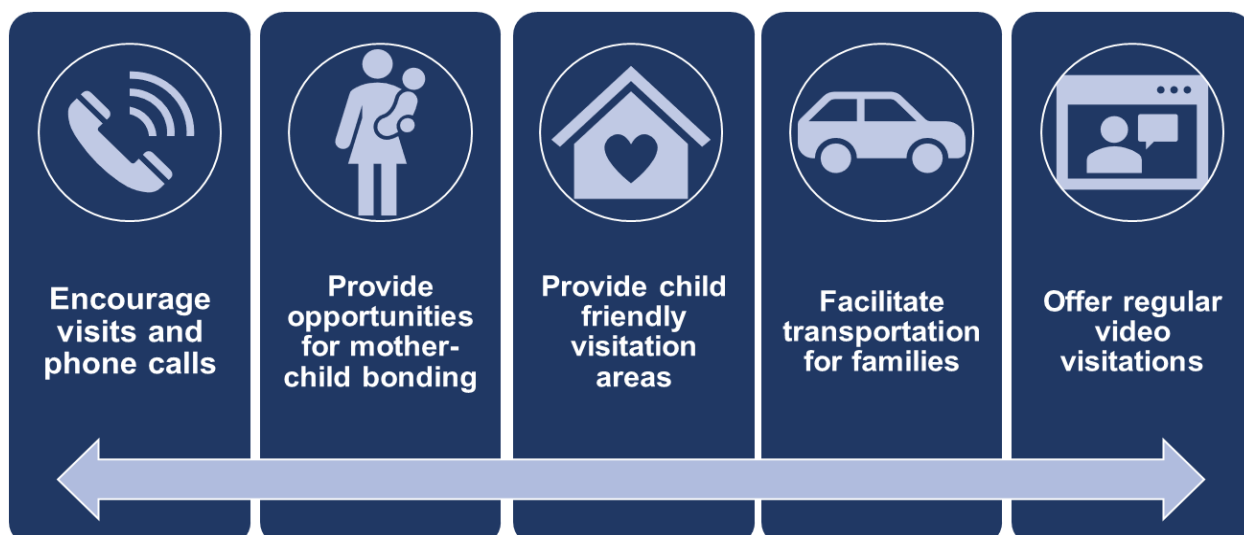
Research from the Amherst H. Wilder Foundation in partnership with Volunteers of

America (2010) on the effects of maternal incarceration on children points to these strategies as the most effective means for facilitating strong family connections:¹⁴³

- Encouraging visits and phone calls
- Providing opportunities for mother-child bonding
- Providing child-friendly visitation areas
- Facilitating transportation for families
- Offering regular video visitations

Incarceration can be traumatizing not only for women, but for their children as well. Today, incarceration impacts over 10 million children in the United States.¹⁴⁴ Children of incarcerated parents are more likely to experience mental health challenges, traumatic stress, behavioral issues, stigma and shame, reduced educational prospects, and a greater likelihood of being arrested and incarcerated themselves.^{145 146} Children whose mothers are incarcerated are also at a higher risk of being placed in foster care, than those whose fathers are in prison, 11% and 2% respectively.¹⁴⁷

Research supports keeping infants with their mothers. Mothers in a prison nursery setting can raise infants who are securely attached to them at rates comparable to healthy children in the



Source: *Childhood Disrupted: Understanding the Features and Effects of Maternal Incarceration*, Volunteers of America, 2010

community.¹⁴⁸ In *Keeping Kids and Parents Together, A Healthier Approach to Sentencing in MA*, researchers compiled evidence that keeping infants with their mothers while they are in correctional control is associated with:¹⁴⁹

- Secure attachment
- Lower levels of anxiety and depression
- A higher likelihood of maintaining custody of children following release
- Families are more bonded after the mothers' release

According to a 2010 National Institute study of 70 nations, the United States is one of only four nations studied who routinely separates imprisoned mothers from their infants. The other countries are: Suriname, Liberia, and the Bahamas.¹⁵⁰

Many Western European countries allow mothers to remain with their children during their infancy. This practice is in accordance with the UN Standard Minimum Rules for the Treatment of Prisoners Rule 29 which states that:

"A decision to allow a child to stay with his or her parent in prison shall be based on the best interests of the child concerned. Where children are allowed to remain in prison with a parent, a provision shall be made for:

i. Internal or external childcare facilities staffed by qualified persons, where the children shall be placed when they are not in the care of their parent

ii. Child-specific health-care services, including health screenings upon admission and ongoing monitoring of their development by specialists"

- United Nation Mandela Rules¹⁵¹

Promising developments for mother-infant reunification are:

- Several Scandinavian countries have developed a **Children's Officer role** – specially qualified prison officers who

understand the needs of mothers and children in prisons.¹⁵²

- Select US prisons, like **Bedford Hills Correctional Facility** in NY, allow women to keep their newborns for a limited time with them in a special prison program.¹⁵³
- In **Massachusetts**, a Bill was introduced to the MA Senate in 2017 that offered community-based sentencing alternatives to those who have been convicted of nonviolent crimes and are the primary caretakers of dependents (Senator Brownsberger).¹⁵⁴ The Bill was not passed.

Some countries allow for family reunification efforts within prison walls that extend beyond mothers and infants.

- **Spain:** A Spanish prison, located in Aranjuez, has created family units where children and their parents who have been convicted can live together. The children are allowed to bond with their parents in a child-friendly environment with access to a nursery school and playground.¹⁵⁵ The unit also includes a double bed, crib, toys, a small bathroom, and windows facing outside the prison. The family has regular doctor visits and children are permitted to stay with their parents until they are 3 years old. Once they reach 3, they are placed with relatives or social services and their parents return to non-family units.
- **Denmark:** Similar family units have been developed in Danish prisons, for parents who have children younger than 3.¹⁵⁶ These units are accessible to couples who were together and married before the start of their sentence and the unit includes a room for the parents and a connected room for their child.¹⁵⁷

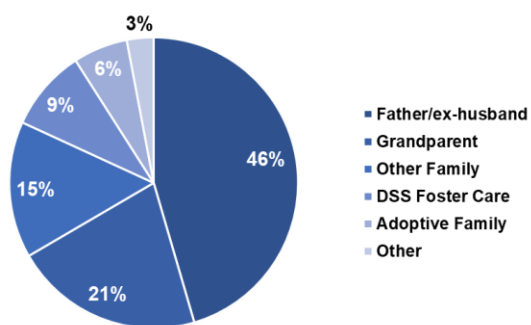
FAMILY REUNIFICATION: OUTSIDE

Coordination between co-caregivers and incarcerated parents both during and after incarceration is essential for children's well-being. Studies show that when the connection between caregivers is strong, children appear to have:¹⁵⁸

- Better self-regulation at home and at school
- More pro-social peer behavior
- Greater comfort in talking about family anger
- Greater empathy and emotional understanding

The idea that mothers will return to playing a normal role in their families and children's lives after their incarceration is a common misconception. For the majority, after leaving prison they reenter a familial system where grandmothers or other kin caregivers have been the primary parent in their children's lives.¹⁵⁹

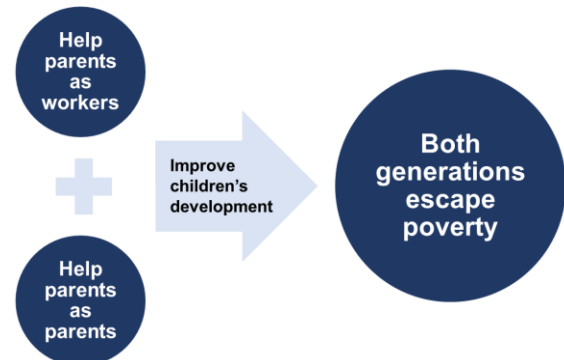
Where Children Who Lived With Mother Before Incarceration Went To Live After Incarceration



Source: Cecil, Dawn K. "Female Inmates, Family Caregivers, and Young Children's Adjustment: A Research Agenda and Implications for Corrections Programming."

As a result, co-caregiving solidarity has been proven to support bonding and attachment among the children of women who have been incarcerated.

Because of the impact parental incarceration has on children, an approach that aims to slow the cycle of incarceration must target both generations impacted by the system. The Center for Law and Social Policy, CLASP, a non-profit policy think tank, provides a strategy for the development of a two-generational program.¹⁶⁰



Source: The Center for Law and Social Policy

"Through the use of social workers to help parents with resources (housing, parenting classes, school for children, tutoring, daycare, bill assistance, etc.) combined with case workers helping the parents have stable housing and income, the two-generation cycle of incarceration can be broken."

The program is currently in use in North Carolina, Michigan, Texas, Louisiana, Minnesota, New York, and Colorado.

As research increasingly points to the importance of family reunification, corrections departments across the United States are working to facilitate relationships with families outside of prison and moving towards community-based women's programs.

New York State Corrections are taking re-entry one step further by piloting an innovative "family re-entry program."^{161 162} Families are reunited with their loved ones leaving prison or jail in New York City Housing Authority NYCHA public housing and provided with reentry services.

Participants are allowed to live in the residence for two-years while they take part in the program. If they are successful in the program, the family can request that the NYCHA household become a permanent residence.

Program participants must meet the required program goals set and are closely managed by a case manager. Examples of goals commonly set for pilot participants include employment and participation in a treatment program. The program has been successful in helping participants with various reentry needs beyond stable housing and only one participant was convicted of a new offense after enrollment.

Also in New York, **Drew House**, a home-like rehabilitation program, provides housing for justice-involved women. Tenants can live independently in their own apartment while paying either some or all of the rent. Housing provided in addition to support, like Drew House, has been proven to reduce incarceration days and improve residential stability in mentally ill persons who frequently find themselves between jails and homeless shelters. Key elements of the program include:¹⁶³

- **Supportive Housing:** Homelike, and non-institutional - each family has a complete apartment with its own full kitchen and bathroom. Furniture and essentials are provided and can be taken when the family moves. The shared backyard supports play and creation of community among residents. The permanent supportive housing model means families can stay after completion of the mandate. Transition to independent living is desirable
- **Services:** Strengths-based, gender responsive case management. Brief family and substance abuse counseling to support offsite treatment and maintenance of sobriety. Referral to community health and supportive

services. Childcare and public schools within a few blocks

- **Impact on Children:** Children showed improved academic performance, interacted positively with the staff. Children who were behind in their development prior to moving in, caught up quickly. The case manager worked to connect families to necessary primary and specialty health care, and developmental support services

Similar community-based re-entry housing programs are offered in Massachusetts to support re-integration within the community. Community Resource for Justice's (CRJ) Coolidge and McGrath Houses, St. Mary's Center, and the Gavin Foundation Inc. are all Massachusetts-based organizations supporting men and women transitioning out of incarceration.

VISITATION

Efforts to incorporate women into the community are essential, but not always accessible given an individual's risk-level or current needs. Visitation provides an opportunity to bring the community inside prison walls. Facilitating healthy visitations for families and their loved ones can significantly help the rehabilitative process that should be occurring while women are incarcerated.

Kates et. al research on the family relationships of incarcerated women showed that environments for family visitation should ideally be characterized as "cheerful and soothing."¹⁶⁴ Including items, like blackboards, whiteboards, and games that create engaging activities for children is also encouraged. Additionally, children should bring items to give to their mothers.

Examples of innovative and promising practices for family visitations are:

- **Bedford Hills Correctional Facility, New York:**¹⁶⁵ The Bedford Hills Family center

provides a range of activities for children at the facility. They can spend time with other children in the similar situation in the recreation center staffed by a teacher, and eight care-givers and painted with murals completed by art class students at the facility. The center offers day-long stays as well over-night stays for visiting children.

- **Partners of Prisons (POPS), United Kingdom:**¹⁶⁶ Partners of Prisons (POPS) manages ten prison Visitor Centers that provide families a place for them to connect, eat, engage in spiritual practices, and relax in an environment with comfortable, warm surroundings. The program utilizes an ‘**Inside-Out-Outside-In**’ approach which they’ve found “encourages better engagement with the community ‘outside’ the prison walls, supporting longer-term, localized interventions for prisoners and their families.”



Photo: Prison Visitor Centre Services

- **Framingham Family Reunification House, Massachusetts:**¹⁶⁷ Located on the grounds of the South Middlesex Correctional Center, the Framingham Family Reunification House offers overnight and weekend visits for incarcerated women. Graduates of parenting education classes were among those eligible to use the house. The program allowed screened mothers who were close to the end of

their sentence to receive less supervision during their visit time with their children. The mothers received support and education on a variety of topics to facilitate a successful visiting experience, including nutrition and meal preparation. The house is also open to women from the Sheriff’s House of Corrections.



Photo: South Middlesex Correctional Center, Framingham Reunification House, Wicked Local Framingham

Depending on the location of a corrections facility, visitation might not be accessible to the families of women in custody. In order to reduce the burden of transportation on family members, community and corrections shuttle services should be provided. The New York Department of Corrections formerly offered a prison transportation service that provided transport for family visitors to various prisons across the state at no cost. The service was suspended due to COVID-19.¹⁶⁸

COMMUNITY-LED ACCOUNTABILITY

To successfully integrate women into the community after their release, prisons must develop ties with the community to provide community-based resources inside the prison. Part of building this relationship with the community is developing institutional trust among community members and those engaging

with the rehabilitation process. Establishing independent oversight of prisons can be a crucial step in this process.

The criminal reform non-profit Families Against Mandatory Minimums (FAMM) argues that “every prison system should be subject to oversight by an independent body that has authority to monitor and inspect facilities, address prisoner grievances, and provide recommendations for improving correctional departments.”¹⁶⁹

FAMM’s Principles for Independent Prison Oversight: FAMM believes that all prison systems should be subject to oversight by a body that is:

1. Independent
2. Able to access and inspect prisons upon demand
3. Able to obtain documents and data upon demand
4. Able to speak confidentially with prisoners and staff
5. Responsive to incarcerated people and their families
6. Responsive to policymakers and the public
7. Fully staffed
8. Fully funded

Several states have established independent corrections oversight bodies or advisory boards:

- New Jersey: Passed legislation (A3979/S2540) in 2019 that increased the scope and powers of the existing Office of the Corrections Ombudsperson, including the power to inspect prison facilities and have confidential communication with men and women who have been incarcerated.¹⁷⁰
- Washington: The Office of Corrections Ombuds formed in 2018 due to the

passage of HB 1889. The state Office investigates complaints, communicates with families and their incarcerated loved ones, identifies systemic problems within the Department of Corrections, and produces public reports.¹⁷¹

- Michigan: The Family Advisory Board, was established in 2015 to include the families of those who have been incarcerated in conversations to address concerns raised to the Michigan DOC.¹⁷² Additionally, families are to aid in developing long term solutions for fostering greater family support. The board is currently managed by Citizens for Prison Reform.

FAMILY & COMMUNITY INTEGRATION INNOVATIVE PRACTICES SUMMARY:

ENHANCED RELATIONSHIP BUILDING
WITH KIDS, TIME TOGETHER WITH
INFANTS*

EASY, FRICTIONLESS VISITATION (ONLINE
TOO)

EARNED TIME WITH FAMILY OUTSIDE
PRISON

EMPLOYMENT OPPORTUNITIES OUTSIDE
PRISON IN PRE-RELEASE*

RESOURCES AVAILABLE IN COMMUNITY
AFTER RELEASE (AND CONNECTED WHILE
INCARCERATED), INCLUDING HEALTH
CARE, SUBSTANCE TREATMENT, HOUSING
AND EMPLOYMENT

IN COMMUNITY RELEASE
CENTER/HALFWAY HOME*

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