The Massachusetts Department of Correction is motivated by a deep commitment to our vision, mission and core values.

We promote a healing environment where the health & welfare of staff and inmates is strengthened by implementing the goals, objectives, and key strategies of our strategic plan.
VISION STATEMENT
To effect positive behavioral change in order to eliminate:
  Violence
  Victimization
  Recidivism

MISSION STATEMENT
Promote public safety by managing offenders while providing care and appropriate pro-
gramming in preparation for successful reentry into the community.
Manage – Care – Program - Prepare

CORE VALUES
  Responsible
  Respectful
  Honest
  Caring

American Correctional Association’s Code of Ethics Preamble
The American Correctional Association expects of its members unfailing honesty, respect for the dignity and indi-
viduality of human beings and a commitment to professional and compassionate service. To this end, we subscribe
to the following principles.

Members shall respect and protect the civil and legal rights of all individuals.
Members shall treat every professional situation with concern for the welfare of the individuals involved and
with no intent to personal gain.
Members shall maintain relationships with colleagues to promote mutual respect within the profession and
improve the quality of service.
Members shall make public criticism of their colleagues or their agencies only when warranted, verifiable, and
constructive.
Members shall respect the importance of all disciplines within the criminal justice system and work to improve
cooperation with each segment.
Members shall honor the public’s right to information and share information with the public to the extent per-
mitted by law subject to individuals’ right to privacy.
Members shall respect and protect the right of the public to be safeguarded from criminal activity.
Members shall refrain from using their positions to secure personal privileges or advantages.
Members shall refrain from allowing personal interest to impair objectivity in the performance of duty while
acting in an official capacity.
Members shall refrain from entering into any formal or informal activity or agreement which presents a conflict
of interest or is inconsistent with the conscientious performance of duties.
Members shall refrain from accepting any gifts, services, or favors that is or appears to be improper or implies
an obligation inconsistent with the free and objective exercise of professional duties.
Members shall clearly differentiate between personal views/statements and views/statements/positions made
on behalf of the agency or Association.
Members shall report to appropriate authorities any corrupt or unethical behaviors in which there is sufficient
evidence to justify review.
Members shall refrain from discriminating against any individual because of race, gender, creed, national ori-
gin, religious affiliation, age, disability, or any other type of prohibited discrimination.
Members shall preserve the integrity of private information; they shall refrain from seeking information on indi-
viduals beyond that which is necessary to implement responsibilities and perform their duties; members shall
refrain from revealing nonpublic information unless expressly authorized to do so.
Members shall make all appointments, promotions, and dismissals in accordance with established civil service
rules, applicable contract agreements, and individual merit, rather than furtherance of personal interests.
Members shall respect, promote, and contribute to a work place that is safe, healthy, and free of harassment in
any form.

*Adopted by the Board of Governors and Delegate Assembly in August 1994.*
The Massachusetts Department of Correction (DOC) shares some key issues with other systems in the areas of prison bed capacity, inmate management and reentry. However, a number of external and internal factors constrain the Department’s approach to these issues. Studies in 2003 and 2008 indicate that the most significant of these factors include the structure of the Massachusetts Criminal Justice System, which is substantially more decentralized than that found in many other states and the scope and range of DOC responsibilities which include those that require considerable resources.

Despite these challenges, the DOC will continue to address these important issues within the purview of our authority and with innovation and determination.
Overview of Criminal Justice Structure in Massachusetts

The Massachusetts Department of Correction is part of a larger criminal justice system in the Commonwealth that also includes local and state police departments, the criminal court system, the district attorneys and public defenders attached to the courts, and multiple correctional agencies that have been established at various times throughout the history of the Commonwealth by separate enabling statutes.

The Office of the Commissioner of Probation is charged with oversight of the numerous probation offices and is responsible for the supervision of all probationers. Located within district and superior courts throughout the state, they are an arm of the Administrative Office of the Trial Court (AOTC). The AOTC has administrative oversight of all of the district and superior courts, juvenile courts and other specialized courts whose jurisdiction falls below the Appeals Court. Also found within the AOTC is the Office of Community Corrections that administers 25 Community Correction Centers throughout the state. Those centers provide monitoring, substance abuse testing, educational and other services to probationers and some offenders discharging from houses of correction or on parole. There are 13 houses of correction located throughout the state, each administered independently by the elected Sheriff of the corresponding 13 counties. The Sheriffs are one component of the county government system in Massachusetts.

The Parole Board, like the DOC, is an executive branch agency. Established by statute, it is charged with and given the authority to: determine which offenders within the jails, houses of corrections and the facilities of the DOC are suitable to be released on parole and under what conditions; supervise those offenders it determines to release on parole; and revoke or revise the conditions of the release as they deem appropriate. To meet its mandate, the Parole Board regularly conducts hearings in virtually all of the state and county correctional facilities.

The Department of Correction operates 18 correctional facilities. All of the Department’s 18 facilities are located in only eight different communities, the furthest west of which is Gardner. This places the Department at a disadvantage in its effort to forge partnerships with the community service agencies located in the communities to which its offenders are releasing or paroling. In comparison, the county correctional facilities, which generally house offenders from the communities within their respective counties, are better positioned, at least geographically, to form the partnerships with community agencies that will support effective and successful reentry of offenders releasing or paroling from those facilities.
System Capacity
Security Levels and Facility Descriptions
The DOC facilities fall within one of the four security levels as described below.

Maximum Security
At this level the perimeter provides secure external and internal control and supervision of offenders. The perimeter and internal procedures are designed and staffed to prevent escapes, the introduction of contraband, and the ability to house offenders who may pose a threat to others or the orderly running of the facility. Supervision is constant through the use of high security and technologically advanced perimeters as well as extensive use of physical barriers and checkpoints. Offenders placed in Maximum Security have demonstrated a need for external and internal control and supervision. Education, programs, work assignments and treatment opportunities are available for offenders both in-cell and out-of-cell under constant supervision.

Medium Security
At this security level the perimeter and physical barriers control offender movement and interaction. The design is characterized by high security perimeters and use of internal barriers. Internal procedures are designed to restore some degree of responsibility and control to the offender. Offenders placed in medium security have demonstrated an ability to abide by rules and regulations and are supervised indirectly. Education, programs, work assignments and treatment opportunities are available for offenders, out of cell with intermittent supervision.

Minimum Security
At this security level the perimeter may be marked by non-secure boundaries. Offender movement and interactions are controlled by rules and regulations. In preparation for reentry, a greater degree of responsibility and autonomy is restored to the offender while still providing for supervision and monitoring of behavior and activity. Offenders at this security level do not present a significant risk to the safety of staff, other offenders or the public. Program participation is geared toward the offender's potential reintegration into the community. Access to the community is limited and authorized under supervision for program and community service purposes only.

Pre Release / Contracted Residential Placement
The perimeter is marked by non-secure boundaries. Physical barriers to inmate movement and interaction are either non-secure or non-existent. Inmate movements and interactions are controlled by rules and regulations only. Inmates may leave the institution daily for work and/or education in the community. Supervision while on the grounds of the facility is intermittent. While in the community, supervision is occasional, although indirect supervision (e.g. contact with employer) may be more frequent. Inmates must be within 18 months of parole eligibility or release and not barred by sentencing restrictions from either placement in a pre release facility or participation in work, education or program related activities (PRA) release programs.

Legend of Abbreviations
S.M.C.C.—South Middlesex Correctional Center
MCI—Massachusetts Correctional Institution
N.C.C.I.—North Central Correctional Institution
S.B.C.C.—Souza Baranowski Correctional Center
O.C.C.C.—Old Colony Correctional Center
B.P.R.C.—Boston Pre-Release Center
L.S.H.C.U.—Lemuel Shattuck Hospital Correctional Unit
M.T.C.—Massachusetts Treatment Center
N.E.C.C.—Northeastern Correctional Center
MASAC—Massachusetts Alcohol and Substance Abuse Center
Massachusetts Correctional Institutions

Bay State Correctional Center (BSCC) is a general population, medium security facility. BSCC houses both long and short term inmates, many of whom are elderly. BSCC is a fully handicapped accessible facility.

Boston Pre Release Center (BPRC) is a minimum and pre release facility that provides gradual transition from prison life to the community by means of reintegration through work release, education, and counseling programs.

Bridgewater State Hospital (BSH) is a medium security correctional facility as well as the Commonwealth’s only strict security psychiatric hospital. The mission of Bridgewater State Hospital is to promote public safety, provide court ordered statutorily mandated evaluations of its patients, and treat mentally ill adult men who by virtue of their mental illness are in need of hospitalization under conditions of strict security.

Lemuel Shattuck Hospital Correctional Unit (LSH) has a medium security designation that provides a safe and secure environment where quality health care is delivered to incarcerated individuals from all venues in partnership with the Department of Public Health.

MCI Cedar Junction (MCI-CJ) is the maximum security Reception Center for male offenders in the Commonwealth of Massachusetts with a medium security permanent workforce. All new commitments are processed through MCI-CJ via a booking, intake, orientation and classification process.

MCI Concord (MCI-C) is a medium security facility that formally operated as the Reception Center for males.

MCI Framingham (MCI-F) is the Massachusetts Department of Correction’s only committing institution for female offenders. This medium security facility houses both state and county sentenced females as well as those awaiting trial and civilly committed.

Massachusetts Treatment Center (MTC) is a medium security facility, located within the Bridgewater Correctional Complex, housing both civilly committed “Sexually Dangerous Persons” as defined by M.G.L. chapter 123A as well as state prison inmates identified as sex offenders.

Massachusetts Alcohol and Substance Abuse Center (MASAC) is a truly unique facility housing two very distinct populations: criminally sentenced, minimum security, male inmates and civilly committed males participating in an up to 90-day detoxification program.

MCI Norfolk (MCI-N) is located just south of Boston. It is the largest medium security facility housing over 1,400 inmates.

North Central Correctional Institution (NCCI) is a medium security facility located on 20 acres of hillside near the Gardner/Westminster town line.

Old Colony Correctional Center (OCCC) is located in Bridgewater and houses both medium and minimum inmates. Historically, the name of Old Colony dates back to the founding of our nation, and fosters a sense of hope and "new beginning." Beginning in 2010 OCCC has developed a focus on specialized mental health services and treatment.

Northeastern Correctional Center (NECC) is a minimum and pre release security facility known as Concord Farm and is located in the town of West Concord. The Northeastern facility was established in 1932, originally designed to serve as a supporting farm to MCI-Concord.

MCI Plymouth (MCI-P) is a minimum and pre release security facility located within the Myles Standish State Forest. It operated as a prison camp into the 1950’s when it became MCI Plymouth. Through the years, many construction projects and renovations have lead to the modern and effective community correctional facility that it is today.

Pondville Correctional Center (PCC) is a minimum and pre release facility located in Norfolk. The original name of the facility was Norfolk Pre-Release Center (NPRC). Renovations to the facility began in 1988; in 1990 the facility was re-named Pondville Correctional Center

MCI Shirley (MCI-S) is located on a site originally settled by Shakers. In 1908, the property was sold to the state. The Commonwealth opened an Industrial School for Boys on the site. By 1972 the reform school closed and the state opened a pre-release correctional facility for adult male felons currently known as MCI Shirley Minimum. MCI Shirley Medium was built in 1990 and the first inmates arrived in July 1991. In July 2002, both facilities joined together and are managed by one administration

South Middlesex Correctional Center (SMCC), founded in 1976, is located in the town of Framingham. SMCC operates as a minimum and pre release facility for female inmates.

Souza Baranowski Correctional Center is located in Shirley and is a maximum security facility named in the memory of two correctional staff, Correction Officer James Souza and Industrial Instructor Alfred Baranowski, who were killed at MCI Norfolk in 1972 during an aborted escape attempt by a convicted murderer.
Fiscal/Budgetary

The Department of Correction employs approximately 5,000 staff with the majority representing positions dedicated to the safety and security of our facilities and inmates. The vast majority of DOC expenditures are related to employee expenses and offender medical/mental healthcare. Employee expenses include overtime costs incurred due to position vacancies as a result of employee attrition or budgetary constraints.

Despite the recovering economy and the Commonwealth’s strong record of fiscal management, tax revenues are not meeting the projected growth in FY13 and therefore may result in further cuts, contract revisions, and operational changes within our facilities. The Department has been very active in implementing cost containment and efficiency measures, to continue our core mission in these strained fiscal times. The DOC is committed to public safety and we are engaged in conducting a thorough and ongoing analysis of our spending; making revisions in a manner that continues to allow for the safe incarceration of offenders while providing opportunities for participation in programming designed to reduce recidivism. The Department is committed to serving the Commonwealth as we work towards maintaining public safety.

Physical Plant

The Department of Correction (DOC) oversees and maintains over seven million square feet of buildings on 5,400 acres. The DOC operates with the requisite infrastructure of utilities including power generation plants, water and wastewater treatment facilities, an extensive fleet of vehicles and special motorized equipment and vehicle maintenance facilities.

The current “Urgent Capital Needs” request for FY 2014 totals $1,062,525,212 for all projects, with $253,405,212 for infrastructure improvements. Age of facilities play an important part in the need for infrastructure repairs. Several facilities date back to the 1800’s with the last new construction occurring in the 1990’s.

The shortfall in operating and deferred maintenance funds has accelerated the failure of key building components (roofs, electrical, distribution, water and sewer distribution, heating plants, etc.), which can result in life safety and environmental issues. Upgrades in technology can benefit a facility in both energy consumption and staffing reductions, in addition to improvements in the work place and living environments.

Technology Services

The Executive Office of Public Safety and Security’s (EOPSS) Office of Technology and Information Services (OTIS) support the technology needs of all EOPSS agencies. For the Department of Correction, this support extends to over 5,000 DOC employees, contractors, and vendors encompassing all correctional facilities, divisions, and over 11,000 pieces of computing equipment. The OTIS organization, which is composed of field technicians, network administrators, web and application developers, and help desk support, continue to be an integral part of the DOC’s strategic initiatives by providing the necessary technical infrastructure that allows for collaboration with various state, federal, and other external agencies.

The DOC’s network infrastructure continues to be upgraded in anticipation of expanding video conferencing, tele-medicine, and collaborative tools throughout the Department. The technical environment for the Department’s enterprise application for inmate management, IMS has been upgraded to facilitate the integration of future technologies and to continue to be an integral part of the Commonwealth’s initiative to share criminal justice information amongst public safety partners. As a follow-up to the technical upgrade, an IMS Advisory Committee has been established to review system enhancements that will support data-driven decisions to meet strategic goals.

The DOC Intranet, a customized multi-purpose portal, continues to be the primary source of information sharing within the Department. This enterprise system will be reviewed for possible enhancements to address enhanced collaboration efforts.

The Department’s Internet page will be part of the EOPSS implementation to the new mass.gov. The DOC Internet page will continue to be supported with updates on a regular basis for the general public.
Statutory Authority

In addition to care and custody responsibility for inmates sentenced to state prison, the DOC may have statutory responsibility for a variety of unique incarcerated populations. Approximately 14% (over 1,500 individuals) of the Department’s entire incarcerated population is comprised of offenders other than state sentenced inmates. These populations require considerable resources and management attention.

Diverse Offender Populations and Competing Missions

Percentages may not add to 100% due to rounding

Note: An individual is considered to be in MA DOC custody when they are being held in a MA DOC facility

Of the 11,127 inmates in DOC custody, 86% were Massachusetts state criminally sentenced, 5% were civil commitments, 6% were pre-trial detainees and the remaining 3% represented county, out of state and federal criminally sentenced inmates.

93% of individuals in DOC custody were males versus 7% females; this proportion of females is largely influenced by the significant number of county sentenced and pre-trial females (n=441).
Civil Commitments

*Mental Health Commitments* - Court ordered evaluations of competency to stand trial, criminal responsibility and treatment for mentally ill adults who by virtue of their mental illness are in need of hospitalization under conditions of strict security. Primarily this population is incarcerated at Bridgewater State Hospital. See Mass. Gen. Laws Chapter 123, §§7-18.

*Alcohol and Substance Abuse Civil Commitments* - Court commitments based upon competent medical testimony that said person is an alcoholic or substance abuser and there is a likelihood of serious harm as a result of his alcoholism or substance abuse. A court may order such person to be committed for a period not to exceed 90 days. The male population is held at the Massachusetts Alcohol and Substance Abuse Center on the Bridgewater Correctional Complex. A small number of females are held at MCI Framingham. See Mass. Gen. Laws Chapter 123, § 35.

*Sexually Dangerous Person Commitments* – Court ordered temporary commitments pending adjudication of sexual dangerousness and day to life commitments for those adjudicated as sexually dangerous persons. This population is incarcerated at the Massachusetts Treatment Center. See Mass. Gen Laws Chapter 123A.

County Inmates in State Custody

*Pre-Trial Detainees* – Inmates held awaiting trial who have been previously incarcerated in the Commonwealth for a felony may be held in custody of the Department rather than awaiting trial in a jail or house of correction. A separate awaiting trial unit for females held for trial is maintained at MCI Framingham. See Mass. Gen Laws Chapter 276, § 52A; Chapter 125, § 16.

*Sentenced County Inmates* - Females convicted of crimes punishable by imprisonment in a jail or house of correction may be sentenced to MCI Framingham in addition to those sentenced for felonies. See Mass. Gen. Laws Chapter 127, §97, Chapter 125, §16, Chapter 279, §§16 and 19. County inmates may also be held at state correctional institutions in certain circumstances.

Federal Inmates

Both state and federal laws allow federal inmates to be incarcerated in Department institutions. Primarily, this is accomplished through reciprocal contract for the transfer or exchange of prisoners or a contract to receive a per diem payment.

Each of the statutes cited above governing these non-state criminally sentenced populations may be found at [http://www.mass.gov/legis/laws/mgl/index.htm](http://www.mass.gov/legis/laws/mgl/index.htm).
Jurisdictional Limitations

The Department shares oversight over various aspects of the criminal justice system in Massachusetts with three other independent bodies that greatly impact the inmate population.

Parole Board – Unlike in many other states, the Parole Board in Massachusetts is an independent board appointed directly by the Governor. The Board determines which prisoners in state prisons and the jails or houses of correction may be released on parole permit. The Board may determine any conditions of parole and when and under what conditions to revoke, revise, or alter a grant of parole. See Mass. Gen. Laws Chapter 27, §§4 and 5.

Office of the Commissioner of Probation – Massachusetts’ courts may place a person on probation that serves to impose conditions for release before trial or a plea of guilty or serves as a court-ordered sanction placed on a person convicted of a crime. The offender is allowed to remain in the community under the strict supervision of a probation officer. The Office of the Commissioner of Probation (OCP) is a department of the Massachusetts Trial Court System. See Mass. Gen. Laws Chapter 276, §§87 and 90.

Sheriffs – The elected sheriffs have custody and control of the jails and houses of correction within their county. Recently, the Commonwealth became responsible for the funding and many other operational aspects of all county jails and houses of correction; however, the Sheriffs retain administrative and operational control over the office of the Sheriff, the jail, the house of correction and any other occupied buildings controlled by a Sheriff. See Mass. Gen. Laws Chapter 126, §§ 4, 8, 16, and Chapter 61 of the Acts of 2009.

The Commissioner of the Massachusetts Department of Correction maintains oversight responsibility for the care and custody of all persons committed to county correctional facilities by establishing minimum standards and conducting inspections twice a year to determine compliance with the minimum standards. See Mass. Gen. Laws Chapter 124, §1, Chapter 127, §§ 1A, 1B.

Statutory Restrictions Impacting the Inmate Population

In January 1994, “An Act to Promote the Effective Management of the Criminal Justice System” was signed into law in the Commonwealth and thereafter referred to as the “Truth in Sentencing” (TIS) law. The “Truth in Sentencing” law went into effect on June 30, 1994 and impacted crimes committed beginning on July 1, 1994. One of the changes resulting from this law was on parole eligibility for state sentences then set at the minimum term of each sentence, subject only to the reduction of earned good time. “Good time” by statute was eliminated. The TIS statute changed the calculation of parole eligibility.

By statute the DOC is restricted in its authority to allow inmate’s participation in education, training, or employment programs outside a correctional facility (MGL, c.127, § 49). All of the Department’s work release and pre-release programs operate under this authorization. Offender types most impacted by restrictions from participating in such programs include: first degree Lifers, those beyond 18 months of their parole eligibility date, and sex offenders.
Population Trends and Projections

Massachusetts Department of Correction
Summary of Ten-Year Prison Population Projections 2013-2019

This projection by the Massachusetts Department of Correction (DOC) Research and Planning Division is based on data trends for the past either years, going back to 2004.

The graph that follows represents the actual population counts (2004-2012) and projected totals (2013-2019), adjusted for more recent data, based on the provided population projections.

Note: Sentenced population numbers are for males and females serving criminal sentences. Numbers exclude county, out of state, or federal males housed in the Massachusetts DOC. Massachusetts DOC inmates housed in other jurisdictions are included.

From 2013 to 2019, the total prison population, including criminally sentenced, pre-trial and civil commitments, is projected to grow to 13,312 with an average annual increase of 2.4% over the next 7 years.

Total sentenced population is projected to grow 18.0% at an annual average growth of 2.6% from 2013 to 2019, increasing to 11,977 in 2019.

Total pre-trial population is projected to grow at an average annual rate of 2.4% from 2013 to 2019. The pre-trial projections are based on average annual changes over the past eight years. Based on pre-trial population historical counts, it is assumed that the pre-trial admissions population will increase at this same rate.

The civil commitment population is projected to shrink at an average annual rate of -0.9% from 2013 to 2019. The civil commitment projections are based on average annual changes over the past eight years. Civil commitments in Massachusetts are court ordered placements to Massachusetts DOC supervision. Since these cases are usually mental health evaluations, substance addicts or sexually dangerous cases, there is not a practical way to predict the number of court referrals.
### Total Male Massachusetts DOC Historical and Projected Prison Population by Commitment Type 2004 - 2019*

<table>
<thead>
<tr>
<th>Year</th>
<th>Civil</th>
<th>Pre-trial</th>
<th>Sentenced</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td>575</td>
<td>458</td>
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<tr>
<td>2005</td>
<td>663</td>
<td>441</td>
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<td>2006</td>
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<td>2007</td>
<td>652</td>
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<tr>
<td>2008</td>
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<td>2009</td>
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<td>10,635</td>
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<tr>
<td>2010</td>
<td>613</td>
<td>407</td>
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<tr>
<td>2011</td>
<td>594</td>
<td>416</td>
<td>9,915</td>
<td>10,925</td>
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<tr>
<td>2012</td>
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<td>437</td>
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<tr>
<td>2013</td>
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<td>445</td>
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<tr>
<td>2014</td>
<td>534</td>
<td>452</td>
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<td>2015</td>
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<td>2017</td>
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<td>2018</td>
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<td>2019</td>
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<td>493</td>
<td>11,454</td>
<td>12,454</td>
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*2004-2012 Historical counts  
2013-2019 Projected counts

- Total male population is projected to grow at an average annual rate of 2.27% from 2013 to 2019.
- Total male sentenced population is projected to grow at an average annual rate of 2.46% from 2013 to 2019.
- Total male pre-trial population is projected to grow at an average annual rate of 1.73% from 2013 to 2019.
- Total male civil population is projected to decrease slightly at the rate of 1.0% from 2013 to 2019.

### Total Female Massachusetts DOC Historical and Projected Prison Population by Commitment Type 2004 - 2019*

<table>
<thead>
<tr>
<th>Year</th>
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<th>Total</th>
</tr>
</thead>
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<td>732</td>
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<td>2007</td>
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<td>843</td>
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<td>2</td>
<td>192</td>
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<td>2011</td>
<td>13</td>
<td>209</td>
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<td>2012</td>
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<td>2013</td>
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<td>828</td>
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<tr>
<td>2018</td>
<td>16</td>
<td>308</td>
<td>518</td>
<td>842</td>
</tr>
<tr>
<td>2019</td>
<td>17</td>
<td>317</td>
<td>524</td>
<td>857</td>
</tr>
</tbody>
</table>

*2004-2012 Historical counts  
2013-2019 Projected counts

- Total female sentenced population is projected to grow at an average annual rate of 1.07% from 2013 to 2019.
- Females are forecasted to grow by 98 inmates from 2013 to 2019.
- Total female pre-trial population is projected to grow at an average annual rate of 1.88% from 2013 to 2019.
- Female county population was not analyzed separately for this forecast due to recent shifts to counties using the Hampden County Women's Correctional Facility.

**Note:** Sentenced population numbers are for males and females serving criminal sentences. Numbers exclude county, out of state or federal males housed in the Massachusetts DOC. Massachusetts DOC inmates housed in other jurisdictions are included.

**Note:** Numbers may not all add up exactly due to rounding of percentages.
Overcrowding and system capacity are issues that require constant monitoring. Overcrowding can have an adverse effect on inmates and staff and can have a profound effect on public safety. The rated bed capacity, that is the original design capacity of a facility, plus or minus capacity changes resulting from building additions, reductions or revisions, of DOC facilities when compared to the operational capacity, that is the number of beds actually used, differs by more than 3,000. To manage overcrowding, the Department temporarily uses space available in areas not originally intended for inmate occupancy or modifies existing spaces to accommodate additional beds. These areas are limited by fixture count, local codes and national standards, yet the Department manages to add beds when needed to limit and control overcrowding.

Section Twenty-one of Chapter 799 of the Acts of 1985 directs the Commissioner of Correction to report quarterly on the status of overcrowding in state and county facilities. This statute calls for the following information: Such report shall include, by facility, the average daily census for the period of the report and the actual census on the first and last days of the report period. Said report shall also contain such information for the previous twelve months and a comparison to the rated capacity of such facility.

These reports maybe found by visiting [www.mass.gov/doc](http://www.mass.gov/doc).

**Increased Admissions and Length of Stay are two factors that contribute to overcrowding**

**Length of Stay:**
- Average length of stay among state criminally sentenced males who were released to the street in 2012 was 3.71 years.
- Average length of stay for all criminally sentenced females who were released to the street in 2012 was 296 days.
- Average length of stay among state criminally sentenced females who were released to the street in 2012 was 2.66 years compared to 158 days for county criminally sentenced female. The large number of county sentenced inmates contributes to the lower overall average length of stay for criminally sentenced females.

<table>
<thead>
<tr>
<th>Year</th>
<th>Admissions</th>
<th>Releases</th>
<th>Cumulative Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>3727</td>
<td>381</td>
<td>-91</td>
</tr>
<tr>
<td>2010</td>
<td>3868</td>
<td>3899</td>
<td>-122</td>
</tr>
<tr>
<td>2011</td>
<td>3598</td>
<td>3313</td>
<td>163</td>
</tr>
<tr>
<td>2012</td>
<td>3217</td>
<td>3554</td>
<td>-174</td>
</tr>
</tbody>
</table>

MA DOC Criminally Sentenced Admissions and Releases by Year 2009-2012
## Design Capacity and Occupancy Rates

Based on January 7, 2013 Population

<table>
<thead>
<tr>
<th>DOC Custody Population</th>
<th>Design Capacity</th>
<th>Custody Population</th>
<th>% Occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCI Cedar Junction</td>
<td>561</td>
<td>693</td>
<td>124%</td>
</tr>
<tr>
<td>Souza Baranowski Correctional Center</td>
<td>1,024</td>
<td>1,276</td>
<td>125%</td>
</tr>
<tr>
<td><strong>Medium</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bay State Correctional Center</td>
<td>266</td>
<td>327</td>
<td>123%</td>
</tr>
<tr>
<td>Bridgewater State Hospital</td>
<td>227</td>
<td>344</td>
<td>152%</td>
</tr>
<tr>
<td>Massachusetts Treatment Center</td>
<td>561</td>
<td>595</td>
<td>106%</td>
</tr>
<tr>
<td>MCI Cedar Junction</td>
<td>72</td>
<td>71</td>
<td>99%</td>
</tr>
<tr>
<td>MCI Concord</td>
<td>614</td>
<td>1,306</td>
<td>213%</td>
</tr>
<tr>
<td>MCI Framingham*</td>
<td>452</td>
<td>627</td>
<td>139%</td>
</tr>
<tr>
<td>MCI Norfolk</td>
<td>1,084</td>
<td>1,467</td>
<td>135%</td>
</tr>
<tr>
<td>MCI Shirley (medium)</td>
<td>720</td>
<td>1,158</td>
<td>161%</td>
</tr>
<tr>
<td>NCCI Gardner</td>
<td>568</td>
<td>968</td>
<td>170%</td>
</tr>
<tr>
<td>Old Colony Correctional Center (medium)</td>
<td>480</td>
<td>782</td>
<td>163%</td>
</tr>
<tr>
<td>Shattuck Correctional Unit</td>
<td>24</td>
<td>26</td>
<td>108%</td>
</tr>
<tr>
<td><strong>Minimum/Pre-Release/Community</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beds</td>
<td>1,376</td>
<td>1,498</td>
<td>109%</td>
</tr>
<tr>
<td>Boston Pre-Release Center</td>
<td>150</td>
<td>163</td>
<td>109%</td>
</tr>
<tr>
<td>Brooke House</td>
<td>20</td>
<td>16</td>
<td>80%</td>
</tr>
<tr>
<td>MASAC</td>
<td>236</td>
<td>131</td>
<td>56%</td>
</tr>
<tr>
<td>MCI Plymouth</td>
<td>151</td>
<td>163</td>
<td>108%</td>
</tr>
<tr>
<td>MCI Shirley (minimum)</td>
<td>299</td>
<td>296</td>
<td>99%</td>
</tr>
<tr>
<td>NCCI Gardner (minimum)</td>
<td>30</td>
<td>24</td>
<td>80%</td>
</tr>
<tr>
<td>NECC (Concord Farm)</td>
<td>150</td>
<td>255</td>
<td>170%</td>
</tr>
<tr>
<td>Old Colony Correctional Center (minimum)</td>
<td>100</td>
<td>131</td>
<td>131%</td>
</tr>
<tr>
<td>Pondville Correctional Center</td>
<td>100</td>
<td>185</td>
<td>185%</td>
</tr>
<tr>
<td>South Middlesex Correctional Center</td>
<td>125</td>
<td>130</td>
<td>104%</td>
</tr>
<tr>
<td>Women and Children’s Program</td>
<td>15</td>
<td>4</td>
<td>27%</td>
</tr>
<tr>
<td><strong>Total DOC Facilities</strong></td>
<td><strong>8,029</strong></td>
<td><strong>11,138</strong></td>
<td><strong>139%</strong></td>
</tr>
</tbody>
</table>

* MCI Framingham combines the sentenced population with those in awaiting trial unit (ATU), if broken out:

<table>
<thead>
<tr>
<th></th>
<th>Design Capacity</th>
<th>Custody Population</th>
<th>% Occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCI Framingham</td>
<td>388</td>
<td>344</td>
<td>89%</td>
</tr>
<tr>
<td>MCI Framingham ATU</td>
<td>64</td>
<td>283</td>
<td>442%</td>
</tr>
</tbody>
</table>
Correctional Health Care: Needs, Trends and Challenges with Limited Resources

There are at least five factors which will significantly affect the delivery of medical and mental health services to the Department’s inmates in the upcoming years. These factors are:

- the inmate census is continuing to increase as well as the number of inmates with chronic diseases such as diabetes, hypertension, HIV and mental disorders;
- the inmate population is getting older and as it matures, the demand for the treatment of many chronic diseases associated with this natural aging process increases as well;
- the female offender population continues to grow and, just as females in the community consume more healthcare resources than do males, this group will exert increasing pressure on the Department’s service capabilities;
- the level and scope of public support services provided in the community to special populations, such as the mentally ill, substance abusers, and the impoverished, has and will continue to decrease due to fiscal constraints, likely leading to an increase in the number of newly admitted inmates with more acute medical and mental health needs;
- as healthcare costs in the community continue to rise, so does the cost of correctional healthcare.

These challenges must be viewed within this context. First, the Department is legally obligated to continue to provide to all inmates in its custody access to adequate healthcare. Second, the Department faces the same budgetary challenges as do other federal, state, and local governments.

There are multiple ways in which these twin objectives of healthcare delivery and cost containment might be achieved. Included among such efforts, the Department can:

- Vendor selected following Request for Response in 2012 for the comprehensive delivery of healthcare services for the inmate population with specific modifications designed to increase cost savings through improved transparency, accountability and leveraging of vendor management expertise;
- develop a capability for providing hospice-type and palliative care to those inmates who are at the end of life and near death;
- Continue to support legislation that would authorize the medical release of those inmates who are seriously/terminally ill who no longer pose a threat to public safety;
- strive to continue to lower its pharmaceutical costs, a major driver in its overall healthcare costs, by pursuing more advantageous bulk purchasing programs as well as other cost sharing programs;
- continue to improve the quality of care, monitor performance indicators, and increase the use of technology;
- more effectively deploy its health resources by continuing the use of Old Colony Correctional Center as the primary site for inmates with mental illness. The Department can better meet the needs of this population through enhanced services while at the same time containing its costs.

Offender Population

Substance Abuse
High incidence of co-occurring substance abuse and mental health issues. National research indicates that 85% of offenders either have an addiction to alcohol/drugs, or alcohol/drugs were involved in the commission of their crime. Intense medical detoxification from drugs and alcohol required.

Medical Needs
Infectious diseases such as HIV and Hepatitis C are disproportionately higher among the offender population. Lifestyle choices including drug and alcohol abuse result in advanced aging of the population with associated medical problems. The ‘graying’ of the DOC population results in approximately 50% of offenders enrolled in one or more chronic disease clinics, i.e. diabetes, hypertension, and asthma.

Mental Health
58% of females and 24% of males are open mental health cases (does not include civil commitments at BSH). 48% of females and 18% of males are on psychotropic medication.
Partners/Stakeholders

The DOC is a large multifaceted organization with multiple responsibilities and challenges. Nonetheless, the overall mission is unified over all institutions and divisions. We are committed to effective incarceration, rehabilitation, and reentry to promote safer communities. To more effectively accomplish that mission, we must create a more cohesive and collaborative effort across all divisions and institutions of the DOC. We must also forge stronger partnerships with outside organizations and agencies that share mutual goals and areas of influence. With a focus on our combined interest to protect the public and create successful outcomes, innovative strategies and new methods will be developed. By exploring and adopting all promising ideas developed within the DOC, and by reaching out to other public and private agencies with common interests and imperatives, we can create a more effective and responsive organization.

The DOC has a long history of working with others, including the Parole Board, the Office of the Commissioner of Probation, the Department of Public Health, The Department of Mental Health, the Criminal History Systems Board, Office of Labor and Workforce Development, Boston Police Department, MassHealth, Department of Veterans Services, the Sex Offender Registry Board, Sheriff Departments, the victim community and countless other agencies, in pursuit of the best practices. We will continue to build upon these relationships and cast a wider net to find others with unique perspectives that bring resources to bear and a desire to help. Greater efficiency and economies of scale will ensure our highest achievements and will provide a better future for all those who have a vital stake in our ultimate success.

Planning Process – Shaping Our Future

The Department of Correction has sought out the expertise of consultants to better inform and reform various aspects of the Department’s operations and practices. Obtaining these professional and objective perspectives has been imperative to the agency’s development and utilization of best practices. Likewise, over the past several years, there have been a number of independent reviews conducted, taking a critical look at the Department’s operation, policies, and performance. These reviews, largely conducted by national experts in the field of Corrections alongside many stakeholders with expertise in areas relevant to Department operation, provided a framework with which to plan our future. We are grateful to have been the subject of such scrutiny as the roadmap towards success that was paved can only lead to a safer and more efficient Department of Correction. Furthermore, we actively invited input from key stakeholders regarding our vision and the mission of corrections in Massachusetts. By tapping into the findings from all these endeavors we have pursued innovative ways to address the complex problems faced by correctional professionals and continue to shape our future.

Review of existing reports and resources informing DOC planning:

American Correctional Association (ACA) Accreditation: Working towards the common goal of enhanced public safety, a safer and productive work environment for personnel, and confinement in a humane setting for the inmate population, ACA accreditation is actively pursued and maintained at DOC correctional facilities. All eligible Department of Correction facilities are fully accredited making Massachusetts one of ten states nationwide to earn full accreditation, also known as Eagle Status. Being rated one of the best in the nation provides a measure of excellence we intend to achieve at each accreditation event. For more information about ACA, please visit www.aca.org.

Governor’s Commission on Correction Reform (GCCR): In 2003, the Governor’s Commission on Correction Reform was established, often referred to as GCCR or the “Harshbarger Report” as the committee was chaired by Scott Harshbarger, former Attorney General. The mandate of the commission was to conduct a comprehensive review of the Department of Correction, including issues relating to governance, operational systems, programs, reentry and budget. The commission consisted of 15 current and former corrections officials, legislators, community leaders and criminal justice experts. Eighteen recommendations were made and adopted by the Department as a roadmap for corrections reform. The complete report as well as dedicated external reviews of the female offender and medical and mental health services is available at www.mass.gov/doc. All 18 recommendations have either been implemented, sun-setted, or identified as contingent upon legislative action or contingent upon funding.
The Hayes Report: Following an increase in the Department’s suicide rate in 2005, the DOC contracted the services of Lindsay Hayes, Project Director of the National Center on Institutions and Alternatives, and a nationally recognized expert on correctional suicide prevention. Mr. Hayes conducted a comprehensive review of the Department’s suicide prevention policies, protocols and practices and issued a report containing 29 recommendations focusing on eight critical components paramount to providing sound suicide prevention policies to include: staff training, identification/screening, communication, housing, levels of supervision, intervention, reporting, and follow-up/mortality review. Upon receiving this report in February 2007, the DOC immediately embraced these recommendations, and created a corrective action plan directed at implementing the changes necessary to meet the standards set forth by Mr. Hayes. Much of the plan involved changing policies, improving communication and modifying the manner in which the Department managed inmates on suicide precautions. In 2010, the Department again sought the assistance of Lindsay Hayes to conduct follow up visits to independently assess our current practices and offer additional recommendations. Upon receiving this report, the Department again developed a corrective action plan designed to strengthen suicide prevention practices and policies throughout the agency. These reports and ensuing action plans are available at www.mass.gov/doc.

MGT of America: A nationwide firm with specialists in corrections, law enforcement, and public safety, recently conducted a comprehensive review of the Department’s operations and programs. The review can be viewed in its entirety through (www.mass.gov/doc). MGT found the “Massachusetts Department of Correction to be a well-managed organization with effective security operations and an extensive array of inmate programs.” However, issues existed in several areas requiring attention. The report consists of recommendations in the areas of Environmental Analysis, Population Trends and Projections, System Capacity, Classification, Reception and Intake, Criminal Records Processing Unit, Inmate Discipline and Restricted Housing, Security Risk Level, Management of Female Offenders, Staff Management, Security Staffing, Security Operations, Central Transportation Unit, Health Care, Educational and Vocational Training, Reentry and Program services, and Administrative Functions.

Department leaders set out to prioritize the recommendations made and work began immediately to implement those recommendations with the highest priority. Recommendations completed include modifications made to the objective classification system, improvements to inmate medication access, increased bed capacity, facility mission changes, securing population projections, delivery of programming designed to reduce recidivism and in line with evidence based practices, several policy revisions and staff training.

In August 2011, the Department engaged MGT of America, Inc, to conduct an analysis of healthcare issues impacting the system. The purpose of the study was to review and evaluate the current system for the provision of services, identify the major contributors to the cost of these services and make recommendations to achieve cost savings while continuing to meet national standards for healthcare. The report, issued in December 2011, which made many key recommendations, found that the factors that contribute to the growth of correctional healthcare costs include not only inflationary increases, but the demands placed on the system by evolving standards of healthcare delivery and the associated policy initiatives. The report also highlighted the extraordinary healthcare costs (approximately 39% of the total healthcare budget) the Department must assume by treating certain civil populations that do not traditionally receive services in a correctional environment. In response to the report, the Department decided to issue a new Request for Response for comprehensive healthcare services, with specific modifications designed to increase cost savings through improved transparency, accountability and leveraging of vendor management expertise. The RFR was issued in October 2012 with a contract awarded in March 2013.

Reentry Plan: In pursuit of an effective reentry-focused correctional system, the DOC prepared and presented a performance measurement based presentation that illustrates the challenges faced and what the future might hold in the area of prisoner reentry. This laid a piece of the foundation for our work towards building a reentry-focused correctional system. The information compiled for this presentation demonstrated that the majority of offenders in the DOC have serious substance abuse problems, function educationally at less than a high school level, have long criminal histories, including at least one prior incarceration, and are in need of mental health and medical services. This translates to the need for a wide variety of treat-
ment services and programs to prepare them for reentry into the community where they can obtain suitable housing and employment and thus lead a productive and crime-free life. This Reentry Plan has been presented and discussed internally and externally to the Department, also serving as a guide for training within the DOC. The complete plan is available at www.mass.gov/doc.

**Correctional Master Plan:** The Division of Capital Asset and Management commissioned a study resulting in the Correctional Master Plan (CMP) that was issued in December 2011. The CMP had four specific goals: 1) alleviate overcrowding 2) reduce recidivism 3) maximize existing resources and 4) create a more integrated, efficient and cost effective Correctional System. The CMP focused on the system as a whole in order to identify the most cost-effective approach to investing capital dollars to address current overcrowding, create a better coordinated system that is both efficient and cost-effective and to meet the projected bed space needs in 2020. The anticipated total combined DOC and Sheriff’s Department’s 2020 bed space shortfalls range between 10,242 using the CMP Baseline Capacity, and 5,154 using a newly defined Potential Capacity. Other issues of focus include women’s incarceration, health care/mental healthcare, pre-arraignment and pre-release/reentry.

**Information Technology (IT) Consolidation and Executive Order 532:** During FY2011, Governor Patrick, signed Executive Order 532 Enhancing the Efficiency and Effectiveness of the Executive Department’s Information Technology Systems, which supersedes Executive Order 510. Executive Order 532 requires that each Secretariat Chief Information Officer, the Cabinet Secretary for the respective Secretariat served by them, and the Commonwealth CIO collaborate on the drafting and publication of an annual Business Innovation Plan for the Secretariat that: describes the strategies that the Secretariat will implement in order to use information technology to transform the business of government; identifies specific business cost savings and efficiencies that will be generated through strategic use of information technology within each Secretariat; and identifies any necessary one-time or on-going information technology investment needed to realize such business cost savings or efficiencies. The Office of Technology and Information Services (OTIS) continues to work with the Department of Correction to identify strategy use of information technology. Similar to Executive Order 510, Executive Order 532 addresses the need for an IT consolidation strategy for several IT services now managed at the Secretariat level. The planning and implementation of a consolidated IT organization will require continued documentation, analysis, and discussion into the next fiscal year.

The Department of Correction continues to implement the maximum feasible measures reasonably needed to ensure security, confidentiality, and integrity of personal information as per Executive Order 504, Order Regarding the Security and Confidentially of Personal Information. The Department has identified the role of Information Security Officer within the Policy Development and Compliance Unit, who is responsible for performing the agency self-assessment and has also created on-line training for the continued education of staff on the requirements of keeping personal data safe. Please visit www.mass.gov to review these executive orders or for more information.

**Prison Rape Elimination Act (PREA):** In 2003, the Federal Government passed the Prison Rape Elimination Act; in an effort to effectively eliminate sexual abuse in confinement throughout the United States. Massachusetts has been a leader in implementing a zero tolerance policy not only in words and written policy, but in action as well. In August of 2012, The Department of Justice released a final set of standards to govern all correctional agencies in their achieving compliance with the 2003 law. In the pursuit of making safety a core mandate of confinement operations, the MA DOC was one of the first states to embrace the recommendations outlined and implement them accordingly. We fully expect that the Massachusetts DOC will meet these standards by the August 2013 deadline established by the federal government.

**Research, Evidence Based and Best Practices:** The DOC is committed to the on-going quest for information, informing policy based on evidence and the pursuit of best practices, locally and nationally. We look to the creation of performance measures and research publications to inform ourselves, the public and stakeholders so as to fully understand and evaluate our system.
Leadership, Management, Accountability and Performance
“LMAP”

LMAP is a forum through which the process of using performance measures and data driven decision-making is conducted. These forums are open discussions where key agency practices and initiatives are candidly evaluated and monitored. LMAP is a tool that promotes the sharing of current information to achieve better results. The purpose of conducting LMAP forums is to create a mechanism for discussion about agency, institution and divisional initiatives and priorities. These forums focus on results and challenge the effectiveness of programs using timely and accurate data to make decisions. Action plans are presented to a multi-disciplined group of departmental employees designed to improve performance.

Strategic Planning Process

Future Search Conference is a planning meeting that helps organizations transform their vision into capability for action. The meeting is task oriented and allows for the participation of 60-80 people from diverse groups to dialogue and discover common ground. The meeting design comes from theories and principles tested for more than 50 years and in many cultures. Recognizing that corrections reform is and should be a shared responsibility while also upholding the importance of dialogue with stakeholders, a Future Search conference was held in 2009 to, in some cases begin, and in other cases strengthen, the collaboration with parties that can contribute to public safety. A second Future Search Conference was held in the spring of 2012 in coordination with the implementation of a statewide Reentry Task Force, one of the common goals articulated in the initial Future Search Conference on Corrections.

The first conference, A Partnership for Safer Communities: A Shared Responsibility provided an opportunity to think creatively across and beyond the criminal justice system about the treatment of inmates, prevention and community corrections. A diverse group of key stakeholders joined forces to identify what was needed in corrections, with the ultimate goal of improved public safety. The three day conference was co-sponsored by the Department of Correction, Massachusetts Parole Board and the Massachusetts Sheriffs. Representatives from diverse perspectives worked together to find areas of common ground. Six topic areas were seen as the foundation to future discussions and collaboration. Those six areas include: Coordinated and integrated partnerships across agencies; Improved public safety through sentencing reforms and alternatives to incarceration; Improving the process of prisoner reentry into the community by providing diverse rehabilitative opportunities with community involvement; Reaching out to the public at large to increase awareness, educate and engage advocates for public safety; Change institutional culture in prisons and jails in the best interest of public safety to proactively maintain a culture that is a safe and healing environment for all stakeholders and family involvement, without whom inmates are less likely to succeed in and out of prison. This process and the areas of agreement among participants serve as the cornerstone for the DOC Strategic Planning process. The complete report on the conference is available at www.mass.gov/doc.

Participation in the Strategic Planning Process: The Future Search conference held in February 2009 kicked off the strategic planning process in Massachusetts. Since then, the Department has formed policy governing the process. Strategic planning is the formal consideration of an organization’s future course. The Department is committed to promulgating a multi-year strategic plan which shall provide an overarching framework for the agency by formulating goals and transferring those goals into measurable objectives and key strategies. Our policy requires that the strategic plan is developed and updated annually by a cross section of employees whose participation is documented. The Strategic Plan will include a vision and mission statement, situational analysis, population trends and projections along with goals, objectives, key strategies and performance measures. This plan is made available to all staff and the public.
THE STRATEGIC PLAN
Overarching Goals

Each of the seven major goals identified within this section are equally important and exist interdependently of each other. These goals and this strategic plan represent ongoing and high level focus areas for which the Department will continually develop, review and assess the accomplishments of strategies, activities and performance measures.

Facilities and Divisions use these goals as the foundation for creating their own specific and unique strategies and performance measures that can be used to attain success in meeting these goals. Facility progress is captured in their quarterly reports and highlighted progress for the entire Department is documented in the Annual Report available to the public.
GOAL: Maintain and enhance prison safety and security for the public, staff and inmates

Objectives:
- Reduce physical violence against staff and inmates
- Maintain facilities, offices and equipment for a safe environment
- Maintain safety for the public-at-large in relation to correctional facilities and the correctional population
- Ensure institutional operations comply with nationally recognized standards through internal facility audits and external audits conducted by the Policy Development and Compliance Unit and American Correctional Association.

Key Strategies:
Prevent the introduction of contraband into the facilities (drugs, cell phones etc)
Conduct LMAP sessions regarding institutional violence and problematic behavior (i.e. assaults, weapons, drug and alcohol abuse)
Target problem behavior for prosecution, special classification status, and/or programming referral
Target plans for new prison construction for certain populations that need more intensive services and pursue additions/upgrades to current facilities to address overcrowding issues
Align facility management strategies and staffing to promote safety and security in accordance with the mission of each facility
Conduct a comprehensive review of the current security technology resources available and identify future security technology equipment needs
Prioritize capital improvements and repairs related to safety and security
Prevent escapes and maintain accountability of inmates in the community
Update policies and ensure staff are well-trained on key safety areas such as suicide prevention, appropriate use of force and communicable disease prevention
Maintain Department’s Eagle Status with the American Correctional Association as well as standards compliance with National Commission on Correctional Health Care and Joint Commission on Accreditation of Health Organizations
Implement the National Prison Rape Elimination standards
Use population projections to accurately plan for prison bed space needs
Develop a plan to address inmate idleness incorporating incentives for participation in activities

Performance Measures:
- Rate of assaults and escapes in prison
- Number of facility improvements completed
- Compliance rate with ACA, NCCHC and JC standards
- Number of inmates housed in specialized mental health units
- Number of referrals for prosecution
- Number of contraband introduction incidents
- Number of PREA standards implemented
- Institutional monthly statistics on leisure activities

Did You Know?
The DOC reduced the number of cell phones introduced into our facilities by an impressive 64% as a result of our Cell Phone Interdiction Plan
GOAL: Effectively prepare inmates for transition into communities to reduce crime and victimization, reduce recidivism, and promote rehabilitation and reentry

Objectives:
- Design, implement and provide a full continuum of services to meet the needs of inmates, families and the criminal justice system to reduce recidivism
- Promote public safety by preparing an inmate for release to the community and decrease the likelihood of criminal activity

Key Strategies:
Utilizing the COMPAS assessment, measure the risk an inmate poses and identify criminogenic needs that, if treated, can help prevent the inmate from fulfilling predicted risk
Create personalized program plans for inmates that form a case plan for institutional programming and a reentry case plan for community programming in preparation for the inmates reintegration into the community
Partner with community leaders, community-based service providers, faith based organizations, educational organizations, regional reentry centers and law enforcement to promote support for returning inmates
Improve and expand evidence based and, as appropriate, innovative institutional programming to meet the assessed needs of inmates
Expand mental health services and linkages to community programming
Develop and deliver an Integrated Case Management Model training curriculum designed to bring the inmate from prison to the community
Conduct a gap analysis of the release to the street cohort to assess if the current program capacity is sufficient to meet the identified program needs of the inmate population
Develop incentive based programs that enhances program participation and creates a culture that reinforces the expectation that inmates complete their personalized program plan
Reconfirm the validity of the classification system for males and females
Align the custody level designation of inmates to their actual placement
Enhance programs and supervision for special inmate populations

Performance Measures:
- Rate of recidivism
- Percentage of inmate releases to the street in need of programming that participated in programming by risk level
- Percentage of eligible inmates released to the street with MassHealth
- Percentage of inmates identified as at risk for homelessness placed in a recovery/sober home upon release
- Number of inmates housed consistent with their custody level designation

Chapter 192 of the Acts of 2012 An Act Relative to Sentencing and Improving Law Enforcement Tools was signed by the Governor in August 2012 effecting minimum mandatory drug sentences, indeterminate sentences, calculations of sentence reductions, DNA submissions and habitual offenders.
Please visit Mass.Gov for more information.
GOAL: Collaborate with external stakeholders and partners to achieve mutual goals and objectives

Objective:
- Nurture existing partnerships and develop additional collaborations with strategic partners
- Promote safer communities
- Reduce victimization and recidivism

Key Strategies:
Identify willing and able partners from other governmental entities, private and non-profit, crime prevention and victim centric agencies, public safety groups, community organizations, the academic community, the victim community, families and children of inmates and other groups interested in collaboration to assist in preparing inmates for release
Continue to work with the courts and probation to improve the quality of data exchange
Strengthen department and stakeholder relationships
Improve stakeholder satisfaction through communication strategies
Collaborate to identify successful reentry strategies
Research new evidence-based program opportunities for possible implementation
Continue to expand the use of community work crews
Cultivate relationships with the business community to develop appropriate vocational programs and community jobs
Adopt a campaign that effectively communicates the benefits of successful reentry programs and the need for community support and involvement
Increase relationships with academic organizations
Reinforce positive interactions with all institutional visitors to the facility

Performance Measures:
- Rate of stakeholder satisfaction as measured by surveys
- Number of partnership collaborations with DOC participation
- Percent of crime victims satisfied with the services received gathered from satisfaction surveys
- Number of Community Work Crews

Did You Know?
The DOC working closely with federal and local authorities were instrumental in the investigation and arrests of one of the largest Boston drug rings in the past decade. In a series of pre-dawn raids called Operation Rodeo, 14 people were arrested and drugs, vehicles and cash were seized.
GOAL: Maximize efficiency through process improvements

Objective:
- Manage Departmental operations efficiently with available resources
- Operate the DOC in the most cost efficient and effective manner possible
- Adhere to responsible budgeting practices
- Embrace green technologies

Key Strategies:
Develop a manageable amount of performance measures including those defined by the Association of State Correctional Administrators (ASCA)
Pursue consolidation of all central office staff to one location
Secure funding for a new web-based inmate management system that features readily accessible key “dashboard” indicators to track performance and inform management practices
Expand video conferencing capabilities
Share data and information across partner agencies
Expand the use of a telemedicine system
Expand the use of Leadership, Management, Accountability and Performance (LMAP) sessions
Pursue operational effectiveness through the utilization of “best practices”
Cultivate cooperative involvements with outside agencies
Maintain American Correctional Association (ACA) accreditation
Invest in natural resources using green technologies and practices
Assess the feasibility of increasing institutional kiosks for inmate services
Adopt the use of new and existing technology to increase inmate services
Address staffing shortfalls
Enhance or develop information technology systems that allow for the immediate retrieval of data so as to properly manage the inmate population

Performance Measures:
- Percent compliance with the ASCA performance based measures
- Number and location of video conferencing stations
- Percent of materials recycled
- Number of facilities with kiosks
- Number of Telemedicine consults conducted

Did You Know?
The DOC has begun to use kiosks to facilitate inmate services in a more efficient manner.
GOAL: Achieve workforce excellence

Objectives:
- Develop a diverse, competent and well trained work force who takes pride in their work
- Improve and support career development and leadership opportunities
- Address the need for better succession planning

Key Strategies:
Ensure a diverse work force free from discrimination
Increase job satisfaction and morale
Provide a comprehensive training system that prepares staff to take on the challenges of the job and prepares for promotion opportunities (cross training)
Increase recruitment and retention of competent staff
Implement a performance measurement system that feeds Leadership, Management, Accountability and Performance (LMAP) sessions so as to be accountable for our progress towards our goals
Establish Leadership Academies that will prepare and sustain correctional leaders
Influence Agency culture to more effectively support our mission
Use “best practices” to promote employee commitment to public service
Provide opportunities for mentoring and resource networks for managers
Reinforce and further expand the teachings and implementation of the Leadership Challenge model to positively impact the organizational culture
Implement succession planning
Continue to enhance and provide conflict resolution training for staff
Increase utilization of the mentoring program

Performance Measures:
- Percentage of staff turnover/attrition
- Number of training hours received by each employee
- Employee Demographics
- Number of staff who have utilized the Meet to Resolve Program
- Number of staff participating in the Mentoring Program
- Number of job fairs attended and recruitment events held

The Commissioner personally acted as a mentor for staff members of the Commissioner’s Diversity Advisory Council

Did You Know?
GOAL: Promote and enhance communication both internally and externally

Objectives:
- Increase public confidence
- Arm employees with accurate information
- Develop an external and internal communication strategy
- Create image identification (branding) and marketing of corrections and corrections professionals

Key Strategies:
Develop internal and external video segments that reflect department goals and initiatives and increase public awareness
Widely disseminate the department newsletter to keep employees and stakeholders properly informed
Post speaking engagements and event information
Develop a web-based e-mail system for all department personnel
Use Employee Forums to enhance internal communication
Expand the use of employee surveys to improve communication and performance
Develop a speaker’s bureau to deliver information to members of the community, civic organizations and other stakeholders
Revitalize and expand community awareness programs
Enlist the use of DOC advocates to educate key segments of the community in support of the DOC mission
Maintain a Facebook account and establish other social media outlets where department events can be posted and information shared
Develop a variety of informative articles, editorials and features for publication

Performance Measures:
- Number of employee forums conducted
- Number of times the external and internal websites are accessed
- Number of speaking engagements promoting communication

Did You Know
The DOC now has a Facebook page where significant events are posted
GOAL: Create a healing environment

Objectives:
- Create a safe, positive, rehabilitative and value-based correctional environment enhancing public safety
- Reduce the impact violent crime and incarceration has on victims, staff and inmates.
- Align inmate placement and programming for general and specialized inmate population with reentry strategy

Key Strategies:
- Transform the way people work, talk, and think together
- Save valuable time and resources by bringing people together to talk about issues that matter the most
- Change organizational culture that supports inmates and staff through the stresses imposed by incarceration
- Advance knowledge on how the internal, interpersonal, behavioral and external environments facilitate health, healing and wellness
- Incorporate the art of Dialogue into our meetings
- Promote healthy lifestyles to include diet, exercise, relaxation and addiction management
- Foster ecological sustainability
- Support teamwork and service
- Promote and reward trust, compassion, service and a commitment to learning
- Promote inmate participation in assessed need areas through the use of motivational interviewing techniques designed to change maladaptive inmate behaviors
- Develop and implement a service delivery system designed to provide accessible, quality and cost effective health care
- Encourage the utilization of Employee Assistance Unit staff and resources
- Foster existing wellness activities and continue to develop innovative ideas for improvement of staff health and wellness.

Performance Measures:
- Employee satisfaction survey results
- Measures reflecting an increase in morale and productivity because of workplace wellness programs
- Number of staff trained in the art of Dialogue

Did You Know?
In December 2012, Correction officials from around the country joined researchers and medical professionals to discuss how to combat the challenges of their work.
Strategic Plan Review Committee

Chair
Diane Silva, Director, Performance Measures Division

Members
Erin Gotovich, Acting Director of HR Operations
Todd Gundlach, P.E. Deputy Director of Resource Management
Daniel Horton, Correction Program Officer C-Date Computation Unit
Jack Luongo, Deputy Superintendent- Massachusetts Treatment Center
Pamm MacEachern, Deputy Superintendent-Bridgewater State Hospital
Tomas Martinez, Lieutenant- Office of Investigative Services
Lawrence Marzuolo, Correction Program Officer D-South Middlesex Correctional Center
Matthew Moniz, Program Coordinator-Program Services Division
Steven O'Brien, Superintendent-MCI-Plymouth
Gina Perez, Director of Community Work Crews
Mark Reilly, Captain-Central Inmate Disciplinary Unit

For more detailed information regarding the Massachusetts Department of Correction, please visit www.mass.gov/doc