The Commonwealth of Massachusetts

Department of Correction
Advisory Council

Final Report

Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

Edward A. Flynn
Secretary of Public Safety

Scott Harshbarger
Chairman

October 25, 2005
**Recommendation #2 (female offenders): Women Should Not Be Civilly Committed to MCI-Framingham.**

Over the past few years, there has been a drastic reduction in community based, publicly funded detoxification centers for women. As funding for detoxification centers and the Department of Public Health’s programs to serve women has been cut, the use of the civil commitment statute, M.G.L. Chapter 123, Section 35, to deal with female substance abusers has expanded. As a result, an increasing number of women are being civilly committed to MCI-Framingham for inpatient care. Over the past eight years, the number of civil commitments to the facility has risen dramatically from five in fiscal year 1998 to 157 in fiscal year 2005.\(^6\)

MCI-Framingham is not only accommodating a greater number of civil commitments, it is housing them for longer periods of time. After being sent to MCI-Framingham, civilly committed women are moved as quickly as possible to beds, located by a DPH contractor, in community based programs. Previously the average wait for a bed in one of those programs was 24-48 hours, but, in the past six months, the average wait has increased to 14-16 days.\(^7\) This has also contributed to overcrowding.

Removing civilly committed females from MCI-Framingham will decrease overcrowding and will also help to insure that women receive inpatient substance abuse treatment in accordance with the expectations of the courts and their families. The Panel found that MCI-Framingham is not designed, equipped or staffed to serve as an acute treatment facility for substance abusers.\(^8\) Under Section 35, civil commitments at MCI-Framingham must be housed and treated separately from convicted criminals. Consequently, women who are civilly committed with no additional criminal charge are not able to participate in the DOC’s “First Step” substance abuse program because it includes sentenced inmates. Their opportunities for program participation are further limited because they are at MCI-Framingham for a relatively short time (30 days or less). As a result, the Panel determined that more than half the women civilly committed to MCI-Framingham in 2004 did not receive any substance abuse services.\(^9\)

The Advisory Council suggests that a multi-agency task force be created, or linked with existing efforts such as the Governor’s Inter-Agency Council on Substance Abuse and Prevention to address the lack of appropriate services for civilly committed women in the Commonwealth. This task force should include, at the very least, representatives from the Department of Public Health, the Department of Mental Health, the Department of Correction, the trial courts and the General Court. The Commonwealth should also fund detoxification centers throughout the state. From these centers, the Department of Public Health should offer community based services, including secure and non-secure beds that meet the substance abuse treatment needs of civilly committed women.

We also consider it to be the responsibility of judges and other court personnel to recognize and acknowledge the impact such sentences have on the inmate population. As noted earlier, the

---

\(^{6}\) DOC Report on MCI Framingham, Section 35 Civil Commitments (August 1, 2005)

\(^{7}\) Ibid.

\(^{8}\) Dedicated External Female Offender Review, Report from Subgroup A (August 1, 2005) p. 17

\(^{9}\) Ibid. p. 21
The current trend towards increasing Section 35 sentences has led to serious conditions that are not recognized by the courts, including facility overcrowding and lack of programming and treatment. The Advisory Council believes it is critical to inform and educate relevant court personnel on the impact of civil commitments with emphasis placed on the repercussions of increased utilization.

Generally, the Advisory Council is of the opinion that providing women with appropriate program, treatment and reentry services at MCI-Framingham is inordinately difficult because, as the only maximum and medium security facility for women in Massachusetts, it is overcrowded, continues to experience an increase in its population each year, and houses women with complex and widely varied needs. The inclusion of pre-trial, county sentenced and civilly committed women contributes significantly to these challenges. More than two-thirds of the admissions at MCI-Framingham are awaiting trial or civil commitments, and of the remaining third, more than half are house of correction inmates. Therefore, we recommend that pre-trial, county sentenced and civilly committed women be removed from MCI-Framingham. This should allow the Department of Correction to focus more effectively on evaluating and implementing the Female Offender Panel’s remaining recommendations.

**Health and Mental Health Services**

The Health and Mental Health Review Panel was also established in response to the stipulations of the Executive Order. The twenty-four members of that panel were divided into four subgroups which considered the following specific issues: 1) the scope of medical, pharmacological, dental, and mental health services provided to inmates; 2) the gender-specific medical and mental health needs of the female population; 3) services provided at Bridgewater State Hospital and the Massachusetts Alcohol and Substance Abuse Center; and 4) services provided at Lemuel Shattuck Hospital.

The panel held its initial meeting on March 23, 2005 and during the ensuing five months the panel members reviewed numerous documents, toured correctional facilities, observed operations, reviewed medical records, and conducted focus groups with providers, inmates, correctional officers and DOC administrators. The groups submitted their findings and recommendations on September 16, 2005.10

**Current Scope of the Department of Correction’s Inmate Health Care Services**

The DOC is charged with providing medical, mental health and dental care to approximately 10,000 inmates located in 17 state prisons throughout Massachusetts. It is also responsible for providing all health and forensic services at Bridgewater State Hospital, a prison which serves both state and county populations. In addition, the DOC provides detoxification and substance abuse treatment services to individuals who are civilly committed by the Courts pursuant to

10 The Council would like acknowledge the many members of the Dedicated External Health and Mental Health Review Panel who generously volunteered their time. We would also like to thank DOC Commissioner Kathleen Demechy and members of her staff, especially Veronica Madden, Associate Commissioner of Re-Entry and Reintegration, for their many contributions to the Panel’s work.