

Department of Correction
Report of the Massachusetts Treatment
Center for Sexually Dangerous Persons
Calendar Year 2024



Executive Office of Public Safety and Security
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I. INTRODUCTION

The Massachusetts Department of Correction (Department or DOC) submits this annual report pursuant to M.G.L. c. 123A, § 16, which requires that the Department annually prepare a report that describes the treatment offered to persons civilly committed as sexually dangerous persons (SDPs).

Specifically, Section 12 of AN ACT IMPROVING THE SEX OFFENDER REGISTRY AND ESTABLISHING CIVIL COMMITMENT AND COMMUNITY PAROLE FOR LIFE FOR SEX OFFENDERS, enacted as an emergency law on September 10, 1999, and as appearing in M.G.L. c. 123A, § 16, provides:

The department of correction... shall annually prepare reports describing the treatment offered to each person who has been committed to the treatment center... as a sexually dangerous person and, without disclosing the identity of such persons, describe the treatment provided. The annual reports shall be submitted, on or before January 1, 2000, and every November 1 thereafter, to the clerk of the house of representatives and the clerk of the senate, who shall forward the same to the house and senate committees on ways and means and to the joint committee on criminal justice.

In addition, M.G.L. c. 123A, § 16 further provides:

The treatment center shall submit on or before December 12, 1999, its plan for the administration and management of the treatment center to the clerk of the house of representatives and the clerk of the senate, who shall forward the same to the house and senate committees on ways and means and to the joint committee on criminal justice. The treatment center shall promptly notify said committees of any modifications to said plan.

On December 10, 1999, the Department filed its Plan for the Administration and Management of the Massachusetts Treatment Center for Sexually Dangerous Persons (the 1999 Plan), which described in detail the treatment offered to the civilly committed sexually dangerous persons confined at the Massachusetts Treatment Center for Sexually Dangerous Persons (Treatment Center or MTC), as well as the Department's plan for operating the Treatment Center. Subsequently, the Department has filed Annual Reports updating the 1999 Plan and reporting relevant developments.

Accordingly, this report includes (a) the accomplishments of the Treatment Center in the year 2024; (b) modifications to the 1999 Plan; (c) the manner in which the Treatment Center satisfied its obligations under M.G.L. c. 123A during the year 2024; and (d) the treatment and rehabilitative services delivered to the civilly committed SDPs confined to the Treatment Center over the past year.¹

As reported in prior annual reports, Treatment Center and Department staff have continued to work cooperatively with other agencies including the Department of Mental Health, the Department of Developmental Services, and the Probation Department to facilitate re-entry planning and appropriate placements for releasing incarcerated individuals and civilly committed individuals.

II. THE TREATMENT CENTER'S CIVILLY COMMITTED POPULATION

As of September 9, 2024, 91 individuals were civilly committed as SDPs to the Department's custody. The data that follows in this section is as of September 9, 2024.

Of these 91 SDPs, twelve (12) individuals remain committed under the pre-1990 version of M.G.L. c. 123A. In addition, seventy-nine (79) SDPs committed under the 1999 amendments to M.G.L. c. 123A remain civilly committed.

Five (5) SDPs have been transferred to other DOC facilities pursuant to the provisions of M.G.L. c. 123A, § 2A.² Three (3) SDPs are receiving care at other facilities.

Seventeen (17) individuals were temporarily committed to the Treatment Center pending resolution of civil commitment proceedings.

¹ The Treatment Center has traditionally referred to its civilly committed population as "residents." Persons who are serving state prison sentences, who are not civilly committed, are referred to as "incarcerated individuals." Incarcerated individuals may voluntarily participate in the Department's sex offender treatment program. Sex offender treatment is available at the Treatment Center, North Central Correctional Institution at Gardner (NCCI-Gardner), Old Colony Correctional Center (OCCC), and MCI-Framingham (female offenders). Placement is determined by a combination of clinical appropriateness, as well as safety and security concerns.

² Massachusetts General Laws c. 123A, § 2A provides, in pertinent part, that an individual who has been "committed as sexually dangerous and who has also been sentenced for a criminal offense and said sentence has not expired may be transferred from the treatment center to another correctional institution designated by the commissioner of correction. In determining whether a transfer to a correctional institution is appropriate the commissioner of correction may consider the following factors: (1) the person's unamenability to treatment; (2) the person's unwillingness or failure to follow treatment recommendations; (3) the person's lack of progress in treatment at the center or branch thereof; (4) the danger posed by the person to other residents or staff at the Treatment Center or branch thereof; [and] (5) the degree of security necessary to protect the public." As required by M.G.L. c. 123A, § 2A, the Department has promulgated regulations establishing a transfer board and procedures governing the transfer process. See 103 CMR 460, Transfer Procedures for the Massachusetts Treatment Center. The statute also requires that individuals transferred pursuant to this statutory provision be offered a program of voluntary treatment services, be evaluated annually, and a report be prepared which shall be admissible in any hearing conducted pursuant to M.G.L. c. 123A, § 9. A transfer does not vacate the SDP commitment. The statute mandates that the individual be returned to the Treatment Center upon completion of the criminal sentence.

No juvenile was committed to the Treatment Center during the year 2024 pursuant to M.G.L. c. 123A, § 14(d). No person deemed incompetent to stand trial in the underlying criminal case was civilly committed to the Treatment Center during the year. M.G.L. c. 123A, § 15.

III. THE DEPARTMENT'S OBLIGATIONS UNDER M.G.L. c. 123A

A. Initial Commitment Proceedings Pursuant to M.G.L. c. 123A, §§ 12(e), 13(a) and 14(d)

As described in detail in the 1999 Plan, the Department and the Treatment Center remain committed to the successful implementation of M.G.L. c. 123A. The Department has established an effective and timely process to notify the Attorney General's Office and the various District Attorneys' offices of the impending release of incarcerated individuals subject to potential commitment as sexually dangerous persons. Pursuant to M.G.L. c. 123A, § 12(a), the Department reviews the records of all incarcerated individuals in its custody and identifies those convicted of the sexual offenses listed in M.G.L. c. 123A, § 1. The Department then provides the Attorney General's Office and the District Attorneys' offices with written notice of the incarcerated individual's discharge date and other documentation so that the District Attorneys can decide whether to file a petition for civil commitment pursuant to M.G.L. c. 123A, § 12(a).

Pursuant to M.G.L. c. 123A, §§ 12 and 13, the Department provides the District Attorneys' offices with all records, files, and information that it can lawfully provide.

When the Superior Court orders that an incarcerated individual be temporarily committed to the Treatment Center pending a probable cause determination pursuant to M.G.L. c. 123A, § 12(e), or orders that the incarcerated individual be committed to the facility for a 60-day observation period pursuant to M.G.L. c. 123A, § 13(a), the temporarily committed individual is oriented to the operation of the facility and educated as to its rules and regulations. The Treatment Center administration remains committed to responding in a proactive and efficient manner to developments arising during the implementation of M.G.L. c. 123A. Temporarily committed individuals have been and continue to be effectively managed in accordance with the 1999 Plan and subsequent Annual Reports. These individuals receive access to facility programs, services, and treatment, as well as visitation with family members and legal representatives.

As discussed below, changes were made due to the novel coronavirus (COVID-19) pandemic. The administration and staff of the Treatment Center continue to strive toward the appropriate management and treatment of those persons identified as possibly sexually dangerous as well as those committed under M.G.L. c. 123A.

B. Forensic Evaluations for SDP Proceedings

Chapter 123A requires that two qualified examiners (QEs) evaluate the sex offender in connection with the initial commitment petition pursuant to M.G.L. c. 123A, § 13(a), described above, and any petition for discharge pursuant to M.G.L. c. 123A, § 9, described below. When a court orders that QEs conduct evaluations, the Department, through a contract with a vendor, coordinates the evaluations of persons for the initial commitment proceedings and the discharge proceedings.

The Community Access Board (CAB) is a five-member board that includes three Department employees and two consulting members. See M.G.L. c. 123A, §§ 1, 6A. Pursuant to M.G.L. c. 123A, § 6A, the CAB is required, on an annual basis, to evaluate those persons who have been adjudicated as sexually dangerous and committed to the Treatment Center. The CAB sometimes evaluates an SDP more than once annually if the SDP has filed a petition for discharge pursuant to M.G.L. c. 123A, § 9 and an updated report is needed.

C. Discharge Proceedings – M.G.L. c. 123A, § 9 Petitions

1. Outcome of Petitions

The Department's Legal Division continued to represent the Commonwealth in M.G.L. c. 123A, § 9 proceedings during 2024.³ Between January 1, 2024, and October 18, 2024, the Treatment Center Legal Office received twenty new M.G.L. c. 123A, § 9 petitions for discharge.

The Unified Session at Suffolk Superior Court continues to manage the M.G.L. c. 123A, § 9 discharge petitions through trial.

Between January 1, 2024, and October 18, 2024, eleven jury trials were held. In seven of these cases, the jury returned a verdict that the petitioner remained sexually dangerous. In three of these cases, the jury returned a verdict that the petitioner was no longer a sexually dangerous person. One case ended in a mistrial after some jurors were excused and was later retried resulting in a verdict that the petitioner remained sexually dangerous. Six Section 9 petitions are scheduled to commence between October 21 and December 2024.

³ In addition to representing the Commonwealth in M.G.L. c. 123A, § 9 cases, the Treatment Center Legal Office provides in-house legal advice to the Department and the Treatment Center administration. The Treatment Center Legal Office also represents Treatment Center and other DOC employees and other government officials in civil rights litigation brought by SDPs, temporarily committed individuals, and incarcerated individuals in the state and federal courts.

The Court postponed the trials of four petitions which were not resolved as of October 18, 2024. As of October 18, 2024, eight petitioners withdrew their petitions for discharge.

As of October 18, 2024, in thirteen other instances, the Commonwealth could not proceed to trial under the Supreme Judicial Court's decision in *Johnstone, petitioner*, 453 Mass. 544 (2009). In *Johnstone*, the Court concluded that, in order to proceed to trial, the Commonwealth must have the opinion of at least one of the two qualified examiners that the petitioner is a sexually dangerous person. *Johnstone*, 453 Mass. at 553. This ruling applies to both initial commitment petitions managed by the District Attorneys' offices and Section 9 trials managed by Department attorneys based at the Treatment Center. *Id.* In these cases, the judge entered an order allowing the petition for discharge.

2. *Murphy v. Commissioner of Correction*, 493 Mass. 170 (2023)

On December 14, 2023, the Supreme Judicial Court unanimously held that SDPs are not "prisoners" within the meaning of the medical parole statute, M.G.L. c. 127, § 119A. In reaching its decision, the Court reaffirmed its 2021 decision that the medical parole statute applies only to individuals serving criminal sentences. See *Harmon v. Commissioner of Correction*, 487 Mass. 470 (2021). Thus, "because civilly committed sexually dangerous persons are categorically ineligible for medical parole under G. L. c. 127, § 119A, the DOC's denial of the plaintiff's petition for medical parole was not an error of law." *Murphy*, 493 Mass. at 176.

In addition, the Court rejected the claim, and the Superior Court's determination, that excluding SDPs from medical parole violates substantive due process rights. The Court held that SDPs have available another mechanism to seek release through a M.G.L. c. 123A, § 9 petition which they may request to expedite if their medical circumstances warrant. *Murphy*, 493 Mass. at 177.

IV. FACILITY UPDATES

A. COVID Management

As of June 4, 2024, COVID-19 no longer has separate standards or guidelines for those living or working in Massachusetts Department of Correction facilities and is now considered one of several viral respiratory illnesses. COVID-19 is considered in a grouping that includes other respiratory virus illnesses such as the flu or respiratory syncytial virus (RSV).

If an individual shows symptoms of a respiratory illness and presents with fever and upper respiratory congestion, the individual may be tested for COVID-19. If the individual is COVID-19 positive, the individual is placed in medical quarantine for a minimum of five (5) days. If the symptoms have improved and the fever is resolved on day five (5), then

the individual will be released from medical quarantine on day six (6). If the symptoms or fever continue, the individual is re-evaluated and released from medical quarantine when improved or without fever.

COVID-19 booster vaccinations are available to any individual who requests to receive the booster. The facility continues to reinforce the importance of good hygiene habits, frequent hand washing with soap and water or hand sanitizer and covering of the mouth with elbow when coughing or sneezing.

B. Facility Safety and Security Enhancements

- In January 2024, the use of body-worn cameras began at the Treatment Center. Body-worn cameras enhance safety and security by providing the opportunity to review incidents and related responses.
- As the result of an escape attempt in October 2023, exterior security bars were placed on the lower-level windows in housing units.
- To enhance notifications for the deaf and hard of hearing individuals, horns and strobes were installed in the housing units.
- New locks were installed on the modular unit doors to improve security and ensure compliance with the fire code.
- An updated Disability Accommodation Resource Assessment was conducted on the entire deaf/hard of hearing population, to ensure appropriate accommodations are provided to those individuals in need of such.

C. Operational Information

- As the result of legislation signed by Governor Maura Healey, effective December 1, 2023, all telephone calls were available to residents and incarcerated individuals housed at the facility free of charge. Additional wall telephones were installed throughout the facility to support an anticipated increased demand for telephone calls.
- All residents and incarcerated individuals at the facility were offered access to KCN Tablets and APDS Tablets at no cost to them. These tablets provide enhanced access to programs, education, as well as many additional resources. These tablets may also be utilized to email loved ones at no cost to the residents /incarcerated individuals or their loved ones.
- Educational and vocational programs continued to be offered to the residents and incarcerated individuals including Pre GED, GED Diploma Course, Computer

Program, Culinary Arts, Music Program, Newsletter/Journalism Course, Art Program, Public Safety Transition Program, Release Preparation, Substance Abuse, etc.

- The facility continued to identify potential candidates for the Medication Assisted Treatment (MAT) program and make appropriate referrals to Spectrum, the vendor for the MAT program.
- Residents and incarcerated individuals continued to be offered two in-person visitation sessions weekly with friends and family. Visitors are no longer required to schedule their visits in advance. Visits are no longer limited to one hour.
- In addition to in-person visits, residents and incarcerated individuals are offered the opportunity to participate in video visits with friends and family up to three times per week by appointment.
- In-person attorney visits are available. In-person visits by outside medical and mental health professionals are available by appointment. There is no limit on the number of in-person attorney or outside medical and mental health professional visits that a resident or incarcerated individual may have per week. In addition, the Department has continued to make videoconference visits available by appointment to attorneys and outside medical and mental health professionals.
- Library services continued to be offered to individuals five days per week.
- Activities continued to operate as normal. Increased programming continued to be offered when scheduling permits.
- The facility continued to collaborate with discharge planning regarding established discharge plans including MAT, medical/mental health appointments and medications.
- Residents and incarcerated individuals continued to have access to work assignment positions throughout the facility based upon suitability and eligibility criteria.
- The industries program continued to provide residents and incarcerated individuals with work opportunities to develop their skills.
- Residents and incarcerated individuals continued to have daily access to the yard, weather permitting. Sessions in the indoor gym are scheduled for each population (residents and incarcerated individuals).
- Religious and chaplain services continued to accommodate the needs of a variety of faiths including Catholic, Protestant, Jewish, Muslim, Buddhist, etc.
- Graduation ceremonies resumed in June 2024. This graduation ceremony was the first one held at the facility post COVID-19.

- The Massachusetts Registry of Motor Vehicles mobile ID program began on March 15, 2024. This program ensures that individuals with upcoming release dates have access to the proper identification needed to make a successful reentry into the community.
- The facility installed a misting station in the yard which provides residents and incarcerated individuals with a better and more efficient way of cooling off during warmer temperatures.

V. Sex Offender Treatment

Until June 30, 2024, the Department continued to contract with Wellpath for the provision of clinical services, including medical, mental health, and sex offender treatment as described in prior annual reports. Following a public bidding process, VitalCore Health Services (VitalCore) was awarded the clinical services contract. Effective July 1, 2024, VitalCore began to provide services, including sex offender treatment to SDPs, individuals temporarily committed to the Department's custody who are awaiting SDP commitment proceedings, and incarcerated individuals.⁴

VitalCore has continued to incorporate aspects of the Good Lives Model and the Risk-Need-Responsivity Model with a focus on relapse prevention in the sex offender treatment program.⁵ Sex offender treatment is delivered via a therapeutic community

⁴ Beginning on July 1, 2023, Wellpath subcontracted with New England Forensic Associates (NEFA) for the provision of the QE and consulting CAB member services required by the clinical services contract. VitalCore is currently subcontracting with NEFA for the provision of these services.

⁵ The Good Lives Model (GLM) is a holistic rehabilitation framework for the treatment of individuals who have engaged in sexual offenses. GLM is a strengths-based approach that conceptualizes sexual offending as problematic, illegal, and harmful attempts to secure valued outcomes. The valued outcomes are termed Primary Goods, of which there are eleven (11): life, knowledge, excellence in play, excellence in work, excellence in agency, inner peace, relatedness, community, spirituality, pleasure, and creativity. Treatment involves examination of one's values and identification of priorities among the eleven (11) Primary Goods, as well as identification of the ways in which sexual offending assisted in achieving those outcomes. Once this foundation is established, treatment participants are asked to examine realistic ways in which they can achieve those outcomes in healthy, prosocial manners that improve overall quality of life. The Risk-Need-Responsivity Model is an empirically supported approach to the treatment of individuals who have engaged in general and sexual criminal conduct. This model matches the intensity of treatment services to the assessed level of the individual's risk of recidivism (*i.e.*, the Risk principle). Based on this principle, the greatest amount of treatment resources is devoted to the individuals who present the greatest risk of re-offense, with less resources dedicated to those with a lower risk of recidivism. The Need

model. As a result, housing assignments are based on the level of treatment intensity indicated by each individual's assessed level of risk and clinical needs, in addition to security and other considerations. Among other things, sex offender treatment available to SDPs includes psychological assessment components designed to identify the individual SDP's specific treatment needs, group therapy, and psycho-educational groups focused on skill acquisition. In addition, each incarcerated individual and SDP is provided with an individualized treatment plan that outlines the specific dynamic risk factors that should be addressed in treatment to decrease the individual's risk to sexually reoffend. Unit community meetings, conducted in a manner consistent with the therapeutic community model of treatment, have resumed. Interpreter services are available as needed.

Ongoing efforts are being made to engage SDPs who decline to participate in treatment. Specifically, clinical staff make regular (*i.e.*, monthly) efforts to meet with uninvolved SDPs to address any concerns they may have regarding participation in sex offender treatment, discuss the benefits of treatment involvement, and answer any questions these SDPs may have about treatment participation.

SDPs who choose not to participate in the comprehensive treatment program are offered the opportunity to participate in a substance abuse psychoeducational group and a release planning psychoeducational group.

Since February 2023, persons temporarily committed pending the disposition of sexually dangerous person petitions have been offered the opportunity to participate in the same therapeutic opportunities as those offered to SDPs.

SDPs who are housed at other DOC facilities are offered the opportunity to participate in sex offender treatment. These services are offered either in person or by videoconference.

VI. ADDITIONAL UPDATES

principle requires treatment interventions to be focused on the risk factors (*i.e.*, criminogenic needs) linked to the origin and maintenance of criminal conduct. These criminogenic needs should be limited to those supported in the research as predictive of recidivism for the specific population to which treatment is being administered. The Responsivity principle refers to the delivery of treatment services that take into consideration the individual's unique background, learning style, and other person-specific characteristics that may maximize treatment engagement and contribute to positive outcomes. In addition, the Responsivity principle requires treatment methods be consistent with research-supported methods of treatment administration to specific populations.

In the summer of 2023, a comprehensive training program was designed for clinical staff providing sex offender treatment services. This training program requires clinical staff at the MTC to complete an internal certification program consistent with standards set forth by other states and the best practices identified by the Association for the Treatment and Prevention of Sexual Abuse (formerly the Association for the Treatment of Sexual Abusers; ATSA). The certification program requires clinicians to complete 40 hours of didactic instruction related to the core components of sex offender treatment, observe a range of clinical activities, provide clinical services under the observation and direction of seasoned providers, and pass a written exam demonstrating concept mastery.

VII. CONCLUSION

The Massachusetts Department of Correction continues to operate the Treatment Center as a facility geared to deliver state-of-the-art sex offender services to its unique population. The addition of the internal certification program for clinical staff assists in the goal of delivering state-of-the-art, empirically supported sex offender services. During the year 2024, the Department continued to evaluate its currently implemented sex offender treatment approaches to integrate the most current and scientifically supported practices.