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

Calendar Year 2025

Executive Office of Public Safety and Security
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Maura T. Healey, Governor
Gina K. Kwon, Secretary of Public Safety and Security

By: Shawn P. Jenkins, Commissioner
Department of Correction
50 Maple Street, Suite 3
Milford, MA 01757-3698
(508) 422-3300

Lisa M. Curto, Superintendent
Massachusetts Treatment Center
30 Administration Road
Bridgewater, MA 02324
(508) 279-8111

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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 to 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 2025; (b) modifications to the 1999 Plan; (c) the way the Treatment Center satisfied its obligations under M.G.L. c. 123A during the year 2025; 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 17, 2025, 80 individuals were civilly committed as SDPs to the Department's custody. The data that follows in this section is as of September 17, 2025.

Of these 80 SDPs, 10 individuals remain committed under the pre-1990 version of M.G.L. c. 123A. In addition, 70 SDPs committed under the 1999 amendments to M.G.L. c. 123A remain civilly committed.

[1] The Treatment Center has traditionally referred to its civilly committed population as "residents." Persons who are serving state prison sentences and 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.

Of these 80 SDPs, four have been transferred to other DOC facilities pursuant to the provisions of M.G.L. c. 123A, § 2A;[2] one is currently receiving care at another facility.

Nineteen individuals were temporarily committed to the Treatment Center pending resolution of civil commitment proceedings.

No juvenile was committed to the Treatment Center during the year 2025 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).

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[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 any individual transferred pursuant to this statutory provision be offered a program of voluntary treatment services. The statute also requires that an annual review of such person's sexual dangerousness be conducted and documented in a report 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.

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.

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 2025.[3] Between January 1, 2025, and October 3, 2025, the Treatment Center Legal Office received 14 new M.G.L. c. 123A, § 9 petitions for discharge.

[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

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

Between January 1, 2025, and October 3, 2025, seven jury trials were held. In each of these cases, the jury returned a verdict that the petitioner remained sexually dangerous. Eight Section 9 petitions are scheduled to commence between October 6 and December 2025.

The Court postponed the trials of five petitions which were not resolved as of October 3, 2025. As of October 3, 2025, 18 petitioners withdrew their petitions for discharge. The Court stayed one case at the petitioner's request.

As of October 3, 2025, in six 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, 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. *Mackie v. Rouse-Weir*, 495 Mass. 252 (2025)

On January 24, 2025, the Supreme Judicial Court unanimously held that a sex offender who is the subject of a petition to commit him as an SDP cannot file lawsuits seeking money damages against the expert psychologists involved in the SDP commitment case and, thus, affirmed the Superior Court's orders dismissing these cases.

The Court held that a qualified examiner is entitled to immunity from suit under the doctrines of quasi-judicial immunity and litigation privilege. The Court also held that the District Attorney's expert, retained for the probable cause stage of the initial commitment proceeding, is entitled to immunity from suit under the litigation privilege. The Court reiterated the importance of these experts being able to render their opinions free from the threat of lawsuits and personal liability. Additionally, the Court emphasized that the SDP statute provides significant safeguards against an erroneous commitment including but not limited to the right to counsel, the right to retain experts, the right to cross examination, and the right to appeal.

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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.

IV. FACILITY UPDATES

A. Facility Safety and Security Enhancements

- The Treatment Center implemented a supplemental visual/tactile emergency notification system for the Deaf and Hard of Hearing population. The MMCALL Watch Pager is a personal device worn as a wristwatch powered by a rechargeable battery. The MMCALL Watch Pager is used for emergency and non-emergency notifications.

- In January 2025, eight additional security cameras were installed on the exterior of the modular building to enhance security.

- Ten new HVAC units were installed on the modular building roofs to improve ventilation and air quality in these units.

- Security upgrades were made to the visiting room, including the addition of four non-contact visiting rooms (one of which is handicap accessible).

- In September 2025, the facility installed a new medication room in the Delta housing unit corridor. The use of this new medication room facilitates the delivery of medication to individuals housed in the Delta unit and reduces the volume of individuals in one area, thereby increasing safety and security.

- In September 2025, the facility installed two Hayes compliant beds along with a splash proof feeding box/wicket system in the Behavior Assessment Unit. A rolling shield was also implemented for this unit. These changes were made to increase safety and security.

B. Operational Information

- As the result of legislation signed by Governor Maura Healey, effective December 1, 2023, all telephone calls made by residents and incarcerated individuals housed at the facility are free of charge.

- Residents and incarcerated individuals at the facility are provided with 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 but not limited to Pre GED, GED Diploma Course, Computer Program, Culinary Arts, Music Program, Newsletter/Journalism Course, Art Program, Release Preparation, and Substance Abuse.

- In March 2025, the Education Division created new literacy groups for those residents and incarcerated individuals who have attained a high-school diploma yet struggle with comprehension, reading, and writing.

- The facility continued to identify potential candidates for the Medication Assisted Therapy (MAT) program and make 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.

- 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 residents and incarcerated individuals five days per week. In addition, residents and incarcerated individuals have access to legal research through LexisNexis available on their tablets.

- Activities continued to operate as normal. Increased programming continued to be offered when scheduling permits.

- The facility continued to collaborate with discharge planning 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). Basketball tournaments were reintroduced to the facility in January 2025, along with pickleball classes.

- Religious and chaplain services continued to accommodate the needs of a variety of faiths including Catholic, Protestant Jewish, Muslim, Buddhist, etc.

- On July 14, 2025, the facility began to transition many of the resident treatment groups from the Learning Center to the housing units, which was the practice before COVID-related health requirements necessitated moving the treatment groups to larger rooms. The return to the housing units facilitates the operation of the therapeutic community treatment model. This model provides opportunities for residents to learn and apply new skills in a safe and supportive environment. Residents on each unit work as one community to maintain a healthy, balanced and inclusive unit.

V. Sex Offender Treatment

Until June 30, 2024, the Department contracted with Wellpath for the provision of clinical services, including medical, mental health, and sex offender treatment (SOT) 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 SOT 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 SOT program. SOT is delivered via a therapeutic community model. As a result, housing assignments are based on level of treatment intensity indicated by each individual's assessed level of risk and clinical needs, in addition to security and other considerations. The SOT 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, SDP, and temporary civil detainee 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 refuse 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 treatment, discuss the benefits of treatment involvement, and answer any questions these SDPs may have about treatment participation.

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[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.

SDPs who choose not to participate in the comprehensive treatment program are offered the opportunity to participate in psychoeducational groups. Each psychoeducational group spans 12 weeks, and core topics directly relate to the empirically supported dynamic risk factors associated with sexual recidivism (*e.g.*, problem-solving, boundaries, coping skills). Ideally, SDPs will acquire skills through psychoeducational groups, which they will then internalize and apply to their everyday lives. There is also a psychoeducational group devoted to planning for successful community reentry, though that topic is integrated across groups. SDPs are also able to participate in a psychoeducational group that focuses on supporting recovery from substances.

Since February 2023, persons temporarily committed pending the disposition of SDP 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

In the summer of 2023, a comprehensive training program was designed for clinical staff providing SOT services. This training program requires clinical staff 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 SOT, 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. Following certification, clinical staff members are required to attend continuing education related to SOT topics on an annual basis.

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 SOT services. During the year 2025, the Department continued to evaluate its sex offender treatment approaches to integrate the most current and scientifically supported practices.