

Briefing Note #4

Pretrial Reform: The Potential Role of the Office of Community Corrections (OCC) for Justice-involved Women in Massachusetts

Introduction

In 2013, the MWJN identified the inequities experienced by women in pretrial detention in Massachusetts as one of its two action-platform priorities. Since then, members have worked with advocacy groups, legislators, policymakers, and administrators to create greater awareness of alternatives to money bail and pretrial detention.

Consequently, the MWJN welcomes pending legislation on pretrial reform, particularly the fact that Senate docket #S 4111 mentions women: "The Commissioner (of Corrections) may, upon approval of the Commissioner of Probation, *place female prisoners held for trial in a community corrections program.*"

This Briefing Note suggests how OCC could become more responsive to women's circumstances and needs, particularly in the delivery of pretrial services. These suggestions are based on the findings of a 2010 research project and an overview of 2014 OCC caseloads, conducted by Erika Kates, Ph.D.¹

Pending Legislation

Several bills in the current legislative session address pretrial reform. Senate docket #1491 proposes the use of validated risk assessment tools, pretrial services, regular monitoring, and data collection; and Senate docket #4111 proposes that the Office of Community Corrections (OCC) administer the instruments and deliver the pretrial services.

The bills' intent is to reduce the number of people charged with minor and non-violent crimes who are held in jail pending their court dates. It is anticipated these changes would save public funds, create a more equitable system for the indigent, minimize the costs of family separation, avoid housing and job losses, and create a speedier trial process.

Background: Office of Community Corrections

OCC was created in 1998, under Massachusetts General Law Chapter 211F, to implement *intermediate sanctions* as an alternative to incarceration for people on probation, parole, or in the custody of a sheriff, Department of Correction, or Department of Youth Services. Participants are

classified according to the amount of supervision needed. Level II requires standard supervision, while levels III and IV require more intensive supervision. Clients can move between levels, depending on their progress.

Almost all clients have substance abuse problems. Depending on their assigned level, they are instructed to show up at OCC offices 3-5 days a week for drug testing and to participate in education, job-training and counseling. Typically, OCC offices contract with vendors, e.g. ADCARE, for clinical and educational services.

OCC offices are required to provide participants with a handbook explaining program rules; and individual offices are allowed to produce their own handbooks.

OCC created two major initiatives:

1. A statewide network of Community Corrections Centers (CCC). These offices are staffed with probation officers in charge (POIC), and other personnel to monitor client activities and provide a range of services.² They facilitate intensive supervision by probation, parole and sheriff's departments through integrated services, including substance abuse treatment, educational opportunities, job development, life skills training, drug and alcohol testing, day reporting, and electronic monitoring.

2. A Trial Court Community Service Program (CSP). This program develops community service projects, monitors participants at project sites, tracks participant work hours, and makes reports of participant progress to the courts.

OCC Offices, Caseloads³ and Cost

The number of OCC offices declined from a peak of 27 in 2008, to 19 in 2013. The annual number of referrals declined from 16,700 in 2008 to just under 3,000 in 2013. The average monthly caseload per office varies from 80 to 800. In 2013, 81% of OCC participants were referred by probation, 14% by sheriffs, and 4% by parole.

² Thereby "reserving prison space for the most dangerous offenders."

³ These data come from *Utilization of Community Corrections Centers Statistical Reports* issued by the Trial Court.

¹ Founder and facilitator of the MWJN.

In 2010, the cost of OCC’s intensive supervision was estimated at \$4,700 per year, compared to \$1,300 for regular and risk-needs probation, and \$48,000 for prison (see Table 1). Although no cost breakdowns for OCC were available by gender, the cost of OCC participation is three times that of ‘regular’ probation due to clinical and other services provided by the Centers.

Table 1. Probation Type	Female Caseload no.	%	Estimated Cost 2010
Pretrial Diversion	1,600	18	\$1,200
Regular Probation	16,500	18	\$1,300
Risk-Needs Assessment	3,400	18	\$1,300
OCC	770	17	\$ 4,700

OCC and Women

In 2010, as part of a study on alternatives to incarceration for women, OCC average monthly caseload were reviewed to ascertain the number of women. It was noted there were wide variations in the numbers of women served between offices and from one year to the next.

The next step entailed site visits to six offices selected on the basis of the variations in their women’s caseload numbers.⁴ In 2010, three of the six offices visited had made a special effort to provide women with resources. These were in Worcester, the Boston Women’s Resource Center (the only site at that time with African American women on the staff), and the Salisbury Women in Transition program (which served only prerelease women who had been housed at MCI-Framingham). These OCC offices linked women with college courses, volunteers and mentors, peer support groups, housing, and child care.

Table 2. OCC Office	Female Monthly Caseload 2010	Female Monthly Caseload 2013
Salisbury	46	37
Boston ⁵	26	14
Lawrence	3	11
Worcester	17	9
Holyoke	5	1

As Table 2 shows, the variation in women’s caseloads continued during the period 2010 – 2013

⁴ Kates, Erika. 2011. *Exploring Alternatives to Incarceration (ATI) for Women in Massachusetts: Wellesley Centers for Women.*

⁵ In 2010, following a sudden relocation from Boston Municipal Court to South Bay Correctional Center the number of women declined dramatically. It is no named as a women’s program but the women’s office is in a different space from the men.

(see Table 2). The female caseloads in Salisbury and Boston declined but remained comparatively high; the Lawrence caseload increased; Worcester’s declined, but stayed in the middle range; and Holyoke’s caseload declined and remained very low.

Observed Drawbacks to Resources⁶

- Waiting rooms often did not feel welcoming and were guarded closely as people checked in for drug tests; there was a complete absence of toys or books for children either in the waiting areas or offices.⁷
- The handbooks were lengthy, repetitive, and confusing, providing mostly information on sanctions for ‘bad’ urine tests and other rule infractions; none mentioned situations (like child care) that might affect attendance, nor what women could do about their mandatory appointments in the event of children’s illness.
- Perceptions of women clients, for example: “Women are so much more challenging to work with than men, because they are so far along in the process by the time they reach us.”
- None of the staff had gender-responsive, trauma-informed training.⁸

Recommendations

If pretrial reform is enacted, and OCC becomes responsible for pretrial services, the MWJN recommends addressing the concerns mentioned above, and implementing the following practices:

- **Providing extensive training to judicial, probation, and OCC personnel** in risk assessment instruments that are responsive to women, and to trauma-informed approaches.
- **Adjusting office ‘culture’ to recognize women’s special concerns** so that women can participate fully in services that address their needs.
- **Engaging in extensive outreach to community-based resources** for women
- **Conducting comprehensive data collection** of client recruitment, retention, and participation; quality, type, and cost of resources; staff credentials; women’s characteristics, addressing family responsibilities; and outcomes.

⁶ Some of these drawbacks were observed within the more ‘women-friendly’ offices.

⁷ An ADCARE staff person stated in 2010 that women had once been able to bring children to the offices.

⁸ According to an interview with an ADCARE administrator, working with about ten OCC offices, trauma-informed training has been provided to some sites.