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August 19, 2020

**HOUSE DOCTOR REQUEST FOR PROPOSAL**

Jeff Garriga  
Principal  
Finegold Alexander Architects  
77 North Washington Street  
Boston, MA 02114

<b>House Doctor Contract:</b>	<b>Mass. State Project No. DCP1921-HD1</b> Planning, Study & Design - Courts
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<b>Scope of Services Request:</b>	<b>Mass. State Project No. DOC2002</b> Strategic Plan for Incarcerated Women in Massachusetts
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Dear Mr. Garriga:

In accordance with the provisions of your House Doctor Contract, you are requested to submit a proposal in the form attached hereto to render Services based on the following Scope of Services for the Project indicated above.

Facility/Address: DOC Headquarters: 50 Maple Street, Milford, MA 01757  
 User Agency: Department of Correction (DOC)  
 DCAMM Contact: Emmanuel Andrade, Project Manager, Office of Planning

Scope of Services: Provide all required services in accordance with the House Doctor Contract, including, without limitation, all governing documents as noted in the House Doctor Contract and Requested Scope of Services attached hereto. Any of the necessary adjustments to Consultants and general requirements are noted within the attached Requested Scope of Services.

At this time we are only asking that you provide a proposed approach to the project and a simple listing and role description of all personnel necessary for Finegold Alexander Architects and any outside consultants on your proposed project team to execute the project.

Please review the MBE/WBE participation provisions of your contract. These requirements should be addressed when developing your proposal.

All correspondence/submissions concerning this Project and this proposal must be identified by the assigned Project number of Mass. State project No.: DOC2002 and include the title, name and location of the facility.

Please note that capitalized terms in this letter and attachments have the meaning set forth in the House Doctor Contract, unless otherwise indicated.

The initial proposal must be submitted within twelve (12) business days of the date of this letter and addressed to Emmanuel Andrade, Project Manager at the Commonwealth of Massachusetts, Division of Capital Asset Management and Maintenance.

Should you have any questions, please call me at 857-204-1480.

Sincerely,

Emmanuel Andrade, Project Manager, Office of Planning

Attachments: Requested Scope of Services

ECC:

Elizabeth Minnis, Deputy Commissioner, Office of Planning  
Elayne Campos, Director, Office of Planning

# REQUESTED SCOPE OF SERVICES

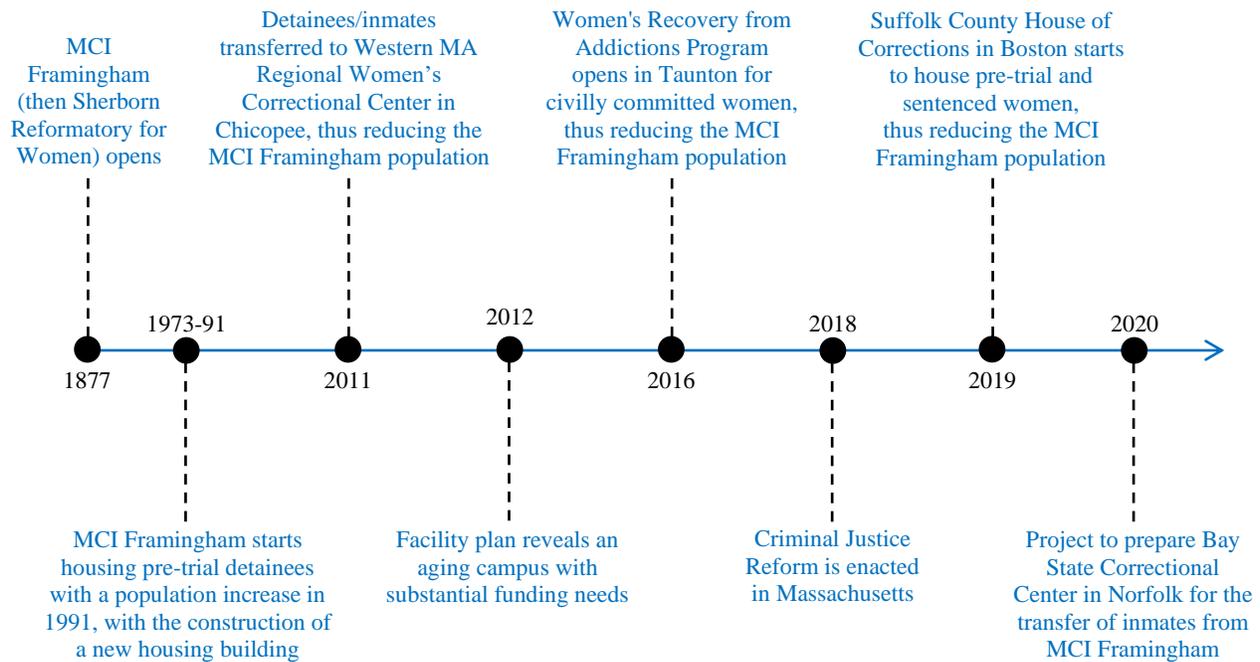
In the case of any conflict between the terms of the Contract and any of the provisions incorporated herein by reference, the House Doctor shall make a written request for clarification to Awarding Authority and Awarding Authority's written response shall be conclusive.

In addition to all items contained in the House Doctor Contract, the House Doctor shall provide the information requested in this Requested Scope of Services for the identified Project, which includes but is not limited to: additional consultants required, special meetings, etc.

*Proposals must include a detailed narrative detailing the House Doctor's proposed technical approach, which will describe the services to be rendered, and how the House Doctor intends to develop the requested deliverables.*

## Requested Scope of Services: TASK ORDER ONE:

### Project Background:



**Figure 1:** Timeline for MCI Framingham

MCI Framingham (formerly known as Sherborn Reformatory for Women) opened in 1877 and was the second oldest female correctional institution in the U.S. Today, MCI-Framingham is a medium-security correctional center for female detainees and inmates. It provides a comprehensive network of programming for women who are serving criminal sentences and a small number of women awaiting trial. For decades, the institution housed awaiting trial and civil commitments for substance use disorder due to overcrowding at the Sheriffs' correctional centers and the lack of other options available. As expansion in Western Massachusetts at Hampden County Sheriff in Chicopee provided additional beds for pre-trial women from that region (2011), and the Department of Mental Health's Women's Recovery from Addictions Program was created for civilly committed women (2016), and finally available capacity due to declining population at the Suffolk County Sheriff provided beds for pre-trial and short-sentenced

women (sentenced to 30 months or less) housed at Framingham, the population of the institution has finally returned to its original mission for sentenced women.

In 2012, DCAMM completed a physical assessment of the facility that documented a rapidly aging campus. The study determined that most buildings did not meet current energy or accessibility codes. The oldest, and largest, 'administration' building could no longer support modern program needs without extensive upgrades. All building mechanical systems, including in the newest building completed in 1991 required replacement. In addition to facility issues, many challenges to successful programs and function were identified at MCI Framingham, including:

- Health Services were extremely strained.
- Housing options were not sufficiently varied to appropriately separate the many inmate classifications, e.g. pre-trial, civil commitments, and sentenced to 30 months or less.
- Circulation and adjacencies for housing, cafeteria, and medication were problematic.
- Intake was undersized for the current usage and equipment.
- Inmates from the adjacent South Middlesex Correctional Center depended on MCI Framingham for most of their medical care and some educational services; entry via MCI Framingham's intake was a time-consuming and arduous process.

This study identified such a large number of substandard building conditions, as well as a high cost for addressing them through capital investment, that no renovation project could be identified and agreed upon to address the issues.

From November 2011 to February 2012, following a Memorandum of Agreement between DOC and the Hampden County Sheriff, 51 county sentenced female inmates in DOC custody were transferred to the Western Massachusetts Regional Women's Correctional Center in Chicopee. Built in 2007, and expanded in 2011, the new correctional center allowed more female inmates from Western Massachusetts who were serving their sentences in Framingham to stay closer to home and to aid their transition back into their community.

On January 25, 2016, Governor Baker signed into law An Act Relative to Civil Commitments for Alcohol and Substance Use Disorders. The law ensured that women who are civilly committed by the court for treatment (under Chapter 123, Section 35 of the Massachusetts General Laws) must receive their treatment in a therapeutic setting rather than in a correctional environment. During that year, the Women's Recovery from Addictions Program (WRAP), the first state-operated addiction service program that provides women with addictions access to comprehensive substance use disorder treatment, in a secure setting, opened at Taunton State Hospital and moved the services from DOC to the Department of Mental Health. The new facility further reduced the census at MCI Framingham.

In 2018, Governor Baker enacted the Criminal Justice Reform Law which is intended to help the state move away from incarceration as punishment and reduce racial disparities. The law has seven key provisions including juvenile justice, bail reform, more use of diversion programs, expungement, solitary confinement and other sweeping changes to the criminal justice system in Massachusetts.

Similar to alternative housing opportunities in Chicopee and Taunton, a new option for incarcerated women recently became possible at the Suffolk County House of Correction in Boston. In late 2019, resources became available to house pre-trial and short-sentenced women from Plymouth, Essex, and Norfolk counties, whose Sheriff facilities did not have adequate accommodations or capacity. This further relieved overcrowding at MCI Framingham.

Between 2017 and 2019, DCAMM's Energy Team planned the replacement of the failing central plant at MCI Framingham – as it was at the end of its useful life and there were significant opportunities to make

improvements to the energy performance of the campus. The project to replace the central plant and its associated infrastructure, including to relocate most of it to outside of the secure perimeter, was initially estimated at approximately \$35M. As the Design-Build project progressed through the planning and bidding stages, the budget estimates increased to beyond \$50M. At the same time, it became clear there was so much additional deferred maintenance and programmatic needs that would not be able to be addressed in the project, that this significant investment would not be the best use of the Commonwealth's limited capital. That comprehensive project was put on hold, and smaller replacements were initiated for some of the most outdated equipment to ensure continued operations until a longer term, more cost-effective plan could be developed. At this point, DCAMM and DOC started looking for alternative solutions and landed on the idea of repurposing Bay State Correctional Center, a former men's correctional center in Norfolk, for the potential transfer of female inmates from MCI Framingham. With DOC's involvement, in late 2019, DCAMM developed and advertised through the [Designer Selection Board \(DSB\)](#) – the public body that selects all designers for DCAMM projects – for a design team to plan, design, and oversee construction for the renovation of the Bay State Correctional Center to accommodate 200 medium- and maximum-security female inmates from Framingham by the Spring of 2024.

The project was intended to set a higher standard for women's correctional centers, with a focus on rehabilitation and meeting the needs of the female prison population through on-site women's mental and medical health services, vocational programs aligned with women's interests, visiting area with a playroom for children, substance abuse and trauma treatment programs that are designed to reduce female offender recidivism. The Design Team was expected to strike the right balance between custodial and clinical needs and incorporate best practices in the design, operation, and security of correctional facilities and their application to a correctional center designed for women.

In January of 2020, a public meeting was held by the DSB to short list three applicants for interview two weeks later. At that meeting, about a dozen members from a local advocacy organization attended the meeting and spoke to their opposition to the project (see [meeting minutes](#)). DCAMM and the DSB listened to the advocates and suggested they have an opportunity to be included in the study process, which would be the first step in the design effort. Subsequent to the meeting, the administration received a letter from the advocacy group noting that the DSB had not advertised the project in a newspaper – a requirement of the Designer Selection Law. At that point, due to the procurement's clerical error, the project was withdrawn from consideration. In preparing for next steps, DCAMM and DOC decided to take a step back and look more broadly at the needs of women in the system, evaluate the potential impacts of the 2018 Criminal Justice Reform Law, and develop a strategic plan prior to hiring a designer for a capital investment. This is an abbreviated summary of the events that have led up to this House Doctor procurement. Additional history, background and details will all be made available to the selected consultant.

According to the latest [DOC custody population trends](#), the overall population has shown a significant decrease of 24% between January 1, 2010 and January 1, 2019. Over the 10-year period, the female population experienced more fluctuations than its male counterpart. Females saw a 9% increase from 2010 to 2012, a 4% decrease from 2012 to 2013, and a 6% increase between 2013 and 2014. In the past five years (2014-2019) the female custody population has decreased significantly by 35%. Clearly, the current COVID-19 pandemic will continue to have a direct impact on the custody population. In early June, DOC met its goal of conducting universal COVID-19 testing at all its correctional centers and reported that approximately 5% of inmates tested positive for the virus. While a number of tests are still pending, DOC will continue testing within all facilities on an ongoing basis per Department of Public Health guidelines.

MA DOC Custody Population by Gender: January 1, 2010 to 2019

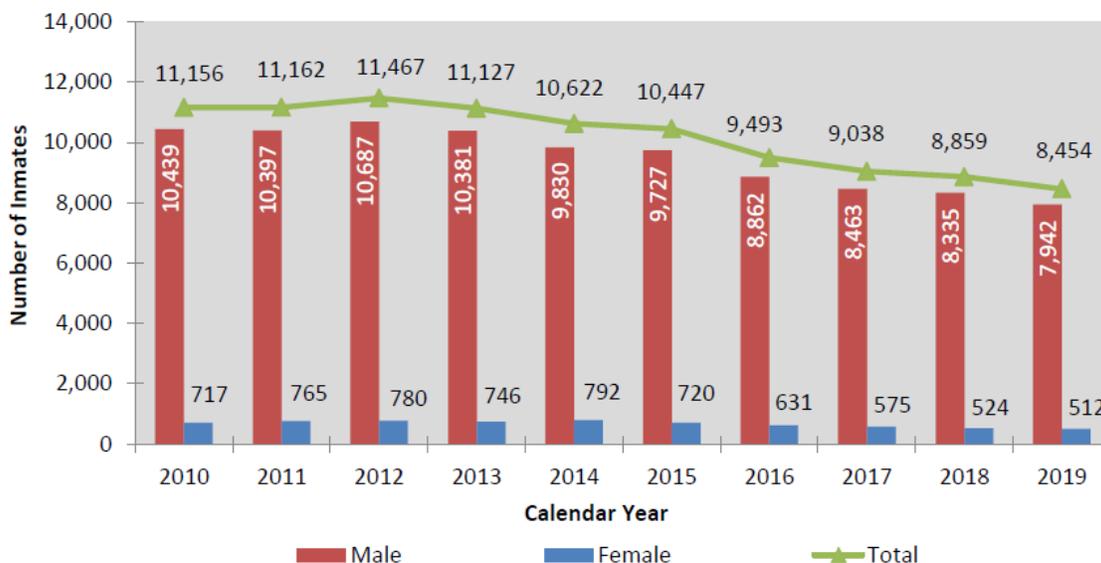


Figure 2: Prison Population Trends 2018 by DOC’s Research and Planning Division

Given the events impacting MCI Framingham and other female correctional centers in the past ten years, DOC and DCAMM are in a unique position to develop a vision for incarcerated women in Massachusetts. The Strategic Plan outlined in this Statement of Work intends to do just that. The collection of existing data combined with stakeholder engagement will enable more data-driven, informed decision making and prioritized investment strategies that support the transformational growth of women being cared for by DOC and build the best program for the future.

**Agency Information:**

The Department of Correction (DOC), a department within the Executive Office of Public Safety and Security (EOPSS), is the agency that oversees the state prison system across Massachusetts. The agency operates 16 correctional centers with four different security levels (Maximum, Medium, Minimum and Pre-release) in nine municipalities. With a current custody population of approximately 8,200, the latest gender breakdown is 96% male and 4% female. DOC has over 1,500 active volunteers and 5,000 staff members, of which approximately 80% are security personnel at its correctional centers. DOC’s vision is to effect positive behavioral change in order to eliminate violence, victimization and recidivism.

See the DOC’s website for additional background information: [www.mass.gov/orgs/massachusetts-department-of-correction](http://www.mass.gov/orgs/massachusetts-department-of-correction).

**Project Objective:**

The objective of this Task Order is to perform technical assistance and consultation services to assist with the development of a strategic visioning and comprehensive planning process that will result in an agency blueprint to provide policy direction for incarcerated women in Massachusetts in anticipation of MCI Framingham closing (hereinafter referred to as the “Strategic Plan”).

The Strategic Plan will outline how DOC can best utilize its resources to serve the Commonwealth’s incarcerated women, their families and the public by examining multifaceted issues and opportunities. The Strategic Plan will develop goals, strategies, and desired outcomes for achieving more effective,

and responsive custody, care, and programming for those under DOC's supervision to prepare them for safe and successful reentry into the community.

The Strategic Plan process will include the following tasks:

**A. Data Collection and Analysis**

The Strategic Plan will be a data-driven process. The Consultant will gather, organize, and summarize data on incarcerated women in Massachusetts (including site visits to all female correctional centers) and will perform a thoughtful analysis related to the national and local context. The data analysis and reports produced through this task will be used to guide engagement of stakeholders in the next task and decision-making throughout the Strategic Plan.

**B. Stakeholder Engagement**

The Strategic Plan will include greater transparency and active participation. The Consultant will identify key stakeholders and engage them in a collaborative effort focused on problem identification and potential solutions. Potential stakeholders will be identified through the process and may include legislators, the Executive Branch and interagency taskforces, public safety/probation officials, Criminal Justice Reform advocates, research/policy/program institutions, etc.

**C. Synthesis and Development of Strategic Plan**

The Strategic Plan will provide realistic and evidence-based recommendations that inform policy development and support efforts related to incarcerated women. The Consultant will identify priorities to guide investment decisions and, ultimately, develop a sustainable strategy that supports the transformational growth of women in the care of DOC.

**Scope of Services:**

The Scope of Services includes the following project tasks and deliverables listed below:

**A. Project Startup: Work Plan and Kick-off Session**

*Task:*

Within two weeks of the Notice to Proceed, the Consultant shall finalize a Work Plan provided in draft version by DCAMM. The Work Plan will describe in detail how the Consultant intends to implement, on a task by task basis, the Scope of Services for the Strategic Plan. The Work Plan will:

- a) Describe the approach and methodology for the Strategic Plan.
- b) Document the outline to completing all tasks and deliverables.
- c) Review protocols for remote work and virtual on-line meetings.
- d) Determine a preliminary project schedule, including the Kick-off Session, data collection and analysis, weekly check-in meetings, workshops, and presentations.
- e) Identify stakeholders and determine the methodology for engaging stakeholders.
- f) Establish a method to keep the data current, including frequency and scope of updates.

As part of the Work Plan, the Consultant shall quickly develop an agenda and presentation for the Kick-off Session, a first meeting with the selected Consultant, DCAMM and leadership from DOC and EOPSS. The Kick-off Session will allow the leadership to communicate potential

challenges and opportunities for the segment of the criminal justice system that DOC oversees; this information will inform the Strategic Planning process.

Recognizing the current public health crisis, all services within this task will be conducted remotely via virtual on-line meetings.

*Deliverables:*

- Work plan.
- Kick-off Session's agenda, presentation, and meeting minutes.

**B. Data Collection and Analysis**

*Tasks:*

Concurrently to Task A, the Consultant shall perform an extensive data collection and analysis from a multiplicity of perspectives. In collaboration with DOC's Research and Planning Division and the Division of Resource Management, the Consultant shall collect, organize, sort, and summarize available information on the female incarceration system in Massachusetts. The Consultant shall be responsible for identifying relevant areas of inconsistency or data gaps and lead the effort to gather additional data.

This task includes, without limitation, the following steps:

- a) Develop an understanding of national context for correctional systems for women including best practices, trends and current status of other state correctional systems. At minimum assess the relationship between female incarceration and the following topics:
  - Poverty.
  - Homelessness.
  - Racial disparities.
  - Parole and probation.
  - Cash bail.
  - Foster care.
  - Impact on families.
  - Mental health disorders.
  - Substance abuse disorder.
  - Emotional, physical and sexual abuse.
  - Employment rate for women with criminal records.
  - Post-secondary educational opportunities for women with criminal records.
  
- b) Assess DOC's strategic direction on incarceration and rehabilitation of women across the entire correctional system and each female correctional center by reviewing current institutional goals, strategic initiatives and programs, institutional data, including, but not limited to:
  - Institutional strategic plans and missions.
  - Program and service offerings for female inmates.
  - Annual budget authorized by the Legislature and final agency spending.
  - Current inmate population, population changes and forecast.
  - Number of security and non-security staff, and volunteers.
  - Inmate-to-staff ratios.
  - Gross square feet per inmate.

- Cost of incarceration.
  - Recidivism rates.
- c) Summarize facility data on the following female correctional centers to provide a statewide overview of existing facility conditions, deferred maintenance backlog, capital investment needs, and current facility space inventories:
- MCI Framingham, 99 Loring Drive in Framingham.
  - South Middlesex Correctional Center, 135 Western Avenue in Framingham.
  - Lemuel Shattuck Hospital Correctional Unit, 180 Morton Street, Jamaica Plain.

Review existing information on each female correctional center including, but not be limited to:

- Correctional master plan (by STV Incorporated, 2011).
  - Facility plan for MCI Framingham and South Middlesex Correctional Center (by Kleinfelder, 2012).
  - Facility conditions assessments for DOC system (by Faithful and Gould, 2020).
  - Inventories of assignable space (from DOC).
  - Facility-related funding for deferred maintenance and capital projects in the past 10 years (from DCAMM and DOC).
  - Floor plans, as available.
  - Public transportation options for visitors, volunteers, and staff.
  - Site visits, pending security clearance due to the current public health crisis.
- d) Identify key rehabilitative programs and training opportunities offered by DOC and assess the programs with regard to capacity, inmate participation, space availability, space suitability/quality, and space needs. Identify the disparity between existing facilities and current, baseline and projected space needs based on female inmate population trends and benchmarking using industry standards.
- e) Examine the demographics and characteristics of incarcerated women in Massachusetts including, but not limited to:
- Race, ethnicity and gender identity.
  - Education level.
  - Income level.
  - Average age and age projections.
  - Top offense types (criminal sentences/civil commitment).
  - Average length of sentences.
  - Number of inmates with children.
  - Number of foreign-born inmates.
  - Inmate residential zip codes.

Recognizing the current public health crisis, most of the services within this task may be conducted remotely via virtual on-line meeting at DCAMM's discretion.

*Deliverables:*

- Report with assessment of existing data and plan for additional data collection (if needed).

- Report with Analysis, Narrative and Presentation on the national context for correctional systems for women.
- Report with Analysis, Narrative and Presentation on Massachusetts' current correctional system profile and data compilation. The compilation report of data shall clearly illustrate the current correctional system for women in terms of its key dimensions:
  - DOC's strategic direction on incarceration and rehabilitation of women.
  - Existing facility conditions and investment needs.
  - Comprehensive program analysis, including current, baseline and projected space needs with a focus on rehabilitation and specific needs of the female prison population, such as on-site women's mental and medical health services, educational and vocational programs aligned with women's interests, visiting area with a playroom for children, a family reunification program with overnight visits, substance abuse and trauma treatment programs.
  - Past and current facility-related funding.
  - Rehabilitative programs and training opportunities.
  - Demographics and characteristics.

### **C. Stakeholder Engagement**

#### *Task:*

The Consultant shall identify potential stakeholders across all segments of the criminal justice system and develop a process to guide stakeholder engagement in identified topics/specialty clusters to ensure quality, efficiency, and consistency. The Consultant shall facilitate statewide discussion among stakeholders to foster development of strategic goals and identification of opportunities in the custody, care, and programming for incarcerated women. Such discussions should include, to the extent it is both productive and practical, key stakeholders, including but not limited to:

- Public Safety officials, Probation officers, and others.
- Executive Branch administrators and interagency taskforces.
- Criminal Justice Reform advocates.
- Legislative Branch members and committees.
- Local and regional Research/Policy/Program Institutions.

Recognizing the current public health crisis, most of the services within this task may be conducted remotely via virtual on-line meeting at DCAMM's discretion.

#### *Deliverables:*

- Assessment plan for facilitation of discussions for review and approval. The plan should include, without limitation, identification of topics/specialty clusters, identification of stakeholders, number and location of workshops, methodology for engaging stakeholders, template for reporting all discussion, and proposed schedule for workshops and reports.
- Workshops.
- Presentation and report with back-up information for each discussion. The Consultant shall provide a slide presentation and a written report that summarizes the information from the facilitation effort to establish strategic goals.

#### **D. Synthesis and Development of Strategic Plan**

##### *Tasks:*

The Consultant shall integrate all information gathered during the previous tasks and develop criteria and a methodology for prioritizing investment opportunities for incarcerated women.

Tasks will include, but are not limited to:

- a) Breakdown operational ideas for improving use of resources and providing better opportunities for incarcerated women under DOC's supervision including, but not limited to:
  - Development of a vision for incarcerated women in Massachusetts.
  - Enhancement of existing rehabilitative programs and training opportunities.
  - Creation of new rehabilitative programs and training opportunities that support career pathways and re-entry of inmates.
  - Alternative programs to incarceration, as possible within the purview of DOC.
  - Partnerships with institutions from other segments of the criminal justice system.
- b) Review existing funding sources for correctional projects and programs that support DOC's mission and evaluate financial impact of opportunities.
- c) Develop criteria and a methodology for prioritizing future investment decisions that provide an equitable, transparent, and strategic process for allocating resources and improving DOC's ability to serve its female inmate population.

##### *Deliverables:*

- Strategic plan for incarcerated women in Massachusetts. The report will be in narrative form, with relevant images, tables, charts and other graphics included. The report structure will include without limitation, the following:
  - Executive Summary.
  - Data analysis framework.
  - Stakeholder engagement, with findings and recommendations from workshops.
  - Description of the methodology and guidelines for a strategic plan prioritizing capital investment to meet collective programmatic and capital needs.

The Consultant shall provide a draft of the report for review and comment and a final report incorporating all comments and changes requested. In case computerized databases and files are developed by the Consultant in the course of the Strategic Plan, the Consultant shall provide such computer databases and electronic files to DCAMM.

#### **Schedule:**

A scheduled duration has been tentatively determined for this effort. DCAMM estimates that work will commence in September 2020 and that the anticipated duration of the Strategic Plan contract will be approximately six (6) months from contract execution:

- Task A: work plan due within two (2) weeks from Notice to Proceed (NTP), kick-off session due within three (3) weeks from NTP.
- Task B: due within approximately two (2) months from NTP.
- Task C: due within approximately four (4) months from NTP.
- Task D: due within approximately six (6) months from NTP.

**Proposal:**

Please provide DCAMM with your proposed approach to the project. Please indicate who you would propose to staff the project, and what outside consultants you feel would be necessary including, but not limited to, strategic planning consultant and corrections planning consultant (if not available in house) to round out your team to ensure a high quality, comprehensive product. Please feel free to comment and expand upon the scope of work, process, schedule parameters and deliverables outlined herein as to how they might impact your vision and methodology.

**Relevant Studies/Existing Conditions Data previously prepared for DOC**

- |                                  |      |                  |
|----------------------------------|------|------------------|
| 1. Correctional Master Plan      | 2011 | STV Incorporated |
| 2. Facility Plan                 | 2012 | Kleinfelder      |
| 3. Facility Condition Assessment | 2020 | Faithful + Gould |