

## Money Is Not The Problem

I heard the news this morning that the Massachusetts Department of Correction is seeking more than \$800 million to operate the agency during the upcoming fiscal year. To bolster their request, DOC officials have been on a media tour to promote programs like the School of Reentry. While I applaud any effort to expand access to meaningful rehabilitation programming, the DOC should not be given any additional money until the agency agrees to correct philosophical failures that have long plagued the department.

Rehabilitation and programming are buzzwords the DOC dusts off each year at budget time, but refuse to embrace once a fiscal plan is approved. A clear example of this is the fact that approximately half of all people currently incarcerated in Massachusetts sit on a wait list for educational programming. This is because the DOC has consistently underfunded education and other rehabilitation programs for more than three decades, choosing instead to use the vast majority of its budget on security staff who do not see themselves as part of the rehabilitation process. In fact, the guards union often has taken a hostile stance toward any activity that seeks to help incarcerated people improve themselves.

Commissioner Carol Mici has also looked negatively at rehabilitation when the outcomes of such programming didn't align with her biases. One need look no further than the comments made by the Commissioner's attorney who told a Suffolk Superior Court justice last spring that my 17 years without a disciplinary report and active program participation was a bad thing. Rather than taking credit for my successful rehabilitation, the Commissioner chose instead to denigrate the DOC's programs, support staff, and classification process by claiming that they were manipulated easily.

Before any serious consideration is given to expanding the department's budget, I request that you and fellow Legislators consider the following budget note suggestions:

1. Require the DOC to submit budget requests divided into categories, such as, Security, Operations, and Education/Programming; and then lock funding into the specific categories.
2. Require that all incarcerated people be provided a meaningful chance to earn good time every month through traditional offerings (e.g., school and work) and through nontraditional offerings, such as, self-help programs (e.g., Toastmasters, Lifers Group, and religious

programs) and programs delivered through DOC tablets.

3. Require the DOC to submit a resource alignment plan that shifts the department's staff and resources to focus on program delivery and create funding triggers tied to meeting the plan's objectives. (This plan should seek to maximize the use of minimum security facilities, close smaller facilities like those at Concord and Gardner, and maintain security staffing levels that match documented classification scores -- in other words, if the DOC has a medium security prison full of people classified "low risk," security staffing levels should be more aligned with the level found at minimum security facilities.)
4. Require the Commissioner to release on medical parole every person who has been classified to any department medical unit (Shattuck Hospital, Departmental Infirmaries, Nursing Clinical Unit, and Clinical Stabilization Units) unless the Commissioner "determines by clear and convincing evidence that, if the [person] is released with appropriate conditions, community supervision, and reasonable accommodations, the [person] will not live and remain at liberty without violently recidivating." See HD 3779 (2023).

If the DOC implemented the four items above, it more effectively and more efficiently uses taxpayer funds to meet the DOC's mission while also promoting transparency.

I do not believe the DOC as constituted today has the ability to shift to a system focused on rehabilitation without stronger intervention by the Legislature. The present leadership of the DOC has repeatedly thwarted the laws passed the Legislature. The refusal to implement mandated changes to the use of solitary confinement and to utilize medical parole as Legislators envisioned should serve as proof enough that the department lacks both the will and capacity to operate a rehabilitation system focused on providing every person under state control with meaningful opportunities to lead successful and healthy lives.