

**2022 Former Special Legislative Commission on
Structural Racism in MA Correctional Facilities
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- * The document on this Appendix page is too large to download into the Appendices. Use the link provided to read the document online. If you are reading a printed document, you can search the document name on the Internet, or contact the Massachusetts Legislature's Office of the House Clerk at (617) 722-2356 to learn where to request a printed copy.**
- ** The document on this Appendix page is too large to download into the Appendices. The link provided points to a PDF on a Google Drive owned by the principal author on the Report. You may also contact the Massachusetts Legislature's Office of the House Clerk at (617) 722-2356 to learn where to request a printed copy.**

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APPENDIX

A

Enabling Legislation for 2020 Police Reform Bill
8 Special Legislative Commissions

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APPENDIX A: Enabling Legislation for 2020 Police Reform Bill 8 Special Legislative Commissions

[S.2963, An Act Relative to Justice, Equity and Accountability in Law Enforcement in the Commonwealth \(191st, 2019-2020\)](#), also known as the 2020 Police Reform Bill, was enacted into law on December 31st, 2020 and can be found in the official [Session Law, Acts of 2020 MA General Laws](#).

As part of this law, the Special Legislative Commission on Structural Racism in Correctional Facilities of the Commonwealth was mandated in SECTION 110, along with 7 other special commissions. In the Act's language, the foundation of the Commission and report are found in the opening section: ***The commission shall investigate and study disparate treatment of persons of color incarcerated at state and county correctional facilities and determine the role of structural racism in those disparities.***

The 8 Special Legislative Commissions are:

1. **Massachusetts General Laws, Chapter 253, Section 110 - Structural Racism in Correctional Facilities**
 - *SECTION 110. (a) There shall be established, pursuant to section 2A of chapter 4 of the General Laws, a special legislative commission on structural racism in correctional facilities of the commonwealth. The commission shall investigate and study disparate treatment of persons of color incarcerated at state and county correctional facilities and determine the role of structural racism in those disparities.*
 - *(b) The special legislative commission shall consist of 17 members: 4 of whom shall be members of the house of representatives to be appointed by the speaker of the house, 1 of whom shall be a member of the Massachusetts Black and Latino Legislative Caucus and 1 of whom shall be a member of the Massachusetts House Asian Caucus; 2 of whom shall be members of the senate to be appointed by the senate president; 2 of whom shall be appointed by the governor, 1 of whom shall be the secretary of public safety and security; 1 of whom shall be the president of the Massachusetts Sheriffs Association, Inc. or a designee; 1 of whom shall be the president of the Massachusetts Correction Officers Federated Union or a designee; 1 of whom shall be the executive director of the American Civil Liberties Union of Massachusetts, Inc. or a designee; 1 of whom shall be the president of the Urban League of Eastern Massachusetts, Inc. or a designee; 1 of whom shall be the executive director of Roca, Inc. or a designee; 1 of whom shall be the chief executive officer of UTEC, Inc. or a designee; 1 of whom shall be the executive director of Prisoners' Legal Services or a designee; 1 of whom shall be the executive director of GLBTQ Legal Advocates & Defenders, Inc. or a designee; 1 of whom shall be the executive director of Massachusetts Coalition for the Homeless, Inc. or a designee; and 1 of whom*

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shall be the chair of the New England Chapter of the American Immigration Lawyers Association or a designee.

- *(c) The special commission shall conduct a thorough review of the policies and procedures in place at state and county correctional facilities, both as written and as implemented, to determine if there are disparities in the treatment of persons of color and if structural racism at these facilities is a cause of those disparities. The special commission shall also conduct a thorough review of the access to educational, vocational or other programming options for incarcerated inmates and if there are disparities in access for persons of color and if structural racism is a cause of those disparities. The special commission shall make recommendations to eliminate any disparities in the treatment of persons of color found at state and county facilities including policy or legislative changes.*
- *(d) The special commission shall submit its report and recommendations, together with drafts of legislation to carry its recommendations into effect, by filing the same with the clerks of the house of representatives and the senate not later than September 30, 2021.*

2. Massachusetts General Laws, Chapter 253, Section 111 - Structural Racism in the Parole Process

- *SECTION 111. (a) There shall be established, pursuant to section 2A of chapter 4 of the General Laws, a special legislative commission on structural racism in the parole process. The commission shall make an investigation and study into disparate treatment of persons of color in the parole process and determine the role of structural racism in those disparities.*
- *(b) The special legislative commission shall consist of 13 members: 3 of whom shall be members of the house of representatives to be appointed by the speaker of the house, 1 of whom shall be a member of the Massachusetts Black and Latino Legislative Caucus and 1 of whom shall be a member of the Massachusetts House Asian Caucus; 2 of whom shall be members of the senate to be appointed by the senate president; 2 of whom shall be appointed by the governor, 1 of whom shall be a member of the parole board; 1 of whom shall be the executive director of the American Civil Liberties Union of Massachusetts, Inc. or a designee; 1 of whom shall be the president of the National Association for the Advancement of Colored People New England Area Conference or a designee; 1 of whom shall be the executive director of Roca, Inc. or a designee; 1 of whom shall be the executive director of the Massachusetts Coalition for the Homeless, Inc. or a designee; 1 of whom shall be the chief executive officer of UTEC, Inc. or a designee; and 1 of whom shall be the executive director of Prisoners' Legal Services or a designee.*
- *(c) The special commission shall conduct a thorough review of the parole process to determine if there are disparities in the treatment of persons of color in the granting or denying of parole and if structural racism is a cause of those disparities. The special commission shall also conduct a thorough review of any disparities in conditions of release placed on persons of color and if structural racism is a cause of those disparities. The special commission shall make recommendations to eliminate any disparities in the*

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treatment of persons of color found in the parole process including policy or legislative changes.

- *(d) The special commission shall submit its report and recommendations, together with drafts of legislation to carry its recommendations into effect, by filing the same with the clerks of the house of representatives and the senate not later than September 30, 2021.*

3. Massachusetts General Laws, Chapter 253, Section 112 - Structural Racism in Probation Service

- *SECTION 112. (a) There shall be established, pursuant to section 2A of chapter 4 of the General Laws, a special legislative commission on structural racism in the Massachusetts probation service, referred to in this section as the commission. The commission shall make an investigation and study into disparate treatment of persons of color in the probation process and determine the role of structural racism in those disparities.*
- *(b) The special legislative commission shall consist of 13 members: 3 of whom shall be members of the house of representatives to be appointed by the speaker of the house, 1 of whom shall be a member of the Massachusetts Black and Latino Legislative Caucus and 1 of whom shall be a member of the Massachusetts House Asian Caucus; 2 of whom shall be members of the senate to be appointed by the president of the senate; 1 of whom shall be appointed by the governor; 1 of whom shall be the commissioner of probation; 1 of whom shall be the executive director of the American Civil Liberties Union of Massachusetts, Inc. or a designee; 1 of whom shall be the president of the National Association for the Advancement of Colored People New England Area Conference or a designee; 1 of whom shall be the executive director of Roca, Inc. or a designee; 1 of whom shall be the chief executive officer of UTEC, Inc. or a designee; 1 of whom shall be the executive director of the Massachusetts Coalition for the Homeless, Inc. or a designee; and 1 of whom shall be the chief counsel of the committee for public counsel services or a designee.*
- *(c) The special commission shall conduct a thorough review of the probation process to determine if there are disparities in the treatment of persons of color in the probation system and if structural racism is a cause of those disparities. The special commission shall also conduct a thorough review of any disparities in conditions or revocation of probation for persons of color and if structural racism is a cause of those disparities. The special commission shall make recommendations to eliminate any disparities in the treatment of persons of color found in the parole process including policy or legislative changes.*
- *(d) The special commission shall submit its report and recommendations, together with drafts of legislation to carry its recommendations into effect, by filing the same with the clerks of the house of representatives and the senate not later than September 30, 2021.*

4. Massachusetts General Laws, Chapter 253, Section 105 - Government use of facial recognition technology

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- *SECTION 105. (a) Notwithstanding any special or general law to the contrary, there shall be a special legislative commission established pursuant to section 2A of chapter 4 of the General Laws to conduct a study on government use of facial recognition technology in the commonwealth.*
- *The commission shall consist of 22 members: 2 of whom shall be the chairs of the joint committee on the judiciary or their designees, who shall serve as co-chairs; 3 of whom shall be appointed by the president of the senate; 3 of whom shall be appointed by the speaker of the house of representatives; 1 of whom shall be the minority leader of the house of representatives or a designee; 1 of whom shall be the minority leader of the senate or a designee; 1 of whom shall be the chief justice of the supreme judicial court or a designee; 1 of whom shall be the attorney general or a designee; 1 of whom shall be the secretary of public safety and security or a designee; 1 of whom shall be the registrar of motor vehicles or a designee; 1 of whom shall be the executive director of the American Civil Liberties Union of Massachusetts, Inc. or a designee; 1 of whom shall be the chief counsel for the committee for public counsel services or a designee; 1 of whom shall be the president of the National Association for the Advancement of Colored People New England Area Conference or a designee; 1 of whom shall be the chief legal counsel for the Massachusetts Bar Association or a designee; 1 of whom shall be the colonel of state police or a designee; 1 of whom shall be the president of the Massachusetts District Attorneys Association or a designee; 1 of whom shall be the president of the Massachusetts Chiefs of Police Association Incorporated or a designee; 1 of whom shall be an academic expert in: (i) data science, artificial intelligence and machine learning; (ii) social implications of artificial intelligence and technology; or (iii) information policy, technology and the law, to be appointed by the governor.*
- *The commission shall evaluate government use of facial recognition technology in the commonwealth and make recommendations to the legislature regarding appropriate regulations, limits, standards and safeguards. The commission shall:*
 - *(i) survey current government uses of facial recognition technology in the commonwealth;*
 - *(ii) consult with academic experts in the fields of machine learning, algorithmic bias, criminal law, and human rights;*
 - *(iii) examine research regarding the ability of facial recognition technology to accurately identify people of different races, genders and ages;*
 - *(iv) examine and evaluate the facial recognition system operated by the registry of motor vehicles, make recommendations for regular independent bias testing and propose standards to ensure accuracy and equity of the system based on age, race, gender and religion;*
 - *(v) examine access to the facial recognition system operated by the registry of motor vehicles and the management of information derived from it, including, but not limited to, data retention, data sharing and audit trails;*

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- *(vi) evaluate current access by federal agencies to databases maintained by the commonwealth that catalog images of faces and examine which agencies have such access, and the authorization for, and terms of, such access;*
 - *(vii) evaluate a requirement for law enforcement agencies to obtain a probable cause warrant prior to performing facial recognition searches, including the merits of requiring enhanced standards to perform a search similar to those set forth in section 99 of chapter 272 of the General Laws;*
 - *(viii) examine whether, and under what circumstances, it is appropriate for law enforcement agencies to perform facial recognition searches without a warrant, and make recommendations for safeguards regarding due process, accountability, oversight, documentation and transparency for any such searches;*
 - *(ix) provide recommendations for any necessary due process protections for criminal defendants when facial recognition technology is used in a criminal investigation;*
 - *(x) provide recommendations to ensure privacy for the public, including, but not limited to, the use of facial recognition to conduct surveillance of people in public spaces; and*
 - *(xi) provide recommendations for adequate training and oversight on the use of facial recognition technology.*
 - *For the purposes of this section, “facial recognition” shall mean an automated or semi-automated process that assists in identifying or verifying an individual or capturing information about an individual based on the physical characteristics of an individual’s face, head or body, that uses characteristics of an individual’s face, head or body to infer emotion, associations, activities or the location of an individual; provided, however, that “facial recognition” shall not include the use of search terms to sort images in a database.*
 - *(b) The executive office of public safety and security shall, at the request of the commission, provide to the commission timely access to all information to be published in the annual report pursuant to subsection (d) of section 220 of chapter 6 of the General Laws.*
 - *(c) The commission shall convene beginning not later than February 15, 2021 and shall submit its findings and recommendations, including any proposed legislation, relative to the use of facial recognition technology by filing the same with the clerks of the house of representatives and senate and the governor not later than December 31, 2021.*
- 5. Massachusetts General Laws, Chapter 253, Section 106 - Emergency hospitalizations**
- *SECTION 106. (a) There shall be, pursuant to section 2A of chapter 4 of the General Laws, a special legislative commission on emergency hospitalizations pursuant to subsection (a) of section 12 of chapter 123 of the General Laws. The commission shall: (i) study how often emergency hospitalizations are used by law enforcement professionals; (ii) examine the impact of emergency hospitalizations on law enforcement resources; (iii) create best practices for coordination of services for hospitalized individuals by law enforcement and medical professionals; and (iv) determine how to reduce police interactions with individuals frequently subject to emergency hospitalization.*

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- *(b) The commission shall consist of 11 members: the commissioner of mental health or a designee; the secretary of public safety and security or a designee; the executive director of the mental health legal advisors committee established in section 34E of chapter 221 of the General Laws or a designee; 2 law enforcement officers, as defined in section 1 of chapter 6E of the General Laws, to be appointed by the speaker of the house of representatives, of whom at least 1 shall reside in a gateway municipality as defined in section 3A of chapter 23A of the General Laws; 2 clinical social workers to be appointed by the president of the senate, of whom at least 1 shall reside in a gateway municipality, as defined in said section 3A of said chapter 23A; the president of the Massachusetts Medical Society or a designee; the president of the Massachusetts Nurses Association or a designee; the president of the Massachusetts Chiefs of Police Association Incorporated or a designee; and the president of the Massachusetts Coalition of Police, Inc. or a designee.*
 - *(c) The commission shall conduct a thorough review of the policies and procedures related to emergency hospitalizations pursuant to subsection (a) of section 12 of chapter 123 of the General Laws. The goals of the special commission shall be to: (i) develop strategies that reduce the amount of police resources and police interactions with individuals hospitalized pursuant to said subsection (a) of said section 12 of said chapter 123; (ii) better determine how law enforcement and medical professionals can coordinate services to advance the shared goals of public safety and public health in the commonwealth; and (iii) make recommendations, including, but not limited to, policy or legislative changes, related to emergency hospitalizations.*
 - *(d) The commission shall submit its report and recommendations, together with drafts of legislation to carry its recommendations into effect, by filing the same with the clerks of the house of representatives and the senate not later than September 30, 2021.*
- 6. Massachusetts General Laws, Chapter 253, Section 107 - Civil service law, personnel administration rules and procedures**
- *SECTION 107. (a) Notwithstanding any general or special law to the contrary, there shall be established, pursuant to section 2A of chapter 4 of the General Laws, a special legislative commission to study and examine the civil service law, personnel administration rules, hiring procedures and by-laws for municipalities not subject to the civil service law and state police hiring practices.*
 - *(b) The commission shall consist of 29 members; 3 members appointed by the governor, 1 of whom shall be a member of a police officers' union, 1 of whom shall be a member of a firefighters' union and 1 of whom shall be a member of a correctional officers' union; 1 of whom shall be the executive director of the American Civil Liberties Union of Massachusetts, Inc. or the executive director's designee; 1 of whom shall be the president of the National Association for the Advancement of Colored People New England Area Conference or the president's designee; 1 of whom shall be the chair of the Massachusetts Law Enforcement Policy Group, Inc.; 1 of whom shall be the president of the Massachusetts Chiefs of Police Association Incorporated or the president's designee; 1 of*

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whom shall be the president of the Fire Chiefs' Association of Massachusetts, Inc. or the president's designee; 1 of whom shall be the chair of the Massachusetts Association of Minority Law Enforcement Officers, Inc. ; 1 of whom shall be the colonel of state police or the colonel's designee; 1 of whom shall be the chairman of the civil service commission or the chairman's designee; 1 of whom shall be the secretary of administration and finance or the secretary's designee; 1 of whom shall be the president of the Massachusetts Bar Association or the president's designee; 1 of whom shall be the secretary of public safety and security or the secretary's designee; 1 of whom shall be the president of the Mass. Veterans' Service Agents Association, Inc. or the president's designee; 1 of whom shall be the secretary of veterans' services or the secretary's designee; 1 of whom shall be the commander of the Disabled American Veterans, Department of Massachusetts, Inc., or the commander's designee; 1 of whom shall be the executive director of the Massachusetts Municipal Association, Inc. or the executive director's designee; 1 of whom shall be the chair of the Massachusetts Black and Latino Legislative Caucus or the chair's designee; 1 of whom shall be the chair of the Massachusetts House Asian Caucus or the chair's designee; 4 members of the house of representatives, 2 of whom shall be appointed by the speaker of the house of representatives, 1 of whom shall be the house chair of the joint committee on public service or the chair's designee and 1 of whom shall be appointed by the minority leader of the house of representatives; 4 members of the senate, 2 of whom shall be appointed by the senate president, 1 of whom shall be the senate chair of the joint committee on public service or designee and 1 of whom shall be appointed by the minority leader of the senate; and the attorney general or the attorney general's designee. The speaker of the house of representatives shall appoint 1 co-chair from the house appointees to the commission and the senate president shall appoint 1 co-chair from the senate appointees to the commission.

- *(c) The commission shall study the employment, promotion, performance evaluation and disciplinary procedures for civil service employees, including, but not limited to: (i) the hiring and recruitment processes for civil service positions; (ii) the use of civil service eligible lists, the statutory merit preference status and the hiring from those eligible lists; (iii) all current civil service examinations and the use of the examinations for hiring and promotions; (iv) collective bargaining agreements by unions; (v) the disciplinary and appeal procedures as applied to civil service employees; and (vi) identifying any barriers that exist in hiring, recruiting or promoting civil service employees.*
- *(d) The commission shall study the employment, promotion, performance evaluation and disciplinary procedures of municipalities not subject to the civil service law, including, but not limited to: (i) the hiring and recruitment procedures and by-laws for municipalities; (ii) all examinations administered by municipalities and the use of the examinations for hiring and promotions; (iii) the use of minimum eligibility guidelines and hiring qualifications or preferences; (iv) collective bargaining agreements by unions; (v) the disciplinary and appeal procedures as applied to municipal employees; and (vi) identifying any barriers that exist in hiring, recruiting or promoting municipal employees.*

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- *(e) The commission shall study employment, promotion, performance evaluation and disciplinary procedures of the department of state police, including, but not limited to: (i) hiring and recruitment laws and procedures; (ii) the requirements of chapter 22C of the General Laws; (iii) all examinations used by the state police for hiring and promotions; (iv) collective bargaining agreements by unions; (v) the disciplinary and appeal procedures as applied to officers of the Massachusetts state police; and (vi) identifying any barriers that exist in hiring, recruiting or promoting officers of the department of state police.*
 - *(f) The commission shall evaluate the feasibility of creating a statewide diversity office within the executive office of administration and finance to establish affirmative action plans and guidelines for municipalities, oversee the implementation of these plans and guidelines and monitor noncompliance. The commission shall examine the feasibility and cost of hiring or appointing a diversity officer for every city or town with a municipal police or fire department.*
 - *(g) The commission shall make recommendations for changes to the civil service law to improve diversity, transparency and representation of the community in recruitment, hiring and training of civil service employees, including, but not limited to, any changes to civil service exams, merit preference status, eligible lists and appointment from eligible lists by hiring authorities. The commission shall make recommendations to improve diversity, transparency and representation of the community in recruitment, hiring and training for municipalities not subject to the civil service law and for the department of state police.*
 - *(h) The commission shall hold its first meeting not later than 30 days after the effective date of this act and shall meet at least monthly thereafter. The commission shall submit a report of its study and any recommendations, together with any draft legislation necessary to carry those recommendations into effect, by filing the same with the governor, the speaker of the house of representatives and the president of the senate and the clerks of the house of representatives and senate on or before September 30, 2021.*
- 7. Massachusetts General Laws, Chapter 253, Section 108 - Law enforcement officer cadet program**
- *SECTION 108. (a) Notwithstanding any special or general law to the contrary, there shall be a special legislative commission established pursuant to section 2A of chapter 4 of the General Laws to study the establishment of a statewide law enforcement officer cadet program. The commission shall consist of 21 members: 2 of whom shall be the chairs of the joint committee on public safety and homeland security or their designees, who shall serve as co-chairs; 2 of whom shall be the chairs of the joint committee on the judiciary or their designees; 1 of whom shall be the chair of the Massachusetts Black and Latino Legislative Caucus or a designee; 1 of whom shall be the chair of the Massachusetts House Asian Caucus or a designee; 1 of whom shall be the attorney general or a designee; 1 of whom shall be the secretary of public safety and security or a designee; 1 of whom shall be the colonel of state police or a designee; 1 of whom shall be the commissioner of correction or a designee; 1 of whom shall be the training director of the Massachusetts peace officer*

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standards and training commission or a designee; 1 of whom shall be the executive director of the American Civil Liberties Union of Massachusetts, Inc. or a designee; 1 of whom shall be the president of the National Association for the Advancement of Colored People New England Area Conference or a designee; and 8 of whom shall be appointed by the governor; 1 of whom shall be from the State Police Association of Massachusetts, 1 of whom shall be from the Massachusetts Chiefs of Police Association Incorporated, 1 of whom shall be from the Massachusetts Police Association, Inc., 1 of whom shall be from the Massachusetts Coalition of Police, Inc., 1 of whom shall be from the Massachusetts Sheriffs Association, Inc., 1 of whom shall be from the Massachusetts Association of Minority Law Enforcement Officers, Inc.; 1 of whom shall be from the Massachusetts Association of Women in Law Enforcement, Inc. and 1 of whom shall be from the Association of Chiefs of Police - State Universities of Massachusetts.

- *(b) The appointments made by the governor pursuant to subsection (a) shall include women and people of color in such proportion as these groups exist in the commonwealth's population as periodically determined by the state secretary as the commonwealth's chief census officer.*
- *(c) The commission shall evaluate the establishment of a statewide law enforcement officer cadet program in the commonwealth through which all law enforcement agencies, as defined in section 1 of chapter 6E of the General Laws, may hire law enforcement officers and shall make recommendations to the legislature. The commission shall study the feasibility and benefits of establishing said cadet program, including, but not limited to: (i) impact on diversity within law enforcement agencies; (ii) impact on veteran preference hiring within law enforcement agencies; (iii) recommendations to ensure increased diversity across law enforcement agencies; (iv) proposed standards for admission to the statewide cadet program, including, but not limited to, age, education and physical, psychological and mental health; (v) proposed standards, including form, method and subject matter, for a qualifying examination which shall fairly test the applicant's knowledge, skill and abilities that can be fairly and reliably measured and that are actually required to perform the primary or dominant duties of a law enforcement cadet; (vi) proposed standards for completion of the cadet program and enlistment as a uniformed law enforcement officer; (vii) recommended cadet compensation and benefits, including, but not limited to, insurance coverage, retirement and pension benefits; (viii) the feasibility of providing specialized training required for appointment to a particular agency or by a city or town; and (ix) any other information the commission deems relevant.*
- *(d) The commission shall submit its findings and recommendations relative to the establishment of a statewide law enforcement cadet program by filing the same with the clerks of the house of representatives and the senate and the governor not later than December 31, 2021.*

8. Massachusetts General Laws, Chapter 253, Section 116 - Impact of the qualified immunity doctrine

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- *SECTION 116. (a) There shall be established, pursuant to section 2A of chapter 4 of the General Laws, a special legislative commission to investigate and study the impact to the administration of justice of the qualified immunity doctrine in the commonwealth. Said investigation and study shall include, without limitation, an analysis of the origins of qualified immunity and its present interpretation by the courts of the commonwealth, and the legal and policy rationale for, and the legal and policy impact of, the qualified immunity doctrine in the commonwealth.*
- *(b) The special legislative commission shall consist of 15 members: 2 of whom shall be the chairs of the joint committee on the judiciary or their designees, who shall serve as co-chairs; 2 of whom shall be members of the house of representatives appointed by the speaker of the house; 1 of whom shall be a member of the house of representatives appointed by the minority leader; 2 of whom shall be members of the senate appointed by the president of the senate; 1 of whom shall be a member of the senate appointed by the minority leader; 3 of whom shall be appointed by the governor; 1 of whom shall be a member of a police officers' union, 1 of whom shall be a member of a firefighters' union and 1 of whom shall be a retired justice of the appeals court; 1 of whom shall be the executive director of the American Civil Liberties Union of Massachusetts, Inc. or a designee; 1 of whom shall be the president of the Massachusetts Bar Association or a designee; 1 of whom shall be the executive director of the Massachusetts Municipal Association, Inc. or a designee; and 1 of whom shall be the president of the National Association for the Advancement of Colored People New England Area Conference or a designee.*
- *(c) The special legislative commission shall submit a report of its study and recommendations, together with legislation, if any, to the clerks of the house of representatives and the senate on or before September 30, 2021.*

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APPENDIX

B

**Recommended Legislation for Dismantling
Structural Racism in Correctional Facilities
(192nd Legislative Session)**

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APPENDIX B: Recommended Legislation for Dismantling Structural Racism in Correctional Facilities (*filed: 192nd Legislative Session*)

The below legislation filed in the 192nd General Court focused on criminal justice reform, particularly in mitigating incarceration, improving the lives of incarcerated individuals and their loved ones, ending inhumane conditions and mental health practices inside correctional facilities, and increasing accountability through data transparency. The Commission recommends these bills be reviewed to pass individually or as part of an omnibus Anti-Racism in Corrections bill within the 193rd General Court. *Bill status and descriptions below were last updated 12/6/22.*

- Public Safety bills - Bills investing in communities and groups affected by over policing and equity gaps:
 1. *H.3453/S2304 - An Act to eliminate debt-based incarceration and suspensions, filed by Rep Nika Elugardo & Senator Julian Cyr, House bill Accompanied H3535, referred to House Ways and Means, Senate bill Accompanied S2307, referred to Senate Ways and Means - Would eliminate several debt-based license and registration suspension triggers that are not related to safe driving, like failure to pay indigent counsel fees or parking tickets.*
 2. *H.2008/S.1815 - An Act to reinvest justice and opportunity in communities affected by incarceration, filed by Rep Mary Keefe & Senator Sonia Chang-Diaz, House bill accompanied study order H.5233 and Senate bill accompanied study order S.2816, discharged to House Rules and Senate Rules - A bill to establish a strong communities and workforce development fund to be reinvested in communities affected by incarceration.*
 3. *H.2484/S.1566 - An Act to promote rehabilitation including guaranteed health, treatment, and safety for incarcerated LGBTQI+ people, filed by Rep Jack Patrick Lewis & Senator Julian Cyr, both recommended to pass and referred to Ways and*

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Means - To promote rehabilitation including guaranteed health, treatment, and safety for incarcerated LGBTQI+ People. Public Safety and Homeland Security.

4. *H.1794/S.1022 - An Act to prevent the imposition of mandatory minimum sentences based on juvenile adjudications, filed by Rep Liz Miranda & Senator James Eldridge, House and Senate bill accompanied S.2670, referred to Senate Ways and Means* - this bill works to decrease juvenile incarceration.
- Housing & Reentry - Bills prioritizing reentry efforts:
 1. *H.4071 - An Act securing housing options for eligible tenants with a history of criminal justice involvement, filed by Rep Nika Elugardo, referred to House Ways and Means* - Adds formerly incarcerated persons experiencing housing instability to pre-existing preferences in housing programs throughout MGL.
 2. *H.209 - An Act relative to discharge plans across the Commonwealth (Re-Entry), filed by Rep Nika Elugardo, accompanied a study order, H4904, discharged to House Rules* - Provides for planning to avoid discharging individuals released from incarceration or residential treatment into homelessness or emergency shelters.
 3. *H.2460/S.1551 - An Act relative to successful transition and re-entry to tomorrow for incarcerated persons; "The STARTT Act," filed by Rep Brandy Fluker-Oakley & Senator Sonia Chang-Diaz, referred to Ways and Means* - A bill relative to the application process for incarcerated persons to receive identification cards upon release.
 4. *S.450 - An Act to increase voter registration, participation, and to help prevent recidivism, filed by Senator Sonia Chang-Diaz, accompanied a study order, H.5026, discharged to House Rules* - Establishes ways for incarcerated individuals to be able to vote post incarceration.
 5. *S.1564 - An Act relative to education and programming for the incarcerated, filed by Senator Cynthia Stone Creem, referred to Senate Ways and Means* - Correctional facilities shall maximize out of cell time and opportunities for prisoner participation in

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education, training, employment, and all other programming including programming related to rehabilitation, health care and substance use.

6. *H.2503/S.1560 - An Act to promote equitable access to parole, filed by Reps Liz Miranda, Andres Vargas, & Senator Cynthia Stone Creem, House bill accompanied study order H.5353, Senate bill accompanied S.2889, discharged to House Rules and Senate Rules - A bill that aims to expand and restructure the Parole Board to establish clear standards for parole decisions.*
- Judiciary - Bills that invest in systemic change and focus on decarceration:
 1. *H.1868 - An Act regarding decarceration and COVID-19, filed by Rep Lindsey Sabadosa, accompanied a study order; H.4844, discharged to House Rules - Immediately decarcerate within 14 days any individual who poses no immediate physical threat to the community, including all individuals charged with the simple possession of controlled substances.*
 2. *H.1797 - An Act to reduce mass incarceration, filed by Reps Liz Miranda & Jay Livingstone, accompanied study order H.4844, discharged to House Rules - Would allow all people serving life sentences the opportunity to be eligible for a parole hearing after serving 25 years, also applying retroactively to currently incarcerated people.*
 3. *H.1795/S.1558 - An Act improving juvenile justice data collection, filed by Rep Liz Miranda & Senator Cynthia Stone Creem, House bill accompanied study order H.5205 and referred to House Rules, Senate bill referred to Senate Ways and Means - Establishes systems to collect accurate, consistent, and comprehensive data on juveniles' contacts with officials in the law enforcement and juvenile justice systems.*
 4. *H.1905/S.2030 - An Act establishing a jail and prison construction moratorium, filed by Rep Chynah Tyler & Senator Joanne M. Comerford, attached to general bonding bill, H5065, line item vetoed by Governor. House bill accompanied study order H.5173, discharged to House Rules, Senate bill referred to Senate Ways and Means -*

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Would address the Commonwealth's investment in prisons, jails, regional lock-ups, and other such facilities by pausing new construction and planning.

5. *H.1518 - An Act relative to clarity and consistency for the Justice Reinvestment Oversight Board, filed by Rep Michael Day, referred to Judiciary Committee* - This bill tackles data collection in all adjacent agencies
 6. *H.2480/S.1541 - An Act to create uniform standards in use of force, increase transparency, and reduce harm in correctional facilities, filed by Rep Mary Keefe & Senator Michael Barrett, House bill accompanied study order H.5326, discharged to House Rules, Senate bill accompanied study order S.2969, discharged Senate Rules* - Creates minimum standards for correctional facilities in order to minimize unnecessary and excessive use of force against incarcerated persons, increase transparency in use of force, and decrease the harm that results to both incarcerated persons and custodial staff when incidents escalate into uses of force.
- Health - Bills that address physical and mental health for those in corrections:
 1. *S.1635 - An Act to ensure compliance with the anti-shackling law for pregnant incarcerated women, filed by Senator Rebecca Rausch, referred to Senate Ways and Means* - A bill that focuses on accountability to ensure that pregnant women aren't being handcuffed.
 2. *H.2504/S.1578 - An Act to provide criminal justice reform protections to all prisoners in segregated confinement, filed by Rep Liz Miranda & Senator James Eldridge, House bill accompanied study order H.5332, discharged to House Rules, Senate bill accompanied study order S.2969, discharged Senate Rules* - To reduce the excessive use of Solitary Confinement, as well as to reduce the damage being done by solitary confinement to incarcerated people, their mental health, and their families and communities.
 3. *H.2509/S.1598 - An Act establishing a commission to review substance use in correctional facilities, filed by Rep James O'Day & Senator Patricia Jehlen, referred*

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to Ways and Means - Establishes a commission to review substance use in correctional facilities.

4. *H.2066/S.1285 - An Act ensuring access to addiction services, filed by Rep Ruth Balser & Senator Cindy Friedman, referred to Ways and Means* - This bill will provide more facilities the capabilities under the guidance of the Department of Mental health to care for incarcerated individuals struggling with substance use.
5. *H.1461 - An Act relative to ensuring quality mental health services in state correctional facilities, filed by Rep Ruth Balser, accompanied study order H.4844, discharged to House Rules* - The commission of mental health will work with the DOC to ensure data is collected and the communities within get the support they need.
6. *H.1900/S.1559 - An Act Relative to Inmate Phone Calls, filed by Rep Chynah Tyler & Senator Cynthia Stone Creem, accompanied study order H.5173, discharged to House Rules, Senate bill accompanied study order S.2911, discharged to Senate Rules* - Would provide calls at no-cost to all people incarcerated by the state corrections and would ensure that other forms of communication are used to supplement or supplant telephone calls and in-person visits, such as CorrLinks emails and video calls, are also provided at no-cost.
7. *H. 2448/S.1599 - An Act to remove barriers to medical parole, filed by Rep Mindy Domb & Senator Patricia Jehlen, House bill new draft H.4927, referred to Health Care Financing, Senate bill accompanied study order S.2968, discharged to Senate Rules* - Would remove obstacles to the medical process by clarifying eligibility determinations, providing access to cognitively incapacitated persons, ensuring a clear path to placement of eligible prisoners, and encouraging prompt resolution of court challenges to denials.

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APPENDIX

C

African American Coalition Committee (AACC) Background

- Proposal for an Act to Establish the MA Commission on Structural Racism in the Criminal Justice System
- AACC Organizational Description

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APPENDIX C: African American Coalition Committee (AACC) Background

African American Coalition Committee (AACC)’s History with the Structural Racism Commission

The original language for the Legislative Commission on Structural Racism in Corrections was authored by an individual currently incarcerated at MCI Norfolk, Ricky McGee, known as FuQuan. FuQuan’s bill was filed early in 2019 by Russell E. Holmes of Boston, H 1440 to establish a special commission to study the presence of institutional racism and structural racial inequality in the criminal justice system. The bill was referred to the Committee on the Judiciary where no action was taken. Then in March 2020 the Pandemic hit and in May 2020 George Floyd was murdered by police in Minnesota. The resulting protests and responses generated broad legislative and public interest in criminal justice reform and in increasing diversity, equity, and inclusion in public service. In the summer of 2020, MA Black and Latino Legislative Caucus published its 10-Point Plan to Address Police Violence and Advance Racial Justice. #7 of 10 was FuQuan’s bill: *The Commission on Structural Racism: An Act establishing a special commission on structural racism, H1440, Currently sent to study, but could be added to Outside Section of the Budget; Establishes a commission to study how the systemic presence of institutional racism has created a culture of structural racial inequality which has exacerbated disproportionate minority contact with the criminal justice system in Massachusetts.*

The original language included currently incarcerated individuals including members of the African American Coalition (see above at 1c) serving as Commissioners, but in legislative rewriting, this plan was dropped. Instead the re-written bill included three separate commissions: One to study Structural Racism in Corrections, one to study Structural Racism in Parole, and one to study Structural Racism in Probation. This final version, commonly known as the Police Reform Bill, S.2963, An Act relative to justice, equity and accountability in law enforcement in the Commonwealth, was passed by both the Legislature and the Senate and signed into law by Governor Baker December 31, 2020.

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Proposal for an Act to Establish the MA Commission on Structural Racism in the Criminal Justice System

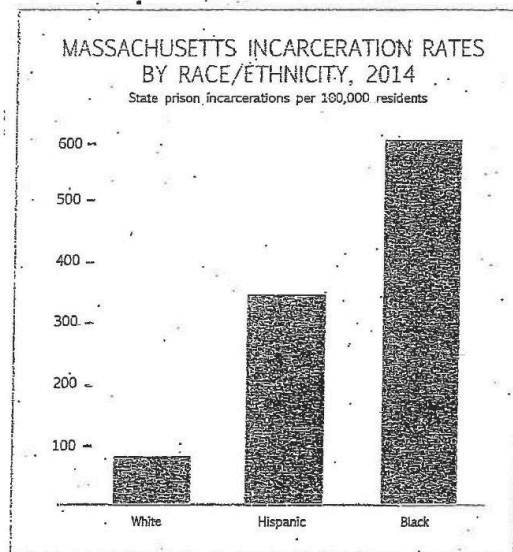
THE AFRICAN AMERICAN COALITION COMMITTEE (A.A.C.C.) RESPECTFULLY
ASKS THAT MEMBERS OF THE BLACK & LATINO CAUCAS SPONSOR A TENTATIVE
BILL:

TITLE: AN ACT TO ESTABLISH THE MASSACHUSETTS COMMISSION ON STRUCTURAL
RACISM.

DESCRIPTION: Creates a commission to study how the systemic presence of
institutional racism has created a culture of structural
racial inequality which has exacerbated disproportionate
Minority contact with the criminal justice system in
Massachusetts. The findings will be utilized to effectively
legislate measures that will profoundly curtail the discrim-
inatory treatment which has crippled the development of
entire communities of color in the Commonwealth.

FACTS:

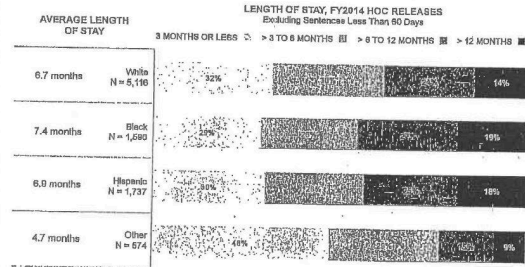
REGIONAL



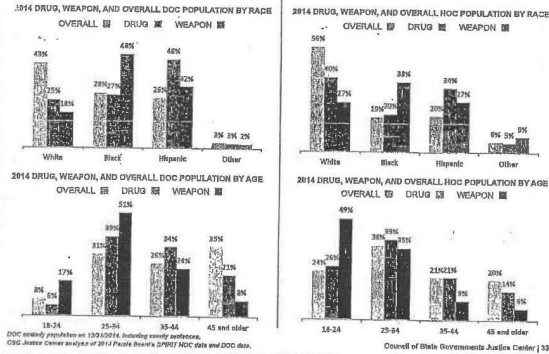
*source: MASSINC

2022 Former Special Legislative Commission on Structural Racism in MA Correctional Facilities REPORT APPENDICES

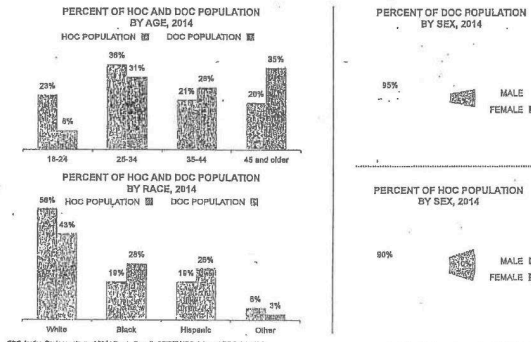
A larger portion of Black and Hispanic individuals released from HOCs served sentences over one year than White or Other individuals



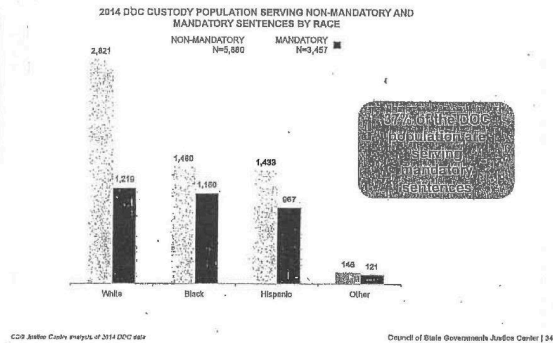
Black and Hispanic individuals comprised a larger portion of the population in DOC for drug and weapon offenses than other groups and were more often younger than the overall DOC population



The DOC population has a higher proportion of older, male, and non-White individuals than the HOC population



44 percent of Black individuals and 40 percent of Hispanics in DOC are serving mandatory sentences, compared to only 30 percent of White individuals

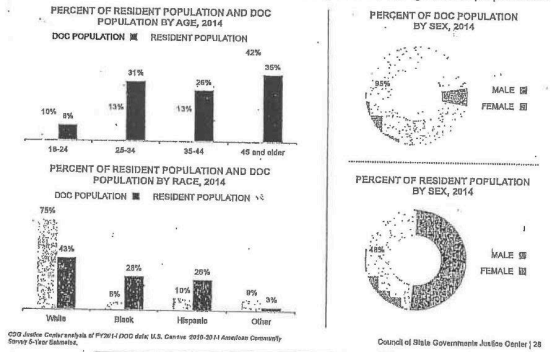


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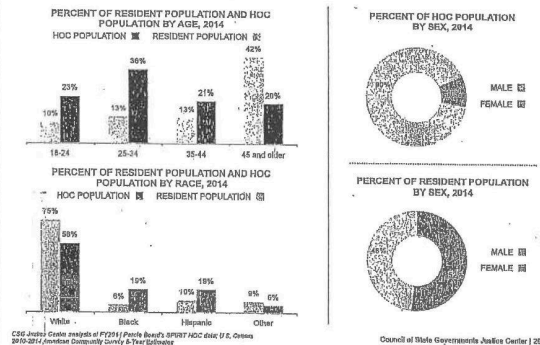
2022 Former Special Legislative Commission on Structural Racism in MA Correctional Facilities

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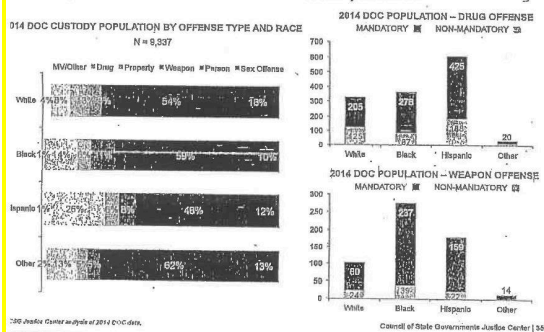
Black, Hispanic, and individuals 25-34 are represented in DOC populations at more than twice the rate they are in the general population



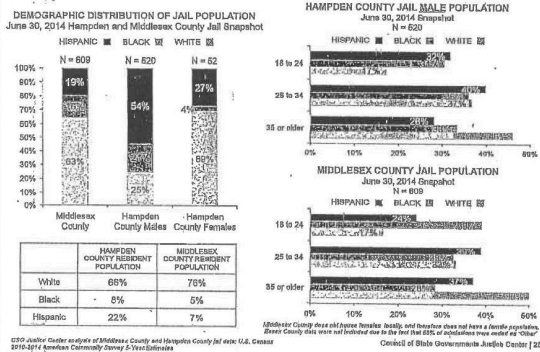
Within HOCs, Black and Hispanic individuals are represented at greater rates than they are in the general population



Black and Hispanic individuals were incarcerated in DOCs for a drug or weapon offense more often than other groups, and their sentences for drug and weapon offenses were more often a mandatory sentence

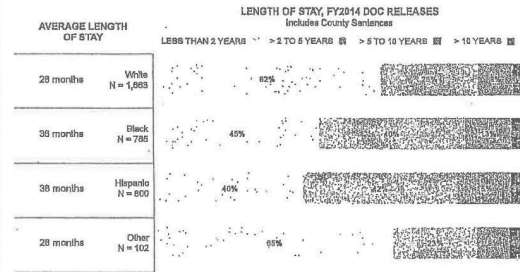


Demographic composition of jail populations varies across sex and county locations



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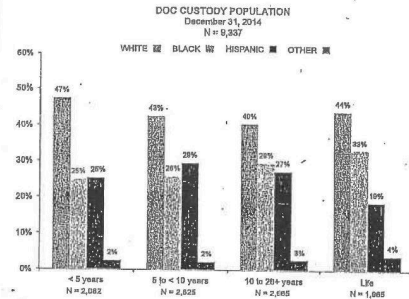
Black and Hispanic individuals released from DOCs served an average of 10 months more than White or Other individuals



CSO Justice Center analysis of FY2014 DOC data

Council of State Governments Justice Center | 31

Disproportionality of the DOC population increases with sentence length



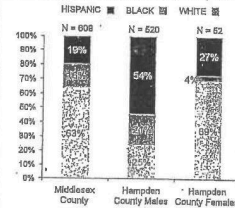
Growth or a lack of decline in the population serving 10+ years and life sentences may result in greater disproportionality in the DOC population

CSO Justice Center analysis of 2014 DOC data

Council of State Governments Justice Center | 32

Demographic composition of jail populations varies across sex and county locations

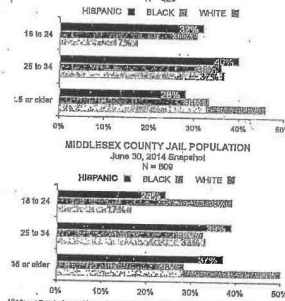
DEMOGRAPHIC DISTRIBUTION OF JAIL POPULATION
June 30, 2014 Hampden and Middlesex County Jail Snapshot



	HAMPDEN COUNTY RESIDENT POPULATION	MIDDLESEX COUNTY RESIDENT POPULATION
White	69%	76%
Black	8%	8%
Hispanic	22%	16%

CSO Justice Center analysis of Middlesex County and Hampden County Jail data. U.S. Census 2010-2012 American Community Survey 5-Year Estimates

HAMPDEN COUNTY JAIL MALE POPULATION
June 30, 2014 Snapshot
N = 520



Middlesex County Jail and Hampden County Jail data. U.S. Census 2010-2012 American Community Survey 5-Year Estimates

Council of State Governments Justice Center | 33

(4)

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(5)

NATIONAL

- There were 98,000 African Americans incarcerated in 1954, and 288,800 in 1984, as compared to the 910,000 in prison or jail today. The Black prison population grew by 300 percent from 1954 to 1984; from 1954 to today, it has increased by a staggering 900 percent.
- Black women born today are five times more likely to go to prison in their lifetimes than Black women born in 1974.
- One in every 18 Black women born today can expect to go to jail in her lifetime; this is six times the rate for white women.
- On any given day, 1 of every 14 Black children has a parent in prison.
- Youth of all races sell and use drugs at similar rates, but African American youth represent 60–75 percent of drug arrests today.
- Nationwide, young Black offenders are more than twice as likely to be transferred to adult court as their white counterparts.
- While African Americans represent 15 percent of those below the age of 18, they are 26 percent of all the youths arrested, 46 percent of those detained in juvenile jails, and 58 percent of all juveniles sent to adult prison.
- Of the 2.1 million inmates today, 910,000 are African American. Blacks make up 43.9 percent of the state and federal prison populations but only 12.3 percent of the U.S. population. Latinos constitute 12.6 percent of the country's population, and yet they are 18.3 percent of the prison population. Whites account for 69 percent of the U.S. population and 34.7 percent of those incarcerated.
- One of every three Black males born today can expect to go to prison in his lifetime.
- 1.4 million African American men, or 13 percent, have currently or permanently lost their right to vote as a result of a felony conviction—seven times the national average.
- In five states that deny the vote to ex-offenders—Alabama, Florida, Iowa, Kentucky, and Virginia—one in four Black men is permanently disenfranchised.
- In at least 15 states, Black men were sent to prison on drug charges at rates ranging from 20 to 57 times those of white men.
- African Americans constitute 13 percent of all monthly drug users, but they represent 35 percent of arrests for

source for national
figures:
sentencingproject.org

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CONCLUSION:

As detailed in a recent report issued by the Massachusetts Criminal Justice Reform Coalition:

"In 2014, incarceration rates in Massachusetts were 7.5 times higher for black residents than white residents and 4.3 times higher for Hispanic residents than white residents. Massachusetts has the highest state Hispanic-to-white disparity in the U.S. This has devastating consequences for minority communities."

The un-equal concentration of incarceration within particular social and demographic groups is troubling. The Legislative Leaders have an obligation to examine the historical parallels between the criminal justice system and the other institutions that subordinated the interests of the minority population of this Commonwealth. Present criminal justice policy and practice disproportionately affect minorities in ways that undermine prospects of racial equality.

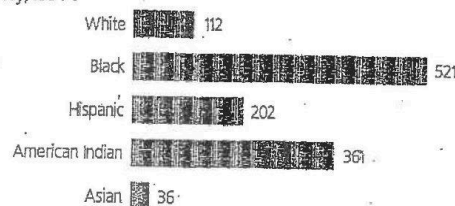
The A.A.C.C. agrees with the present Vice Chairwoman of the Black & Latino Caucus, Sen. Sonia Chang-Diaz, that:

"Our justice system is deeply broken, expensive and racist"

December 29th, 2016
Bay State Banner

It is one thing to represent that the system is "racist", but it is our joint responsibility to not only identify the institutions within it which fosters discriminatorial treatment towards minorities. We must now commit ourselves into dismantling the legislation, policy, practice, and structural racism that has contributed to minorities being incarcerated at un-conscionable levels at increasingly younger ages.

Rate of Youth in Residential Placement per 100,000, by Race and Ethnicity, 2011



Source: Sickmund, M., Sledky, T.J., Kang, W., & Puzzanchera, C. (2013). *Easy Access to the Census of Juveniles in Residential Placement*. Available: <http://www.ojdp.gov/ojstatbb/ezacjrp>.

Prepared by: Rickey McGee
A.A.C.C. Chairman

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AACC Organizational Description

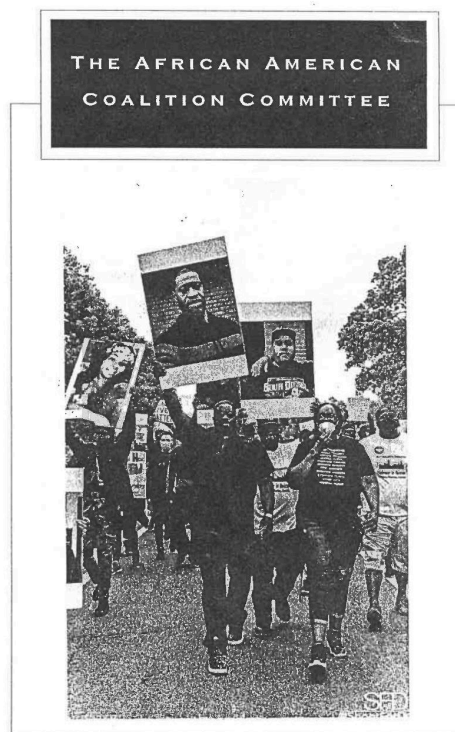
A.A.C.C.

A.A.C.C. BOARD OF DIRECTORS

Jeffrey Anthony	Michael Mauney
Joshua E. Berrios	Ricky McGee
Rodney Briggs	Paul Miranda
Jeffery Brito	Corey Patterson
Cornelius Brown	Malik Phillips
Kyle Bryant	Emmanuel Pina
Brandon Callender	Stephen Pina
Terry Carter	Errol Powell
Michael T. Corbin	William Ragland
Kevin Denis	Phillip Rise
Iran Diaz	David Roberts
Amos Don	Jeremy Rodriguez
Ashawnee Duke	Adam Sanders
Emil R. Encarnacion	Hector Santiago
Sean Evelyn	Aquiles Serpa
Valentino Facey	Rashidi J. Smith
Jose Fernandes	Hector Soto
Odair Fernandes	Corie Stokes
Jonas Francisque	Rodrick Taylor
Earl Fulian	Raquan Turner
Tony Gaskins	Andre Walker
John Gomes	Lonnie Watkins
Joshua Hollis	Willie Wilkerson
Antonio Llamas	Dwight Williams

To learn more about our Department, initiatives, and how you can assist us, contact the Director of Treatment, Sarah Smith, at 508-660-5900, ext. 254, at MCI Norfolk.

We hold our Board Meetings every Tuesday & Thursday from 1:00-3:30 PM, and the first Saturday of every month from 1:30-4:00 PM. Our general meetings are held the 2nd & 4th Tuesday of every month. These meetings are from 6:00-8:15 PM.



"SAY THEIR NAMES"

2021

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A.A.C.C.

The African American Coalition Committee (A.A.C.C.) began as the Black Rights Committee in September of 1972 herein MCI Norfolk. Today we exist as a forward thinking, goal centered organization which centers its initiatives around eliminating the structural inequalities that have devastated Black & Brown communities. With this said our space is congenial to the struggles of all oppressed people. Through our collaborative efforts we have now created the ground work for legitimate change to occur in the lives of the most marginalized citizens of our society.

We will continue to reach out to members of our outside community who are determined to act as change agents against a social order that has yet to be fair and just to communities of color. We will continue to work with organizations who have shown the courage to combat structural racism. We will continue to hold public officials accountable who have yet to constructively use their platforms to reverse any and all discriminatory provisions that have been known to have a disparate impact upon protected groups. We will continue to be the change that we are desiring to see in others.

1

A.A.C.C.

We Remember

Christopher Wade	Philando Castile
Alteria Woods	Natasha McKenna
Gregory Dunn	Terence Crutcher
Keith Lamont Scott	Alfredo Olando
Freddie Gray	Tamir Rice
Desmond Phillips	Walter Scott
Alton Sterling	Laquan McDonald
Kisha Michael	George Floyd
Trayvon Martin	Breonna Taylor
Michael Brown	Ahmaud Arbery
Eric Gardner	Adam Toledo
Mya Hall	Anthony Alvarez
Samuel Dubose	Daunte Wright
Kenny Watkins	Botham Jean
Sandra Bland	

In their names we say:

We have a duty to fight for our
freedom,

We have a duty to win,
We must love and support each other
We have nothing to lose but our
chains....

Assata Shakur

#Knowyoursmoke

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A.A.C.C.

The A.A.C.C. is not merely a "prison group," we are a viable organization who's members operate in an incarcerated setting. Our ambitions will never be reduced to our settings, and our goals will continue to transcend the walls encircled all around us. Everything that we do could not be done without the continued assistance from:

State Rep. Russell Holmes

State Rep. Chyna Tyler

MBLLC Exec. Dire. Lucas DeBarros

A.A.C.C. volunteer Frank Farrow

SCDA Rachael Rollins

Sen. Sonia Chang-Diaz

State Rep. Nika Elugardo

State Rep. Liz Miranda

#StuckonReplay

Emancipation Initiative

Min. Randy Muhammad

Congresswoman Ayanna Pressley

Undersecretary Andy Peck

Democracy BehindBars Coalition

Racial Equity in Corrections Initiative (REICI)

5

A.A.C.C.

With a high standard of professionalism the A.A.C.C. will continue to serve the MCI Norfolk population through its 9 departments:

1. Education: Ensures that our membership remains conscious of the progress and history of Black people.
2. Economics: Oversees the financial affairs of the organization.
3. Edu-Tainment: Oversees the artistic direction of the organization, ensuring that artistic expression is engaging and relevant.
4. Legal: Offers legal perspective to our members and organization
5. Defense: Ensures that our meetings and events remain positive and productive
6. Civic Engagement: Offers pro-social approaches to deal with structural barriers
7. Community Outreach: Identifies ways to connect organization with communities at-large.
8. Community Engagement: Keeps the inside population abreast to and engaged in all efforts of organization.
9. Management: Oversees administrative affairs of organization.

2

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A.A.C.C.

We seek to address the following initiatives through collective efforts:

1. Push to end jail-based disenfranchisement and felony disenfranchisement
2. Reinstating the Furlough Program
3. Presumptive parole & overall Parole Board reform
4. Criminal law reform in Massachusetts
5. Establishing a committee to study how structural racism exacerbates minority contact with the criminal law system
6. Filing Civil Right complaints to investigate why Black & Hispanics, who are considered a federally protected class, ended up being disproportionately represented in the criminal law system
7. Creating & Supporting policies that continue to reunite those incarcerated with their family & the community
8. Removing the D.O.C. from the supervision of Public Safety and reestablishing it under the supervision of Human Services
9. Effective transition back into society

3

A.A.C.C.

We will continue to work and campaign with:

Second Thoughts, Inc., who continue to actively engage young men from the inner-city with the hopes of deterring them from a life of crime.

The Lifers' Group to ultimately abolish life without parole and establish PRFA.

The Youthful Offender Coalition's goal to provide meaningful opportunities for juvenile lifers, raise the age of juvenile offenders, and ensure that they have the ability to effectively "step-down" back in to society.

The Young Men's Committee's aim to curb the idleness of young men within this community by offering engaging initiatives.

Restorative Justice Group who continues to promote accountability, responsibility, and resources for healing.

From the L.C.A.C., Nuestra Familia, A.C.A.C., R.J., etc., we will do what we can to assist the goals of other notable programs herein MCI Norfolk.

The A.A.C.C.'s Executive Board holds meetings with:

- Members of the Mass. Black & Latino Legislative Caucus
- U.S. Congresswoman Ayanna Pressley & The People's Justice Guarantee
- Racial Equity in Corrections Initiative (RECI)

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APPENDIX

D

AACC Submissions to the Legislative Commission on Structural Racism

- Harriet Tubman Project Description and Call for Civil Rights Investigation
- AACC Structural Racism Commission: Survey on MCI-Norfolk Latino Men
- Report on SR and Related Threats Posed to Life-time Parole Applicants, 2022
- Lifers' Group: Report on the Sources and Uses of Funds from MA DOC
- Inner-City Violence Offenders, 2020
- MCI Norfolk Maintenance Certification Proposals
- Preliminary Research Observations on October 2021 Lifer Population Data
- Overview of Life Without Parole Initiative
- AACC Service Learning Curriculum
- Memo Regarding MLK Day Recognition

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APPENDIX D: AACC Submissions to the Legislative Commission on Structural Racism in Corrections

Harriet Tubman Project Description and Call for Civil Rights Investigation

The African American Coalition Committee (A.A.C.C.)

"People have said that I am obsessed with my brother's case, and the movement in general. A person that was close to me once said that my life was too wrapped up in my brother's case, and that I was not cheerful enough for her. It's true that I don't laugh very much any more. I have but one question to ask all you people and people that think like you, what would you do if it was your brother?"*

The Harriet Tubman Project

As an organization committed to fashioning efforts designed to not only dismember, but to dismantle institutions known to foster systemic inequities, to the detriment of poor and disadvantaged communities, the A.A.C.C. introduces the Harriet Tubman Project. Inspired from the abolitionist activism of Harriet Ross Tubman our Legal Department has elevated our Criminal Law Reform Team into an agency of service which imparts dedication into the lives of our participants in the following areas:

1. Through a #knowyoursmoke critique, understanding how structural racism has defiantly remained at the center of their lives.
2. Remaining open to learn how structural racism functions in the criminal law system.
3. Crafting, advocating, and organizing around policies that will truly reverse the mass incarceration/criminalization of Black & Brown communities.
4. Endorsing the release of the wrongfully convicted, the many who are great candidates for parole, and those deserving of having their sentences commuted.

Once enrolled, there are two primary obligations that one can never relinquish themselves from: One, That they remain fixated in establishing a dedication to pull others into this work; and Two, To **advocate for the release of 3 or more who remain incarcerated when they are released.** Our embodiment of these aims will validate that the legacy of "Moses" did not die on March 10th, 1913, and the actions of the Harriet Tubman Project will remain true to the unwavering devotion she inducted into the struggle.

*Note: Johnathan Jackson (1971)
, George Jackson's Brother

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In 2018 when our ideas were conjoined to create & skeleton the initial draft of A.A.C.C.'s (1) Commission On Structural Racism(2), our capital goal was not to dismantle structural racism. As a transformative agency we were determined to dismember the myth that those of us who have sadly normalized our placement on the margins of society were excused from playing an active role in it's abolishment. We were intentional in our pursuit to inspire our Black & Brown allies behind the wall, those accustomed to having their voices impeded, aspirations curtailed, and ambitions suppressed, by elevating the dismal psyche into one of fearlessness, vibrant within the soul of any abolitionist! Through civic engagement we were determined to disrupt the quotidian oppression that is committed to affirming our subordination.

The callous disregard for Black & Brown lives was magnified on May 25, 2020 when the world's eyes witnessed the brutality which lead to George Floyd taking his last breath. One of the many responses to this tragedy was the Black Elected Officials in Massachusetts formally lifting our Bill as one of the changes that they desired to see on a State level. Because of their efforts an amended version of it became law in 2021. Immediately we ventured in this work of identifying recommendations by organizing 2 sub-committees(3). A discipline was required to work within an environment staffed by many conditioned in exercising aversive racism, and often times encouraged to display an indifference to the humanity, identity, history, and imagination of members of the population who are a part of the BIPOC community. But we navigated through the micro-aggressions, previously known to trigger us, to preform a historical obligation that this moment required. During this process of working with the Commission we were not only exposed to the obstacles and limits that others attempted to install on our path, being that We discovered a sense of community, allies, fortitude, and a world view which allowed us to effectively build partnerships with other oppressed classes.

So with this I thank you for listening, thus validating our progression. Peace.

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(2)

Rickey "Fu-Quan" McGee
E.S.R. Workgroup

Note:

(1) The African American Coalition Committee (A.A.C.C.) began as the Black Rights Committee in September of 1972 herein MCI-Norfolk. Today we exist as a forward thinking, goal centered organization which centers it's initiatives around eliminating the structural inequalities that have devastated BIPOC communities. With this said our space is congenial to the struggles of all oppressed people.

(2) Draft enclosed

(3) We have consolidated the sub-committees into the **Ending Structural Racism** or **E.S.R. Workgroup**.

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African American Coalition Committee (A.A.C.C.)

The Harriet Tubman Project's call for a Civil Rights Investigation:

The evidence is clear in Suffolk County regarding the discriminatory treatment of racial minorities, who are considered a federally protected class, throughout every segment of the criminal law system from the late 1980's all the way up to the present. This has lead to countless wrongful convictions in the last three decades. Far too many observers have recognized this evidence, from the Chief Justice of the S.J.C., to local U.S. Senators, and countless public officials. If the courts are unwilling to accept the vast amount of evidence concerning the disparate treatment of Black & Brown citizens in the Commonwealth, and because the 11th Amendment of the U.S. Constitution prohibits states like Massachusetts from being sued in federal court for relief from noted inequity, **we are demanding** an investigation into the systemic discrimination by the Attorney General & U.S. Attorney Rollins respectfully. The Attorney General has executive powers (M.G.L.A. 12§11H) to compel her Civil Rights Division to investigate whether the discrimination was fashioned with a discriminatory intent, which would allow those of us who have been compromised by the system to file a class action against the parties who were deemed liable as noted within their investigation. The U.S. Attorney can order a consent decree once the pattern(s) & practice(s) of Suffolk County have revealed a greater likely hood of discrimination against a federally protected class, US! This evidence could also be used by the defendants to prove viable 14th Amendment claim in relation to the Equal Protection Clause.

The Harriet Tubman Project

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AACC Structural Racism Commission: Survey on MCI-Norfolk Latino Men

Commission On Structural Racism In The D.O.C. Sub-Committee

In this report 157 Latino Men herein MCI-Norfolk participated in an empirical survey which centered on 5 questions:

Question #1

What are you labeled under when it comes to race?

Question #2:

Do you have a G.E.D. or Hi-Set?

Question #3:

Do you have a D.O.C. offered trade?

Question #4:

Do you need a translator?

Question #5:

Have you been falsely labeled either as a member of a Security Threat Group (STG) or a suspected STG?

The results showed the clear needs for Latino Men and the necessity for diversity everywhere.

Question #1

116 out of 157 Latinos were labeled w/h or White Hispanic

27 out of 157 Latinos were labeled b/h or Black Hispanic

6 out of 157 Latinos were labeled o/h or Other Hispanic

6 out of 157 Latinos were labeled w or White

2 out of 157 Latinos were labeled o or Other

Question #2

76 out of 157 Latinos had a G.E.D. or Diploma.

Question #3

40 out of 157 had a D.O.C. offered trade.

Question #4

69 out of 157 need a translator.

Question #5

79 out of 157 labeled STG or suspected STG.

Findings:

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(2)

Question #1

Data clearly shows the reality and how things aren't what they appear to be. The Massachusetts D.O.C. Institutional fact card for 2021 states that in MCI-Norfolk Hispanics make up 293 of the 1203 inmate population, yet these numbers can't be relied upon due to the lack of transparency around the issue of race identification. For Hispanic/Latino men, being identified as Hispanic as your race is not an option. Latinos are being labeled as White Hispanic (w/h) if one's skin tone is lighter and Black Hispanic (b/h) if one is of a darker skin tone. The fact that Latino Men are being split on their identification of race brings up the concern on how factual the census and statistics of the prison population truly are. Latino Men labeled as w/h are not treated or viewed as white, they are viewed and are ultimately treated like the Black & Brown population, within the context of the discrimination noted.

The consequences of these findings have an impact far beyond an individual institution. There is an evident spill over effect into policy development, and more specifically the prison and sentencing fact sheets which guide their recommendations. Being Hispanic is not considered a race but only on ethnicity, so how can these daily findings and fact sheets be trusted and deemed credible?

Question #2

Findings show that there is a high number of the Latino Population who are not able to obtain a G.E.D., not because they do want to but because they can't due to the lack of knowing English. In addition to the said, those who do know enough english to converse and deal with daily life will still find difficulty in pursuing higher education. Men who would like to obtain a G.E.D. have to try and learn english, which is a challenge within itself. This course/test should be offered in spanish so men have the opportunity to obtain these merits. Latinos make up 30% of the population herein MCI-Norfolk, and this opportunity will elevate the entire community.

Question #3

These findings go hand and hand with question #2 being that you see the lack of men with trades. It would be nearly impossible to pass a

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(3)

barbershop course when you don't comprehend english, in addition to not being able to pass a G.E.D. to qualify for one of these trades. This situation has guys literally working industries where they work without any certification. There is no diversity amongst jobs and in the end no trades is a collateral result from not knowing english. There is no literacy offered that is truly effective to equip these men trying to rehabilitate themselves with the tools that would enhance their success when they eventually re-enter society.

Question #4

The number of men who need translators is glaring, and structurally it creates a real disadvantages. There is no diversity amongst staff, programming, or within the Administration which truly leaves guys in a bad position. D.O.C. must hire either more spanish speaking staff, or create more paid translation jobs for inmates who have the trust/ability to do so. The lack of spanish speaking staff leaves men having to express their concerns and issues through a 3rd party, and this becomes a disadvantage with men in different areas from parole, programming, and everyday life. These men are still being held to the same standard with english speaking inmates, so they will be picked last for almost any opportunity. Even the many men who do not need translators to navigate through everyday life still need additional perspective(s) to better handle their prison experience. These men still need guidance. Diversity and assistance from staff is an essential need.

Question #5

Latino Men suffer gravely from being labeled STG, despite them not being gang members. Many Latinos become victims of being labeled a gang member due to culture. Not knowing english requires that they surround themselves with those who are able to speak both languages, and sometimes they congregate with others from their country who have also been falsely suspected as a STG, thereby putting them on the bias radar of the Inner Perimeter Security (I.P.S.). This hinders their access to jobs, meaningful classification opportunities, and even worse affects their chances of parole/release. This is a significant issue that needs

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(4)

redress.

Conclusion:

When an overall assessment of these numbers are evaluated their presence should be alarming to anyone sincere about bringing equity to Corrections. Factor this in context to the fact that the 2021 D.O.C. population for Latino Men has gone up 6% in prisons and jails in the last few years. We are being incarcerated more and the system needs to make changes and be accountable in rectifying this system which creates discriminatory outcomes. As noted in 2019 Latinos had the lowest number of men with positive votes on life sentence parole hearings with a 73% denial percentage. Not only are we being incarcerated at a high level, in comparison to our residential population rates, but we aren't being offered the chance to be released earlier as well.

It states in Chapter 124§1E (M.G.L.A.) under the duties of the Commissioner of Corrections that they must "establish, maintain, and administer programs of rehabilitation, including but not limited to education, training, and employment, of persons committed to the custody of the department designed to prepare and assist Each person to assume the responsibilities and exercise the rights of a citizen of the Commonwealth".

103 CMR 420 highlights that "the classification hearing allows for discussions regarding the objective base classification score, and in effect to promote responsible re-integration and aid in the re-entry process". Without equity in services and access how can the D.O.C. live up to it's well documented mission statement. Our findings conclude that diversity from administration to prison staff diversity must happen to better the likely hood that men will begin to rehabilitate themselves. It's fantasy for the D.O.C. to merely say that everyone gets equal treatment when the sad fact is that Latino Men experience the general indifference should to them by an administration conscious of the barriers they face with english as their second language. Structural Racism for Latinos is seen in every facet of Corrections, and the lack of diversity all throughout it's administrative positions puts it in a very fickle space to serve public safety.

Hector Soto
A.A.C.C.

LATINO COMMUNITY.

- ① LABELED AS WHITE HISPANIC
61 OUT OF 82 LATINOS
- ② HAVE GED or Diploma
45 OUT OF 82 LATINOS
- ③ HAVE A TRADE
15 OUT OF 82 LATINOS
- ④ NEED A TRANSLATOR
33 OUT OF 82 LATINOS ~~13/100 13/100 13/100 13/100 13/100~~
- ⑤ STG / SUSPECTED STG.
37 OUT OF 82 LATINOS

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Report on SR & Related Threats Posed to Life-time Parole Applicants, 2022

**The African-American Coalition Committee
Report on Structural Racism and Related Threats Posed
to Life-time Parole Applicants**

Prepared by:
Sean "Truth" Evelyn

March 2022

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Introduction

As part of the African American Coalition Committee's investigation into disparate treatment of persons of color in the parole process and the role of structural racism in those disparities, the Committee set out to assess the ways in which Massachusetts' current charging and sentencing practices ultimately determine this demographics' involvement with the parole department. Given that a majority of the Massachusetts prison population is criminally sentenced for crimes against a person (61% -- not including 18% of sexual crimes), the Committee's investigation focused on this demographic -- with a particular interest in life parole applicants.

In our efforts to determine the most equitable methods of engaging racial minorities subject to the Commonwealth's systems of accountability, we were careful to consider the distinctive challenges faced by this federally protected demographic and the corresponding risk that said challenges present for disparate treatment in this context. As part of our assessment, we recognized the importance of examining the ways in which preliminary engagement of this class of defendants (or lack thereof), informs every successive phase in the accountability process -- from indictment, to sentencing, to parole.

Discussion

I.

(a) **Indictment:** As established by G.L. c. 263 § 4: "No person shall be held to answer in any court for an alleged crime, except upon an indictment by a grand jury or upon a complaint before a District Court. [...] A defendant charged with an offense punishable by imprisonment in state prison shall have the right to be proceeded against by indictment except when the offense charged is within the concurrent jurisdiction of the District and Superior Court and the District Court retains jurisdiction."

When it seems likely that the mental health of a defendant bears significant relevance to the crime charged, G.L. c. 123 § 15 (a) has established that: "Whenever a court of competent jurisdiction doubts whether a defendant in a criminal case is competent to stand trial or is criminally responsible by reason of mental illness or mental defect, it may at any stage of the proceeding after the return of an indictment or the issuance of a criminal complaint against the defendant, order an examination of such defendant to be conducted by one or more qualified physician or one more qualified psychologist."

In accordance with M.R.Crim.P. Rule 3 (d): "If a defendant is bound over to the Superior Court for trial after a finding of probable cause or after the defendant waives a probable cause hearing, the clerk of the District Court shall transmit to the clerk of the Superior Court a copy of the complaint and the record [...] and the report of the department of mental health as to the mental condition of the defendant, if such report has been filed under the provisions of the General Laws."

Currently the law does not require the Commonwealth to present mitigating evidence to the grand jury when seeking an indictment for murder. However, the S.J.C. has ruled that: "[W]here the

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Commonwealth seeks to indict a juvenile for murder and where there is substantial evidence of mitigating circumstances or defenses (other than lack of criminal responsibility) presented to the grand jury, the prosecutor shall instruct the grand jury on the elements of murder and on the significance of the mitigating circumstances and defenses.” Commonwealth v. Walczak 463 Mass 808, 810 (2012); See also Commonwealth v. Pfeiffer 482 110, 132 n.25 (2019).

In 2017, following its decision in Commonwealth v. Grassie 476 Mass 202 (2017), the S.J.C. appointed a committee on grand jury proceedings to report “on the range of practices employed by the various district attorney’s offices as well as the office of the Attorney General with respect to grand jury presentations; the reasons supporting the different practices; the substance of the instructions that grand juries receive from those district attorneys who currently provide them, and any recommended best practices.” See *Supreme Judicial Court Committee on Grand Jury Proceedings, Final Report to the Justices (June 2018)* pg. 3. The following were among the best practices recommended by the commission:

Best Practice No. 3

- A. The prosecutor should advise the grand jury of the relevant law whenever required by law, requested by a grand juror or otherwise necessary to the grand jury’s determination whether probable cause exists with regard to the charges under consideration. *Id.* at pg. 12.

Best Practice No. 4

- E. Present exculpatory evidence in the possession of the prosecution (1) that would greatly undermine the credibility of an important witness, (2) that would be likely to effect the grand jury’s decision or (3) where withholding it would distort the meaning of the evidence presented or seriously taint the presentation. *Id.* at pg. 13.

Best Practice No. 5

- B. In any circumstance [other than juvenile indictment for murder], as a matter of discretion the prosecutor should consider instructing the grand jury on the elements of lesser offenses and/or defenses, where such instructions would be in the interest of justice or would assist the grand jurors to understand the legal significance of mitigating circumstances and defenses. *Id.* at pg. 13.

When questioned on the content of instructions given to the grand jury, representatives of the twelve prosecutors’ offices featured in the committee’s research revealed the following:

- Eleven of the twelve offices use special instructions for cases against juveniles.
- Seven offices provide the elements for a juvenile offender indictment where appropriate.
- None of the offices instruct grand jurors on adolescent brain development in the context of criminal intent.

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- When asked whether they ever instruct the grand jury on lesser offenses, four offices said “no”, except when required by Walczak.*
- Six offices instruct the grand jury on affirmative defenses or mitigating circumstances only when required under Walczak or Commonwealth v. Noble 429 Mass 44 (1999).

Other offices reported that:

- They do provide instructions on affirmative defenses, primarily self-defense.
- If an affirmative defense of mitigating circumstance presented itself, it would be instructed upon.
- It depends on the circumstances; they always instruct on self-defense, defense of another, and provocation.
- One office, which stated it rarely has cases involving juveniles, reported “no” without qualification; they do not instruct on affirmative defenses or mitigating circumstances. *Id.* at pg. 33-34.

Incongruence in applied indictment practices throughout the Commonwealth, as well as the unenforceability of best practices prescribed by the committee point to conditions which are likely to result in the overcharging of defendants of color absent legislative action. Enactment of new legislation must require disclosure of mitigating circumstances and defenses to the grand jury to include lack of responsibility in all murder indictments.

(b) Mitigating Mental Health Factors Connected to Race: A burgeoning body of research indicates that racial minorities face unique social challenges which significantly increase the likelihood for the development of mitigating mental health disorders (Krug et al. 2002; Wrenn et al. 2011; Donley et al. 2012; Post et al. 2014). Incidentally, the social conditions under which these challenges arise have proven to impact this population particularly early in life (Fowler et al 2009; Kulkari et al. 2011; Post et al. 2014) Research examining adverse childhood experiences relative to race and ethnicity have found that Black and Latino children are significantly more likely to experience trauma, and to experience it more frequently than their White counterparts (Sacks and Murphy 2018; Cooley-Strickland et al. 2009; Kaufman et al. 2012; Breslau et al. 2004; Copeland et al. 2007; Yoder et al. 2008).

Other research has identified direct correlations between economic disadvantage and the development of posttraumatic stress disorder (PTSD) (Bradley and Ruglas n.d.). Indeed, the

* In Walczak, the S.J.C. held that: “Where the commonwealth seeks to indict a juvenile for murder and where there is substantial evidence of mitigating circumstance or defenses (other than lack of criminal responsibility) presented to the grand jury, the prosecutor shall instruct the grand jury on the elements of murder and on the significance of the mitigating circumstances and defenses. *Id.* at 810.

** Culturally not quality of the prosecutive approach*

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Commonwealth has been cited in recent years for considerable economic inequities experienced by residents of color. In 2017, a Globe series cited a report by the Federal Reserve Bank of Boston which found the median net worth of Black families in Boston was \$8, compared to nearly \$250,000 for White families (Ryan 2018). While the article was silent on the issue of poverty and its links to the mental health of racial minorities in the Commonwealth, a swath of existing data points to strong correlates between race, socio-economic status, and trauma-based mental health conditions – the effects of which Massachusetts residents are by no means immune.

Various studies examining PTSD rates reveal that urban youth are significantly more likely to experience a higher prevalence of PTSD in comparison to youth from suburban or rural settings – most likely from increased exposure to violence (Breslau et al. 2004; Copeland et al. 2007; Yoder et al. 2008). Additional research by the American Academy of Child and Adolescent Psychiatry estimated that almost half of American inner-city youth (ages 12-28) show signs and symptoms of PTSD due to high rates of exposure to violence (Otrompke 2010). In related studies, researchers have reported evidence of PTSD in urban populations at rates comparable to returning war veterans (Donley et al. 2012). The stated impacts on urban residents were among the factors which led the World Health Organization to designate urban violence as a serious health problem (Krug et al. 2002).

Despite the increased prevalence of trauma-induced mental health disorders in urban communities of color, this population is commonly under-diagnosed or misdiagnosed with such conditions (Snowden 2003; Gray 2005; Magruder et al. 2005; Alim, Graves et al. 2006; Davis et al. 2008). Recent research examining MCI Norfolk residents incarcerated for crimes against a person revealed that defendants of color, who come from urban communities where trauma exposure is most prevalent, tend to face a decreased likelihood of receiving preliminary evaluations to determine if mitigating mental health factors played a role in the crime (Evelyn and Mauney II 2020). Of the 144 prison residents who participated in that preliminary study: all were incarcerated for a crime against a person; the vast majority were convicted of crimes resulting in the loss of life (81%); most were sentenced to life-time prison terms (65%); and the vast majority were defendants of color (89%).

Participants in that study reported high rates of trauma exposure: 98% witnessed violent crime in their community; 78% witnessed homicide; 84% had either been threatened or directly victimized by violence in their community; 66% had been victims of domestic abuse; 98% had close friends or family who had been victimized by community violence; 91% witnessed police brutality in their community; 73% had been victims of police brutality themselves; 71% reported that violence occurred on a usual basis in their community. On average, the earliest age of exposure to community violence in this population was 8.5 years old; the average age of arrest for the crime they were convicted of was 21 years old. As it pertains to mental health engagement: only 16% had received mental health evaluations prior to their arrest; and only 18% were evaluated after their arrest.

Together with the constellation of data surrounding race, mental health, and violence, the evidence here points to: (a) a strong likelihood that much of the violence that occurs in communities of color is trauma induced; and (b) despite the increased likelihood for the presence of mitigating mental health conditions, defendants of color face a decreased likelihood of receiving preliminary examinations in the course of their prosecutions. As a whole, these factors present a strong likelihood for the

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disproportionate overcharging of this federally protected class. These findings coincide with a recent Harvard study which found that Black and Latino defendants in the Commonwealth tend to face more serious initial charges that are more likely to carry mandatory minimum sentences (Criminal Justice Policy Program at Harvard law School 2020 pg. 2). However, further research will be required to compare the rates at which White and Non-white defendants charged with crimes against another receive preliminary examinations in the course of their prosecutions.

II.

Sentencing: Where systemic failure to conduct preliminary examinations of racial minorities is likely to result in disparate overcharging, this failure necessarily presents an equal likelihood for the disparate over-sentencing of this demographic. In instances where defendants receive mental health diagnoses following an evaluation, G.L. c. 233 § 23 B and M.R.Crim.P. Rule 3 (d) requires that any report rendered by the Department of Mental Health be entered into the record as evidence of the defendant's mental health condition. Said evidence would thereby be used to inform the Commonwealth's decision to offer a plea to a lesser included offense, or in the event of trial, the jury would be given the ability to consider mitigating mental health factors when assessing degree of guilt.

In 1994, as part of the Truth in Sentencing Act, the Massachusetts sentencing Commission was assembled to promulgate sentencing guidelines and was codified at G.L. c. 211 E, where it was established that: "[T]he sentencing judge may depart from the range established by the sentencing guidelines and impose a sentence below any mandatory minimum term prescribed by the statute, if the judge sets forth in writing reasons for departing from that range [.]" However, §3(e) currently precludes a sentencing judge from imposing a sentence that departs from the mandatory minimum term prescribed by G.L. c. 265 § 1 (and § 2 effectively), regardless of the presence of mitigating circumstances. Given the heightened likelihood for homicide defendants of color to present mitigating mental health factors, the exception clause in G.L. c. 211 E § 3(e) is likely to result in the disproportionate over-sentencing of this demographic.

III.

Parole

(a) **Similarities Between Juvenile Lifers and Life-time Parole Applicants of Color:** When the parole board considers a parole application, Massachusetts law requires the board to assess: (a) whether there is a reasonable probability that he or she will not reoffend; and (b) whether his or her release is compatible with the welfare of society. See G.L. c. 27 § 5. As part of its assessment, the board is required to receive for each hearing a complete statement of the crime and the circumstances of the crime. See G.L. c. 127 § 130. Every decision rendered by the board is required to support the S.J.C.'s

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stated goals of incarceration: (a) punishment; (b) deterrence; (c) incapacitation; and (d) rehabilitation. The board is required to evaluate applicants who commit their offenses as juveniles in light of the distinctive attributes of youth, namely immaturity, impetuosity, and a failure to appreciate risks and consequences. See Diatchenko v. Dist. Attorney for Suffolk District, 466 Mass 655, 675 (2013) (“Diatchenko I”). While the board permits attorneys to represent applicants serving life sentences at their parole hearings, currently (with the exception of juvenile lifers) there is no provision for providing counsel to those who are indigent. See 120 Code Mass Reg. § 300.08 (1997).

The United States Supreme Court has determined, along with the S.J.C., that juvenile offenders are “constitutionally different from adults” in that they both possess ‘diminished culpability’ and ‘greater prospects for reform’, making them ‘less deserving of the most severe punishments.’” Diatchenko I 466 Mass at 669-670 (quoting Miller v Alabama, 567 US 460, 470 (2012)). The Court has further determined that while a sentencing court may be able to assess a juvenile’s “diminished culpability”, it cannot predict whether a juvenile will realize their “greater prospect for reform.” While the offender is still a juvenile, the court “cannot ascertain, with any reasonable degree of certainty, whether imposition of this most severe punishment is warranted”. *Id.* at 670-671. Thus, the court has held that every juvenile offender must have the opportunity to be considered for parole suitability, leaving the parole board as the entity that must safeguard the juvenile lifers’ art. 26 right to punishment, which is to be “graduated to both the offender and the offense.” Commonwealth v. Perez 477 Mass 677, 683 (2017) (“Perez I”) (quoting Miller, 567 US at 469). The implication is that the board, after many years of a prison sentence have elapsed, can ascertain that which the sentencing judge could not; whether the juvenile has realized their “greater prospect for reform.” Diatchenko I, at 670-671.

The S.J.C. has further concluded that because of “the unique characteristics” presented by juvenile offenders, and “in light of the fact that offender’s opportunity for release is critical to the constitutionality of the sentence”, said opportunity “is not likely to be ‘meaningful’ as required by art. 26 without access to counsel.” Diatchenko v. District Attorney for Suffolk Dist., 471 Mass 12, 24-25 (2015) (“Diatchenko II”). In Diatchenko II, the court highlighted “a host of personal challenges” a juvenile applicant will likely need to overcome, amongst them: “a lack of formal education, as well as underdeveloped critical thinking and organizational skills; a history of trauma, drug use, or mental illness; a limited ability to access his or her own psychiatric or other record information regarding the impact or context of this history; and balancing the need to take responsibility and express remorse for the crime, while at the same time pointing out all the factors that may have made him or her as a juvenile, less culpable.” *Id.* at 23 n.18. Additionally, the court noted the likely need for applicants to “overcome arguments by both victims’ family members and government officials opposed to the offender’s release; the former of [which] may present as particularly sympathetic, while the latter will likely have greater advocacy skills than the offender seeking parole.” *Id.* at 24. The court went on to note the legislative authorization offered under G.L. c. 211 D, § 5 for the appointment of counsel through C.P.C.S. for indigent juvenile homicide offenders. *Id.* at 24. And finally, the court ruled it appropriate to authorize a Superior Court judge to allow the payment of fees to an expert witness to “assist the offender in connection with his or her initial parole proceeding in certain limited contexts – specifically, where it is shown that the juvenile offender requires an expert’s assistance in order to effectively

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explain the effects of the individual's neurobiological immaturity and other personal circumstances and the individual's present capacity and future risk of offending." *Id.* at 28. Incidental to the court's findings regarding the unique characteristic of juvenile offenders, it is of particular consequence and in the interest of justice to note the comparably unique characteristic presented by parole applicants of color.

Both the United States Supreme Court and the S.J.C. have highlighted three significant characteristics differentiating juveniles from adult offenders: (1) "lack of maturity and an underdeveloped sense of responsibility"; [heightened vulnerability] ... to negative influences and outside pressures, including from their family and peers"; (2) "limited control over their environment" and "[limited ability] to extricate themselves from horrific crime producing settings"; and (3) "character [which] is not as 'well formed' as an adult's [insomuch that] their traits are 'less fixed' and [their] actions less likely to be 'evidence of irretrievabl[e] deprav[ity]'". *Diatchenko I* at 661; *Miller* *supra*, (quoting *Roper v. Simmons* 543 US 551, 569-571 (2005) ("*Roper*"). Relying on science, social science, and common sense, the Supreme Court considered bioneurological findings that suggest the prefrontal cortex – which regulates impulse control and reasoning – is the last part of the brain to develop, thus reducing culpability of juvenile offenders convicted of homicide. *Miller*, 567 US at 472.* See also *Diatchenko I* at 660. In like proportion to juvenile offenders, parole applicants of color are likely to present unique neurological, economic, and reform characteristics which must be considered by the parole board if the potential for disparate treatment of this demographic is to be reduced.

(i) Neurological Factors

As noted above, a wealth of existing data indicates that homicide offenders of color possess an increased likelihood of demonstrating mitigating mental health symptoms associated with uniquely high rates of trauma exposure. Of notable consequence, neuroscientists have identified the amygdala as the section of the brain responsible for fight or flight responses that occur in the face of a perceived threat. This part of the brain has been found to play an important role in regulating aggression and to be especially susceptible to impairment following extreme or consistent incidents of trauma. (Shin et al. 2005; Sripada et al. 2012;) "Neuroscientists have identified this area as critical for understanding the beliefs, interests, desires, and emotions of others. When it is not functioning properly, a person may be at increased risk of committing violence, because it is the ability to appreciate the shock, fear, and distress of others that help prevent us from harming people." (Benforado pg. 48).

*See, e.g. *Roper*, 543 US at 569 (citing Jeffrey Arnett, *Reckless Behavior in Adolescence: A Developmental Perspective*, 12 *Developmental Rev.* 339 (1992); *id.* Laurence Steinberg & Elizabeth S. Scott, *Less Guilty by Reason of Adolescence: Developmental Immaturity, Diminished Responsibility, and the Juvenile Death Penalty*, 58 *Am. Psych.* 1009 (2003)). Amicus briefs in *Roper* and *Graham v. Florida* 560 US 48 (2010) ("*Graham*") cited studies documenting continued brain development in adolescents "to at least 22". Brief of American Medical Association et al. as Amici Curiae at 20-21 (filed in *Graham*) (describing research explaining that the prefrontal cortex continues to develop "beyond adolescence").

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Viewed through a legislative lens, where any class of offender has been subject to environmental conditions likely to impede their cognitive ability, the law should assume the duty to explore the presence of mitigating traits which render said offender “more vulnerable ... to negative influences and outside pressures”, likely to obscure their “sense of responsibility”. *Diatchenko* I supra. Given the decreased likelihood for defendants of color to receive proper diagnosis for mental health conditions prior to, or following arrest, it is highly unlikely that indigent parole applicants from this demographic would receive a meaningful opportunity for release as requires by art. 26 absent access to counsel and expert assistance to: “effectively explain the effects of the individual’s neurobiological [condition] and other personal circumstances at the time of the crime, and how this information relates to the individual’s present capacity and future risk of reoffending.” *Diatchenko* II 24-25 and 28.

(ii) Economic Factors

Juvenile offenders’ “limited control over their environment” and “[limited ability]” to extricate themselves from horrific crime producing settings” parallel the environmental limitations experienced by racial minorities subject to economic hardship. As noted above, poverty itself is a trauma producing circumstance which disproportionately impacts people of color. Moreover, it is well established that low-income communities of color tend to experience high rates of exposure to trauma and violence. Indeed, research examining urban adult civilians who experienced arrest, jail, and/or imprisonment in their past, found that charges involving violence were significantly associated with both trauma history and PTSD symptoms: 93% of those sampled in that study identified as Black (Donley et al. 2012). Additionally, recent research examining MCI-Norfolk prison residents from inner-city communities found that the vast majority identified their household economic status as lower class (54%) or working class (35%); 92% felt that traumatic experiences contributed significantly to their violent behavior; 37% felt they fully understood the ways in which they had been impacted by community violence; 70% stated that a relocation housing voucher would have reduced their likelihood of committing community violence; 78% indicated they would have accepted such a voucher.

Disproportionate economic hardship falls within the range of unique circumstances likely to have impacted the lives of parole applicants of color prior to the crime.* Such circumstances are likely to require expert assistance to effectively explain their effects on the individual at the time of the crime, and how they relate to the individual’s present capacity and future risk of offending. *Id.* at 28.

* Economic hardship also falls within the range of “personal challenges” shared between parole applicants of color and juvenile offenders—specifically with regard to academic achievement. A growing body of research indicates that exposure to neighborhood violence negatively impacts academic performance, particularly among children living in low-income, high crime neighborhoods (Burdick-Will et al. 2011; Sharkey et al. 2014, Schwartz et al. 2016).

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(iii) Offender Reform Factors

As noted above, parole applicants of color are likely to possess unique mental health characteristics associated with high rates of lifetime trauma. These neurological factors are comparable to those of juveniles inasmuch that they are often neither “fixed”, nor “evidence of irretrievabl[e] deprav[ity].” Indeed, mounting research examining PTSD in trauma exposed urban populations reveals that the most common outcome following a potentially traumatic event is recovery (Wrenn et al. 2011; Bonanno & Mancini 2008; Alim et al. 2008). Severe trauma, particularly assaultive trauma, carries the highest risk for PTSD (Breslau et al. 1998); Kessler et al. 1995) and exposure to assaultive trauma has been shown to be prevalent amongst Blacks in particular (Breslau et al. 1998). Studies have found that female gender and more severe trauma significantly predict sustained illness verses resilience (Brewin et al. 2000; Alim et al. 2008). However, little difference in trauma load has been found between resilient groups and those with sustained illness, suggesting that other factors contribute to recovery (Breslau and Anthony 2007; Alim et al. 2008).

Research indicates that purpose and a sense of control over one’s life are key psychological factors associated with recovery in communities of color (Wrenn et al. 2011; Alim et al. 2008; Heinrichs et al. 2005). For Blacks in particular, links can be drawn between a sense of control and higher levels of positive ethnic identity (Blash and Unger 1995). Suppression of emotional responses to stress is associated with increased arousal and distress (Mendolia and Kleck 1993; Alim et al. 2008), while free expression of emotion may facilitate habitation to stressors and harness social support (Stanton et al. 2000; Alim et al. 2008).

Taken together, the data suggests that given access to culturally competent trauma informed programming, it is highly likely for affected parole applicants of color to recover from trauma associated with their crimes.

Legislative Recommendations

1. Indictment

(a) Preliminary Evaluations

In order to reduce the potential for disproportionate overcharging of defendants of color, G.L. c. 123 § 15 -- which governs examinations of defendants to determine criminal responsibility and competency to stand trial -- must be amended. As noted above, defendants of color charged with crimes against a person are: (a) statistically likely to experience childhood trauma at higher rates and greater frequency than White citizens; (b) more frequently underdiagnosed or misdiagnosed with mental health disorders than Whites; and (c) unlikely to be evaluated following arrest to determine if mitigating

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mental health factors played a role in the crime charged. Thus, G.L. c. 123 § 15 must require preliminary examinations of defendants charged with a capital crime (particularly those from communities with high rates of violence and trauma) at the front end of prosecution – between the criminal complaint and indictment – so that if probable cause is found to indict, it will have been informed by any existing mitigating mental health factors.

(b) Mitigating Factors:

The S.J.C. has ruled that murder indictments of juvenile offenders require the Commonwealth to instruct the grand jury on the elements of murder and mitigating circumstances and defenses (other than lack of criminal responsibility) Walczak, 463 Mass at 810. Currently prosecutors retain discretion to do so in all cases where they deem appropriate. See Attorney Gen. v Pelletier, 240 Mass 264, 307 (1922) (“A prosecutor may advise a grand jury on the law ‘in appropriate instances’”). However, as noted above, such discretion is likely to result in the disproportionate overcharging of defendants of color, who, as previously discussed, possess “unique characteristics” comparable to juvenile offenders. Thus, in order to reduce the potential for disparate treatment of defendants of color, where there is substantial evidence of mitigating circumstances or defenses (including lack of responsibility), the Commonwealth should be required to: (a) disclose such evidence to the grand jury; and (b) instruct the grand jury on the elements of murder and on the significance of the mitigating circumstances and defenses in all cases.

2. Sentencing

In order to reduce the potential for disproportionate over-sentencing of defendants of color, the mitigating factors recommended within the Massachusetts Sentencing Commission’s sentencing guidelines must be adopted into law under G.L. c. 211 E § 3 – to include crimes set forth in G.L. c. 265 § 1 (and § 2, effectively). Since the guidelines are not currently law, sentencing judges are precluded from considering mitigating circumstances in such cases.

3. Parole

The S.J.C. has held that due to the “unique characteristics” and “personal challenges” presented by juvenile offenders, it is appropriate for an indigent juvenile homicide offender to have access to legal counsel and an expert witness in connections with his or her initial parole hearing. Although generally speaking, life-time parole applicants of color are likely to present “unique characteristics” and “personal challenges” comparable to juvenile offenders, there is currently no provision for access to like assistance (120 Code Mass Reg. § 300.08 (1997)). In order to reduce the potential for disparate treatment of life-time parole applicants of color in the parole process, 120 Code Mass Reg. 300.08 must be amended to

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ensure that an indigent applicant presenting the above discussed characteristics and challenges has access to legal counsel and an expert witness in connection with his or her initial parole hearing.

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Lifers' Group: Report on the Sources and Uses of Funds from MA DOC

LIFER'S GROUP INC.

**A REPORT ON THE SOURCES AND USES OF FUNDS
FROM THE MASSACHUSETTS DEPARTMENT OF
CORRECTIONS**

CENTRAL INMATE BENEFIT FUND

CENTRAL LAW LIBRARY FUND

AND

CENTRAL PROGRAM ACCOUNT

For The Period of July 1, 2020 Through June 30, 2021

Prepared For The Lifer's Group Inc. By:

**Gordon Haas
Chairman
Lifer's Group Inc.
MCI-Norfolk
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December 2021

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A Report on three DOC Central Accounts for Fiscal 2021

Commissioner to be necessary to maintain and/or enhance the delivery of services to inmates." Superintendents may petition the Central Office for payment of major institutional expenditures from either the Program Account of the CIB on a case-by-case basis. Any expenditure exceeding \$1,000 at the institutional level must receive written approval from Administrative Services in the Central Office. [103 DOC 476.12(5)]

2. Total Sources and Uses of Funds For Fiscal 2021

Account/Fund	Total Sources	Total Uses	Differences
CIB	151,793.46	87,179.54	64,613.92
Law Library Fund	285,809.83	499,640.88	(213,831.05)
Program Account	<u>141,377.70</u>	<u>8,897.51</u>	<u>132,480.19</u>
Totals	578,980.99	595,717.93	(16,736.94)

3. Central Inmate Benefit Fund (CIB)

a. Balance Sheet

Beginning Balance (7/1/20)	450,202.38
+ Sources of Funds	<u>151,793.46</u>
Subtotal	601,998.84
- Uses of Funds	<u>87,179.54</u>
Ending Balance (6/30/21)	514,819.30

b. CIB Sources of Funds (7/1/20 - 6/30/21)

Secure Paks	91,156.38
MP3, Music, Movie and Game Commissions	29,053.60
Access Commissions	22,629.30
Returns of Unused Funds	4,400.33
Institutional Typewriter Payments	2,235.00
Inmate Restitutions	886.60
Interest	735.98
Adjustment	<u>696.27</u>
Total Sources of Funds	151,793.46

The commissions for music downloads, videos, and games decreased from Fiscal 2020 by 76%, while the commissions for Secure Pak sales increased 127%. The Total Sources of Funds in Fiscal 2021 decreased 25% from Fiscal 2020.

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A Report on three DOC Central Accounts for Fiscal 2021

MCI-Framingham	9,475.01
N.E.C.C.	7,421.20
Pondville	6,270.23
Bridgewater State Hospital	3,398.09
Community Corrections	3,041.09
Bridgewater Complex	2,478.68
So. Middlesex	2,001.70
MASAC	1,124.16
2. Other	
Unattributed	3,387.41
Error Adjustment	3,185.20
Interest	1,835.09
Voids	<u>1,358.62</u>
Total Sources of Funds	285,809.83

The total of the institutional assessments was 276,043.51, a .07% increase from Fiscal 2020. The Total Sources of Funds for Fiscal 2021 for the Law library Fund decreased 5% from Fiscal 2020.

c. Law Library Fund Uses of Funds (7/1/20 - 6/30/21)

Dell /EMC	230,950.16
Matthew Bender	119,400.00
Integration Partners	46,980.62
Comcast	40,961.00
Thomas West	28,721.00
Intrasystems	18,700.00
Mass. Lawyer's Weekly	8,778.00
Lawyer's Diary	<u>5,150.00</u>
Total Uses of Funds	499,640.88

Despite the fact that in Fiscal 2021, more funds were expended from the Law Library Fund than were received, i.e., 175% Uses over Sources, the ending balance in the Law Library Fund as of June 30, 2021 was over \$1.3 million. The DOC needs to consider why so much in this fund is continuously left unused. The funds stockpiled in the Law Library Fund could be used to meet program needs at the institutional level. If the DOC is unwilling to apportion at least some of the funds held in the Law Library Fund, the DOC should consider reducing the 20% assessment. At the very least, then the DOC should reimburse individual institutions for

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Inner-City Violence Offenders, 2020

INNER-CITY VIOLENT OFFENDERS

Links to violent offenders' exposure to and perpetration of inner-city
violence:
A preliminary study

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Michael L. Mauney II, BLS
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2020

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ABSTRACT

High concentrations of violent crime are typical in U.S. inner-city communities. Exposure to community violence has strong links to post-traumatic symptoms in young adult males who perpetrate community violence. Yet to date the nexus between exposure to and perpetration of community violence by young adult offenders from the inner city has received little attention in the nation's efforts to facilitate justice reform and social equity. This study focuses on inner-city violent offenders' exposure to community violence; their access to community resources and pretrial mental health assessments/trauma screenings; their amenability to pretrial deferment programming; and their opinions regarding reform as it pertains to legal justice concerning inner-city violence.

Method:

Data included a sample of 144 adult males incarcerated at a Massachusetts medium-security prison, aged 25 years and younger at the time of the crime, recruited using opportunity sampling. Participants provided informed consent before completing self-report surveys, and were not paid for their participation.

Findings:

Compared to other ethnic groups, Blacks and Latinos were incarcerated at higher rates for inner-city violence. This population of offenders most likely to be incarcerated for crimes resulting in loss of life. This demographic was also likely to have experienced early exposure (direct and indirect) to domestic and community violence. Additionally, this population was also likely to have incurred various types of trauma prior to their incarceration. Nevertheless, mental health assessments/treatment were uncommon among inner-city violent offenders, both before and following arrest. Inner-city violent offenders who participated in post-conviction Restorative Justice programming were likely to find empathy and healing through the process and to consider those elements to be strong deterring factors against future acts of violence. Inner-city violent offenders tend to opine that violent offenders should be held accountable for their crimes; however, they are likely to doubt that law enforcement/the legal justice system has their best interest, or an adequate understanding of their needs as vulnerable members of the community. This demographic was likely to have engaged in pretrial Restorative Justice processes, given opportunity and reasonable incentive.

Conclusion:

The identified relationship between undiagnosed trauma and inner-city violence indicates that mental health in inner-city violent offenders deserves more research attention. Findings also indicate that legal justice strategies need to consider the mental health of inner-city offenders more fully, as well as the practicality of pretrial restorative processes if trauma-induced violence and incarceration in inner-city communities are to be reduced. Failure to consider the common presence of mitigating mental health factors at play within inner-city violence is likely to result in overcharging of this population, and may unduly, and disproportionately, disadvantage violent offenders of color.

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INTRODUCTION

Perpetrators of violent crime comprise more than half of the national state prison populace (Carson 2018). Violent offenders who come from low income inner-city regions of society come from communities where rates of traumatic exposure are high (Krug et al. 2002). In fact, research has shown links between economic disadvantage and symptoms of post-traumatic stress disorder (PTSD) (Bradley-Davino and Ruglass [n.d.]). PTSD is an anxiety disorder that may develop in response to traumatic events—or traumas—in which there is severe injury or the threat of death (Abram et al. 2013). Symptoms include re-experiencing traumatic events, avoidance of trauma-related stimuli, sleeplessness, irritability, angry outbursts, and feeling emotionally afloat. (American Psychiatric Association 2013). PTSD may lead to perceptions that an environment is unsafe and threatening (Overstreet and Braun 2000).

According to the National Child Traumatic Stress Network (NCTSN), individuals with complex trauma have experienced multiple traumatic events in their lives. These events are often severe, pervasive, and interpersonal in nature (NCTSN). Research examining adverse childhood experiences relative to race and ethnicity has found that Black and Latino children are significantly more likely to experience trauma, and to experience it more frequently compared to their White counterparts (Sacks and Murphy 2018; Cooley-Strickland et al. 2009; Kaufman et al. 2012). Other research examining inner-city youth ages 12 to 28 found that domestic trauma may result in more emotional numbing/avoidance symptoms, while community trauma may result in more intrusions and hyperarousal symptoms than emotional numbing in that population (Post et al. 2014). The connection between childhood / young adult trauma and urban violence explains why the World Health Organization has designated the latter as a serious health problem. (Krug et al. 2002).

Researchers have found that a strong likelihood exists for community residents to develop PTSD following violent experiences either as a witness, or a victim. Those exposed to a combination of direct violence (as a victim) and indirect violence (as a witness) suffer high incidents of immediate and lifetime PTSD (Kulkari et al. 2011; Breslau et al. 2004; Post et al. 2014). It has also been found that PTSD symptoms tend to increase with diverse trauma experiences (Post et al. 2014; Cloitre et al. 2009; Kilpatrick et al. 2003).

Following interviews of some 4,000 people in Atlanta, Georgia, Emory University Professor of Psychiatry Dr. Kerry Ressler and his research team reported evidence of PTSD in inner-city populations that were as high as in returning war veterans (Donley et al. 2012). “We are seeing the same [high rates of PTSD] in cities like D.C. and Chicago and L.A.,” Ressler said. “It is important to have programs . . . that begin to break the cycle of poverty with education, but if we are not doing something for people’s mental health, we may not be able to change this cycle” (Christensen 2014). The team’s research found significant links to trauma history and PTSD symptoms amongst civilians who had been charged with violent crime in the past. When incarceration histories were compared between the PTSD and non-PTSD participants, those with PTSD were more likely to have been arrested, jailed, imprisoned, and charged with a violent crime (Donley et al. 2012).

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Research by the American Academy of Child and Adolescent Psychiatry has estimated that almost one half of all American inner-city youth (ages 12-28) show signs of PTSD (Otompke 2010). PTSD acquired in youthful years, if left untreated, has the potential to result in violent behavior in adulthood, where victims of violence become perpetrators of violence (Vitelli 196). According to Dr. Martin Teicher, Associate Professor at Harvard Medical School and Director of the Clinical Biopsychiatry Research Program at McLean Hospital, “Early childhood stress isn’t something you get over! It is an evil that we must acknowledge and confront if we aim to do anything about the unchecked cycle of violence which often leads victims of abuse to become abusers” (Vitelli 196). Researchers have also found that gang membership and gang affiliation (even loose associations) relate strongly to individuals’ mental health problems (Wood et al. 2017). Notwithstanding the high rates of trauma in urban communities of color, studies indicate that this population is commonly under-diagnosed or misdiagnosed for trauma-induced mental health disorders (Magruder et al. 2005; Davis et al. 2008). These factors are critical when considering the role that environmental trauma plays in the perpetration of violent crime in inner-city communities by offenders of all ages.

Contemporary efforts to reduce mass incarceration in Massachusetts have been primarily focused on providing treatment, deferment programming, and sentence reduction opportunities to youthful offenders and pretrial defendants charged with non-violent infractions (Rollins 2019). To that end, Restorative Justice practices are currently being applied in non-violent cases where members of the community have been directly harmed by crime (MGL c 276B §§ 1&2; Rollins 2019). Massachusetts state prisons currently provide opportunities for violent offenders to participate in post-conviction Restorative Justice processes with surrogate survivors of offenses similar to their own (Kraft 2014).

These processes consist of cycles which facilitate intense examination of the offenders’ own experiences with trauma and victimization, after which they are encouraged to identify connections between the harm they incurred and the harmful act(s) they committed. If the process proves to be fruitful, offenders are given the opportunity to engage in dialogue with surrogate survivors.

While most criminal cases are resolved with defendants’ admission to the charges brought against them as part of a plea bargain, violent offenders and crime survivors are not granted the opportunity to engage in meaningful pretrial dialogue which might facilitate healing, remorse, and empathy between the parties (Sered, 2019; Alliance for Safety and Justice 2016; MGL c 276B§3[iii]). Such accommodations have been reserved exclusively for non-violent offenders. Research has revealed that many victims who live in communities where incarceration is common tend to be dissatisfied with its results—finding that it does not make them feel safer and that it does not facilitate healing in the way they had hoped (Bromson et al. 2003).

Despite the heightened likelihood for trauma amongst adult inner-city violent offenders, there are currently no presumptive pretrial provisions in Massachusetts for this population of offenders to receive mental health evaluations or trauma screening as part of the State’s investigation into the elements of the crime charged. There also exists no structure wherein violent offenders might be granted a pretrial incentive to accept responsibility for their crimes in the course of a pretrial Restorative Justice process with

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survivors/surrogates of the crime(s). The current approach to prosecuting violent crime ultimately fails to contextualize the offense in a meaningful way that might provide healing, closure, and empathy between the respective parties and the community at large.

The aim of this study is to quantify the rates of pre-carcer traumatic exposure amongst adult violent offenders from the inner city as well as their amenability to treatment and rehabilitation. Further, the goal is to measure the population's willingness to participate in pretrial deferment programming and Restorative Justice practices geared toward developing empathy and healing through community engagement.

METHOD

Setting:

Participants were recruited from the MCI-Norfolk medium security male prison. As of January 2018, the average daily population was 1,326 prisoners. Of them, 977 (75%) were incarcerated for crimes against a person; 155 (12%) were incarcerated for sex crimes. Residents of the general prison population are assigned to one of the 20 housing units on the Norfolk campus. Each housing unit accommodates approximately 64-68 residents throughout 40-44 cells. Residents who are not housed in the general population are housed in the prison's detention unit, the infirmary, or an off-campus hospital.

Recruitment:

One designee was selected from each housing unit. Each designee was instructed to approach every resident in their unit and make a verbal inquiry to determine whether they met the requirements for participation in the survey. Participants were required to: 1) be incarcerated for a violent offense; 2) have lived or spent a significant amount of time in the inner city; 3) have been 25 years old or younger at the time of the offense. Residents who answered in the affirmative to all three verbal inquiries were asked to complete a self-report questionnaire after the purpose of the survey was explained and informed consent was obtained. To ensure confidentiality, participants were instructed to return the questionnaire in a sealed envelope to the unit designee upon completion. All questionnaires were anonymized. The data was collected over a period of 30 days.

Assessment:

Initial assessment included a self-report survey consisting of questions related to pre-carcer events, observations, and experiences that could be deemed unambiguously high-impact traumas (e.g. sexual, physical assault; assault with a weapon; serious accidents, etc.). The traumatic events included in the survey met the criteria A (1) (2) and (3) for the DSM-V diagnosis of PTSD. The survey also included questions regarding the participants' engagement in pretrial trauma screening and mental health evaluations; their mental health history; their experiences with and dispositions toward Restorative Justice processes; and their opinions regarding society and the justice system. Participants were also asked about their associations with gang/neighborhood "crew" members and any institutional segregation that they experienced from rival gang/"crews" in the course of their incarceration. It should be noted that this questionnaire measures the types of trauma

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events experienced, but not the frequency of occurrence of individual types of trauma; therefore, it is more accurately a measure of the diversity of trauma experienced than a measure of the cumulative frequency (see attached survey).

Data Analysis:

Data from this study was analyzed by a team of two prison residents who have received formal training through the Boston University Prison Education Program in data collection and analysis.

First, participants were analyzed according to their demographics (ethnicity; household economic status; and age—current, and at the time of offense). Results indicated that participants were most likely to be Black and Latino; of working or lower class economic status; and 21 years old at the time of the crime (see Table 1).

Next, participants were examined according to the amount of time they have spent in detention for the crime(s) they are currently imprisoned for, and whether they have been segregated from rival gang/neighborhood “crew” members in detention (see Table 2). Results demonstrated that participants were likely to have spent a considerable amount of time in pretrial detention and to have associated with gang/neighborhood “crew” members in the community.

Participants were then analyzed according to the crime(s) they were convicted of. Results demonstrated that participants were likely to be incarcerated for a crime that resulted in loss of life (see Table 3).

Next, participants were examined with regard to their experience with/ exposure to community violence, and the characterization they assigned to their community (see Table 4). Results indicated that participants experienced high rates of exposure (direct and indirect) to domestic and community violence, and that a disproportionate number of participants characterized their community as “safe” despite high rates of exposure to community violence.

The study then examined participants’ access to community resources relative to their exposure to community violence (see Table 5). Results demonstrated that participants’ access to community resources (namely mental health and alternative housing) was limited.

Participants were then analyzed according to their post-conviction exposure to Restorative Justice programming (see Table 6).

Next, the study examined participants’ opinions regarding legal justice reform. Results indicated that participants were likely to demonstrate amenability to pretrial Restorative Justice processes as a potential sentencing mitigant (see Table 7).

DISCUSSION

The primary aim of this study was to quantify the range of inner-city violence and environmental trauma experienced by young adult violent offenders who come from, or spend a considerable amount of time in inner-city communities. The secondary objective was to assess the extent to which the legal justice system considers the unique dynamic of inner-city trauma in the process of holding said offenders accountable for their crimes. It was expected that offenders would disclose high rates of exposure to community violence

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and environmental trauma. It was also expected that offenders' access to mental health and trauma recovery resources would be limited, and that the extent to which the legal justice system examined violence exposure and mental health correlates would also be limited. Those expectations were upheld.

These findings regarding high rates of environmental violence and trauma exposure in inner-city communities support previous findings (Krug et al. 2002; Donley et al. 2012). The findings here that inner-city violent offenders experience high rates of environmental trauma (direct and indirect) support the argument that likely correlations exist between exposure to and perpetration of inner-city violence. These findings regarding inner-city violent offenders contribute new and novel perspectives to the examination of violent offenders and mental health, as this is the first known study to examine correlations between exposure to community violence and perpetration, specifically among incarcerated young adult violent offenders who lived or spent significant amounts of time in the inner city.

Exposure to violence can be profoundly detrimental to mental health (Fowler et al. 2009), particularly in childhood, and in adolescence as a vital, second sensitive development period, during which brain maturation and psychological and biological changes have important implications for a successful and healthy transition to adulthood (Viner et al. 2012). Researchers have estimated that nearly half of inner-city residents between the ages of 12 and 28 meet the criteria for PTSD (Post et al. 2014), and that Black and Latino youth are significantly more likely to experience trauma and exposure to violence than other ethnicities, and to experience it more frequently (Sacks and Murphy 2018; Cooley-Strickland et al. 2009; Kaufman et al. 2012; Breslau et al. 2004; Copeland et al. 2007; Yoder et al. 2008). In this study, participants' earliest exposure to community violence tended to occur particularly early in life (mean age: 8 ½ years), and occurred on a common basis (see Table 4).

Gang membership and non-member associations are critical factors to consider when examining environmental trauma amongst inner-city offenders. Since gang members are frequent victims of high levels of community violence, gang members tend to be at higher risk of developing PTSD and anxiety, which is likely exacerbated, if not caused, by their exposure to violence (Wood et al. 2017). Evidence of this has been strengthened by findings which suggest that gang members are vulnerable to PTSD as a result of their own perpetration of violence (Kerig et al. 2015). Research examining traumatic experiences and psychiatric morbidity associated with gang membership revealed that gang members, regardless of their level of involvement in a gang, have more psychiatric morbidity and trauma than violent men who are neither members of nor affiliated with a gang (Wood et al. 2017). The same research concluded that due to elevated prevalence of traumatic experiences of gang members and affiliates, together with their higher symptom levels of anxiety, individuals who associate with gangs, at all, and especially with those who call themselves gang members, are particularly vulnerable to PTSD (Wood et al. 2017).

Not surprisingly, given the pervasiveness of gang culture in inner-city communities, this study revealed that inner-city violent offenders are likely to associate with individuals who belong to gangs or neighborhood "crews" in the community (see Table 4), thereby increasing the likelihood for the development of PTSD amongst non-

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gang offenders. These findings are limited to the extent that this study did not examine the number of participants who identified as gang/neighborhood “crew” members. However, nearly half of those who associated with gang/neighborhood “crew” members indicated that they had been segregated from rival gang/“crew” members in the course of their incarceration (see Table 2). Those participants’ self-identification as “gang/“crew” rivals” at least suggests their own gang/ “crew” membership or affiliation.

This study further revealed that, despite high rates of early exposure to community violence and victimization by both community members and police, a considerable number of participants characterized their communities as “safe” (see Table 4). This apparent contradiction suggests: a) a disparate standard of safety that these violent offenders assigned to their communities; b) regular exposure to community violence reduces inner-city violent offenders’ standard of /expectation for safety in the community; and/or c) inner-city violent offenders engage in unconventional behavior in order to secure their safety. These are questions which require further research.

Consistent with prior research which examined adverse childhood experiences relative to race and ethnicity (Sacks & Murphy 2018; Cooley-Strickland et al. 2009; Kaufman et al. 2012), participants in this study were most likely to be Black or Latino, and of lower and working class economic status. They were also likely to be young adults when they committed their crime(s) (mean age: 21 years old—see Table 1). Participants’ crimes were most likely to have resulted in loss of life and lifetime prison terms (see Table 3). It is not clear whether the limited range of crimes and sentences that characterize this population of inner-city violent offenders is unique to this prison, or reflective of other prisons in the state.

Despite high rates of exposure to community violence and trauma, this population was unlikely to have received access to mental health resources, either prior to or following arrest for their crime(s) (see Table 4). Results also indicated that at the same time they committed their crime(s), this population was likely to have lacked a full understanding of the ways in which they were impacted by the violence exposure they encountered in the community (see Table 4). However, findings from this study indicate that inner-city violent offenders are likely to correlate the trauma and victimization that they experienced in the community with their violent decisions (see Table 4).

This study further revealed that access to relocation housing vouchers might have reduced the likelihood of participants committing their crime. Further indications reveal that it’s likely that participants would have accepted such a voucher (see Table 5). Considering the high rate of participants who indicated that they lived in fear of being victimized in their community, it seems further research surrounding housing vouchers for victims of inner-city violence would serve future violence prevention efforts.

Research has found that many crime victims who live in communities where incarceration is common tend to be dissatisfied with its results—finding that it does not make them feel safer and that it does not facilitate healing in the way they hoped (Bromson 2003). Other research has revealed that crime victims commonly believe that prison makes offenders more likely to commit future crime. There, victims indicated a strong preference for holding offenders accountable through options beyond prison (such

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as rehabilitation, mental health treatment, substance use treatment, community supervision, or community service) (Alliance for Safety and Justice 2016).

This study revealed that while inner-city violent offenders tend to recognize the importance of society holding them accountable for their crimes, they are likely to doubt that law enforcement and the legal justice system have their best interest, or understand their unique needs as vulnerable members of the community (see Table 7). This study revealed, however, that participants who took part in post-conviction Restorative Justice programming were likely to indicate that the process facilitated a sense of healing and accountability for them (see Table 6). Those who participated in Restorative Justice programming were likely to demonstrate an interest in participating in a restorative process with parties harmed by their actions, as well as those who had inflicted harm upon them (see Table 6). Participants were also likely to indicate that they found empathy and healing to be more effective deterrents from future acts of violence (see Table 6) than prison (see Table 7). This population indicated that it is likely they would have participated in a pretrial restorative process as a possible sentence mitigant (see Table 7). This study also revealed that participants were likely to have spent a considerable amount of time in pretrial detention before receiving their sentence (mean pretrial detention: 23.4 months; median: 18 months) (see Table 2), allowing the time necessary to engage in restorative processes.

As it pertains to justice reform, participants tended to opine that reform efforts should require prosecutors and police officers to sit down with the incarcerated as part of their training; that inner-city violent offenders should receive presumptive pretrial trauma screenings; and that pretrial Restorative Justice processes should be available as possible deferment alternatives for violent offenders (see Table 7).

CONCLUSION

★ The identified relationship between undiagnosed trauma and inner-city violence indicates that mental health in inner-city violent offenders deserves more research attention. This study provides insight into the links between exposure to and perpetration of inner-city violence. As noted above, early exposure to violence has a profound impact on one's mental health. The findings of this study suggest a strong likelihood for inner-city violent offenders to have been exposed to and/or victimized by community violence in the years preceding the crimes they committed—this with limited access to mental health or other survivor-based resources. The inordinate rates of exposure to community violence and diverse trauma amongst participants in this study suggest a strong likelihood for the existence of PTSD and complex trauma within this population. If the cycle of trauma-induced violence and incarceration in inner-city communities is to be reduced, it is critical that these links be examined and that the high potential for inner-city violent offenders to be survivors themselves not be minimized or overlooked by the legal justice system. Failure on the part of the legal justice system to consider the common presence of mitigating mental health factors at play within inner-city violence is likely to result in the

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omission of critical evidence concerning this population. Such omissions are likely to result in overcharging of this population, and may unduly and disproportionately disadvantage defendants of color. Given the uniquely high likelihood for pre-carceral violence and trauma exposure within this population, reform efforts may require presumptive preliminary trauma screenings that reflect the circumstances of this population. Legal justice strategies should also consider the practicality of pretrial restorative processes if inner-city violence is to be appropriately addressed and reduced. Further research concerning inner-city violent offenders should examine more directly whether exposure to police brutality (direct and/or indirect) contributes to the violent decisions of this population.

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TABLES

Table 1: Demographic Characterization of Inner-city Violent Offenders (N = 144)

Ethnicity (self-id)

Black: n = 76, 52.8%
 Latino: n = 42, 29.2%
 White: n = 16, 11%
 Asian: n = 4, 2.8%
 Other: n = 6, 4.2%

Household Economic Status (self-approximation)

Upper class n = 0
 Middle class n = 15, 10.4%
 Working class n = 51, 35.4%
 Lower class n = 78, 54.2%

Age

Current: mean = 38.5 Range: 19-66
 median = 35
 Time of offense: mean = 21
 median = 20 Range 14-25

Table 2: Time Spent in Pretrial Detention and Post Conviction Incarceration

—Pretrial Detention (months): mean = 23.39 Range: 1-66
 median = 19

—To Date (years): mean = 14.3 Range: 1-47
 median = 12.5

incarcerated
ind. pretrial

—Gang associates segregated from rival gangs/"crews" in the course of incarceration:
n = 64, 48%

(STG) self-id DAC

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Table 3: Range of Crimes Committed by Inner-city Violent Offenders

Murder:	n = 94,	65%
Manslaughter:	n = 18,	13%
Attempted Murder:	n = 4,	3%
Armed Robbery:	n = 9,	7%
Mayhem:	n = 1,	<1%
Assault & Battery:	n = 5,	3%
Home Invasion:	n = 8,	5%
Rape:	n = 3,	2%
Sexual Assault:	n = 1,	<1%
Kidnapping:	n = 1,	<1%

In instances where offenders were convicted for more than one crime, they were analyzed in according to the most serious offense.

Longest Sentence

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Table 4: Inner-city Violent Offenders' Exposure to Community Violence

Witnessed violent crime:	n = 141, 98%
Witnessed homicide:	n = 112, 78%
Victimized or threatened by community violence:	n = 121, 84%
Physical abuse (domestic):	n = 95, 66%
Sexual abuse (domestic):	n = 20, 14%
Close friends/family victimized by community violence:	n = 141, 98%
Considerable threat of retribution for "snitching":	n = 116, 81%
Witnessed police brutality:	n = 131, 91%
Experienced police brutality:	n = 105, 73%
Lived with fear of victimization:	n = 98, 68%
Associated with gang/neighborhood "crew" members:	n = 132, 92%
Earliest memory of community violence:	mean: 8.5 years old median: 10 years old
Traumatic experiences contributed significantly to violent behavior:	n = 132, 92%
Fully understood the ways in which they were impacted by community violence:	n = 53, 37%
<u>Characterization of community:</u>	
	<u>Agree</u> <u>Disagree</u>
Community felt safe:	n = 63, 44% n = 84, 58%
Violence unusual occurrence:	n = 44, 31% n = 103, 72%

Self-reported
-y/n
g/h

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Table 5: Inner-city Violent Offenders' Access to Community Resources

Received mental health evaluation prior to arrest:	n = 23, 16%
Received mental health treatment prior to arrest:	n = 22, 15%
Received mental health evaluation after arrest:	n = 26, 18%
Relocation housing voucher would have reduced likelihood of committing violence in the community:	n = 101, 70%
Would have accepted housing voucher:	n = 112, 78%

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**Table 6: Inner-city Violent Offenders' Participation in Post-conviction
Restorative Justice Programming**

—Participated in post-conviction Restorative Justice programming:	n = 74, 51%
<i>Of those:</i>	
—Restorative Justice played an instrumental role in facilitating healing and accountability:	n = 72, 97%
—Interested in participating in Restorative Justice process with individual(s) harmed by their actions:	n = 68, 92%
—Restorative Justice with individual(s) who harmed offender would be healing:	n = 68, 92%
—Found empathy and healing to be powerful deterrents from future acts of violence:	n = 71, 96%

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**Table 7: Inner-city Violent Offenders' Positions Regarding
Legal Justice and Reform**

—Prison is an effective deterrent from violent crime:	<u>Agree:</u> n = 37, 26%
—Important for society to hold violent offenders accountable:	<u>Agree:</u> n = 131, 91%
—Law enforcement and the legal justice system have had my best interest as a member of my community:	<u>Agree:</u> n = 5, 3%
—The legal justice system understands the needs of violent offenders who come from my community:	<u>Agree:</u> n = 5, 3%
—Violent offenders from the inner city should have automatic access to mental health evaluations:	<u>Agree:</u> n = 140, 97%
—Prosecutors should be required to sit down with the incarcerated as part of their training:	<u>Agree:</u> n = 143, 99%
—Police officers should be required to sit down with the incarcerated as part of their training:	<u>Agree:</u> n = 142, 99%
—Restorative Justice should be made available as a deferment alternative in the process of holding violent offenders accountable:	<u>Agree:</u> n = 140, 97%
—Would have been interested in participating in pretrial Restorative Justice process as a possible sentencing mitigant:	<u>Agree:</u> n = 142, 99%

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MCI Norfolk Maintenance Certification Proposals

MCI NORFOLK MAINTENANCE CERTIFICATION PROPOSALS

INTRODUCTION:

Now comes the Minority Chairman from the Norfolk Inmate Council brings forth the following proposal. We seek to create Certificates for all Inmate Maintenance workers for Plumbing, Carpentry, Electrician, etc...

EXHAUSTED REMEDIES:

This exact issue was referenced at the Superintendent's Meeting between the Inmate Council Executive Board and MCI Norfolk's Administration. The meeting was held on February 23, 2022. During this meeting, the council was tasked with creating said proposal.

BENEFITS TO POPULATION / STAFF:

This Certificate program shall encourage morale and produce more qualified employees for Norfolk's Maintenance Department. Furthermore, the Certificates will enhance all released prisoners chances for success. The Certificates shall recognize the numbers of hours each prisoner worked within their specific trades. These Certs can help stop recidivism. The apprenticeship hours can be transferred to the local unions and or any possible employers. As of now, men work in the Maintenance Dept for years and get released from prison with no proof of trade experience.

CONCLUSION

With the implementation of this Proposal, several needs are being met. For one, these Apprenticeship Certificates will give all released prisoners a fighting chance at successful reentry. Too often, men are released to society without the proper tools become productive citizens. Passing this said proposal, maintenance work can instantly become a valuable program. The Maintenance Apprenticeship Certification Program can mirror Culinary Arts, whereas, Culinary is work / program. The same could and should be applied here. The men in the program can earn pay and receive certificates upon release. The NIC Executive Board, AACC, Education Department and Norfolk's Maintenance Dept inmate workers support this proposal.

* the program can be ran at twelve month courses in which OSHA (Occupational Safety and Health Administration) training can be held at it's completion.

Respectfully Submitted,


Cornelius Brown Sr

cc: file
MCI-N, ADMIN

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April 20, 2022

Cornelius Brown Sr
Minority Chairman
Norfolk Inmate Council

John Devlin
Director of Engineering
MCI-Norfolk

RE: APPRENTICESHIP PROGRAM
CERTIFICATE PROGRAM

Dear Mr. Devlin:

I am currently working on creating a program which would allow Apprentice hours to be awarded to inmates in the Maintenance Department. As of now, men leave prison with nothing to show... No proof that they're skilled at any of the following trades: Carpentry, Plumbing, Electrical, etc...

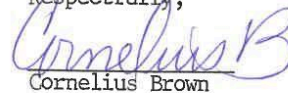
At worse case, if hours cannot be awarded, then Certificates detailing an inmates skill set from each of or individual accomplishments should be granted.

* EXAMPLE Mr Jhon Doe has been credited this certificate for completion of the following trades (carpentry)

1. Framing
2. Dry wall
3. Lagging

Mr. Devlin, this is how we reduce recedevism and create ready men for society. I am seeking your support or additional info in regards of seeing this future motion being passed.

Respectfully,


Cornelius Brown

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Jacqueline Scaccia
Manager of Student Services and Policy
Education Division
50 Maple St, Suite 3
Milford, Mass 01757

11/16/21

RE: Building Trades Program

Please find enclosed a proposal to re-implement a Building Trades Program at MCI Norfolk. We believe that this would be a highly beneficial program to those men being released, especially if it is combined with the OSHA certification and/or an apprenticeship program such as The Future Hope Apprenticeship Program which we have enclosed information on.

Thank you in advance for your time and consideration in these matters we look forward to hearing from you at your earliest convenience.

Sincerely,
Mr. Rodrick Taylor

cc: Director Kathleen Lydon

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PROPOSAL FOR
BUILDING TRADES PROGRAM
AT MCI NORFOLK

By
Norfolk Inmate Council
Education Committee
&
A.A.C.C. Education Dept

Written by: Edward Honeycutt
Submitted: 11/11/21
By: Mr. Rodrick Taylor

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INTRODUCTION

Prior to 2000, MCI Norfolk offered a building-trades program as part of their vocational education offerings. Participants of the program conducted certain jobs around the prison while they learned the basic skill need for entry-level construction jobs. Unfortunately, with the focus on punitive corrections, as well as budgetary constraints, this program was terminated. Since that time, however, it has become apparent that tough on crime policies are counterproductive to the rehabilitation process and the Department of Correction¹ has redefined its vision and mission statements to emphasize the successful re-entry of inmates. With this in mind, it is apparent that reinstating a building-trades program would be a step towards fulfilling the DOC's goals.

As an additional benefit, a building-trades program would be beneficial to the prison's infrastructure, as was the former program when it constructed the prison's barbershop. Another example of how this program could benefit the prison's infrastructure is by manufacturing badly needed replacement windows. There are more than one hundred windows in the prison's Voc-Ed., CSD, and OIC buildings that are badly rotted—several of which are being held together by box tape and cardboard—which causes further damage when it rains. They are also very energy inefficient. A recent study by the Pioneer Institute, a Boston-based think tank, reported that prisons are one of the state's entities in which infrastructure has been badly neglected.² A building-trades program could easily manufacture energy efficient windows, without causing any labor disputes, at a tremendous savings to taxpayers. It would also provide a much needed opportunity for inmates who might otherwise be idle.

Besides affording inmates the opportunity to use their time productively, a building-trades program would provide inmates with marketable skills that would enhance their employment opportunities after release. The Massachusetts Department of Workforce Development has projected 21,980 construction jobs.

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Many entry-level construction jobs disregard CORI background checks, which often hamper employment opportunities. Entry-level construction jobs generally pay well above minimum wage and therefore provide financial incentive for newly released prisoners to successfully reintegrate back into their communities. It has been well established that employment is a key component for successful reintegration, but a recent study from the Department of Justice further emphasized this fact when it reported that finding housing and employment can reduce the rate of recidivism even more so than cognitive therapy.⁴

TRAINING

A building-trades program curriculum encompassing a general overview of carpentry, masonry, plumbing, and electrical work should be developed. Participants should receive knowledge of the basic terminology and products used in these fields, as well as training on the fundamental tools and equipment. Training could include manufacturing jobs such as the one mentioned above or building maintenance sheds, and mock plumbing, electrical, and a masonry booth could be set up for hands-on practice. Upon completing training in these areas, participants should move on to OSHA (Occupational Safety and Health Administration) training which is currently being administered at MCI Norfolk. Training should last between eight to twelve months. Upon completion, participants would receive a course completion certificate.

LOCATION, EQUIPMENT, & INSTRUCTOR

The program could utilize its former location, the third-floor of the prison's Maintenance Department, as this location remains vacant.

The former program's equipment, tools, and textbooks currently exist on the prison's Education Department inventory, and are located in the Maintenance Department. Some budgetary

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considerations may be needed to update old equipment and to purchase start-up materials. Costs could be offset by conducting manufacturing jobs for the state.

Lastly, a qualified instructor will have to be hired. With all other aspects of the program already in place, this would be the program's primary expense. There are, however, organizations that may be willing to provide volunteers for this endeavor (see attachment).

CONCLUSION

The NIC Education Committee believes that reinstating a building-trades program at MCI Norfolk would be beneficial to both the inmates and the infrastructure of this facility, and that it would be relatively easy to implement. At this facility there is a significant amount of work that desperately needs to be done; there is available space for the program, there are equipment and tools already in place, there is an abundance of willing participants; and most importantly, there is a significant amount evidence showing that programs of this nature reduce recidivism, and, in fact, are considered to be a best practice. Because of the opportunities a building-trades program would offer to inmates, as well as the fact that such a program is consistent with the DOC's goals, in every way, we strongly urge the reinstatement of a building-trades program at MCI Norfolk.

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References

- ¹ Dennehy, Kathleen. *Governor's Commission on Correction Reform: Manager's Briefing: Overview of Vision & Next Steps*. Boston, MA: Department of Correction. 14 Sept. 2004
- ² *Morning News*. Debra Handy. National Public Radio. WBUR, Boston
- ³ Massachusetts Department of Workforce Development. *Commonwealth of Massachusetts Employment Projections
Current and Projected Employment by Occupation and Education and Training Requirements*
- ⁴ *Morning News*. Debra Handy. National Public Radio. WBUR, Boston

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Preliminary Research Observations on October 2021 Lifer Population Data

PRELIMINARY RESEARCH OBSERVATIONS

OCTOBER '21 DATA EXTRACTION
"LIFER POPULATION"

MCI-NORFOLK

REPORT BY:
WILLIE WILKERSON
ELWOP INITIATIVE, AACC @ MCI-NORFOLK

CONTRIBUTIONS BY:

ELWOP INITIATIVE @ MCI-NORFOLK

IRAN DIAZ
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CAMERON MCCARTHY

AACC @ MCI-NORFOLK
COMMUNITY ENGAGEMENT

LIFERS' GROUP, INC. @ MCI-NORFOLK

DIRK GREINEDER

SPECIAL THANKS TO:

PARTICIPANTS @ MCI-NORFOLK
ADMINISTRATORS WHO APPROVED THIS WORK
ALLAH FU'QUAN

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The following was extracted with the sole intention of presenting to the powers that be why it is so important to gather this unknown data. THIS IS NOT A PROFESSIONAL OPINION. This data was volunteered and self reported with no incentive.

The findings and discussion is geared to prove or to disprove the need for a closer look at the patterns of those who have been sentenced to serve a sentence that is supposed to give no hope for freedom. LIFE WITHOUT THE POSSIBILITY OF PAROLE.

Also, this study gives a glimpse into the contradictory nature and inhumane practices that further silences the truth surrounding those who have been deemed "unfit to reintegrate into society."

For integrity's sake, I did not participate by filling out a survey. The dissemination of 650 surveys was approved by the Director of Treatment at MCI-Norfolk. Out of those 650 surveys disseminated, there were 263 respondents (40.46%) of the "lifer" population at MCI-Norfolk.

Of those respondents, 228 qualified for the data that will be reflected in this report. Any survey which could not be completely understood was not included in the data pool. Those surveys were solely included in the count of how many of the respondents were currently serving life without (LWOP) or with (LWP) parole eligibility. This survey (see end of report) presented participants with the option of remaining anonymous in the event specific information was requested, in which we will respect.

It is our hopes and prayers that the results from this small portion of those sentenced with LWOP and LWP sheds light on the bigger issue: SOCIETY IS NOT BETTER NOR SAFER BECAUSE OF OR SINCE THE IMPLEMENTATION OF LIFE SENTENCES. Those who are serving life sentences are not violent, are not susceptible to high rates of violent and are currently compliant with rules which is exhibited through low disciplinary rates.

THE RESPONDENTS ARE:

42.10% Black
38.15% White
18% Hispanic
1.31% Asian
.43% American

*Each person reflected is accompanied
by a completed survey with a signature

MCI-Norfolk is considered the "best" institution to be in by many. It is yet to be determined if throughout the Department of Correction (D.O.C.), any race or ethnicity has been given the privilege of placement at any certain institutional facility.

Are the above percentiles reflective of the Massachusetts D.O.C. as a whole? In other words, does MCI-Norfolk favor a certain demographic?

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The only way to answer this question is to compare this data to the other Institutions in Massachusetts.

RECOMMENDATION: Gather data specifically regarding race throughout the D.O.C. to determine if offenders are being housed equally and what opportunities are presented at these facilities in regards to employment, education and industry work.

Also, especially amongst the lifer population, what is the percentage of Black, White and Hispanic offenders?

AGE OF PARTICIPANTS

	20's	30's	40's	50's	60's	70's	80's
Total	4	31	63	68	35	24	2
Black	4	22	27	27	9	7	
White		4	16	27	21	16	2
Hispanic		5	18	13	4	1	
Asian			2	1			
American					1		

228 people qualified to be represented in this category. 84.6% (193) are over the age where criminal capacity is diminished statistically and are eligible to be housed in a lower security facility than they are currently placed.

This does not include the 35-39 year old range which would increase this statistic by 10% (23 more people would raise this to 94.73% of respondents who are eligible for lower security placement and are less than 1% likely to recommit.)

There is a shift in the age range of both Black and White. 50's and less host 80 Black compared to 47 White while 50's and up host 66 White compared to 42 Black.

Does this reflect the "tough on crime" era?

RECOMMENDATION: Gather data to determine what year the mean participant was incarcerated in. Further determine what, if any percentage of offenders would have been considered a juvenile or emerging adult at the time of incarceration.

Further research is necessary to prove or disprove the chances of offenders reoffending while over the age of criminal capacity diminishment. Also to determine whether or not this data could/should factor into future determinations such as parole hearings or specific instruction to a jury who may not know this.

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RACE/ETHNICITY

Out of the respondents, when asked to provide the answer to: "I am...", 56 different entries were self reported! Only 2 (TWO) respondents self reported AMERICAN. The first task was to situate these into three categories: BLACK, WHITE and HISPANIC. These were those entries:

Black
African American
Afro American
African American Black
Black/African
Black (Haitian)
Black Cape Verdean
Black Jamaican
Black/Puerto Rican
Black/White
African/Latino
African American-Native American
African American/Cape Verdean
Black American
Brown aka Blackman
African
Other Black
Cape Verdean
Native American-Hispanic
Portuguese Cape Verdean French
Jamaican
African Black American
Hispanic
Latino
Latin X
Spanish
Latino/Hispanic
Puerto Rican
Dominican
Cuban
Latin American (Cuban/Puerto Rican)
Portuguese
Dominican American
Hispanic, Puerto Rican
White
White/non-hispanic
White/First Nations
White/Hispanic
White "Ukrainian"
White/Montenegrin
White (Irish National)
European White
White Scotch/English
White/Portuguese
Caucasian

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Italian Caucasian
Caucasian Jewish
White/Latino
White/Irish
Italian/Sicilian
Italian/American
Irish/English
Irish/Polish American
German American

Identifying who considers himself/herself what should not be a task left for anyone except the individual. Black, Brown or White is a color in which too many of us can't see past.

RECOMMENDATION: Create a better identity system after collecting data reflective of a person's preference rather than how much melanin is perceptively evident in one's skin.

This would curb the way color is prominated advantageously for data pools which are tailored to a certain demographic.

Many of the identification cards of offenders are incorrect. The numbers are skewed and not true and accurate when this happens. Some ethnicities are taken away from while others are added on to. For instance, a "white latino" is not white. He is just or she is just lighter skinned. That does not matter when the D.O.C. still considers that person W/H. They are not added or counted as Hispanic.

	CLASSIFICATION POINTS:											
	zero	one	two	three	four	five	six	seven	eight	ten	eleven	twelve
Total	7	26	75	46	22	12	8	4	1	3	1	1
Black	2	8	25	20	13	7	4	2	1	1		1
White		14	31	20	6	3	3			2	1	
Hisp.	5	3	17	5	3	2	1	2				
Asian		1	1	1								
Amer.			1									

*21 People did not report classification points

The Massachusetts Department of Correction has a class system in which determines what level of security placement an offender is eligible for. Out of 228 people that qualified to be represented in this category, 86.4% (197), if the current system stands, will never have the opportunity to experience the very placement the system is designed for despite qualification.

RECOMMENDATION: Gather data that will further prove or disprove the need for adherence to the "compass" system within the lifer population.

This type of an initiative would not only allow more space in facilities such as MCI-Norfolk, where inmates are known to

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spend decades of their life in the same cell, doing the same kind of work within the institution, it would allow data to be collected to prove or disprove that if given the opportunity of a lower security placement, lifers will either comply or rule break. If we do not gather this kind of data, how can it be said that those that do not have the opportunity to show a change, have not changed?

CLAIMS OF INNOCENCE

	<u>LWOP</u>	<u>LWP</u>	<u>out of them who claim innocence</u>
Black	71	25	47%
White	67	20	35%
Hispanic	30	11	15%
Asian	2	1	2%
American	1		1%

*% only of those claiming innocence (99/228)

In the following counties, the number of people who claim innocence (minimum 2) are represented in percentage:

Plymouth County 80% Black / 64% White
 Worcester County 100% Hispanic
 Essex County 100% Black / 50% White
 Bristol County 71% Black
 Norfolk County 64% White
 Middlesex County 57% Black
 Hampden County 55% Hispanic / 50% White
 Suffolk County 50% Black
 Barnstable County 50% Black

*These are the counties only with greater than 50% innocence claims. Suffolk County had the most overall claims of innocence with 20 out of 40 Black respondents claiming innocence

This data is deserving of a closer look. Self reported disciplinary tickets almost mirror this claim. There is a startlingly low number of disciplinary rates amongst lifers. (See end of Report - Fast Facts)

RECOMMENDATION: Gather data to further prove that counties in Massachusetts have enough claims of innocence state wide to call for integrity units to work jointly in different counties.

Or to disprove the need for integrity units throughout the state to handle or look at those cases in which innocence is claimed by someone still serving a sentence.

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The truth is that the potential gathering of this data has, is and always will be a threat to the reversing of the dichotomy of men and women of society, (free society) and/or men and women of prison, (prison society.)

The paradigm created through the play on emotions due to loss, personal or communal, or gain, influential or political, should not be a factor in the eyes of, and hearts of, those people who are genuinely concerned and invested in the upholding of the purpose of the Federal and State Constitutions created and enacted by the founding fathers of this country who believed in "justice for all." They did not adopt this maxim as a simple saying to be recited by our children, our future, in schools that will educate them not only in our American history, but also in how to conduct themselves as humans. This is what justice should reflect. Humanity.

This preliminary study has the promise of showing that many of those who have been so nonchalantly been classified as "lifers" are not prone to violence, yet are subject to the inhumane practice of continued punishment despite showing through point systems and behavioral patterns, that rehabilitation has been self motivated and not incentivized.

The need for this data to touch the eyes and minds of those who are against further investing time, energy and tax dollars to a bottomless pit created by society to silence the part taken away and put in a system of unknowns is evident when looking at these facts impartially.

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MCI-NORFOLK FAST FACTS -- DISCIPLINARY HISTORIES OF LIFERS: High Levels of Rule-Abiding and Very Low Rates of Prison Violence.

* * * * *

241 of 657 prisoners serving First Degree (LWOP) and Second Degree (LWP) life sentences at MCI-Norfolk, randomly surveyed in October 2021, self-reported their disciplinary histories during incarceration. Norfolk houses 41% of LWOP and 30% of LWP prisoners in the MA-DOC and survey respondents were typical of the racial balance of 40% White and 60% minority.

One third of lifers had no Disciplinary Reports (D-reports) of any kind during their entire incarceration and majorities had no D-reports during the last 10 years (Table). D-reports are readily issued for violations of prolific, often

58%-69% of lifers have not received D-reports for violent behaviors at any time and 99% of LWOP prisoners serving >=25 years have avoided violence over the last 10 years

trivial, prison rules or violence (e.g. fights, assaults, physical aggression). Between 58% and 69% of all lifers have not received any D-reports for violent behavior any time during their incarceration and 99% (82 of 83) of LWOP prisoners serving >=25 years have avoided any violence over the last 10 years. Of the 42% of these LWOP prisoners receiving D-reports

for violence, many committed these acts during the 1970-80s when MCI-Walpole was among the most violent prisons in the U.S.. These data suggest that even those subjected to traumatic conditions at Walpole have matured and no longer resort to violence. Those LWOP prisoners serving <25 years also have avoided D-reports for violence over the last 10 years at high rates (78%).

DISCIPLINARY HISTORY OF LIFER POPULATION

Sentence	History	Time Served	
		<25 years	>=25 years
LWOP	Total Number Serving This Duration	92	83
LWOP	No D-Reports last 10 yrs	43(47%)	60(72%)
LWOP	No Violence D-Reports last 10 yrs	72(78%)	82(99%)
LWOP	No Violence D-Reports ever	64(69%)	48(58%)
LWP	Total Number Serving This Duration	44	22
LWP	No D-Reports last 10 yrs	24(55%)	13(59%)
LWP	No Violence D-Reports last 10 yrs	37(84%)	16(73%)
LWP	No Violence D-Reports ever	28(64%)	15(68%)

These disciplinary history results reveal that lifers are overwhelmingly following strict prison rules and also very reliably avoid committing violent behaviors during incarceration. Viewed in conjunction with substantial evidence that offenders routinely age out of the propensity for criminal behavior, these data strongly support arguments that most lifers will not present a risk to public safety if released.

Prepared by Dirk Greineder for Lifers' Group Inc. and
Willie Wilkerson for African-American Coalition Committee (November 2021)
Available at www.realcostofprisons.org/writing

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SURVEY FOR LIFERS AND VIRTUAL LIFERS (by AACC and Lifers' Group at MCI-Norfolk)

Participating in this survey will help to provide another source of data to show the public that lifers change while incarcerated. This will help to show that they have earned a second chance and deserve to re-enter into society.

1. I am _____ yrs old 2. I am _____
(race and/or ethnicity)
3. My sentence is: LWOP LWP after _____ yrs OVER 25
(circle) YEARS (list range)
4. My LWOP or LWP sentence is based on Joint Venture leading to FELONY MURDER verdict but I was NOT the actual (principal) killer: YES NO
- 5.(Circle): I pled guilty I was tried I maintain innocence: YES NO
6. I have served: _____ yrs 7. I have: _____ classification pts
(estimate)
8. I have done DDU/DSU time YES NO If yes, dates: _____
(start - end)

9. List BEST ESTIMATES of all disciplinary infractions during this sentence over the intervals below:

	<u>Approx # tickets</u>	<u>Approx total Mo's in Seg</u>	<u>List typical charges during period shown especially if involving violence</u>
2017-2021	_____	_____	_____
2012-2016	_____	_____	_____
2007-2011	_____	_____	_____
2002-2006	_____	_____	_____
1997-2001	_____	_____	_____

Before 2001 _____
use space above this line if any tickets received before 2001

By completing survey, you agree to have your information pooled for ending LWOP sentences in Massachusetts. Individual names will NOT be released and are OPTIONAL although desired in case we have questions.

Signature _____ Print Name _____

Thank you. We will share results with you. AACC & Lifers' Group Inc.

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Overview of Life Without Parole (LWOP) Initiative

OVERVIEW OF L.W.O.P. INITIATIVE

This initiative will center around ending life without the possibility of parole (LWOP). The goal is to assist and receive assistance from private, non-profit and governmental entities that were formed with the intent of abolishing LWOP.

We will gather data and collaborate with different groups in MCI-Norfolk and share resources in an attempt to further accomplish our mission. We will create surveys and extract data as well as organize events with the intent of shifting the public perception and beliefs of the incarcerated being unfit to reintegrate back into society.

The point man of this initiative will be the Organizer. This is the person that will be briefing the AACCC on what the progress and further plans are for the Initiative. He will establish liaisons and engage in any area that needs assistance.

Head of Public Relations will be in charge of corresponding with above said entities and contacting new groups.

Community Engager will be active in gaining support within MCI-Norfolk and this title will be shared amongst several individuals whose responsibility will range from disseminating to collecting data and surveys/data packets.

There will be liaisons to work with the Lifers' Group, Restorative Justice, Second Chances and Young Mens' Group.

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AACC Service Learning Curriculum: A Proactive, Pro-social Approach to Civic Engagement

AACC Service Learning: Program Timeline

WEEK ONE - Orientation

What do you expect to gain from this course?

"I want to..."

- ... become an asset to my community
- ... learn how to organize around issues
- ... learn how to become a positive leader for my community"

What WE expect YOU to gain from this course

We expect you to...

- Learn how to speak in public
- Learn the value of the social contract
- Understand how to better represent yourself in society
- How to convert anger into constructive community engagement
- Communicate effectively with government leaders
- Inspire everyone to get involved, so that all are represented
- How to combat pessimism in the process (not everyone wants to get involved)
- Learn government's partnership role in the community

What are some of the characteristics that you associate with **engaged** community members? For example, an engaged community member might have some or all of the following:

- Courage
- Consistency
- Empathy
- Open-mindedness
- Adaptability
- Passion/Enthusiasm
- Solution-centered
- Optimism
- Communicator (Active listening, active viewing, sharing ideas)
- Resourceful (adapting to the situation, i.e. holding a meeting in a basement, seeing opportunity when it presents itself, etc.)

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Which characteristic(s) do you see in yourself?

What is the government's role in the community? Is it the government's responsibility to manage the affairs of your community?

WEEK TWO - Engaging Residents

- What resident-initiated and resident-led community/neighborhood organizations have you seen active in your community?
 - ◆ In your free life?
 - ◆ In your incarcerated life?
- What is the definition of “collaborate”? Have you experienced community meetings/discussions where people tend to work collaboratively to solve problems?
 - ◆ **(Note: “Building-Blocks of Effective Teamwork” video)**
- A truism about working in teams: “When I work in teams, I should expect some personality problems to occur that occasionally will create a disruption in achieving our objectives.”
- What should your team do to anticipate a breach of contract inside the team dynamic? *Create beforehand a teamwork contract!*
- Do the neighborhood organizations reflect the community's diversity? Do the people in the organizations work readily with elected or appointed leaders to provide key input in decision-making?

WEEK THREE - Authentic Communication

- What are our locally-trusted, civic-minded sources of information and news?
- What are some authentic ways to provide information that is politically and culturally relevant to lawmakers?
- What are some additional ways to communicate with and get information to the government (i.e., social media, social events, texts, tweets, Instagram, etc.)

WEEK FOUR - Community Leadership

- How do we develop leaders from all backgrounds, ages, and sectors, particularly those from traditionally marginalized communities?

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- How do community leaders work together, build consensus, and set aside their own egos to focus on getting things done for the whole community?
- What are some of the techniques commonly used for crisis management and dealing with difficulties?

WEEK FIVE - Embracing Diversity

- How do we provide services and opportunities that are equitable to all teams and neighborhoods?
- How do we as a community value tolerance and inclusion?
- How do we create policies to combat discrimination?
- How do we take steps to discuss, learn about, and address historical barriers to participation, inclusion, and engagement?

WEEK SIX - Collaborative Institutions

- How do we work with other communities to address local and regional challenges?
- How can we engage government, non-profit, philanthropies, schools, civic associations, and businesses to collaborate effectively to solve community problems?
- What are the essential tenets that go into fostering collaborative spirit among institutions?

WEEK SEVEN - Culture of Engagement

- How do we create a culture of engagement and how do we get the government and other institutions to engage the full community to guide decision-making?
- How do we make an extra effort to ensure traditionally underrepresented teams are engaged as part of community decision-making?
- How do we get local government and others to engage community members in an ongoing fashion, not just when they need buy-in or quick feedback?

WEEK EIGHT - Shared Visions and Values

- How do we start to have formal discussions that address difficult issues that others may shy away from, like race, immigration, drug addiction, etc.?
- How do we create a strong sense of attachment to and pride in our neighborhoods and community?

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- How do we create a clear sense of what makes the community unique and a shared vision of what we want the community to be in the future?
- How to get beyond the mindset of...
 - ◆ “The government’s against us.”
 - ◆ “They use systemic racism against us.”
 - ◆ “All politicians are corrupt, they don’t represent us, they forgot about us.”

COURSE CONTENT:

- Assessment: Leadership/Service Learning
- Course Project
- Individual “homework”
- Class Exercises
- Quizzes
- Presentations (Instructor/Student)
- Course Glossary
 - Assessment: A formalized testing instrument used to gage your knowledge of a particular subject before you actually study the subject
 - Collaborate: to work together, especially in a joint effort
 - Engagement: the act of being constructively committed towards a particular aim
 - Diversity
 - Civics: the study of the rights and duties of citizens
 - Civics Engagement: An individual or collective action designed to address public concerns or unkept public safety needs
 - Politics: relating to the process, principles, and affairs to the government
 - Citizenship: the status of a citizen with his/her duties, rights, and privileges
 - Community: a locality in which a group of people live
 - Performance Appraisal/Assessment: a tool to evaluate where one stands in context to their goals
 - Government: A governing body which administers the public
 - Leadership: To effectively guide, conduct, escort, or direct, for a particular issue.
 - Pro-social: the ability to establish friendly relations and seek out the compatibility with others.

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- Service learning: A method under which students or participants learn and develop through active participation thoughtfully organized service
- Social contract: Agreed upon rules set by all the participants
- Teamwork: Cooperative effort towards particular aim
- Problem solving
- Problem identification
- Crisis management

MATERIALS

- Reading materials (Textbooks, articles, State Rep pamphlets)
- DVD documentary (PBS) on Toastmaster/Community Involvement/COmmunity Engagement
- Outside guest participation (Rep. Chynah Tyler)

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Memo Regarding MLK Day Recognition, 01.2.22

Nelson Alves, Superintendent;
MCI-Norfolk

Re: MLK DAY RECOGNITION;

Date: 1/2/22

Dear Mr. Alves;

I correspond at this with the intent of formally reaching out to you as a follow-up to our discussion on 12/31/21.

The African American Coalition Committee (A.A.C.C.) has always capitalized upon the opportunity to utilize our annual events to solidify yearly commitments with our outside stakeholders (guests, volunteer(s), etc.) in addition to ourselves as a community. The Administration here has never asked, as you have done, our Board to identify ways that they can be supportive of our efforts to TRULY HONOR the life & legacy of Dr. Martin Luther King Jr., so this moment is not lost on us. In response to your request we have listed a few ways that your Administration could elevate the recognition of MLK herein MCI-Norfolk:

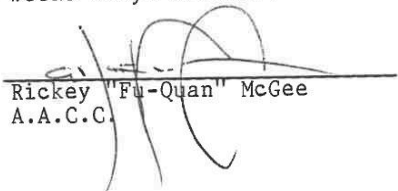
- * Identify 39 locations in Norfolk where we could place 39 framed quotes of MLK. 39 represents the amount of years he graced the earth with his example of leadership before it was tragically cut short.
- * To openly acknowledge/support our Service Learning/Civic Engagement Program that we submitted in 2019. This program will orientate the Men herein MCI-Norfolk to the same principles of civic engagement that had given MLK the tools to elevate a country.
- * The never seen documentary "13", directed by Ava Duevany, be shown on the house channel during the Saturday following MLK Day. This award winning documentary was distributed through NETFLIX.
- * A special meal given to the population in honor of MLK during the Saturday following MLK day.
- * A letter from a Birmingham Jail distributed to every unit herein MCI-Norfolk during the Saturday following MLK day.

Listed are just some of the practical requests that would truly magnify the measure of what a potential collaboration would look like. We are hopeful that our obligations have been fulfilled in making you

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(2)

aware of our requests, with this said if anything further is needed I ask that you, or your designee, reach out soon as possible being that MLK Day is just a few weeks away. Peace...


Rickey "Fu-Quan" McGee
A.A.C.C.

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APPENDIX

E

**The Massachusetts Elected Officials of Color Ten
Point Plan to Address Police Violence and
Advance Racial Justice**

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APPENDIX E: The Massachusetts Elected Officials of Color Ten Point Plan to Address Police Violence and Advance Racial Justice

Released 6/4/20 by the Massachusetts Elected Officials of Color Caucus
Ten-Point Plan to Address Police Violence and Advance Racial Justice
Federal

1. Pass Congresswoman Pressley's Resolution to condemn police brutality, racial profiling and the excessive use of force.
2. Improve oversight and independent investigations to hold individual law enforcement officers and police departments accountable.
3. Department of Justice must reassert its statutory authority to investigate individual instances of racial profiling, police brutality and violence and investigate and litigate individual law enforcement officers and police departments routinely violating civil rights.
4. Adopt sound and unbiased law enforcement policies at all levels of government that reduce the disparate impact of police brutality, racial profiling and use of force on Black and Brown people and other historically marginalized communities.

State

5. Peace Officer Standards and Training (POST): Resolve to provide for a "Special Commission on Peace Officer Standards and Training" to study and make recommendations concerning the implementation of a Peace Officers Standards and Training (POST) system, H2146 Reps Holmes and Vieira; Reported favorably now with Rules Committee; Establishes a statewide POST system to certify police officers and enable de-certification for misconduct and abuse.
6. Civil Service Exam Review and Oversight: An Act to Reform Civil Service Exams, H2292 Rep Holmes; Currently sent to study, but could be added to Outside Section of the Budget; Establishes an Office of Diversity and Equal Opportunity to establish guidelines and review for diversity plans for all state agencies, Establishes a peace officer exam advisory board to review examinations for appointment and promotion of peace officers.
7. Commission on Structural Racism: An Act establishing a special commission on structural racism, H1440, Holmes; Currently sent to study, but could be added to Outside Section of the Budget; Establishes a commission to study how the systemic presence of institutional racism has created a culture of structural racial inequality which has exacerbated disproportionate minority contact with the criminal justice system in Massachusetts.
8. Adopt clear statutory limits on police use of force, including choke-holds and other tactics known to have deadly consequences. Require independent investigation of officer-related deaths. Require data collection and reporting on race, regarding all arrests and police use of force by every department. In drafting; to be filed by Rep. Liz Miranda soon.

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Municipal

9. Declaring Racism is a Public Health Crisis and worthy of treatment, assessment and financial investment in order to eradicate negative health impacts.
10. Create a Civil Review Board/Commission with subpoena power to investigate allegations of law enforcement wrongdoing.

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APPENDIX

F

Commission Working Group
Detailed Descriptions & Members

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APPENDIX F: Working Group Detailed Descriptions & Members

The Legislature appointed these Commissioners, who were then convened by the Co-Chairs in public sessions. In the first public session, Commissioners articulate their priorities for investigation and recommendations, including a decision to delegate priority topics to Working Groups, which are described in detail below, to allow for each Commissioner to share their individual expertise more directly and fully and to incorporate more of the complexity inherent in the study of structural racism in corrections.

In July 2021, the Commission established a working group structure to delegate responsibility for investigating the complexity of structural racism in corrections to Commissioners with relevant expertise:

1. DOC Policy, Experience, & Access to Resources, chaired by Rep. Barber. By using group member expertise, input, and individual hearing testimony, the group developed and submitted questions to the DOC Commissioner regarding the collection of data regarding race and ethnicity, education, training and other programming and metrics, and health and safety to identify potential data gaps. In response, the policy working group received about 200 pages of answers and related materials. The group submitted a report with recommendations included below.
2. Small Group Site Visit Coordinators, chaired by LaToya Whiteside and Gregg Crouteau. The working group explored a variety of approaches to implement effective site visits that are likely to produce information relevant to structural racism in corrections.
3. Staff & Administration Support, Development, and Training, chaired by Scott Scharffenberg, Dennis Everett, and Andy Peck. The working group identified the personal and professional support, benefits, professional development, and training Department of Correction staff and administration currently receive and what resources are needed to do their job safely and to address structural racism inside the Department of Correction. The group submitted a report with recommendations included below.
4. Intersectionality of Hearing Agendas and Invitations, chaired by Robin Frost and Janson Wu. The working group identified the relevant groups impacted by structural racism in corrections with intersectionality and ensured that the individuals who testified at each hearing represented all the affected subgroups, including women, LGBTQIA+ especially trans women of color, those who are housing insecure, those who are not citizens, those who are not English speakers, those with mental health challenges, and those with disabilities.
5. Follow the Money, chaired by Sen. Eldridge. The working group compiled DOC budget research from DOC's Annual Report and from findings of the Special Commission on Correctional Funding. The group submitted a report with recommendations included below.

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6. Data Collection and Analysis, chaired by LaToya Whiteside. In addition to supporting and advising the data collection and analysis of each of the other working groups, the Data Collection and Analysis Working group partnered with Prisoner's Legal Services' Racial Equity In Corrections Initiative, which distributed a 50-page survey to about 1,200 BIPOC incarcerated individuals and collected about 400 responses. The survey, compiled responses, and a presentation explaining process concerns (Delays, Interference, Retaliation, & Evidenced Egregious Acts) are included in Appendix G.
7. Outside Systems Mapping of Influences on DOC community, chaired by Rep. Elugardo.

Working Groups met at various frequencies from weekly to monthly to plan and research their topic areas, to conduct additional meetings and site visits, and to prepare and submit to their colleagues data, learning, questions, and recommendations relevant to their focus areas. Working groups submitted an interim report and final reports, in addition to informal updates.

Working Group Listing as of 09.29.21

Data Collection and Analysis

LaToya Whiteside, Attorney, Prison Legal Services of Massachusetts (Chair)
State Representative Vanna Howard of 17th Middlesex

Follow the Money

State Senator Mr. Jamie Eldridge of Middlesex and Worcester and his legislative office (Chair)
State Representative Vanna Howard of 17th Middlesex

Outside Systems Mapping of Influences on DOC Community

State Representative Ms. Nika Elugardo of 15th Suffolk and her legislative office (Chair)
Annelise Araujo, Attorney, Araujo & Fisher, LLC
State Representative Vanna Howard of 17th Middlesex
Secretary Andrew Peck of the Executive Office of Public Safety and Security
Darrell Jones, President of The Innocent Convicts
Stephanie Pires, Project Support Staff of The Innocent Convicts

DOC Policy, Experience, & Access to resources

State Representative Christine Barber of 34th Middlesex (Chair)
State Representative Vanna Howard of 17th Middlesex
Annelise Araujo, Attorney, Araujo & Fisher, LLC
LaToya Whiteside, Attorney, Prison Legal Services of Massachusetts
Secretary Andrew Peck of the Executive Office of Public Safety and Security

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Senator Adam Gomez of Hampden

Kevin Flanagan, Legislative Representative of Mass Correction Officers Federated Union (MCOFU)

Director Dr. Rufus Jackson Faulk of Boston Mayor's Office of Public Safety

Darrell Jones, President of The Innocent Convicts

Small Group Site Visit Coordinators

LaToya Whiteside, Attorney, Prison Legal Services of Massachusetts (Co-Chair)

Greg Croteau, Chief Executive Officer of UTEC (Co-Chair)

State Representative Vanna Howard of 17th Middlesex

Secretary Andrew Peck of the Executive Office of Public Safety and Security

Darrell Jones, President of The Innocent Convicts

Derek Brooks, Founder, Inside Cable, Inc.

Staff & Administrative Support, Development, and Training

Scott Scharffenberg, Executive Vice President of ROCA (Co-Chair)

Secretary Andrew Peck of the Executive Office of Public Safety and Security (Co-Chair)

Dennis Everett, Director of Reentry, UTEC (Co-Chair)

State Representative Vanna Howard of 17th Middlesex

Intersectionality of Hearing Agendas and Invitations

Robyn Frost, Executive Director at The Massachusetts Coalition for the Homeless (Co-Chair)

Janson Wu, Executive Director of GLBTQ Legal Advocates & Defenders (Co-Chair)

State Representative Vanna Howard of 17th Middlesex

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APPENDIX

G

Working Group Reports & Recommendations (Interim and Final)

- Staff & Administration Working Group: Interim Report
- Staff & Administration Working Group: Final Report
- Staff & Administration Working Group: Listing of EOPSS Interviews
- Policy, Experience and Access to Resources Working Group Interim Report
- Policy, Experience and Access to Resources Working Group Final Report
- Data Collection and Analysis (Survey) Working Group Preliminary Report
- Data Collection and Analysis (Survey) Working Group Presentation
- Follow The Money Working Group Final Report

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**APPENDIX G: Working Group Reports & Recommendations
(Interim and Final)**

**Staff & Administration Support, Development, and Training Working Group -
INTERIM REPORT**

December 27, 2021

The Honorable Nika C. Elugardo
State House, Room 448
24 Beacon Street
Boston, MA 02133

The Honorable James B. Eldridge
State House, Room 167
24 Beacon Street
Boston, MA 02133

Re: 2021 Interim Report of the Staff and Administration Support, Development, and Training Subcommittee's Special Legislative Commission on Structural Racism in Correctional Facilities in the Commonwealth

Dear Chair Elugardo and Chair Eldridge,

We write pursuant to § 110(a) of St. 2020, c. 253, An Act Relative to Justice, Equity, and Accountability in Law Enforcement in the Commonwealth, otherwise known as the police reform law, to submit the Staff and Administration Support, Development, and Training Subcommittee's Special Legislative Commission on Structural Racism in Correctional Facilities in the Commonwealth's interim report on its work product.

The members of the subcommittee are:

- Andrew Peck, Undersecretary of Criminal Justice at the Executive Office of Public Safety and Security
- Dennis Everett, Director of Reentry at UTEC
- Scott Scharffenberg, Executive Vice President of ROCA, New England

On November 3, 2021, the subcommittee convened its first meeting to discuss its mission, the best method to move forward with the development of recommendations in identifying what personal and professional support, benefits, professional development, and training Department of Correction staff and administration currently receive and what resources are needed to do their job safely and to address structural racism inside the Department of Correction. The subcommittee has been holding regularly scheduled weekly meetings for a total of seven (7) meetings to date.

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With respect to achieving racial parity between staff and incarcerated persons, the subcommittee continues to consult DEI leadership at the Executive Office of Public Safety and in the Department of Correction in addition to subject matter experts in academia and other members of this Commission to learn about existing training for correctional staff as well as how to support diverse recruiting, hiring, and retention.

With respect to implicit bias and regular Diversity, Equity, and Inclusion (DEI) training for staff and administration, the subcommittee continues to consult DEI leadership at the Executive Office of Public Safety and within the Department of Correction to learn about existing training for correctional staff. The subcommittee also plans to continue to speak with subject matter experts in academia and other members of this Commission to develop recommendations around enhancing staff resources, access to training, and deliberate engagement with community partners that have a proven track record in support and facilitation of DEI work to support this work.

With respect to addressing trauma experienced by Department of Correction staff and supporting mental health and suicide prevention for correctional officers, the subcommittee has taken a three-pronged approach:

1. The subcommittee plans to continue conversations with the Massachusetts Correctional Officers Federated Union as well as the Department of Correction's employee assistance support unit staff to determine best practices and develop recommendations on increased staff and resources in addition to incorporating familial support for officers and improving EASU outreach accessibility.
2. The subcommittee also plans to conduct facility site visits in January and early February at state prison facilities and residential treatment sites for members of law enforcement. In an effort to ensure the individual needs of incarcerated females are being addressed in this work, the subcommittee also plans to visit MCI-Framingham and South Middlesex Correctional Center. A portion of these visits will be dedicated to interviewing panels of security staff and officers.
3. The subcommittee has also conducted a literature review and honed in on two studies in particular to help shape their work; the Massachusetts Special Commission to Study the Prevention of Suicide Among Correctional Officers Report published in 2019, as well as a study on the preliminary findings of the Impacts of Correctional Officer Suicide conducted by the Northeastern University School of Criminology and Criminal Justice. The subcommittee has looked at the way shifts, job location, staffing, and scheduling have impacted officer wellness in addition to exposures to violence that contribute to the elevated risk of suicide.

The subcommittee looks forward to presenting you with their final recommendations on or before March 31, 2022.

Sincerely,

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/s/ Andrew Peck
/s/ Dennis Everett
/s/ Scott Scharffenberg

2/18/22

This working group conducted a series of interviews both internal and external over the past several months to address the following request regarding Structural Racism in Corrections:

Staff & Administration Support, Development, and Training

With a comprehensive view of the corrections community, identify what personal and professional support, benefits, professional development, and training do DOC staff and administration currently receive, to equip them to do their job well and safely, and to address structural racism inside DOC?

What additional resources and staff are needed? Specifically consider:

- o Implicit race bias on the part of staff and administrators, including BIPOC employees.*
- o How to reach a goal of racial parity between staff and incarcerated people, at officer level and at leadership level? Consider hiring, retention, geography of placement.*
- o How to address trauma experienced by DOC staff?*
- o Regular Diversity, Equity & Inclusion (DEI) training for all staff and administration*
- o Support for mental health and suicide prevention for corrections officers*

This working group met with and interviewed the following persons/groups:

- DOC Training Department:
 - o Deputy Commissioner of Career and Professional Development Mike Grant/Acting Director of Staff Development Terry Kingman/Recruitment Manager Jennithan Cortes/Acting Director of Diversity & Equal Opportunity Janice Perez
- DOC Employee Assistance Services Unit (EASU):
 - o EASU Director Denise Vega
- MCOFU – DOC Correctional Officer’s Union
 - o MCOFU Legislative Director Kevin Flanagan
- Director of DEI – Executive Office of Public Safety and Security

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- o Director Richardson Pierre Louis
- DOC Leadership
 - o Commissioner Carol Mici
 - o Deputy Commissioner of Health Services Mitzi Peterson
 - o Executive Director of Strategic Planning & Research Rhiana Kohl
 - o Deputy Commissioner Allison Hallett
- External
 - o Dr. Sandra Susan Smith – Harvard Kennedy School
 - o Josh Dohan – Director of Youth Advocacy Branch of MA CPCS
- MCI-Concord Site Visit
 - o BRAVE Unit visit
 - o Superintendent Joann Lynds
 - o Director of BRAVE Unit – Meghan Veo
 - o Correctional Officers / Correctional Program Managers / Correctional Educators
- MCI-Souza-Baranowski Site Visit
 - o Correctional Officers / Captain / Sergeant / Spectrum Staff

This working group interviewed DOC leadership and correctional staff with a focus on training, professional development, recruitment, and personal and professional support.

Some information varied on what leadership determined to be effective and what correctional staff determined to be helpful. The following are some notes from our interviews.

- **TRAINING & PROFESSIONAL DEVELOPMENT**
 - o The DOC currently offers 40 hours of mandatory training for staff that is delivered via a Learning Management System.
 - o DOC correctional staff reported that they did not receive training last year due to COVID and staffing concerns.
 - o DOC correctional staff reported that they would like to resume in-person training on an annual basis.
 - They reported this would help with self-care.
 - They reported this would help with camaraderie
 - They reported they missed being able to participate in 5-day mandatory annual trainings that allowed them:
 - To be off the unit for 5 days
 - Meet staff from other facilities, cultures, and rank

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- Not have to wear uniforms for a week and interact as equals
 - DEI training consists of the following:
 - 8 hours of inclusion training
 - Limited reference to overall professional development.
- **RECRUITMENT**
 - Limited information obtained regarding recruitment.
 - DOC leadership reports recruitment to be difficult due to COVID and virtual recruitment.
 - DOC leadership reports that they try to target communities of color.
 - DOC Correctional Staff claim the job is not appealing enough to obtain candidates.
- **PERSONAL/PROFESSIONAL SUPPORT:**
 - Many resources available via the EASU to support staff
 - EASU Team consists of 12 staff members in 4 offices
 - All 12 are interagency hires.
 - This team is responsible for COVID-19 testing.
 - Correctional staff do not completely trust the confidentiality of the unit
 - Indicates possible lack of reporting personal issues with a fear of stigma or retaliation.
 - EASU reported that 50% of the Department utilize the EASU.
 - It was reported that this team was not diverse.

RECOMMENDATIONS

This working group recognizes that to effectuate change with respect to structural racism within the DOC, both a long- and short-term approach is necessary to combat existing training, professional development, personal support, and recruitment challenges within the Department. This working group further agrees that this change will need to occur over a longer period. This working group also agrees that to address structural racism in corrections, and to promote and provide an improved environment for offenders of color, it must first focus on officer wellness. Promoting officer wellness and providing them with enhanced and on-going knowledge of the trauma that offenders experience, specifically those of color, and an understanding of their own trauma, will help reduce the impact of structural racism in corrections.

This working group also recognizes that their specific scope of work will not affect change in structural racism in corrections but combined with the work of the other working, change is certainly possible.

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- TRAINING
 - Reinstate 40 hours of “mandatory training”.
 - In person – no longer allow LMS virtual training
 - Hold at the training academy
 - Allow for civilian clothing
 - Change “mandatory training” to “professional development training”
 - Create a committee to review the current training against national trainings and best practices.
 - Focus on:
 - Brain science
 - De-escalation practices
 - Officer wellness
 - Staff development
 - DEI
 - Create a committee to review a separate management training
 - Diversity, Equity & Inclusion
 - Increase DOC investment in DEI trainings
 - Develop yearly mandatory in-service implicit bias training
 - Repeated trainings – not just in annual “mandatory training”
 - To be effective, DEI learning and listening must be repeated frequently.
 - In coordination with the Division of Staff Development, expand curriculums to address mandatory bias and equity training.
 - Review and assess training curriculums and content that ensure they support and promote diversity, inclusivity, and best practices
- FURTHER DEI RECOMMENDATIONS
 - Create a DEI committee
 - That is diverse
 - Both internal and external
 - Members from all roles in the DOC
 - Union Leadership
 - Suggest that DOC union create a leadership position that focuses on diversity.
 - Provide EOPSS Director of DEI resources to expand current trainings across the entire DOC.
 - Create working group of stakeholders including incarcerated people to developed shared Vision/Mission of the department/office of DEI

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- o Create DEI Strategic Plan that aligns with Vision/Mission
 - ID CORE Values
 - Create work streams
 - Measurable action steps
- RECRUITMENT/HIRING
 - o Create a committee to review current hiring practices at the DOC
 - o Review hiring data from past 5 years
 - o Create strategies to increase recruiting in diverse and underserved communities that best reflect the demographics of offenders in custody including Worcester, Fitchburg, Boston, Lawrence, Lowell, Brockton, Fall River, and New Bedford.
 - o Conducts a series of interviews and/or surveys with correctional staff that focuses on how to make the job of a correctional officer more appealing.
 - o Review and/or create cultural competencies.
 - o Examine Correctional Retention rate.
 - o Have DEI staff review and monitor hiring practices.
 - o Design a hiring rubric to aid in promoting diversity, equity, and inclusion.
- PERSONAL & PROFESSIONAL SUPPORT
 - o Provide resources to expand the footprint of staff and locations of the EASU
 - o Hire external clinical social workers that would be available to staff and be completely confidential.
 - o Focus on diversity of this team as support expands.
 - o Increase staff knowledge of brain science and their experiences of trauma as well as trauma experienced by offenders.
 - o Allow space for voluntary peacemaking circles that will allow staff to share experiences of inequitable treatment and listen to the shared experiences of others, both personally and professionally.
 - o Management positions opened department wide
 - o Create a promotional process to include rubrics that promote diversity, equity, and inclusion
 - o Require diverse interview panels
 - o Assess current promotional process and develop policies that are clear, fair, and objective.
 - o Develop structured leadership/management training programs to encourage, support, and foster leadership development and a pipeline of advancement
 - o Require participation in leadership development training that focuses on CEI and how to manage with a DEI lens.

ORGANIZATIONAL

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- Develop yearly in-service implicit bias training
- Create an organization wide cultural council to ensure continuity of DEI as a priority
- Create cultural “captains/leads/etc.” at each facility that will develop and organize workshops that increase cultural awareness and competencies
- Racial Impact Study to review policy/procedures, do they impact people differently?
 - ID places in system where disparities emerge.

DATA

- Collection and analysis of demographic data (race, gender, geographic diversity, gender, ability, age, and LGBTQI+ voluntary information) for recruits, new hires, retention, promotional practices, and staff discipline.q

This working group appreciates the opportunity to take part in this overall learning and although we suggested a long list of committees over the long game to review these challenges, we want to ensure that the committees have a diverse membership, include internal and external voices, and the voices of incarcerated individuals.

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Staff & Administration Support, Development, and Training Working Group Final Report

This working group conducted a series of interviews both internal and external over the past several months to address the following request regarding Structural Racism in Corrections:

Staff & Administration Support, Development, and Training

With a comprehensive view of the corrections community, identify what personal and professional support, benefits, professional development, and training do DOC staff and administration currently receive, to equip them to do their job well and safely, and to address structural racism inside DOC?

What additional resources and staff are needed? Specifically consider:

- o Implicit race bias on the part of staff and administrators, including BIPOC employees.*
- o How to reach a goal of racial parity between staff and incarcerated people, at officer level and at leadership level? Consider hiring, retention, geography of placement.*
- o How to address trauma experienced by DOC staff?*
- o Regular Diversity, Equity & Inclusion (DEI) training for all staff and administration*
- o Support for mental health and suicide prevention for corrections officers*

RECOMMENDATIONS

This working group recognizes that to effectuate change with respect to structural racism within the DOC, both a long- and short-term approach is necessary to adapt and enhance existing training, professional development, personal support, and recruitment challenges within the Department. This working group further agrees that this change will need to occur over a longer period. This working group also agrees that to address structural racism in corrections, and to promote and provide an improved environment for offenders of color, it must first focus on officer wellness. Promoting officer wellness and providing them with enhanced and on-going knowledge of the trauma that incarcerated persons experience, specifically those of color, and an understanding of their own trauma, will help reduce the impact of structural racism in corrections.

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This working group also recognizes that their specific scope of work will not affect change in structural racism in corrections but combined with the work of the other working group, change is certainly possible.

DOC OFFICE OF DIVERSITY, EQUITY AND INCLUSION

- A. Create working group of diverse stakeholders including formerly and currently incarcerated persons and returning citizens to develop shared Vision/Mission of the department/office of DEI
- B. Create DEI Strategic Plan that:
 - a. Creates clear Mission/Vision
 - b. Identifies CORE Values
 - c. Establishes goals and workstreams that address recruitment, hiring, retention, training, promotional process, leadership development, cultural competencies, institutional climate and cultural
 - d. Develops measurable action steps
 - e. Develops structures of accountability and evaluation of strategic plan
- C. Increase DOC investment in DEI trainings
 - a. Develop yearly continuous professional development trainings around DEI including implicit bias training
 - b. Build in local level buy-in (See “Organizational”)
- D. In coordination with the Division of Staff Development, expand curriculums to address bias and diversity, equity and inclusion training.
- E. Review and assess training curriculums and content that ensure they support and promote diversity, inclusivity, and best practices

RECRUITMENT/HIRING

- A. Review current hiring practices at the DOC
- B. Create strategies to increase recruiting in diverse and underserved communities that best reflect the demographics of incarcerated persons including Worcester, Fitchburg, Boston, Lawrence, Lowell, Brockton, Fall River, and New Bedford.
- C. Survey correctional staff on how to make the job of a correctional officer more appealing.
- D. In coordination with the Office of Diversity Equity and Inclusion review and assess recruitment and hiring are consistent with best practices in DEI and cultural competencies.

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Design a hiring rubric to aid in promoting diversity, equity, and inclusion and work to create hiring teams that reflect diversity being sought

TRAINING

- A. Change “mandatory training” to “professional development training”
 - B. In coordination with Office of Diversity, Equity and Inclusion, review the current training against national trainings and best practices including diversity, equity and inclusion with additional focus on: brain science and impact of trauma (eg. Racial, organizational), implicit bias, effective communication, de-escalation, officer wellness and staff development.
 - C. Working group should evaluate current and future training curriculums to ensure they are culturally sensitive and responsive.
 - D. Create peer mentoring model where diverse recruits engage with diverse staff in the field to promote a successful transition from the Academy to the field and on-going support during the first year, post-graduation.
 - a. Compensation for any staff engaged in this mentorship effort may include: professional development funds, an accommodations letter, stipend
- Provide EOPSS Director of DEI resources to expand current trainings across the entire DOC.

PROMOTIONAL/RETENTION

- A. Post all management job announcements department wide.
- B. In coordination with the Office of Diversity, Equity and Inclusion create a promotional process to include rubrics that promote diversity, equity, and inclusion.
- C. Require interview panels that are demographically diverse.
- D. In coordination with the Office of Diversity, Equity and Inclusion Assessing current promotional process and develop policies that are clear, fair, and objective and address implicit bias.
- E. In coordination with the Office of Diversity, Equity and Inclusion the Division of Staff Development should create a structured leadership/management training programs to encourage, support and foster leadership development, towards retention of diverse leadership candidates and active pipeline of staff.
- F. Require newly promoted managers to participate in leadership development training that focuses on DEI and how to manage with a DEI lens.

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- G. Improve retention of diverse officers and managers through annual evaluation of the advancement process through a lens of diversity, equity, and inclusion

PERSONAL & PROFESSIONAL SUPPORT

- A. Provide resources to expand the footprint of staff and locations of the EASU and focus on racial, ethnic and gender diversity of this team as support expands
- B. Contract with outside behavioral health vendor to provide clinical support that would be available to staff and be completely confidential.
- C. Increase staff knowledge of brain science and the individual and organizational experiences of trauma; trauma experienced by incarcerated individuals and secondary trauma experienced by staff.
- D. Allow space for voluntary peacemaking circles that will allow staff to share experiences of inequitable treatment and listen to the shared experiences of others, both personally and professionally.
- E. Promote and create awareness around pathways to remedy any racial discrimination – (signs/banners/flashpages on computer, etc.)

ORGANIZATIONAL

- A. Formalize, expand and support the Commissioner’s Diversity Advisory Council to include an organization wide cultural council to ensure continuity of DEI as a priority that is diverse in race, gender, rank and job function.
- B. Create “cultural teams” at each facility that will develop and organize workshops that increase cultural awareness and competencies.
- C. Work with third party vendor to conduct Racial Impact Study to review policy and procedures and how they may impact correctional staff and incarcerated persons differently and identify places in the system where disparities emerge.
- D. Review existing policies with a DEI lens

DATA

- A. Quantitative research: Collection and analysis of demographic data (race, gender, geographic diversity, gender, ability, age, and LGBTQI+ voluntary information) for recruits, new hires, retention, promotional practices, and staff discipline.
- B. Qualitative research: Hold focus groups with guided interview questions to gain insight on what is working

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- a. Incorporate surveys for all officers (quarterly, biannual, etc.)
- b. Qualtrics surveys

UNIONS

Creating diverse environments isn't just the responsibility of management. This working group strongly encourages union leadership to prioritize issues of diversity, equity, and inclusion as it directly intersects with conditions of employment as well as the health and welfare of their membership.

This working group appreciates the opportunity to take part in this overall learning and although we suggested a long list of committees over the long game to review these challenges, we want to ensure that the committees have a diverse membership, include internal and external voices, and the voices of incarcerated individuals.

APPENDIX

This working group interviewed DOC leadership and correctional staff with a focus on training, professional development, recruitment, and personal and professional support.

Some information varied on what leadership determined to be effective and what correctional staff determined to be helpful.

This working group met with and interviewed the following persons/groups:

- DOC Training Department:
 - Deputy Commissioner of Career and Professional Development Mike Grant/Acting Director of Staff Development Terry Kingman/Recruitment Manager Jennithan Cortes/Acting Director of Diversity & Equal Opportunity Janice Perez
- DOC Employee Assistance Services Unit (EASU):
 - EASU Director Denise Vega
- MCOFU – DOC Correctional Officer's Union
 - MCOFU Legislative Director Kevin Flanagan
- Director of DEI – Executive Office of Public Safety and Security
 - Director Richardson Pierre Louis

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- DOC Leadership
 - Commissioner Carol Mici
 - Deputy Commissioner of Health Services Mitzi Peterson
 - Executive Director of Strategic Planning & Research Rhiana Kohl
 - Deputy Commissioner Allison Hallett
- External
 - Dr. Sandra Susan Smith – Harvard Kennedy School
 - Josh Dohan – Director of Youth Advocacy Branch of MA CPCS
- MCI-Concord Site Visit
 - BRAVE Unit visit
 - Superintendent Joann Lynds
 - Director of BRAVE Unit – Meghan Veo
 - Correctional Officers / Correctional Program Managers / Correctional Educators
- MCI-Souza-Baranowski Site Visit
 - Correctional Officers / Captain / Sergeant / Spectrum Staff

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Staff & Administration Support, Development, and Training Working Group: Listing of EOPSS Staff & Administrator Interviews

Staff and Administration Working Group:

- DOC Training Department:
 - Deputy Commissioner of Career and Professional Development Mike Grant/Acting Director of Staff Development Terry Kingman/Recruitment Manager Jennithan Cortes/Acting Director of Diversity & Equal Opportunity Janice Perez
- DOC Employee Assistance Services Unit (EASU):
 - EASU Director Denise Vega
- MCOFU – DOC Correctional Officer’s Union
 - MCOFU Legislative Director Kevin Flanagan
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Policy, Experience and Access to Resources Working Group - INTERIM REPORT

12/28/21

Special Legislative Commission on Structural Racism in Correctional Facilities of the Commonwealth

- Charge: The commission shall investigate and study disparate treatment of persons of color incarcerated at state and county correctional facilities and determine the role of structural racism in those disparities.

DOC Policy, Experience, and Access to Resources Working Group

- Conduct an equity audit which addresses these questions:
 - What existing resources and programming do DOC residents actually receive by race? What *amount and quality* of each resource is received by race, compared with the amount and quality that is necessary for their safety, health, and rehabilitation?
 - Which groups of residents experience restricted access to existing resources they need for safety, health, and preparation to return? What causes that restriction (for example, classification)?
 - What resources and programming do incarcerated residents need for safety, health, and preparation to return, which they do not receive at all?
- Recommendations for DOC (staffing, leadership, culture, safety policies), Legislature, others

Work Group Meetings Held

- Monday, November 8, 10-11 a.m.
- Tuesday, December 7, 2:30-3:30 p.m.

Group Members

1. Rep. Christine Barber 781-234-5510; christine.barber@mahouse.gov
 - a. State Representative 34th Middlesex
2. Rep. Vanna Howard 508-633-8005; vanna.howard@mahouse.gov
 - a. State Representative 17th Middlesex District
3. Annelise Araujo 617-716-6400; annelise@araujofisher.com
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- a. LaToya Whiteside, Esq Prisoners Legal Services Massachusetts
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 - a. State Senator Hampden District
6. Kevin Flanagan 774-462-8207; kflanagan@mcofu.org
 - a. Massachusetts Corrections Officers Federated Union Legislative Representative
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 - a. Director City of Boston Mayor's Office of Public Safety
8. Darrell Jones 617-890-9258; Justmetnadia@gmail.com
 - a. Prominent Bostonian anti-prison advocate
9. Danielle Allard; Danielle.allard@masenate.gov
 - a. Chief of Staff & General Counsel to Senator Gomez
10. Bridgette Maynard 508-277-9919; Bridgette.Maynard@mahouse.gov
 - a. Legislative Aide Rep. Christine Barber

Overview

The policy working group has held two meetings thus far, where we utilized expertise and past experience to develop questions that best align with our work group charge. We developed questions for DOC based on group member input through participation during hearings and working group meetings. Some of the questions were developed from information we learned through hearings, including the following:

- White incarcerated people having easier and faster access to canteen, health care and less stringent visitation process than BIPOC
- Racial ceilings that exist for jobs while incarcerated and enrolling in programming
- Identification cards and a lack of self-identified information on race

Many questions remain unanswered for our working group, but the upcoming hearings on 1/13/22 and 1/18/22 directly relate to our assessment of structural racism within access to programming and resources, access to health care and safety and quality of resources. Our recommendations continue to evolve as we gather data and information. The type of data we are able to collect will also be reflected in the recommendations. Anticipated recommendations may include the following:

- Unified data-collection
- Unified definitions on race and ethnicity and no usage of the two interchangeably
- Self-reported data on race
- Disaggregated data on program enrollment and requests for programs by race

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- Disaggregated data on health care received and requested by race
- Metrics on success of health care from patient perspective

After both hearings in January, the working group will meet as needed to collaborate on recommendations. **Questions we developed to send to DOC so far are below.**

Data Collection

- At DOC facilities, is data by race and/or ethnicity collected at intake?
 - If so, is this data self-reported?
 - What are the categories/options for responses?
 - Is there an option to identify as Latino/a?
 - If no to any of the above, what are the obstacles to this data collection?
- When people enter incarceration, how is information on the individual's race collected and at what point does this occur?
- At a Commission hearing, formerly incarcerated people spoke about ID cards with a race designation. Could you please describe what information is provided on these cards and how it is obtained? Do incarcerated people self-report? Where is this information stored?
- Is data from the Massachusetts Trial Court, Massachusetts Department of Criminal Justice Information Services, Massachusetts House of Corrections and Massachusetts Department of Correction connected? If yes, are these records electronic?
 - If data is not streamlined, what barriers prevent this?
 - Are there other agencies that provide demographic data to DOC?
- Is data on race and ethnicity disaggregated by race? How is this data organized?
 - If not, what are the obstacles or barriers that prevent this?
- If data by race is collected, what barriers exist that prevent this data from being reported out of the DOC? Can mechanisms to collect this data be created and reported out?
- Is immigration status asked? If not, is there a reason?
- For DOC staff: In the job hiring and screening process, do all applicants or current DOC employees have their backgrounds checked for possible affiliation or online activities with extremist groups, before or after they are hired?

Programming and Metrics

- Can you provide a list of programming at each DOC facility and participants by race?
 - Of the programming offered, which provides good time upon completion?
 - Are there performance metrics for the programs or classes?

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- Do you have data by race for program attendees?
- If you do not have the metrics of who attends programs based on race, what are the obstacles to this?
- Are there any ceilings/limits to the number of available spots for a particular program or jobs, particularly limits based on race?
- What is the criteria used to determine whether a person will be allowed in a particular program or job?
- What are the criteria considered in deciding which programs and classes to offer?
- How is programming accessed by people who are incarcerated?
 - What programming happens through tablet/virtual participation or in-person?
 - What programming has stopped since COVID limitations?
- How does one's sentence or classification impact their access to programming?
- Are immigrants detained by the federal government in MA facilities given access to the programming that is offered?
- How does a person sign-up for programming in each facility?
- Who are the outside vendors who do the programming?
- If an individual's programming is determined from an initial assessment, what is being considered within that assessment and are there metrics attached to the assessment?
- What programs or classes are most requested? Are there specific numbers on the individual requests for a specific program?
- In what languages are the programs conducted in? For the materials used in programs, what languages are the materials provided in?

Health and Safety

- Is it correct that all DOC health care is provided by Wellpath and that the contract is overseen by the Department of Correction Health Services Division?
- Are there measured assessments for the contract?
 - If so, how often do these occur? What does the assessment entail? Does this include assessments by race?
 - Are there metrics to assess an incarcerated person's perspective on their individual health and safety?
 - If there are no assessments of health service delivery, why not?
- With Wellpath, mass.gov states that "the emergency medical and mental health services available to all as needed, 24 hours per day, 7 days per week." Who determines if a

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medical or mental health situation is an emergency and what are the criteria to meet that determination for immediate care?

- How are basic primary care needs for incarcerated people assessed?
- Do incarcerated people have an opportunity to provide feedback on the quality of their received health care including therapy, medication management, treatment for physical pain and wounds?
 - How is this feedback utilized to improve gaps in care?
- What is the number of patients who request mental health treatment, such as counseling or medication management, by race?
- What is the number of patients who request treatment for physical ailments, by race?
- How many incarcerated people receive health care treatment, by race?
- At a Commission hearing, it was mentioned that often canteen access, visitation rules and health care allow for faster and easier access for white incarcerated people. Could you please detail requests for services and if white people receive faster and easier access to care?
- If an incarcerated person asks a nurse or Corrections officer for care and is denied, how often does this occur and do you have data by race on health care denial?
- Are there numbers on how often people are punished for asking for health services if their requests have not been met in a timely manner? Are these numbers aggregated by race?
- Regarding product availability at the canteen, how are products chosen?
- Are products available for the hair and grooming needs of BIPOC that may differ from the products used by white people?
- How has COVID-19 impacted the health care received?
- Are people with substance-use disorders given access to medications often used to treat substance-use disorders such as methadone or buprenorphine? Do you have data on this treatment by race?
- What criteria are considered when assessing resources for DOC resident safety?
- We were told that at MCI-Framingham, substance abuse programming is threaded throughout a majority of the curriculum. How is substance use threaded throughout programming? Which programming exactly does this occur in? Is this the case at other facilities beyond MCI-Framingham?

Additional questions on data collection (added 12/23)

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- Regarding bodycam video/audio of all persons interacting with inmates:
 - Is data sent to a central location and permanently stored? Is this data available to Courts or the Legislature?
 - Do incarcerated people have access to the video/audio?
- Is there reporting of off-site arrests of DOC employees? How is this collected?

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Policy, Experience and Access to Resources Working Group Final Report

Special Legislative Commission on Structural Racism in Correctional Facilities of the Commonwealth

- Charge: The commission shall investigate and study disparate treatment of persons of color incarcerated at state and county correctional facilities and determine the role of structural racism in those disparities.

DOC Policy, Experience, and Access to Resources Working Group Purpose

- Address:
 1. What existing resources and programming do DOC residents actually receive by race? What amount and quality of each resource is received by race, compared with the amount and quality that is necessary for their safety, health, and rehabilitation?
 2. Which groups of residents experience restricted access to existing resources they need for safety, health, and preparation to return? What causes that restriction (for example, classification)?
 3. What resources and programming do incarcerated residents need for safety, health, and preparation to return, which they do not receive at all?
- Recommendations for DOC (staffing, leadership, culture, safety policies), Legislature, others.

DOC Policy, Experience, and Access to Resources Working Group Final Report

1. Actionable recommendations for DOC (staffing, leadership, culture, safety policies), Legislature and others for identifying and dismantling structural racism in state and county correctional facilities, based on the mandate.
2. Supporting documentation for our recommendations (see documents from DOC).
3. Questions and initiatives we were not able to address because of limited time and our recommendations to address them.

Group Members

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2. Rep. Vanna Howard 508-633-8005; vanna.howard@mahouse.gov
 - a. State Representative 17th Middlesex District
3. Kevin Flanagan 774-462-8207; kflanagan@mcofu.org

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- a. Massachusetts Corrections Officers Federated Union Legislative Representative
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 - a. Annelise Araujo, Esq. Partner Araujo & Fisher, LLC
5. LaToya Whiteside 617-502-6833; lwhiteside@plsma.org
 - a. LaToya Whiteside, Esq Prisoners Legal Services Massachusetts
6. Sen. Adam Gomez 413-221-7908; adam.gomez@masenate.gov
 - a. State Senator Hampden District
7. Dr. Rufus Faulk 617-291-6514; Rufus.Faulk@Boston.gov
 - a. Director City of Boston Mayor's Office of Public Safety
8. Darrell Jones 617-890-9258; Justmetnadia@gmail.com
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 - a. Legislative Aide Rep. Christine Barber
10. Danielle Allard; Danielle.Allard@masenate.gov
 - a. Chief of Staff Senator Adam Gomez

Work Group Meetings Held

- Monday November 8, 2021, 10-11 a.m.
- Tuesday December 7, 2021, 2:30-3:30 p.m.
- Tuesday February 22, 2022, 2-3 p.m.

Overview

The policy working group held three meetings, communicated observations via email, and participated in Commission hearings to develop questions for DOC and create recommendations based on information received. Throughout the meetings, we utilized group member expertise, input and individual testimony from hearings to develop questions for the DOC that aligned with our work group's charge. The questions focused on the collection of data regarding race and ethnicity, education, training and other programming and metrics, and health and safety to identify potential data gaps. The policy working group received about 200 pages of answers and related materials from DOC Commissioner Mici on February 1, 2022. Materials included some raw data on programming, DOC Program Booklet, classification manuals for males and females, and data on chronic health needs by race and serious mental illness data by race for January 24, 2022 and January 26, 2022 respectively.

Recommendations

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- Further develop self-reported demographic **data collection** by race and ethnicity for people in DOC custody:
 - Mandate collection in state and county correctional facilities upon intake with unified and clear definitions of race and ethnicity;
 - Include ability for incarcerated people to choose categories of ethnicity and national origin and select more than one option for race;
 - Ask and mandate collection of primary language spoken.
- Revisit and amend **point base classification system**, particularly regarding demographic data and previous education and employment as determining factors that may result in lack of access to services and programming:
 - Revisit using age in point-based system, whereby people under age 24 are assigned higher points;
 - Revisit immigration status in point base system, whereby pending immigration status means greater custody requirements;
 - Revisit education and prior employment in point base system, as previous education and employment could disadvantage BIPOC people;
- Create **greater oversight** of racial disparities at the DOC;
 - Create an independent ombudsman or oversight office to address health care access, programming and access to services;
 - Require the ombudsman (or independent agency) to audit the collection of demographic data to ensure comprehensiveness;
 - Build upon dashboard of COVID-19 data to include access to substance use treatment, treatment for serious mental health issues, employment and include metrics by race and ethnicity;
 - Ensure open and free access to the COVID-19 Inquiry/Concern Submission [Form](#)
- Additional recommendations from our work group include:
 - Create unified data collection across Massachusetts state agencies that automatically and electronically follow an individual across agencies;
 - Mandatory annual background checks for DOC employees, including Criminal Justice Information Services locally and nationally, National Crime Information Center, extremist group affiliation and examination of social media accounts;

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- Build upon current work to develop bilingual programming by contracting with an interpretation company so that language services are available and accessible to all inmates, and develop programming in major languages spoken.

Challenges

Due to time, many questions remain unanswered for our working group. We have some follow up questions that arose from the information provided to us by DOC, below. In some cases, the DOC's answers to the questions sent by the policy working group and in hearings contradicted testimony heard by the Commission and experiences shared with commissioners, particularly in regard to access to programming and resources, access to health care and quality of resources, and feeling safe as BIPOC individuals.. In addition, were we to have received all of the quantitative data requested, we would need greater time and research assistance to analyze this data and conduct a more comprehensive equity audit.

DOC has committed to sending some additional data, for instance in answer to:

Are there performance metrics for the programs or classes? Yes, we can provide an analysis of program outcomes by race, such as a comparison of program completion rates.

In addition, we requested and have yet to receive the following data:

- Disaggregated data on program enrollment and requests for programs by race
- Disaggregated data on health care received and requested by race
- Metrics on health care quality from patient perspectives

Our group also recognized a problem with data collection across other state agencies, particularly on race and ethnicity: there is no common data collection system. This issue goes beyond DOC and beyond the scope of this Commission, but impacts the programming and resources for BIPOC incarcerated people.

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Data Collection and Analysis (Survey) Working Group Preliminary Report

We were able to enter and analyze 36 randomly selected surveys from [among over 200 surveyed] people housed at a range of institutions. For the questions with large differences in the answers (ex. yes- 80%, no -20%), in the larger sample we will likely find that a majority of survey respondents will also choose “yes” unless the sample is missing people from an institution that feel very differently. [See complete blank [REICI Client Survey Print Ready](#) at this link, 147 Questions].

Survey origins:

2 from Souza-Baranowski Correctional Center (Shirley)
2 from Massachusetts Correctional Institution Framingham
1 from Massachusetts Correctional Institution - Cedar Junction
11 from Massachusetts Correctional Institution - Concord
3 from Massachusetts Correctional Institution - Shirley
9 from Massachusetts Correctional Institution - Norfolk
4 from Old Colony Correctional Center (Bridgewater)
2 from North Central Correctional Institution (Gardner)

General Questions YES (%) NO (%)	
Q9. Do you believe that institutional racism is an issue in Massachusetts corrections?	100 0
Q11. Do you believe you have been directly impacted by institutional racism during your incarceration in a MA correctional facility?	97 0
Q12. Do you believe MA corrections has your best interest in mind in preparing you for your release back to your community?	0 100
Q13. Do you believe your experience in MA corrections would be more productive if you were white?	85 15
Q14. Do you believe the regulations, policies and/or practices at your current correctional facility have a disparate (unequal) impact on Black and Brown prisoners?	94 6

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Q16. Are there any regulations, policies or practices at your correctional facility that adequately address racial discrimination?	25 75
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In the open-ended explanations for Q14, discrimination in institutional employment was a recurring theme.

Ex. There are certain jobs that Black and Brown inmates aren't allowed to work, which is wrong to say the least. They would put you in the kitchen, but never in maintenance, working in the print shop. You're being subject to be called a 'boy', monkey, etc. Once this is brought up to the higher ups nothing is ever done. "We will talk to him to find if the statement is true". You will never get a job in property for the same reasons.

Questions about Correctional Staff YES (%) NO (%)	Unknown
18. Do you believe Black and Brown correctional staff have been directly impacted by institutional racism as employees of Massachusetts corrections? 85 3	11
24. Have you ever overheard correctional staff complain about racially discriminatory treatment against Black and Brown correctional staff? 62 38	
25. Do you think the racial and ethnic composition of correctional staff adequately reflects the MA prison population? 26 74	

On average, people rated 12 items above 6.5 in their experiences of discrimination and racism.*

From 0 – 10, rate the level of discrimination and/or racism you have experienced in the following areas within MA corrections. (0 representing “never” and 10 representing “all of the time”)	Average Level
Overt Racism (racial slurs, derogatory comments, etc. used by staff)	8.14
Programs (including Religious Services, Recreation Services, Volunteer Services, Community Partnerships, Vendor Facilitated (i.e. Spectrum), etc.)	7.66
Classification/Class Boards	7.27

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Visitation	7.25
Grievance Process	7.19
Disciplinary Process	7.06
Cultural Programming (cultural events, access to cultural self- improvement groups i.e. AACC, Latino-Hispanic Heritage Group, etc.)	7.03
Cell Searches	6.94
Institutional Employment	6.91
Personal property	6.90
Mail (legal mail and non-privileged correspondence i.e. letters, publications, magazines, photos, etc.)	6.88
Observances (Kwanza, Spanish Week, etc.)	6.60
Use of Force (assaults by correctional staff)	6.59

*The only category with an average rated below 5 was “language (access to interpreters...)”

Based on the ratings above, we report below starting with the area that received the highest average rate. (Question #s may not align exactly with the original survey.)

Experiences of Racism YES (%) NO (%)	N/A
130. Have you ever been called a racial slur by correctional staff? 60 34	
131. Have you ever heard correctional staff make derogatory remarks or jokes based on race? 82 12	6
138. Do you believe Black and Brown prisoners are denied equitable access to programming including but not limited to departmental services and programs, education programs, work training programs, vocational programs and/or institutional programs? 71 23	6
139. Does your institution offer culturally appropriate recreational and leisure activities for Black and Brown prisoners? (i.e. Does your institution show culturally diverse movies?) 25 72	3

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47. Do you think the classification process discriminates against Black and Brown prisoners?	100 0	
143. Have you or any of your visitors at a MA correctional facility ever been subjected to discriminatory treatment?	63 25	13
71. Do you believe DOC discriminates against Black and Brown prisoners in employment?	97 3	
72. Are Black and Brown prisoners given the same employment opportunities as white prisoners?	0 100	
64. Do you think cultural programming is unfairly limited at your institution?	85 15	
87. Is the mail (legal and/or non-privileged mail) addressed to Black and Brown prisoners disproportionately flagged for drug testing?	96 4	

Example statements:

You covered most things but these white officers, the majority of them are racists and have never interacted with a person of color until getting this job. I've experienced racism at Old Colony the most, concord, Woonsocket, SBCC.

There's little to no programming for the black & brown community, except A.A.C.C. and they (the administration) limits its capacity and right to honor culture.

It seems like in OCCC all the white inmates get in programs before every black/brown inmate.

The majority of workers and people in programs are white people. It seems to be 1 out of 8 workers is a person of color.

The programs available do not prepare people to be better and do better upon release back to their communities. Whites are treated differently and are privileged but even with that some whites fall

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outside of the privileged category. The regulations, policies, and practices are applied and implemented differently among the prison population; from who is able to receive employment at what job, to who can be allotted a spot in whatever program. I would love to discuss this further and show in greater detail. This is more of an interview thing.

Latino cultural month there is no movies addressing our cultural issues.

I lived a few doors away from a white guy who has the same time to parole as me, who just reviewed a category 2 {NOT LEGIBLE} at that, only a couple months prior and was overriden not to stay but to go to minimum security. There are tons of clear racial discriminatory example when it comes to classification. The classification system is but the most racist practice they have, its no joke. Its the single biggest threat to us as it forces us to be released in this sink or swim condition, its bad.

Visitors have been banned because of attire that white visitors are allowed to wear. When they voice this they get turned away. Other incidents occur like this where people of color can't do or are not allowed in the facility, but the others can and are.

Any time we put a grievance about these issues, they say it's denied or they put you in the hole.

I have filed 2 or 3 mental health grievances and a complaint with the DMH about my clinician. Because I am a prisoner, the DMH responded that they don't process/investigate prisoners' complaints of abuse. That is discrimination in my eyes, and I was told to send my complaint to DOC, the same people who are the cause of my complaints. There is no outside oversight. The climate here at DDU is deplorable, and criminal. My anxiety is exacerbated by constant misconduct. No one cares.

Black et Brown folks are targeted on a regular basis in the dog program. The white counterparts get dogs before Blacks et Browns regardless of seniority experiences

One person requested to celebrate Cinco de Mayo and was denied: "They said no because we are not in Mexico." I'm trying to bring back LHHG/AACP. But they keep denying it.

The illegal photo copying of our mail is just a damn excuse and a fraud to separate us from our families look at the lawsuit vs. Julian Green since 2017 the D.O.C has recorded fake drug test to promote their reason to photo copy mail and open our legal mail and confiscate it and photo copy it.

A few final highlights.

- Almost 50% report having ever been physically assaulted by correctional staff
- 50% report believing staff assault was racially motivated.
- Almost 50% report their race/ethnicity has been misidentified in a MA correctional database.

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Prepared by David Knight (University of Chicago), Spencer Piston (Boston University) and Heather Schoenfeld (Boston University). For questions email hschoenf@bu.edu.

In addition to this report, the survey working group provided a powerpoint naming their experiences in obtaining much of their information, labeled as [Delays, Interference, Retaliation, & Evidenced Egregious Acts \(DIRE\)](#), which below. In addition to these, the working group created a [Visualization](#) of the findings above. All materials turned in by this working group can be found in this [folder](#).

Data Collection and Analysis (Survey) Working Group Presentation on Delays, Interference, Retaliation, and Egregious Acts

REICI Survey
Racial Equity in Corrections Initiative
DIRE
Delays, Interference, Retaliation & Evidenced Egregious Acts

- DOC Delays
- DOC Interference
- DOC Retaliation
- DOC Egregious Actions

1

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Delays

- The initial REICI survey was printed and mailed on December 15, 2021 at a cost of \$12,365.71 for printing and postage. The materials and postage used included a self addressed postage paid envelope.
- The survey had a return date of January 10, 2022 for any participant to be eligible for the raffle included in the survey. We have 5 different cash prizes explained in the survey.
- The only facility that engaged in a timely distribution of the surveys, which were sent as legal mail and that would have allowed them to be returned by the survey guidelines, was OCCC. This facility delivered them cell by cell.

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Delays (cont.)

- All other facilities engaged in distributing this legal mail on inconsistent schedules and arbitrarily choosing who would receive a copy on any given day
- Mid January there was a COVID lock-down and all surveys received as legal mail were held (This was specifically reported by prisoners who followed up with REICI at Norfolk, Shirley and Concord)
- REICI was not made aware of the delays until January 18, 2022. Prisoners who had received the survey after January 10, 2022 believed they missed the deadline for return and the survey was thrown away

3

DOC Interference

- DOC personnel asked prisoners if they were “sure” they wanted to receive this particular legal mail
- DOC personnel opened and scanned this legal mail and failed to give the prisoners the self addressed stamped envelope (in most cases) and only scanned the first side of each page (this is a 25 page 2 sided document)
- Prisoners were told that their legal mail (the survey) was suspicious for contraband and it would need to be sent out for testing
- REICI received surveys addressed RTS (return to sender) and stamped unknown, however upon REICI investigation these surveys were addressed correctly

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DOC Retaliation

- DOC has put prisons' in the hole for suspicion of contraband with the surveys, excuses range from tape on a envelope to the texture of the survey paper that is felt with gloves on
- DOC has issued disciplinary tickets for this suspicion without any confirmation from a lab
- DOC does not return any job that is lost, earned good time is paused and some instances original housing assignment is changed
- DOC not follow any protocol in providing the prisoner with information regarding when a negative test result is reached

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DOC Retaliation

- DOC does not practice any uniform standards regarding how much time a BIPOC prisoner is in the hole. BIPOC prisoners are spending more time in the hole than a white prisoner brought in for the same charge
- DOC entices BIPOC prisoners to accept a lower category offense on their ticket that will allow them to be released. DOC takes advantage of their fear of remaining in the hole, lack of knowledge of CMR standards and their legal rights
- DOC has confiscated a survey to send to lab, and allowed the next survey to be received. The same DOC employees' involved

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DOC Evidence (egregious actions)

- DOC prevented a BIPOC prisoner of being transferred to a Pre-Release program that was approved by the parole board (the prisoner has been in the hole since March 16, 2022 and his survey was received on February 8, 2022 and confiscated. His second survey was never received, it was mailed on March 15, 2022)
- DOC is engaging in practices that instill fear for taking receipt of the survey. Prisoners' have reported witnessing other prisoners being taken directly to the hole when sign accepting the survey
- DOC has delayed responding to med-slips requested by BIPOC prisoners who took possession of the survey

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DOC Evidence (egregious acts)

- DOC legal has had to be contacted several times. Bradley Sultan of the DOC has reached out to Norfolk advising them to provide the legal mail from REICI. Communications from Mr. Sultan have stated that he has contacted the Superintendent and that they would be delivered. This has not been fully followed
- REICI has incurred additional expenses resending surveys, replacing stamped address envelopes and creating a Corrlinks account to confirm receipt of survey. This also incurs an additional expense on prisoners' when they answer the email
- Prisoners' also incurred expenses of returning survey certified receipt

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DOC Evidence (egregious acts)

- Allan Erazo W108044 SBCC-original survey postmarked January 22, 2022, scanned copy delivered to prisoner on March 4, 2022. Survey marked as contraband. Second survey mailed (3/15/22) to prisoner and adhered to legal standards. Both surveys were processed by the same DOC staff. Completed survey received to REICI on 3/18/22, he has lost his job pending lab results. He is the only person on his unit who has received a survey.
- Ezequiel Santiago W104923 Norfolk - Client called in and stated 2 prisoners in front of him in line for legal mail were taken to the hole and he was given a scanned copy of the survey and was packing his belongings awaiting his transfer to hole (we do not have any follow up currently)
- LEONARD JACKSON W70524 Concord— put in hole for survey contraband, reported by another prisoner on March 3, 2022

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DOC Evidence (egregious acts)

- Emanuel Callwood W110989 Norfolk – Prisoner was classed for pre-release from parole board. Survey was received on February 8, 2022 and taken for contraband. Prisoner was put in the hole on March 16, 2022 and is currently be held there. Kyle Bryant W103363 informed REICI by phone and Corrlinks and provided Mr. Callwood with our contact information. The disciplinary ticket given to Mr. Callwood states that an outside lab found all 25 pages of survey positive for K2. DOC has refused to give prisoner the lab information. REICI notified March 25, 2022 that prisoner was taken out of hole on March 24, 2022 at dinner time.
- Sam Caze W58218 Concord-Mr. Caze has had 3 surveys sent to him. The first two copies were found to be suspicious of contraband and a scanned copy without the postage paid envelope was provided.

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Follow the Money Working Group Final Report

DOC Budget

The DOC budget and spending has increased over the last 5 fiscal years. The graphs revealing this data are below.

[DOC Expenditures FY17-FY21](#)

[Per Capita Summary FY16-FY21](#)

DOC Jurisdiction Population

The Massachusetts Department of Correction jurisdiction population has continued to decline for the ninth consecutive year, a decrease of 42% since the trend's peak on January 1, 2012 (11,723). Between January 1, 2020 and January 1, 2021, there was a 17% decrease in the jurisdiction population, from 8,292 to 6,848. The overall trend in the DOC jurisdiction population shows a decrease of 42% between January 1, 2012 and January 1, 2021.

Male Jurisdiction Population on January 1, 2021

6,648 total males in the jurisdiction population:

- Race/Ethnicity: White (2,734), Black (1,917), Hispanic (1,783), Asian (112), Other (63), American Indian/ Native Alaskan (39)
- Average age was 43 years old (youngest inmate was 18 years old and oldest inmate was 87 years old)
- 98% were serving a sentence of more than three years

Female Jurisdiction Population on January 1, 2021

200 total females in the jurisdiction population:

- Race/Ethnicity: White (117), Black (35), Other (28), Hispanic (17), Asian (2), Native Hawaiian/ Pacific Islander (1)
- Average age was 42 years old (youngest inmate was 20 years old and oldest inmate was 76 years old)
- 93% were serving a sentence of more than three years

Source: Massachusetts Department of Correction Annual Report 2020

<https://www.mass.gov/doc/doc-annual-report-2020/download>

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Special Commission on Correctional Funding

<https://correctionalfunding.com/wp-content/uploads/2022/01/Final-Report-of-the-Special-Commission-on-Correctional-Spending-For-Filing.pdf>

To try to get a better understanding of correctional spending in Massachusetts, the Legislature created a “special commission to conduct a comprehensive study to evaluate and make recommendations regarding the appropriate level of funding for the department of correction and each sheriff’s department.”

The commission was created by Section 101 of the FY2020 General Appropriations Act.
<https://malegislature.gov/Laws/SessionLaws/Acts/2019/Chapter41>

The Special Commission on Structural Racism in Correctional Facilities reviewed the work of the Special Commission on Correctional Funding and concurred with its findings.

The Special Commission on Correctional Funding found that there was a disappointing lack of data on whether inmates are getting the programming that they need. The Commission found that there are no consistently applied assessment tools to evaluate inmate needs, no agreed framework for defining which programs or treatments should be used to respond to particular needs, and uneven measurement of inmate program participation.

The Commission found that there are limitations in both the amount of data currently available and the consistency of the manner in which that information is presented. The Commission believed that more complete and consistent data can improve the efficiency of spending on recidivism reduction and on transparency and accountability.

The Commission concluded that a new structure needed to be created to assure that all incarcerated individuals are getting the help they need while in a correctional facility.

Findings:

The Special Commission on Structural Racism in Correctional Facilities found that correctional spending has increased even as incarcerated populations have declined.

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The Commission believes that increases in overall spending have not translated into expanded programming that incarcerated individuals can access.

The Commission believes there needs to be a greater focus on the disparity between how many individuals are incarcerated and how much money the state appropriates to fund the Department of Correction and County Sheriffs' Departments

The Commission believes there is a need for much clearer information on program spending.

The Commission believes that additional and improved reporting from the DOC is needed to better understand the effective use of funds spent.

The Commission believes better data is needed to track, within the correctional system itself, the relationship of incarcerated individuals to educational, substance abuse, and other types of programs.

The Commission found that there is not a uniformed process for reporting information. Different things are being classified in different ways by facility, by office, by agency.

Recommendations:

The Special Commission on Structural Racism in Correctional Facilities recommends the following:

- Develop improved reporting requirements for the DOC and Sheriffs' Departments that are transparent, comprehensive, and uniformed.
- Align reporting requirements to get better data on where the money is being spent and what it is being spent on.
- Require a regular and recurring audit and review of DOC and Sheriff reports for consistency and accuracy. Create a new structure to ensure that all incarcerated individuals get the resources and programming they need while at a state or county correctional facility.

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APPENDIX H

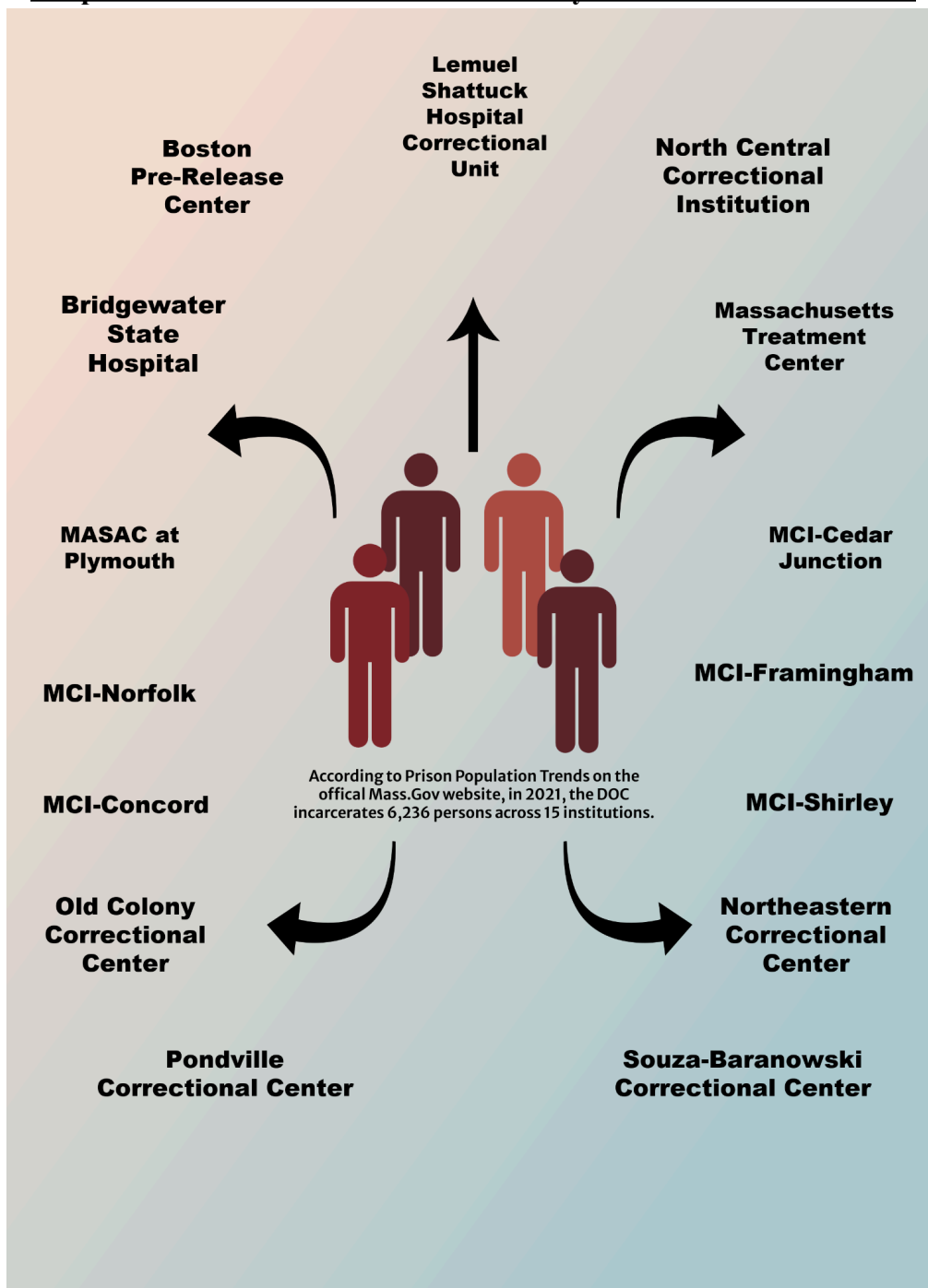
DOC Community Graphics

- Intersectional DOC Community: Correctional Institutions
- Intersectional DOC Community: Intersectional Identities
- Intersectional DOC Community
- DOC Reentry Continuum from Intake to Integration

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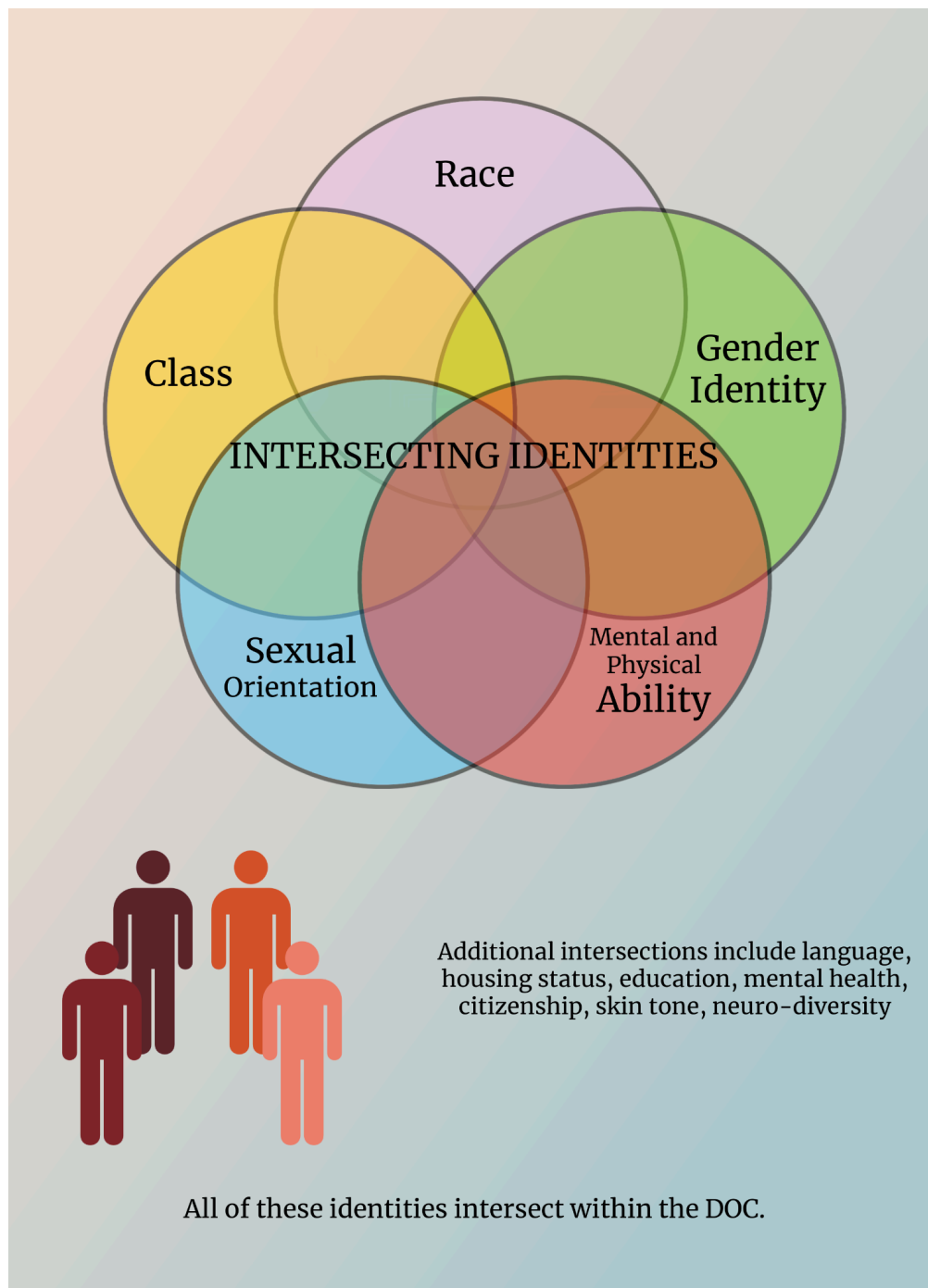
APPENDIX H: DOC Community Graphics

Graphic 1: Intersectional DOC Community: Correctional Institutions



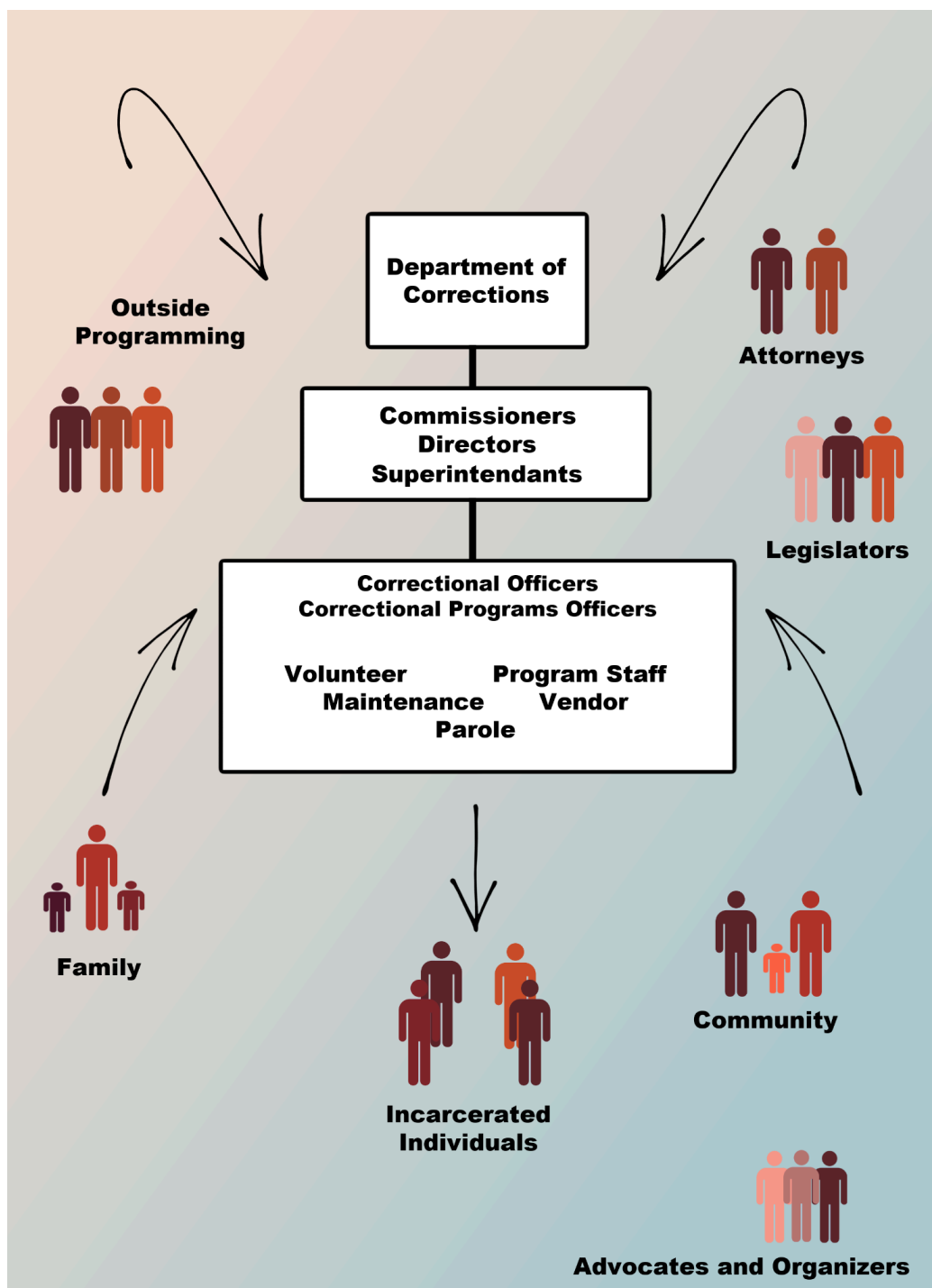
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Graphic 2: Intersectional DOC Community: Intersectional Identities



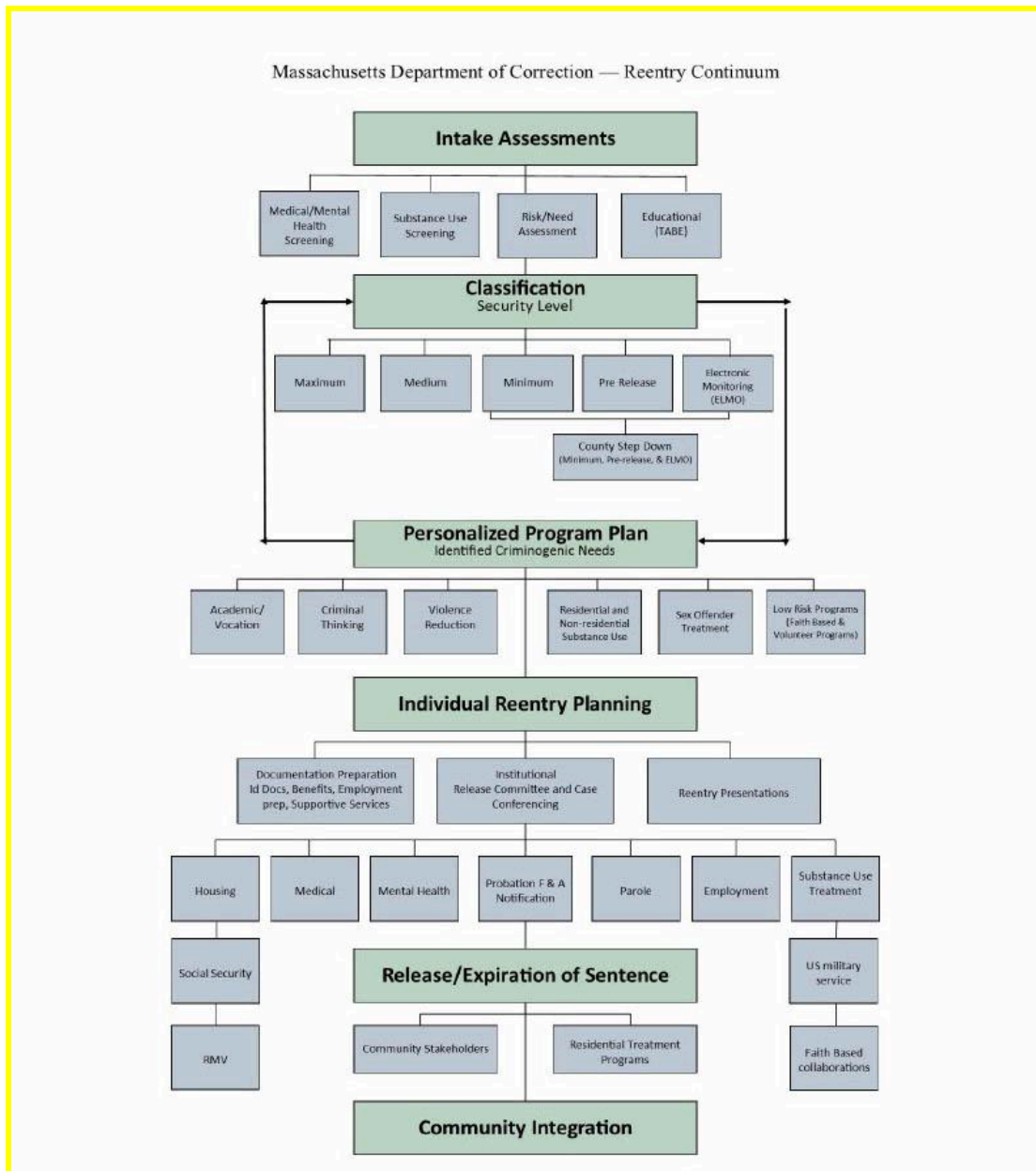
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Graphic 3: Intersectional DOC Community



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Graphic 4: DOC Reentry Continuum from Intake to Integration



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APPENDIX

I

Transcripts, Summaries, and Links for Hearings
and Oral & Written Testimony

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APPENDIX I: Transcripts, Summaries, and Links for Hearings and Oral & Written Testimony

Transcripts and Summaries of Oral and Written Testimony (submitted or read at Public Hearings)

The Commission hosted a total of twelve Public Hearings or Meetings from July 9, 2021 through March 1, 2022. Please see a complete listing of each hearing, the topics and the speakers below. The first five meetings from July through October clarified the scope of the Commission, the role of the Commissioners as leaders and decision-makers regarding the work and recommendations of the Commission, the priorities and values of the Commission, and the scope and expectations for each Working Group.

From December 2021 to March 2022, the Commission hosted seven public hearings to solicit oral and written testimony from the following sources:

- Eleven formerly incarcerated BIPOC individuals in MA correctional facilities, including 3 who identify as LGBTQIA+ and 1 who is undocumented
- Two academic experts on structural racism in corrections and one volunteer expert in resources and families
- Five currently incarcerated BIPOC individuals in MA correctional facilities (pre-recorded), including one trans woman
- Four family members of incarcerated BIPOC individuals
- DOC Commissioner Carol Mici and her staff
- Suffolk County Sheriff Tompkins, President of MA Sheriffs' Association

The Working Group on Intersectionality of Hearing Agendas and Invitations planned hearings and speakers to ensure that the Commission heard from the following sub-groups of BIPOC individuals which generally experience intersectional impacts with structural racism: women, LGBTQIA+ especially trans women of color, those who are housing insecure, those who are not citizens, those who are not English speakers, those with mental health challenges, those with disabilities. The Commission was able to hear from at least one person from each of these groups, except the following individuals: those with mental health challenges and those with disabilities.

Hearing Dates, Topics, and Speakers:

1. Friday, 7/9/21, Recommend working group topics based on themes; ideas for hearing speakers/topics
2. Friday, 7/23/21, Commissioners explore themes and priorities for its work from a variety of perspectives
3. Monday, 9/20/21, Review working group expectations
4. 9/30/21, Expert testimony from Dr. Rufus J. Faulk, Director of Public Safety, City of Boston, definition of structural racism, recommendations

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5. 10/27/21, Confirm Working Group purpose, chairs, communication, deadlines; ideas for hearing speakers

The following meetings included public testimony by experts on structural racism resulting in disparate treatment of persons of color who are incarcerated in state and county correctional facilities, with a focus on:

6. Wednesday 12/8/21, 1:00-2:30p

<https://malegislature.gov/Events/Hearings/Detail/4124>

[Written Document Summary 12/8/21](#)

List of speakers:

- Jamal Spencer, Black male, formerly incarcerated individual
- Tim Deal, Black male, formerly incarcerated individual

7. Thursday 12/16/21, 10:00-11:30a

<https://malegislature.gov/Events/Hearings/Detail/4140>

[Written Document Summary 12/16/21](#)

List of speakers:

- Emmanuel Williams, formerly incarcerated BIPOC individual
- Armand Coleman, formerly incarcerated BIPOC individual
- Mark Summers, Black male, gay, formerly incarcerated

8. Thursday 1/13/22, 10:00-11:30a

<https://malegislature.gov/Events/Hearings/Detail/4165>

[Written Document Summary 1/13/22](#)

List of Speakers:

- Justin Steil, <https://dusp.mit.edu/faculty/justin-steil>, research on mass incarceration
- Michael Cox, Black & Pink, formerly incarcerated executive director for Black and Pink MA
- Charlese Horton, formerly incarcerated mutual aid and reentry coordinator for Black and Pink MA

9. Tuesday 1/18/22, 1:00-2:30p

<https://malegislature.gov/Events/Hearings/Detail/4168>

[Written Document Summary 1/18/22](#)

List of Speakers:

- Leah Donahoe, loved one of incarcerated individual, re-entry coach, THRIVE Communities Lowell
- Leslie Credle, Justice4Housing, Executive Director
- Mr. and Mrs. Che and Alanna Pope, Justice4Housing, BIPOC individual who was incarcerated and spouse, with lived experience in re-entry and housing insecurity
- Jose Lorenzo, Justice4Housing, BIPOC individual who was incarcerated, with lived experience in re-entry and housing insecurity

10. Tuesday 1/27/22, 1:00-2:30p

<https://malegislature.gov/Events/Hearings/Detail/4188>

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[Written Document Summary 1/27/22](#)

List of speakers:

- Blandine Williams, formerly incarcerated African American female and family member
- Carol Mici, Commissioner of Dept. of Corrections
- Mitzi Peterson, Deputy Commissioner Clinical Services and Reentry
- Rhiana Kohl, Executive Director of Research and Strategic Planning
- Allison Hallett, Assistant Deputy Commissioner of Reentry
- Jeff Fisher, Assistant Deputy Commissioner of Clinical Services
- Kit Haines, volunteer activist to keep families connected, having difficulty accessing data

11. Tuesday 2/15/22, 1:00-3:00p

<https://malegislature.gov/Events/Hearings/Detail/4208>

[Written Document Summary 2/15/22](#)

List of speakers:

- Lorraine Fowlkes, family member of BIPOC incarcerated individual
- Ricky, individual currently incarcerated at Norfolk, audio testimony pre-recorded
- Mac, individual currently incarcerated at Concord, audio testimony pre-recorded
- Laurence, individual currently incarcerated at Old Colony Correctional Center, audio testimony pre-recorded, Afro-Latino transgender woman
- Hector, from Colombia, Speaks only Spanish, was detained in Bristol ICE, undocumented.

12. Tuesday 3/1/22, 1:00 – 3:00p

<https://malegislature.gov/Events/Hearings/Detail/4216>

Written Document Summary 3/1/22 (Still being written)

List of Speakers:

- Tanzerious, individual currently incarcerated at Old Colony Correctional Center, audio testimony pre-recorded
- Derek Tyler, individual currently incarcerated at Shirley Medium, audio testimony pre-recorded
- Sheriff Steve Tompkins, Suffolk County House Of Corrections
- Commissioner Carol Mici

Below please find Executive Summaries of each of these twelve Public Hearings held from July 9, 2021 through March 1, 2022.

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Commission on Structural Racism in Correctional Facilities of the Commonwealth

July 9, 2021

<https://malegislature.gov/Commissions/Detail/530>

Agenda

I. Opening remarks from co-chairs.

II. Introduction of Commission members.

III. Review of the Commission's statutory charge.

IV. Discussion from the members on what they hope to examine and who they want to hear testimony from in future meetings, and kinds of data needed, structure/approach to co-creation of report.

- Sheriff Rocca:
 - Need to look at who is arrested, who is given sentences and why, length of sentences, and then correction
 - Too many ppl in Corrections facilities with substance abuse and mental health issues that should not be in jail. Need to address this to avoid these folks falling into jail in the first place
 - 46% rate of recidivism in MA and a lot of it comes from people with mental health/substance abuse issues that return to dysfunctional families/or have no support system outside
- Scott Scharffenberg (Roca EVP New England):
 - DEI training needs to take place every year and multiple times in DOC
 - Ideas for speakers:
 - Correctional staff
 - New England's Innocence Project
- Latoya Whiteside with Prisoners Legal Services:
 - Day-to-day operations of DOC needs to be looked at -- highly overlooked
 - More data collection from prisons and jails
 - Speakers

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- Black and brown prisoners -- these voices are left out; they can help us build database correctly
- Janson Wu, GLAAD:
 - Bring in voices of LGBTQ incarcerated people -- transgendered people are over-represented in prisons
 - Three things to focus on for this community: perception of trans women by police; treatment of LGBTQ once in the system (anti-LGBTQ harassment and violence; and healthcare while in the system (HIV patients, trans)
 - Speakers
 - Cross-pollinate w/commission on LGBTQ safety while in prisons
 - LGBTQ prisoners, particularly trans women who experience highest level of violence
- Annelisse Araujo AILA NE
 - Immigrants in prisons --
 - unable to communicate their needs because of lack of translation/language services
 - Lack of respect for culture by DOC; breakdown in communications
 - Speakers
 - Immigration and family law advocates who work in custody/family court proceedings
 - Immigrant prisoners
- Kevin Flanagan:
 - need to look at how we classify prisoners, services provided, re-entry back into the communities (ppl fall back into same activities because lack of services/support outside)
 - DOC Hiring and retaining practices, particularly minority staff
- Sen. Eldridge:
 - Prisoner's perspective critical
 - Need to look into impact of current system on Correction officers -- MA has highest suicide rate in the country for both, prisoners and correction officers
- Rep. Howard:
 - Look into vendors (data - who are they/backgrounds), how are contracts awarded
 - Mechanisms to report issues
 - Safeguards and protection for people of color in prison (both, existing and additional safeguards needed to afford protection)

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- Speakers
 - prisoners from all ethnic and racial backgrounds
 - Vendors
- Undersecretary of Criminal Justice Andrew Peck:
 - Reimagining DOC a personal goal
 -
- Rep. Barber
 - Data needs: incarcerated women and trans women (data for these two groups right now is scarce)
 - Speakers:
 - Families of folks who are incarcerated -- visitor experience and impacts to family bonds
- Rep. Elugardo:
 - Need to dig into the budget
 - Data on how money is being spent
 - Supports the defund movement, but does not support taking money away to dismantle structural racism and produce cultural shifts
 - Every item talked about today can be tied to the budget, direction to all members to find those line items for the commission to evaluate.
Especially as it relates to
 - Disability status and impacts on their experience in prisons and jails -- accessibility, safety, and care
 - Intersection between trans and race will be a big issue
- Other suggestions
 - Define what “structural racism” means for this commission

Announcements for future meetings

- Proposed structure for this Commission. Three types of meetings over next 6 months:
 - *Commission meetings* -- commission discussion time to compare notes on what they learn and next steps for the commission
 - *Hearing meetings* -- invited speakers to present on the themes collected from this meeting (collect testimony, written and oral)
 - *Working groups* --
 - Data
 - Policy

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- Families
- Mental health
- Speaker selections committee
- There is a volunteer designated to translate each meeting and summarize themes, needs, and identify working groups
- Next meetings: July TBD, then resume in September
- Report extension anticipated, likely by end of 2021 but chairs will convene offline

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Legislative Commission on Structural Racism in DOC Executive Summary, 07.23.21 Session

Working Group Recommendations:

1. Data Collection and Analysis
2. Follow the Money
3. Outside Systems Mapping Influences on DOC community
4. DOC Policy, Experience, and Access to Resources
5. Staff & Administration Support, Development, and Training
6. Intersectionality and Small Group Speaker Series

Overview of themes articulated in session:

- Incarcerated individuals experience life-long structural racism, not only within DOC
- Racist attitude and culture inside DOC reflects racist attitude and culture outside DOC, for example inequitable sentencing by race
- Racialized decisions inside and outside DOC negate effectiveness of CRA programs
- All DOC policies are oppressive, because the system is designed to be punitive not rehabilitative
- Change culture from crime and punishment to repairing harm. Policy can shift to accomplish racist goals; win people's hearts and minds to change culture.
- Address the data gap between agencies

Overview of actions recommended in session:

- Commission should determine its working definition of structural racism
- Commission should hold independent equity audit of MA DOC
- Commission should conduct a systems analysis of corrections, including participation and outcomes in programming by race, identify possible drivers of inequity
- Legislature should mandate DEI and anti-racism training with qualified instructors for every returning citizen from DOC, especially those in Souza-Baranowski, for all COs, staff, and DOC leadership. Union should be engaged in training.
- DOC should pay lifers who demonstrate leadership and mentoring skill to operate restorative circles in DOC. Acknowledge and lift up their leadership in the community; make them responsible to change the culture, with COs as quiet partners.
- Legislature should fund more mental health and substance abuse treatment in the community.
- Commission should tell success stories of Black men who completed CRA program and now operate successful businesses on the outside.
- DOC should provide more programming for women, and their children if desired
- Commission should work to abolish racist mindset of DOC staff, help them learn to trust proven leaders and partner with them on culture change and rehabilitation

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Ideas for Speakers (gather existing relevant data disaggregated by race for each group of speakers):

- Corrections Officers
- Incarcerated people (hearing inside facility), including: Black and brown, those who have transitioned successfully and those who have not, LGBTQ especially trans women, immigrants
- Families of incarcerated people
- Legal Aid and private bar attorneys, human rights advocates who work w/ detained immigrants
- Family law advocates who work in custody/family court proceedings
- New England Innocence Project
- Black and Pink
- Vendors, suppliers

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Special Legislative Commission on Structural Racism in Correctional Facilities of the Commonwealth Executive Summary, 09.20.21 and 09.30.21

09.30.21:

- Working group expectations will be driven by members, as deliverables are tailored to your capacity. Working groups may invite visitors or members to join you now through Jan 2022, those you deem directly helpful to the group's purpose and tasks, for example data collection or analyze policies.
- Working groups are capped at 6-7 Commissioners, less than quorum which is 8.
- Each working group's Commissioners are responsible for and will report back on meetings, members, work and deliverables planned, and progress, via email and at hearings.
- Each working group should:
 - o Hold first meeting, let co-chairs and Michael Carr know date
 - o Decide how/who to lead working group
 - o Michael Carr, Sen. Eldridge's chief of staff, will track your meeting dates
 - o Check in with co-chairs and Michael Carr via email every 7 to 10 days with updates
- Structure is intended to empower Commissioners. Thank you for your volunteer service!
- Working groups will provide updates at Commission meetings: At least late Nov/early Dec and end Jan. May provide additional report backs for feedback (i.e., hearings, site visits) at their initiative.

09.20.21:

Working Group Recommendations:

- Policy and experience working group should consider implications of Cell 15 Globe article 08.15.21
- Ensure Western MA is included, disproportionately impacted – not as many programs and services available in rural parts of the state. Hearings, visits, budget – ensure geographical diversity.
- Capture concerns of a diverse group of line staff/rank and file correctional officers by location, by security unit, and by race. Meet with them outside of prison setting.
- Should this Commission report on House of Corrections as well as DOC? What is scope of mandate?
- Identify evidence-based solutions, either in-state pilot or out-of-state, to draw from. Working groups should bring overlapping outreach requests back to Commission to coordinate same people/organizations.
- Commission should distinguish in its recommendations between work it will complete by 1/31/22 end date and work it puts forth as a recommendation for ongoing work, including learning from other states.
- Create a safe ongoing feedback process from incarcerated people, for example DOC exit interview.

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- Ensure that language access is addressed for all DOC programming.
- Intersectionality and Policy working groups consider sharing learning and recommendations with each other outside of Commission Hearings.

Dr. Rufus J. Faulk, Director of Public Safety, City of Boston. Overview of recommended actions:

- Legislature create voucher for transitional housing for returning citizens, with transitional job, so they can pay.
- Ensure that DOC provides ID card upon release by waiving fee.
- Analyze current bills before legislature to identify the ones that address DOC issues.
- Expose COs to communities incarcerated people come (community service hours), to understand context.
- Give incarcerated people voice in selecting available programming, choosing programming, and who serves them through DOC contracts, i.e. therapists. Make program offerings consistent across institutions.
- Ensure that DOC contracts proportionally include staff and leadership who look like our population.

Institutional racism may be unintentional, may show up in 3 elements of service provision:

- Policy Creation: Design of policy does not incorporate needs of all races
- Policy Implementation: Services provided differently to different people; analyze outcomes to ID
- Outcomes – People experience equal access and equal treatment, but because of influence outside DOC, outcomes differ. Disparate outcomes is sufficient to signal structural racism.

Special Legislative Commission on Structural Racism in Correctional Facilities of the Commonwealth

Working Group Listing as of 09.29.21 (Working Group Descriptions separate document)

1. Data Collection and Analysis
 - a. Rep. Howard 508-633-8005; yanna.howard@mahouse.gov
 - b. LaToya Whiteside 617-502-6833; lwhiteside@plsma.org
2. Follow the Money
 - a. Rep. Howard 508-633-8005; yanna.howard@mahouse.gov
3. Outside Systems Mapping of Influences on DOC Community
 - a. Annelise Araujo 617-716-6400; annelise@araujofisher.com
 - b. Rep. Howard 508-633-8005; yanna.howard@mahouse.gov
 - c. Andrew Peck 781-707-8235; andrew.peck@mass.gov
 - d. Darrell Jones 617-890-9258; Justmetnadia@gmail.com

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4. DOC Policy, Experience, & Access to resources
 - a. Rep. Howard 508-633-8005; vanna.howard@mahouse.gov
 - b. Annelise Araujo 617-716-6400; annelise@araujofisher.com
 - c. LaToya Whiteside 617-502-6833; lwhiteside@plsma.org
 - d. Andrew Peck 781-707-8235; andrew.peck@mass.gov
 - e. Sen. Gomez 413-221-7908; adam.gomez@masenate.gov
 - f. Rep. Barber 781-234-5510; christine.barber@mahouse.gov
 - g. Kevin Flanagan 774-462-8207; kflanagan@mcofu.org
 - h. Dr. Rufus Faulk 617-291-6514; Rufus.Faulk@Boston.gov
 - i. Darrell Jones 617-890-9258; Justmetnadia@gmail.com
5. Small Group Site Visit Coordinators
 - a. Rep. Howard 508-633-8005; vanna.howard@mahouse.gov
 - b. Andrew Peck 781-707-8235; andrew.peck@mass.gov
 - c. LaToya Whiteside 617-502-6833; lwhiteside@plsma.org
 - d. Greg Croteau 978-265-7173; gcroteau@utecinc.org
 - e. Darrell Jones 617-890-9258; Justmetnadia@gmail.com
 - f. Derek Brooks 781-698-5057; dbrooks.ici@gmail.com
6. Staff & Administrative Support, Development, and Training
 - a. Rep. Howard 508-633-8005; vanna.howard@mahouse.gov
 - b. Scott Scharffenberg 1-978-239-0295; scott_scharffenberg@rocainc.com
 - c. Andrew Peck 781-707-8235; andrew.peck@mass.gov
7. Intersectionality of Hearing Agendas and Invitations
 - a. Rep. Howard 508-633-8005; vanna.howard@mahouse.gov
 - b. Robyn Frost 781-595-7570 x12; Robyn@mahomeless.org
 - c. Janson Wu 617-448-2686; jwu@glad.org

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Special Legislative Commission on Structural Racism in Correctional Facilities of the Commonwealth Executive Summary of Learning, 10.27.21

Working Group Recommendations

- Recommend disbanding Data Collection and Analysis working group, b/c only 1 member remaining
- Recommend delaying launch of Outside Systems Mapping working group, until after Commission receives input from other working groups. Chair will recruit additional members from Commission and from outside DOC who have relevant insights to functioning of DOC. This work will feed into preparing Report.

5 remaining working groups will be fully functional as of today:

1. Follow the Money, Chair by Rep. Eldridge, members Latoya and Robin
 - a. What DOC resources have disproportionate negative impact on incarcerated people of color?
 - b. What resources in DOC budget are or can be spent to address systemic racism in DOC?
2. DOC Policy, Experience, Access to Resource, Chair Rep. Barber
 - a. What policies and resources perpetuate systemic racism?
 - b. What policies and resources can be mobilized to dismantle systemic racism?
3. Small group Site Visit Coordinators: Latoya, Gregg, Durell, Denise, Derek, Carrie (HOC)
 - a. How many site visits do we want? Goals and focus for each visit? Schedule by Jan 30.
 - b. Look at program space in facilities, infrastructure, barriers to accessing programming, esp. in re-entry facilities, i.e., Pondview. Ties with Follow the \$\$\$. Where is there readiness to do more? What resources do COs need access to, inside facility?
 - c. What should program dosage and duration be? Specialty units, populations. Restricted housing.
4. Staff administration and support: Clarify we mean Corrections Officers and other DOC staff. Scott, Andy. Invite others with expertise with COs to join.
 - a. Update from Andy Peck: Existing EOPSS initiatives: EASU unit, mental health, diversity/equity/ inclusion, cultural competency, address obstacles (civil service) to recruiting and hiring more diverse staff, implicit bias training, Chief Diversity Officer and staff, getting to DOC. Aligns with cultural work and secondary trauma they bring to work.
 - b. Update from Scott: Smart to build off what EOPSS is already doing, focus on DEI, staff wellness.
 - c. Chair Elugardo: Group 5 Hearings and Group 3 Site Visits should designate someone to coordinate with Andy and Scott, to ensure we are hearing from the

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COs' and staff experience. Of the 3100 COs, what do they feel about training, DEI efforts?

5. Intersectionality of Hearing Agendas and Invitations. Diversity of experiences represented. Chairs Robin Frost and Janson Wu. Report:
 - Reach out to Comms. with speaker recommendations to ensure that everyone's voices are heard.
 - Janson and Robin will add their recommendations for speakers.
 - Form: ID demographics for each speaker to self-identify, ensure that full diversity is represented.
 - Need to identify numbers and dates of hearings, additional speakers to fill gaps

Overview of session themes: Working Groups consider, What is already happening in our area? What are our blind spots as a Commission? Listen directly to the COs and incarcerated individuals. In each area, request feedback from all relevant groups of DOC community, through site visits and hearings.

Overview of recommended actions

Deadlines:

- Each of the 5 working groups has its marching orders to start work now.
- Requested extension to Jan 30, informally approved, expect formal approval.
- Formally approved extension to Dec 30.
- Report due March 31.

Ideas for Speakers

- Only one request for a speaker has been submitted so far.
- It's fine to send just a name if the contact information is not available.
- Agreement that it's fine and helpful to hear from speakers with a national scope.
- Ways to incorporate voices from incarcerated individuals: Hearings (audio or zoom), site visits (to bring together more than one person), written testimony (commissioners would invite them to submit)

Attendance:

Rep. Christine Barber
Kerry Hill, for Sheriff Tompkins
Greg Crouteau, UTEC
Dennis Everett, UTEC
Janson Wu, GLAD
Kathy Rinestein Roca supporting Scott
Bridgett Rep Barber's leg aide
Frank Mendoza, Rep Elugardo's leg aide
May, Rep Howard's leg aide

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Andy Peck, Undersecretary for Criminal Justice at EOPPS

Ali from Senator Gomez' office

Robin Frost, MA Coalition for Homeless, concern for homeless people who become system involved, and for incarcerated people who are returning to the community.

Scott Sharfenberg, Exec VP for NE, Roca

Michael Carr, from Sen Jamie Eldridge's office

Don Coleman

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Special Legislative Commission on Structural Racism in Correctional Facilities of the Commonwealth

Executive Summary of Learning from Hearing, December 8, 2021

Working Group Recommendations

1. Hearing Working Group Update: Use the survey form to recommend hearing speakers.
2. Policy Working Group Update: Group has gathered questions for DOC to respond to as part of the Commission. DOC collects data on the location, crime, and security level of incarcerated individuals disaggregated by race. However, DOC data on program access, program participation, daily resources, and employment status of incarcerated individuals is not available by race. In response, Commissioner Whiteside has submitted a comprehensive survey (102 questions) to 2,000 Black and Brown incarcerated individuals within DOC and is preparing to submit the data to the Commission. DOC Commissioner may be able to generate data by race from a legislative request. If she cannot, DOC will collect data by race going forward. Recommend that this data should be collected by DOC.
3. Site Visit Working Group: Commissioner Whiteside has met with self-help affinity groups within facilities. Other Commissioners are welcome to join her on a monthly basis. Recommend that incarcerated individuals are scheduled for hearing testimony, satisfy security concerns by allowing them on the call one at a time. Request that existing visits are publicized to other Commissioners and that other visits are scheduled to address gaps in hearing testimony. Can be incarcerated individuals and staff.
4. Staff and Administrators: meet weekly, meet with Recruiting Office at DOC, Training Office, Office of Diversity, Employee Assistance Unit, MACUFU, Onsite Academy, EOPSS Chief Diversity Officer. Focus has been on trauma and mental health concerns for correctional staff. May want to do a DEI survey of staff with a scale.
 - a. Questions: What are you learning about staff of color, hiring, support, and leadership development? A: That is the focus of all our visits and questions. Civil service can be a barrier, that may be a recommendation. Ways to break down implicit bias and cultural competency training at micro level. If trauma and stress is not addressed, that contributes to negative culture. Huge system; focus on staff of color, not staff overall. Need to address diversity, AND equity, AND inclusion.
 - b. Recommendation to go to Black and Latino caucus and Corrections caucus, some Black and Brown staff have submitted concerns, we'd like to encourage those folks to testify before this Commission. May need to survey former correctional staff, because current staff may not be comfortable testifying in a public setting. We need to create a way for current staff to share stories
 - c. Recommendation for DOC to survey incarcerated individuals upon their departure.
5. Systems mapping group will meet in February and March, incorporating input from other working groups.
6. Follow the Money: Plans to send a letter to DOC and HOC regarding costs in light of reduction in funds.

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Note: Commissioners are welcome to continue to support the implementation of actionable recommendations after March 30.

Overview of Speaker Testimony:

Jamal Spencer

- As I matured and tried to do the right thing, obstacles were put before me. I did not understand about structural racism; I thought it was personal. Older men in AACC modeled for me what it looked like to be an agent of change. My goal is to model that for others and engage the work on the outside.
- Mental health issues are a major concern: Incarcerated people are reluctant to get services, from stigma. Identify those who want to change the system and work with them, focus on solutions.
- Structural racism exists on all levels in corrections: health, nutrition, employment, programming. I have experienced structural racism on all those levels over 30 years. Those individuals are probably no longer there, but there are solutions. To know what will reverse systemic racism takes expertise. Those in positions of power do not look like me. Discrimination exists; we need to be about eradicating it and helping those who are coming home. AACC on the inside actively meets with individuals who are planning violence to ensure that they don't.
- Some COs spoke out against structural racism, but they are not all working for it. Need to have proportional numbers of staff who are people of color and those with expertise. Start at the top and train at that level on down. Different superintendents and deputy superintendents treat requests differently, and there are frequent personnel changes. The guards can only reflect the higher ups. Some people are afraid their job is on the line.
- What should be done so that everyone has access to the supports you needed to overcome barriers? Accessibility to role models who have already achieved success: Andre Norman, Abridal Forrester, Conan Harris. I'm not supposed to have contact with former felons, but my work is with them to help them change their lives, both inside and outside the walls. I can learn how to use a cell phone while incarcerated, but for other skills, we need better preparation for life on the outside.

Tim Deal

- As a juvenile lifer, I was not allowed to begin the process of applying for an ID. Parole decisions take months for lifers. They could not help me until I got parole. Once I got parole, I was out in 2 weeks. Now I don't have Mass Health card or ID. Less than 2% lifers return to prison.
- Most of the funding for re-entry is for substance abuse, but most substance abusers are white. If your problem is criminal thinking, there is not enough funding for you to get help. Re-entry: Structural racism gets deep on an education level. Where is the corrective process?
- Balance conditions across prisons, so that life at Concord is not worse than life at Norfolk.

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- Non-CO staff say COs are trained to treat us in degrading ways. Staff argue with each other over fair treatment of inmates. They use nit-picky policy rules to cause problems for an inmate, and COs intervene, because they don't want to see the trouble. Some COs realize they were lied to in their training, but not all. CO: job security is a concern.
- I experienced assault and was punished for 30 days where my white assailant got 14 days. The report of that incident kept me from going to minimum security. Most people who got transitioned to minimum security were white. Starts at level of Governor, elected officials, and Administrators, need to have diversity there. Legislature responded when White community had problem with substance abuse, but not when problems with Black community.
- Q: Decisions coming from above are seen as race neutral, but where does the problem start?
A: from the top all the way down.
- Q: DOC Commissioner may have a fair policy, but the Superintendent may block it. A: On the inside, we hear that story both ways: either that Supt didn't want to do the right thing, or the Commissioner didn't want to. Only saw 2 Black Admins over 20 years. Favoritism is the beginning of racism, people favor those who they understand. Recommend bi-racial teams.
- Q: Is it true that a drug dealer would be treated badly in parole, but a person with a substance abuse problem will be offered support? Parole is a separate problem. Much discrimination comes from your specific crime. Supportive of Rachel Rollins and leaders who look like us.
- You can't sign up for mental health in DOC [because it's unacceptable as part of the culture].
- There were no education programs within DOC, I thought there would be programs. The best educational program I've got is AACC. Then I'm not allowed to provide support to other returning citizens. There are so few programs in DOC to help Black and Brown people, and we are the ones who are in poverty coming in.

Attendance:

Vanessa Howard
Carrie Hill
Kevin Flanagan
Peter Antonellis
Scott Sharfenberg, Exec VP for NE, Roca
Andy Peck, Undersecretary for Criminal Justice at EOPPS
LaToya Whiteside
Jansen Wu
Rep. Christine Barber
Dennis Everett, UTEC
Robin Frost, MA Coalition for Homeless
Greg Crouteau, UTEC
Michael Carr, from Sen Jamie Eldridge's office
MS, DJ, LD, AP, EA

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Follow up to support LaToya:

- Commissioner Hill on behalf of Sheriff Tompkins will assist to accompany her and to set up site visits.
- Commissioner Wu offered staff to tabulate results
- UTEC can help fundraise if needed to support mailing cost.

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Special Legislative Commission on Structural Racism in Correctional Facilities of the Commonwealth

Executive Summary of Learning from Hearing, December 16, 2021

Update from Follow the Money WG:

- Received Report on Mass DOC expenditures and spending levels for 2021

Overview of Speaker Testimony:

Emmanuel Williams

- Part of Transformation Prison Project. Incarcerated 10 years, every day retraumatized.
- List of Jobs posted: 2 for Blacks, 2 for Latinos, 1 for Asians, the rest are open to Whites.
- I can count on one hand the number of Black and Latino Administrators and COs over 10 years.
- Black COs get racism as well, they are expected to treat us less than. If White COs talk with White prisoners, there are no questions asked. But POC COs on POC, there are always suspicions. Black COs cannot treat us as well as they want to, or they are led out of here.
- IPS: Do random searches, only on Black and Latino people. We get strip-searched.
- Nothing in canteen for Black people: hair products, lotion, we have to use White product.
- White visitors never have problem getting in, but Black visitors do. Object to body shape,
- Tried to post pictures of Black models, but I was asked to take them down; never had a problem with White pictures.
- Black programs are heavily guarded by COs; other programming not guarded.
- HIPAA does not exist in prison system. When I have a physical, someone else sits with me. Not enough Black doctors or nurses in there. People who don't look like you, how can they truly understand the culture. White counterparts don't get stopped, don't get searched. COs didn't like that my cellmate was White.
- Black and Latino gay community is disrespected the most. White gay people are treated fine.
- A lot of drugs still come into the system but it's not from incarcerated people. White people who struggle with drugs and are caught with drugs get a slap on the wrist, but K-2 they ship you out.
- Q: Is the staff solution to hire more COs of color or offer diversity training? A. Hiring more COs of color will help; diversity training will not help; robust restorative justice training will help. Officers are dealing with a lot and are hurting too. RJ training will make it safer for all. Diversity training has been happening for years and it's not helpful. RJ training leads to us being treated as human beings and it's successful, so it was stopped.
- Q: Some of the programming has a ceiling on number of Black and Latino people who can participate. Were you ever told during your incarceration that a specific program was not available to you based on race or a quota? A: Comes from administration and COs. If you want a job, they have a certain number of jobs slotted for Black, Latino, or Asian people, so you have to wait until one of them leaves. The best jobs go to White people because they are trusted more, because most of the people who work there are White.

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Armand Coleman

- 28 years in prison, when 17 years old, 2 decades in max, 12 years in segregation. I experienced thousands of site visits in all those places, they don't work, because the visitors get shepherded through the facility by COs. They make sure visitors don't see or talk to people they don't want you to see. If you do have a site visit, take a formerly incarcerated person with you, they know what to look for. They script what happens and who to talk with. They are puppet masters, it's their world. If you don't know you won't see it.
- Regarding jobs, they have landscapers, mowers. My first day I saw White guys riding mowers, Black and Latino guys pushing mowers behind them.
- Latino people are counted twice: Once as Latino and once as White. Creates misrepresentation. Some guys tried to get their race designation changed, but they would not let them. My friend Fuquan is designated the Minority Chair, even though Blacks are the majority in prison.
- Diversity Training does not work. Best result with police and COs was with Restorative Justice, because it threatened the dynamic of us being seen as separate from each other. Result: Shared meals with police afterward, but the Union had a problem with that, so it was stopped.
- COs are given a mindset that they are there to be my punisher. Just being here is my punishment.
- Services are designed for White prisoners in mind. Getting people of color to come into programming is difficult, because it's not designed for them. Only exception is AACC, which provides programming by prisoners for prisoners.
- In 30 years, I have not seen more than a handful of Black captains. That would benefit the system and operations to elevate more Black Administrations.
- Q: COs develop the punisher mindset over time. Is it the same with medical staff? Yes. A woman came in as a Spectrum employee in the school, but the Admins would not let her relate positively with prisoner. A Emmanuel: Level of threat for Black nurses, they are not allowed to relate to us, same for COs, they cannot be too nice to us. I put in a note to request medication because I had a headache, and I got it the next week. Black incarcerated person gets beat up and nurses must say it did not happen. HIPAA does not exist in there, this needs to be addressed.
- Q: Disciplinary tickets – Are Black and Brown people written up for discretionary behavior, where the hearing is run by White Administrators will take the White COs word over incarcerated person? A Emmanuel: Yes, it's the same as the way we are patrolled and policed in the community. A Armand: Never did I have a ticket that was disposed of properly, and I had a lot of tickets. Once I got a ticket for an incident on the 15th that was written on the 13th and it wasn't signed. The Black CO pointed to her skin and said, "I see what's happening." She did not process it, but she could not dismiss it. I pushed it up the ladder and nothing happened.

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- Q: Do you experience racial slurs, explicit racism, in the DOC? Are you called the N-word?
A Emmanuel: Yes, all the time, every word you can hear, COs promote it, White prisoners do it. A Armand: Yes.
- Q: When did it happen? A Emmanuel: Throughout my incarceration. They have complete power over us. They can do and say whatever they want anytime. I was strip-searched for fun. The way they try to break us and control us. I was treated as less than and not a human being and a number. A Armand: One racist incident in Norfolk in the latter part of my incarceration when an officer was provoking me to get a reaction on purpose, and the only reason I was saved is because the Black captain calmed me down.
- Q: Do you know anyone who has experienced racist treatment, because they were doing organizing on behalf of their culture? A Emmanuel: Yes, water was brown and we went to canteen to buy water. We got lugged, shipped out, that we were organizing. A Armand: Yes, when I documented the incident above, with assistance of Black Lt.

Mark Summers

- I was incarcerated 3 times from 1989-2019. DOC is a world on its own with its own rules and laws, like a foreign country run by its own dictator. Operates with mystery and no accountability. If you can't infiltrate that world there will not be change. Code of silence, starts at top and goes to the bottom, carried out by vendors, volunteers. If anyone wants to change it, they won't be allowed to.
- White man Director of Treatment decides who is a threat and a gang member. White prisoners who are threats are not considered as such because they are White, while a Black boy who is not a threat (shoplifting) is considered a gang member.
- As a gay man, your flamboyancy is misconstrued as a threat. I was sexually assaulted at MCI Concord, reported to mental health staff, and she didn't know what to do. When she finally reported it, they removed me to a rape center, then to MCI Shirley in segregation. Then my charge was dismissed without evidence. Years later I was sent back to MCI Concord and I could not claim my assailant as an enemy. In segregation I was punished for being assaulted. People were angry with me because of what he did to me. Blame the victim, protect the officer, deny, deny, deny.
- Q: What does segregation mean? A: Housing unit removed from general population, usually reserved for those being investigated or those under discipline. In a cell alone 23 hours/day. Twice/week phone call, no visits, no canteen, no program. I was placed there as a victim of sexual assault, was further punished.
- I experienced problems getting a job even though I was in line for it, because the supervisor didn't like the way I wore my hair. Sargent has a gay son, whom she banished from her home.
- Unit Manager said to me, *You have to give us time to catch up, some of us are having a difficult time catching up. I knew you when you were just a fag, and now you are LGBTQ.* Everyone gasped, but he didn't think he said anything wrong. Until there is accountability these behaviors will continue.

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- In 2017 I was at Old Colony, there was a storm and a black out. CO asked all the dark-skinned inmates to smile so he could see us with his flashlight. He was removed then given a job as IPS, disciplinary. I am not hopeful things will change because you can't place someone inside to change.
- One deputy who is now retired, worked in records dept., discovered that inmates lost their good-time credit and worked hard to document it. Some inmates would go home because she discovered the good time. She sued the department and won. Everyone (staff) in that office was tortured slowly, one woman committed suicide.
- One sympathetic staff person expressed remorse over the treatment he saw every day, he went home and had a drink. I asked if he would report, he said no, it's not that kind of environment.
- The first beating I experienced happened at Middleton, because I was attacked. They handcuff you in segregation. 4-5 officers beat me for 10-15 minutes, I tried to protect my head and teeth. I asked someone to call my family. Supt watched video said I wouldn't get a ticket, they shipped me out to Concord, then the incident went away. Every day inmates are being tortured, ongoing abuse.
- Q: What can you share about differential treatment for darker skinned people compared with lighter skinned Black and Brown people? A: Desirable jobs and program involvement are reserved for lighter skinned people and White people. I was dismissed from a gathering, because my skin was too dark. A White inmate who socializes with Black inmates is treated like a Black inmate, a Whigger. Black skin is a threat.
- Q: Did you ever observe a White CO acknowledging their privilege? A: I don't think they realized their privilege or their power. Everything he says and does is the law, he has the power to change lives. His action can destroy the trajectory of my life. If an officer gives you a direct order, you must follow it, no matter how vicious or wrong, no matter how many threats. When the father investigates the son, there will be no justice.
- Q: When some investigate culture with intent to change it, why does change not happen when there are efforts? A: There are not enough people trying to change. Bad officers are made, not born. Some staff are horrible at their jobs and have been there for decades and don't want to leave. One CO said to us, "You are my toy; you are here for me to f--- with you." You can implement good policies, but the people whose job it is to carry out the policy will not carry it out. A Armand: CO Union is too powerful. A Emmanuel: I spent 8 years in Security Threat Group for gang leaders. You have to denounce your culture to get out. All these men are Black and Brown. A Mark: Today they have STG label, which is not placed on White inmates, because the White man who makes that determination does not see them as a threat. Italian mafia was allowed to live free in the prison.
- Q: Question of hope. When I came in in 2018, structural racism Commission had been filed by AACC. Prevailing view in Legislature is that that was not worth being a priority, but after George Floyd, the Legislature changed and asked Black and Latino Caucus to set 10 priorities. We will be relentless until we address the matters you have raised today. Inviting you into hope.

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- Q: What about Black and Brown people as it relates to K2 epidemic which is viewed as a Black problem? A: DOC will test mail, limit visitation, the remedies all entail force which is not the same for opioid users. K-2 is recreational and rampant and is treated as a disciplinary issue, whereas suboxone is prescribed and is addictive. Staff bring it in, because they make money from selling it. CRA facilitators are young white women who are out of touch and can't connect with the trauma of participants. A Emmanuel: If a Black person is caught with K-2, you are written up. If a White person is caught with suboxone they get a slap on the wrist and receive help from CRA. A: Armand: Correctional Recovery Academy: If a White person is caught with sub-oxone, they reenroll in the program and get more time taken off their sentence. If a Black person is caught with K-2, they are kicked out of the program. I have seen 5 Black and Brown staff in CRA the whole time. Project Youth for White youth, plenty of youth come in. Second Thoughts for Black and Brown, no kids.
- Q: Food prepared for prisoners is expired or almost expired. Some COs put bodily fluid in the food.
- Q: Say more about leisure activities and programming, specifically any comments about lack of culturally appropriate programming, movies, music, activities. A: Negativity is allowed but White on Black violence is not allowed in movies and educational programming. You do not address educational needs by your movie selections, which does not enrich our understanding. One year they played Roots and White inmates complained and asked them to take it off. Hip Hop music and R&B is not allowed. Any story of Black overcoming White oppression will never be shown. White people want the heat off, Black people want the heat on. White religious expression is fine, but Black religion is not allowed.
- Anecdote on culture of DOC: Kathleen Denahy sent a memo when she started as Commissioner, informing COs that they are no longer allowed to beat prisoners or to assault them verbally. Carol Mici is a fine woman. Don't think the culture of DOC is ready for this.
- Recommend that currently incarcerated individuals who share testimony are monitored for the next 30-60 days so that nothing bad happens to them.

Attendance:

Sen Jamie Eldridge, Co-Chairs – Finance WG

Rep. Vanna Howard – Policy WG

Danielle Howard, from Sen. Gomez' office

Andy Peck, Undersecretary for Criminal Justice at EOPPS – Staff WG

Rep. Christine Barber – Policy WG

Michael Carr, from Sen Jamie Eldridge's office

Jansen Wu – Hearing Intersectionality WG

LaToya Whiteside – Policy and Data WG

Kathy Reinstein, govmnt affairs at ROCA – Staff WG

Scott Sharffenberg, Executive Director, ROCA – Staff WG

Robin Frost, MA Coalition for Homeless - Hearing Intersectionality WG

Annaliese Arraujo – Policy WG

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Dennis Everett, UTEC

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Special Legislative Commission on Structural Racism in Correctional Facilities of the Commonwealth

Executive Summary of Learning from Hearing, January 13, 2022

WG Updates:

Follow the Money – Looking at last 5 years DOC budgets

Policy WG and Data Collection – Submitted many questions to DOC in Dec for public response:

Access to programming, health care, substance use, how DOC collects data. Commissioner Whiteside has mailed survey to currently incarcerated individuals to ask their experience of structural racism.

Hearing Intersectionality WG – Gaps in testimony include currently or formerly incarcerated non-English speakers, non-citizens, those with disabilities.

Overview of Speaker Testimony:

Justin Steil, Research on Mass Incarceration, Assoc Professor of Law and Urban Planning, MIT

- Intersection of structural racism, housing discrimination, and process of re-entering community from incarceration.
- 71% tests found evidence of discrimination in rental market based on race, on top of rental market challenges finding place to live for anyone because of increasing housing costs.
- Re-entry individuals face discrimination by landlords. Some landlords have blanket policies not to rent to anyone with prior convictions, which does violate fair housing law, but that doesn't stop them. Also, a landlord may legally choose to deny renting to someone because of prior conviction on a case-by-case basis.
- 3 barriers for those re-entering community from incarceration: High cost of housing, frequent racial discrimination, discrimination for re-entering citizens.
- Housing can be a condition of release. Those with a criminal conviction cannot be accepted into public housing or receive a housing voucher. If family member lives there, they cannot live with them, so they don't have a landing place with family.
- Other housing authorities (Oakland, Chicago) provide options for those coming out of prison. MA can do more to support housing needs of those coming out, which would address structural racism.
- Prof. Steil volunteers as teacher in MA prisons and jails. Importance of volunteers' physical presence. This can raise security concerns for DOC, but also engages and informs public on complexity of issues, including challenging jobs of COs. Correlation between education and economic attainment. Major factor against recidivism is attaining college degree in prison. MA used to be a leader in this area but is no longer. BU program used to offer college degrees at MCI Norfolk and Framingham, but is no longer. Would do a lot to benefit people in prison and to address structural racism. Some feel it's not fair for incarcerated individuals to have free access to education in prison while others do not; BU provides access to COs also. In the pandemic there has been a move

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towards virtual education. However there remains a tremendous benefit to teaching in person. Strengthen opportunities for volunteers to access prison in person and to provide degree programs.

- Q: Did you hear concerns about safety from public housing officials regarding re-entering citizens? A: Public housing officials understand there are limited options, and that we have constructed public housing as housing of last resort. I was surprised at how little opposition I heard.
- Q: How has BU program deteriorated? It continues, it's a great program. You used to be able to attain your degree while in prison. Now you can accumulate credits but need to complete degree on the outside. DOC should partner with a variety of colleges and universities so that individuals can receive their degree while incarcerated.
- Q: What's happening to undo ban on returning citizens from living in public housing? A: Not broadly undone, but some cities' public housing authorities are allowing case-by-case acceptance, often in relationship with nonprofits that provide supportive services, via an individual assessment.
- Q: Is there not a federal or state housing rule about incarcerated folks? Can this ban be undone on city level? A: There are federal rules barring those with specific crimes. Law requires public housing authority to consider public safety when crafting eligibility requirements, but there is flexibility for authorities. Usually their policies are more restrictive than state or federal law requires.
- Q: Research paper, can you share early draft or notify us when it is published? A: Will try to share early draft as soon as possible.
- Q: We should look at legislation that could be filed and has been filed. Justice4Housing, Leslie Credle, H4071 has filed legislation. Add preference and priority for those formerly incarcerated. Acknowledge Kate Bennet, Boston Housing Authority. Willingness to write or re-write policy. Ensure our recommendations are highly actionable. Which authorities are ready for progress? Please include any specific recommendations with written testimony.

Michael Cox, Executive Director, Black & Pink, formerly incarcerated

- Focus on LGBT people and those with HIV+. BIPOC and queer people get the brunt of the worst of what our systems offer. We will focus on drivers of incarceration for queer community, what happens while incarcerated, and re-entry struggles.
- LGBT people are 3 times more likely to be incarcerated than non-LGBT people. 1 in 2 Black trans people end up in prison. Large share of LGBT youth of color in greater Boston are unemployed, unstably housed, and food-insecure, thus more likely to become criminalized.
- What we face while in prison:
 - Solitary confinement, disproportional impact on LGBT, disproportional impact on Black and Brown. What lands queer community there: Defensive fights, consensual sex, false PRIA allegations, incidental hugging and touching, refusing

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housing for our own protection. Gray areas in DOC, but response is, *You don't choose your housing, get in there*. BIPOC folks are more easily seen as predators and less easily seen as victims.

- o Mental health: Seen as threat rather than someone suffering. Black and White are treated differently. Also affects Trans and queer community disproportionately. DOC likely violated 8th amendment rights of those struggling with mental illness. 2 lost lives within DOC, both were queer and POC.
- o Black and queer already disproportionately affected by HIV. In corrections, no condoms are available. Pre-exposure prophylactic is not available inside to protect from HIV. Black and queer have 5x concentration already living with HIV.
- o COs are beacons of White supremacy, not all of them. They love power, this gets played out in Corrections. Racist, homophobic, transphobic behavior, but no one believes an incarcerated person; it's easy to paint them as liars.
- Recommendations: Will send along in email.

Charlese Horton, Mutual Aid and Re-entry Service Coordinator, Black and Pink, formerly incarcerated

- Trans people are more likely to be victimized by violence. 1 in 6 trans people are incarcerated, 1 in 2 Black trans are incarcerated. If you are a young person and trans growing up in oppressed BIPOC community, no one knew how to deal with trans gender. Our whole community was oppressed. Many of our dads were incarcerated. For me, both my parents were incarcerated. When you announce to your family that you are different, they don't know how to deal with that. You are bullied in your community, and your family doesn't know how to support. Then you run away. You don't have money, you are not fully developed, you are scared. You have dreams and aspirations like everyone else, but trans youths' dreams are extinguished early. You meet others like you, you're hungry, and the older ones tell you, you have to make money to support yourself. You're homeless and scared, you didn't plan to steal or sell your body, you find yourself in this life. School isn't welcoming because you're trans. Then someone offers you drugs to help you feel better. Then you are caught in a whole downward spiral. Now you are ashamed to go home. Cops will harass you, they know what you are doing, you get arrested. Now you have to face your family member and you are ashamed. But they don't want to handle it. Now you're in DYS system, you have no education, you are product of system, getting arrested for sex work as means of survival, for stealing, now you have an addiction. This is how the cycle works for LGBTQ trans women in the system: sex work, drugs, stealing, as means of survival, not a chosen life. Streets are not friendly to anyone, especially if you are Black trans.
- 15.7% LGBTQ youth of color reported exchanging sex for food and shelter within 3 mos of them getting on the streets. More than half of LGBTQ youth of color continue to

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struggle with maternal acceptance. 1 in 4 gay youth have been homeless, compared with less than 1 in 20 youth generally in MA have ben homeless.

- Re-entry as Mutual Aid Re-entry Coordinator, hurdles I face housing LGBTQ coming home from incarceration. They face discrimination and CORI, not enough resources out there, we don't have anyplace to put our transgender women. They say that re-entry planning begins on intake, but we are not providing incarcerated individuals with resources they need to improve their lives. Only 1-2% correctional budgets focus on programming. This is structural racism. Re-entering individuals have challenges with mental health, substance abuse, not enough resources to address these dual diagnoses in transitional housing. On top of that, trans women of color are at bottom. Sober homes don't want trans women, let alone women of color. Housing is a main hurdle. Then we need to help them find job, get them into work-readiness programs, but some don't know how to complete application, nor have they completed high school. We need educational programs on the inside and outside. Have not had access to health care, so I help them get ID, birth certificate, advocate for them to get housing and health care. If we want to keep down recidivism, we need to get these services in hand.
- Q: Thank you for your testimony. We will honor the sacrifices you have made to share today. Focus your recommendations on what guards need to learn and do differently, what incarcerated individuals need to experience, and what actions would produce unintended negative consequences, especially for BIPOC trans, as Commissioners we may have a blind spot. We would like you to review our report with that in mind before its release. Please feel free to share your recommendations in writing and any additional testimony from others.
- Q: Connection for Commissioners regarding racial discrimination that happens before and while people are arrested, before they are incarcerated, and after they come out. We will engage in a systems analysis of DOC in March. We know that many people are incarcerated who should not be there, because of criminalization of poverty and sex work on outside. Thank you for giving us a systemic analysis.
- Q: Explain what PREP is. Pre-exposure prophylaxis, pill you can take to prevent HIV, 99% effective, cheap. Essential for those who engage in anal sex and IV drug users. Both these things happen in prison. Needles are hard to get and are being passed around. We could be protecting people if we offered PREP. Bill pending to provide it: Rights Act.
- Q: Do you see differential treatment between how White LGBTQ people are treated in DOC and POC LGBTQ. A: YES, including treatment for Black cis males and cis females compared to White cis males and cis females. I will speak as a Black trans women. We are teased, harassed, our complaints are treated as a joke, not taken seriously. Even light-skinned people are not treated well. We have asked a White sister to write up complaint for us, so that our issue would be heard. Incarcerated people separate into groups, you'll see discrimination based on groups.

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- Q: Would love to see vendor groups coming in to DOC with specific expertise to prepare LGBT people for re-entry, support groups. Urgent need, and long-term need. A: Rights Act would mandate support group for LGBT in prisons. There is only one at Norfolk headed by queer man.

Attendance:

Sen Jamie Eldridge, Co-Chair – Finance WG
Rep. Nika Elugardo, Co-Chair – Map the System WG
Rep. Vanna Howard – Policy WG
Rep. Christine Barber – Policy WG
Scott Sharffenberg, Executive Director, ROCA – Staff WG
Jansen Wu – Hearing Intersectionality WG
Michael Carr, from Sen Jamie Eldridge’s office
Dennis Everett, UTEC

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Special Legislative Commission on Structural Racism in Correctional Facilities of the Commonwealth

Executive Summary of Learning from Hearing, January 18, 2022

Overview of Speaker Testimony:

Leah Donahoe, family member of incarcerated individual, re-entry coach, THRIVE Communities Lowell

COSA coordinator (Circles of Support and Accountability). Worked at MCI Shirley to facilitate violence reduction, maintenance. Structural racism exists behind the wall and people need a clear, holistic pathway to thriving. Would be helpful to talk with Director of Classification to share how people are disproportionately classified by race. This would tell us who participates in programming on the inside and how to create more equitable access. Tracking structural racism within DOC would be helpful, as well as for those re-entering community, for example % people enrolled in programming by race. More public access to information tracked by race.

Jose Lorenzo, Justice4Housing. formerly incarcerated BIPOC individual, lived experience in re-entry and housing insecurity

Served 9 years, from 2010, returned summer 2019. Daily dehumanization from staff, neglect of medical needs, food accommodations from allergies. People put up with dehumanization, because they know you are being punished. Disparate treatment of any type of inmate that is not Caucasian. Our families are not considered suitable to take us back into society. Only re-entry programs are for those with history of substance abuse. If you don't have a history of substance abuse, there is nothing there for you. The programs the young lady mentioned do not actually help you, they are repetitive. I was denied request to go to minimum then to prerelease to save money and prepare for re-entry. Never saw any person of color work the lawns, that's the highest paid position. You rely on pre-release to save money in preparation for re-entry, and it's difficult to get there. If you can't stay with a family member because they have subsidized housing, you are homeless. You can't go to a shelter if you are returning from prison unless you have a substance problem. Everything the mayor's office said they could do, I can do for myself. The thing I need is housing, and there is nothing for that. If we don't give people a stepping-stone where people can save money properly and get housing properly, they will recidivate. You are not a full citizen, you have a crimson letter, keeps you from getting a job, speaking with a landlord. Sherry Elliott denied me entry to minimum in the name of protecting the Commonwealth, seems like they want me to fail. Meanwhile other White inmates get minimum placement.

Q: Can you please be more specific about disproportionate treatment of family members? A: Our families do not own their own property. When BIPOC individuals are up for parole or step-down, the barrier we face is that our families do not own their own housing. White individuals are guaranteed a step-down to a Sober Living program. I had letters from every family member, and they would not read them. My cell mate got parole, because they loved his family members' letters. Classification is supposed to step down based on your merits, but

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people of color do not step down while White counterparts step down. “They let me go to my Aunt’s home in South Boston or Charlestown, why didn’t they let you go?”

Q: You need a history of substance abuse before accessing programs; say more about disproportionate access. A: I was very clear that I did not have a substance abuse problem. The CRA gives the most good time credits, but it’s based on substance abuse need. At parole, they are asking you for CRA time, even if you don’t have that problem. You can’t do any other program unless you do CRA; people resist enrolling because they don’t have a substance abuse problem. A White person can decline CRA, but not a person of color. You put research out there, that if you don’t have a substance abuse problem, you are more likely to pick it up from the CRA. I needed a violence reduction program but couldn’t get access. Employment: I had to start in the kitchen, but my white counterparts could get a job in the metalworking shop or the dog program or the lawns. People of color have to go through a process, but not White counterparts.

Q: General practice of supporting White people, where BIPOC people encounter obstacles. A: I was told by a White incarcerated person to go over Sherry Elliot’s head, to submit my letter requesting minimum placement, but she intercepted it and said to me, *It’s my duty to protect the Commonwealth from people like you*. What does she mean, people with dreadlocks, people who are Dominican? Finally I went over her head again and that’s how I got my minimum placement eventually. But in that time, the White guy had gotten his minimum placement, been released into the community, been rearrested, and sent back to Norfolk again.

Q: What would you like to see re-entry look like? What is your vision behind the wall? A: Great question, I asked myself, What do I need? It is there in place, but it is not widely accessible.

- There are ways of transitioning, people deserve to step down: Maximum, medium, minimum, conditions lessen at each stage. At the maximum pure violence happens regularly from staff and inmates. You have to get used to being on guard, then you have to transition to prepare to have a job. PTSD exists widely, especially if you have done segregation time. PTSD is not widely acknowledged for returning population. You have to learn how to let it go if someone bumps your shoulder on the outside; in prison you have been trained to address that. If they are not messing up, they have to be allowed to go to a minimum, should not be deny, deny, deny, so they can transition.
- If they meet requirements, they should also be able to transition into supportive housing, in preparation to get my own place, to prepare to speak with a landlord, to get my son out of foster care. I went in as a child, grew up as a man on the inside, and need help to prepare to transition.

Q: Would a more POC staff, both in education and COs, help end racial disparities? A: Diversity has entered the facility already. But there is a practice of making diverse staff members accommodate. They will have to treat us worse than the White COs, to prove themselves to their faculty members. There is a tradition of sending the Black Officer to mess with the guys, while they watch what he does. They train them to keep up the same practice. Something has to hold people accountable, that is the only way to make a difference. If I hurt

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staff, I get more time. If they hurt me, they get paid leave. There is nothing in place to hold that person accountable. Not just COs but people who hold doorways to access. Very childish, retaliation is the norm.

Q: Did you need a state ID? Did you get it? A: I didn't have access to my birth certificate. They are supposed to help me, but they waited until the week before my release date. My mother didn't trust sending it into the jails, I couldn't get anyone to send it in. I can't blame DOC, only thing they did was wait until the week of. Q: Perfect example of structural racism, who is likely to experience barriers.

Q: Access to program you could not access until 6 months before release; what was program? Also, are you describing the risk-based point-based classification requirements? Yes, I met those requirements, I was as compliant as I could be based on being accepted into programming, I was ticket-free. Made it to minimum in OCCC in my last 9 months. First program denied was the dog program. I was in the unit where people get to serve in that program, I was denied twice. I was denied classification, from same person. Q: If immigration status is unknown, they cannot be considered for minimum or below. That results in them being denied access for program. Something as simple as not being able to prove immigration status is a source of lack of access. We need to look at "objective" point-based systems, how they are awarded. A: if you don't have citizenship, you are considered a flight risk.

Mr. and Mrs. Che and Alanna Pope, formerly incarcerated BIPOC individual and spouse, lived experience in re-entry and housing insecurity

My husband is blind and he has a traumatic brain injury. He will speak on his own.

This system was not designed to work for our Black and Brown individuals. The fact that POC are most affected is not by coincidence. Watch POC maneuver through landmine of probation, parole, re-entry. We come out of confinement with barely any life skills, now you need to figure out where to live and how to get a job. Barriers and red tape for us is why recidivism continues. I grew up in prison from age 17 to 37. Was on parole for 4 years, returned for a crime I didn't commit, housed for 23 months. This time around, my experience was torture, because I was innocent. I had to learn to sit and be incarcerated as an innocent man. Before I endured it because I was guilty, but I was not prepared to be on the outside. The opportunity to earn money was not given to me. I lost my mother while I was incarcerated. I think I did pretty well for someone who was released and had nothing. Got involved with Project Place, learned how to prepare for a job. This time COs asked if you needed help obtaining an ID. When I returned the first time, I needed to learn a new way to communicate with people. The second time, I didn't get any insulin for the afternoon or evening. Health care is horrible across the board; can't say that that is race-based; DOC doesn't care. Interaction with Sherry Elliot was based on good old boy network, this is a business. They can't afford it, not just monetary, based on who you are as a person. You are asking a criminal to do better, but the system around you isn't preparing you to do better, doesn't care about you doing better. I had back problems, insulin dependent, poly-neuropathy in hands and feet, but they don't care. I told them I couldn't walk to the infirmary, and they say, *I guess you're not getting your insulin*. There are retaliatory practices in

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there, people won't admit to them. My wife has had run ins with Sherry Elliott; she tells you this is a system and it's not designed for you. Housing: before I came home, wife put me on her section 8, which was traumatic, because they gave her the runaround. I had a juvenile case. Took them 20 years to recognize me as a juvenile. Not designed to help Black and Brown who are trying to do the right thing. They put us in a situation where we are positioned to fail. When I came home, I'm trying to do the right thing. When I was hurt, I was told by my PO to return to work, but my doctor told me not to go to work.

I never dreamed I would live separate from my spouse. His lawyer put in 20 letters for his health, he could not get a bottom bunk pass. Sherry Elliott: She is the captain of her ship, and she will do what she likes with the persons on her ship. My husband was incarcerated for 27 years with lifetime parole. Process of applying to add my husband to my Section 8 certificate was traumatic. We had to defend how his medical issues contributed to the crime he committed 27 years ago as a juvenile. I was sick and anxious, went to Justice4Housing for help with paperwork. Sent a letter requesting mitigating circumstances, that was denied for no reason, then told to apply for reasonable accommodation based on medical issues. We were given a meeting with Boston Housing Authority and we had to defend his record again. Justice4Housing then stepped in to help. She said she would reach out to CORI department, get back to us. Meanwhile my husband has no home plan and his health is deteriorating. DOC did not help at all with transition or medical support. Within an hour my husband was added to my certificate, because of the quality of the advocacy of Justice4Housing. He was released 3 days later. Came home with no ID, no meds, no support. What about those who don't have a spouse or advocacy? This should be part of all re-entry planning from DOC. Not designed for them to succeed but to fail.

Q: Did you ever feel that any treatment you experienced was different because you were not White? A: With mitigating circumstances, woman who did paperwork was abrupt and denied with no explanation. I've heard COs tell them they are monkeys, that's the zoo and they are there to handle the animals. Worst case was an Asian man couldn't speak English at all, can't use kiosk, can't use his tablet, can't obtain medical care, they taunted him. He had no teeth and couldn't chew his food. They said he was a bat eater and that's why we have Covid. I contacted his family, they contacted the staff but no changes. He has no translator to this day. Just because there is a language barrier you don't get medical care? He has complained, but there is a fear of retribution. The White guy gets diabetic meals but my husband gets rice or ramen noodles. His sugar goes up, he was found unresponsive in his cell. When my husband went to get his insulin, he was told, *Black lives don't matter here*. Fear of retaliation if you complain. My husband stands for count now at home. You put the Black men with Covid in an unused unit, and you put the White guys with Covid in the HSU. When staff notice my last name, they think I'm White, so they get on a zoom call with me, and their tone changes.

Leslie Credle, Justice 4Housing, Executive Director, formerly incarcerated.

Connection of structural racism as it relates to housing. Re-entering individuals find stigma and barriers upon re-entry. Address root causes of justice-involved homelessness. DOC spends 10%

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of its budget on re-entry. When I was released to Coolidge House, I had a successful re-entry because I owned my own home and could go right back to school, unlike most of women in halfway house. Children of 60% women are placed in foster care. Both DOC and BHA claim they do not have a policy restricting returning individuals from living in public housing, but everyone is denied parole or probation if their family lives in public housing. We have been successful in reversing these decisions. We have been educating housing authorities on consequences of excluding people, separating families, and destabilizing communities. Returning citizens who have been incarcerated for 10-20-30-40 years do not know how to search for housing with a CORI, how to present mitigating factors with your CORI. Continuum of care system. Director of halfway house followed us to look at an apartment and told landlord that prospective tenant was coming out of prison. Why would a halfway house trying to help people hinder them? Whole system of Black men in shackles is being monitored by White men. Punitive housing policies criminalized families. Now we are partners with Boston Housing Authority. We received section 8 vouchers to allocate to parents after incarceration, DCF requires them to have stable housing. 30% of children of incarcerated parents will not go back to their parents but will age out of foster care, half of them will be incarcerated, the second year another half will be incarcerated. All our policies aim to break cycle of incarceration for Black and Brown families.

Q: What percent of your participants are people of color? 90%

Q: Can you speak to discrepancies that you've witnessed between POC and White regarding the engagement by DOC? A: White women got preferential treatment, got overnight passes faster, got out of the house faster than minority races. As far as DOC is concerned, disciplinary reports go more to minorities than to Whites, good time is taken away from minorities more than from Whites. More Disciplinary reports are given to Blacks than to Whites, also being released to pre-release, POC are classed last. Jobs – POC don't get the best jobs, Whites do. To help people re-enter better, DOC has taken all the programs to help people make a fair wage – UNICCO, you could transfer certificates to a job: barber, electrician – on the outside. Now they hold you behind the wall longer, vs. releasing you to a minimum where you can earn a wage. You used to have 3 years to be in pre-release to save up for housing and get prepared. Now you're released with no knowledge of how to re-enter, after 20 years, you need a step-down to reentry.

Q: Can you please share your policy recommendations? A: Yes, H4071: Provides subsidy vouchers to individuals in re-entry. This will solve a lot of recidivism problem. Also CORI policies, partnered with Harvard University Tenant Advocacy, wrote Report on CORI reform and barriers to housing and credit. Recommend to pause and disable a person's credit while they're incarcerated, so no one can use it while they are on the inside. Also credit forgiveness for the time they are incarcerated.

Gabe Zimmerman, Harvard University, Tenant Advocacy Project, student attorney
Intersection of housing, Corrections, re-entry

Help formerly incarcerated individuals access housing upon re-entry. Housing is essential to reintegrate individuals into the community; justice-involved individuals are often denied

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housing. Perpetuates Disproportionately likely to involve POC. In MA, POC make up 17% of population and 50% of incarcerated individuals. This is a racial justice issue, not a criminal justice issue. 12 policy recommendations, endorsed by many advocacy organizations, most for public housing authorities. Also some recommendations for State legislature: CORI reform:

- Act to provide certificates of rehabilitation, presumption of suitability for housing
- Act to limit info shown on CORI, seal criminal cases
- Act to seal CORI after any waiting period. Now they have to petition to seal records, which creates a backlog.

Attendance:

Sen Jamie Eldridge, Co-Chair – Finance WG

Rep. Nika Elugardo, Co-Chair – Map the System WG

Rep. Christine Barber – Policy WG

Scott Sharffenberg, Executive Director, ROCA – Staff WG

Jansen Wu – Hearing Intersectionality WG

Andrew Peck, Undersecretary EOPSS, Staff WG

Michael Carr, from Sen Jamie Eldridge's office

Rep. Orlando Ramos

Robyn Frost – Follow the \$, Intersectionality Hearings

Peter Antonellis, Sheriff Tompkins' Director of Legislative Policy

Annaliese Arraujo, American Immigration Lawyers Assn, Policy WG

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Special Legislative Commission on Structural Racism in Correctional Facilities of the Commonwealth Executive Summary of Learning from Hearing, January 27, 2022

Overview of Speaker Testimony:

Carol Mici, Commissioner of Dept. of Corrections

- Commissioner of DOC for last 3 years. Staff are subject matter experts, they will respond to specific questions from Commissioner. DOC response follows 3 themes:
 - Data tells a story, create benchmarks, goals, trends, make decisions, policy changes, report on outcomes. Dir. Research and Strategic Planning reports to Commissioner. Commission to strengthen quality of Commonwealth data. Rhianna Kohl will address.
 - Rehabilitate incarcerated persons: evidence-based programming to reduce recidivism and address root causes of criminal behavior. Hybrid learning model in pandemic. Alison Hallett will address.
 - Access to inmate health care. Begins at entry, screening to identify urgent and emergent care. Routine care provided to all throughout incarceration. Individuals encouraged to participate in health care. Mitzi Peterson will address.
- Q: What is technology infrastructure of DOC? Any recent updates to make accessing data easier? A: We do have an inmate database and are constantly working to update info and outcomes. Data/IT system from 2000.
- Q: Share race-based data that DOC collects? A: Yes staff will share.
- Q: Undersecretary Collins can provide an update on OMS and Data Sharing, see partners, timeline and fiscal commitment.

Mitzi Peterson, Deputy Commissioner Clinical Services and Reentry

- Medical health, mental health, substance use treatment.
- Every inmate has a medical and mental health screening, including prescriptions, mental health, full physical, substance use, victimization, education. 35% inmates are open mental health cases, receive an individualized goal plan. Inmates have ongoing access to health / mental health assessment / services, not just at entry, through self-referral and staff referral (educators).
- Who provides medical care? Qualified staff on site. In an emergency, everything stops so that emergency staff can assess and provide care.
- Mental health crisis? Every inmate is instructed how to contact mental health.
 - Routine – seen within 24 hours
 - Urgent – seen within same day
 - Emergency – seen within an hour, never left alone.
- Quality: Staff monitor Well-path and Spectrum's contract and services at least twice-year.

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- Self-advocacy: Inmates may file medical grievances to site and regional office, which are reviewed quarterly at leadership level. At inmate access hour, can share concerns with site leadership.
- We do not punish inmates.
- We are working on data on chronic health status and mental health status by race.
- Q: You mentioned a trigger for outside medical services, code 99, can you share some examples? A: Covid shortness of breath, can refer them to a local hospital.
- Q: Does DOC have data on requests for help by race and receiving help by race. A: If you ask for help you will get the help in the health care realm. We do not look at race. Certain illnesses may be more prevalent among certain races. We have a total of 5973 inmates. 2029 were seriously mentally ill. Of the 1,753 Black inmates, 518 or 30% are seriously mentally ill.
- Q: Section 35 woman was in County Corrections holding tank in process of transport from the court for a couple of hours, then she passed away while she was here. We were told we could not give her a medical assessment. Is that correct? A: No it is very much incorrect.
- Q: Testimony refers to DOC policy, but this is a Commission on Structural Racism. Testimony should be about policy and experience regarding BIPOC individuals. In Jan 2021 and following, I made public records request for a racial breakdown of prisoners who need substance abuse treatment. Confused that data is available by race. Also curious about Wellpath protocols, that all prisoners receive a full assessment in orientation. Substance use is addressed as criminogenic issue. Many Black and Brown prisoners are left on waitlist and not prioritized for treatment, not based on severity of need, but based on proximity to release. A: FOIA request we don't create a report specifically in response. In response to these questions, we made a special effort to create this data based on capacity not availability. I did not have these stats before this week. Anyone coming in on confirmed medication or in active addiction or detox, based on Cares Act, they will be assessed and medication continued. Risk/recidivism is related to proximity to re-entry; medical crisis is different from cognitive behavioral therapy.
- Pathway 1: Actively using upon entry.
- Pathway 2: Currently on meds in community, these are continued inside.
- Pathway 3: Actively using within walls.
- Pathway 4: 120 days prior to re-entry.
- Q: Do you have data on inmates by race for substance abuse treatment? A: We will. Q: How will we get it? A: Will get back to you.

Rhiana Kohl, Executive Director of Research and Strategic Planning.

- 25 years. Regularly reported on race data to 1970s.
- Commission on Justice Reinvestment Policy Oversight.
- Track data on race by self-report at entry:
 - Asian or Pacific Islander

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- o American Indian or Alaskan native
 - o Black or African American
 - o White
 - o Unknown
- Also collect data on ethnicity: Latino or non-Latino; culture, place of birth, spoken language, citizenship.
- Staff backgrounds are checked at hiring and if requested.
- We can report data based on race. We do publish data based on race on interactive statistical dashboards, recidivism reports, entry report, institutional fact cards.
- Q: Data does not relate at all to operations of corrections by race to service, treatment, employment, discipline, which would indicate structural racism. A: Not fully accurate. Occasionally we look at internal trends; we do have that capacity in terms of programming and operational factors. Q: Is this information readily available to the public? A: We have looked at race in research and internal inquiry, but the data is not shared publicly. A: If this information is not available to the public, we cannot inquire into or see structural racism.

Allison Hallett, Assistant Deputy Commissioner of Reentry

Overview of programming and classification:

- At reception at Cedar Junction, they are oriented to agency, Compass risk tool (COMP), drug screen, education.
- Verify GED or high school diploma. If not take TABE test to determine education level. Education program is available to all inmates who do not have GED or diploma. Vocational and college programming is available to inmates who have a diploma, apply, and are accepted. If they are not English speakers, take TABE CLASE to determine education level, on list to determine ESL level, to work up to participate in vocational training.
- Assessment tools not based on race. Objective point-based classification system is not based on race. Goal of assessment is to place them at appropriate security level, and to give them education based on that level.
- Program enrollment is not based on race, based on proximity to release.
- Classifications initially done at enrollment and reviewed annually, individualized case plans are updated annually for each inmate. Needs assessment is done upon arrival at assigned facility once they are settled. Case plan module and waitlist report to address criminogenic needs prior to release – this data is in our inmate system.
- Risk Reduction Programs: Spectrum have begun to hire Spanish speaking staff and to translate curriculum into Spanish. Have posted RFR publicly highlighting bilingual need. Hired 2 ASL translators to allow them to participate in programming.
- Female process uses gender-specific assessment and trauma-informed programming.
- Tablets and virtual programming, resulting from pandemic. Hybrid learning model, virtual classroom education through tablets. Inmates spend a lot more time on task on

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programming, because they have the tablets in cell with them. This should significantly reduce wait-list time. Criminal thinking program piloted. Inmates participating in Correctional Recovery Academy (CRA) are also getting Adult Basic Education at the same time on tablets.

- Institutional work assignments: Screening for work crews and assignment to industries positions are done through point-based classification process, not based on race. Institution work assignment officers complete assignments based on criteria: inmates' skills, ability, security clearance.
- Q: How is DOC involved in re-entry employment? Education staff matches inmates with community jobs based on vocational certification. Partnerships with NCAT culinary arts, General Motors electric car, Massasoit. Reentry employment division works with WIBs on outside, trying to get in-reach to provide re-entry readiness workshop, how to navigate WIB Center, set up profiles before they leave. Do they have data on where they are placed upon departure? Some data. State IDs and Mass Health Card still in transit, DOC wants to stay in touch but it's difficult. DOC will pay for \$25 fee to RMV.
- Q: Testimony been general and has not addressed race, society has acknowledged existence of disparity by race. How can we investigate structural racism without this data? Programs are not equally available at all facilities, based on facility and security level? A: Yes.
- Q: Admissions to programs and employment are made at the facility. Without this data, we cannot. Inmates are kicked out of programs because of disciplinary issues that are applied based on race.
- Q: For me, it hurts that DOC is not acknowledging disparity based on race. It would be helpful for DOC to acknowledge the harm to Black and Brown individuals to say "Sorry," even if it doesn't fix anything. It would give some hope that our goal is possible.
- Q: Is there conversation with Spectrum to address diversity and bilingual programming? A: Yes it's in RFR. Last RFR was 8 years ago, a lot has changed in 8 years. 5 new bilingual staff.
- Q: Difficult to address Latino and African American simultaneously. Response is often "There are not enough of you." Difficult to find enough Black men in MA to strengthen services to Black incarcerated population.
- Q: Cultural competence includes behaviors, practices, attitudes, values, more than simply bilingual staff. Culturally competent programming is more than just language.

Matthew Moniz, Assistant Deputy Commissioner of Program Services

- Total population: 30% AA, 20% Hispanic, 40% White.
- Program enrollment: 38% AA, 25% Hispanic, 34% White.
- CRA and recidivism:
- Gap analysis: Assessment to program participation to release.

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- o 70% with need are participating in CRA prior to release, 80% in some programming.
 - o 80% participating in Violence reduction, 5 years ago was 40%.
- Termination rates, by internal study: Same termination and completion rates for all risk reduction programs by race, for 2017-2021. We can make it available. Q: Will these findings be shared with Commission? A: Yes.
- Operational data is captured as narrative but cannot be queried as quantitative data. Once we shifted to IMS, data was focused on re-entry and recidivism. We could not answer those questions 15 years ago. Have we looked at all operational data? No. Disciplinary reports, use of force, restrictive housing – these are not readily available. We can make data on restrictive housing available by race.
- On the reports we have run for this Commission it appears that there is not disparity by race, but on other questions, if it is, we would like to be educated on that.
- Q: Has DOC considered public facing data? A: Yes we have put a lot of data on public dashboards.
- Q: Is CRA the only program to get 7.5 good time days? A: No there are other programs. Recidivism rate is lower than those who do not take it. Q: Content by diverse scholars? Some on a ban list. I did not even know about Mel King until I was a middle aged man.
- Q: What are channels to continue these conversations on race? Community-based advisory Board? Canteen availability of products for Black and Brown inmates. I would be happy to be part of that conversation and would like a contact for follow up. A: Family advisory committee, yes it's a possibility, let me speak with the Commissioner. Mitzi Peterson, I will be your contact.
- Academy of Hope, piloted this month, Andre Norman, first 26 days. Encouraged programming run by ex-offenders, who can relate to inmates.

Kit Haines, volunteer activist to keep families connected, having difficulty accessing data Keeping Families Together with No Cost Calls Coalition. Inside-Outside Class at South Bay, shut down to visitors.

- July 23, 2020: Mass Sheriffs Assn opposed bill to keep families together by no-cost calls, because the funds were needed for programming. They would provide a few free 10 min. calls.
- Not charging incarcerated individuals for family phone calls is a justice issue, because Black and Brown families are more likely to be low-income. This amounts to a regressive tax on incarcerated families.
- No MA data on family phone calls. Nationally 1 in 3 families went into debt to pay for phone calls.
- Sheriff's office: Unsure if program funding data can be released without FOIA.
- In response to petition for free family phone calls for 1,000 signatures, official cited Matador program. Opioid addiction is White, but data on Matador does not include information on race.

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- Unable to find any race-based information about any program enrollment.
- We submitted 3 FOIA requests:
 - Document MSA required to file. Submission omitted many missing pages.
 - Two kinds of information related to the cost of phone calls. Request for extension.
- Highest cost of incarceration are whitest counties. Sheriffs spend more on White populations than on Black and Brown categories. Highest deaths are counties where Black and Brown are higher.
- Cost analysis: Securis DOC cost for free calls is 3 cents/minute, not 14 cents/minute. \$25.1 M paid by families for phone calls, \$9.8 M is profit to the prison telecoms, \$5.9M cost of calls, \$7M cost of programming.
- Q: Compass test is not culturally appropriate: It over-identifies Black and Brown people for higher classification and White people to lower classification. A: DOC uses Compass for placement and point-system for program and work eligibility. We ensure that override does not exceed 15% assessment.
- Q: MAT treatment. Opioid use is a White issue and now treatment program participation is rewarded. K-2 is substance use issue among Black and Brown prisoners, resulting in fees and penalty, no treatment for K-2.
- Q: Sheriff requests to report out at next meeting based on a review of Ms. Haines' research.

Attendance:

Sen Jamie Eldridge, Co-Chair – Finance WG
Michael Carr, from Sen Jamie Eldridge's office
Dennis Everett, UTEC, Staff
Steve Tompkins, Sheriff Suffolk County
LaToya Whiteside, Prisoners Legal Services

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Special Legislative Commission on Structural Racism in Correctional Facilities of the Commonwealth

Executive Summary of Learning from Hearing, February 15, 2022

Working group updates:

Data: 1400 surveys have been mailed, we but have encountered barriers to getting them distributed. Suspicion of K-2 in surveys. Some prisoners are refusing surveys because of fear that they will be placed in solitary, others have been placed in solitary. Reports of some on the list who didn't receive their survey, others who returned their survey but we didn't receive it. Have received back 350 surveys as of last week, less than a quarter of those sent. Site visits: Will submit a list of recommended site visits for March, groups of 2-6 to hear from Correctional Officers and incarcerated individuals. Follow the \$: Met with Senate Corrections chair.

Overview of Speaker Testimony:

Mac, prisoner at Concord

Currently incarcerated participants testifying do so at their great personal peril.

Incarcerated 32 years in DOC facilities. Structural racism includes 3 key elements:

1. Prevailing attitude that mostly white prison officials and management believes that Black and Brown prisoners are an undeserving population.
2. Blindness caused by White privilege, overt and covert racism, and White silence that deprives communities of color the individualized services they need for rehabilitation.
3. System of reprisal that serves to further deny legitimate access to state reform measures and grievances to disciplinary processes.

Any reform efforts from the legislature or DOC policy will not reach incarcerated communities of color, because of this system. These elements result in a systemic culture of active discrimination, which targets every aspect of these peoples' lives: housing, classification, employment, program access, visitation, medical, mental health access. You can see examples of this at Level 4 facilities which are supposed to be step-down, but operate more like Level 6 (Concord, Shirley, OCCC).

- For example, there are institutional bans of food in the name of security and limits to prisoner autonomy and movement.
- All visitors of color are targeted for tight clothes, which is subjective. Extended to a White person visiting a Black inmate.
- In 2008 there was a movement to expand cultural programming to prepare prisoners for re-entry. However, there are ongoing court battles to address restricted access to cultural programming. Former program director Jamie Hopkins restricted access to cultural and religious events, even when there was no disciplinary incident at the event. Lack of program resources (books), requests are denied or lost, informed by indifference.
- DOC uses classification as a weapon or caste system. Even if the organization recommends a step-down, the administrator denies it. Most prisoners at max (almost

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completely POC) are eligible for step down; most prisoners at medium are eligible for step down to minimum and pre-release. These placements are necessary for us to prepare for re-entry, by earning money, getting mentally prepared, participating in programming, and earning points toward parole, but they deny us access to them (override) by subjective bias based on criteria outside the classification system. When POC are released without a step-down experience, recidivism is greater. Researchers James Austin and Michael Forcey recommended the expansion of minimum and pre-release beds. The ultimate decision for who gets these beds is based on race.

- I don't believe that every administrator or officer is racist, but they are unable to identify with the cultural differences, so any resource given is seen as ineffective authority and as coddling prisoners and not as entitlement or rehabilitation. They choose to fight lawsuits rather than settle them, so that tells me they are committed to defending this way of life.
- Per neutral DOC policy, each individual has his own individual program needs, which we are being deprived of. They give us a process to advocate for yourself, but when you do so, they target you for petty disciplinary processes to move you to high security, so you are someone else's problem. Any letter to a superintendent is kicked back down for the manager's inaction, so there is no accountability. I would love to say more to unpack the complexity, which is too deep for 10-15 minutes. This discriminatory culture has been formed over decades and won't be dismantled easily, because it requires administrators to confront themselves, and they will deny it. I have encountered this dynamic repeatedly over years when I take matters to court.
- Q: What kind of recommendation would you like to see? A: Community discussion, a series of meetings between inmates and all community stakeholders involved to shed light on how these discriminatory practices are sustained. Healing process will restore a sense of integrity, that inmates will believe that superintendent is listening. Someone needs to be appointed to advocate for those being retaliated against. They would rather cancel the whole program than to accommodate an inmate of color. Expand cultural and religious programming. Bring in POC that will help interpret legitimate rehabilitative needs of inmate. They have been trained to be suspicious of all my requests. Black staff who are not in positions of power, they cannot participate, because will be adversely impacted as someone who coddles prisoners. Some DOC staff favor rehabilitation, but their hands are tied; would like their hands to be untied. Old ideology of folks who work in Central Class: Prisoner never changes his stripes; if he's good it's because he has not yet been caught; same attitude in management. Those recommending classification do abide by policy on the books, but override voids it. System doesn't work for a prisoner who advocates for change, not based on what prisoner has done. Prisoner will be denied step-down for years until a year before he's scheduled to be released, then will be approved, but he won't actually be moved to pre-release until right before he's released, so he's not prepared for life on the outside.

Lorraine Fowlkes, family member of BIPOC incarcerated individual

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Active volunteer for prisoners' rights organizer for African Heritage Coalition within MCI Concord. Have seen first-hand DOC abuse and degradation. Worked for NAACP. Co-founded Committee of Friends and Relatives of Prisoners. All DOC prisons operate differently; nepotism abounds. Guards Union is behind it all. Two perspectives: Parent in visitation, phone calls, snail mail, volunteer.

- Visitation: Seem to want visitors not to return. Treated like prisoners. Apparel is overly scrutinized, rules differ from facility to facility. Cancer survivor was rejected because of her medical equipment. Guards are visibly disturbed by White women visiting Black men. Visit is over when the guard says it's over, then they yell and scare children. Phone calls are expensive and are taken away if a prisoner advocates for himself. Mail is delayed, legal mail is held and may disappear. Outgoing mail may not make it to destination.
- Volunteer: AHC is a self-help, anti-violence, anti-recidivism organization run by prisoners themselves, who organize cultural events and training for the other prisoners. Guards limited number of guests to events. Traditional cultural events were downplayed for POC. Isara Mendes brings in a program which is powerful and meaningful, connect humanity and community with inmate. Prisoners need to understand that community has not forgotten them.

Ricky, Black male prisoner at Norfolk since 2010, 25 years total

As Acting Chairman of African American Coalition Committee, I offered the basic framework of this bill in 2018, amended by Reps. Russell Holmes and Nika Elugardo. Based on 25 years of lived experience in incarceration, I am an expert in structural racism in corrections. Structural racism begins in our communities of origin that normalize racist practices invisibly all our lives from when we are growing up. Practices that benefit non-BIPOC communities at expense of BIPOC communities.

I will share 3 notations:

- General context. Structural racism in corrections cannot exist without structural racism in communities. Men from disenfranchised communities become so isolated from mainstream society and are de-valued by it, that we begin to have a mind shift that creates our own separate language, culture, and reality that does value us. But this hinders our ability to advance in the broader society. When we refer to ourselves in degraded terms, we have normalized and accepted ourselves in our peer group to that, whereas being called a citizen is an insult. When we have no alignment with broader society, and we commit criminal actions, we end up in correctional institutions. The philosophy of administrators is to provide us a model to align us to outside reality, but this is very difficult for men and women who had no previous interaction with mainstream society. We are reluctant to take part in programming designed to assimilate us to society. We have created a mindset of tribalism, where we don't look at each other as brothers and sisters, we look at each other as enemies. We should be focused on opportunities to return home, but we seek retribution for wars on the outside. Officials

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who monitor these activities just call us violent, without understanding the underlying mindset. I now understand that is the fabric of security and retribution. The mindset of DOC is not toward rehabilitation or reform, it is simply toward punishment. We need an opportunity to examine the mindset of trauma that leads to the choices we've made, rather than normalizing them. DOC is unable to understand the marginalization and plight that happened in our communities prior to arriving here. There is nothing here that allows us to address the marginalization, we see the institution as a mirror to law enforcement. They are not stakeholders in our rehabilitation, we don't give them opportunity or incentive to help, we have been taught that they are the law and cannot be trusted. Atmosphere of rehabilitation is not here, but we don't expect it either. The context is flawed from the beginning because there is no understanding of how to cultivate the minds of most of the residents.

- Personal account: My goal is to take men out of the normalization of criminal activities, of being marginalized, of being reduced into a non-citizen. How to turn trauma and anger into reform, into healing, to fashion their mind. The more successful our sessions are, the more administration considers me a troublemaker. I am accused of creating unauthorized assembly, and receive retaliation, cut off my phone calls, even though I am trying to do the right thing. I never had a fight or a ticket for 25 years, but the more I lead rehabilitative efforts, the more staff and administration at all levels are suspicious of my activities, think I am out of alignment with their security. Whenever I am alleged to disrupt, there has never been a finding. There is a target on my back. Our experiences of marginalization are legitimate, but our responsibility to the next generation is also real. I am given no incentive and given threats. Those who bring awareness of structural racism get targeted. The bill that authorized this commission predates George Floyd, but it takes that for awareness to advance. Residential criminalization example: When we are charged on the outside for a crime, it is considered a gang trial. So if there is a fight on the inside from unproductive anger, if they are from a certain neighborhood, the incident is called Security Threat Group (STG), which curtails their ability to engage in programming.
- Recent example in a correctional setting. Commissioner Whiteside had sent about 500 surveys on December 13; they arrived at Norfolk December 18 to IPS who handled the legal mail. We did not receive them until 1 month later. When you ask an institution that has been a party to structural racism to reveal data of that racism, they will not want to reveal that data. This is intentional procrastination. I get legal mail 4-5 times a week from a variety of sources; this is the first time I've ever seen them hold legal mail. The fact they held it for a month is another sign of structural racism. We only got a quarter of the surveys that were sent here. It's perpetuated when we don't identify it. If we don't have the opportunity to identify the data, there is no ability for us to monitor and correct the problem.
- Recommendations:

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1. Independent entity (Racial Equity In Correctional Initiative) to engage in data collection and analysis, with prisoner access to survey and data. No retaliation to completing survey.
2. Allow those impacted to amplify voices and recommend policy, so they are not invisible.
3. Elevate groups and programs with support, REICI needs to have free hand to extract data. AACC should be endorsed, celebrated, and supported so we can continue to educate and transform minds, men who are willing to play active role in community. Remove barriers to our work; we have shown that we are allies.
4. Restorative justice practices: Classes, victim-offender meetings, to remove trauma, harm.

We can do wonders together to curb structural racism and allow prisoners to do their work of healing. AACC started in 1971 in response to Attica riots. Board includes 35 men who represent different communities, different gangs. Have been transformative.

- Q: Explain more about the groups. A: AACC uses volunteers and guests with similar experience who went through incarceration and are now elevated into redeeming positions in community. Rehabilitative value of these men is enormous, and they suppress it. White group is allowed to bring in similar individuals without the formality we had to go through. When we invited Monica Grant to speak, she was denied, we had to ask Rep. Homes to intervene with Andy Peck. They suppress our volunteers and restrict our guests. They don't recognize the value.
- Q: Difference in structural racism between facilities? Used to be in late 90s at Walpole, they gave best jobs to recognized leaders in community to keep the peace. Other than that, it's the same disparate treatment at all facilities.
- Q: Data recommendations? A: REICI needs to have immediate access to all facilities, so you can sit with each cultural groups to extract the severity of the problem and hear real testimony from different individuals.

Hector, from Colombia, Speaks only Spanish, was detained in Bristol ICE, undocumented In 2020 I was detained by ICE, it was horrible inside the prison. I have never been detained before. 90% of persons detained were Hispanic Latinos; none of the guards spoke Spanish, so we could not express any concerns or ask them any questions. Most of the day we could do nothing, no books in Spanish. Pastors came and brought Bibles on Sundays. We could go twice a day to a room where there were 8 phones and 2 televisions. There were two zones of 4 phones each. 1 set of 4 phones were only for White people, even if they were available we were not allowed to use them. This happened with approval of guards. TVs were also controlled by [White] Americans, one for TV programs and one for films. We could only watch what they wanted to watch, this was also with approval of guards. Clearly the Latino prisoners were discriminated against as a group. We did not receive healthy food or enough food as any human might deserve. We did not receive access to protection or treatment or access to health care, especially during Covid. If you can believe it, only thanks to Covid that a lawsuit was won

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which allowed some of us to evade deportation. If someone dared to claim their rights, they were confined in a single cell as punishment as an example to the others. The conclusion, the treatment the guards gave to American detainees is not the same as what was given to us. They yelled at us, ignored us, prohibited us to gather to pray in the evening. Incredibly we had no right to profess our religion, and supposedly we are in a country where there is no discrimination on the basis of race, gender, or creed. God willing, these brief testimonies will help to improve the conditions of the thousands of detainees who come to this country seeking a better life and have not committed any crime.

Q: Do you have a recommendation? A: Yes, don't mix detainees with the correctional system. At a minimum we should have translation services, a way to communicate with the guards so that we can make our needs known.

Q: Do you recommend any alternatives for translation services, in light of different dialects? A: System available to lawyers is not available inside the prison. There should be some kind of technology available to translate from within a cell.

Q: Do ICE detainees have access to tablets, as DOC residents do? A: No, they are not available to inmates at all. Only way to communicate is through letters, which they have to purchase themselves. Minimum would be books in Spanish, and they never responded to our request.

Laurence, housed at Old Colony Correctional Center, Afro-Latino transgender woman

I am a trans woman of color. Experiences of structural racism here in OCCC and other facilities.

- In canteen, there were no products for POC. Make up colors they provide are not complimentary to black or brown skin.
- I called PRIA on a guy for grabbing my chest, they substantiated the claim, but nothing was done about it. When a White woman called PRIA, they get results. There is a man who has been sexually harassing me for 3 years, but they moved him to my unit anyway. They did not move him, they moved me.
- Jobs: Best jobs are offered to Caucasian inmates. I was able to obtain a job in industries, but the supervisor made it impossible for me to work there, so I quit. I only got the job because the guys up there liked me; I would not have gotten it on my own. Was invited to join dog program. A Sergeant got into an argument with me on my way to the program. I quit, because I didn't want to go through the harassment I suffered at that time.
- Food: Black and Brown people are at higher risk for diabetes, but food here is all carbs and salt, no healthy options. Healthy options have been removed.
- Q: Any recommendations? A: Skin needs: Stronger lotions, compatible colors, leave-in conditioner, deep conditioner. I was a cosmetologist before coming into prison. Hair color for Black kinky or curly hair. Q: Food recommendations? A: More plant-based options. More salads, fresh vegetables, protein shakes. Q: What programs would you want to participate in? A: More programs offered; there is not much in this facility. Industries are mostly offered to Caucasian people. Should be based on ability, not skin color. Not many ways to get good time. If you are a Lifer, you are at the end of every

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list. Cosmetology program; prisoner-led groups: African Heritage Coalition, Spanish United, Native American circle; should be an Asian group; a mixed-race group. Volunteers that come in to help spread awareness.

- When we are arrested, we are punished by the State. Black and Brown prisoners receive more punishment from Administration and Officers. Once we are in prison that's the punishment. I don't see the reason for the discrimination or harassment I've suffered.

Attendance:

Rep. Nika Elugardo, Co-Chair – Map the System WG

Sen Jamie Eldridge, Co-Chair – Finance WG

LaToya Whiteside, PLS

Andrew Peck, Undersecretary EOPSS, Staff WG

Michael Carr, from Sen Jamie Eldridge's office

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Special Legislative Commission on Structural Racism in Correctional Facilities of the Commonwealth Executive Summary of Learning from Hearing, March 1, 2022

Working group updates:

African American Coalition Commission had requested to screen the movie 13th, Sen. Eldridge was surprised that DOC had previously declined their request to show the documentary in MCI Norfolk. Thanks to Undersecretary Peck who works closely with AACC, which had submitted original draft language which become the mandate for this Commission. AACC is also collecting data.

Overview of Speaker Testimony:

Carol Mici, Commissioner of MA Dept of Corrections

- Incarceration is the punishment, individuals should not experience additional punishment. Addressing structural racism in Corrections begins with hiring staff who reflect the diversity of the incarcerated individuals. Staff are role models for incarcerated individuals.
- Jonathan Cortez, Recruitment Manager for Dept of Corrections: He participated in hearing on Civil Service Requirement. Dialogue with HR, Recruitment, EOPSS. Focus has been to be in communities where underrepresented demographics are available for recruitment. 4,000 current employees, 3,000 are in security. Senate hearings on civil service requirements. Have visited many in person, outdoor cultural events during Covid to recruit diverse applicants. They offer internal leadership training and mentorship program, to offer career opportunities and professional development across organization.
- Inmate access to programs – Heard from testimony that it's not equitable, but it is, we have the data to demonstrate it. If your sentence is longer, you may not get in as quickly. We do need to improve the availability of bilingual staff. Spectrum Services has recently hired 13 Spanish-speaking staff. We just started teaching in Spanish. This need for change is emphasized in upcoming RFRs.
- Concern for wait-list for tablets. I have requested tablets for every inmate. They have one now, but those are for idleness. Every inmate will have a tablet. The new ones will be educationally driven.
- R-entry efforts. 92% of inmates return to communities, employment and housing are most difficult resources to attain. We are able to get 8 weeks of sober housing, 6-12 months of transitional housing, also CRJ offers 6 months program if you don't need substance abuse program. Inmates can get SSI and SSDI before they leave, they can get license before they leave. Working on a substitute for birth certificate. Waived fee. Mass Health – can access it before they leave, 95% who want it can get their card before they leave.
- Employment varies: We have some great partnerships. Our job readiness manager was vacant for awhile, but we are now filling that position. Partnerships with Goodwill, NECAT. Warm handoff, transition is important.
- Look forward to recommendations from this group.

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- Q: Regarding jobs, we would love to have that data, by race and by sentence, including Hispanic/ White. If sentence structure from outside has racism built in, even if DOC policy does not intend racist outcome, that can be the result.
- Q: Want to know where Spanish-speaking program is not offered. What resource is required to fill the gap so that all Spanish speakers can access programming in Spanish?
- Q: Structural racism lives in spaces of discretion. Some staff are out-of-control and are saying racist things. This is not structural racism. Structural racism happens when individuals' bias influences their decision making and the institution allows that decision to stand long-term. We have heard that staff of all races may start out well trained and treating BIPOC incarcerated individuals well, but the old culture eventually re-trains them to treat BIPOC incarcerated individuals consistently worse than they treat White incarcerated individuals.
- Commissioner Mici could not address questions or take additional ones now, but will address them later in March.

Steve Tompkins, Suffolk County Sheriff

- Address the rates for family calls. We don't make any money, that is not a profit center. Any money that comes in must be used to fund programming. Sheriffs voted to lower rate.
- At Suffolk County DOC, it was \$0.18, we reduced it to \$0.14. Of that \$0.11 must be used for surveillance and maintenance.
- State of CT pays for inmate calls, so they are free. If MA wants to provide free calls to inmates, that's great, it must pay for it.
- HOC realized \$385,000 from \$0.03 per minute per call, which was redirected to inmate benefits or programming. You need programming to engage people from idleness also help them prepare for re-entry. Recidivism rate is 46% in MA, costs \$55,000-\$65,000 per inmate, we have 1,000 at any one time. 70% budget goes to contracts, leaves 30% to do everything else. So we write grants to try to get \$\$ in to support programming, work with external partners to bring programming in. We get level funded every year, back to a historical year like 2016. We are always asking for more and for supplemental appropriation.
- Q: How much revenue comes in total from family members of incarcerated people? About \$800,000 total, and \$500,000 is spent on phone maintenance and surveillance. Programs:
- We offer a variety of programming:
 - Separate program for young people ages 18-24, ensures they are not unduly influenced by older individuals.
 - OASIS for people with substance abuse issues; many are dual diagnosed with mental health issues
 - Family matters: Inmate plus family are introduced to social service agencies, to ensure that agency treats individual with respect and gives them quality services. WE can hold them accountable to work out any issues.

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- o Education: Math, science, English, towards high school diploma, or hi-set/GED, Roxbury CC, Bunker Hill CC. Student volunteers would come in before Covid to teach classes.
- o Trades: We have partnerships with apprenticeship programs and train our people how to comport themselves professionally on a job site.
- Q: What is the total budget for programming? \$6-8M spent/year on programming.
- Q: What are your observations about structural racism and related barriers within HOC? Not intentional. Former Sheriff Cabral instituted a number of reforms, first to ensure that women and POC 45% of residents are People of Color. We ensure that everyone is afforded programming. 3-4 officer academies/year. Raised youngest age of officers from 18 to 21 year olds. 50% of academy has to be from Suffolk County. Folks from farther away had no incentive to treat residents well. Increase percentage of POC who worked here, to match
- Goal is diversity of labor force represents diversity of residents. In 2002 18% labor force POC vs. 65% inmate POC, now 45% POC labor force. Suffolk County HOC has more women and POC in leadership than all other counties combined. We do still have staff who at times say or do racist things, but these are punished. We agree with the principle that their sentence is their punishment, not the way they are treated on the inside.
- 3 things they need when they leave to avoid recidivism: Housing, health care, employment.
- If anyone wants to come tour facility, we welcome it. Not open to visitors now due to Covid but as that opens, we will reopen to tours.

Tanzerious, incarcerated at MCI Old Colony Correctional Center.

- Thanks to Co-chairs Eldridge and Elugardo and to Commissioner Whiteside. Two decades of incarceration. Important that Commission made room for incarcerated individuals to speak as partners in the process. I have been directly impacted by structural racism. People may get defensive, because they have good intentions. Problem is when policies themselves are discriminatory, even if you have good intentions and are a good person. Supreme Court said nothing is more hazardous than a facility that does not offer its inmates equal access. This also goes for access to programming, family reunification, recognition of humanity, and preparation for re-entry.
- Early available release date for eligibility to programming. Many times I and other BIPOC individuals have been denied access to programs based on our sentence structure. 70% disparities in sentencing is attributable to race. This influences access to programming and also access to step-down to lower security level, access to privileges, family reunification. When we can't access DOC programs, that burden falls to internal groups like AACC. Lack of cultural awareness and policies themselves keeps DOC from providing tools to access programming.

Examples:

- We submitted a proposal to Administration for Black History Month celebration. Response came back that we could celebrate in a later month. This was disrespectful.

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- We submitted a request for specific materials focused on individuals we wanted to highlight, but no one had heard of them, so they denied the request. The result is further marginalization.
- Programs are so important to growth and development of population.
- Application for materials to teach classes: Literature and videos that are culturally relevant, which is a creative and effective way to engage our peers. The request is denied because they don't see the educational and cultural value. Usually we get the material from HBCU classes, or from Bridgewater State or BU, and the request is still denied. This adversely impacts our ability to serve our population as an internal group attempting to educate our peers, when they don't have access to DOC programming. Stories are an important, effective way of teaching in our culture; White European cultural literature is not as helpful. If the decision makers were culturally competent or were BIPOC, they would not deny these requests.
- Compass: My recommendations were low-recidivism and low risk of substance abuse. After TCU Assessment, all of a sudden I am now at high risk for substance abuse. Nothing changed except for the person administered that assessment. When you are not specifically guarding against implicit bias and structurally racist policies, this is what happens.
- Canteen: Very few items are culturally specific. This limits our access to proper hygiene, infectious diseases. Never provided beard trimmer as alternative to electric razor when they took away manual razors. My choice is to take the risk or to allow my beard to grow, and allow myself to present myself to my family and parole board as unkempt. I don't believe that if there were a Black man in the room when that decision was made, they would have made that decision. They would have spoken up to make a different decision. When we raise the issues, they are ignored and say we provide the resources that don't work for us. We have to deteriorate as we are doing our time, this is a physical assault on our very being. Regarding freedom of religious practices, most traditional Muslims are Black men, and we trim our beard but can't shave it. So these restrictions affect us more. Even with good intentions, if you don't have the data and the analysis to inform practice, we won't make good progress. You can't change what you can't measure; you can't fix what you don't understand. We need to get the data and analyze it, to inform policy proactively.

Recommendations:

- External neutral oversight Committee: including local directly impacted individuals, psychologists, sociologists, human rights attorneys, criminologists, former prisoners, prison staff, with authority to change policies as needed regarding disparate treatment. Subpoena powers to address issues.
- Staff and policy makers should come from communities where incarcerated individuals come from.
- Oversight from individuals in
- Regular data collection to help DOC inform policy and to improve outcomes for successful re-entry.

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- Continue to bring in prisoners into this process, we are experts in the prison system. We know what helps and sustains success, we know what will heal us. I am still a member of my family and my community, please keep us engaged.

Q: Are you aware of what data is being collected regarding racial demographics? Do you know if they can break down Compass disposition by race? One example: My wife was turned away wearing a business suit she was wearing at a Board meeting as an Executive Director. She had to go to Walmart and buy more clothes. Every time this happens, an incident report is written up, but they don't have the data to show it. Family visits are essential to rehabilitation; but our women don't want to be insulted when they come to visit.

Derek, currently incarcerated at MCI Shirley

If there were more Black staff would that help BIPOC prisoners? Yes if they are from the City, not from the suburbs. If you have a different upbringing, you think everyone has the same experience as you, but that is not true in comparing the experiences of people who grew up in the suburbs with people who grew up in the inner city. Staff treat us [Black and Brown prisoners] like we are the worst of the worst, the scum of the earth. In the 35 years I have been here, that is my experience. To me that makes you look bad, because we didn't do anything to you, you're going out. Most people who commit crimes in the inner city have committed them based on the harsh life they have lived. That is where the racism comes in on the inside. You don't realize that "brother" is a term of endearment, because you were not raised in the City. They label every Black or Brown individual, you automatically STG them. I was suspected as a gang member for 4 years, after 15 years on the inside, so we were put in the gang block, but we have not recruited one person. Now we still have the label, even though my gang doesn't exist. But the label keeps me from getting a job, except working on the unit. Hispanics filed a discrimination lawsuit, the courts found no evidence of gang involvement, so they required MCI to close the unit. Shirley is the worst facility in the system even though I'm on a medium level 4, I'm treated like a level 6. In 37 years, I have been to all the facilities except Concord, and this is the worst. If I complain in writing to the administration about an incident, they will deny my request and side with the supervisor, even though the facts of my complaint are clearly evident and the supervisor is incorrect. I wonder what will become of the Commission.

Attendance:

Rep. Nika Elugardo, Co-Chair – Map the System WG

Sen Jamie Eldridge, Co-Chair – Finance WG

Rep. Vanna Howard

Rep. Christine Barber

Andrew Peck, Undersecretary EOPSS, Staff WG

LaToya Whiteside, PLS

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Written Supplemental Testimony Related to In-person Testimony

TO: MA Senator Eldridge, Rep. Nika Elugardo and Commission Members

FROM: Lorraine Fowlkes, Step-Mother to MCI Concord Prisoner Mac Hudson

DATE: January 27, 2022

RE: Testimony--Special Comm. on Structural Racism Within Massachusetts Jails & Prisons

Is the MA Dept of Corrections correctable? What will it take?

Good afternoon:

My name is Lorraine Fowlkes former Boston resident and step mother to MA DOC prisoner Mac Hudson.

Thank you for allowing me to offer this testimony and attached reference materials with the most positive and sincere hope that you are able to accomplish critical lasting changes and the fair implementation policies and procedures by union and non-union staff and administrators within the MA DOC.

Presently, I am semi-retired, but still an active volunteer and advocate for prisoner rights, and environmental issues.

For the past 30+ years I have seen letters/documents and heard first hand of MA DOC prisoner abuse and degradation. Aside from what I've have heard and read from Mac, I saw it years ago while working at the evening Legal Redress Clinic of the Boston Branch NAACP Office. That experience led me to help establish the Committee for Friends and Relatives of Prisoners (CFFRP). I saw it while working for Boston City Councilor Chuck Turners Office along with Darrin Howell and other staff. That led me deeper into volunteer advocacy for prisoners' rights with Bishop Texiera, Bishop Dickerson, Atty. Eva Clark, Mel King, Chuck Turner, Lynn Currier and members of the Nation of Islam.

I am also an outside coordinator for community special events sponsored by the African Heritage Coalition within Concord prison prior to the COVID pandemic.

Over the years I have spoken directly to DOC attorneys, commissioners, superintendents, their very polite staff and a variety of officials and guards (some polite and some unprofessional). Let me state that all DOC prisons operate differently. No one size fits all scope will catch all the nuances. Nepotism abounds. And as you know, the guards' union is the muscle behind it all.

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And not all prisoners are able to describe the bigger picture of what is happening to and around them.

But I remain positive and willing to help. And I thank you for this initiative to help DOC to become accountable and successfully humane. I am here to talk about why your prison site visit schedule must include MCI Concord—foremost Mac Hudson and those who have been trying to help the public understand how their tax dollars are actually spent in the face of over-crowding leading to potential violence due to the ONGOING lack of minimum security level facilities, how the rights of prisoners have diminished, how the intimidating threat and over-use of solitary confinement along with the withholding of cultural education and religious programming, negatively effects individuals attempting to utilize prison time for self-reflection and self-improvement in order to have a successful re-entry and family reunification.

I am Mac Hudson's Step-mother. I will read how the Northeastern Law School social media has described him...

Mac Hudson is a prison activist and jailhouse attorney for equal rights, cultural and religious education and community reparations at MCI Concord prison. He has been incarcerated since the age of seventeen and is innocent of [a] crime for which he has served thirty-one years. He is a board member of Prison Legal Services (PLS). Mr. Hudson works alongside Attorney Latoya Whiteside in PLS's Racial Justice Project to identify and address discriminatory treatment and systemic racial inequities within the DOC. The Racial Justice Project is in response to decades of racial oppression complaints made by current and former prisoners. Hudson [Darryll Jones, Darrin Howell, Bishop William Dickerson and others] also contributed to the **documentary** "Voices from the Behind the Wall," the accompanying anti-violence **curriculum**, and an inmate-directed educational **film**. Hudson is studying for a bachelor's degree in Liberal Arts, Culture and Media Communication at Emerson College's Prison Initiative. Hudson believes that self-awareness is community awareness, and community awareness creates a universal consciousness that sparks change in the world.

I have just read to you the words used to describe Mac Hudson by the **Northeastern University Law Review (NULR)** online blog called THE FORUM. Some of Mac's writings have been published by The Forum. "The Forum" and "The Review" are affiliated with **Northeastern University School of Law (NUSL)**. It "provides a space to respond to contemporary legal challenges, analyze developments of law and policy, and define opportunities for change."

Here below is The Forum link to Mac Hudson's published open letters to the MA Dept of Corrections administration and the public. In it he continues to request meetings he labels as "symposiums" between MCI Concord prisoners and DOC administrators to discuss:

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1. The step-by-step specifics of how DOC employees arbitrarily and capriciously violate written policies and procedures during implementation (aka 103 CMR's and MGL's);
2. The long-term harmful psychological impacts caused by poor policy implementation, intolerance and INDIFFERENCE to black and brown prisoners; and
3. 3-ways in which the DOC and the prisoners together, can devise ways to remedy the agency's time-honored institutional behaviors that promote and protect racial bias and the insensitivity which fortify racism and unprofessionalism within the institutions structure versus affected prisoners having to use the court system as a last resort.

I have also included the 2020 official written responses of indifference from the 2 DOC administrators (MCI Concord Supt. Rodrigues and Program Services Director Jaileen Hopkins)

<https://nulronlineforum.wordpress.com/2020/10/01/open-letters-to-prison-administrators-do-black-lives-matter-to-the-department-of-corrections/>

“Open Letters to Prison Administrators: Do Black Lives Matter to the Department of Corrections? *How Can Communities of Color Access Promised State Reforms When the Department of Corrections’ Silence on Historic Inequalities Continues to Serve as a Barrier?*” by Mac Hudson

The article documents some of the racial struggles that DOC prisoners experience. It references specific law suits by name and docket #, and ends the myth that the DOC is just too complex and too big an agency to be maintained with proper oversight.

In order to get the history of DOC's policy changes over time and for an in depth understanding of what is needed now, the Open Letters article and the 2 responses of indifference must be read and absorbed by the members of this Special Commission.

Furthermore, I am convinced that if this Special Commission is to decipher the racial cultural code of silence and conduct within the DOC, you have to get into the mind-set of how policies are implemented.

In order to have the information to answer the question, *Is the Massachusetts Department of Correction correctable?* you must, absolutely without a shadow of a doubt, visit MCI Concord to speak with Mac Hudson and other DOC prisoners who absolutely want to meet with the Commission to reveal to you firsthand:

- Which specific CMR violations they have been subjected to and the impact over time;

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- How for them, asserting their rights to the 103 grievance process, sometimes triggers staff and administrator retaliation which leads to frustration and may sabotage prisoners' rehabilitative programs plan and destroy or prolongs their possibility of parole sometimes by years (falsified disciplinary tickets, rigged hearings, loss of privileges, loss of programing and eligibility for programs, loss of good time, housing classification deadlock, ping-ponging from medium to maximum and back again, etc.).
- This type of retaliation deserves relief but leaves prisoners with the only remedy--to file civil court complaints against unprofessional staff.

These are some of the prisoners who continue to suffer RETALIATION because they have the audacity to be able to put their anger aside to civilly articulate the wrongful behavior, and dispirit treatment in writing for the world to see. Several of Mac's DOC law suits on the issue of discrimination have been successfully won. There are other court cases filed that are pending.

With regard to retaliation, I will use Mac as an example and then I will close. Many months after his 2021 Parole Board hearing, he received a letter granting his parole, but with a requirement of 9 more months in a minimum facility in order to go onto pre-release. His 9 months does not start until he is physically moved to that lower security level facility. In order to finish up his Emerson College baccalaureate degree program, he chose Concord Farm because administrators said his 9-month program would continue there, as well as, for a few other student prisoners.

- Recently, they have arbitrarily reversed the decision to allow for the continuation of the Emerson College Program.
- Fast forward 2 months later, DOC administrators are now violating his top priority status established by the Parole Board by delaying the transfer process which will cause him to be incarcerated longer than necessary. 3 other Concord prisoners have been or are being moved out of Concord, therefore by-passing, Mac's priority status. One of whom applied after he did.
- The individual in charge of the move, the head of Classification, just happens to be one of the plaintiffs in one of Mac's lawsuits, I believe re retaliation. This should be looked into. I repeat this should be looked into. I shall forward updates to you as I receive them.

In closing, I again thank you Co-Chairs Eldridge and Elugardo for holding this series of hearings and allowing me this time to share critical information with you. I look forward to new monitoring systems and penalties, to new internal policies and documented procedural changes within the MA Department of Corrections.

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Attachments: Correspondence between Hudson and Supt Rodriques and the Hopkins

Reference Materials (below)

REFERENCES Materials

<https://www.prisonlegalnews.org/media/publications/harshbarger%20MA%20DOC%20report.pdf>

Authors: The Harshbarger Commission Report (Former AG Scott Harshbarger)

2004 'STRENGTHENING PUBLIC SAFETY, INCREASING ACCOUNTABILITY

& INSTITUTING FISCAL RESPONSIBILITY IN THE DEPARTMENT OF CORRECTION
(2004)

(re: variety of issues including PERSONNEL & INMATE CLASSIFICATION)

https://openscholarship.wustl.edu/cgi/viewcontent.cgi?article=1352&context=law_journal_law_policy

Authors: Former DOC Commissioner, Kathleen Dennehy & Kelly Nantel

2004 'IMPROVING PRISONS: BREAKING THE CODE OF SILENCE'

(re: various topics associated with PERSONNEL)

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Testimony of Hector Jaramillo

Antonieta Erlij, 2:51 PM (6 minutes ago), to me, discrimination

Good afternoon everyone. My name is Hector Jaramillo and I am very grateful to everyone here for taking the time to listen to my testimony.

I was detained by ICE in 2020 and when my mind had not yet processed what I was experiencing for the first time in my life and what the horror of being detained meant, we found another horror inside the jail, and I say horror because it can be called in another way the discrimination that is lived there inside. 90% of those detained by ICE, we were Hispanic and not a single person on the yard team spoke Spanish, which clearly prevented us from making our needs known to the guards.

Most of the day, we did nothing and did not use books in Spanish and they never responded to our request to get them, fortunately some pastors who go on Sundays got us some bibles which we rotated the people we wanted to read. We had two outings a day for a fun room, according to them, in which there are 8 telephones and 2 TVs, one to watch channels and the other to watch movies. The telephones are divided into two zones of four each, and one of the zones is only for "whites" and so they were free we could not use them. All this with the approval of the guards. The two televisions are also controlled by the "whites", that is, we could only watch the programs and movies that they were watching, this was also known to the guards.

It is clear that Hispanic prisoners are discriminated against as a group that does NOT 'deserve' to receive healthy food, as every human deserves!

Likewise, we were not offered the right to be protected or treated when we needed medical attention, due to illness or especially because of Covid (remember who believed it was thanks to Covid that the lawsuit was won to free some of us and save us from imminent deportation) and if someone dared to claim his rights, he was confined alone in a cell as a punishment and lesson for others.

To finish, I assure you that the treatment that most of the guards give to the American detainees is not the same that they give us. They yelled at us, ignored us and even forbade us to meet at night to pray. Incredible, not using the right to profess our religion, and supposedly we are in a country where we are not discriminated against by race, gender and creed.

May God grant that these little testimonies help improve the detention conditions of the thousands of immigrants who came to this country looking for a better life for our families and who face discrimination and the horror of a prison without committing any crime.

Thanks a lot.

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Leah Donohoe <leah@thrivema.org>, 3:10 PM (52 minutes ago)
To nika.elugardo, James.Eldridge, michael.carr, carlos.rios, me

Hello!

I wanted to take the time and thank you all for the opportunity to attend the meeting regarding structural racism within the DOC. I enjoyed hearing the testimonials of those with lived experience and the collaboration pertaining to some of the many barriers that exist within the DOC.

I would like to take the time to add a few talking points to my own testimonial. As a former contract staff for the DOC and as an impacted loved one, I am aware of the challenges and injustices those incarcerated face. Spectrum Health Systems contracts with the DOC and I worked for them as General Population Services Counselor for four years. In that time I facilitated Violence Reduction, Criminal Addictive Thinking, and a General Population Maintenance Program. I saw firsthand that while those programs helped them learn new skill sets and earn good time, they were often repetitive and many were ineligible. Your eligibility for programming is based on how you are assessed upon orientation at a new facility and your risk of recidivism. If you are deemed ineligible for a particular program, you have to request an override from the Director of Treatment which may or may not be approved. This can create issues if classification to another institution is contingent upon it, along with parole/probation stipulations. I believe it would be helpful for all inmates to be eligible for programming and have more types of the available programming. I believe financial literacy, healthy relationships, obtaining affordable housing, navigating resources within communities would be a good start. It would also be helpful to have performance metrics for the programs and collect data by race for program attendees. This would entail collaboration with both the Director of Treatment and the Director of Classification at each facility.

I know they have expanded and allowed some programming to be available via tablet for those in the SMU (segregation). While COVID did stop a lot of programming, I know they were allowed to do some of it via bluebook journaling on their unit. Please note, If someone is serving a mandatory sentence (For example 1st Degree/2nd Degree, they do not receive good time, but are allowed to enroll in programming if eligible.

The DOC needs to have the programming available in other languages due to the diverse population. I know that has been an ongoing issue because it places the burden of translation on other parties.

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I hope you find this additional information helpful and please don't hesitate to ask me any questions.

Respectfully,
Leah Donohoe, B.A.
Reentry Coach/CoSa coordinator, THRIVE Communities
Call/Text: 978-212-9772
www.ThriveMA.org

Lorraine Fowlkes Testimony (Presented) 2:10 PM (43 minutes ago)

to me, Immaculate, Carlos

TO: MA Senator Eldridge, Rep. Nika Elugardo and Commission Members

FROM: Lorraine Fowlkes, Step-Mother to MCI Concord Prisoner Mac Hudson

DATE: January 27, 2022 (February 15th, 2022)

RE: PARENT'S PERSPECTIVE Testimony...

Special Comm. on Structural Racism Within Massachusetts Jails & Prisons

Good afternoon:

My name is Lorraine Fowlkes former Boston resident and step mother to MA DOC prisoner Mac Hudson.

I previously prepared a statement, strongly encouraging this Commission to interview prisoners, especially Mac Hudson. Obviously, that statement is no longer necessary so, instead I offer 2 different perspectives below.

Thank you for allowing me to testify. I do so with the most positive and sincere hope that you are able to accomplish critical lasting changes, dispel departmental apathy as well as the fair implementation of policies and procedures by union and non-union staff and administrators within the MA DOC.

Presently, I am semi-retired, but still an active volunteer and advocate for prisoner rights, and environmental issues.

For the past 30+ years I have seen letters/documents and heard first hand of MA DOC prisoner abuse and degradation. Aside from what I've heard and read from Mac, I saw it years ago while working at the evening Legal Redress Clinic of the Boston Branch NAACP Office. That

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experience led me to help co-found the Committee for Friends and Relatives of Prisoners (CFFRP). I also saw it while working for Boston City Councilor Chuck Turner's Office along with Darrin Howell and other staff. That led me deeper into volunteer advocacy for prisoners' rights ALONG WITH: Bishop Felipe Texiera, Bishop William Dickerson, Atty. Eva Clark, Mel King, Chuck Turner, Lynn Currier and members of the Nation of Islam.

I am also an outside coordinator for community special events sponsored by the African Heritage Coalition within Concord prison prior to the COVID pandemic.

Over the years I have spoken directly to DOC attorneys, commissioners, superintendents, their very polite staff and a variety of officials and guards (some polite and some unprofessional). Let me state that all DOC prisons operate differently. No one size fits all scope will be able to catch all the nuances. Nepotism (SEEMS TO) abound within the department. And as you may know, the guards' union (SEEMS TO BE) the influence behind it all.

But I remain positive and willing to help. And I thank you for this initiative to help DOC to become accountable and successfully humane.

I offer these 2 perspectives:

Firstly, as a parent of an incarcerated person during visitation and treatment of those around me, during visits, phone calls, sending in snail mail.

Secondly, as an outside volunteer coordinator for community stakeholder volunteers to attend the African Heritage Coalition events.

Firstly, As a parent of an incarcerated person during visitation and treatment of those around me, during phone calls, sending in mail,

VISITATION A SLOW PROCESS, THAT DECREASES THE HOURS OF THE VISIT:

*TREATMENT BY GUARDS: SOME HUMANE, BUT MORE DON'T SEEM TO WANT US THERE. *THEY SEEM TO BE THERE TO PERSUADE VISITORS TO....NOT RETURN.

UPON ARRIVAL TO FACILITIES:

-Usually, there were never enough pens for the visitor forms (I always brought a couple for others)

-Visitors were treated like prisoners, often spoken down to, snarled at. One female guard had a habit of whispering the names for line up, then yelling at people who couldn't hear her.

-In terms of the body search and clothing, apparel is overly scrutinized during the search process

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(colors are beyond proper coverage), rules on apparel differ from facility to facility.

-Witnessed elderly woman, sickly cancer survivor being rejected because she had on a medical device. She traveled from another state for what might be the last visit ever. She basically begged them to search her in the private room so they could see it for themselves. They ignored her request and told her to speak to a supervisor during the week.

WHILE YOUR THERE:

-In the visiting room (after you finally get in), most guards were professional, but still spoke down to you. Some are visibly physically disturbed by the sight of white and black couples, especially white women visiting black men.

-Furthermore, when they tell you it's time to leave, the visit is over, some guards turn into complete gargoyles. Yelling rudely. The kids in the room look perplexed, then scared for their dads and family members.

TELEPHONE CALLS

-Are expensive, but the only timely connection to the family and the outside world.

-Retaliation for understanding your rights as a prisoner and taking the responsibility to assert your rights is highly frowned upon and most often lands prisoners in the hole (solitary confinement).

WHEN SENDING IN MAIL

-Often there are lags, sometimes weeks, as mail is held up in some process.

-Sometimes prisoners don't receive their mail at all.

-Sometimes outgoing mail from the facilities does not make it to the destination.

-I'm told now, guards now hold the mail, scan it and email it to prisoners tablets. That's an invasion of privacy and seems like it would be a federal offense, a crime against the sender.

Secondly, As an outside volunteer coordinator for community stakeholder volunteers to attend the African Heritage Coalition events.

AHC is a self-help, anger management, anti-idleness, anti-recidivism program devised by the imprisoned men of DOC. They organize cultural and educational events: Kwanzaa Celebration, MLK Commemoration, Black History Month, Cinco De Mayo, Know Your Legislators, and other positive events.

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-At the behest of the imprisoned members of the African Heritage Coalition, I would follow-up with contact to invited guests by helping to instruct and remind them to forward their volunteer background check paperwork and the PREA forms. The staff were always polite, often questionable push back stating that the administration downtown had concerns about the number of guests would have to be limited and the traditional cultural celebration down played.

-I was told that family members were prohibited from attending these events.

In closing, I again thank you, Co-Chairs Eldridge and Elugardo for holding this series of hearings and allowing me this time to share critical information with you. I thank you for receiving taped testimony from imprisoned in Concord and other facilities. Most of all, I look forward to stronger internal procedures to implement, monitor and enforce **existing 103 CMR policies** which describe violations, penalties and good performance incentives for the many deserving personnel within the MA Department of Corrections.

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7/28/2020

Superintendent's Rodrigues reply to my open letter, which does not make sense because there will be no need for a special event application when conducting or addressing a problem like the one discussed. We're not proposing to celebrate Racism but to resolve it.

Also, Ms. Hopkins reply to my open letters and my reply to her. In which I'm still awaiting her reply.

Then, Ms. Sheila Kelly, Deputy Superintendent, denial of adequate accommodations for the AHC program space and time. When the program was initially implemented, I addressed this same problem with the space and time being in the day time, which conflicted with men's work/program schedules, including visits. After a protracted back and forth over this matter with former Deputy Comm'r Katherine Chmiel, they gave us a space and time, in the H-building to include more people, on the evening time slot that was a non visiting day, as I requested.

Here Ms. Kelly, chooses to ignore this, deciding to make us re-establish the need all over again in hopes to disqualify my and others' participation from the group, due to competing interests like college or jobs.

Mac Hudson

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The Commonwealth of Massachusetts Executive Office of Public Safety & Security

Department of Correction

MCI-Concord 965. Elm Street- PO Box 9106

Concord, MA 01742 Tel: (978) 405-6100 www.mass.gov/doc

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Secretary

MICHAEL RODRIGUES

Superintendent

July 21, 2020

Mac Hudson, W48494 15 #36B

Dear Inmate Hudson:

This is in response to your June 12, 2020 correspondence to me that I received on June 22, 2020 concerning your proposal to hold a symposium at MCI-Concord for inmates and staff. For reference, a copy of your June 12, 2020 letter is attached.

As you are aware, due to the ongoing public health COVID-19 pandemic declared by Governor Charles Baker on March 10, 2020 and the public health and safety protocols implemented by Commissioner Carol Mici in response to this pandemic all outside visitors, except attorneys are

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restricted from entering any Department facility, including MCI-Concord. Consequently, until these public health and safety guidelines can be eased, a special event or program with outside visitors cannot be held. To assist you in submitting a complete application for an inmate program or a special activity in the future, please review the Inmate Self Improvement Groups policy, specifically 103 DOC 473.05, in the inmate library.

Also, please be mindful, as the Director of Program Services, Jaileen Hopkins informed you in her June 23, 2020 letter replying to you, even in the non-pandemic era, the Department of Corrections Standards, Guidelines and Time Requirements for Inmate Programs and Special Activities generally limits outside community participants to five (5) guests.

I trust that I have addressed your concerns.

Sincerely,
Michael Rodrigues, Superintendent

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Reeld G191200

June 5, 2020

Mac Hudson, W48494 MCI-Concord 965 Elm St PO Box 9106 Concord, MA 01742

Dear Mr. Hudson;

Your correspondence to Commissioner Mici dated May 18, 2020 regarding the September 2019 Department of Correction Standards, Guidelines and Time Requirements for Inmate Programs and Special Activities has been referred to me for response. Please be assured that these Standards, Guidelines and Time Requirements apply without regard to ethnicity, culture or race, to all **inmate programs and special activities, except those specifically exempted**, i.e. Residents Encounter Christ, **Jericho Circle Weekend Workshops**, and Alternatives to Violence, Family and Friends Mass, which are retreats or workshops. The Standards, Guidelines and Time Requirements for Inmate Programs and Special Activities do not conflict with and do not constitute an amendment of **any** of the Department's regulations or policies with respect to the **limitation on inmate programs and special activities to five outside participants**. No regulation or policy restricts the Department's discretion with respect to this limitation, and as specifically stated, for example, in 103 CMR 485.02, Volunteers and Volunteer Programs, Statutory Authorization: "103 CMR 485 **is issued pursuant to** M.G.L. c. 124, § 1(0); M.G.L., C. 127,836. 103 CMR 485 **is not intended to confer any procedural or substantive rights or any private cause of action not otherwise granted by state or federal law.**"

Please be advised that 103 CMR 491 Inmate Grievance policy provides the proper grievance procedures and that inmate **correspondence does not substitute for the 491 process.**

I trust that this addresses **your concerns.**

Sincerely,

Jäileen A. Hopkins, Director of Program Services

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Mr. Mac Hudson
P.O.Box 9106 Concord Ma 01742

July 13, 2020

Ms. Jailene Hopkins Director of Programs Service 50 Maple St. Suite 2. Milford Ma 01757 Re:
Your June 23, 2020 reply

Dear Ms. Hopkins,

On June 29, 2020, I received your reply to my June 10, 2020 . open letter complaint to your office. You have asked me to address specific events that I am challenging, as it appears to you, that I have reference generally four different categories. In all honesty, I'm unsure how you arrived at that conclusion, however, I am willing to clarify any ambiguity in my complaint to gain a meaningful resolve.

pet

Your policy addresses any special activities conducted by an Offender program or a separate special activities request. The:.....! limitations imposed of the five outside community guest volunteers applies to these two requested activities, except those : programs activities: that you've deemed are exempt. My specific challenge regards why aren't cultural special events activities also exempted? What makes these special activities less than retreats or workshops?
W.

Under your current policy, Black History, Kwanzaa, Juneteenth, MLK Day and Black Music Month will all be limited to only 5 outside guest. There is a ceremonious way by which these observances are held in the Black community and has been observed in the Department of Corrections in conformity to those observances since 1972. This has been: outside community gathering participation, guest speakers and music performances. These components are eliminated by the policy volunteer participation limitations changes, and reduces the cultural observances to meetings. The kinds of meetings traditionally held in program settings in their designated meeting areas where guest speaker appearances are limited to (5) five. Also which is approved administratively at the prison level for these smaller group meeting sessions. Thus

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negating the idea of a special event, and even more so, of a cultural observance.

Ideally, if the Department desired to impose some limitation, then why not impose 20 maximum to meet the needs of those special activities that require more outside volunteer participation of course, it doesn't mean that every event would request the maximum.

But would provide for special event activities such as cultural observances. This increase would also be in line with the Department's stance of expanding programs to reduce idleness and providing :: more opportunities for community reparations. In that, the more community participation at these events expands community reparation opportunities by the prisoner population. While expanding program venues to include more prisoner participation at special events, than those found at smaller group settings.

Additionally, I invite you to meet with myself and others at MCI-Concord to discuss the real effects of this policy and other such similarly situated policies that has a disparate impact on communities of color behind the wall. Former Commissioner Harold Clarke held focus groups with the Offender Program Heads on the drafting of Self Improvement Group Policies at MCI-old Colony Correctional Center. Clarke appeared with his Top Officials from his office including predecessor, Chris Mitchell. Mr. Mitchell informed us in the focus group the applicational effects of each provisions. After which, we were able to raise our concerns about those provisions that had discriminatory impact or went away from the Department's Overall goal in drafting the policies. As a result, the Self Improvement Group policies came out to be a well balance policy to meet all parties interest, Ms. Hopkins, to exclude us from these processes, despite the fact, that we will be greatly impacted, will tend to lead to blind spots, which gives way to disparate effects on certain communities of the prison population.

Therefore, I seek that either rescind the present five community group limitations to cultural observances or increase the maximum number to 20 to meet those needs explained above. Also, to meet with myself and others at MCI-Concord to further clarify any other questions that you may have in regards to this request and to provide us an opportunity to address other policies that have discriminatory impact on Blacks and prisoners of color.

Thank you for your attention in this matter.

Sincerely, mas Hadsen

CC: *M. Hudson*

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Mrs. Lynn Lareau DOT office

P.O.Box 9106 Concord Ma 01742 Re: AHC program scheduling conflict

July 1, 2020

Dear Mrs. Lareau,

I wanted to follow up our June 30, 2020, discussion about the ineffectiveness of the AHC program schedule being in the daytime. In that vein, please find enclosed former Deputy Commissioner of Classification, Programs & Reentry Services, Ms. Katherine Chmiel's November 12, 2013 correspondences attached.

Ms Chmiel had addressed and resolved this very complaint lodged by me with former MCI-Concord Administrators regarding adequate space and time accommodations for the AHC program. The program had been allotted a daytime schedule in a small room in the J-Building. The core of my complaint was that the present time slot conflicted with participant's school, jobs, programs, and visitation. Also, it presented difficulties in arranging outside guest to appear at our group meetings, when most citizens were not able to attend after their jobs. Also the Self Improvement policy, itself, does not allow for jobs, school, programs or visitation as excused absence, which results in their suspension from the group. If you need my correspondence to confirm these facts, I can mail this to you also. The present time allotment sets the program up for failure due to mens refusal of school, programs to attend the AHC program results in being PEZ.

The AHC program is not set up to compete with others but to fill in spaces of idleness. So after school, work, and programs in the day or on a nonvisitation day, there is something productive for men to do other than gym or yard. This is why the AHC program was moved from the J-Building/daytime slot and designated a Tuesday evening time slot (nonvisitation day) in the H-Building. Under the present allotment, the AHC programs biggest advocate, myself would be unable to attend due to college classes and religious studies. Unless, that is the goal? To

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eliminate me and others from a program that we believe in and support.

So I am hoping you can reconsider this present time slot or please indicate whatever you need from me to facilitate this request.

Thank you for your attention in this matter.

Sincerely,

M. Hudson

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July 13, 2020

Mac Hudson, W48494 MCI Concord, J-5 36 B P.O. Box 9106 Concord, MA 01742

Dear Mr. Hudson:

I am responding to your letter to Director of Treatment and Classification Lynn Lareau.

Your letter references correspondence from former Deputy Commissioner Katherine Chmiel from 2013. Deputy Commissioner Chmiel's letter indicates that the timing and space allotted the previous incarnation of the African Heritage Coalition Group was adjusted after gauging interest and need for space and an evening time.

I submit to you that our process now mirrors that of seven years ago. Director Lareau and I will assess the need and interest and make adjustments as necessary when inmate self-improvement groups resume meeting.

Sincerely,

Shilla

Creator Kelly une

Sheila Creaton Kelly, Deputy Superintendent of Reentry

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July 16, 2020

Ms, Sheila Creaton Kelly. Deputy Superintendent P.O.Box 9106 Concord Ma 01742

Re: Your July 13, 2020 correspondence

Dear Ms. Kelly

Thank you for your response to my concerns expressed to DOT/DOC, Mrs. Lynn Lareau, I'm unsure whether you fully grasp why the space accommodation was granted initially. Of course, I would like to further discuss this with you and Mrs. Lareau when the time is appropriate. In hopes to clarify the original concern expressed by me, which was that the AHC space and time accommodation was inadequate at the start.

I do understand, however, your exercising the choice to make us re-demonstrate something that the program has done already at MCI-Concord, Why is that necessary again is something that I would like to discuss with you both given the challenges that were expressed. We don't have to figure that all our right now , but, it is something that I would like to meet with you both about.

Thank you for your attention in this matter.

Sincerely

CC: M. Hudson .

Mac Hudson

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July 21, 2020

Mac Hudson, W48494 MCI Concord, J-5 36 B P.O. Box 9106 Concord, MA 01749

Dear Mr. Hudson:

I am responding to your letter dated July 16, 2020, regarding the proposed timing of the African Heritage Coalition Inmate Self-Improvement Group.

I am happy to discuss this with you further, but stand by the decision to initially have the group meet at the advised time.

Sincerely,

Sheila Creaton Kelly Deputy Superintendent of Reentry

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Spanish language transcription:

aquí realmente todos los centros de detención que hay , porque hubo 5 años preso y creo que [5:39] y creo que el lugar que yo más he sufrido es este centro de detención porque el lugar de ese centro de detención es una prisión [5:46]. Esto es peor. Vengo de New Jersey. Yo pagué mi delito ya y ahora llevo 14 meses en ICE y estas personas vean a uno por el simple hecho de aquellos tienen el poder y les tratan extremadamente a uno. Son demasiado racistas en este centro de detención. En este cárcel, porque no es centro de detención. Totalmente diferente al estado de donde yo vengo.[6:08] Y si existe algo que se puede hacer porque realmente mi salud está en mano de ellos [6:17] yo les estoy poniendo en [cumple de ellos?]. . . ellos no están tratando mi mano. Y estoy bajo su responsabilidad porque ellos son los que me tienen aquí. Yo no sé si ellos no quieren tratar mi mano por racismo. Me entiende? Entonces tal vez me puede ayudar en algo porque yo fui [6:50], estuve en ese . . . , yo fui el encargado de los [6:55] detenidos de ese [caude? sacado?] del dormitorio , están en huelga de hambre por muchas cosas y por eso creo que me mandaron por ese lugar. Siempre... en contra mi. [7:10]. Me siento como, me siento mal por la manera en cómo nos están tratando. Me entiende?

English language translation:

Here really all the detention centers that are there , because there were 5 years in prison and I think the place that I suffered the most is this detention center because this detention center is located in a prison [5:46]. This is worse. I come from New Jersey. I paid for my crime already and now I have been in ICE for 14 months and these people see you for the simple fact that they have the power and they treat you extremely badly. They are too racist in this detention center. In this jail, because it's not a detention center. Totally different from the state where I come from. And if there is something that can be done because really my health is in their hands. They are not treating my hand. And I'm under their responsibility because they're the ones that have me here. I don't know if they don't want to treat my hand because of racism. Do you understand me? So maybe you can help me in something because I was [6:50], I was in that . . . , I was the one in charge of the [6:55] detainees of that [were taken out?] from the dormitory, they are on hunger strike for many things and that's why I think they sent me to that place. Always...against me. [7:10]. I feel like, I feel bad about the way they're treating us. You know what I mean?

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APPENDIX

J

Written Testimony Submitted Outside of
Public Hearings

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APPENDIX J: Written Testimony Submitted Outside of Public Hearings

Tanzerius Anderson

8/15/2022 12:39:07 PM, to Representative Nika Elugardo through Corrlink.

“I believe in work. I believe in justice. And I believe in relationships. That's the foundation of my praxis. Our humanity is intrinsically tied to one another. No getting around it. So, to serve your humanity is to fulfill my own, and only by honoring this dignity in others am I then able to preserve my own as well. I believe the birthright of every person is to live a life of dignity, and its absence is what creates the conditions that lead to devaluation, humiliation, and ultimately, the violation of community. This realization convinced me to dedicate myself to dismantling systems and cultures of oppression. This work, for me, begins in prisons amongst some of the most devalued and humiliated peoples in our society, nurturing self-respect, self-actualization, and the practice of radical compassion. In order to heal our community, every person and stakeholder must be at the decision making table. It's my mission to ensure we, as incarcerated people, are at that table.

We need to acknowledge that what we've been doing is not working. The system currently in place doesn't make us safer, protect our community, or work as a deterrent. Unless generational poverty, broken families, socioeconomic inequality, repeat offenders, and civil death are our goals, we have to admit to failing our community. Prisons are filled with failed policy. Our instincts to adopt top down approaches has not delivered life, liberty, or happiness to communities of color and other disenfranchised peoples. We must do better. And I believe, we must go where the pain is to find our answers. In the belly of the beast is where I start. If we can bring those on the lowest rungs of the socioeconomic ladder back into society's fold as functioning members, then we'll truly have something transformative. Something that doesn't feed off of the dehumanization and commodity of Black and Brown bodies, but serves and honors our humanity in order to produce safe, healthy, and equitable communities.

So, what does this look like? In practice, it's willing to meet ANYONE, ANYWHERE, to build authentic relationships in service of this goal. Through work in the African Heritage Coalition at Old Colony Correctional Center, we've been able to help develop cultural competencies and historical narratives that entrench confidence and community accountability within our membership. With Mending Souls, and other restorative justice programs, like the Alternative to Violence Project, I've partnered with my incarcerated brothers and outside community members to enhance our emotional intelligence, learn consensus building skills, and restructure the way we navigate traumas. At work as a Certified Peer Specialist, it's being a change agent and advocating for strength based recovery models. I promote a person first approach because I have faith and belief in people knowing exactly what it is they need, and are capable of providing their

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own solutions when empowered to do so. Collective responsibility and inclusion from all available stakeholders is the only way to bring legitimacy, and therefore, the power, necessary to produce equitable and just outcomes. Anything less will and has resulted in dissatisfaction, alienation, and civic apartheid. A community inviting such division cannot stand or prosper. It hasn't. It won't. So it's time for a new vision. A new approach. And it's time to go to work.

Yours in solidarity. Peace & Blessings & Power.”

Tanzerious Anderson

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Derrick Samuels

Derrick Samuels is a Corrections Officer at Cedar Junction who came to Nika Elugardo following her site visit at the institution. On August 10th, 2022, Nika and Derrick had a Zoom meeting to discuss his experiences with the DOC. In this meeting, he shared how him filing an MCAD (Massachusetts Commission Against Discrimination) case back in 2017 has directly impacted his career and has resulted in ongoing retaliation from his department. His efforts to transfer or to get a promotion are blocked due to investigations that are built off of fraudulent claims and reasons. He says he has to face a ton of insubordination because he knows he will not get any support from the higher ups. Other parties receive no discipline, even for their frivolous or racist behavior. He states that the unions don't have recourse, making their advocacy and recommendations weak. "They don't have any teeth." Just to exist in the space with inmates and colleagues, direct reports, and the administration, causes a lot of stress. In his own words, Derrick is "tired of fighting every day." Derrick gave permission to Nika to use his documents and testimony for the sake of this report.

Below is the email to Carlos Rios, Nika's aide, which had multiple documents attached, which are also below.

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Tuesday July 12th, 2022

Zoom info for Meeting

Email Carlos Rios, Nika's legislative aide

"Dear Mr. Rios,

I am writing to give you some information about what is happening with me and the Department of Corrections.

Back in December of 2017 I filed an MCAD case against the Department and Some specific Supervisors. There is an attachment of some of the things that happen and reports that I wrote.

Due to all the Harassment and unwarranted investigations I had decided to leave Walpole and join the Central Transportation Unit, coincidentally the Department had decided to close Walpole and allow everyone to transfer out to other places even if they had disciplinary action towards them, an agreement made with the union. I had no discipline towards me so I was very confident that I was going to be able to leave and Join CTU. I put in for the transfer and they denied me saying I had discipline pending. I had the union speak for me and every time the DOC gave different reason why they weren't letting me go. I will attach some of those documents.

There are numerous things that took place, if you have questions or need any more information please let me know.

Thank you

Sgt. Derrick Samuels"

MCAD Case**

Removal From Bid and Others**

State Trans Denial**

Suspension**

Union Grievance CTU**

**** The document on this Appendix page is too large to download into the Appendices. The link provided points to a PDF on a Google Drive owned by the principal author on the Report. You may also contact the Massachusetts Legislature's Office of the House Clerk at (617) 722-2356 to learn where to request a printed copy.**

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Hector (Nemo) Soto

AMERICA'S NIGHTMARE: How investing in diverse
Administration, Re-entry, and the Rehabilitation
of Black And Brown Men will lead them to succeed.

INTRODUCTION: For decades the black and brown population have become the face of Mass Incarceration all across the country and Massachusetts is no different. Black and Brown men are being taken away from society at a high rate. They are removed from their homes, from their children, wives and for many youthful offenders away from their parents. Many come from broken homes and broken neighborhoods that were structurally built for Black and Brown men to fail with limited or no resources to succeed in society. D.O.C., Re-entry and rehabilitation is structurally built the same way and even worse than our neighborhoods where men not only face the daily threats of violent encounters but also inherit the daily stereotypical and systemic racism treatment from D.O.C. system and simply aren't prepared to come home.

Lack of resources and rehabilitation for Black and Brown men in the D.O.C is a clear disconnect which unfortunately hinders the likelihood of a successful return to society as the re-entry and rehabilitation needs of men are not being met in any way shape or form. D.O.C Prison Population trends from 2017 to 2021 clearly shows the reality of Black and Brown men making up at

(1)

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Cont....

least 60% of prison population. Based off these analysis and reports we find that the likelihood of men not re-offending upon release are slim therefore keeping the door for mass incarceration a big one and an inevitable one for our neighborhoods.

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Tony Gaskins

AFRICAN AMERICAN COALITION COMMITTEE
N O R F O L K I N M A T E C O U N C I L

To: Nika Elugardo, State Representative

Fr: Tony B. Gaskins, W52145

Re: Testimonial

Dear Nika:

I submit the following testimonial in regards to my time within the DOC.

In 1991, I was charged, along with three other men, with first degree murder. I, alone, was convicted to life without parole for a crime I am 100% innocent of committing, however, I was sentenced to life and sent to Walpole State Prison at the age of 23 in 1992.

Upon entering Walpole (renamed MCI-Cedar Junction), I had to begin my reformation process to begin to shape a better me, due to the fact that the prison administration was not trying to help me better myself. Through my transformation, I had experienced many vicissitudes. I was in a very hardened place and atmosphere and I had to figure out how to navigate myself through this storm while I tried to clear my name and rebuild my mind and thought process. My first encounter with structural racism within the Department of Correction came in 1992. I was working in the barbershop at MCI-Cedar Junction when a work stoppage occurred. At three o'clock in the morning, I was awoken out of my sleep by six caucasian guards in full riot gear, who told me to put on my sweatpants and a shirt and my sneakers. I complied. I was then forcefully placed in handcuffs and leg irons, brought to the visiting room area of the prison which had now been made into a command center. Alongside me were other black and brown prisoners, as well as a few caucasian prisoners. I, along with eight other prisoners were transferred to the segregation at MCI-Shirley Medium, and the other men were placed in various other segregation units across Massachusetts prison system. Thirty men were accosted that morning, and when it was all over months later, I, along with three other men were the only ones out of the thirty who was placed in the Departmental Disciplinary Unit (the state's highest secure segregation unit) for allegedly starting the work stoppage. There was no evidence on me that I had any involvement in this matter. I was told that someone told them I had a discussion with them about it, not that I was involved. And I was told that since I was a barber, that barbershops is where a lot of information is obtained.

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With no evidence, I was told that I was the leader of the "blacks" within Walpole, and that I was making sure that no black prisoner worked that day. After this I became a threat to the DOC and any administration I found myself in the presence of.

In 1992, while awaiting my DDU hearing in segregation at MCI-Shirley Medium, the racist guards at that facility abused me on a daily basis and tried to actually kill me on three different occasions. William Coalter was the superintendent at the facility (MCI-Shirley) at the time, and I asked him to be placed back in Walpole maximum security because his staff been threatening me. Coalter told me that I cannot dictate to him where I stay, and that I will stay here as long as it takes, and if I continue to complain, they will break me. I told them at that moment that you will have to kill me before that happens. And the abuse began. One day they refused to feed me, so I complained and blocked my window. Instead of them coming to address my concerns and grievance, a "move team" showed up at my door and asked me to cuff up, and I refused because I did nothing wrong. My food slot then opened up, and I was sprayed with chemical agents, my door was manually opened and six men in full riot gear entered my cell, jumped on me and started beating me. They had me in a position where the camera could not see me, and I was being pummeled as they yelled for the camera, "stop resisting." One of the guards called me a "piece of shit" and began pressing his knee into my neck, and I was yelling that I could not breathe, but he continued pressing into my neck. When I was close to losing consciousness, They placed me in handcuffs and leg irons and carried me out of the cell, where I was taken to the hospital and had to be placed on a breathing machine due to my asthma.

I was then returned to segregation and placed in what is called a "strip cell," where there is nothing in the cell but a mattress. I had no clothes but the boxer shorts I wore and t-shirt that was filled with the smell of the chemical agents used on me. One of the guards named "Tex" came to my outside window to talk with me and he told me that the white guards were laughing and asked him did he get his shots in on me. He told me he respected me and that he did not participate in the assault on me. A black guard who sat on my eyeball watch after the sixth move team incident, told me that he refused to go in on me anymore, and that he told them it was wrong and that he will only hold the camera. During my six month stay in segregation, I had force used

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on me more than tne times. I was so badly beaten and bruised one time that a black captain allowed my mother in to see me and she witnessed how my wrist were swollen due to the handcuffs being placed on me so tight that they cut off my circulation, and she saw my black eye, the cuts on my arm, face and legs. I could barely walk and she damn near cried when she saw what they did to me. She told me that the black captain said that I know I am not supposed to let you in, but I have to let you see him, because they have been bringing him through hell and he hasn't had any visitors for months.

In my thirty-one years within the DOC, I have had many more racist experiences with multiple administrations. I am called many names by them, "poisoned pen," "militant," "rabble rouser," "troublemaker," "firestarter." And the white guards and administration calls me racist, although I am not because I help a lot of caucasian prisoners in here as well as any other race of people incarcerated. I am a prisoner's rights advocate and I fight for all prisoners rights within this prison system, as well as the fact that I have helped freed over 15 people since my incarceration due to my legal knowledge and skills. And the white supremacy system culture within the DOC has me labeled a "threat" because of my abilities, and they say I have too much influence over the prison population. Well, I will will continue to be that so-called "threat" as long as they continue to violate and abuse our fundamental rights as human beings within these prison walls

-Tony "T.G." Gaskins

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APPENDIX

K

Needs Assessment Report for
Mass Society for the Aid of Discharged Prisoners

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APPENDIX K: Needs Assessment Report for Mass Society for the Aid of Discharged Prisoners

Below is the report sponsored by the MA Society for Aid to Discharged Prisoners (MSADP). It describes the activities and findings of prisoner reentry and was written by Ed Gaskin.

December 2022

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Executive Summary

This report describes the activities and findings of a research project about prisoner reentry sponsored by the MA Society for Aid to Discharged Prisoners (MSADP). The study examined the needs of returning prisoners, reviewed the current network of reentry providers in Massachusetts, and identified challenges or gaps in service. The purpose was to inform program development efforts to strengthen existing programs and create new services if needed. The study emphasized understanding the current and potential role of the faith community. Recommendations for engagement by faith-based organizations and individuals are included.

Methods to obtain information included academic literature reviews, secondary data analysis, interviews and focus groups, observation of meetings with providers, and internet searches for providers. During research, the author learned about the Commission on Racism in Corrections in the Commonwealth of MA (the Commission). A review of their work, and observation of a meeting they conducted to share preliminary findings with prisoners, also informed the study.

The needs assessment found that returning citizens in Massachusetts face multiple common challenges of reentry. Immediate needs upon release include practical issues such as transportation, proper identification, and a phone. Ongoing needs include mental health and

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substance abuse treatment, stable and safe housing, and employment. Each inmate is unique, facing different challenges upon release. Reentry services need to be comprehensive and individualized. Generally, housing and employment present the most pressing challenges.

The reentry provider landscape in Massachusetts is extensive but insufficient to meet the needs of returning citizens. The network of services is fragmented. Some providers are unknown and overlooked, especially faith-based organizations. Interest and motivation to work in the reentry field is strong within the faith community and many avenues for involvement exist.

The primary recommendation for engagement by the faith community to help improve reentry at the systematic level is to **1) Create an entity to mobilize and coordinate private reentry providers and facilitate communication with state reentry officials.** Detailed suggestions for initial steps to plan and implement the recommendation are provided. Other recommendations identify programmatic needs within the spectrum of reentry services that the faith community can uniquely offer or augment existing programs to increase capacity and resources. They include **2) Offer spiritual support both inside prison and within the community for returning citizens 3) Provide funding, space, or expertise to expand access to housing for returning citizens 4) Utilize the varied experience and skills in the faith community to develop pre-employment training and work opportunities for returning citizens (that could begin while in prison).**

Background and Context

Most scholars, policymakers, and advocates agree that the current criminal justice system, with a particular focus on incarceration, is not efficient or effective in reducing crime and recidivism. Concerns about the cost of prisons, the seeming ineffectiveness of incarceration to reduce crime, and racial disparities within the justice system abound (Mears & Cochran, 2015).

Need for Reform in MA Corrections and Reentry Services

Though Massachusetts fares better than other states, the state recidivism rate¹ has been as high as 43% in recent years depending upon the specific population and criminal offense history (Chandler, Tansy, & Ponikiewski, 2016; Matthews & Wang, 2020; Papagiorgakis, 2018). Racial disparities are also evident in MA. A report by the Criminal Justice Policy Program at Harvard

¹ Measures of recidivism vary based on multiple factors including but not limited to whether re-arrest or reincarceration is examined, parole status upon release, length of follow-up, age, gender, criminal history, and point of release.

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Law School demonstrated that whites make up approximately three-quarters of the state population, but only 59% of the prison population is white. In contrast, blacks constitute 17% of the prison population but only 6.5% of the overall population and the state Latinx population is 8.7% but 18.3% in the prison population. Also, blacks and Latinx receive, on average, longer prison sentences than their white counterparts (Bishop, Hopkins, Obiofuma, & Owusu, 2020).

Further, the harmful effects of incarceration on individual well-being, families, and communities are becoming more evident and widely known (Gotsch, 2018). The Equal Justice Initiative and other organizations have highlighted the poor prison conditions experienced while incarcerated. Individuals are hindered from contributing productively to family, communities, or the larger society because of the trauma experienced while incarcerated and the obstacles faced upon reentry (Council of State Governments [CSG] Justice Center, 2018; Lattimore & Visser, 2013).

The rise of mass incarceration has caused a corresponding increase in the number of prisoners being released to the community upon the completion of sentences (Mears & Cochran, 2015). Reentry programs have shifted over the last few decades to offer more comprehensive services tailored to individual needs rather than narrow programs focusing on a specific need (LaVigne, 2019; Lattimore & Visser, 2013). Programs address both immediate and practical needs that arise at release and longer-term needs such as employment, mental health services, and housing.

Goals for a Study of Prisoner Reentry in MA

This report describes the activities and findings of a research project about reentry sponsored by the Massachusetts Society for Aid to Discharged Prisoners (MSADP). Various stakeholders from the faith community shared common concerns about needed reforms in MA. Many people of faith are motivated by the biblical mandates to remember those in prison, do justice, and love mercy. When approached by some of the stakeholders, the MSADP offered funding to conduct a needs assessment study about prisoner reentry in Massachusetts.

The ultimate goal of the study is to lower the recidivism rate in Massachusetts through improved services. Gathering and analyzing accurate information about the needs of returning citizens and the state of the existing reentry system is a necessary step to to inform ongoing efforts to improve programs and the service network as a whole. This study emphasized the role that the faith community may be able to play in system improvement. The findings from the study can be used for various purposes:

- Raise awareness among the faith community about the needs of the incarcerated and those returning from prison to the community
- Increase engagement of people of faith, both individually and organizationally, in work involving the MA incarcerated population and those returning to the community
- Foster and strengthen a network of houses of worship, faith-based providers, and people of faith working in the reentry field

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- Offer insights about the strengths and weaknesses of the existing reentry network
- Provide recommendations for program improvement and recommendation

Some initial stakeholder and potential partners from the faith community expressed interest in learning from an assessment about needs of returning citizens and current reentry providers. They include, but are not limited to, Vision New England, Bethel AME, Park Street Church, Black Ministerial Alliance, Boston Collaborative, and Grace Chapel.

Commission on Structural Racism in Corrections in MA Commonwealth

During the course of research, the author learned about the Special Legislative Commission on Structural Racism in Correctional Facilities in the Commonwealth of MA (the Commission). Racial disparities are a strong concern for the MSADP, and the work and findings of the Commission can help the organization gain understanding about the challenges in the corrections system, including reentry. A broader perspective enables meaningful participation in developing and advocating for effective solutions in the MA corrections system.

The ultimate goal of the MSADP research is to help ensure the successful reentry of returning citizens in Massachusetts. Three broad areas influence successful reentry: factors that pre-date incarceration, the incarceration experience itself, and the social environment and community context of the return (LaVigne, 2020). All three areas may be adversely affected by structural racism. This project most directly intersects with that of the Commission because of the effect of the incarceration experience on reentry success. The existence of disparate treatment and access to resources and opportunities within prison because of race would affect the likelihood of successful reentry. A review of the Commission's work, observation of a meeting they conducted to share preliminary findings with prisoners, and an additional targeted academic literature review about racial disparities in prison disciplinary procedures informed this study.

Role of the Faith Community in Reentry

In addition practical needs, prisoners who reenter their communities require spiritual, social, and emotional support. The faith community can help meet the full spectrum of needs. A survey of prison chaplains, who work closely with prisoners, indicates that spiritual support is crucial to successful reentry (Lugo, Cooperman, Boddie, & Funk, 2012). Another study (Stansfield et al., 2017) showed that the positive effects of religious support in reducing recidivism was explained largely due to the social networks available in the faith community. The stigma associated with being in prison can negatively affect self-esteem (LeBel, 2012) and relationships, leading to social isolation (Evans, Pelletier, & Szkola, 2018). Prison chaplains in MA shared that many prisoners view themselves as "*unredeemable*." The faith community is situated to provide social connections, mentoring, a place to belong, and a strong sense of hope for the future that overcomes the stigma of being an ex-convict. Inmates and returning citizens need to believe that God has more for them than spending their life behind bars. The faith community can promote

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and support that belief while simultaneously meeting other more concrete needs through an extensive social network and a wide variety of skills to offer.

Many members of faith communities, including current religious leaders in the Boston area, have the ability and desire to help. Some are returning citizens and intimately understand the challenges. The faith community is a largely untapped resource when it comes to improving the success of returning citizens, and members possess a wide range of gifts and abilities to help others in areas ranging from financial literacy to entrepreneurship. Members of the faith community are also potential employers and mentors. Communities of faith have the motivation and resources to meet practical, social, and spiritual needs of returning citizens. Faith-based organizations and the individuals within them constitute a strong resource to increase the existing capacity of reentry providers and fill in the gaps in service.

Study Purpose and Methods

The focus of this research study is to generate accurate information about the needs of returning citizens in Massachusetts and the current network of reentry providers. The research included 1) delineation of the prison and reentry population and trends in MA 2) description of needs of

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prisoners when returning to the community 3) identification of existing reentry services and 4) analysis to identify gaps or inefficiencies in the current landscape of services. Emphasis was given to understanding the current and potential role of the faith community. Recommendations, based on the findings, for avenues of engagement by people of faith are provided. Detailed suggestions regarding the planning and implementation of the most important recommendation about an umbrella organization for coordination of services are also included. Findings can help:

- Raise awareness in the faith community about justice and reentry issues
- Recruit more individuals of faith, faith-based organizations, and churches to support those in prison and those who are returning to the community
- Generate strategies to improve or supplement the work of existing reentry providers
- Inform the development of new initiatives or organizations to support reentry work
- Guide advocacy efforts to promote change in the current justice system

Data Collection about Reentry

Information was gathered for this study using a variety of methods. Secondary data was gathered including both quantitative statistics and qualitative information from program records. Data about the scope of the prison population and release numbers were compiled from the Bureau of Justice Statistics and the MA Department of Corrections (DOC) websites. Identification of reentry needs occurred through academic literature reviews, including reports by policy think tanks and research organizations. All references are listed at the end of the report.

State-specific information about reentry needs and existing services was also obtained from review of administrative records or program resources. Some information is available on the state DOC or county sheriff websites. DOC or jail staff members provided documents listing 400 religious organizations or houses of worship that provide reentry services in some capacity. Some private providers and foundations in the state offered documents based on their own work examining reentry services, as listed in Appendix 1. Finally, an exhaustive internet search identified programs not known to interviewees or listed in available directories of services. The study also utilized primary research conducted with Massachusetts providers and prisoners.

Besides contributing data about reentry needs, the main purpose of the primary research was to identify and assess the available network of reentry services in the state. Appendix 1 provides greater detail about some data sources and methods of collection. Two focus groups were organized and conducted, one involving black ministers who work with returning citizens. During a quarterly meeting, prison chaplains of all faiths who work in the DOC system also participated in a guided group discussion and offered input. Several interviews, some in-person and some by phone, occurred and included private providers and reentry staff from state, county, or city programs. Each individual or group interviewed was asked to identify, if known, other

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providers or key stakeholders. These referrals sometimes prompted further interviews. Approximately 10-15 interviews were conducted.

Observation of four different meetings, two with prisoners, occurred. The Commission on Racism in Corrections in the Commonwealth of Massachusetts facilitated one meeting with prisoners to share their findings and gain feedback. The author attended and observed. Another colleague reported on input gained from observation and conversation with ten prisoners who attended a pre-release meeting at a Boston jail to discuss reentry needs. Also, participatory observation of two events focused on reentry provided insights from a wide variety of private providers who presented information at sessions and in private conversation.

Immediate Deliverables from Reentry Study

This final report includes synthesis and assessment of all collected data. Based on that analysis, recommendations for program development are offered. During the course of data collection and analysis, however, several concrete deliverables have also been created. The resources include:

- Database of reentry organizations and providers in MA that updates prior work
- Report submitted to the Special Legislative Commission on Structural Racism in Corrections in the Commonwealth of Massachusetts
- Contact list for all MA DOC prison chaplains
- Directory of black ministers working in prisons or reentry in greater Boston area

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Findings: Reentry Challenges

According to the state Department of Corrections data, 1,758 citizens were released from prison in Massachusetts in 2019. The Bureau of Justice Statistics (BJS) includes both prison and jail populations in counts. Their data indicates that 2,032 people were released to the community in Massachusetts that year. That figure does not include residents released from federal prisons into the state, so the number may be larger. The number has remained above 2,000 people every year for two decades. Approximately 20% of MA residents released to the community from a DOC facility return to Suffolk County. One evaluation study of a reentry program in Boston indicates that most participants are further concentrated in just two neighborhoods in the city (Price-Tucker et al, 2019). Though returning citizens live throughout the state, there is a higher concentration in the Boston area. For each returning citizen, numerous challenges arise.

The academic literature is clear about the variation and extent of needs that prisoners face when released to the community. Some needs are immediate upon release and others remain challenges throughout the first several years post-incarceration. Discussions with reentry practitioners in Massachusetts, and some interactions with prisoners about to be released from prison, confirm that common reentry challenges also exist for returning citizens in Massachusetts. Every returning citizen, however, is different and faces unique contexts and circumstances upon release, so reentry planning and services should be tailored to individuals. Some have greater need, while others have readily available supports and resources. Reentry challenges vary based on economic status, skill level, length of sentence, and place of residence.

Immediate Challenges in Reentry

Prisoners have many needs within the first 24 to 48 hours upon release. The practical needs in the immediate timeframe are extensive and include:

- Adequate food
- Financial assistance
- Safe housing
- Clothing and personal care items
- Transportation
- Proper identification
- Access to a phone

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- Medical, dental, and psychiatric care
- Alcohol or substance-abuse treatment and rehabilitation

A foundational belief motivating this research and work on reentry is that no returning citizen should leave incarceration without a family member or friend to meet them. No one should have to face these challenges alone. In cases when friends or family are not available, someone from the faith community connected to a group of volunteers could help with the first 24 to 48 hours of transition. This approach provides emotional and relational support as well as a network of people to help obtain resources to meet concrete immediate needs (Evans, Pelletier, & Szkola, 2018; Stansfield et al., 2017).

Ongoing and Long-term Challenges in Reentry

In addition to their immediate needs, many returning citizens require longer-term support to find and maintain essential elements of successful reentry. Statutory limitations due to ex-convict status often complicate the daunting challenge of finding housing, employment, or financial assistance (LeBel, 2012; Mears & Cochran, 2015). Research has shown that finding employment is one of the most difficult tasks (Goger, Harding, & Henderson, 2020; Ramakers et al, 2016) due to both restrictions and lack of educational attainment or vocational training. Identifying employers willing to hire returning citizens would facilitate ready access to employment. Other ongoing needs of returning prisoners to improve prospects for employment include access to interpersonal and pre-employment skills, educational credentials, or vocational training (Evans, Pelletier, & Szkola, 2018; Price-Tucker, Zhou, & Charrou, 2019).

Housing is also a significant challenge. The available spaces in transitional housing are severely limited. Some prisoners are not able to live with family members due to legal and regulatory restrictions that affect or prevent access to housing for those with a criminal record (Council of State Governments [CSG] Justice Center, 2018). Rents are high in Massachusetts, especially in the Boston area. Mental health and substance abuse treatment services also represent ongoing needs (Evans, Pelletier, & Szkola, 2018; Price-Tucker, Zhou, & Charrou, 2019). Past trauma, either prior to incarceration or experienced in prison, can also affect reentry success (Council of State Governments [CSG] Justice Center, 2018; Gotsch, 2018; LaVigne, 2019; Lattimore & Visser, 2013). S

Prison Fellowship, a faith-based organization that provides resources to churches helping with reentry in various locations throughout the country, identifies similar needs across all geographic regions. Corrections practitioners and prisoners within Massachusetts have voiced comparable needs and challenges as those identified in the broader literature. A summary of ongoing needs of returning citizens in the Massachusetts community include:

- Life-skills training
- Employment

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- Stable and safe housing
- Further educational and/or vocational training
- Access to professional services (such as an attorney or accountant)
- Mentoring
- Counseling for family and marital problems
- Healthcare, mental health, and substance abuse treatment

Prison Fellowship would also include the need for a faith community, spiritual guidance and support, and strong friendships with other people of faith as an ongoing need. The challenges of people returning to the community are complex, interconnected, and specific to individual situations. Though common struggles have been identified, no one person has the exact same needs. Services should be wholistic but tailored to specific individuals. Reentry programs with that approach have been shown to increase the likelihood of success of returning citizens and decrease the tendency to reoffend (CSG Justice Center, 2018; LaVigne, 2020).

Racism and Reentry

Structural racism in corrections may operate in multiple ways to affect successful reentry into the community upon release. For example, the community to which a prisoner returns affects the likelihood of success (LaVigne, 2020). In general, blacks and other prisoners of color return to lower-income communities with greater concentrations of disadvantage compared to white prisoners (Price-Tucker, et al, 2019). These communities may not offer the same degree of employment opportunities, comparable wages, or access to the variety of needed services as other higher-income areas.

The incarceration experience itself also affects reentry success and may have disproportionately negative effects on prisoners of color. Racial disparities are evident at multiple decision-making points within the justice system that contribute to disparate incarceration rates. Similarly, disparities have been evident in the disciplinary systems within prisons. For example, the use of housing segregation (or solitary confinement) increased with mass incarceration. Research has shown that blacks, compared to whites, are more likely to be segregated as punishment for misconduct and suffer the harmful mental and emotional effects of solitary confinement (Sakoda & Simes, 2021; Logan et al, 2017). Further, isolation prevents access to programming intended to help prisoners gain skills needed for reentry and denies visits from families and friends. Educational programming in prison, for example, has been shown to help with skills and attitudes that increase prosocial behaviors both in prison and upon release to the community (Evans, Pelletier, & Szkola, 2018). Visitation has been shown to reduce and delay recidivism upon release (Bales & Mears, 2008). Disparate access to programming and visitation within

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prison adversely affects persons of color and may have longer-term effects on the likelihood of successful reentry.

Logan and colleagues (2017) explain the disparity in use of solitary confinement as punishment based on factors such as earlier prison misconduct and criminal history rather than race directly. One study, however, demonstrated that solitary confinement increases the likelihood of future misconduct that the punishment was intended to address (Labreque, Mears, & Smith, 2020). If the initial decision to segregate someone as punishment is influenced by race, that decision then contributes to the likelihood of future misconduct that is in turn considered in decisions. Similarly, using criminal history prior to incarceration as an “objective” factor in decision-making within prison ignores the effect of race on those earlier decisions. Logan and colleagues (2017) included an extensive literature review identifying many studies indicating that race often affects earlier decisions about arrest and sentencing. They emphasize the importance of earlier decisions because “*they can significantly affect an individual's experience during later stages of the criminal justice process.*” Disciplinary experiences while incarcerated are affected by those prior decisions. Those disciplinary experiences may then contribute to emotional trauma and prevent access to programming and visitation in prison, both of which influence the later experience of reentry (Mears & Cochran, 2015). The use of solitary confinement provides one illustration of the intertwined effects of structural racism at different points in the corrections system. Any racial bias in decision-making prior to and during incarceration will have negative longer-term consequences on reentry success, disproportionately affecting citizens of color.

Findings: Reentry Services in Massachusetts

A wide variety of reentry services, provided through diverse organizations, exist in Massachusetts. The problem is that the reentry field as a whole system faces many challenges that prevent the optimization of existing services. The provider landscape is fluid, fragmented, and sometimes invisible. The situational analysis of the current provider landscape revealed several overarching findings:

- 1) Many reentry services already exist in the state.
- 2) Reentry services are provided through a mix of public and private agencies, faith-based organizations, and individual efforts.
- 3) Reentry services address the wide variety of needs that returning citizens face without a statewide, significant gap in any one clearly identified area of need.
- 4) Gaps in the spectrum of services occur in local contexts or geographic areas within the state.
- 5) Reentry services are insufficient to meet the needs of returning citizens for many reasons:
 - Lack of financial resources to expand program availability
 - Limited staffing or technological capacity

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- Uncertain quality or reliability of services
 - Restrictions on program participation (age, geography, primary presenting problem)
 - Inconsistent patterns of funding or volunteer resources over time
- 6) Reentry services are fragmented with limited coordination between providers, in part due to lack of awareness of other services. This fragmentation exists:
- Between different geographic regions
 - Between public and private providers
 - Across the broader private provider landscape
- 7) With some exceptions, there is little continuity between reentry services offered to prisoners during incarceration and upon release.
- 8) Programs to prepare for reentry while still in prison, especially for those with longer sentences, is limited by insufficient program availability to meet the demand and interest.
- 9) Despite long-term needs, aftercare for returning citizens usually has limited duration.

Public Reentry Efforts

The Massachusetts Department of Corrections, according to their website, offers reentry planning to all prisoners beginning at intake. Reentry programs to prepare for the transition to the community are more limited, especially for those with long sentences. Prisoners at one meeting mentioned that the slots for reentry programs while incarcerated are limited, so opportunities for preparation or training have constraints. The DOC is working to address the problem and shorten waiting lists through increased use of online programming and coordinating with vendors to provide evening and weekend programs. Existing government programs emphasize facilitating access to housing, health insurance, and providing assistance in obtaining vital documents such as identification.

In addition, most of the prisons and jails provide information about available resources to inmates who will soon be returning to the community. According to one DOC administrator, the Reentry Services Division maintains a centralized database of resources. When a reentry specialist learns of a new service, it is shared with others across the state. Prison chaplains also contribute to reentry planning and contribute to the Faith-based Resources Directory. At least one statewide provider, however, indicated they only work with DOC in limited areas.

Reentry workers in the jails or prisons do not, generally, follow up with inmates once they are released. Prison chaplains, though involved in reentry planning, cannot continue to work with prisoners once the sentence is complete and they leave prison. Some staff at specific facilities do work more closely with partners, who provide ongoing support and follow-up during the

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transition into the community. A small proportion of the listed referral programs are considered strong or consistent partners by state reentry workers. Even among the reliable organizations, access may be restricted in that reentry services are offered for specific populations (such as younger inmates up to age 24) in distinct geographic areas. Some providers focus solely on a single type of service such as counseling or education rather than provide comprehensive support throughout the reentry transition.

The state does offer some services that provide longer-term programming or support. Massachusetts prisoners face the same long-term challenges that have been identified in the academic literature and among national reentry programs. Housing and employment are two of the biggest, ongoing challenges. The DOC together with the Parole Board used to offer one transitional supportive housing program called Transitional Treatment Program (TTP), but the program was eliminated several years ago. Supportive housing programs for returning citizens in MA are scarce, and housing in general constitutes a major area of need that is underserved.

The pre-release center in Boston offers some inmates training opportunities to gain educational and life skills while still in prison. That facility provides the School of Reentry and training opportunities with the New England Culinary Arts. For example, one facility offers barbering classes, but another recently initiated a course in computer programming. The Pondville Correctional Center provides training in Automotive and Diesel Mechanics. Some county jails have piloted programs dedicated to preparing and supporting returning prisoners who have families. The offerings vary significantly between facilities, so reentry preparation is not uniform or available to all prisoners. Mental health and substance abuse treatment options to help prepare for sobriety upon release, in a less structured setting, are limited as well.

Private Reentry Providers

The private reentry network in MA was found to be extensive. The reentry field includes a few nonprofit organizations that explicitly target returning citizens for services in certain geographic areas. These providers tend to be recognized by reentry staff in specific prison or jail facilities and identified as possible resources. Several factors, however, contribute to suboptimal utilization of the broader network of providers. Many organizations are unknown to the state or each other and operate independently. The fragmentation renders coordination of services impossible. Research shows, however, that effective reentry programs are both comprehensive and individualized, so a broad array of services with central coordination is necessary. Many private programs operate without clear connection to a larger reentry network, so limited accountability may lead to unreliability or poor quality of services.

Invisible reentry providers

To gain a broader perspective about reentry services in Massachusetts, the Shaw Foundation provided funding to Community Resources for Justice to compile a list of providers several years ago. The Coming Home Directory provided a strong initial foundation, but current research

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efforts identified an additional 50 organizations that were not listed. Reentry services are invisible for many reasons.

Some groups do work that overlaps or relates to reentry challenges, but they are not recognized formally as reentry providers. The primary mission of the organization may focus on other areas. For example, the Dorchester Bay Economic Development Corporation (DBEDC) has its own reentry program headed by Rev. Clovis Turner. He explained,

“Our goal is to ensure a smooth and safe reentry into the community by providing support at the prison and job readiness assistance to ex-offenders upon their release. We have served over 800 ex-offenders since 2008, about 75 new clients yearly, with an average of 55 clients finding employment or accepted into a career training or GED program each year (over 70% success rate).”

A provider may offer a separate but related service, such as trauma or substance abuse counseling, and inadvertently support returning citizens facing specific presenting problems but not identify as a reentry provider. If organizations do not receive funding from the state or a foundation, they may not be as readily identified. If nonprofits are not officially registered as a 501c3 organization, they may be harder to track.

The reentry field also includes individuals providing services on their own initiative, with or without a few other people that share similar values or motivation in doing reentry work. These individuals may or may not have direct contact to someone in the system. Some were formerly incarcerated in the justice system who volunteer now or would like to volunteer. Some have started their own programs. Some of these individuals are motivated by the convictions of their faith. Many of the groups omitted from the Coming Home Directory were faith-based organizations or churches, primarily Christian.

Whether recognized or not by reentry staff in state or county facilities or included or not in the Coming Home Directory, many providers are unaware of one another. No centralized network exists to conveniently connect different providers and fully capitalize on the existing resources and services available to returning citizens.

Disconnected private providers and inconsistency of service

With so many small programs operating independently, the fragmented system prevents ongoing assessment of programs to ensure reliability and quality of services. Many of the providers listed in the Coming Home Directory are no longer operating. Former reentry staff have commented that only a fraction of their identified community partners function as reliable programs or resources in providing services for reentry. There is no attempt to rate programs or assess the faithful implementation or effectiveness of most reentry programs.

Private programs are driven primarily by grant funding and volunteers. The work might stop when the funding stops, or volunteers move on. Volunteers are self-motivated and self-directed.

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Many are not accountable to anyone. These factors may contribute to inconsistent service delivery or ineffective programs.

Reentry Efforts of the Faith Community

We identified several faith-based reentry efforts, both by individuals who identify with a faith tradition and organizations. The faith community includes people from Jewish, Christian, Muslim and other faith backgrounds who may volunteer in the reentry field, but not through their faith community or a faith-based organization. Some individuals of faith are employed in the justice system, in addition to chaplains, and help with reentry services. Some churches or religious organizations work with prisoners inside and help with returning citizens, but the work is not formally acknowledged as a distinct program or financially supported in church budgets. These informal channels of involvement suggest that considerable motivation to work in reentry and potential resources exist among people of faith.

Lack of communication and partnership between diverse faith communities needs to be addressed to maximize the potential contributions to reentry efforts. Besides the historic divisions between different faith communities, there are some internal distinctions such as Catholics and Protestants within the Christian community. The black and white church are both involved in various reentry services, but they are seemingly not connected or even aware of one another. Some communities may not naturally partner with one another based on liberal compared to conservative theological perspectives.

Despite the challenges, the faith community represented an underutilized resource that could be mobilized to augment existing services or develop programs to fill in service gaps. A Pew Research Center found that more than three-quarters of prison chaplains nationwide believe that religious support is “*absolutely critical*” to successful reintegration into society upon release from prison study (Lugo, Cooperman, Boddie, & Funk, 2012). Another study (Stansfield et al., 2017) identified religious support as a key factor in procuring employment and maintaining recovery from substance abuse during reentry. Results further indicated that the social support available through faith networks helps to reduce recidivism. Prison chaplains in MA indicated that volunteers from different faith traditions tend to have more trusting relationships with prisoners and returning citizens than other types of volunteers. The challenges may go beyond what an individual or church could provide, but across the faith community generally there are resources to help meet the needs. Beyond those individuals who already serve the incarcerated and returning citizens as workers or volunteers, there is a larger faith community available to help meet practical, financial, emotional, relational, and spiritual needs.

Recommendations

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The various needs of returning citizens are extensive. In response, reentry services should be holistic and individualized based on specific needs and context of individual inmates. Ideally, services should begin during incarceration and continue upon release with a smooth transition between providers. **In order to provide comprehensive, individualized, continuous, and long-term services, a coordinated network of reentry programs and resources is necessary.** Many services do exist in Massachusetts, but they are insufficient to effectively support a successful transition from prison to community.

Increased funding for services would be helpful, especially in the areas of transitional housing and employment training, which require significant investment for facilities and/or relevant expertise. The following recommendations, however, may be accomplished to some degree through reallocation of existing funding and greater leveraging of volunteer resources. The faith community possesses unity in its service orientation and belief in inherent human dignity but a great diversity among community members. Such a combination provides a unique resource to build capacity through funding, organizational support, varied professional expertise and skills, and volunteers with varied interests and backgrounds. Faith-based organizations and individuals can meaningfully contribute to the reentry field through various avenues.

Mostly importantly, the lack of awareness and collaboration between actors in the existing reentry provider network creates gaps and inefficiencies in the larger system. An effective strategy to optimize resources dedicated to improving outcomes of returning citizens would be to strengthen, coordinate, and expand existing programs. Creating new programs may be redundant and should not be the first step to improve reentry services. The goal is not to replace programs with new alternatives, but to complement existing efforts. Study findings and the direct agreement from key stakeholders suggest that the most important first step to improve the larger reentry system as a whole is:

- 1) **Create an umbrella organization or alliance to provide leadership to provide coordination and support to private reentry services and improve communication between public corrections agencies and the private provider network.**

Following or concurrent to the development of a unifying umbrella organization to strengthen existing providers, the faith community could engage to help address specific programming needs. These represent areas that the faith community is uniquely poised to address or areas of critical programming needs that members of the faith community can enlarge or expand. Recommendations to augment programming needs include:

- 2) Provide spiritual support and guidance both in the prisons and upon return to the community
- 3) Utilize the varied skills in the faith community to develop pre-employment training and work opportunities for returning citizens (that could begin while in prison)
- 4) Direct funding and professional expertise to increase access to housing for returning citizens

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Recommendation for Reentry System Improvement: Develop a Coordinated Network

This assessment of the reentry provider landscape in MA suggests that the network is fragmented in multiple ways. Private providers, even those of similar faith backgrounds, are often unaware of one another which precludes information-sharing, coordination, or collaboration to optimize resources. **One of the most compelling needs to improve the reentry system is to create an organization to provide leadership in mobilizing, strengthening, and coordinating different service providers.** Rather than a one-to-many model like a hub and spoke system, the organization could function to build organizational capacity and facilitate interactions between different providers in a many-to-many system like a network. This type of overarching organization could increase the synergy between various stakeholders and improve the overall effectiveness of the larger reentry system. Such an entity could also serve as the primary contact between the state and the private network of providers to regularly disseminate information in both directions and build working public-private partnerships and collaborative relationships.

The entity would serve the following stakeholders, the returning citizen and their families, those providing services to returning citizens, government entities who work with returning citizens e.g. the department of corrections, probation, parole, faith-based organizations and individuals *who are not currently engaged* with returning citizens but could be in terms of volunteering and providing donations of various types.

To increase the capacity of providers to optimize existing reentry services, the proposed organization entity could assume primary responsibility, in collaboration with partners, to:

- 1) Update and maintain a current database of all MA reentry providers, building on Coming Home directory in partnership with Community Resources for Justice
- 2) Recruit, mobilize, and train (if needed) volunteers
- 3) Facilitate access to a variety of resources including a) financial capital and b) human capital
- 4) Encourage communication and collaboration among reentry providers
- 5) Serve as a conduit of communication between state reentry providers and the broader network of private providers

Database maintenance

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The reentry provider landscape is constantly changing in Massachusetts. A central organization could take responsibility for developing and maintaining a database of private reentry providers. This work could be done conjointly with Community Resources for Justice, who compiled the Coming Home directory. The database could be searchable by distinguishing characteristics of providers, such as target population, location, primary or presenting reentry issue of interest, faith affiliation, and type of volunteer opportunities. A user-friendly database would help potential volunteers find opportunities that fit their availability and interests.

An accessible and comprehensive database may also help funders identify programs of interest to elicit grant proposals or provide a centralized location for individual donors interested in reentry. Organizations with shared or overlapping missions could also easily identify one another. The database may also be a helpful resource to family members or friends of incarcerated persons to identify needed services.

Volunteer recruitment and mobilization

This organization could take primary responsibility for raising awareness about justice and reentry issues, especially among the faith community in Massachusetts. Through educating the community, the organization could help recruit volunteers to donate time, funding, or other contributions to increase available resources. As people express interest in participating, the organization could offer an initial orientation or training for potential volunteers. An orientation would be designed to supplement existing training requirements offered by specific programs or provide support to volunteers when no training exists.

For some volunteers, the database of providers may be sufficient to identify volunteer opportunities and direct interested people accordingly. In other cases, the organization could facilitate matches between volunteers and specific volunteer opportunities at different programs. An initial assessment of potential volunteers in terms of interests, skills, and availability could inform appropriate matches. If programs do not provide direct support to volunteers, the organization could serve as a resource as volunteers begin work.

Financial capital and other contributions

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In raising awareness and recruiting volunteers, this organization could also actively solicit funding or in-kind contributions from churches, other houses of worship, or individuals to support faith-based reentry work. The central funds raised could support the functions of the umbrella organization and be distributed as mini grants to participating providers who apply. Offers of physical space or equipment could be matched to providers needing those resources.

Other options to increase funding, however, would also be possible. The organization could help to identify and announce potential funding sources and provide training and support in developing grant proposals for submission. For individuals or small providers working in the reentry, it is possible this organization could also serve as a fiscal agent to reduce the administrative burdens and allow focus on provision of services.

Human capital and organizational capacity

An umbrella organization for reentry providers may also offer trainings to increase their capacity and develop the expertise and knowledge of staff members. One avenue to provide trainings would be to identify existing national programs with available resources or training modules. The alliance could be responsible to build relationships with those organizations and either utilize their resources or facilitate their entry into Massachusetts. Many of these trainings are targeted to help churches or volunteers engage in reentry work generally or in targeted areas of need. As discussed, the association could offer trainings to supplement existing program volunteer trainings or to help providers gain skills in grant-writing and fund development.

In addition, various technical assistance programs related to evaluation and program development may be helpful. Possible trainings could include:

- Articulating a clear program theory or theory-of-change
- Identifying program outcomes of interest and developing measures for collection
- Developing monitoring systems to track outcomes and program outputs.
- Building evidence-informed programs and identifying best practices

These activities are helpful for initial program design or ongoing program improvement. In addition, many skills are transferable to guide program expansion. These trainings can be oriented toward helping providers scale up or expand a successful program or replicate it in a different location or slightly different population.

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Further in the future, the organization may be able to support efforts to develop infrastructure to support the reentry field. New programs may be needed as gaps in services are identified in specific locations. Technological innovations may help to create new apps or online training programs. Materials for volunteers or efforts to raise awareness could be developed. The umbrella organization can help to pool and assess existing tools and training resources, support efforts to fill in the gaps, and ensure access to new tools and training resources for all provider organizations.

Facilitating collaboration

An umbrella organization can help to promote and foster collaboration between different reentry providers. Sponsoring regular meetings that allow participants to share updates or highlights about programs or discuss a common topic of interest could help to build community and foster networking. Peer workshops would enable providers to share with others best practices or specialized or targeted services. Some organizations already sponsor larger conferences about reentry. This entity could support those providers and coordinate together to ensure at least one annual comprehensive summit, offering an extensive array of perspectives and interests, for all reentry providers.

In addition to group gatherings, the proposed entity could serve as a type of matchmaking service. Given familiarity with the broader landscape of providers, staff may be able to introduce organizations with similar missions to work on joint projects. Providers with complementary services may be able to collaborate to share knowledge or build partnerships to extend service. Avoiding unnecessary redundancy will lead to greater efficiency in the larger network of reentry services. For those faith traditions that include prayer as a practice, a prayer network could be developed to share prayer requests and updates.

Communications

The proposed organization could take responsibility to gather and synthesize information from state and provider reentry providers and then disseminate information regularly. Updates could

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be disseminated through various means such as newsletter, blog, social media, or email list. Different topics could be shared including:

- Updates on reentry-related program and policy changes in the state
- Funding opportunities or program needs
- Stories highlighting different providers or reentry success stories
- Research on best practices
- New volunteer opportunities or training workshops

This alliance could also serve to gather input from providers to inform state practitioners and policymakers through public hearings or advocacy efforts. Appendix 2 includes recommendations, based on this research, made to state legislators chairing the Commission on Structural Racism in Corrections in MA. This study identified some areas of concern in the reentry network that may need attention and reform:

- Limited continuity of care between prison and community and lack of long-term aftercare
- Underutilization of technology to provide remote or self-service programs
- Limited input from prisoners in assessing reentry needs and improving programs
- Need for system accountability, such as adoption of TQM (total quality management)

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Programming Recommendation 1:

Provide Programs offering Spiritual Support and Guidance

The faith community could help meet concrete needs but are uniquely positioned to also address spiritual and emotional needs. Prison chaplains indicated many prisoners view themselves as “*unredeemable*.” With so little hope, it would be challenging to find the motivation and diligence to make life changes. Volunteers from the faith community can directly confront this negative self-perception and provide moral guidance and relational support. Prison chaplains and reentry staff welcome the participation of faith-based organizations and individuals of faith. Services within prisons, such as Bible studies, special worship services, or holiday celebrations should continue and expand. Interactions at some of the events during incarceration may prompt ongoing connections to be maintained through individual visits. Individual Christians could also volunteer with existing reentry programs, such as Partakers, that provide preparation for release.

For volunteers not able or comfortable to visit prisons, there are other methods to develop relationships or provide care to those still in prison. Letter-writing or communication via email may be possible. Prayer requests from prisoners could be shared, with permission, with others who commit to praying regularly. These types of relationships may help smooth the transition to the community when release occurs.

Several faith-based organizations operate nationally and provide resources for churches to help with reentry. Some do not yet have a presence in Massachusetts. Churches could form small teams to provide reentry care, so that no one individual volunteer is overwhelmed by the various needs. National organizations can help:

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- Prison Fellowship
- Straight Ahead Ministries
- Good News Jail and Prison
- Kairos Prison Ministry
- Friends and Family of Incarcerated Persons
- Champions for Life

Programming Recommendation 2:

Support a network of pre-employment training and work opportunities

Employment is one of the most pressing challenges and critical needs for prisoners reentering society to avoid recidivism. Foundational beliefs by various faith traditions coupled with the diversity among the faith community can help confront the challenges. Many regulatory restrictions and prejudiced beliefs prevent employers from hiring people with a criminal background. Most people of faith fundamentally believe in grace, redemption, and the possibility of change. Because of those beliefs, faith-based organizations and individuals of faith may be willing to employ returning citizens when others may not. Further, the faith community includes people with a broad array of professional and vocational skills and employment experience to provide training or job opportunities.

Faith-based initiatives to help provide employment could offer one or more of several different types of services. Some could be oriented toward potential employers and some services could help prepare and/or support employees in new work situations. Possibilities include:

- 1) Create and maintain a list of employers willing to hire returning citizens

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- 2) Compile a list of employers willing to train apprentices
- 3) Recruit professionals of faith in a variety of fields to offer training
- 4) Recruit people of faith willing to mentor and support returning citizens as they begin jobs
- 5) Facilitate matches between returning citizens and employers
- 6) Identify, gather, and distribute items needed for professional employment such as clothing, computers or smartphones, bus passes or other modes of transportation

Some programs may be able to begin prior to release. Because of the COVID pandemic, many employers and educational institutions have greatly expanded and improved technology to provide remote training and work options. As the state and county corrections systems expand use of technology, faith-based initiatives could help to create new online opportunities.

- 7) Develop a bank of online pre-employment trainings, emphasizing soft skills and character traits needed for success in varied work environments, for use in prison or the community
- 8) Offer specialized online training programs in various employment fields, emphasizing those that meet market demand and provide a living wage such as coding
- 9) Create remote work options for prisoners, who could begin positions while still incarcerated that could continue upon release

Programming Recommendation 3:

Support increased access to housing

High rent and regulatory restrictions for individuals with a criminal history make access to stable and safe housing a challenge for returning citizens. Further, for those that have been incarcerated for long periods of time, the lack of structure and social connection in the community pose significant challenges. Massachusetts has very few available slots in transitional housing

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programs in state-run programs. A small number of faith organizations also support such transitional programs, but they have limited availability and sometimes strict application guidelines. Some transitional housing programs target specific needs, such as those struggling with substance addiction or mental health issues.

Faith-based communities could take the initiative to fund existing programs for expansion or replication through partnerships with existing partners. It may also be possible to develop new faith-friendly, structured, transitional housing programs. Such programs, however, take considerable planning, investment, and expertise. It may be challenging to fully meet the need through comprehensive transitional housing programs.

Access to housing could be increased through the creation of a network of available housing options hosted by landlords and homeowners of faith. Many people of faith already participate in some of the on-line rental housing companies. Those options have been leveraged, often subsidized by the companies through reduced fees, to provide housing for refugees. It may be helpful to identify people of faith who participate in that market, as they may be willing to work with returning citizens as well, especially if rents are subsidized and returning citizens have support and accountability. Alternatively, some individuals may own or manage housing options that could be made available to returning citizens on a temporary basis. Studio apartments, in-law apartments, rooms within homes, tiny houses or other options could be offered during a transition period. The association could provide support, resources, and coordination to develop a network of faith-based individuals willing to offer housing to returning citizens.

Next Steps in Planning and Implementation

The primary recommendation for action, based on the study findings, is to create an entity to strengthen, mobilize, and coordinate the reentry services of existing providers rather than create

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new programs. Though one or all of the programmatic recommendations listed in the report could be pursued concurrently, new programs may benefit from the supportive functions of the proposed umbrella organization. Next steps focus solely, therefore, on the creation of an association to coordinate and mobilize providers. Several practical steps are necessary to be able to implement the recommendations in this report. In approximate order, the steps include:

- 1) Identify existing organizations that could provide an existing structure to guide and support the development of the proposed organization. Choose a partner.
- 2) Create a business plan for the organization that clearly defines the mission and objectives for the proposed entity. Finalize the primary activities that will be used to achieve goals and develop an initial human resources plan.
- 3) Establish an online presence for the organization through a website. Create an initial digital marketing strategy to direct people to the site.
- 4) Develop an initial mailing list of interested stakeholders who have expressed interest.
- 5) Convene a meeting with interested stakeholders to provide an update on progress and solicit feedback on initial planning and implementation of the association.
- 6) Develop a prayer network among faith-based partners.

Identify a partner organization

In the course of this assessment, several stakeholders have emerged as viable options to serve as an initial partner. These organizations share interest in reentry and have existing organizational structure with resources and mechanisms to help oversee the development of a new entity. One primary partner should serve as the initial “home” of the proposed organization during the formative phases of planning and implementation. Possibilities include:

- Emmanuel Gospel Center “incubation toolbox”
- Vision New England “affiliate” ministries program

Some partners may be helpful in sustaining one or more of the specific activities. Community Resources for Justice, for example, already developed a directory of reentry providers for the state that could serve as a foundation for the proposed provider database.

Create a business plan for the proposed organization

A working title for the proposed organization may be helpful. Suggestions have included Returning Citizen Resource Coalition or Boston Justice Collaborative. The business plan should begin by clearly defining the organizational mission, objectives, and primary activities. Mission statements are typically inspirational phrases emphasizing the broad or ultimate goal of an

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organization. Objectives represent more concrete goals that can be demonstrably achieved through specified activities.

Possible mission statements might be:

- “To optimize all the resources dedicated to improving the outcomes of returning citizens, their families, communities, and those who serve them.”
- “To increase the synergy of all the actors in the MA returning citizens ecosystem.”
- “To improve the lives of all returning citizens in MA and decrease recidivism through the coordination and mobilization of all reentry providers in the state.”

Defining objectives, then, might involve further clarifying what “synergy” means or what “improved quality of life” means in terms of outcomes for returning citizens. Distinct objectives for the new organization, returning citizens, reentry providers, and the system as a whole could be specified. The primary target audience consists of reentry provider organizations, reentry workers, and volunteers. Several functions of the organizations, however, may also provide benefits to returning citizens and their families as well. Objectives are sometimes defined by time frames, distinguishing between more immediate, concrete goals to be achieved and hopes for system change that are longer-term. Once these are clarified, it would be possible to finalize the primary activities most likely to help achieve the stated objectives.

The business plan should also include a preliminary blueprint or outline for staffing roles and budget. Priorities for staffing positions should be considered to delineate the number of both full and part-time positions. A volunteer coordinator seems to be an important initial role to sustain one of the key functions of the proposed entity.

Create an online presence

The organization will need a dedicated online space. After presentation of the preliminary findings of this research to the MSADP board, the board commissioned the development of an MVP (minimum viable product) to help visualize a potential website. WordPress is a widely used software platform for developing websites. Use of an existing software platform like WordPress is recommended to facilitate quicker progress and avoid the need for highly skilled and specialized computer coding that would be time-consuming and expensive. The website needs to support several key functions of the umbrella organization.

One key aspect of this online site should be a **searchable database** of providers who list key characteristics of their available reentry services. Minimally, these features should include organization name and contact information, target population, geographic area served, primary reentry service (substance abuse, mentoring, financial help), and volunteer needs.

Other readily available online resources, provided in a user-friendly format, should include:

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- Wish lists by providers for specific goods and services needed to operate programs
- Events page listing conferences, trainings or workshops, or opportunities for advocacy
- Donation information including opportunity for online giving
- List of resources for volunteers, providers, returning citizens, and their families including how-to videos, news articles, books, statistics, and links to helpful websites
- Employment, internship, and volunteer listings

Develop a centralized mailing list of people interested in reentry

This research has already compiled an extensive list of reentry providers and other interested stakeholders in the reentry field in MA. Obtaining contact information, primarily email addresses, from these existing names and organizations could form the initial foundation of a comprehensive list to be used for updates on program development efforts and opportunities for involvement in during the formative phase. Ultimately, this list could serve as the basis for distribution of newsletters.

Convene an initial meeting of stakeholders

During the formative stage of developing this organization, it would be useful to gain early feedback from stakeholders. Feedback should be solicited to revise and finalize organizational objectives and prioritize services that would be most immediately useful. This meeting can also serve to build momentum toward ongoing meetings of the larger reentry provider landscape. One way to help connect the faith-based providers would be to create a prayer network, and this initial meeting may be helpful in identifying a partner to lead this effort.

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Appendix 1 Data sources and collection methods

Organization Name	Type of data	Date	Description
MA Department of Corrections	Program documents	N/A	List of prison chaplains List of 400 houses of worship working in reentry
Greater Boston Interfaith Organization	Program document	N/A	List of faith-based organizations on reentry task force
Community Resources for Justice	Program document	N/A	Coming Home Directory of reentry providers, funded by Shaw Foundation
Community Reentry Program Inc.	Meeting observation	6/25/2022	Greater Boston Reentry Summit at Roxbury Community College, convening of reentry providers

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Temple Beth Elohim	Meeting observation	6/6/2022	Returning Citizens: Barriers & Opportunities quarterly meeting of Racial Justice Initiative
MCI Norfolk	Meeting observation	5/31/2022	Meeting with prisoners convened by chairs of MA Legislative Commission on Structural Racism in Corrections
First Baptist Church Dorchester	Focus group	4/12/2022	Focus group conducted with two dozen black ministers working in prison ministry
MCI Milford	Focus group	6/18/2022	Focus group with prison chaplains employed by DOC

Appendix 2 Recommendations to the Legislative Commission on Structural Racism in Corrections

The various needs of returning citizens are extensive. In response, reentry services should be holistic and individualized based on the specific needs and context of individual inmates. Reentry planning should ideally begin upon initial prison intake to ensure the opportunity to begin addressing some issues, such as mental health or vocational training, while in prison and ensure a smooth transition. Services do exist in Massachusetts, but they are insufficient to effectively support returning citizens. Increased funding for both private and public services would be helpful, especially in the areas of transitional housing and mental health and substance abuse services which require significant investment for facilities and/or relevant expertise. The following recommendations, however, may be accomplished to some degree through reallocation

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of existing funding and greater leveraging of volunteer resources. The faith community provides an avenue of support that has been largely underutilized. Existing services could be optimized through four broad strategies, including:

- 1) Expand and improve use of technology in reentry services
- 2) Facilitate and increase use of volunteers throughout the reentry process
- 3) Improve coordination and communication in the network of reentry providers
- 4) Increase accountability in the corrections system

Technology in Reentry Services

The pandemic forced many organizations and institutions to re-envision the use of technology to provide effective services. This creates an opportunity within corrections generally and the reentry field specifically. Some prisons have taken small steps to utilize technology. Inmates at one facility, for example, shared that tablets were distributed to prisoners to watch movies for a fee. The available technology could be leveraged there and elsewhere to offer services more conducive to helping with reentry. Technology could improve access to services and target information-sharing for inmates to individually tailor services. Technology would also be useful within the corrections system staff to improve coordination and information-sharing. One reentry worker shared that a monthly meeting about reentry updates was based on a phone call, so no easily accessible record was available for those absent. Further, those calls ended when the staff person who organized them left the position. New software for virtual meetings makes recordings easy, so the information can be available to all relevant staff.

Increased use of technology offers many potential benefits, but it does require some caution and intentional deliberation about appropriate usage. Considerations about confidentiality and protection of private information, equitable access to resources, and safety arise. Some safeguards and monitoring may be necessary to ensure that technology is used fairly, effectively, and appropriately to prepare prisoners for successful reentry upon release.

Appendix 2 Recommendations to Commission (continued)

- **Increase the use of self-service resources.** More resources can be available online, on a self-service basis, for the inmate during incarceration and upon reentry to the community. Reduced reliance on human intervention from a third party, when feasible, would serve to decrease costs and improve access. Online self-service options may also promote greater

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agency among inmates. A program to help inmates identify their primary challenges at reentry and learn about available resources to address their specific needs would enable them to collaboratively devise their own reentry plan with input from staff. Access to various educational and life development programs would also be helpful.

- **Provide electronic access to resources for families of inmates.** Resources could provide education about the reentry process and typical challenges of inmates. Such information would help prepare and equip family members about what to expect and how they can provide support. In addition, an online site could provide resources for the family members themselves, as they also have been affected by the incarceration of a loved one.
- **Explore virtual options for mental health services.** A high proportion of inmates struggle with mental health and substance abuse issues. Some experience additional trauma or struggles during incarceration. The capacity of state providers in prisons and jails to address mental health and substance abuse issues is limited. Reliance on internal resources also means that treatment is disrupted upon release. The pandemic has forced healthcare providers to greatly expand online resources to address mental health issues. Some of the resources may be appropriately adapted for use in incarceration and during reentry.
- **Consider remote options for workforce development and education.** The pandemic also forced reconsideration of work and increased remote employment and training opportunities. Some job training programs currently exist within prison, but they may not be appropriate for the current workforce environment in terms of orientation toward the workplace skills in demand, CORI friendliness, remote work possibilities, or positions with a living wage. One prison in MA recently initiated a training program in computer coding. Online training options in that area or others like software testing, paralegal services, or graphic design could begin in prison and ultimately lead to meaningful and remote work opportunities when released. Some of those positions could potentially begin while still incarcerated, further easing one of the biggest challenges of reentry for many returning citizens. For others, educational programming could allow for the achievement of high school or college degrees, language proficiency, or development of other skills.
- **Enable opportunities for virtual visits with family members, mentors, or spiritual advisors.** The pandemic severely restricted visitation in prisons. Other factors, such as transportation challenges or geographic distance, may also disrupt or hinder visitation.

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APPENDIX L

DOC

Sample Expenditures and Line Item Requests

- MA Department of Correction Actual and Projected Expenditures
- Appropriation for DOC| Governor's FY21 Budget Recommendation
- DOC Annual Operating Expenditures FY17 to FY21 - Per Appropriation
- MassCor Annual Expenditures FY17 to FY21 - Per Appropriation

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APPENDIX L: DOC Sample Expenditures and Line Item Requests

[Appropriation for Department of Correction | Governor's FY21 Budget Recommendation](#)

MA Department of Correction Actual and Projected Expenditures

Category	FY2017 Expended	FY2018 Expended	FY2019 Expended	FY2020 Projected Spending	FY2021 House 2 (proposed)
Wages & Salaries	\$410,042,309	\$411,689,928	\$429,165,246	\$431,440,795	\$444,591,670
Employee Benefits	\$18,715,215	\$18,166,019	\$19,454,638	\$24,145,336	\$22,273,049
Operating Expenses	\$56,196,063	\$61,309,622	\$66,397,223	\$74,676,055	\$74,652,172
Safety Net	\$123,536,663	\$144,016,307	\$174,979,547	\$193,594,946	\$214,522,093
Grants & Subsidies	\$2,200,000	\$2,415,000	\$2,375,000	\$2,420,000	\$0
Other	\$1,725,018	\$1,725,018	\$1,725,018	\$1,725,019	\$1,725,019
Total	\$612,415,268	\$639,321,894	\$694,096,672	\$728,002,151	\$757,764,003

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FY2021 Budgetary Recommendation by Line Items

[Appropriation for Department of Correction | Governor's FY21 Budget Recommendation](#)

Budgetary Recommendation		757,764,003
8900-0001	Department of Correction Facility Operations	711,437,535
8900-0002	Massachusetts Alcohol and Substance Abuse Center	20,503,114
8900-0003	Behavioral Health and Residential Treatment	5,245,571
8900-0010	Prison Industries and Farm Services Program	5,577,783
8900-0011	Prison Industries Retained Revenue	5,600,000
8900-0050	DOC Fees Retained Revenue	8,600,000
8900-1100	Re-Entry Programs	800,000
Intragovernmental Service Spending		14,650,000
8900-0021	Chargeback for Prison Industries and Farm Program	14,650,000
Trust Spending		502,000
8900-0081	Inmate Workcrew Expendable Trust	140,000
8900-0082	Inmate Workcrew Federal Trust	75,000
8900-1178	Renewable Energy Trust Fund	20,000
8900-2495	Division of Education - Habitat Sales	67,000
8900-9000	Inmate Program Fund	200,000
Federal Spending		548,719
8900-4001	Justice Reinvestment Init. - Medication Assisted Treatment	410,303
8900-5001	Prison Parenting Initiative for Young Adults	138,416

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Department of Correction Annual Operating Expenditures FY17 to FY21 - Per Appropriation

8900-0001: Main Operating						
Object Class	Object Class Description	2017	2018	2019	2020	2021
AA	Salaries	\$390,914,083	\$392,149,673	\$400,601,040	\$322,856,173	\$423,816,389
BB	Employee Reimbursements	\$3,432,259	\$3,375,105	\$3,224,635	\$3,323,658	\$3,167,883
CC	Contractor Salaries	\$135,324	\$165,759	\$113,700	\$87,567	\$138,300
DD	Fringe Benefits	\$14,955,761	\$14,484,826	\$15,523,898	\$16,577,830	\$17,805,616
EE	Administrative Expenses	\$2,557,921	\$2,799,343	\$3,308,783	\$3,133,275	\$2,963,261
FF	Facility Operational Expenses	\$17,876,791	\$17,616,163	\$17,574,649	\$19,971,350	\$18,070,762
GG	Energy Costs and Space Rental	\$21,541,494	\$22,564,558	\$23,350,539	\$22,037,297	\$22,232,849
HH	Consultant Services	\$1,722,681	\$1,630,379	\$330,171	\$3,474,681	\$1,218,499
JJ	Operational Services	\$4,676,005	\$4,390,777	\$4,290,502	\$4,059,963	\$3,718,775
LL	Equipment Lease-Maint/Repair	\$1,195,967	\$1,210,333	\$1,352,535	\$1,535,976	\$1,199,453
MM	Purchased Client/Program Svcs.	\$7,955,700	\$8,438,711	\$5,012,510	\$5,054,064	\$10,700,230
NN	Infrastructure	\$5,005,844	\$8,552,392	\$10,793,194	\$11,046,055	\$9,980,298
PP	Earmarks	\$2,200,000	\$2,415,000	\$2,375,000	\$2,420,000	\$2,375,000
RR	Benefit Programs	\$115,333,463	\$135,331,347	\$168,770,750	\$170,140,656	\$168,075,088
SS	Debt Service	\$1,725,018	\$1,725,018	\$1,725,018	\$1,725,018	\$1,725,018
UU	Information Technology	\$0	\$0	\$0	\$748,385	\$796,134
TOTAL		\$591,228,311	\$616,849,382	\$658,346,924	\$588,191,949	\$687,983,554
					* \$149M assigned to Cares Act in FY20 for costs of Salaries, Overtime, Hazard Pay, Payroll Tax, Fringe due to Covid;	

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8900-0002: MASAC @ Plymouth						
Object Class	Object Class Description	2017	2018	2019	2020	2021
AA	Salaries	\$ 4,879,104	\$ 9,561,411	\$ 10,591,716	\$ 8,408,571	\$ 2,054,764
BB	Employee Reimbursements	\$ 36,953	\$ 51,980	\$ 102,422	\$ 104,379	\$ 9,446
DD	Fringe Benefits	\$ 83,804	\$ 136,606	\$ 183,237	\$ 196,382	\$ 39,862
EE	Administrative Expenses	\$ -	\$ -	\$ -	\$ 22,685	\$ 9,785
FF	Facility Operational Expenses	\$ -	\$ -	\$ -	\$ 192,733	\$ 102,208
GG	Energy Costs and Space Rental	\$ -	\$ -	\$ -	\$ 167,481	\$ 156,052
JJ	Operational Services	\$ -	\$ -	\$ -	\$ 332,081	\$ 840,687
KK	Equipment	\$ -	\$ -	\$ -	\$ 96,835	\$ -
LL	Equipment Lease-Maint/Repair	\$ -	\$ -	\$ -	\$ 24,579	\$ 20,928
NN	Infrastructure	\$ -	\$ -	\$ -	\$ 636,202	\$ 987,164
RR	Benefit Programs	\$ -	\$ -	\$ -	\$ 3,534,107	\$ 15,798,372
UU	Information Technology	\$ -	\$ -	\$ -	\$ 22,500	\$ -
TOTAL		\$ 4,999,861	\$ 9,749,997	\$ 10,877,375	\$ 13,738,535	\$ 20,019,268
8900-0003: Criminal Justice Reform						
Object Class	Object Class Description	2017	2018	2019	2020	2021
AA	Salaries	\$ -	\$ -	\$ 525,845	\$ 1,903,178	\$ 2,014,603
BB	Employee Reimbursements	\$ -	\$ -	\$ -	\$ 3,846	\$ 1,837
CC	Contractor Salaries	\$ -	\$ -	\$ 10,770	\$ 16,227	\$ 26,347
DD	Fringe Benefits	\$ -	\$ -	\$ 9,283	\$ 45,140	\$ 39,594
FF	Facility Operational Expenses	\$ -	\$ -	\$ 216,331	\$ 199,014	\$ 85,897
HH	Consultant Services	\$ -	\$ -	\$ -	\$ 146,953	\$ 12,500
JJ	Operational Services	\$ -	\$ -	\$ -	\$ 57,750	\$ -
MM	Purchased Client/Program Svcs.	\$ -	\$ -	\$ 547,413	\$ 1,376,636	\$ 1,275,273
NN	Infrastructure	\$ -	\$ -		\$ -	\$ -
RR	Benefit Programs	\$ -	\$ -	\$ 296,338	\$ 665,958	\$ 685,937

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UU	Information Technology	\$ -	\$ -	\$ -	\$ 705,725	\$ 582,181
TOTAL		\$ -	\$ -	\$ 1,605,980	\$ 5,120,427	\$ 4,724,169
8900-1100: Re-Entry Programs						
Object Class	Object Class Description	2017	2018	2019	2020	2021
AA	Salaries	\$ -	\$ 25,431	\$ 207,375	\$ 366,415	\$ 462,215
BB	Employee Reimbursements	\$ -	\$ 2,130	\$ 101	\$ 661	\$ -
CC	Contractor Salaries	\$ -	\$ 19,035	\$ -	\$ -	\$ -
DD	Fringe Benefits	\$ -	\$ 623	\$ 3,588	\$ 8,644	\$ 8,967
EE	Administrative Expenses	\$ -	\$ -	\$ -	\$ 121,546	\$ 126,519
FF	Facility Operational Expenses	\$ -	\$ -	\$ -	\$ 64,286	\$ 24,403
HH	Consultant Services	\$ -	\$ 71,213	\$ -	\$ -	\$ -
MM	Purchased Client/Program Svcs.	\$ 247,500	\$ 246,250	\$ 352,536	\$ 250,000	\$ 250,000
NN	Infrastructure	\$ -	\$ -	\$ 10,362	\$ 23,966	\$ 21,170
UU		\$ -				
TOTAL		\$ 247,500	\$ 364,682	\$ 573,962	\$ 835,518	\$ 893,273
8900-0976: FY19 Recruit Class						
Object Class	Object Class Description	2017	2018	2019	2020	2021
AA	Salaries			\$ 9,062,125		
BB	Employee Reimbursements			\$ 117,100		
DD	Fringe Benefits			\$ 156,775		
TOTAL		\$ -	\$ -	\$ 9,336,000	\$ -	\$ -
8900-0050: Retained Revenue						
Object Class	Object Class Description	2017	2018	2019	2020	2021
AA	Salaries	\$ 8,459,571	\$ 6,381,209	\$ 6,361,137	\$ 8,398,133	\$ 6,904,189
DD	Fringe Benefits	\$ 140,429	\$ 89,975	\$ 110,048	\$ 201,867	\$ 133,941

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TOTAL		\$ 8,600,000	\$ 6,471,185	\$ 6,471,185	\$ 8,600,000	\$ 7,038,130
1100-2020 Coronavirus Relief Fund Realigned from DOC Accounts**						
Object Class	Object Class Description	2017	2018	2019	2020	2021
AA	Salaries				\$ 113,703,937	
DD	1.94% Payroll Tax & Fringe Benefits				\$ 2,763,006	
TOTAL					\$ 116,466,943	
	GRAND TOTALS	\$ 605,075,672	\$ 633,435,246	\$ 687,211,427	\$ 732,953,371	\$ 720,658,394
	** These Funds were reclassified by Comptroller's office and ANF from DOC line items in FY2020 for Covid Relief					

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MassCor Annual Expenditures FY17 to FY21 - Per Appropriation

8900-0010: Prison Industries - Appropriated						
Object Class	Object Class Description	2017	2018	2019	2020	2021
AA	Salaries	\$ 909,250	\$ 1,159,188	\$ 1,286,268	\$ 1,435,668	\$ 1,591,266
DD	Fringe Benefits	\$ 15,094	\$ 16,345	\$ 22,252	\$ 32,946	\$ 30,871
FF	Facility Operational Expenses	\$ 3,158,168	\$ 3,169,890	\$ 3,946,541	\$ 3,657,885	\$ 3,602,480
JJ	Operational Services	\$ 96,588	\$ 89,186	\$ 88,168	\$ 88,495	\$ 89,025
LL	Equipment Lease-Maint/Repair	\$ 15,222	\$ 13,448	\$ 6,844	\$ 4,394	\$ 14,554
NN	Infrastructure	\$ 14,998	\$ 13,844	\$ 13,721	\$ 7,860	\$ 12,620
TOTALS		\$ 4,209,320	\$ 4,461,900	\$ 5,363,793	\$ 5,227,249	\$ 5,340,816
8900-0011: Industries Retained Revenue						
Object Class	Object Class Description	2017	2018	2019	2020	2021
AA	Salaries	\$ 3,022,296	\$ 597,843	\$ 75,099	\$ -	\$ -
BB	Employee Reimbursements	\$ 783	\$ -	\$ -	\$ -	\$ -
DD	Fringe Benefits	\$ 50,132	\$ 8,430	\$ 1,299	\$ -	\$ -
EE	Administrative Expenses	\$ -	\$ -	\$ 49,784	\$ 71,321	\$ 170,003
FF	Facility Operational Expenses	\$ 57,066	\$ 575,705	\$ 896,337	\$ 967,347	\$ 1,454,499
GG	Energy Costs and Space Rental	\$ -	\$ -	\$ -	\$ -	\$ -
HH	Consultant Services	\$ -	\$ -	\$ -	\$ -	\$ 5,053
JJ	Operational Services	\$ -	\$ -	\$ 21,000	\$ 71,091	\$ 43,509
KK	Equipment	\$ -	\$ 242,597	\$ 435,871	\$ 514,758	\$ 656,997
LL	Equipment Lease-Maint/Repair	\$ -	\$ -	\$ -	\$ 29,919	\$ 58,236
NN	Infrastructure	\$ -	\$ 175	\$ 42,063	\$ 144,967	\$ 209,752
RR	Benefit Programs	\$ -	\$ -	\$ -	\$ -	\$ -
UU	Information Technology	\$ -	\$ -	\$ -	\$ 13,759	\$ 7,995
TOTALS		\$ 3,130,276	\$ 1,424,749	\$ 1,521,453	\$ 1,813,163	\$ 2,606,045

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8900-0021: Prison Industries Intragovernmental Chargeback						
Object Class	Object Class Description	2017	2018	2019	2020	2021
AA	Salaries	\$ 3,323,378	\$ 3,320,260	\$ 3,809,508	\$ 4,091,066	\$ 4,142,462
BB	Employee Reimbursements	\$ 35,311	\$ 40,606	\$ 35,732	\$ 39,024	\$ 34,989
DD	Fringe Benefits	\$ 55,168	\$ 46,816	\$ 65,905	\$ 97,100	\$ 80,364
EE	Administrative Expenses	\$ 164,035	\$ 348,488	\$ 210,973	\$ 105,154	\$ 25,705
FF	Facility Operational Expenses	\$ 4,787,549	\$ 3,970,128	\$ 3,978,616	\$ 2,958,904	\$ 2,192,159
GG	Energy Costs and Space Rental	\$ 5,719	\$ 4,512	\$ 17,313	\$ 22,995	\$ 10,227
JJ	Operational Services	\$ 804,570	\$ 748,508	\$ 743,761	\$ 777,878	\$ 1,654,135
KK	Equipment	\$ 220,966	\$ 78,751	\$ 214,148	\$ 370,396	\$ 8,908
LL	Equipment Lease-Maint/Repair	\$ 132,901	\$ 158,579	\$ 199,917	\$ 138,167	\$ 68,595
NN	Infrastructure	\$ 1,144,807	\$ 681,763	\$ 684,798	\$ 551,129	\$ 263,660
UU	Information Technology	\$ 426,612	\$ 1,376,199	\$ 472,760	\$ 610,029	\$ 615,888
TOTALS		\$ 11,101,015	\$ 10,774,609	\$ 10,433,431	\$ 9,761,842	\$ 9,097,092

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APPENDIX

M

DOC 2023 Data Set Request

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APPENDIX M: DOC 2023 Data Sets Requests

Purpose of These Data Sets

As a part of the police reform bill, the Special Legislative Commission on Structural Racism in Correctional Facilities of the Commonwealth was mandated in [Chapter 253 SECTION 110 of the Massachusetts General Laws](#) to *investigate and study disparate treatment of persons of color incarcerated at state and county correctional facilities and determine the role of structural racism in those disparities... [and to] make recommendations to eliminate any disparities in the treatment of persons of color found at state and county facilities including policy or legislative changes*. When Department of Correction (DOC) officials provided data in response to Commission data requests, Commissioners quickly realized two things. One, data requests needed to be much more specific and actionable than those the Commission had submitted. Two, the DOC did not have data collection systems in place for monitoring structural racism or equity.

The Commission addressed this finding in its 4th of 10 Major Recommendations detailed on page 25 of the Report.

Commission on Structural Racism in MA Correctional Facilities Report, Recommendation Four– Update Data Collection Policies & Standards: *Collect accurate individualized data for staff and incarcerated individuals across their Corrections tenure by race and ethnicity, sexual orientation, and language, with special focus on health and workforce development and training outcomes.*

The Commission Report outlined suggestions for training and engaging staff and incarcerated persons in developing data collection and other systems for assessing and improving performance on equity. Additionally, the Commission recommends the DOC collect and publish the following data sets in furtherance of Recommendation Four. The data sets below should be adapted or elaborated as needed in furtherance of the goals to promote equity and eliminate disparities. In some cases new systems will need to be built or developed to collect the following.

Requested Data Sets by Facility for Eliminating Disparities in Corrections

Incarcerated Individual Employment by Industry and by Facility

- *by incarcerated individual race (self-reported), immigration status (e.g., citizen, permanent resident, undocumented), convicted charge, original sentence, years remaining on sentence, date of last parole, years to next parole, Hispanic/Not Hispanic, nationality of origin, native language, English proficiency, gender (self-reported), LGBTQ+ status (self-reported)*
 - Jobs Requested, Offered, Accepted
 - Years employed in current job
 - Current Pay Rate
 - Years employed in last two jobs
- *Pay range, #/% of individuals currently holding the job by race, by industry and by job (e.g., janitorial, barber)*

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Self-Reported Access to Cultural & Self Care Products by Facility

- *by incarcerated individual race (self-reported), immigration status (e.g., citizen, permanent resident, undocumented), convicted charge, original sentence, years remaining on sentence, date of last parole, years to next parole, Hispanic/Not Hispanic, nationality of origin, native language, English proficiency, gender (self-reported), LGBTQ+ status (self-reported)*
- Do you require products for self-care or diet that are specific to your race, ethnicity, culture, religious or health needs?
 - If so, list products
- Which of the above listed products are you currently able to access from Canteen?
- Which of the above listed products are you able to access from other sources?
- Which of the above listed products are you currently unable to access from any source?

Healthcare Education, Access, & Treatment by Facility

- *by incarcerated individual race (self-reported), immigration status (e.g., citizen, permanent resident, undocumented), convicted charge, original sentence, years remaining on sentence, date of last parole, years to next parole, Hispanic/Not Hispanic, nationality of origin, native language, English proficiency, gender (self-reported), LGBTQ+ status (self-reported)*
- *then by #requests, #no response, #denials, #/% approved requests, #visits*
- Routine Care Visit
- Mental or Behavioral Health Visit
- Substance Use Disorder Specific Care Request
- Urgent & Emergency Care Visit
- Chronic Illness Care Request
- Telehealth Care Visit

Classification Status & Changes

- *by incarcerated individual race (self-reported), immigration status (e.g., citizen, permanent resident, undocumented), convicted charge, original sentence, years remaining on sentence, date of last parole, years to next parole, Hispanic/Not Hispanic, nationality of origin, native language, English proficiency, gender (self-reported), LGBTQ+ status (self-reported)*
- Intake Classification Status
- Current Classification Status
- #Classification Changes by Status Change

Programs by Category (e.g., Education, CT, MAT/Recovery) and by Facility

- *by incarcerated individual race (self-reported), immigration status (e.g., citizen, permanent resident, undocumented), convicted charge, original sentence, years remaining on sentence, date of last parole, years to next parole, Hispanic/Not Hispanic, nationality of origin, native language, English proficiency, gender (self-reported), LGBTQ+ status (self-reported)*
- *then by #requests, #no response, #waitlisted, #denials, #/% approved requests, #weeks enrolled*
- Departmental Services and Programs
- Vendor Facilitated Core Programs
- Vendor Facilitated Counseling Programs
- Educational Programs

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- Vocational Workforce Development Programs
- Volunteer and Chaplain Facilitate Programs
- Institutional Programs
- Reentry Specific

Additional Qualitative Data

The Commission also recommends DOC collect qualitative data on outcomes and impacts *by self-reported race* of incarcerated individuals, of individual CPOs, and by self-improvement group, with demographic breakdown of group membership *by race, immigration status (e.g., citizen, permanent resident, undocumented), Hispanic/Not Hispanic, nationality of origin, native language, English proficiency, gender, LGBTQ+ status* for the following:

- **Program & Services Budget Line Items**
- **CPO Case Management Decisions**, *by discretionary and nondiscretionary decisions*

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APPENDIX

N

DOC Submissions to the Legislative Commission on Structural Racism in Corrections

- DOC Response to Policy Working Group Questions
- Sample Classification Report**
- Male Objective Point-based Classification System**
- Female Objective Point-based Classification System**
- DOC Program Description Booklet*
- Active Pop Enrolled Education Recidivism Reduction Programs**
- Point-In-Time Healthcare Data by Race, January 24, 2022
- DOC Post Hearing Follow-Up Responses

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APPENDIX N: DOC Submissions to the Legislative Commission on Structural Racism in Corrections

Below is the **15-paged list of questions submitted by the Policy Working Group, with the responses** by Commissioner Carol Mici, and her team. The Policy Working Group submitted their questions on 12/16/2021 and Commissioner Mici submitted her responses on 2/1/2022, along with the following supportive documents:

- **Sample Classification Report**
- **Male and Female Objective Point-based Classification Systems**
- **DOC Programs Booklet**
- **Active Pop Enrolled Education Recidivism Reduction Programs**
- **Healthcare Data by Race**

On June 3, 2022, **further responses were submitted** in response to a March 3 follow-up meeting between DOC Commissioner Mici and House Chair of the Corrections Structural Racism Commission and can be found at the end of this appendix, Appendix N. For additional data sets requested as part of Recommendations, see Appendix M: DOC 2023 Data Set Requests

DOC Commissioner February 2022 Response to Policy Working Group Questions

Tuesday, February 1st, 2022

[DOC Responses in red]

“Hello All,

Thank you for the opportunity to testify last week. Attached you will find the information you requested as well as written [answers] to the questions posed a few weeks ago.

I hope you find this information helpful.

Thank you
Carol Mici”

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DOC Policy, Experience and Access to Resources Working Group Questions for DOC Administration

Data Collection

- At DOC facilities, is data by race and/or ethnicity collected at intake? **Yes** If so, is this data self-reported? **Yes, this is supposed to be reported by the inmate. A recent training (January 2022) reiterated this point and directed staff to specifically ask the inmate to report how they self-identify.**
 - What are the categories/options for responses? **Options for RACE include:**
 - **Asian or Pacific Islander**
 - **Black or African-American**
 - **American Indian or Alaska Native**
 - **White**
 - **Unknown**
 - Is there an option to identify as Latino/a? **Yes, there is a question that asks about Ethnicity with the options being:**
Hispanic or Latino or Non-Hispanic or Not Latino
 - If no to any of the above, what are the obstacles to this data collection?
- When people enter incarceration, how is information on the individual's race collected and at what point does this occur? **Information on Race is collected at admission and should be asked of someone. If an individual chooses to change what they previously reported as their Race (or ethnicity or even other self-reported fields of information) they can do so at any time and should be re-asked during a Classification Review.**
- At a Commission hearing, formerly incarcerated people spoke about ID cards with a race designation. Could you please describe what information is provided on these cards and how it is obtained? Do incarcerated people self-report? Where is this information stored? **By policy (103 DOC 402), Inmate ID cards contain the following information:**
 - The inmate's full name, including middle initial, if any;
 - The inmate's commitment number;
 - Physical description including: Height; Weight; Color of eyes; Color of hair;
 - (Assigned) Sex;
 - Date of Birth;
 - Race;
 - Date Card Issued;
 - Gender (Subject to 103 DOC 653, Identification, Treatment and Correctional Management of Gender Non-Conforming Inmates, requirements);
 - Search (Subject to 103 DOC 653 requirements); and
 - Photograph (front view).

This information is recorded at admissions and stored in the Department's Inmate Management System (IMS).

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- Is data from the Massachusetts Trial Court, Massachusetts Department of Criminal Justice Information Services, Massachusetts House of Corrections and Massachusetts Department of Corrections connected? If yes, are these records electronic? **No**
 - If data is not streamlined, what barriers prevent this? **There are multiple reasons for data disconnects. Various individual agencies use different technological platforms. Not everyone collects the same information in the same format. While most, but not all information, is collected electronically, it is not necessarily easily extractable, analyzable, or readily shareable. A good deal of information is collected in a “narrative” format or as “comments,” with the original intent being operational in nature and viewing individual records (versus aggregately). Another challenge has been that updates and improvements usually go into effect “going forward,” and given the historical nature of much of the information in all these information systems, it becomes problematic. Costs of upgrades and associated staff trainings can be prohibitive, especially with the rapid pace of technological advancement.**
 - Are there other agencies that provide demographic data to DOC? **It is possible for DOC to obtain some demographic data from County Sheriffs, DCJIS, Parole and the Courts.**
- Is data on race and ethnicity dis-aggregated by race? How is this data organized? **As outlined above, there are 5 categories for Race. Only one can be chosen. Ethnicity is separate yes or no question for Hispanic/Latina. If a particular project requires us to integrate “Hispanic” as a “race” we do so by including anyone who reported “yes” as Hispanic, regardless of their race.**
 - If not, what are the obstacles or barriers that prevent this? **N/A**
- If data by race is collected, what barriers exist that prevent this data from being reported out of the DOC? Can mechanisms to collect this data be created and reported out? **As noted, we do and have collected race data for as long as we’ve been computerized and issued statistical reports (at least back to the 1970s). Potential barriers include an individual refusing to answer the question and/or if it is omitted. There is also the possibility that the individual was not specifically asked, and race was assumed by the person recording the information. This is a very important field, but not as simple as might seem on the surface. Many efforts have been made to allow for multiple races or allowing individuals to self-describe, but results were confusing and difficult to report in a coherent, relevant manner. In addition to collecting information about race and ethnicity, we also ask individuals to report their cultural identity (i.e. Portuguese or Egyptian) regardless of Place of Birth, Primary/Secondary Language, or Citizenship—all of which we collect.**
- Is immigration status asked? If not, is there a reason? **DOC collects information on citizenship. If someone reports not having U.S. citizenship and/or there are other factors to suggest a review would be reasonable, ICE reviews these cases. When someone is not a U.S. citizen, we document their FBI alien number if they have one.**

DOC has an MOU with ICE regarding the 287(g) program. DOC has 1 employee with 287(g) credentials. We review all new commitments to identify foreign-born inmates, who are then interviewed, fingerprinted, and have a file activated. The assigned DOC employee works with the 287(g) ICE supervisor on all ICE matters, then entering all data

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into the IMS Legal Issues/ICE Screens. When DOC facilities process CJIS queries, they will refer any inmate to the ICE liaison if any additional information identifies the inmate as foreign born. The DOC employee will serve detainers on inmates who have been confirmed as illegal and will monitor that inmate throughout the ICE proceedings. The assigned employee is the DOC liaison to ICE.

For DOC staff: In the job hiring and screening process, do all applicants or current DOC employees have their backgrounds checked for possible affiliation or online activities with extremist groups, before or after they are hired?

DOC screens all applicants through a national database to determine if they are affiliated with any extremist group affiliations. As part of our hiring process, we run every applicant's name through CJIS locally and nationally. As part of the national query, we run them through the National Crime Information Center (NCIC). This query would indicate if they were on a terrorist watchlist. Part of the background check also involves running applicants' names through national and local databases which yield information pertaining to involvement with extremist groups. Social media accounts are also checked into for any extremist posting activity, and for the applicant's friends or associates who may be involved in extremist activity. Current employees may also have their backgrounds checked for recent extremist activity if there is a reasonable suspicion to do so, and if authorization is given by the appropriate DOC administrator.

Programming and Metrics

- Can you provide a list of programming at each DOC facility and participants by race? **Yes**
 - Of the programming offered, which provides good time upon completion? **All programming listed for this question provides earned good time**
 - Are there performance metrics for the programs or classes? **Yes, we can provide an analysis of program outcomes by race, such as a comparison of program completion rates.**
 - Do you have data by race for program attendees? **Yes**
 - If you do not have the metrics of who attends programs based on race, what are the obstacles to this? **N/A**
- Are there any ceilings/limits to the number of available spots for a particular program or jobs, particularly limits based on race?

There are no limits based on race, but some programs have limited capacity due to space and social distancing. Job availability is based on the number of allocated facility jobs, and positions are approved based on facility operational needs and the constraints of an approved budget.

- What is the criteria used to determine whether a person will be allowed in a particular program or job?

Education Programming: varies based on program. For example, ABE is open to everyone who does not have a high school equivalency. Vocational programming

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is open to all who have a high school equivalency, except for wheelchair repair, which is open to all. College programming is open to individuals with high school equivalency and who are accepted by the college program. Some other factors are considered, such as college readiness, and we also look at length of sentence to give them the best chance to complete the certificate, or degree.

Employment: screening for facility and outside community work crews and industries positions is completed through the institution classification process. An institution's work assignment officer assigns jobs, taking into consideration inmate skills and abilities, security clearance, and work histories to match inmates with appropriate institution work assignments.

Recidivism Reduction Programming: DOC administers a COMPAS risk assessment to criminally sentenced male inmates who are serving a minimum of one year and who are not sentenced to life without parole. Inmates who score moderate or high risk to recidivate on the risk assessment are eligible for a needs assessment. An inmate's needs assessment score identifies criminogenic need areas that should be addressed with corresponding evidence-based programming prior to release in order to reduce the likelihood of recidivating. For example, inmates with a substance use disorder, anger issues, or criminal thinking needs are recommended for the Correctional Recovery Academy (CRA) Program. Other substance use treatment at sites without the CRA are the Violence Reduction Program (VRP) and the Criminal Addictive Thinking Program (CAT). This report will illustrate the MA DOC's progress towards promoting positive behavioral change by means of programming prior to an inmate's release. Additionally, for substance use we do utilize a two-tier assessment process as we ensure all inmates are screened with the Texas Christian University Drug Screen (TCUD V). Our Gap Analysis Report which is available via the following link breaks down our assessment and recommendation process:

<https://www.mass.gov/doc/gap-analysis-report-cy20/download>

What are the criteria considered in deciding which programs and classes to offer?

DOC uses evidence-based programming to address the changing needs of the population, reflecting community standards of programming and education for the non--incarcerated population. DOC works with contracted vendors to assess, review, and implement programming that meets the educational, programmatic, vocational, and overall wellbeing needs of our population.

- A primary objective of the MA DOC is to rehabilitate inmates and prepare them for successful reentry back to their community.
- Over the last 10 plus years, the MA DOC has placed a greater emphasis on evidence-based programming as a tool for reducing recidivism.
- Utilizing the best available research, the MA DOC has sought to address the root causes of criminal behavior through highly focused and targeted programming.

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- We collaborate with our Program Recidivism Reduction vendor, Spectrum health Systems, to review curriculum and are continuously working towards improving content facilitated in our programs.
 - For example, we are currently transitioning the curriculum for participants in our SBCC Reentry Unit to the Getting It Right Series of interactive workbooks from the Change Companies, which will be implemented in February.
- We want to ensure our programming is producing the desired outcomes on reducing recidivism. We do this through our very talented Research and Planning Division which publishes a recidivism evaluation on our CRA program and is working towards producing a similar report for additional risk reduction and education/vocational programs. As we want to ensure the programs, we are invested in are generating outcomes for public safety.
 - For example, the recidivism rate was only 7.6% when inmates with both a substance use and an educational need completed the CRA program and attained their high school equivalency credential. The recidivism rate significantly increased to 22.9% when no need area(s) were met.

Educational programming:

- ABE (Adult Basic Education) is offered to everyone that does not have a high school equivalency. Inmates are assessed at intake and their level is determined, allowing them to be enrolled in the correct level class (ABE, ASE Pre-ASE or ESL). Inmates have recently been able to expand their learning time on tablets and develop digital literacy skills.
- Vocational and post-secondary education-
- Inmates who have their high school equivalency can enroll in one of our vocational or college programs. We have recently hired career and college coordinators and a manager of career services to analyze job market trends and CORI friendly industries so we can continue to evaluate our programming and add new programming that can provide the best opportunities for job security. The career and college coordinators meet with inmates and help determine their interests and they work with our teachers to enroll them in the program that best meets their interests and needs. The manager of career services also is working in the community with potential employers. He then works with the career and college coordinators to get a list of referrals to assist inmates when they are close to release to be placed in jobs, further training, or college programs.

Tablets and Virtual Programming:

- As a result of the pandemic social distancing was implemented in our classrooms which decreased capacity; thus, we strategized in two ways to increase our program capacities.
 - We implemented a hybrid learning model and piloted virtual classrooms on our APDS tablets.

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- APDS made available towards the end of October their virtual classroom application (similar to Zoom with additional security features for a correctional setting) and the Department dove right in to pilot this application by starting a pilot in December 2021.
- Tablets and virtual programming will be a vital tool going forward for providing programming and supplementing classroom facilitation.
- This will ensure more inmates address their program needs prior to release and increase time on task with learning.
- APDS Tablets provide educational software and teacher driven lessons enabling inmates to work towards obtaining their high school equivalency at a potentially faster rate due to more time on task. Additionally, the ability to provide a hybrid format for inmates who have an educational need will reduce our wait lists significantly. We have also been able to expand ABE education to the minimum-security facilities where education was a challenge due to work schedules and participation in other programming.
- For example, we have started a pilot Criminal Thinking class at Northeastern Correctional Center that will conclude in February and we are on track to implement virtual programming in medium security facilities, such as MCI-Norfolk, MCI-Concord, and MCI-Shirley within the month of February as well.
 - Also, based on the recidivism outcomes for completing both CRA and HS equivalency we have started a pilot at our CRA in MCI-Concord where inmates with an academic need are participating in education via the tablets while enrolled in CRA.
- How is programming accessed by people who are incarcerated?

Criminogenic treatment needs are identified via assessments and any available documentary evidence, such as official versions and criminal histories. A CPO may formulate program recommendations for inmates who do not score moderate or high risk for a criminogenic need area on their needs assessment and from documentary evidence that demonstrates the inmate may benefit from participating in programming. Examples of documentary evidence are official versions, prior criminal history, disciplinary reports, substance use testing, etc. The cornerstone of the programming administered by the DOC is the Risk-Need-Responsivity (RNR) framework. RNR is predicated on three core principles:

- The Risk Principle asserts that criminal behavior can be reliably predicted. Intensity of services should match the offender's risk level and treatment should focus on the higher risk offenders;
- The Need Principle highlights the importance of addressing criminogenic needs in the design and delivery of treatment; and
- The Responsivity Principle focuses on matching an offender's personality and learning style with appropriate program settings and approaches (See Andrews & Dowden, 2005; Andrews & Dowden, 2006; Andrews, Zinger, Hoge, Bonta, Gendreau & Cullen, 1990).

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Additionally, DOC offers vocational programming designed to promote future job security. These programs are chosen by analyzing job market trends and CORI- friendly industries.

Recidivism Reduction Programming:

Inmates are recommended for programming upon the completion of their needs assessment/TCUD and then are re-recommended for programming annually during their classification review process. Also, inmates can request to meet with their CPO to generate program recommendations. These program recommendations are documented in our IMS case plan module. IMS is then used to maintain a waitlist report, which is sorted by proximity to release as our goal is to address inmate's criminogenic needs prior to release.

- What programming happens through tablet/virtual participation or in-person?

Recidivism Reduction Virtual Programming:

Currently, we are piloting one vendor-facilitated program, Criminal Thinking, via tablets as this platform became available to us from our tablet provider APDS in October 2021. In February 2022, we will be scaling this up to additional facilities and adding additional tracks of Criminal Thinking and Violence Reduction in a virtual format.

Some of our Volunteer Programming is facilitated virtually via Zoom, such as Restorative Justice, Project Youth, and Toastmasters. Additionally, we have in-person volunteer programs for phase one restart post-pandemic which include: AA/NA, Service Dog programs (NEADS/AM VET), faith based programs, gardening/horticulture, and Restorative Justice.

Historically, our Recidivism Reduction Vendor Facilitated Programming has been in-person. As a result of COVID, this programming is currently facilitated in-person via a hybrid learning model. The hybrid learning model entails a rotation of one week of classroom participation and one week workbook learning throughout the duration of the program. Also, when COVID upticks occur, we quickly transition to workbook programming to ensure the learning and program opportunities continue.

- What programming has stopped since COVID limitations?

Traditional programming was temporarily halted in March 2020 at the beginning of the pandemic. As an alternative during this time, DOC implemented a Journaling Program, available to all inmates, to reduce idle time and to afford an opportunity to earn good time at a rate of 10 days per month. Additionally, DOC created a COVID packet program which was an in-cell program opportunity for inmates to earn boost and completion credits. This program increased the count

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of inmates earning a Release to Supervision (RTS) date and releasing on RTS. Below is a description as to when programming restarted within each area.

Education Programming resumed in a hybrid format in September of 2020. This included small face to face instructions and supplemental packet programming.

Recidivism Reduction Programming resumed in July 2020 through a workbook model and then transitioned to a hybrid learning model in April 2021. The hybrid learning model was implemented due to social distancing requirements resulting in reductions in classrooms capacities. The hybrid learning model allowed additional inmates to gain access to programming and ensure their identified criminogenic needs are met prior to release. Currently, the only Recidivism Reduction Programming operating exclusively via workbook format is our maintenance programs which requires weekly quizzes to ensure concepts are renewed prior to release.

Volunteer-facilitated programming resumed in August 2021 in phases. Programs identified for phase 1 include: AA/NA, Service Dog programs (NEADS/AM VET), Faith-based programs, gardening/horticulture, Restorative Justice, and programs facilitated in a virtual format. DOC is continuously monitoring the pandemic and is working towards implementing additional phases of volunteer programs.

- How does one's sentence or classification impact their access to programming?

The Classification Division works collaboratively with the Program Services Division to place inmates at facilities that have programming available for their corresponding criminogenic treatment needs. Program enrollment is based on waitlists which are managed by proximity to release.

- Are immigrants detained by the federal government in MA facilities given access to the programming that is offered?

DOC does not house immigrants detained by the federal government.

- How does a person sign-up for programming in each facility?

Inmates are recommended for programming upon the completion of their needs assessment/TCUD and then are re-recommended for programming annually during their classification review process. Also, inmates can request to meet with their CPO for program recommendations. These program recommendations are documented in our IMS case plan module. IMS is then utilized to maintain a waitlist report which is sorted by proximity to release, as our goal is to address an inmate's criminogenic needs prior to release. For volunteer/religious services, participation is through sign-up sheets and outreach with the Director of Treatment and staff.

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Educational needs are determined at intake. An educational intake form is filled out by the inmates and high school equivalency is determined and verified. If a person does not have a high school equivalency, they are given the TABE test (test of basic education) which provides an education level. Once an inmate arrives at their assigned facility, they are offered education classes based on their education level. If the class is full, they are placed on the wait list. If a person has their high school equivalency, they are given a survey test, which provides a basic reading/writing level. This provides a baseline for college and vocational program readiness. Upon arriving at the facility, they have an orientation which provides them with all the vocational and college programming available to them. They meet with a career and college coordinator, or CPO and a recommendation is made for the appropriate path based on the inmates expressed interest. They are then put on the waitlist, and once a spot opens, the head teacher or designated person will meet with the inmate to determine if they have continued interest or motivation to participate.

- Who are the outside vendors who do the programming?

Spectrum Health Systems is our vendor for the Recidivism Reduction Contract

We are conducting a 6-month pilot program, the Prison Entry Program (PEP Talk) at MCI-Cedar Junction with Academy of Hope, which started January 2022.

Additionally, we have numerous partnerships with colleges and universities to provide a higher level of academic learning and college certifications/degrees.

- If an individual's programming is determined from an initial assessment, what is being considered within that assessment and are there metrics attached to the assessment?

The COMPAS risk assessment considers static risk factors including current age, age at first arrest, documented criminal history, and self-reported education/vocation status, as well as self-reported substance use and recovery history.

As previously mentioned, if the risk of recidivism is medium or high, the inmate is administered the COMPAS Need Assessment. This assessment measures dynamic attitudinal factors through a self-reported Likert scale model where answers are aligned with criminal thinking, anger, substance use, and vocation to produce scale scores.

- What programs or classes are most requested? Are there specific numbers on the individual requests for a specific program?

Inmates do not request program placements; rather they are recommended through the assessment and override process. The greatest criminogenic

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treatment need is substance use, with over 60 percent of our population having an identified treatment need based on TCUD or Compas Needs Assessment. Similarly, there are numerous inmates with vocational program needs.

- In what languages are the programs conducted in? For the materials used in programs, what languages are the materials provided in?

Risk Reduction Programming: until recently programming was facilitated only in English; however, we have been working closely with our Risk Reduction Contract vendor to increase bi-lingual staff on this contract. We began facilitating programming in Spanish in the second half of CY21. Also, we hired a translator on the contract to focus on translating materials for all risk reduction programs to Spanish. At this time, not all of our risk reduction programs have materials translated in Spanish, but we are working towards this daily with the hiring of the translator. Vendor staff may provide Spanish response workbooks to bilingual staff for review. Our recently posted Recidivism Reduction Program RFR highlights the need for a vendor with bilingual staff to ensure bi-lingual program staff is allocated to all facilities. Additionally, we hired two ASL Interpreters for each sector (Northern and Southern) to provide ASL services to inmates in need of this accommodation to participate in programming.

If it is determined at intake that an inmate does not have their high school equivalency and are non-English speaking, they will be given the TABE CLAS E to determine their level. They would then be placed on the list for the appropriate level ESL class. If an inmate comes in with a high school equivalency that was done in another language and they do not speak/write English well, we will provide an opportunity for them to enroll in a higher-level ESL class, to work on English reading, writing, and speaking skills, allowing them to participate in the future in a vocational or college program.

Health and Safety

- Is it correct that all DOC health care is provided by Wellpath and that the contract is overseen by the Department of Correction Health Services Division?

Wellpath holds the comprehensive healthcare contract inclusive of medical, dental, mental health, sex offender treatment, and forensic services. In addition, Wellpath provides substance use treatment for civilly committed Section 35 population at the Massachusetts Alcohol and Substance Abuse Center in Plymouth, and behavioral health assessment and treatment for civilly committed M.G.L. 123 population at Bridgewater State Hospital in Bridgewater.

Spectrum Health Systems hold the Medication Assisted Treatment contract that includes providing treatment and medication to persons diagnosed with Opioid Use Disorder and Alcohol Use Disorder, using all three FDA approved medications, Methadone, Buprenorphine and Naloxone.

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The Health Service Division is responsible for contract oversight and monitors the implementation and quality of health care practices at all facilities.

- Are there measured assessments for the contract? **Yes**
 - If so, how often do these occur? What does the assessment entail? Does this include assessments by race?

Extensive audits of the healthcare system, including the medical records of incarcerated persons, are conducted at least twice per year at each institution by DOC Regional Administrators who are licensed Registered Nurses or Licensed Qualified Mental Health Providers. The audit tools are attached. The metrics do not include an identifier for race.

- Are there metrics to assess an incarcerated person's perspective on their individual health and safety?

Not specific to the audit/measured assessment. However, inmates take part in an annual or twice-annual Housing Risk Assessment that allows for their perspective on their safety within the facility. In addition, classification boards allow for an expanded discussion of health and wellness needs as well as case plan goals.

Spectrum Health Systems offers a client satisfaction survey as done in their community OTPs.

- If there are no assessments of health service delivery, why not?

Not applicable.

- With Wellpath, mass.gov states that “the emergency medical and mental health services available to all as needed, 24 hours per day, 7 days per week.” Who determines if a medical or mental health situation is an emergency and what are the criteria to meet that determination for immediate care?

Upon intake, all inmates are educated on medical and mental health services and emergency protocols. When an inmate indicates that they need immediate medical attention, correctional staff initiate a Code 99 for Emergency Medical Response or contact medical personnel if not an emergency. Medical personnel assess and determine the level of care required to address the situation, including calling 911, placing the person in an infirmary, or referring the inmate for additional care to the site provider.

When an inmate indicates that they are in psychiatric/psychological crisis, staff contacts the crisis mental health clinician via radio or telephone for an immediate intervention. The individual will not be left alone until the responding staff arrives, which is within one hour. If after hours, the medical staff are trained to assess and contact the on-call mental health provider for further instructions. If the institution does not have 24-hour medical staffing (minimums), the inmate is transported to an institution that does have 24-hour medical care for assessment, evaluation, and treatment.

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- How are basic primary care needs for incarcerated people assessed?

Upon intake, all inmates are assessed by medical and mental health.

Medical assessment includes a history and screening of all medical needs, current medication prescriptions, and current assessment of chronic care needs as well as emerging needs, substance use history, and physical examination. Periodic Health Assessments are conducted per 103 DOC 630, Medical Service.

Mental health professionals assess, interview, and assess all new intakes to review behavioral health diagnoses, past treatment, psychotropic medication history, self-injurious behavior, suicide attempts, incarceration history, education, and vocational history, as well as to conduct a current mental status exam and review of current needs. If indicated, the individual will be referred for a comprehensive mental health evaluation.

Ongoing assessment for medical and mental health needs continues throughout incarceration through self-referral, routine contacts and staff referral.

- Do incarcerated people have an opportunity to provide feedback on the quality of their received health care including therapy, medication management, treatment for physical pain and wounds?

All inmates may file medical grievances. The grievance process provides a review of the treatment. Inmates may also directly access on-site health care management during regularly scheduled management access hours. They may also write directly to the Health Services Division.

- How is this feedback utilized to improve gaps in care?

The Health Services Division reviews with the contracted vendor the categorical nature of all grievances at each site quarterly. Any trends are discussed, as are outcomes, providing information on areas that may be lacking at the specific facility.

- What is the number of patients who request mental health treatment, such as counseling or medication management, by race?

As of December 2021, the total mental health caseload was 2,469 (all sites) with 1,843 on psychotropic medication. All inmates have access to behavioral health assessment, treatment, and intervention through the sick call process.

Current data on open mental health cases demonstrates the racial breakdown of those designated Seriously Mentally Ill (SMI).

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Custody Population on 1/26/2022 by Current SMI			
RACE	CUSTODY COUNT	SMI COUNT	% SMI
AMER. INDIAN/NATIVE ALASKAN	39	13	33%
ASIAN OR PACIFIC ISLANDER	102	16	16%
BLACK	1753	518	30%
HISPANIC	1490	437	29%
OTHER	82	38	46%
WHITE	2507	1007	40%
TOTAL	5,973	2,029	34%

- What is the number of patients who request treatment for physical ailments, by race?

52,333 Sick call requests were submitted and addressed in 2021. This includes medical, mental health and dental. This data is not kept by race.

3,081 individuals are on the chronic care list and are seen routinely for medical management. The numbers of chronic care by site are outlined below:

BPR	18
Concord	202
CJ	169
Fram	126
NCCI	424
MASAC	36
MTC	353
NECC	85
Norfolk	619
OCCC	291
OCC min	28
Pondville	71
SBCC	219
Shirley	440
Total	3081

- How many incarcerated people receive health care treatment, by race?

All inmates receive health care and have access to health care. The racial breakdown statistics reflect all persons in the department's custody.

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- At a Commission hearing, it was mentioned that often canteen access, visitation rules and health care allow for faster and easier access for white incarcerated people. Could you please detail requests for services and if white people receive faster and easier access to care?

This statement is false. All persons can submit a sick slip, all persons can order canteen with the same delivery date, and visitation is scheduled at the institutional level and is open to all persons during posted hours.

- If an incarcerated person asks a nurse or Corrections officer for care and is denied, how often does this occur and do you have data by race on health care denial?

Inmates may submit a sick slip to Wellpath at any time. Wellpath triages sick slips and addresses the issues therein. Health care is never denied. It is important to note that not all inmate sick slip requests result in the inmate's desired outcome. For instance, when an inmate requests a certain medication, there must be clinical indication for it; the vendor has medical autonomy to make that determination.

- Are there numbers on how often people are punished for asking for health services if their requests have not been met in a timely manner? Are these numbers aggregated by race?

Inmates are not "punished" for requesting healthcare.

- Regarding product availability at the canteen, how are products chosen?

Products are approved through the Commissary Workgroup Committee. The committee also invites staff from Programs/Religious Services and Health Services, as well as the inmate ADA coordinator and other staff as needed. Suggestions for products can come from DOC staff, from incarcerated individuals, or from the commissary vendor (as additional products on the market become available). The suggestions are vetted by the committee, with attention given to whether the item fulfills a need, is appropriate for a correctional setting, comes in packaging that is acceptable from a security standpoint, or poses any other security issues/risks.

- Are products available for the hair and grooming needs of BIPOC that may differ from the products used by white people?

DOC, in collaboration with Keefe Commissary, has been able to broaden the diversity of products available to the population in the canteen lists (attached) and using the quarterly Securepak program. DOC has worked with its vendor to include several products in each quarterly offering that specifically address the hair and grooming needs of the BIPOC population.

- How has COVID-19 impacted the health care received?

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As in the community, the COVID-19 pandemic has affected the timing of delivery of services for routine appointments in the community. Our contracted health care vendor, in collaboration with DOC site management, maintains a focus on minimizing backlogs internally at facilities; however, off-site appointments continue to be affected by scheduling at the various external facilities.

- Are people with substance-use disorders given access to medications often used to treat substance-use disorders such as methadone or buprenorphine? Do you have data on this treatment by race?

Yes, MAT/MOUD is offered at 5 facilities and will be offered at all facilities in the coming months. Given BSAS reporting, treatment statistics will include a breakdown by race, however this report is currently in development by the contracted vendor.

- What criteria are considered when assessing resources for DOC resident safety?

This question is unclear. With more specificity of types of resources considered, a thorough answer could be offered.

In terms of staffing medical resources, an assessment of the requirements of the contract outlines the staffing resources needed and DOC contracts for required staffing to ensure quality healthcare for all inmates.

- We were told that at MCI-Framingham, substance abuse programming is threaded throughout a majority of the curriculum. How is substance use threaded throughout programming? Which programming exactly does this occur in? Is this the case at other facilities beyond MCI-Framingham?

MCI Framingham utilizes a pathway model of programming in which each woman sentenced to more than 90 days is eligible. There are 4 pathway programs available to which an inmate may be recommended based on the combination of need factors specific to each female offender and her trajectory in the criminal justice system. Each pathway has a core focus that is slightly different (i.e., main focus of substance abuse vs. main focus of trauma), but because it is a combination of needs, each pathway has specific groups as part of the program plan. Every pathway has a substance abuse component, as well as individual groups that are facilitated differently or have different goals depending on the overall focus of the pathway (e.g., someone using substances due to abuse or trauma might have different needs from someone experiencing co-occurring disorders). All pathways will have a specific substance abuse component. Pathways is unique to MCI Framingham, as it is designed to address the needs of female offenders.

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Sample Classification Report**

 **Sample Classification Report.pdf**

**** The document on this Appendix page is too large to download into the Appendices. The link provided points to a PDF on a Google Drive owned by the principal author on the Report. You may also contact the Massachusetts Legislature's Office of the House Clerk at (617) 722-2356 to learn where to request a printed copy.**

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Male Objective Point-based Classification System**

 **Final Objective Point Based System Male Manual_11-12-2019.pdf**

Female Objective Point-based Classification System**

 **Final Objective Point Based System Female Manual_11-12-2019.pdf**

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DOC Program Description Booklet*

[DOC Program Description Booklet, Feb-2019](#)

- * The document on this Appendix page is too large to download into the Appendices. Use the link provided to read the document online. If you are reading a printed document, you can search the document name on the Internet, or contact the Massachusetts Legislature's Office of the House Clerk at (617) 722-2356 to learn where to request a printed copy.**

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Active Pop Enrolled Education Recidivism Reduction Programs, 61 pages**

 **Active Pop Enrolled Education Recidivism Reduction Programs.pdf**

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Point-In-Time Healthcare Data by Race, January 24, 2022

RACE OF CHRONIC CARE LIST MATCHING WITH ACTIVE CUSTODY ON 1/24/22		
<u>Race</u>	<u>Frequency</u>	<u>Percent</u>
Asian or Pacific Islander	34	1.2
Black or African American	836	29.4
Hispanic	639	22.5
American Indian/Alaska Native	28	1.0
Other	13	.5
White	1290	45.4
TOTAL	2840	100

Chronic Care: 1. Asthma/COPD 2. Dyslipidemia 3. Diabetes 4. CV/HTN 5. HIV 6. HCV 7. Seizures

Custody Population on 1/26/2022 by Current SMI			
<u>RACE</u>	<u>CUSTODY COUNT</u>	<u>SMI COUNT</u>	<u>% SMI</u>
AMER. INDIAN/NATIVE ALASKAN	39	13	33%
ASIAN OR PACIFIC ISLANDER	102	16	16%
BLACK	1753	518	30%
HISPANIC	1490	437	29%
OTHER	82	38	46%
WHITE	2507	1007	40%
<u>TOTAL</u>	<u>5,973</u>	<u>2,029</u>	<u>34%</u>

Serious Mental Illness (SMI) – For purposes of assessing whether Restrictive Housing may be clinically contraindicated, or whether an inmate in Restrictive Housing should be placed in an alternative unit, the

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term “Serious Mental Illness” shall be defined as the following: A current or recent diagnosis by a Qualified Mental Health Professional of one or more of the following disorders described in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders: i. schizophrenia and other psychotic disorders; ii. major depressive disorders; iii. all types of bipolar disorders; June 2021 PUBLIC Page 8 of 104 iv. a neurodevelopmental disorder, dementia or other cognitive disorder; v. any disorder commonly characterized by breaks with reality or perceptions of reality; vi. all types of anxiety disorders; vii. trauma and stressor related disorders; or viii. severe personality disorders; or a finding by a Qualified Mental Health Professional that the inmate is at serious risk of substantially deteriorating mentally or emotionally while confined in Restrictive Housing, or already has so deteriorated while confined in Restrictive Housing, such that diversion or removal is deemed to be clinically appropriate by a Qualified Mental Health Professional.

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DOC Post Hearing Follow-Up Responses, submitted June 3, 2022

DOC has committed to sending the following additional data, but we have not received it:

- Disaggregated data on program enrollment and requests for programs by race
- Disaggregated data on health care received and requested by race
 - We have not collected healthcare data by race. We do have MAT/MOUD data by race as we must report that for the CARE Act.
- Metrics on health care quality from patient perspectives
 - We do not have patient perspective metrics.
- Performance metrics for the programs or classes
 - Yes, we can provide an analysis of program outcomes by race, such as a comparison of program completion rates.

Additional questions, informed by materials provided, hearings and testimony:

What are the metrics and assessments conducted on programming's impact to assess preparedness for post-release?

- Can you please provide the metrics and assessments on programming impact by race?
- When exactly during an inmate's incarceration are supports provided for post-release?
- Is housing for post-release assessed and if so, how? Is job-placement for post-release assessed and if so, how? Are identification documents for post-release discussed and if so, how?
 - Can you please provide this information by race?

How are resources (health care, quality of care, tablet access, canteen access, program recommendations for each individual) assessed by race?

Resources for healthcare are provided to all inmates. Healthcare needs are individually determined, and while race, ethnicity and history informs individual care, we do not have assessments of or resources allocated based on race or ethnicity.

Tablet access is universal. Canteen access is universal. Program recommendations are created based on static and dynamic risk factors for recidivism.

- How are resources assessed by DOC staff and officers?

DOC Health Services Division audits the provision of healthcare services provided by our contracted vendors with a clearly delineated audit tool. Audit tools do not include an assessment based on the race or ethnicity of the individual whose medical records are reviewed.
- How are resources assessed by inmates?

There is no formal assessment of resources by inmates, however inmates may share their feedback and concerns via the grievance mechanisms, complaints during routine contacts, written documentation to Health Services Division, court filings, complaints with external agencies such as PLS, DLC, CPCS, DPPC etc.

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To assess resources and programming by race, inmate input is necessary.

- In detail, how is feedback collected on health care received, programming recommended and programming accessed?
- Do inmates have the opportunity to provide feedback (both verbal and written) on their experiences and what is that opportunity?

Inmates may share their feedback and concerns via the grievance mechanisms, complaints during routine contacts, written documentation to Health Services Division, court filings, complaints with external agencies such as PLS, DLC, CPCS, DPPC etc.

- How is feedback logged and who tracks input?
The medical vendor logs all grievances and sick slips in the electronic healthcare record. They report on statistics to the Health Services Division Quarterly at each site.
- Is there an opportunity to provide non-identifying feedback via a mechanism separate from DOC for anonymity? What amount and quality of each resource is received by race, compared with the amount and quality that is necessary for their safety, health, and rehabilitation?

There is no formal assessment of resources by inmates, however inmates may share their feedback and concerns via the grievance mechanisms, complaints during routine contacts, written documentation to Health Services Division, court filings, complaints with external agencies such as PLS, DLC, CPCS, DPPC etc.

Is programming offered at each facility for DOC residents that is specific to their self-identified race? How is this assessed? Please list each program at each facility.

When asked “What programs or classes are most requested? Are there specific numbers on the individual requests for a specific program?” It was answered with “Inmates do not request program placements; rather they are recommended through the assessment and override process. The greatest criminogenic treatment need is substance use, with over 60 percent of our population having an identified treatment need based on TCUD or Compas Needs Assessment. Similarly, there are numerous inmates with vocational program needs.”

- Why are inmates unable to request program placement?
- Regarding DOC’s stated “partnerships with colleges and universities to provide a higher level of academic learning and college certifications/degrees” what is the data for higher academic programming recommended to inmates by race?

How many people are recommended to be in each program, by race, in each program and by facility?

How many people would like to participate in programming or vocalize interest, by race, from each program and each facility?

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When asked “Are there any ceilings/limits to the number of available spots for a particular program or jobs, particularly limits based on race?” The answer was as follows: “Programs have limited capacity due to space and social distancing. Job availability is based on the number of allocated facility jobs, and positions are approved based on facility operational needs and the constraints of an approved budget.”

- What is the assessment plan that determines when every program offered pre-covid, will return to pre March 2020 availability and capacity?

We received the MA DOC Program Booklet for December, 2021. Could you please provide us with the MA DOC Program Booklet for the following months and years:

- January (2020, 2021, 2022)
- February (2020, 2021, 2022)
- March (2020, 2021, 2022)
- April (2018, April 2019, 2020, 2021)
- May (2019, 2020, 2021)
- June (2019, 2020, 2021)
- July (2019, 2020, 2021)
- August (2019, 2020, 2021)
- September (2019, 2020, 2021)
- October (2019, 2020, 2021)
- November (2019, 2020, 2021)
- December (2019, 2020)

We received the MA DOC Program Booklet for December, 2021. Please provide us with the active population enrolled annually for 2018, 2019, 2020, 2021, most recent data for 2022.

Please list each substance abuse program, including as part of other programs, by race, by facility.

When asked “How does one’s sentence or classification impact their access to programming?” the answer provided was “Program enrollment is based on waitlists which are managed by proximity to release.”

- Please list who is in enrolled in each program, by race and facility, based on their sentencing.

Could you please provide us with the point-based classification score for individuals, by race?

How do you ensure that women are receiving the care and medication they need in a timely manner? MCI-Framingham has medication lines as well as Keep On Person (KOP) medications available as indicated by the provider. DOC also offers Over the Counter (OTC) medications through the canteen. For the women to be seen for unscheduled needs, they utilize the sick call process. Sick slips are triaged within 24 hours of receipt. More urgent issues are seen immediately; other routine slips are scheduled by appointment. Obviously, any emergency

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would be addressed immediately if it rose to the level of a code or mental health crisis. Specialty clinics and outside specialty appointments are scheduled through the provider regularly.

- Please detail how unscheduled needs are met at each DOC facility, for men as well.
- If someone cannot afford immediate OTC medication, what happens?

We have heard that past usage and addiction to synthetic cannabis, commonly referred to as K2, is prevalent, particularly among BIPOC prisoners. The short-term and long-term side effects of both usage and overdose (elevated heart rate, reduced blood supply to the heart, kidney damage, seizures, suicidal thoughts), can mimic other conditions. Could you please discuss how people are assessed for K2 past usage and K2 addiction, respectively? For those impacted by K2 usage and/or addiction, what K2 specific treatment is provided?

Commissioner Whiteside has mailed a survey, with return postage to about 1300 inmates. There have been reports and evidence to support that surveys have not been given to inmates or the return postage has been excluded. For unreturned surveys in which this has occurred, what will be done to ensure inmates receive this survey and other intended mail, including postage?

Regarding the Objective Point Base Score classification system, the manual states that the Correctional Program Officer (“CPO”) shall be responsible for preparing the inmate’s Objective Point Base Score and a hearing occurs regarding the score. Who conducts the hearing? How many CPO’s score an individual? Who oversees this process?

Can DOC create a public facing mechanism so people outside of DOC can access data stratified by race, or immigration background, education, or other diversities? Since the data is already collected and logged, does this person have the ability to log the same information to a public facing platform?

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APPENDIX

O

DOC Facilities Listing

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APPENDIX O: DOC Facilities Listing

Copied from mass.gov website, Massachusetts Department of Correction Locations,
<https://www.mass.gov/orgs/massachusetts-department-of-correction/locations>

1. Boston Pre-Release Center
430 Canterbury St., Roslindale, MA 02131
Phone: (617) 822-5000
Boston Pre-Release Center (BPRC) is a minimum and pre-release facility housing criminally sentenced males.
2. Bridgewater State Hospital
20 Administration Rd., Bridgewater, MA 02324
Phone: (508) 279-4500
Bridgewater State Hospital (BSH) is a medium-security facility housing male patients in two categories: civil commitments without criminal sentences, and on occasion, pre-trial detainees sent for competency and criminal responsibility evaluations by the court.
3. Lemuel Shattuck Hospital Correctional Unit
180 Morton St., Jamaica Plain, MA 02130
Phone: (617) 522-7585
Lemuel Shattuck Hospital Correctional Unit (LSH) is a medium security correctional unit within the Lemuel Shattuck Hospital providing secure inpatient and outpatient medical care to male and female inmates from both the state and county.
4. MASAC at Plymouth
Myles Standish State Forest, 1 Bump Pond Rd., Plymouth, MA 02360
Phone: (508) 291-2441
The Massachusetts Alcohol and Substance Abuse Center, also known as MASAC at Plymouth, is a unique facility that houses civilly committed male patients participating in an up to 90-day detoxification program. The Department's current inmate and patient healthcare vendor, Wellpath, is responsible for all patient management services as of May 2020. These responsibilities include: all day-to-day interaction with patients by non-uniformed clinically trained staff, Opioid Treatment Program (OTP) services, mental health programming services, on-site safety operations and emergency trips. The Department is responsible for the perimeter security of the facility, scheduled trips, and maintenance of the physical structures.
5. Massachusetts Treatment Center
30 Administration Rd., Bridgewater, MA 02324
Phone: (508) 279-8100

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The Massachusetts Treatment Center (MTC) is a medium security facility separately housing criminally sentenced male inmates identified as sex offenders and those who have been civilly committed as sexually dangerous persons.

6. MCI-Cedar Junction
Route 1A, Main Street P.O. Box 100, South Walpole, MA 02071
Phone: (508) 660-8000
MCI-Cedar Junction (MCI-CJ) is a maximum-security reception and diagnostic center, with a medium component, housing criminally sentenced males. The Department Disciplinary Unit (DDU) for the most serious discipline issues is also located here.
7. MCI-Concord
965 Elm St., P.O. Box 9106, Concord, MA 01742
Phone: (978) 405-6100
MCI-Concord (MCI-C) is a medium security facility housing criminally sentenced males.
8. MCI-Framingham
99 Loring Dr., P.O. Box 9007, Framingham, MA 01701
Phone: (508) 532-5100
MCI-Framingham (MCI-F) is a medium security reception and diagnostic center housing females. It provides a comprehensive network of programming for women who are serving criminal sentences, awaiting trial, or are civilly committed.
9. MCI-Norfolk
2 Clark St., P.O. Box 43, Norfolk, MA 02056
Phone: (508) 660-5900
MCI-Norfolk (MCI-N) is the largest medium security level facility in Massachusetts, housing criminally sentenced males.
10. MCI-Shirley
104 Harvard Road, Shirley, MA 01464
Phone: (978) 425-4341
MCI-Shirley (MCI-S) is a medium and minimum-security facility housing criminally sentenced males.
11. North Central Correctional Institution
500 Colony Rd., P.O. Box 466, Gardner, MA 01440
Phone: (978) 630-6000
North Central Correctional Institution (NCCI) is a medium/minimum security facility housing criminally sentenced males.
12. Northeastern Correctional Center

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976 Barretts Mill Rd., P.O. Box 1069, West Concord, MA 01742

Phone: (978) 371-7941

Northeastern Correctional Center (NECC) is a minimum and pre-release facility housing criminally sentenced males.

13. Old Colony Correctional Center

1 Administration Rd., Bridgewater, MA 02324

Phone: (508) 279-6000

Old Colony Correctional Center (OCCC) is a medium and minimum-security facility focused on mental health with the objective of providing services more efficiently while at the same time promoting rehabilitation and re-entry.

14. Pondville Correctional Center

1 Industries Dr., P.O. Box 146, Norfolk, MA 02056

Phone: (508) 660-3924

Pondville Correctional Center (PCC) is a minimum and pre-release facility for criminally sentenced males.

15. Souza-Baranowski Correctional Center

1671 Shirley Road, Lancaster, MA 01523

Phone: (978) 514-6500

Souza Baranowski Correctional Center (SBCC) is the maximum-security facility in Massachusetts housing criminally sentenced males.

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APPENDIX

P

Related Police Reform Bill Special Legislative Commission Reports

- Commission on Structural Racism in the Massachusetts Parole Process*
- Commission on Facial Recognition*

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**APPENDIX P: Related Police Reform Bill Special Legislative
Commission Reports**

Special Legislative Commission on Structural Racism in the Massachusetts Parole Process*

[Commission on Structural Racism in the Parole Process — State Senator Jamie Eldridge](#) (click on “Download Final Report”)

Special Legislative Commission on Facial Recognition*

[Facial Recognition Commission Final Report](#)

*** The documents on this Appendix page are too large to download into the Appendices. Use the links provided to read the documents online. If you are reading a printed document, you can search the document names on the Internet, or contact the Massachusetts Legislature’s Office of the House Clerk at (617) 722-2356 to learn where to request printed copies.**

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APPENDIX

Q

MCI-Norfolk Workshop to Review Report Preliminary Findings & Recommendations

- Workshop Overview
- Workshop Agenda
- Participating Groups & Leaders
- Preliminary Report Outline
- Preliminary Report Findings & Recommendations for Review
- Breakout Group Descriptions
- GROUP A: DOC Community & Systems Review
- GROUP B: DOC Findings & Recommendations Review
- GROUP C: Mapping the System of Structural Racism at the DOC
- PROPOSED NEXT STEPS (June to December 2022)

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APPENDIX Q: MCI-Norfolk Workshop to Review Report Preliminary Findings & Recommendations

Workshop Overview

Following the collection of data and working group reports in March, Chairs Elugardo and Eldridge held a **workshop on May 31st, 2022** to review the draft outline of the report at the time. This would include currently and formerly incarcerated individuals, corrections staff, stakeholders, and several Commissioners. An additional purpose of the workshop was to receive edits and map out the DOC system in order to clarify how recommendations will be best articulated and implemented. This in turn allowed the Commissioners to better understand which recommendations are actionable before finalizing the report and building ownership among members of the DOC community. Below is the **agenda and overview** of the workshop, the **draft outline of the report**, the **different groups** attending, the **collection of comments**, and the **next steps** agreed upon by the participants.

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Workshop Proposed Agenda to MCI Norfolk Administration



The Commonwealth of Massachusetts

House of Representatives
24 Beacon Street, Boston, MA 02133

Nika Elugardo

State Representative

15th Suffolk Communities in Mission Hill • Jamaica Plain • Roslindale • Brookline

State House, Room 473 B

Legislative Aide

Carlos Rios

carlos.rios@mahouse.gov

(T): (617) 722-2263

Overview & Workshop: Special Commission on Structural Racism Within Correctional Facilities Report, Summary Findings & Recommendations

May 31st, 10 AM - 4 PM, MCI Norfolk - 2 Clark Street, Norfolk, MA 02056

The purpose of this visit is to present the preliminary high level findings and recommendations to an intersectional group of stakeholders within DOC for response and feedback.

Agenda

1. Welcome (Andy, Carol, Nelson, Jamie, Darrell)
2. Introductions; Review Aim of the Day & Agenda (Ellen)
Wealth from get rich quick schemes quickly disappears; wealth from hard work grows over time. Hope deferred makes the heart sick, but a dream fulfilled is a tree of life. -Proverbs 13:11-12
3. Commission & Its Mandate (Nika)
4. Review the report expanded outline & High Level Findings, Recommendations & Gaps (Nika)
5. Select Small groups for after lunch (Ellen & Carlos)
 - **GROUP A:** DOC Community & Systems Review (**join Group B or C when finished**)
 - **GROUP B:** DOC Findings & Recommendations Review
 - **GROUP C:** Mapping the System of Structural Racism at the DOC

LUNCH

1. Small Group Workshop Assignments (Ellen and Carlos)
2. Group Workshops (Nika's team will facilitate each)
3. Reconvene to Review Systems Map
4. Small Groups A & B Report Back
5. Review, Edit & Approve Next Steps

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Participating Groups & Leaders

- State Representative Nika Elugardo & team (Carlos Rios, Ellen Bass, Ed Gaskin)
- State Senator Eldridge & team (Afnan Nehela)
- Commissioner Darrell Jones & team (Stephanie Pires)
- Commissioner LaToya Whiteside
- Commissioner Carol Mici & team
- Superintendent Andrew Peck & team
- Superintendent Nelson Alves & team
- Affinity Group Leadership from within MCI Norfolk:

Aquino, Jason	RJ*
Brown, Cornileus	AACC*
Bryant, Kyle	Lifers
Colon, Raymond	LCA*
Cruz, Hernan	LCA
Fernandes, Odair	AACC
Gaskins, Tony	AACC
Gomes, John	AACC
Iglesias, Ely	LCA
LaPlante, Daniel	Lifers
Leftwich, Ronald	RJ
Lester, Aaron	UGP*
Lo, Wayne	ACA*
Martinez, Rafael	Lifers
McGee, Ricky	AACC
Patterson, Corey	AACC
Ragland, William	AACC
Rise, Phillip	AACC
Soto, Hector	LCA
Thomas, Mark	AACC
Trapp, Randall	NA*
Walker, Andre	AACC
Williams, Dwight	AACC
Winborn, Dennis	RJ
Zerquera, Jorge	NA

*Restorative Justice; African American Coalition Committee; Latino Cultural Awareness; United for Gay, Bisexual, and Transgender Progress; Asian Cultural Awareness; Native American

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Preliminary Report Outline DRAFT 5/31/22

1. Word from the Chairs Outside & Inside the Walls
2. Executive Summary
3. Introduction
 - Context & Background (Police Reform)
 - Brief History of the Commission
 - Special Legislative vs. Permanent Police Reform Commissions
 - Statutory Mandate
4. Commission Structure & Methodology
 - Commission Members
 - Methodology
 - Hearings
 - Site Visits
 - Working Groups
 - Data Collection
5. Structural Racism Framework
 - Why we need a framework for paradigm shift
 - What we want to happen
 - Shared Working Definition
 - Commission Values
 - DOC Structural Racism Framework
 - DOC Systems Thinking Framework
6. Structural Racism and the Community & Systems of DOC
 - Structural Racism Distinctions
 - Who is in the DOC Community
 - How DOC Is Organized (org chart)
 - How community members experience DOC (Program, Policy, Activities)
7. DOC Structural Racism Systems MAP
 - Entry points
 - Loops (positive and negative reinforcing)
 - Leverage points
8. Findings & Recommendations
 - Commission Outputs: What was produced
 - Findings: Data & Conclusions
 - Recommendations: Administrative, Legislative & Policy Changes
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Legislative Commission on Structural Racism in Corrections Report: Preliminary Findings & Recommendations for Review 5/31/2022

HIGH LEVEL FINDINGS & RECOMMENDATIONS WORKSHEET

KEY HIGH LEVEL FINDINGS, DRAFT May 31

1. Social determinants of health create pre-existing systemically racist conditions that are amplified by DOC infrastructure, policies and procedures
2. Structural racism is exacerbated by ongoing public health and mental health crises in prisons impacting all inmates and many staff
3. The invisibility of immigrant disparities is a form of structural racism that also exacerbates pre-existing systemically racist realities
4. A lack of targeted, specific, consistent, and accurate data by race, including identification of inmate race, creates barriers to dismantling structural racism
5. Inmates serving longer sentences (disproportionately BIPOC due to structural racism in sentencing) have been systematically excluded from programming
6. Point based classification system, particularly regarding demographic data and previous education and employment as determining factors, may result in disproportionate lack of access to services and programming by BIPOC inmates
7. Mechanisms for individual observation, assessment and accountability for DOC employees who violate anti-discrimination policies remain inadequate
8. Anti-black sentiment, colorism, and negative stereotypes of brown and black skinned people exacerbate co-occurring LGBTQ+ disparities
9. A high proportion of BIPOC inmates surveyed reporting specific experiences of racism across various aspects of DOC programming and policy points to likely common structural entry points for disparate treatment or experience based on race
10. Gaps in DOC staff training, professional development, trauma support, and recruitment amplify the occurrence and impacts of structural racism for BIPOC staff, inmates, and family
11. Lack of funding transparency inhibits Legislature from targeting funds to dismantle structural racism and other inequities within DOC
12. Many BIPOC staff do not feel encouraged, safe or supported to address their own experiences of racism or those of inmates

GROUP B WORKSHOP QUESTIONS

- Where do these findings and recommendations resonate with your experience or knowledge? Where do they contrast or conflict with what you see or experience?
- What's missing?
- Point out any language or concepts that could be confusing or misleading and describe how to clarify the language.

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KEY HIGH LEVEL RECOMMENDATIONS, DRAFT 5/31/22

1. Administration: Create conditions inside the walls– for both inmates and staff– that are required but often missing for healthy productive living outside the walls
2. Legislation: Commission external assessment of the Public and Mental health crises with mandated review and actionable legislative recommendations
3. Policy: Invest in robust DEI staffing and development; and update and enhance training, professional development, trauma support, and recruitment across Department with aim to engage staff and unions in dismantling structural racism
4. Policy: Develop office of immigrant, identity and linguistic equity within DEI to provide strategic planning and support for accessible culturally and linguistically competent programming, services, and to provide advocacy for affinity groups
5. Policy: Adapt or remove points-based classification system and other programmatic barriers to participation for inmates with longer sentences with goal to mitigate impacts of structural racism in arrests, convictions, and sentencing
6. Legislation: Mandate Department-wide systemized collection and analysis of intersectional demographic data for inmates, services and program outcomes, recruits, new hires, retention, promotional practices, and staff discipline
7. Policy: Model CO transparency measures after juvenile justice system practices
8. Legislation: Establish inclusive independent oversight review board to host and review focus groups and qualitative surveying of Department staff and inmates
9. Policy: Build, professionalize, and compensate the expertise of inmates, COs and staff to advise on culture shift, policy changes, and new legislation
10. Policy: Partner with staff and inmate advocacy groups to expand the class of visitors who can perform unannounced site visits and develop mechanism for organizational application and approval on a temporary or renewable basis
11. Legislation: Mandate increase in systemically targeted reentry funding and programming that smooths the pathway to healthy sustainable housing, jobs, and community building for and among formerly incarcerated persons
12. Administration: Formally assess, then create or expand systemwide, best practices for shifting culture at DOC, HOC– and in similar settings nationally and internationally– in ways that build, grow and institutionalize successful work to dismantle structural racism or inequity and that build healthy carceral community

GROUP B WORKSHOP QUESTIONS

- Which of these recommendations address the findings adequately? Which findings are inadequately addressed by these recommendations and how so?
- Describe any unintended negative consequences you foresee resulting from the implementation of these recommendations?
- How would you reword these Recommendations to make them more clear, actionable, or impactful?

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Breakout Group Descriptions

GROUP A: DOC Community & Systems Review

Facilitated by Nika's aide, Carlos Rios.

Review the accuracy of the DOC organizational chart, the intersectionality graphics, the map of the corrections community, and the map of the criminal justice system. The goal of this group was to confirm that all the information on these was correct.

GROUP B: DOC Findings & Recommendations Review

Facilitated by Nika's volunteer, Ellen Bass.

Review the collected list of findings and recommendations, determine whether these findings and recommendations resonate with the participants experiences and knowledge, if they contrast or conflict with what the participants see or experience, to know if there's anything missing, and to point out any language or concepts that could be confusing or misleading while brainstorming solutions.

GROUP C: Mapping the System of Structural Racism at the DOC

Facilitated by Chair Nika Elugardo.

Analyze and map a social system using the Rules of Construction, so that the descriptions of the system are clear to all participants and the recommendations are actionable. The participants of this group were asked "what does the DOC look like free of structural racism?" Since the Structural Racism Commission Report addressed the negative question, "what does structural racism look like in the DOC?"

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GROUP A: DOC Community & Systems Review

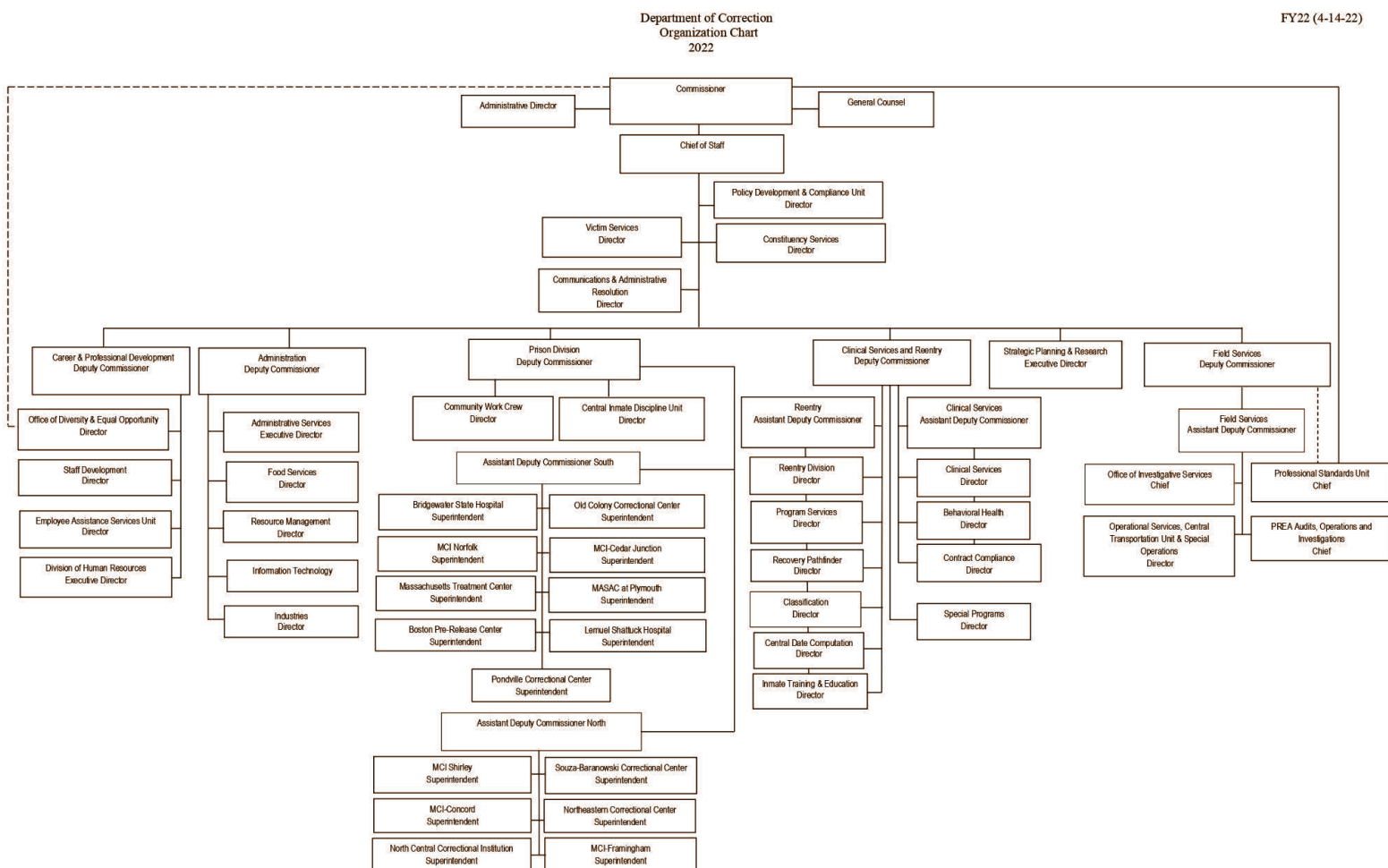
Facilitated by Legislative Aide Carlos Rios.

Group A were given 6 graphics to review:

- DOC Organizational Chart
- The 3 Intersectional DOC Community: Inmate & Staff Perspective Graphics
- Stages of the pathway from Entry into a Correctional Facility to Re-entry into the community.
- Criminal Justice System Process and Outcomes

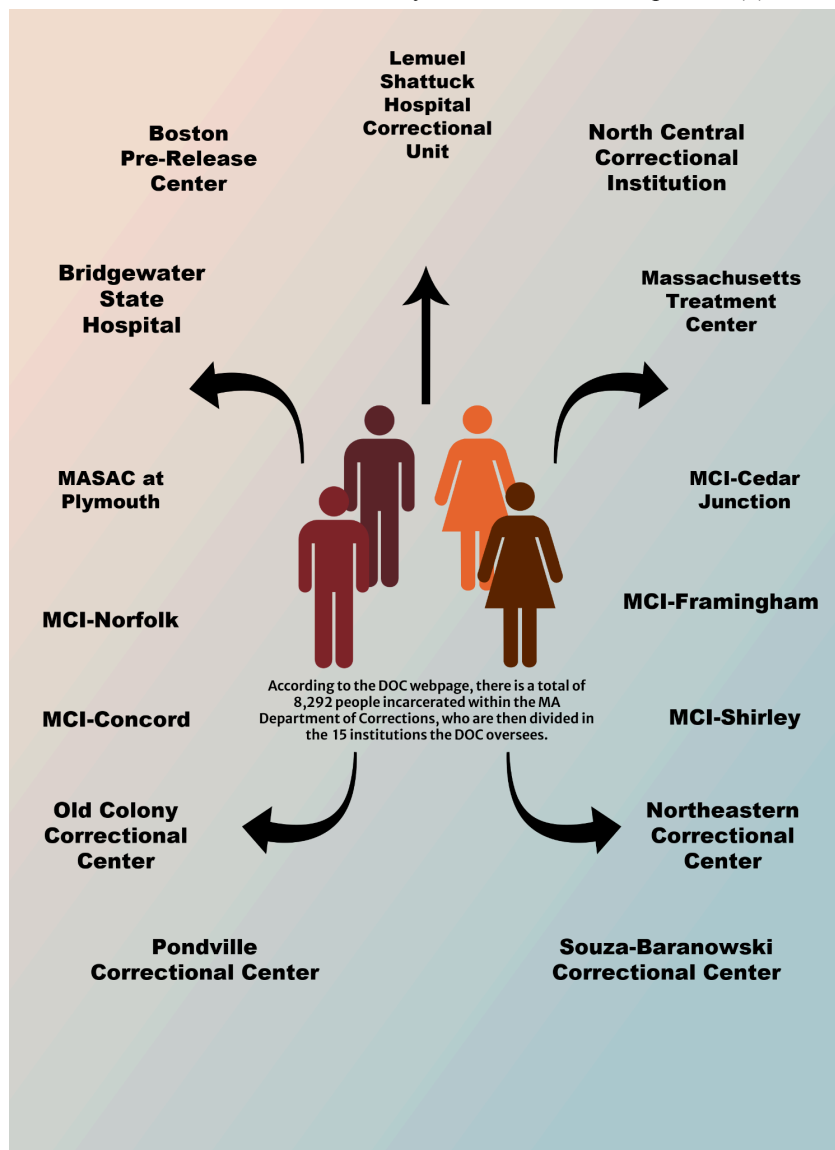
The group went through each one, and after confirming that the information is correct, broke up and entered the other two groups. The feedback given in this group echoed the recommendations being discussed in Group B and ultimately are implemented into the final report.

DOC Organizational Chart
provided by the MA Department of Correction for the purpose of this report



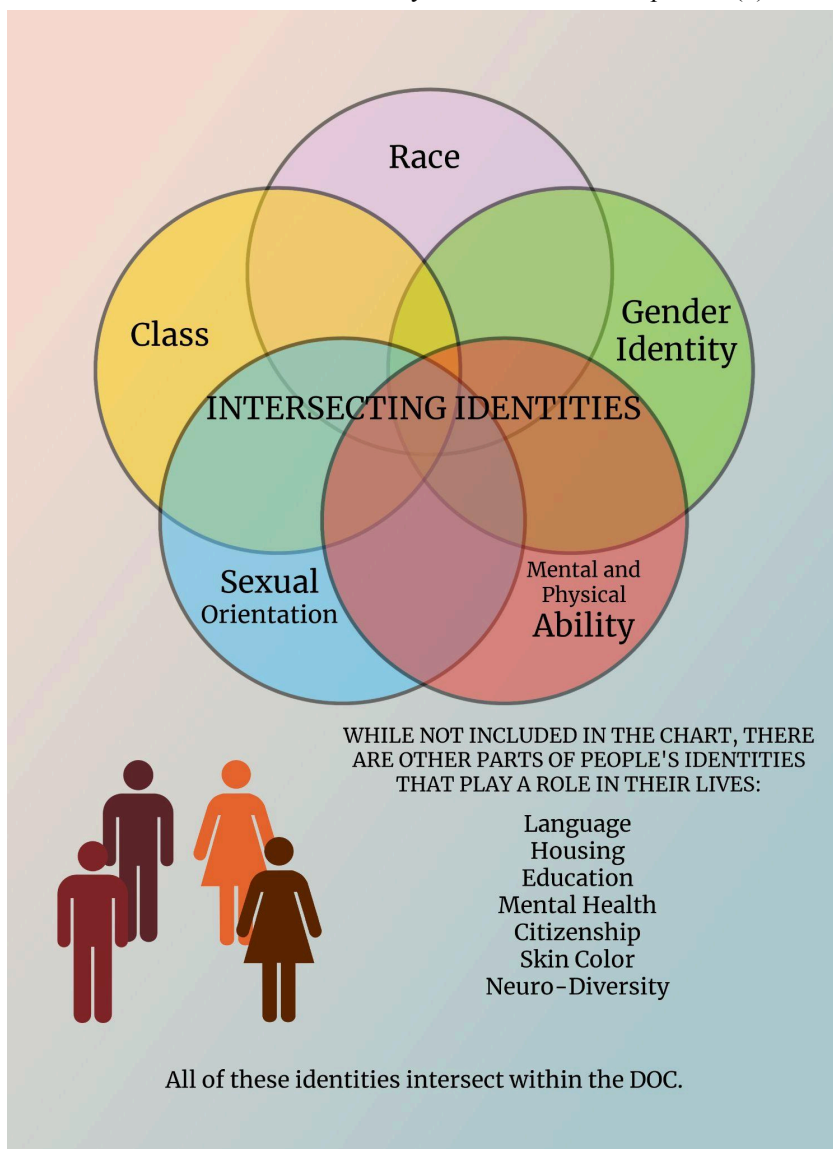
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Intersectional DOC Community: Inmate & Staff Perspective (1)



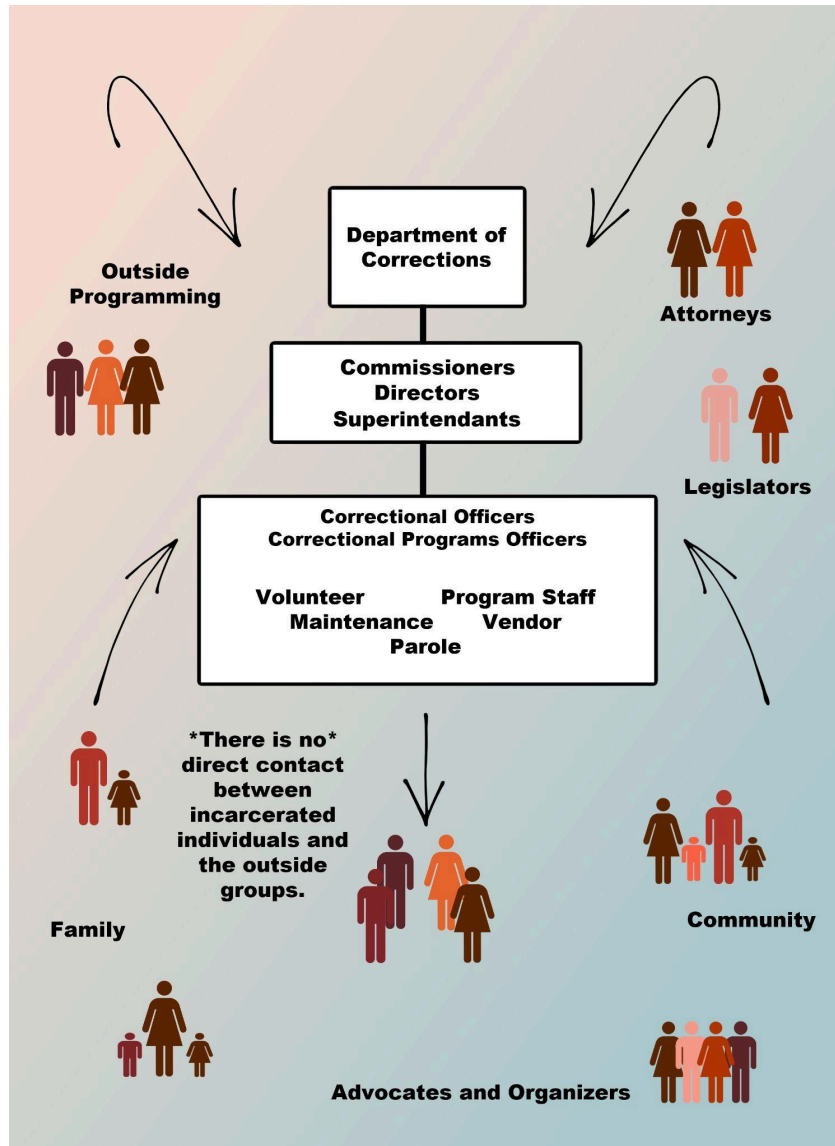
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Intersectional DOC Community: Inmate & Staff Perspective (2)



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Intersectional DOC Community: Inmate & Staff Perspective (3)



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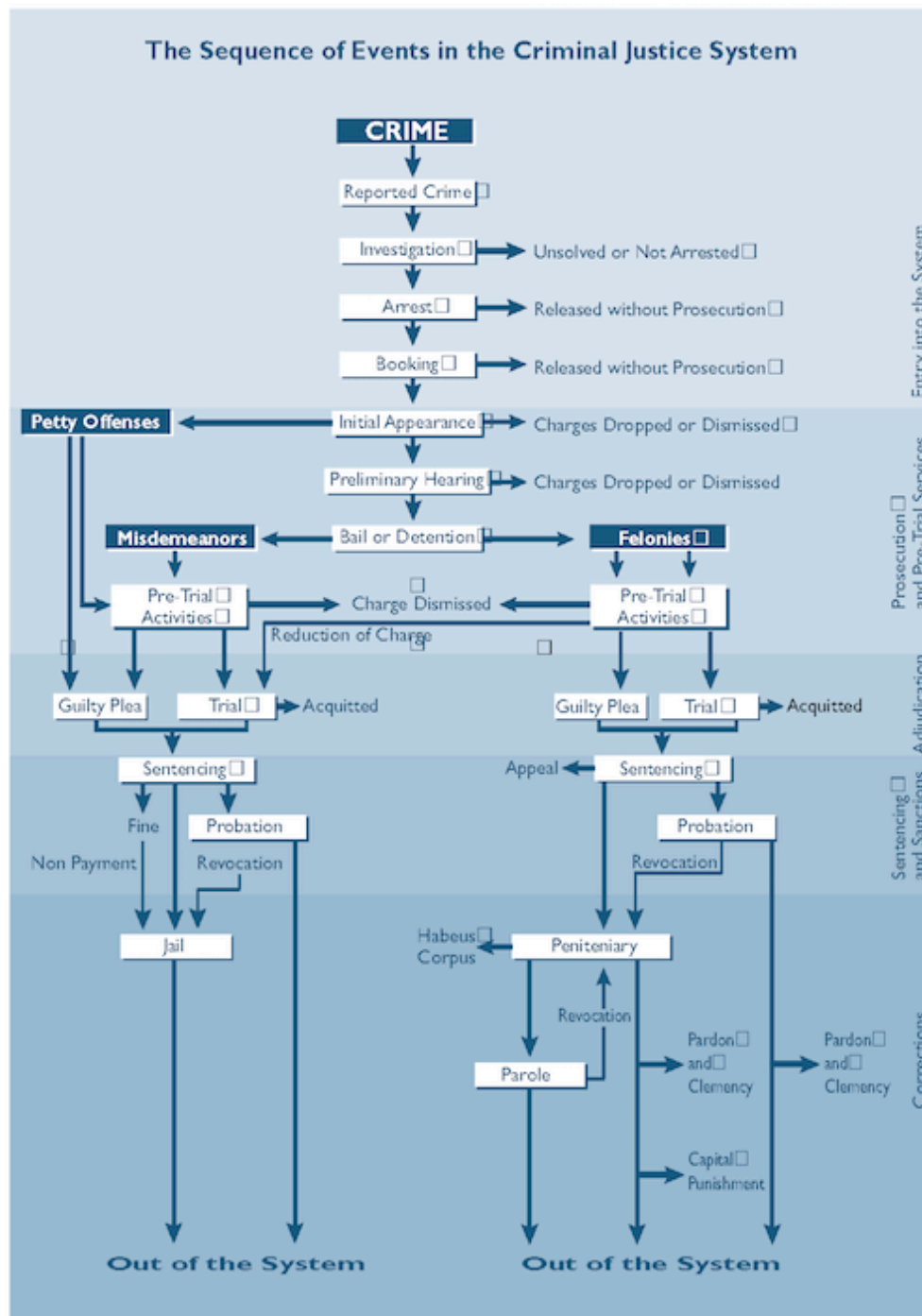
Stages of the pathway from Entry into a Correctional Facility to Re-entry into the community.
from the Prison Fellowship website, Understanding the Criminal Justice System



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Criminal Justice System Process and Outcomes
from the American Bar Association



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GROUP B: DOC Findings & Recommendations Review

Facilitated by Ellen Bass

Group B were tasked with reviewing the collected findings and recommendations while answering these questions:

- Where do these findings and recommendations resonate with your experience or knowledge? Where do they contrast or conflict with what you see or experience?
- What's missing?
- Point out any language or concepts that could be confusing or misleading and describe how to clarify the language.

As the prompts and questions were being read or discussed, the facilitator recorded the comments below. Comments shared by the participants are in red:

"We are being agents of the change we want to see!"

HIGH LEVEL FINDINGS & RECOMMENDATIONS WORKSHEET

Structural Racism Distinctions: disparate intent vs. disparate impact; intentionality vs. implicit bias; externally inherited vs. internally driven disparities

KEY HIGH LEVEL FINDINGS

1. Social determinants of health create **pre-existing systemically racist conditions** that are amplified by DOC infrastructure, policies and procedures
 2. Structural racism is exacerbated by **ongoing public health and mental health crises** in prisons impacting all inmates and many staff
 - A participating incarcerated individual: Please use respectful language: "Incarcerated individual" vs "prisoner"/"inmate"
 - A corrections staff member expressed concern that using respectful language is a moving target and so can never be accomplished.
 3. The **invisibility of immigrant disparities** is a form of structural racism that also exacerbates pre-existing systemically racist realities
 4. A **lack of targeted, specific, consistent, and accurate data** by race, including identification of inmate race, creates barriers to dismantling structural racism
 - This finding resonated with a number of people, especially the need for transparency to ensure effectiveness.
- DRAFT 5/31/22
5. **Inmates serving longer sentences** (disproportionately BIPOC due to structural racism in sentencing) have been systematically excluded from programming

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6. **Objective Point based classification system**, particularly regarding demographic data and previous education and employment as determining factors, may result in disproportionate lack of access to services and programming by BIPOC inmates
7. Mechanisms for **individual observation, assessment and accountability for DOC employees** who violate anti-discrimination policies remain inadequate
8. Anti-black sentiment, colorism, and negative stereotypes of brown and black skinned people exacerbate **co-occurring LGBTQ+ disparities**
9. A high proportion of BIPOC inmates surveyed reporting specific experiences of racism across various aspects of DOC programming and policy points to likely **common structural entry points for disparate treatment or experience** based on race
 - Several examples people wanted to be sure were listed under this headline:
 - MAT program does not exist at Norfolk (later in conversation, the MAT program will be at Norfolk "shortly.")
 - There is no other substance abuse treatment program besides CRA
10. Gaps in DOC **staff training, professional development, trauma support, and recruitment** amplify the occurrence and impacts of structural racism for BIPOC staff, inmates, and family
11. **Lack of funding transparency** inhibits Legislature from targeting funds to dismantle structural racism and other inequities within DOC
 - Especially regarding re-entry. See #1 below.
12. Many **BIPOC staff do not feel encouraged, safe or supported** to address their own experiences of racism or those of inmates.
13. Black and Brown incarcerated individuals report **the experience of being over-policed**, which mimics or replicates their experience in BIPOC communities on the outside. The point is the military culture of prisons e.g. **Military Uniforms** - Officers look like they are prepared for battle (against us). There is an us versus them mentality. In the same way community oriented policing uses activities to build relationships with the community, walking beat officers versus patrolling in police cars, playing basketball with kids to build relationships, we need similar activities with corrections officers. The ratio of budget spent on security versus programs 80% versus 20% needs to change.
 - Participants wanted this finding called out (even though it can fit under finding #1). Additional comment from Al-Amin: Staff should be mindful of rehabilitation. Many staff function without a rehabilitative mindset and are punitive. They do not care if you change.

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KEY HIGH LEVEL RECOMMENDATIONS

- One overarching comment from Wayne: I don't see technology in here anywhere, and I believe technology provides some opportunities to address structural racism, in linguistics, programs, and volunteers.
 - Other overarching comments: lack of services for young adults, mainly immigrants, at a vulnerable age of development. Mental health. Alternatives for program funding via volunteers and inmate-run programs.
1. **Administration:** Create conditions inside the walls– for both inmates and staff– that are required but often missing for healthy productive living outside the walls
 - Each unit has its own unique culture. Pay attention to climate and culture within each unit.
 - Powerful: Staff, Admin, and IIs should be understanding and open-minded toward each other, to intentionally develop relationships among community members, to address concerns on an ongoing basis.
 - Expect that DOC costs will increase to provide basic services. Following this comment ensued an honest dialogue about how to request more \$\$ from the legislature in a context of decreasing incarcerated individuals. This Report will need to make that case. Complication is how opaque financial accountability is within DOC. Sen. E's staffer - Jodi? - made this comment.
 - Ensure that Black and Brown cultural and religious groups receive equal support from DOC as White groups and that IIs experience equal access to those groups.
 2. **Legislation:** Commission external assessment of the Public and Mental health crises with mandated review and actionable legislative recommendations
 - Provide education on community and personal trauma prior to mental health screening, so that II understands what mental health means and how they may have experienced trauma. Educate both staff and IIs, so they can interact positively around getting treatment. IIs are reluctant to request mental health treatment, because they know it will negatively impact their parole. (Cornelius and Powerful)
 - Recommend annual mental health check up. (Square)
 - Ray described how it took him 15 years of awareness of his symptoms, before he was willing to request mental health treatment.

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3. **Policy:** Invest in robust DEI staffing and development; and update and enhance training, professional development, trauma support, and recruitment across Department with aim to engage staff and unions in dismantling structural racism
 - DEI training must be evidence-based and outcome-based. George mentioned intimidating staff tactics -- military-combat demeanor.
 - Increase professional/personal development staff while decreasing correctional officers.
 - We should expect backlash to progress. How do we deal with a CO that doesn't like change? Include everyone, bring them along now. Outside objectors also, give statements to back up the policy and practice changes. Example: have a ready response to those who oppose college degrees for IIs - my kid can't afford college. Should he commit a crime so he can get it paid for by the State?
4. **Policy:** Develop office of immigrant, identity and linguistic equity within DEI to provide strategic planning and support for accessible culturally and linguistically competent programming, services, and to provide advocacy for affinity groups
 - Some Spanish-speaking programming may be provided through technology.
 - Rafael described the lack of services for young lifers coming into the system, emphasizing education with many cultural differences, especially for immigrants.
 - Emerging adults recently admitted who are lifers have no outlets if they are not yet eligible for any programming, which is especially difficult for immigrants and non-English speakers. (Hector, Cornelius, Al-Amin)
5. **Policy:** Adapt or remove points-based classification system and other programmatic barriers to participation for inmates with longer sentences with goal to mitigate impacts of structural racism in arrests, convictions, and sentencing
 - Jason expressed agreement with this recommendation, to accommodate more opportunities for lifers.
 - Carol: I assume responsibility as one of the main creators of the point-based classification system - based on testimony and not on data.
 - Get rid of quad system (everyone in a unit has to have the same security risk). Diversity of resident risks helps those with higher risk learn from those farther along in rehabilitation.
 - Once you make more IIs eligible for more programming, you will create a downstream systems problem, so you'll need to plan to increase the number of programming seats, services, jobs.

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- Community-based model: If a block is not functioning effectively, engage in dialogue with staff and IIs around how to make it effective. Increase rehabilitative supports. You shouldn't need more than 1 CO per shift per block.
 - To eliminate the point based system opens the door to subjective discrimination. There should be a goal-oriented structure. Upon sentencing, you should have goals and a presumptive outcome. I.e., you get 5 years, 1 year in max to get ESL. 3 years in Med to get HiSet. 1 year in Min to get a job. All should be automatic as long as you meet your goals and don't mess up.
6. **Legislation:** Mandate Department-wide systemized collection and analysis of intersectional demographic data for inmates, services and program outcomes, recruits, new hires, retention, promotional practices, and staff discipline
- Better use of technology
7. **Policy:** Model CO transparency measures after juvenile justice system practices
8. **Legislation:** Establish inclusive independent oversight review board to host and review focus groups and qualitative surveying of Department staff and inmates
9. **Policy:** Build, professionalize, and compensate the expertise of inmates, COs and staff to advise on culture shift, policy changes, and new legislation
- AACC volunteers are not approved to come into Norfolk. Other groups' volunteers are. Please change this.
 - These programs are cost-effective alternatives to allocating more funds....though that is needed as well. See comment above at #1.
10. **Policy:** Partner with staff and inmate advocacy groups to expand the class of visitors who can perform unannounced site visits and develop mechanism for organizational application and approval on a temporary or renewable basis
- Make zoom meetings more accessible to more incarcerated individuals
11. **Legislation:** Mandate increase in systemically targeted reentry funding and programming that smooths the pathway to healthy sustainable housing, jobs, and community building for and among formerly incarcerated persons
- Incarcerated individual: DOC should make re-entry planning start at entry.
 - Mitzi Peterson (upon invitation from facilitator): That is the policy.
 - Following was a long open conversation about what policies and practices get in the way of that happening in reality: COs that don't want change, program accessibility at different sites, cultural relevance of available programming, objective point-based classification system. Goal is to see where the money is going.
 - Spend more money on programs and less money on security.
 - Both parties seemed surprised at and open to the other one's perspective.

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12. **Administration:** Formally assess, then create or expand systemwide, best practices for shifting culture at DOC, HOC– and in similar settings nationally and internationally– in ways that build, grow and institutionalize successful work to dismantle structural racism or inequity and that build healthy carceral community
13. **Legislation or Policy - Civilian Review Panel** - They would review the complaints, grievances, disciplinary disputes of prisoners. The point is to bring a level of accountability and oversight, so the police aren't policing themselves. In prison, there are no body cameras, or civilians with cell phone cameras. The analogy is the [Massachusetts Commission Against Discrimination](#). Where those who are incarcerated can file complaints concerning discriminatory treatment on an individual or institutional basis. The other analogy used is the civilian review board that reviews complaints against police officers which is found in many major systems. The theory is that if the DOC officials monitor, and judge the actions of other DOC officials, inmates' complaints won't/don't get a fair hearing and there is not the same level of accountability.
 - See Comment above at #5.
14. **Religion and Spirituality** - When asked, inmates said the use of religion and spirituality was missing from the list. Religion and spirituality could be used to improve all aspects of the incarceration experience from coping to complementing mental health services, to moral or values based instruction.
15. **Technology** - When asked, leveraging technology was mentioned as missing from the list. Technology could: Make remote visits possible, help reduce language barriers, increase (opportunities for education including personal, professional or workforce development). Technology could be used to make physical or mental health visits possible. In some institutions inmates are given tablets to access Netflix. This could be educational content. Must make sure there is equal access to technology and that access to content is like the phone system. It should be free. View technology as part of infrastructure that needs to be kept up to date and maintained.
16. **Volunteers** - It was mentioned that something on volunteers was missing. The recommendations were **Volunteer Vetting** - Review the criteria for vetting to make sure it doesn't reflect implicit racial bias. It was expressed that some items in a person's background that could prevent them from serving as a volunteer should expire at some point. **Increase Frequency of Volunteer Training** - Volunteer training occurs too infrequently. They are not that frequent and if the person misses the training, it could be a long period of time before the training is offered again.

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17. Mental Health

- Mental Health and language barriers.
- Increase the availability of mental health counseling from one time per month to one time per week.
- Annual mental health check-up. A lot could have happened in the last year e.g. loss in family, friend, pandemic
- Mental health education, increase awareness to recognize signs of mental health problems. People don't know they have a mental health problem.
- Mental health awareness, and training should be done prior to mental health scan. How do I know if I am suffering from PTSD if I don't know what PTSD is?
- There is a long lead time to see someone.
- There is a long wait for MAC, drug counseling, all the while there is a drug problem (drugs) in the system
- Clinicians with shared experiences
- Continuity of Care /Treatment - The person you see this month might not be the same person you see next month.

18. **Leverage Relationships with Other Agencies** - The DOC should be able to make sure every returning citizen has a Mass ID or driver's license upon leaving. The same is true with birth certificates and social security numbers and voter registration cards. That might mean having someone come in once per month to take photos and process paperwork. Otherwise these become barriers to success upon leaving the DOC.
19. **Housing Diversity** - Based on your past. [I didn't get the term] All aggressive people are placed together. Once placed there it is hard to get moved. When one person in the unit does something wrong, the whole group is punished.
20. **Reentry** - The Recommendation on Re-Entry was fine, but the scope should be broader so you can start sooner. If you have a long sentence, you can't do anything for the early years of your sentence. You may be number 741 on the waitlist. (This sounded like a capacity issue; as there are only so many slots per class, and lots of demand.)

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GROUP C: Mapping the System of Structural Racism at the DOC

“What does the DOC look like free of structural racism?”

Facilitated by House Chair Nika Elugardo.

Commission hearings and site visits addressed what would be framed as a “negative question” in systems thinking and analysis, “What does structural racism look like in the DOC?” To fully understand the systemic nature of structural racism in Corrections, the Systems Working Group determined the need to ask the systemically “positive question, “What would the DOC look like free of structural racism.” **Positive systems questions support actionable recommendations, because they move beyond describing the problem to envisioning solutions.** Group C was tasked with this envisioning process. The following guidelines were offered based on practices in professional systems mapping with beginners:

- Each statement has a subject and a verb
- Each statement uses descriptors, adjectives and adverbs, to clarify the meaning.
- Each statement contains only one concept and one verb.
- Each statement meets the tests of accuracy (factually true) and precision (not ambiguous - same meaning across different participants).

Group C included 35 participants representing incarcerated, staff and administrative members of MCI-Norfolk and EOPSS. Group C produced 80 systems mapping responses for review and analysis by a follow up small group. Find the follow-up work in Appendix R: DOC Structural Racism Systems Analysis.

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PROPOSED NEXT STEPS (June to December)

1. Review and Incorporate Workshop Feedback into Final Draft
2. Circulate Draft to Commissioners, DOC community partners, MBLLC, and Co-Chairs of Joint Committee on Public Safety for feedback
3. Finalize Report and Submit to House and Senate Clerks
4. Commissioners Meet with House and Senate leadership to determine any immediate actions Legislature can take to implement recommendations
5. Press Conference Releasing Report
6. Hearing to collect Public Comment on Report, Findings and Recommendations
7. Report & Record of Public Comment Handed Off to Permanent Commission for Review, Implementation, and Oversight

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APPENDIX

R

DOC Structural Racism Systems Analysis

- DOC: Healthy System Themes
- July 2022 Draft of DOC Healthy System Observations and Themes

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APPENDIX R: DOC Structural Racism Systems Analysis

As a follow-up to the Systems Mapping exercise conducted by Group C at the May 31st workshop to review preliminary Report Findings & Recommendations (see Appendix Q), a small group of incarcerated participants continued to analyze, group and name themes uncovered by the exercise. The instructions and some of their completed results are below.

DOC Healthy System Themes

DOC Systems Analysis, DRAFT 07.23.22

Brief Overview of a process to analyze and map a social system:

Rules of Construction, so that the descriptions of the system are clear to all participants and the recommendations are actionable:

- a. Each statement has a subject and a verb
 - b. Each statement uses descriptors, adjectives and adverbs, to clarify the meaning.
 - c. Each statement contains only one concept and one verb.
 - d. Each statement meets the tests of accuracy (factually true) and precision (not ambiguous - same meaning across different participants).
1. Craft a systems question.
 - a. So that when you answer it, you can visualize it - “What does it look like when....”
 - b. Question can be positive or negative
 2. Diverse group (representing different perspectives in the system) responds to the question using the Rules of Construction. Our process included diversity of racial, gender, and cultural identity and diversity of roles within the system. We received about 80 responses from about 35 individuals.
 3. Review responses (normally want 35-150 responses):
 - a. To clarify the respondent’s meaning
 - b. To ensure that the responses follow the rules of construction (see above 3a-d: No compound responses, so you can distinguish each influence between elements)
 - c. May have a need for new responses
 4. Cluster group responses by theme
 5. Name the themes using ROC
 6. Test and analyze groups / clusters:
 - a. Review theme names using rules of construction; adjust as necessary
 - b. Ensure that all responses still belong under theme name; move as necessary
 - c. Ensure that the theme name represents the responses underneath
 7. Map interrelationships between themes

Abbreviated DOC Systems Mapping Process:

Following is the process the DOC community engaged to map its system:

1. Step 1: Chair Elugardo proposed the question, *What does DOC look like free of structural racism?* Since the Structural Racism Commission data collection process addressed the negative question, *What does structural racism look like in the DOC?* Through its testimony and research, the Chair proposed the group address a positive question.

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2. Step 2: On May 31, 2022, DOC Administrators, Staff, and Incarcerated Individuals gathered at MCI Norfolk for a day-long in-person workshop. The session's goal was to engage different DOC populations, to facilitate them to work together to provide feedback on the Commission on Structural Racism in Corrections' preliminary recommendations, and to begin an abbreviated systems mapping exercise. About 30 participants reflected and shared about 120 responses in a group exercise.
3. Step 3: African American Coalition Committee (AACC) leadership reviewed and edited the responses to satisfy the Rules of Construction, to ensure they are actionable.
4. Step 4: AACC leadership arranged the responses by themes and proposed titles for the themes.
5. Step 5: On Friday July 15, a small group including Commissioner staff and volunteers named the themes using the Rules of Construction
6. Step 6: The small group of staff and volunteers tested and analyzed the theme names and corresponding groups.
7. Step 7: Map interrelationships between themes.

July 2022 Draft of DOC Healthy System Observations & Themes

A-1. Education: *All incarcerated individuals experience equitable access to educational programming, across language, sexual identity and preference, culture, and race.*

A-2. Education: *DOC publicly tracks plans and success on educational and vocational goals, across language, sexual identity and preference, culture, and race.*

B-1. Mental health: *DOC provides mental health services to all incarcerated individuals and staff, which addresses the intergenerational trauma resulting from structural racism.*

B-2. Mental health: *Trauma informs all DOC community interactions.*

C/H-2. Equality: *Correctional officers, administration, and incarcerated individuals treat each individual and each culture with equal value and respect in all interactions and decisions, expressing love, hope, and peace across language, sexual identity, culture, and race.*

D. Programs: *Fully funded, culturally-relevant, representative, evidence-based programs and curriculum with diverse staff and designed to reflect and represent the diversity of communities and groups leadership training needs.*

E-1. Family ties: *Superintendents create visiting environments designed to foster and strengthen family ties, informed by data.*

E-2. Family ties: *Administration makes outreach between families and loved ones maintain free interaction.*

F-4. DOC Administration: *DOC Administration openly and clearly promotes an articulated policy for diversity, equity, inclusion, and belonging at all levels of transition that honors all cultures.*

F-1. DOC Administration: *DOC Administration holds Correctional officers, Administrators, and Incarcerated Individuals accountable to include all community voices in the design and implementation of missional strategies, policies, and programs.*

F-2. DOC Administration: *DOC Administration clearly promotes data-based accountability to equitable treatment of BIPOC staff and incarcerated individuals in staffing decisions, hiring, training, and supervision.*

F-5. DOC Administration: *DOC Administration holds Correctional officers and administration accountable to equitably engage incarcerated individuals in program activities, which implement a*

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clearly articulated and shared rehabilitative strategy designed to minimize recidivism, by race, culture, language, sexual identity and preference.

F-3. DOC Administration: DOC Administration holds Correctional officers, administration, and incarcerated individuals accountable to achieve missional outcomes for incarcerated individuals resulting in minimized recidivism, which are equitable by race, culture, language, sexual identity and preference.

G. Classification: DOC appoints an Ombudsman that enforces fair and equitable decision-making in classification decisions within the DOC.

H. Prison culture: Correctional officers, Administrators, and Incarcerated Individuals participate in a caring community where restorative justice is normalized.

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Question: What does DOC look like free of structural racism?

Answers, DRAFT 07.23.22:

A. Education – 21, 60, 88, 98, 106, 108, 112, 114

A-1. Education: *All incarcerated individuals experience equitable access to educational programming, across language, sexual identity and preference, culture, and race.*

- 21. A system that provides equal opportunity for vocational access for all incarcerated individuals.
- 60. DOC rescinds their current higher learning policy.
- 88. DOC staff treat incarcerated individuals equally when accessing their enrollment into higher education.
- 104. DOC Administration will support education programs coordinated by incarcerated individuals .
- 108. Administration will work with non-English speaking individuals so that they can better themselves through education.
- 112. The Education department will be open to hearing concerns for better education when it comes to the Spanish community.
- 114. DOC must offer a HI-Set in Spanish.

A-2. Education: *DOC publicly tracks plans and success on educational and vocational goals, across language, sexual identity and preference, culture, and race.*

- 98. A DOC where incarcerated people can gain marketable skills.
- 106. DOC reinstitutes the bachelor degree program instead of providing certificates.

B. Mental health – 2, 3, 4, 5, 44, 45, 46, 47, 48, 49, 67, 82, 101

B-1. Mental health: *DOC provides mental health services to all incarcerated individuals and staff, which addresses the intergenerational trauma resulting from structural racism.*

- 5. Medical providers become more receptive in exploring different options when it comes to Black and Brown detainees wrestling with mental health issues.
- 45. Mental health staff clinically evaluate Black & Brown mental health and racial trauma.
- 46. Immigrants ask for mental health care when they need it.
- 47. DOC will hire more mental health counselors from various ethnic backgrounds to assist people incarcerated.
- 49. DOC health care system focuses on the treatment of generational trauma.
- 82. Make mental health mandatory for all DOC staff and incarcerated individuals

B-2. Mental health: *Trauma informs all DOC community interactions.*

- 2. Administration more open minded about BIPOC detainees' struggle with mental health.
- 3. Administration proactively helps detainees try to deal with mental health.
- 4. Administration helps detainees when they try to understand the need to deal with mental health.
- 44. BIPOC mental health experiences are put in context to their encounters with structural violence.
- 48. No d-reports issued for someone dealing with an obvious mental health crisis.
- 67. DOC should offer more programs that focus on the unique struggles of those that come from backgrounds dealing with inner city trauma.
- 101. BIPOC mental health experiences are treated fairly by DOC staff.

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C. Equality – 1, 9, 10, 11, 12, 15, 22, 27, 36, 39, 52, 57, 87

C/H-2. Equality: *Correctional officers, administration, and incarcerated individuals treat each individual and each culture with equal value and respect in all interactions and decisions, expressing love, hope, and peace across language, sexual identity, culture, and race.*

1. Correctional Officers, Administrators, and incarcerated individuals respect one another.
9. Correctional staff, Administration, and incarcerated individuals treat each other with fairness and respect.
10. When race does not play a role in any Administrative decision in the DOC.
11. Prison administrators foster an environment where all cultural heritages are treated the same as those of the dominant caste.
12. Purchasing items sold by Keefe (canteen vendor) has alternative products for the different ethnic groups under the care and custody of the DOC.
13. Black transgenders are treated fairly by Correctional officers and incarcerated individuals.
15. Correctional officers and prison administrators treat incarcerated individuals equally within the prison.
22. All within the incarcerated community representing each race/gender has a voice.
27. The DOC has the same energy when they support all cultural holidays as they do Christmas.
36. Staff members and incarcerated individuals are encouraged to view each other as people and not as "inmates" or "C.O.s."
39. Race does not play a role in how a Correctional officer treats an incarcerated offender.
52. Incarcerated Individuals are no longer forced to choose one religion where they can only worship one theological base.
57. Remove restrictions which hinders constructive participation in religious practices that are not Christianity.
87. The DOC staff and Administration treat incarcerated individuals equally when distributing jobs.

D. Programs – 54, 56, 61, 63, 64, 65, 73, 75, 80, 86, 92, 109, 110, 111

D. Programs: *Fully funded, culturally-relevant, representative, evidence-based programs and curriculum with diverse staff and designed to reflect and represent the diversity of communities and groups ... leadership training needs.*

54. DOC Commissioner establishes a Compass format for incarcerated individuals that addresses the root causes of criminality.
56. DOC supports inmate-run groups by assisting them in the search of volunteers for their programs.
61. DOC Administrators allow race-based groups to attend intake orientation to allow for new arrivals to become aware of positive alternatives in prison.
63. Deputy Superintendents are investigated by the DOC Commissioner's office when they intimidate cultural groups like the AACC.
64. Deputy Superintendents must offer more culturally centered programming in the Voc-Ed for People of Color.
65. Deputy Superintendents must put more focus on People of Color's unique social circumstances when creating re-entry plans.

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- 73. Prison administrators must eliminate long waiting lists for programming
- 75. DOC must offer a Spanish option for programs.
- 80. Eliminate lack of resources that could lead to effective rehabilitation.
- 86. An environment where DOC and its administrators introduce effective programs known to benefit incarcerated individuals.
- 92. DOC Administrators collaborate with Educators to formulate sound, comprehensive rehabilitative prison policies.
- 109. DOC must elevate and support groups like AACC.
- 110. Administrators must put more focus on people of color's unique social circumstances when creating re-entry plans.
- 111. More programs with facilitators that come from socio-economic backgrounds similar to incarcerated individuals.

E. Family ties – 6, 7, 8, 74, 84

E-1. Family ties: Superintendents create visiting environments designed to foster and strengthen family ties, informed by data.

- 7. DOC Commissioner expands current institutional visiting centers.
- 8. Superintendents organize visiting centers where incarcerated individuals and their loved ones can move around.

E-2. Family ties: Administration makes outreach between families and loved ones maintain free interaction.

- 6. Black and Brown prisoners can humanely interact with loved ones during visiting periods.
- 74. DOC must encourage better outreach efforts between an incarcerated person and their families.
- 84. Superintendents must create visiting environments where those incarcerated and their loved ones can interact freely.

F. DOC Administration – 23, 24, 25, 29, 30, 31, 32, 33, 34, 37, 42, 50, 55, 58, 59, 62, 66, 69, 70, 71, 73, 76, 77, 79, 81, 90, 93, 94, 95, 96, 100, 105, 107

F-4. DOC Administration openly and clearly promotes an articulated policy for diversity, equity, inclusion, and belonging at all levels of transition that honors all cultures.

- 34. DOC Administration and staff must encourage/foster a culture shift using restorative justice practices and philosophies.
- 37. DOC needs to understand Black & Brown cultural traditions and how they are recognized within prison walls.
- 50. Prison administrators intentionally believe in the possibility of progress as it relates to those incarcerated.
- 79. DOC policies lead by data not by implicit biases.

F-1. DOC Administration holds Correctional officers, Administrators, and Incarcerated Individuals accountable to include all community voices in the design and implementation of missional strategies, policies, and programs.

- 23. DOC Commissioner truly listens to those who will be most impacted by new rules and regulations rather than simply assuming how the incarcerated population will react to them.

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24. Prison Administrators give incarcerated individuals a platform where they can express their opinions regarding things that prison administrators can do to better prepare them for society, including through a formal grievance system.

25. DOC collaborates with Legislators to formulate sound, comprehensive rehabilitative prison policies.

32. DOC encourages the inclusion of all voices, (Administration, COs, and incarcerated population) in the offering of programs and rehabilitative services for those who will one day enter society again.

76. DOC no longer is trying to replicate a singular corrections model to all prisons instead of one that can better rehabilitate those incarcerated.

F-2. DOC Administration clearly promotes data-based accountability to equitable treatment of BIPOC staff and incarcerated individuals in staffing decisions, hiring, training, and supervision.

29. DOC's union no longer wages a war on prison reform bills out of fear or threat of self-preservation.

31, 42, and 94. DOC Commissioner will implement mandatory racial bias training for all staff that aligns with best correctional practices..

58. Look into correctional academy training.

59. DOC Commissioner, along with REICl, conduct routine surveys that are race based to discover why members of BIPOC groups are treated differently than other incarcerated individuals in the DOC and take necessary steps to address differential treatment..

66. The IPS must not be involved in deciding who can work and in what areas.

69. DOC must hire more diverse staff.

81. The Executive Office of Public Safety needs to place emphasis on Administrators and correction officers' racial sensitivity training.

93. Correctional Unions look at Legislative options around prison reform through an unbiased lens to understand their macro-objective to public safety.

94. DOC will implement mandatory racial biased training to curtail racism.

95. DOC will monitor all incidents of prejudice.

96. DOC will document all incidents of prejudice involving people of color whether they are a part of staff or the incarcerated population.

105. DOC should change the structure of Correctional academy culture where they are focused on rehabilitation, not just punishment.

107. DOC can hire more BIPOC individuals as administrators.

F-5. DOC Administration holds Correctional officers and administration accountable to equitably engage incarcerated individuals in program activities, which implement a clearly articulated and shared rehabilitative strategy designed to minimize recidivism, by race, culture, language, sexual identity and preference.

30. DOC follows a clear rehabilitative model that is obvious to officers, Administrators, and all incarcerated individuals.

55. The DOC recognizes that warehousing does not solve the problem of eliminating crime from society.

62. Prison administrators work with non-English speaking incarcerated individuals on how to explore the opportunities for them in the DOC system.

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70. The Institutional assignment officer will be obligated to give institutional employment to those incarcerated based on character not color.

71. Equal job accessibility through the DOC for those incarcerated.

73. Prison administrators must eliminate long waiting lists for programming

77. Implement the recommendations of the Harshbarger report/findings.

F-3. DOC Administration holds Correctional officers, administration, and incarcerated individuals accountable to achieve missional outcomes for incarcerated individuals resulting in minimized recidivism, which are equitable by race, culture, language, sexual identity and preference.

33. A DOC free from structural racism looks like a system that is slowly eliminating the need for prisons at all.

100. A DOC that works towards building a society where prisons are no longer needed.

G. Classification – 38, 53, 102, 103, 104

G. Classification: DOC appoints an Ombudsman that enforces fair and equitable decision-making in classification decisions within the DOC.

38. All prisoners, no matter what their sentence structure is, can step down to a minimum-security facility.

53. There needs to be an Ombudsman to review classification.

102. DOC needs to appoint an Ombudsman to enforce fair classification decisions within the DOC.

103. There needs to be an Ombudsman to ensure that men/women are stepping down and transitioning back into society ready to enter the job market.

H. Prison culture – 13, 14, 16, 17, 18, 19, 20, 26, 28, 35, 40, 41, 43, 51, 78, 83, 85, 89, 91, 97, 99, 113

H. Prison culture: Correctional officers, Administrators, and Incarcerated Individuals participate in a caring community where restorative justice is normalized.

14. Incarcerated individuals serve their sentence in a healthy environment where staff and incarcerated individuals are working together to create transformative justice.

16. Correctional officers, Administrators, and incarcerated individuals treat each other the way that they want to be treated.

17. An incarcerated person is free to fight for freedom, justice, and equality without reprimand from prison officials.

18. Administrators and the incarcerated population have better communication to eliminate the tension experienced in prison by both parties.

19. DOC Administrators and correctional officers treat Black and Brown people who break institutional rules fairly.

20. Staff, the Administration, and incarcerated individuals all can truly have a sense of a caring community.

26. A Black or Brown C.O. doesn't treat me differently because their coworkers will look and treat them differently.

28. Staff and Administrators treat incarcerated individuals for who they are today rather than be defined by the worst mistake they've made in the past.

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- 35. More Administrator, C.O., and prisoner interaction during annual Black history events. Information can be offered and perspectives shared.
- 40. Correctional staff and incarcerated individuals practice respect, love, and peace with each other.
- 41. For incarcerated individuals, especially the Spanish community, to be more united around issues that could better our chances of success, regardless of our geographical differences.
- 43. A prison environment in which I no longer have to be concerned with who is holding the position when I have a question or concern.
- 51. Correctional Officers and Incarcerated individuals are not looking at each other suspiciously.
- 78. Soften the look of the guards by getting them out of SWAT uniforms.
- 83. The incarcerated population longer feels like they are detainees.
- 85. A safe environment where staff and incarcerated individuals are working together building a strong, restorative culture.
- 89. Incarcerated individuals truly have a sense of a caring community due to the Administration's optimism in their success.
- 90. The Administration truly has a sense of a caring community by acknowledging the positive efforts of those from the incarcerated population.
- 91. A direction paved by the DOC that produces a safe environment for incarcerated individuals and staff.
- 97. A DOC where incarcerated individuals can learn about how to take responsibility for their past mistakes.
- 99. A DOC where incarcerated individuals can leave better people.
- 113. DOC must create events that celebrate BIPOC communities through music and education.

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Question: What does DOC look like free of structural racism? DRAFT 07.07.22

- A. Education – 21, 60, 88, 98, 106, 108, 112, 114
- B. Mental health – 2, 3, 4, 5, 44, 45, 46, 47, 48, 49, 67, 82, 101
- C. Equality – 1, 9, 10, 11, 12, 15, 22, 27, 36, 39, 52, 57, 87
- D. Programs – 54, 56, 61, 63, 64, 65, 73, 75, 80, 86, 92, 109, 110, 111
- E. Family ties – 6, 7, 8, 74, 84
- F. DOC Administration – 23, 24, 25, 29, 30, 31, 32, 33, 34, 37, 42, 50, 55, 58, 59, 62, 66, 69, 70, 71, 73, 76, 77, 79, 81, 90, 93, 94, 95, 6, 100, 105, 107
- G. Classification – 38, 53, 102, 103, 104
- H. Prison culture – 13, 14, 16, 17, 18, 19, 20, 26, 28, 35, 40, 41, 43, 51, 78, 83, 85, 89, 91, 97, 99, 113

Answers:

1. Correctional Officers, Administrators, and incarcerated individuals respect one another.
2. Administration more open minded about BIPOC detainees' struggle with mental health.
3. Administration proactively helps detainees try to deal with mental health.
4. Administration helps detainees when they try to understand need to deal with mental health.
5. Medical providers become more receptive in exploring different options when it comes to Black and Brown detainees wrestling with mental health issues.
6. Black and Brown prisoners can humanely interact with loved ones during visiting periods.
7. DOC Commissioner expands current institutional visiting centers.
8. Superintendents organize visiting centers where incarcerated individuals and their loved ones can move around.
9. Correctional staff, Administration, and incarcerated individuals treat each other with fairness and respect.
10. When race does not play a role in any administrative decision in the DOC.
11. Prison administrators foster an environment where all cultural heritages are treated the same as those of the dominant caste.
12. Purchasing items sold by Keefe (canteen vendor) has alternative products for the different ethnic groups under the care and custody of the DOC.
13. Black transgenders are treated fairly by Correctional officers and incarcerated individuals.
14. Incarcerated individuals serve their sentence in a healthy environment where staff and incarcerated individuals are working together to create transformative justice.
15. Correctional officers and prison administrators treat incarcerated individuals equally within the prison.
16. Correctional officers, Administrators, and incarcerated individuals treat each other the way that they want to be treated.
17. An incarcerated person is free to fight for freedom, justice, and equality without reprimand from prison officials.
18. Administrators and the incarcerated population have better communication to eliminate the tension experienced in prison by both parties.
19. DOC Administrators and correctional officers treat Black and Brown people who break institutional rules fairly.

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20. Staff, the Administration, and incarcerated individuals all can truly have a sense of a caring community.
21. A system that provides equal opportunity for vocational access for all incarcerated individuals.
22. All within the incarcerated community representing each race/gender has a voice.
23. DOC Commissioner truly listens to those who will be most impacted by new rules and regulations rather than simply assuming how the incarcerated population will react to them.
24. Prison Administrators give incarcerated individuals a platform where they can express their opinions regarding things that prison administrators can do to better prepare them for society.
25. DOC collaborates with Legislators to formulate sound, comprehensive rehabilitative prison policies.
26. A Black or Brown C.O. doesn't treat me differently because their coworkers will look and treat them differently.
27. The DOC has the same energy when they support all cultural holidays as they do Christmas.
28. Staff and Administrators treat incarcerated individuals for who they are today rather than be defined by the worst mistake they've made in the past.
29. DOC's union no longer wages a war on prison reform bills out of fear or threat of self-preservation.
30. DOC follows a clear rehabilitative model that is obvious to officers, Administrators, and all incarcerated individuals.
31. DOC will implement mandatory racial bias training for all staff, whether it was implicit or explicit.
32. DOC encourages the inclusion of all voices, (Administration, COs, and incarcerated population) in the offering of programs and rehabilitative services for those who will one day enter society again.
33. A DOC free from structural racism looks like a system that is slowly eliminating the need for prisons at all.
34. DOC Administration and staff must encourage/foster a culture shift using restorative justice practices and philosophies.
35. More Administrator, C.O., and prisoner interaction during annual Black history events. Information can be offered and perspectives shared.
36. Staff members and incarcerated individuals are encouraged to view each other as people and not as "inmates" or "C.O.s."
37. DOC needs to understand Black & Brown cultural traditions and how they are recognized within prison walls.
38. All prisoners, no matter what their sentence structure is, can step down to a minimum-security facility.
39. Race does not play a role in how a Correctional officer treats an incarcerated offender.
40. Correctional staff and incarcerated individuals practice respect, love, and peace with each other.
41. For incarcerated individuals, especially the Spanish community, to be more united around issues that could better our chances of success, regardless of our geographical differences.
42. DOC Commissioner should put its staff through racial sensitivity training.
43. A prison environment in which I no longer have to be concerned with who is holding the position when I have a question or concern.
44. BIPOC mental health experiences are put in context to their encounters with structural violence.
45. To witness Black & Brown mental health and racial trauma being clinically evaluated by mental health staff.
46. Immigrants ask for mental health care when they need it.

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47. DOC will hire more mental health counselors from various ethnic backgrounds to assist people incarcerated.
48. No d-reports issued for someone dealing with an obvious mental health crisis.
49. DOC health care system focuses on the treatment of generational trauma.
50. Prison administrators intentionally believe in the possibility of progress as it relates to those incarcerated.
51. Correctional Officers and Incarcerated individuals are not looking at each other suspiciously.
52. Incarcerated Individuals are no longer forced to choose one religion where they can only worship one theological base.
53. There needs to be an Ombudsman to review classification.
54. DOC Commissioner establishes a Compass format for incarcerated individuals that addresses the root causes of criminality.
55. The DOC recognizes that warehousing does not solve the problem of eliminating crime from society.
56. DOC supports inmate-run groups by assisting them in the search of volunteers for their programs.
57. Remove restrictions which hinders constructive participation in religious practices that are not Christianity.
58. Look into correctional academy training.
59. DOC Commissioner, along with REICI, conduct routine surveys that are race based to discover why members of ethnic groups are treated differently than other incarcerated individuals in the DOC.
60. DOC rescinds their current higher learning policy.
61. DOC Administrators allow race-based groups to attend intake orientation to allow for new arrivals to become aware of positive alternatives in prison.
62. Prison administrators work with non-English speaking incarcerated individuals on how to explore the opportunities for them in the DOC system.
63. Deputy Superintendents are investigated by the DOC Commissioner's office when they intimidate cultural groups like the AACC.
64. Deputy Superintendents must offer more culturally centered programming in the Voc-Education for People of Color.
65. Deputy Superintendents must put more focus on people of color's unique social circumstances when creating re-entry plans.
66. The IPS must not be involved in deciding who can work and in what areas.
67. DOC should offer more programs that focus on the unique struggles of those that come from backgrounds dealing with inner city trauma.
68. The education department will be open to working with Spanish speaking incarcerated individuals.
69. DOC must hire more diverse staff.
70. The Institutional assignment officer will be obligated to give institutional employment to those incarcerated based on character not color.
71. Equal job accessibility through the DOC for those incarcerated.
72. DOC must orient incarcerated individuals to new technology before their release.
73. Prison administrators must eliminate long waiting lists for programming
74. DOC must encourage better outreach efforts between an incarcerated person and their families.
75. DOC must offer a Spanish option for programs.
76. DOC no longer is trying to replicate a singular corrections model to all prisons instead of one that can better rehabilitate those incarcerated.

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77. Implement the recommendations of the Harshbarger report/findings.
78. Soften the look of the guards by getting them out of SWAT uniforms.
79. DOC policies lead by data not by implicit biases.
80. Eliminate lack of resources that could lead to effective rehabilitation.
81. The Executive Office of Public Safety needs to place emphasis on Administrators and correction officers' racial sensitivity training.
82. Make mental health mandatory for all DOC staff and incarcerated individuals.
83. The incarcerated population longer feels like they are detainees.
84. Superintendents must create visiting environments where those incarcerated and their loved ones can interact freely.
85. A safe environment where staff and incarcerated individuals are working together building a strong, restorative culture.
86. An environment where DOC and its administrators introduce effective programs known to benefit incarcerated individuals.
87. The DOC staff and Administration treat incarcerated individuals equally when distributing jobs.
88. DOC staff treat incarcerated individuals equally when accessing their enrollment into higher education.
89. Incarcerated individuals truly have a sense of a caring community due to the Administration's optimism in their success.
90. The Administration truly has a sense of a caring community by acknowledging the positive efforts of those from the incarcerated population.
91. A direction paved by the DOC that produces a safe environment for incarcerated individuals and staff.
92. DOC Administrators collaborate with Educators to formulate sound, comprehensive rehabilitative prison policies.
93. Correctional Unions look at Legislative options around prison reform through an unbiased lens to understand their macro-objective to public safety.
94. DOC will implement mandatory racial biased training to curtail racism.
95. DOC will monitor all incidents of prejudice.
96. DOC will document all incidents of prejudice involving people of color whether they are a part of staff or the incarcerated population.
97. A DOC where incarcerated individuals can learn about how to take responsibility for their past mistakes.
98. A DOC where incarcerated people can gain marketable skills.
99. A DOC where incarcerated individuals can leave better people.
100. A DOC that works towards building a society where prisons are no longer needed.
101. BIPOC mental health experiences are treated fairly by DOC staff.
102. DOC needs to appoint an Ombudsman to enforce fair classification decisions within the DOC.
103. There needs to be an Ombudsman to ensure that men/women are stepping down and transitioning back into society ready to enter the job market.
104. Support education programs coordinated by incarcerated individuals.
105. DOC should change the structure of Correctional academy culture where they are focused on rehabilitation, not just punishment.
106. DOC reinstitutes the bachelor degree program instead of providing certificates.

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- 107. DOC can hire more BIPOC individuals as administrators.
- 108. Administration will work with non-English speaking individuals so that they can better themselves through education.
- 109. DOC must elevate and support groups like AACC.
- 110. Administrators must put more focus on people of color's unique social circumstances when creating re-entry plans.
- 111. More programs with facilitators that come from socio-economic backgrounds similar to incarcerated individuals.
- 112. The Education department will be open to hearing concerns for better education when it comes to the Spanish community.
- 113. DOC must create events that celebrate BIPOC communities through music and education.
- 114. DOC must offer a HI-Set in Spanish.

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DRAFT from June, 2022



The Commonwealth of Massachusetts

House of Representatives
24 Beacon Street, Boston, MA 02133

Nika Elugardo

State Representative

15th Suffolk Communities in Mission Hill • Jamaica Plain • Roslindale • Brookline
State House, Room 473 B

Legislative Aide

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Data Systems Analysis Stage One from May 31, 2022 in MCI Norfolk

INSTRUCTIONS FOR THEMING A PRELIMINARY SYSTEMS MAP:

1. Where possible eliminate the use of “is” in favor of an active verb with clear subject and object. This helps the map have specificity and helps the interrelationships between the answers stand out. That in turn sets us up for more actionable recommendations.
 - a. **Example:** “Administration is helpful when inmates try to deal with mental health” became number 3 below.
 - b. Notice the use of adverbs (ending in -ly) to further clarify the intent of the answer.
 - c. DO NOT extrapolate meaning that you did not hear in the discussion on May 31, even if you think it is missing. If there are missing ideas, add those answers to the bottom of the list as your own responses, starting with number 90.
 - d. **Don’t change any of the existing numbers.**
2. Clarify ambiguities in each response without inserting your own opinions
 - a. Clarify words, like “administration,” that should really refer to a more specific practitioner or position. Other examples: “people,” “DOC”
 - b. Eliminate the use of pronouns like “we” or “they” and use in their place the position title or demographic being referred to
 - c. Some ambiguous words or phrases will not be able to be clarified, such as “in all respects,” (number 1. below) unless the person who wrote that was in the room or the conversation elaborated it, and you remember the conversation. Don’t add your own meaning or experience. Just make a new response at the end, and give it its own new number.
3. Break up compound answers into multiple responses with their own new number. Start with the next number at the bottom of the list.
 - a. **Example:** “Administration is more **open minded** and **helpful** in **how to understand** and **look for** help when we try to deal with mental health” became

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answers 2-5 below (except you will use number 90 first, and so on, and you can keep the original with it's same number)

- b. **Example:** “Black and Brown prisoners can humanely interact with loved ones during visiting periods. DOC make visiting areas are more open where prisoners and loved ones can move around and interact freely” became answers 6-8
 - c. These examples did not address instructions 1 and 2 above, so you’ll still do that where necessary.
4. **Note:** If we’d had more time with the original group (e.g., a 2-3 day session or longer), we would have spent significant time having people really make their responses discrete and specific. For example, “what do you mean by ‘deal with.’ And in their explanation we may have discovered 2-3 or more additional responses. Don’t try to do that extrapolation here, unless you encounter a response that you yourself wrote.
5. Once you have the final list of numbered answers, group them into themes. A few got started in the meeting which you can use as a starting point.
6. Name themes using full sentences
 - a. **Example:** Administrators, Staff, and Incarcerated Individuals treat one another with respect, fairness, and care
 - b. Theme names should comply to 1-3, above: Descriptive, Clear, Distinct
7. Our next step will be finalizing themes, assigning them a letter, and drawing arrows to represent the connections between the themes to create a closed loop. More on this later.

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Question: What does DOC look like free of structural racism?

Answers by Preliminary Themes:

Relationships: Administrators, Staff, and Incarcerated Individuals treat one another with respect, fairness, and care, resulting in reduced recidivism.

1. Staff and prisoners respect one another in all respects
2. Administration is more open minded about BIPOC inmate struggle with mental health
3. Administration proactively helps inmates try to deal with mental health
4. Administration helps inmates when they try to to understand their need to deal with mental health
5. Administration is helpful in how to understand the available resources when inmates try to deal with mental health
6. Black and Brown prisoners can humanely interact with loved ones during visiting periods
7. DOC makes visiting areas are more open
8. DOC creates visiting environments where prisoners and loved ones can move around and interact freely
9. People treat each other with fairness and respect
10. Disproportionalism does not exist (no one group represented more than another)
11. DOC creates an environment where my cultural heritage is treated the same as those in the dominant caste
12. Items sold represent my culture or a better representation of my cultural heritage
13. Everyone is able to be inclusive, regardless of how they identify. There are no stigmas that hinder this process
14. A healthy, safe, and equitable environment where ALL people are working together in order to transform the negative past, and build stronger reformative culture and programming
15. DOC staff and admin treat ALL people incarcerated equally within the DOC. Jobs, medical, education, etc is accessible
16. People treat each other the way they want to be treated
17. Freedom, justice, and equality
18. A system with better communication to achieve a common goal
19. DOC Administrators and staff need to treat Black and Brown people who break institutional rules fairly
20. Staff members, inmates, and the administration can truly have a sense of a caring community
21. A system that is fair and provides a safe environment
22. All representation of each race/gender (management and inmates) - all of community has a voice
23. Paying attention to those that are affected when trying to resolve issues as opposed to assumption

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24. Being heard - when you tell the truth and when you are violated by a CO (violently) and everyone on his side shuts you out and he/they win - and the next CO sees that and he knows he can do it too.
25. DOC's administrators collaborate with legislators, academic, agencies, and prisoners to formulate sound comprehensive rehabilitative prison policies (holistic approach)
26. When a CO (male or female) that looks like me doesn't treat me differently because his or her co-workers will look and treat them differently!
27. DOC has same energy and support for all cultural holidays as for Christmas
28. Being treated fairly without being judged. No one – DOC staff or prisoners – should judge each other.
29. DOC's union no longer wages a war on prison reform bills out of the fear or threat of self-preservation, and discerns the bills through a humanizing lens to understand the objective.
30. DOC Administration and staff need to recognize the importance of treating trauma in incarcerated people to reduce recidivism.
31. A better system where transparency is fair and clear to ALL parties. The staff will be able to assist more due to trust being built.
32. DOC will implement racial bias training mandatory for all staff and monitor/document all incidents of prejudices toward people of color in an attempt to curtail racism, whether it was implicit or explicit.
33. A DOC free of structural racism will look like a DOC that is fair and equal, where people can learn, gain marketable skills, and leave prison a better person.
34. A DOC free of structural racism to me would look like a society where there is no need for prisons and society supports those who struggle.
35. DOC administration and staff must encourage/foster culture shift using restorative justice practices and philosophies – everybody matters.
36. More staff and prisoner interaction during events, holidays, etc., i.e. institutional cookouts with staff and prisoners and hold events.
37. Staff members and inmates are humanized as individuals because the barriers of structural racism no longer exist in the DOC system
38. DOC needs to understand our culture and traditions within prison walls
39. Where all prisoners, no matter their sentencing structure, can step down to a minimum security facility, especially where the Black and Brown are being excluded
40. Equality = when every inmate is treated the same – education, jobs, housing, and training, etc.
41. We need to practice respect, love, and peace with each other, genuinely.

Cultural: Staff and Administrators respect the cultures of Black and Brown incarcerated individuals. They understand and provide appropriate treatment for the racialized trauma they have experienced.

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- 42. For us inmates to be more united despite their class of nationality or racial ethnicity, especially the spanish community
- 43. DOC should put staff through racial sensitivity training courses, disability courses, etc.
- 44. An environment in which I no longer have to be concerned with who is holding the position when I have a question or concern.
- 45. Showing kindness to all the human families of the planet earth. No matter where they're at. Freedom starts in the mind.
- 46. BIPOC mental health experiences are culturally understood and treated by DOC staff.
- 47. Black and Brown mental health and racial trauma is clinically understood by DOC Staff.
- 48. Immigrants ask for mental health care when they need it.
- 49. More counselors from various backgrounds and cultures that assist people incarcerated.
- 50. No tickets issued for mental health crisis because of biased interretain [interaction?]
- 51. DOC health systems focus on treatment of trauma
- 52. Administrators intentional about providing hope and believing in possibility of progress of inmates

DOC designs and implements its programs and employment to address the educational, mental health, and employment goals of Black and Brown incarcerated individuals.

- 53. Creating rules that exclude all others creates barriers, and prevents the sharing of beliefs and ideas. Spending time with each other fosters relationship.
- 54. In violation of Article 1 of the Mass Constitution, people are forced to choose a (one) religion and can only worship as the DOC allows under that particular "banner."
- 55. There needs to be an Ombudsman to review and enforce classification. Ensuring that men/women are stepped-down and transitioned back into society.
- 56. Classification in order to determine a "prison plan" that addresses the root cause of criminality.
- 57. Warehousing does not solve the problem. Example: Sentence to learn english, learn a vocation, get a GED.
- 58. Inmate-run programs, educational and vocational (saves money).
- 59. Remove restrictions for participation in religious practices
- 60. Look into academy training, change structure
- 61. If celebrations or programs are introduced, they should stay as a constant.
- 62. DOC along with outside participants could do surveys that are race based and work things out based on the findings.
- 63. DOC rescinds their current higher learning policy and reinstitutes the bachelor degree program, instead of the certificates, and reallocates seats back to prisoners in equitable proportion where there is a balance in the distribution of seats.
- 64. DOC can allow race based groups to attend intake orientation and hire more BIPOC individuals as staff
- 65. Administration would work with non-English speaking inmate how to navigate in the DOC system, so they can better themselves through education

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66. DOC should stop intimidating cultural events like AACC. However, they should elevate and support them.
67. DOC should offer more culturally centered programming and voc ed for people of color.
68. Administration should put more focus on people of color's unique social circumstances when creating rehabilitation and re-entry plans.
69. The IPS decides who can work and in what areas. Some are denied work and the majority are Black and Brown , and that needs to change. A prisoner should be able to work, no matter what. He may not have outside financial support.
70. More programs and focus that consider the unique struggles that come from the backgrounds dealing with inner city trauma and counseling.
71. The Education Department will be open to working with inmates and hearing our concerns for better education when it comes to the Spanish community.
72. DOC should hire more diverse staff and create inclusive events through music or education.
73. Program services box must be expanded upon (DOC chart) - who does this?
74. The Administration will be more flexible and equal when giving jobs to different groups of ethnicity.
75. Equal job and program accessibility throughout DOC
76. DOC should utilize technology:
77. Increase access: ensure equity in education, programming, services
78. Connection - to family, community
79. DOC should offer a number of programs, such as HiSet (GED), 12-steps, that are not offered in Spanish
80. The DOC is trying to homogenize the DOC and have all prisons run the same. But they did not first seek to see which model had the lowest recidivism.
81. What happened to the Harshbarger Report? Harshbarger had solid recommendations. Harold Clarke (former commissioner) tried to implement some and was run out of office.
82. Along with DEI, soften the look of the guards by getting them out of SWAT uniforms
83. Technology absent in all findings
84. Lack of services – specifically MAT
85. DEI needs to place emphasis on racial sensitivity training
86. Dismantle:
87. Blanket punishment
88. Quad system (creates climate issues within the housing blocks)
89. Mental health mandatory: check up at least twice annually

THEMES that the initial May 31 group started. You can evolve, add to, or change these.

Relationships: Administrators, Staff, and Incarcerated Individuals treat one another with respect, fairness, and care, resulting in reduced recidivism.

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Preliminary work grouped Answers 1-41

Cultural: Staff and Administrators respect the cultures of Black and Brown incarcerated individuals. They understand and provide appropriate treatment for the racialized trauma they have experienced.

Preliminary work grouped Answers 42-52

DOC designs and implements its programs and employment to address the educational, mental health, and employment goals of Black and Brown incarcerated individuals.

Preliminary work grouped Answers 52-89

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APPENDIX S

Coding Volunteer Assignments and Rubric

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APPENDIX S: Coding Volunteer Assignments and Rubric

March 18th, 2022

Hi wonderful volunteers,

Thank you again for your help drafting the DOC Structural Racism Commission Report. We'll create a robust report with actionable next steps towards dismantling structural racism practice within the DOC with your support. The Commissioners thank you for ensuring their hard work will produce the deliverables we need and are capable of, based on the powerful testimony submitted at the hearing and in writing. The incarcerated activists thank you for joining them in helping the DOC SCR to produce actionable pathways to justice.

We refined yesterday's ideas to make the assignment less overwhelming for the volunteer team. Your assignments will be targeted so that you can finish them in the set number of hours you have to volunteer.

The first set of assignments is designed to code and prep the qualitative data and summarize what's available as quantitative data so that admin volunteers can efficiently run through the DOC SRC Working Folder documents.

Team Nika Admin-KC will cut and paste your coded data into the Working Outline. You can see the entire Working Outline Draft 2.0 now, but **your coded data will be added into sections 4 and 5**. The assignment is in two parts.

1. Select the body of data (from A through G, below) in the Working Folder that you wish to code.
 - Review and select one or more folders/types of docs) A) Full Hearings B) Written Testimonies, C) Hearing Executive Summaries, and D) Quantitative Data Presented as Testimony, E) Publicly Available Data Publicly Available DOC Data, F) Research Other Publicly Available Quantitative or Qualitative Data or articles (*NOT IN THE FOLDER, YOU HAVE TO FIND IT*), G) Site Visits (*This will be added from 3/16-3/21*)
 - **Reply to this email with your folder preference(s) and the number of hours you have available between March 10 and the deadline for Assignment 1, March 22nd at 9 AM.**

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2. Develop and provide a key for the coding system for your documents and apply the code to all text relevant to structural racism. There are two levels of coding. **LEVEL I: Report Section 4(a-c) Subsection** and **LEVEL II: Substance of Data**. I recommend using the below color codes highlighted onto the text for LEVEL I and abbreviations in the comments section of selected text for LEVEL II. Still, you can use any system as long as you **provide a clear code key at the top of EVERY document**.

- LEVEL I (flags the section): DOC Policies & Programs; DOC Money Practices; DOC COMMUNITY INTERSECTIONALITY
- LEVEL II (flags the substance; more than 1 possible): Current Practice (CP), Disparate Impact (DI), Recommended (non-legislative) Action (RA), Evaluating Implementation (EI), Recommended Legislation (RL), LGBTQ+ (QT), Immigrant or Linguistic (IL), Disability Community (DC), Staff (CO), Family Members (FM), Pending Legislation (PL), New Legislation (NL), White Allies (WA), and Background or Context (BC).

Please reply to this email today, and you will be assigned a set of documents to CODE and more specific instructions, along with a contact staff to text, email, or call if you have questions or encounter obstacles. Keep in mind that we are still adding data to the folders.

For context, here is the 1/19/2021 Near-End Term Summary of the DOC SCR work. And, in case you need a visual idea, here's the parallel Report on Structural Racism in the MA Parole Process and accompanying summary slides. Please keep in mind that the entire DOC is more complex than the Parole Process, which means our report will be more complex too.

Thank you again for your partnership. You are making so much more possible than would be otherwise.

Best,

Nika

Commission on Structural Racism in Correctional Facilities, House Co-Chair

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APPENDIX

T

**Racial and Ethnic Disparities at the Front Door of
Massachusetts' Juvenile Justice System Report***

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**APPENDIX T: Racial and Ethnic Disparities at the Front Door of
Massachusetts' Juvenile Justice System Report***

[Racial and Ethnic Disparities at the Front Door of Massachusetts' Juvenile Justice System Report](#), written by the Juvenile Justice Policy and Data Board, can be found on their official website, [Juvenile Justice Policy and Data Board | Mass.gov](#).

- * The document on this Appendix page is too large to download into the Appendices. Use the link provided to read the document online. If you are reading a printed document, you can search the document name on the Internet, or contact the Massachusetts Legislature's Office of the House Clerk at (617) 722-2356 to learn where to request a printed copy.

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APPENDIX

U

Preliminary Outlines Organizing Comprehensive Findings & Recommendations

- Outline of General Findings: Themes Uncovered in Review & Analysis
- Rough Outline of Preliminary Recommendations

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APPENDIX U: Preliminary Outlines Organizing Comprehensive Findings & Recommendations

Outline of General Findings: Themes uncovered in the review and analysis of findings

Internalized racism: Individual perspectives of community members of any race and across all roles – inmate, staff, administrator, family, volunteer – influencing perceptions and actions in ways that lead to race disparity in policies or outcomes.

1. Administrators
2. Correctional Officers and Staff
3. Incarcerated Individuals

Interpersonal racism: Interactions between members of the corrections community resulting from internalized, implicit (i.e., unintentional bias or unconscious attitudes) or intentional racism.

1. Between staff and incarcerated individuals
2. Between staff and administrators

Institutional racism: Specific policies, policy gaps, program design, program implementation, organizational culture, or gaps in staff training, support, or accountability, any of which may result in disparate outcomes by race, either intentionally or unintentionally.

1. Policy, Policy Gaps
2. Program design and implementation
3. Organizational Culture
4. Gaps in staff hiring, training, support, accountability

Systemic racism: Race disparities originating from outside Corrections impacts the experience and outcomes of community members within Corrections.

1. Come with issues
2. Leave with issues

Outline of Detailed Findings: Crosswalking the individual findings from interviews, hearings and site visits into the Outline

I. ***Internalized racism***

- Structural racism influences White community members to **fall short of their potential** by
 - **fearing BIPOC** community members
 - **believing that White community members are more trustworthy** than BIPOC community members
- White community members **experience unaddressed secondary trauma from racist incidents** within DOC.

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- Both White and BIPOC community members suffer **harmful impacts** resulting from structural racism
 - Often White community members remain **unaware of the disparate treatment or its impacts**, while BIPOC community members are painfully aware of both.
 - White staff, Administrators, and incarcerated individuals may also experience harm from unaddressed incidents living or working in a community characterized by structural racism.
1. **Administrators: Structural Racism influences Administrators to compromise their job performance.**
 - Leaders justify the use of disparate power over BIPOC incarcerated individuals, rather than fair and effective leadership.
 - A White group's cultural or religious celebrations
 2. **Correctional Officers and Staff: Structural Racism influences COs and Admins to compromise their job performance.**
 - Staff and **administrators neglect to consider the unique needs of specific groups of individuals by race, culture, and language, either because they are unaware of them or because they have an unconscious bias to neglect them.**
 - Staff implementing policy make **discretionary decisions** that give preference to White over BIPOC individuals.
 - Staff assign the higher paying, better jobs to White individuals, while assigning the lower paying, less desirable jobs to other races.
 - Staff may be unaware that they are **making decisions based on bias**, if they believe that one individual is more trustworthy or will do a better job than another.
 3. **Incarcerated Individuals: The perception or reality of over-policing triggers negative health responses in BIPOC incarcerated individuals.**

II. Interpersonal racism:

(social/relational infrastructure) between two or more members of the DOC community, whether intentional or implicit (i.e., unintentional based on unconscious attitudes), which originates as internalized racism.

1. Between staff and incarcerated individuals

- treating BIPOC community members disrespectfully or causing them harm
- withholding positive support from BIPOC community members
- neglecting to invest in positive working relationships with BIPOC community members that can help everyone function in a more productive manner in the community
- implementing organizational policy differently with BIPOC community members
- Anti-black sentiment, colorism, and negative stereotypes of brown and black-skinned people exacerbate co-occurring LGBTQ+ disparities.

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- LGBTQ+ incarcerated individuals are more likely to be sentenced to solitary confinement, due to more defensive fights.
 - Two incarcerated individuals who had their 8th Amendment rights violated took their own lives due to the mistreatment they were experiencing, both of whom were BIPOC and trans.
 - Actual over policing based on race or skin color (anecdotal).
 - Administrator denies a BIPOC individual access to minimum security housing and re-entry programming, simply on the basis of race, not eligibility.
 - survey to support lack of requests being considered.
 - Staff implementing the policy can make discretionary decisions that give preference to White over BIPOC individuals. A clear example is the way incarcerated individuals receive access to employment opportunities. DOC offers a range of jobs at a range of pay levels. Some jobs pay less and are less desirable, such as janitorial or kitchen work, while other jobs pay more and are more desirable, such as metalworking or the dog program.
2. Many **BIPOC staff do not feel encouraged, safe, or supported** to address their own experiences of racism or those of inmate

III. Institutional racism:

Institutional racism resulting from specific policies, policy gaps, program design, program implementation, organizational culture, or gaps in staff training, support, or accountability, any of which may result in disparate outcomes by race, either intentionally or unintentionally. Incarcerated individuals experience unequal access to needed services in DOC facilities, resulting simply from **organizational culture**, which may be reinforced by **gaps in policy and individual discretionary decisions**. When the design of the policy does not incorporate the needs of all races, the policy will have a disparate impact on different races, no matter how well intentioned are the staff who implement it.

1. **Policy, Policy Gaps. Structural racism manifests in policy implementation when services and opportunities are provided differently to different groups of people. Program design and implementation**
- Structural racism manifests in **policy implementation** when services and opportunities are provided differently to different groups of people. The policy may have been designed considering the needs of all, but staff implementing the policy can make **discretionary decisions** that give preference to White over BIPOC individuals. While the decision itself is interpersonal and can be addressed through training, sometimes the design flaw is the discretion itself. Some examples from findings...
 - Health policies: Incarcerated Individuals are reluctant to request mental health treatment, because they know it will negatively impact their parole. BIPOC incarcerated individuals receiving disparate responses for expressed health care requests ...denial by corrections officers, included multiple requests over a prolonged period of days and weeks,

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retaliation for requesting medical help. BIPOC incarcerated individuals receiving disparate responses for expressed health care treatment... lack of care continuity including therapy, and medication management. Health care diagnoses impacted by racial disparities appear connected to incarceration rates. Black individuals are more often diagnosed with schizophrenia and less often diagnosed with mood disorders compared to white people with the same symptoms. Health care treatment impacted by racial disparities appears connected to incarceration rates... Additionally, Black individuals are offered medication or therapy at lower rates. Black individuals with mental health conditions, particularly schizophrenia, bipolar disorders, and other psychoses are more likely to be incarcerated than people of other races. Following these trends supplemented by testimonial experience by BIPOC individuals, depicts a difference in treatment. The Commission heard repeated instances of incarcerated people's requests for health care. These included requests ignored by officers, requests addressed after multiple asks or after the issue progressed so intensely and should have been treated immediately, retaliation for medical attention requests, inadequate care given, missing medical history, missing relevant medical information. The testimony and research suggest that systemic racism persists in delivery of adequate health services... Other forms of how the DOC doesn't consider the mistreatment of LGBTQ+ people is the lack of HIV awareness and other sexually transmitted infections. The lack of condoms and other forms of safe-sex practices that could prevent the spread of HIV and other STIs is a critical part in keeping people safe. More disturbingly, Pre-Exposure Prophylactic is not provided to incarcerated individuals, which can heavily prevent the spread of HIV within correctional facilities.

- The **invisibility of immigrant disparities** is a form of structural racism that also exacerbates pre-existing systemically racist realities.
 - Documentation issues
 - Lived experiences shared during Commission hearings and additional testimonies included BIPOC ESL speakers being unable to advocate for their health care, participate in programming, and other needs because language is a barrier. At present, the “Visiting an inmate in a Massachusetts prison” page has the required Visitor application form and attorney application form posted in two languages- English and Spanish. The visitor and attorney dress code forms are also only posted only in English and Spanish. At present, the “Specific Visiting Procedure” documents for each Massachusetts prison are posted only in English. When programs are not provided in Spanish or other primary languages spoken in the building for non-English speakers, those individuals’ inability to communicate are

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at a disadvantage. **The gap in accurate data** results in a lack of staff or translators to **support basic care and a lack of access to programming**.

- STORY: One incarcerated individual who doesn't understand or speak English, was unaware that participating in certain programs could help with his parole. **No one attempted or was able to communicate to him** that by partaking in specific programs, he could achieve a better outcome at his parole hearing. Instead, he believed that good behavior and doing chores alone would be sufficient. In addition, believing a stereotype about his race, others in the community expected that he would be happy to provide janitorial work unpaid, separate from the formal work program. Learning of that expectation, he regularly cleaned his unit, thinking this would help his parole efforts, with no one in the DOC staff intervening or clarifying how he would actually be evaluated. When the time for his hearing arrived, he learned that all of his work did not affect his parole. He also learned that others expected him to serve janitor duty without any compensation because of his race. One might conclude that he volunteered for this work. However, the gap in communication between all parties resulted in a **negative parole outcome** for this individual.
- **Access to cultural needs and resources**
 - While the DOC has allowed for the creation of multiple cultural and ethnic groups within some of the facilities, it is not a practice on policy, but instead a permittance, meaning many institutions of the fifteen the DOC oversees do not have cultural and affinity groups for the various cultures and ethnicities. Dark skinned individuals typically use a set of personal care products that benefits their bodies; the personal care products used by fair skinned individuals do not work for them. If a range of personal care products is unavailable in the canteen for purchase, in proportion to the community's need, BIPOC individuals' personal care needs go unmet.
- **A lack of targeted, specific, consistent, and accurate data** by race, including identification of inmate race, creates barriers to dismantling structural racism.
 - The commission found that there are still gaps in the data due to the absence of institution-wide data collection and research. This was a glaring issue discovered in every working group. In some cases, the DOC's answers to the questions sent by the policy working group and DOC testimony, contradicted the testimony of lived experience heard by the Commission and experiences shared with commissioners, particularly in regard to access to programming and resources, access to health care and quality of resources, and feeling safe as BIPOC individuals
 - Demographic data on incarcerated individuals' language is significantly inaccurate for a variety of reasons, resulting in DOC being unaware of the scope of the language needs of its incarcerated individuals.
 - **Data reporting**, which informs **strategic planning and resource allocation** at an organizational level.

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- **Inmates serving longer sentences** (disproportionately BIPOC due to structural racism in sentencing) have been systematically excluded from programming.
- **Objective Point-based classification system**, particularly regarding demographic data and previous education and employment as determining factors, may result in a disproportionate lack of access to services and programming by BIPOC inmates.
 - Per the testimony of Mitzi Peterson, the Deputy Commissioner Clinical Services and Reentry, those who have shorter sentences of incarceration are placed higher up on the waitlist. Incarcerated individuals serving life with parole sentences and longer sentences have been systematically excluded from programming, such as the Emerson College Higher Education program and Boston University.
- A high proportion of BIPOC inmates surveyed reported specific experiences of racism across various aspects of DOC programming and policy points to likely **common structural entry points for disparate treatment or experience** based on race.
 - From survey: Ex. There are certain jobs that Black and Brown incarcerated individuals aren't allowed to work, which is wrong to say the least. They would put you in the kitchen, but never in maintenance, working in the print shop. You're being subject to be called a 'boy', monkey, etc. Once this is brought up to the higher ups nothing is ever done. "We will talk to him to find if the statement is true". You will never get a job in property for the same reasons.
 - BIPOC individuals experience less access to jobs
 - BIPOC individuals experience delayed access to jobs
 - BIPOC individuals' jobs are lower paying than the jobs held by White individuals
- **Lack of funding transparency** inhibits Legislature from targeting funds to dismantle structural racism and other inequities within DOC.

2. Organizational Culture

- A White group's cultural or religious celebrations are approved and supported by the whole community, while a BIPOC group's request for a cultural or religious celebration is denied, resulting in the latter group experiencing less support.
- When a staff or administrator makes a decision based on neglect towards the unique needs of BIPOC individuals, whether the decision affects one individual or the community overall, that group's access to resources, support, and opportunities is restricted, resulting in culture of unequal treatment and disadvantage.
- **Us vs Them mentality**, which feeds a war-like culture among incarcerated individuals and correctional officers/staff and affects different races differently.
- **Structural racism harms White members of the DOC community, often without realizing that it exists.**
- Staff follow an **informal cultural agreement** that certain jobs are for certain races, so that a **quota operates apart from policy.**

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- Staff follow an **informal cultural agreement** that certain jobs are for certain races, so that a **quota operates apart from policy**. These dynamics result in racist policy implementation, apart from racist intent, and still result in disparate impacts.

3. Gaps in staff hiring, training, support, accountability

- Gaps in **DOC staff training, professional development, trauma support, and recruitment** amplify the occurrence and impacts of structural racism for BIPOC staff, inmates, and families.
- Mechanisms for **individual observation, assessment, and accountability for DOC employees** who violate anti-discrimination policies remain inadequate.
- Commissioner Whiteside's survey to support lack of independent oversight for discretionary decisions on requests
- Additionally, the lack of diversity within staff allows for further disparate treatment for the incarcerated individuals and staff of color.

IV. **Systemic racism:** Social determinants of health create **pre-existing systemically racist conditions** that are amplified by DOC infrastructure, policies, and procedures.

1. Come with issues (all of which may be exacerbated within DOC)
 - BIPOC incarcerated individuals disproportionately bring into their re-entry journey **unaddressed mental trauma**.
 - BIPOC incarcerated individuals disproportionately bring into their re-entry journey poor **mental and physical health**
 - BIPOC incarcerated individuals disproportionately bring into their re-entry journey **lower personal financial resources** than White incarcerated individuals
 - BIPOC incarcerated individuals disproportionately bring into their re-entry journey **fewer academic credentials** than White incarcerated individuals
 - BIPOC incarcerated individuals disproportionately bring into their re-entry journey **fewer employment credentials** than White incarcerated individuals
 - 1 in 2 Black trans people end up in prison, and a large share of LGBTQ+ youth of color in greater-Boston are unemployed, unstably housed, and food-insecure, thus more likely to become criminalized.
2. Corrections missions failure disproportionately negatively impacts BIPOC incarcerated individuals culminating at **disparate re-entry outcomes**. Leave with issues
 - As a result of reduced and delayed access to **jobs** and getting lower paying jobs, BIPOC individuals have **less resources** in their accounts upon discharge than White individuals, which impacts their successful re-entry.
 - BIPOC incarcerated individuals' disparate experience and outcomes throughout their time at the DOC results in diminished readiness generally for their re-entry transition.
 - Any of these outcomes above under "Come with issues" will often result in an **unfavorable parole hearing disposition** and/or in a disproportionately prolonged sentence.

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- Once an incarcerated individual re-enters the community, the influence of structural racism *external to the DOC* -- most notably equitable access to **housing and employment** -- combine with the negative impacts above to decrease BIPOC individuals' chances at successful re-entry.

Background Findings/Story

- Middlesex Sheriff Peter Koutoujian said in his county in January 2019 about 11 percent of incarcerated people in custody had a diagnosed mental health disorder. Today that figure stands at 53 percent. The number of incarcerated people in need of mental health treatments for everything from sleep disorders to anxiety has also spiked over the same period from 51 percent to 75 percent. Hampden Sheriff Nick Cocchi, the vice president of the Massachusetts Sheriffs Associations, estimated that 75 percent of the population incarcerated in county jails now require addiction and mental health services.
- 2019 DPH data looking at Section 35 show that drug use, Acute Treatment Services (ATS) and Clinical Stabilization Services (CSS) outcomes differ when stratified by race. When compared to the opioid use, research that does exist in the state shows a higher risk of overdose when individuals are released from any form of involuntary commitment. According to the Massachusetts Department of Public Health, among those who receive treatment for opiates, people with a history of involuntary treatment are 1.4 times more likely to die of opioid-related overdoses.

In 2016, pregnant, Black non-Hispanic women were nearly 75% less likely to report prior or current medication assisted treatment (MAT) than their pregnant, White, non-Hispanic counterparts.

- Social determinants of health (SDOH) are the conditions of our environments that impact health; these conditions can exacerbate health inequities and racial disparities. SDOH include: racism, safe housing, transportation, education, job opportunities, income, access to nutritious foods, air and water quality and language and literacy skills.
- A woman at MCI-Framingham stated that the cosmetology program was cut and that there are difficulties with education credits rolling over.
- Per a legislator visit to MCI-Framingham, one woman stated that "Spectrum is the problem, and that after this transition occurred, all of the old programs and volunteers were told to leave and were replaced with young, fresh out of highschool, inexperienced volunteers."
- As alluded to in many parts of this report, intersectionality is at play in every level and stage of the Department of Correction, the criminal justice system, entry and re-entry. Every person is a beautiful complex amalgamation of multiple identities, each playing a critical role in that person's life. This is because humans are not able to change these aspects of themselves. And while some identities may be fluid and intangible, they are cemented in our beings. People's race will play a role in how we traverse multiple

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institutions in the same way gender will. Mental and physical ability and disability will also play a role. Class, nationality, sexual orientation, gender expression, languages we speak, and more affect how the systems and institutions will treat a person.

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Rough Outline of Preliminary Recommendations

The Commission received hundreds of recommendations. The writing team coded the most common and the most actionable recommendations. This is one of the documents where writers compiled and began to organize recommendations thematically.

Recommendations

- A. Legislation** - Where system wide mandates are necessary for substantial change.
- B. Administrative Partnerships + Oversight** - Data, tech, budget, rules/regulations, cabinet, cross platform support
- C. Corrections:** Create conditions inside the walls– for both inmates and staff– that are required but often missing for healthy productive living outside the walls
 - a. Corrections Policy
 - b. Corrections Culture
- D. External Accountability**

RECOMMENDATIONS

I. Legislation - Recommended legislation to craft system-wide mandates, which are necessary for substantial change.

A. Legislation addressing community-wide disparities that influence disparate impact in DOC:

1. Fund adequate levels of services and resources and ensure that BIPOC individuals and families have equitable access to them in their communities: Addiction and mental health services treatment, affordable and safe housing, education, employment opportunity and income. The same assistance needed before incarceration is the same assistance needed during re-entry and post-release.
2. Examine the systems outside of Corrections that restrict BIPOC individuals and families on a daily basis from equitable access to resources and outcomes – education, health, housing, employment, banking, police and courts – and which result in incarcerating people of color at higher rates than their white counterparts.
3. Mandate an external assessment of the Public and Mental health crises, including mandated review and actionable legislative recommendations
4. Mandate increase in systemically targeted reentry funding and programming that smooths the pathway to healthy sustainable housing, jobs, and community building for and among formerly incarcerated persons
5. Existing legislation bullet:

B. Legislation addressing disparate treatment within DOC that results in disparate impact:

Accountability:

1. Model CO transparency measures after juvenile justice system practices

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2. Establish inclusive independent oversight review board to host and review focus groups and qualitative surveying of Department staff and inmates
3. Form a Civilian Review Panel to review the complaints, grievances, disciplinary disputes of incarcerated individuals, to bring a level of accountability and oversight. (The police should not be policing themselves. In prison, there are no body cameras, or civilians with cell phone cameras.)

Funding:

1. Allow DOC to make the case that more funding is needed to provide consistent basic services to all incarcerated individuals. Make financial accountability within the DOC transparent.
2. Spend more money on programs and less money on security.
3. Provide EOPSS Director of DEI resources to expand current trainings across the entire DOC.

Programs and Services:

1. Adapt or remove points-based classification system and other programmatic barriers to participation for inmates with longer sentences with goal to mitigate impacts of structural racism in arrests, convictions, and sentencing DOC outcomes for incarcerated individuals
2. To allow DOC to implement its existing policy that re-entry planning starts at entry, enact legislation to ensure cultural relevance of available programming and to eliminate objective point-based classification system. Goal is to see where the money is going.
3. Mandate the provision of education on community and personal trauma prior to mental health screening within DOC, so that incarcerated individuals understand what mental health means and how they may have experienced trauma. Educate both staff and IIs, so they can interact positively around getting treatment.
4. Mandate that Black and Brown cultural and religious groups receive equal support from DOC as White groups.
5. Mandate an Office of immigrant, identity and linguistic equity within DEI to provide strategic planning and support for accessible culturally and linguistically competent programming, services, and to provide advocacy for affinity groups
6. Mandate that mental health treatment achieve parity of access and outcomes. Implement oversight and partnership with PH Cabinet (see Cb and D below).

Data and Research:

1. Mandate and fund a cross-sectional analysis of Commission findings and recommendations. Many Commission findings are interrelated and similar and should not be siloed. Include a complete equity audit across all Commissions to impact meaningful change.
2. Mandate Department-wide systemized collection and analysis of intersectional demographic data for inmates, services and program outcomes, recruits, new hires, retention, promotional practices, and staff discipline

II. Proactive leadership from the Administration will support effective systems for dismantling structural racism.

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A. **Data and Technology: Leadership from the Administration creating a process and infrastructure for continuous and inclusive data collection that supports dismantling structural racism.**

1. While the Corrections community can provide a strong internal assessment of the data sets necessary for this task, a number of stakeholder groups, from the legislature to unions to the advocacy community, should contribute to the review of data requested and the findings of that data. **Establish and implement community-wide protocols for accurate data reporting, data analysis, learning, reporting, and improvement mechanisms.** Data analysis should focus attention on the causes and consequences of racial disparities in order to eliminate them. Create unified data collection across Massachusetts state agencies that automatically and electronically follow an individual across agencies. Post Commission Findings, resources and materials on Mass.gov in a navigable format.
2. **Conduct a comprehensive equity audit** with a third party vendor. This could take the form of a Racial Impact Study to review policy and procedures and how they may impact correctional staff and incarcerated persons differently and identify places in the system where disparities emerge.
3. Provide some (not all) educational, health, and cultural **programming to non-English speaking incarcerated individuals using technology**, either pre-recorded or live (health visits must be live), to increase access to staff, volunteers, and resources in their first language.
4. **Treat technology for members of the Corrections community as part of infrastructure that needs to be kept up to date and maintained.** Technology can make remote visits possible, help reduce language barriers, increase opportunities for education. Ensure equal access to technology and that access to educational content is free like the phone system. Expand educational opportunities for staff using technology.
5. Incorporate collection and analysis of intersectional demographic data for recruits, new hires, retention, promotional practices, and staff discipline the **system-wide staffing dashboard**.

B. **Budget & Finance: Outcomes-based budgeting and transparency in finance will provide needed infrastructure for identifying and addressing structural racism.**

1. Increase **transparency of financial accountability within Corrections**, so that costs can be allocated to specific programs and services, aligned with the true cost of the level of services needed to achieve outcomes.
2. The ratio of budget spent on security versus programs 80% versus 20% needs to change. **Spend more money on programs and less money on security.** Expand Medication-Assisted Treatment (MAT) pilot program. This program currently operates in seven counties, including Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk and Suffolk. It should be expanded to **include all 14 sheriffs' offices**.
3. **Partner with Cabinet Secretary Offices** to Make the case for DOC increased costs to provide basic services, even in the context of decreasing numbers of incarcerated

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individuals. Show the cost of doing less that is borne across the entire administration, from housing to workforce development to public health and health care. Address downstream systems problems by planning in advance to increase the number of programming seats, services, jobs.

C. Inter-Agency Partnership: EOPSS can leverage partnership with other Cabinet Agencies & Departments to mitigate the impacts of external structural racism on reentry success and recidivism

1. Flag Commission findings, materials and resources of interest to the Cabinet Secretaries and **integrate findings into departmental strategic plans.**
2. **Work with HHS to expand language and interpreter access** to ensure comprehensive communication is critical. Materials for programming, on the mass.gov website, requests for health care, and interpreter services must be readily available.
3. Establish a **cross-cabinet partnership to implement fully-funded, systemically targeted reentry funding and programming** that smooths the pathway to healthy sustainable housing, jobs, and community building for and among formerly incarcerated persons. Ensure every returning citizen has a Mass ID or driver's license upon leaving. The same is true with birth certificates and social security numbers and voter registration cards.
4. **Inter-agency civilian workforce supports:** Create solutions to the staff shortage of nurses and other medically trained professionals; ensure quality staff retention.

III. Corrections Recommendations: Create cultural and policy conditions inside the walls—for both inmates and staff— that are required but often missing for healthy productive living.

C. The DOC Commissioner should initiate and enforce Rules and Regulations, which facility Administrators should implement, which ensure that incarcerated individuals receive equitable access to educational and cultural programming, resources, and health and mental health care,

1. In respect for LGBTQ+ individuals, DOC Administration must permit and allow the integration of safe sex practices, tools, and education, such as lube, condoms, dental dams, and educational literature to ensure comfort and safety.
2. Through Criminal Justice Reform, a Panel of Justice-Involved women was established. This panel is chaired by DOC and this is a conflict of interest. The Panel should not be chaired by DOC, as it has the potential to positively effect change and it is a missed opportunity.
3. Adapt or remove points-based classification system and other barriers to program participation for inmates with longer sentences, to mitigate impacts of structural racism external to DOC in arrests, convictions, and sentencing. With input and consideration of the needs of incarcerated individuals, resume and expand programming that was offered prior to COVID.

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4. Institute a goal-oriented structure for program access, to eliminate the point based system, without opening the door to subjective discrimination. Upon sentencing, you should have goals and a presumptive outcome. I.e., you get 5 years, 1 year in max to get ESL. 3 years in Med to get HiSet. 1 year in Min to get a job. All should be automatic as long as you meet your goals and don't mess up.
5. To allow DOC to implement its existing policy that re-entry planning starts at entry, ensure that available programming is culturally relevant for all incarcerated individuals' culture (self-reported); track program resources allocated by culture to ensure that resources are spent proportional to population's cultural demographics. (No programs are culture neutral.)
6. Ensure that intake screening includes all data needed for case management and routine procedure in health, mental health, and education. Ensure that staff and contractors (Wellpath and Spectrum) have easy access to this data as needed.
7. AACC volunteers are not approved to come into Norfolk. Other groups' volunteers are. Please change this.
8. Provide Mental health training on community and personal trauma to incarcerated individuals at intake to increase awareness to recognize signs of mental health problems, prior to mental health screening, so that incarcerated individuals understand what mental health means and how they may have experienced trauma. Educate both staff and incarcerated individuals, so they can interact positively around getting treatment.

A. Corrections Culture

DOC Commissioner should initiate a comprehensive Culture Change Process to include cross-functional representation across facilities, to invest in positive, respectful, collaborative relationships between incarcerated individuals, staff, and administrators, which result in celebrating diverse cultures, addressing trauma, and fostering rehabilitation.

- Create cross-functional culture change teams within each facility that will own and implement culture change at each facility. Culture change team will develop and organize workshops that increase cultural awareness and competencies.
- Develop relationship building activities across organizational roles in the community.
- Each unit has its own unique culture. Pay attention to climate and culture within each unit. Administration and Staff should invest in positive working relationships with BIPOC community members.
- Administration, staff, and incarcerated individuals should create points of intervention to combat systemic racism within the DOC and invite community members to commit to implement solutions.
- Create space for voluntary peacemaking circles that will allow staff to share experiences of inequitable treatment and listen to the shared experiences of others, both personally and professionally.
- Promote and create awareness around pathways to remedy any racial discrimination – (signs/banners/flashpages on computer, etc.)

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- Administration should share a data dashboard depicting racial and ethnic inequities in sentencing and security level, and the policies and day-to-day practices that drive these inequities, and engage cross-functional leadership teams in learning and problem solving together.
- Anticipate backlash to progress. Be ready to address a CO that doesn't like change. Include everyone, bring them along now. Outside objectors also, give statements to back up the policy and practice changes. Example: have a ready response to those who oppose college degrees for incarcerated individuals - my kid can't afford college. Should he commit a crime so he can get it paid for by the State?
- Community-based model: If a block is not functioning effectively, engage in dialogue with staff and IIs around how to make it effective. Increase rehabilitative supports. You shouldn't need more than 1 CO per shift per block.
- Build, professionalize, and compensate the expertise of inmates, COs and staff to advise on culture shift, policy changes, and new legislation
- Ensure that young adults recently admitted who are lifers are immediately eligible to enroll in programming, to give them outlets, especially immigrants and non-English speakers.
- Eliminate the quad system (everyone in a unit has to have the same security risk). Diversity of resident risks helps those with higher risk learn from those farther along in rehabilitation.
- Institutionalize diversity of classification within each housing unit. Currently, based on your past record/classification, all aggressive people are placed together. Once placed there it is hard to get moved. When one person in the unit does something wrong, the whole group is punished.
- Promote officer wellness and provide them with enhanced and on-going knowledge of the trauma that incarcerated persons experience, specifically those of color, and an understanding of their own trauma.
- Create peer mentoring model where diverse recruits engage with diverse staff in the field to promote a successful transition from the Academy to the field and on-going support during the first year, post-graduation. Compensate any staff engaged in this mentorship effort, including: professional development funds, an accommodations letter, stipend
- Post all management job announcements department wide.
- Require interview panels that are demographically diverse.
- In coordination with the Office of Diversity, Equity and Inclusion, assess the current staff promotion process. Develop policies that are clear, fair, and objective and address implicit bias.
- In coordination with the Office of Diversity, Equity and Inclusion, the Division of Staff Development should create a structured leadership/management training programs to encourage, support and foster leadership development, towards retention of diverse leadership candidates and active pipeline of staff.

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- Increase staff knowledge of brain science and the individual and organizational experiences of trauma; trauma experienced by incarcerated individuals and secondary trauma experienced by staff.
- Culture Change Goals:
 - Everyone in the community functions and relates in a more productive manner. Staff, Admin, and IIs are understanding and open-minded toward each other and intentionally develop relationships among community members, to address concerns on an ongoing basis.
 - The community represents a diversity of cultures, for its strengthening
 - DOC Administrators model fair and effective leadership
 - Ensure that incarcerated individuals experience equal access to Black and Brown cultural and religious groups as White groups.

B. Corrections Policy Recommendations

1. DOC should amend its classification policy to enroll incarcerated individuals with longer sentences in rehabilitative education and services immediately following intake and should diversify its housing practice to facilitate positive community mentoring.

i. Adapt or remove points-based classification system and other programmatic barriers to participation for inmates with longer sentences, with goal to mitigate impacts of structural racism in arrests, convictions, and sentencing

- A. particularly regarding demographic data and previous education and employment as determining factors that may result in lack of access to services and programming.
- B. Revisit using age in point-based system, whereby people under age 24 are assigned higher points;
- C. Revisit immigration status in point base system, whereby pending immigration status means greater custody requirements;
- D. Revisit education and prior employment in point base system, as previous education and employment could disadvantage BIPOC people;

ii. Housing diversity: Get rid of quad system (everyone in a unit has to have the same security risk). Diversity of resident risks helps those with higher risk learn from those farther along in rehabilitation. **(Currently based on an individual's past record/classification**, all aggressive people are placed together. Once placed there it is hard to get moved. When one person in the unit does something wrong, the whole group is punished.)

- E. Community-based housing model: If a block is not functioning effectively, engage in dialogue with staff and IIs around how to make it effective. Increase rehabilitative supports. You shouldn't need more than 1 CO per shift per block.

2. DOC policy should make all incarcerated individuals eligible for culturally-relevant programs, services, and supports, with a universal goal of successful re-entry and

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targeted strategies optimized for different groups. DOC should remove all barriers to program access.

- A. Develop programs and policies that address a goal of targeted universalism. Targeted universalism means setting universal goals and using targeted processes for different groups to achieve those goals. Within a targeted universalism framework, an organization or system sets universal goals for all groups concerned.
 - B. Develop office of immigrant, identity and linguistic equity within DEI to provide strategic planning and support for accessible culturally and linguistically competent programming, services, and to provide advocacy for affinity groups
 - C. Reentry - Start reentry planning at entry, no matter what. If you have a long sentence, you can't do anything for the early years of your sentence. You may be number 741 on the waitlist. (Maybe this is a capacity issue; as there are only so many slots per class, and lots of demand.)
 - D. To allow DOC to implement its existing policy that re-entry planning starts at entry, eliminate policies and practices that act as barriers to that happening in reality: COs that don't want change, program accessibility at different sites, cultural relevance of available programming, objective point-based classification system.
 - E. Increase services for young lifers coming into the system, emphasizing education with many cultural differences, especially for immigrants.
 - F. Emerging adults recently admitted who are lifers have no outlets if they are not yet eligible for any programming, which is especially difficult for immigrants and non-English speakers.
 - G. Once you make more IIs eligible for more programming, you will create a downstream systems problem, so you'll need to plan to increase the number of programming seats, services, jobs.
 - H. Institute a goal-oriented structure for program access, to eliminate the point based system, without opening the door to subjective discrimination. Upon sentencing, you should have goals and a presumptive outcome. I.e., you get 5 years, 1 year in max to get ESL. 3 years in Med to get Hi Set. 1 year in Min to get a job. All should be automatic as long as you meet your goals and don't mess up.
 - I. Religion and Spirituality - When asked, inmates said the use of religion and spirituality was missing from the list. Religion and spirituality could be used to improve all aspects of the incarceration experience from coping to complementing mental health services, to moral or values based instruction.
 - J. Create an independent ombudsman or oversight office to address health care access, programming and access to services
 - K. Expand program alternatives at low or no cost using volunteers and inmate-run programs.
- 3. DOC policy and implementation should ensure translation of written and verbal information, both formal and informal, into all non-English languages spoken by incarcerated individuals.**

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- A. Provide translators and targeted programming to address the various needs of immigrants.
 - B. “[Visiting an inmate in a Massachusetts prison](#)” page has the required Visitor application form and attorney application form posted in two languages- English in Spanish... To ensure visitation is accessible for people who speak multiple languages, this page shall include and post on the same page the required forms in the top 10 most spoken languages in Massachusetts.
 - C. “[Specific Visiting Procedure](#)” documents for each Massachusetts prison are posted only in English. Specific visiting procedure for each Massachusetts prison shall include the top 10 most spoken languages in Massachusetts and these will be posted on the same “Specific Visiting Procedure” page.
 - D. Some Spanish-speaking programming may be provided through technology
- 4. Health and mental health policy:**
- A. Shorten long lead times to see someone, for MAC, drug counseling, all the while there is a drug problem (drugs) in the system
 - B. Hire clinicians with shared experiences
 - C. Continuity of Care /Treatment - The person you see this month should be the same person you see next month.
 - D. Ensure open and free access to the COVID-19 Inquiry/Concern Submission Form Screening for conditions must be representative of conditions that disproportionately impact BIPOC individuals.
 - E. Address mental health crisis of BIPOC and all incarcerated individuals. Recommend annual mental health check up.
 - F. Provide health services and mental health services for young adults, mainly immigrants, at a vulnerable age of development.
 - G. Mental Health Recommendations:
 - H. Address language barriers
 - I. Increase the availability of mental health counseling from one time per month to one time per week.
 - J. Annual mental health check-up. A lot could have happened in the last year e.g. loss in family, friend, pandemic
 - K. Mental health education, increase awareness to recognize signs of mental health problems. People don't know they have a mental health problem. Mental health awareness, and training should be done prior to mental health scan. How do I know if I am suffering from PTSD if I don't know what PTSD is?
- 5. Data policy:**
- A. Data collected upon intake should accurately portray incarcerated individuals. Further developing self-reported demographic data collection by race and ethnicity for people in DOC custody is critical to address structural racism within the DOC.

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- B. Incarcerated individuals should be able to choose their category of ethnicity and national origin and select more than one option for race.
 - C. DOC should collect data on primary language spoken at intake.
 - D. Expanding upon the already established Prison Population Trends (PPT) annual report by DOC, data shall be made publicly available, accessible and updated monthly.
 - E. Track health care data by reported category, serious mental illness (SMI) diagnosis by race, number of health care requests, patient reported outcomes measure of success including process of asking for care, care delivered, and if the patient considers the input resolved.
 - F. Technology can make remote visits possible, help reduce language barriers, increase (opportunities for education including personal, professional or workforce development). Must make sure there is equal access to technology and that access to educational content is like the phone system. It should be free. View technology as part of infrastructure that needs to be kept up to date and maintained.
 - G. Further develop self-reported demographic data collection by race and ethnicity for people in DOC custody.
 - H. Build upon dashboard of COVID-19 data to include access to substance use treatment, treatment for serious mental health issues, employment and include metrics by race and ethnicity
 - I. Determine key quantitative data sets and qualitative self-reported data showing incarcerated individuals' access to programs and services (including health care and mental health care) and progress on related outcomes. Data should be disaggregated by race and ethnicity, primary language spoken, sexual identity, facility, classification, sentence, offense, and time remaining on sentence, using unified and clear definitions, and should be comparable for each individual from intake through discharge.
 - J. Quantitative research: Collect and analyze demographic data (race, gender, geographic diversity, gender, ability, age, and LGBTQI+ voluntary information) for recruits, new hires, retention, promotional practices, and staff discipline.
 - K. Qualitative research: Hold focus groups with guided interview questions to gain insight on what is working
 - a. Incorporate surveys for all officers (quarterly, biannual, etc.)
 - b. Qualtrics surveys
- 6. Staff Hiring, Training, Development**
- A. Invest in robust DEI staffing and development; and update and enhance training, professional development, trauma support, and recruitment across Department with aim to engage staff and unions in dismantling structural racism
 - B. Increase professional/personal development staff while decreasing COs.
 - C. Hold staff and programs accountable to provide unique cultural support rather than deny or neglect cultural distinctives.

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- D. Model Correctional Officer transparency measures after juvenile justice system practices
- E. Build, professionalize, and compensate the expertise of inmates, COs and staff to advise on culture shift, policy changes, and new legislation
- F. Increase DOC investment in DEI trainings:
 - a. Develop yearly continuous professional development trainings around DEI including implicit bias training
 - b. Build in local level buy-in (See “Organizational”)
- G. In coordination with the Division of Staff Development, expand curriculums to address bias and diversity, equity and inclusion training
- H. Review and assess training curriculums and content that ensure they support and promote diversity, inclusivity, and best practices
- I. Create strategies to increase recruiting in diverse and underserved communities that best reflect the demographics of incarcerated persons including Worcester, Fitchburg, Boston, Lawrence, Lowell, Brockton, Fall River, and New Bedford.
- J. Require newly promoted managers to participate in leadership development training that focuses on DEI and how to manage with a DEI lens.
- K. Improve retention of diverse officers and managers through annual evaluation of the advancement process through a lens of diversity, equity, and inclusion
- L. Provide resources to expand the footprint of staff and locations of the EASU and focus on racial, ethnic and gender diversity of this team as support expands
- M. Formalize, expand and support the Commissioner’s Diversity Advisory Council to include an organization wide cultural council to ensure continuity of DEI as a priority that is diverse in race, gender, rank and job function.
- N. Review existing policies with a DEI lens
- O. A long- and short-term approach is necessary to adapt and enhance existing training, professional development, personal support, and recruitment challenges within the Department.
- P. Create working group of diverse stakeholders including formerly and currently incarcerated persons and returning citizens to develop shared Vision/Mission of the department/office of DEI. Create DEI Strategic Plan that:
 - i. Creates clear Mission/Vision
 - ii. Identifies CORE Values
 - iii. Establishes goals and work streams that address recruitment, hiring, retention, training, promotional process, leadership development, cultural competencies, institutional climate and cultural
 - iv. Develops measurable action steps
 - v. Develops structures of accountability and evaluation of strategic plan

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- vi. DEI training must be evidence-based and outcome-based, to equip staff not to use intimidating tactics -- military-combat demeanor.

7. Staff Accountability

- A. There should be mandatory annual background checks for DOC employees, including Criminal Justice Information Services locally and nationally, National Crime Information Center, extremist group affiliation and examination of social media accounts.
- B. DOC employees must be accountable for the denial of health care resources, racist actions and transparency, given their position of power.
- C. Ensure access for all incarcerated individuals to therapy, psychiatry and medical needs regardless of housing status. Consider a partnership with an online therapy service such as BetterHelp or Ginger, to ensure BIPOC individuals' health needs are being met and HIPAA is being adhered to.
- D. Formally assess, then create or expand systemwide, best practices for shifting culture at DOC, HOC– and in similar settings nationally and internationally– in ways that build, grow and institutionalize successful work to dismantle structural racism or inequity and that build healthy carceral community.
- E. Hold union leadership accountable to create a diverse environment in correctional communities, in partnership with management. Hold union leadership accountable to prioritize issues of diversity, equity, and inclusion as it directly intersects with conditions of employment as well as the health and welfare of their membership.

8. Visitation Policy:

- A. AACC volunteers are not approved to come into Norfolk. Other groups' volunteers are. Please change this.
- B. Partner with staff and inmate advocacy groups to expand the class of visitors who can perform unannounced site visits and develop mechanism for organizational application and approval on a temporary or renewable basis
- C. Make zoom meetings more accessible to more incarcerated individuals
- D. Volunteer Vetting - Review the criteria for vetting to make sure it doesn't reflect implicit racial bias. It was expressed that some items in a person's background that could prevent them from serving as a volunteer should expire at some point.
- E. Increase Frequency of Volunteer Training - Volunteer training occurs too infrequently. They are not that frequent and if the person misses the training, it could be a long period of time before the training is offered again.

IV. External Accountability

- 1. DOC should contract for an external audit or independent agency review of Wellpath and Spectrum services, to assess requests for care received, denied and length of time in which requests are being fulfilled.
- 2. DOC should commission an external assessment of the Public and Mental health crises with mandated review and actionable legislative recommendations (see A. Legislation).

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3. Education and awareness and PSA to build support for staff and outside objectors who don't want change. We should expect backlash to progress; give statements to back up the policy and practice changes. Example: Have a ready response to those who oppose college degrees for IIs - my kid can't afford college. Should he commit a crime so he can get it paid for by the State?
4. Civilian Review Panel will review the complaints, grievances, and disciplinary disputes of prisoners. The point is to bring a level of accountability and oversight, so the police aren't policing themselves. In prison, there are no body cameras, or civilians with cell phone cameras. Establish inclusive independent oversight review board to host and review focus groups and qualitative surveying of Department staff and inmates.
5. Partner with staff and inmate advocacy groups to expand the class of visitors who can perform unannounced site visits and develop mechanism for organizational application and approval on a temporary or renewable basis
6. Hold DOC accountable to implement its existing policy that re-entry planning starts at entry, and to enforce legislation to ensure cultural relevance of available programming and to eliminate objective point-based classification system, monitor where the money is going.
7. Volunteer Vetting - Review the criteria for vetting to make sure it doesn't reflect implicit racial bias. It was expressed that some items in a person's background that could prevent them from serving as a volunteer should expire at some point.
8. Increase Frequency of Volunteer Training - Volunteer training occurs too infrequently. They are not that frequent and if the person misses the training, it could be a long period of time before the training is offered again.
9. Mental health education, increase awareness to recognize signs of mental health problems. People don't know they have a mental health problem. Mental health awareness, and training should be done prior to mental health scan. How do I know if I am suffering from PTSD if I don't know what PTSD is? Continuity of Care /Treatment - The person you see this month should be the same person you see next month.
10. Leverage Relationships with Other Agencies - The DOC should be able to make sure every returning citizen has a Mass ID or driver's license upon leaving. The same is true with birth certificates and social security numbers and voter registration cards. That might mean having someone come in once per month to take photos and process paperwork. Otherwise these become barriers to success upon leaving the DOC.
11. Contract with outside behavioral health vendor to provide clinical support that would be available to staff and be completely confidential.

Context:

- Expect that DOC costs will increase to provide basic services. Following this comment ensued an honest dialogue about how to request more \$\$ from the legislature in a context of decreasing incarcerated individuals.
- These programs are cost-effective alternatives to allocating more funds....though that is needed as well. See comment above.

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- Civilian Review Board: The analogy is the Massachusetts Commission Against Discrimination. Where those who are incarcerated can file complaints concerning discriminatory treatment on an individual or institutional basis. The other analogy used is the civilian review board that reviews complaints against police officers which is found in many major systems. The theory is that if the DOC officials monitor, and judge the actions of other DOC officials, inmates' complaints won't/don't get a fair hearing and there is not the same level of accountability.
- Technology could: Make remote visits possible, help reduce language barriers, increase (opportunities for education including personal, professional or workforce development). Technology could be used to make physical or mental health visits possible. In some institutions inmates are given tablets to access Netflix. This could be educational content.

Background Commentary:

- This strategy is demonstrated to help close the gap BIPOC people experience in all life outcomes created by structural racism, by addressing the accumulation of disparate access to resources over 400 years of institutional exclusionary practices across many generations of families.
- The practice of providing unique cultural support rather than denial or neglect of cultural distinctives has grown in importance recently.
- Some colleges and universities direct certain scholarships, learning opportunities, and scholastic programs to black and brown people, with a goal of achieving parity of educational outcomes by race.

WORKSHEET TO WHITTLE DOWN RECS FOR REPORT DOC

RECOMMENDATIONS (Put sentence headers in the following outline and then cut and paste from the detailed recs above into the Working Draft for edits and citations)

- I. Legislative Recommendations to Dismantle Structural Racism**
 - A. Existing bills recommended for individual or omnibus bill passage
 - B. New Corrections legislation recommended to be drafted
 - C. New general legislation recommended to be drafted
- II. Corrections Policy Recommended Updates to Dismantle Structural Racism**
 - A. Data Collection Policies & Standards
 - B. Staff Hiring, Training & Accountability
 - C. Corrections Culture Development
- III. Governor & Administrative Agency Recommended Coordination & Support Dismantling Structural Racism**
 - A. Data & Technology Supports
 - B. Inter-Agency Partnership
 - C. Budget Transparency & Targeted Financial Support

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APPENDIX

V

Data Collection and Analysis Working Group:
Key Definitions

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APPENDIX V: Data Collection and Analysis Working Group: Key Definitions

Racism – “a form of oppression based on race. Unlike discrimination, oppression takes into account power – who is positioned to hold power and who is positioned not to hold power as a result of the ways society has been set up and functioned for generations. In other words, oppression takes into account agent and target group membership. People who identify as Black, Indigenous and People of Color are targets of racism.” – Racial and Social Justice Initiative

Structural Racism - “A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic and political systems in which we all exist.” - The Aspen Institute

Racial Equity – “Equity exists when race, indigenous status, gender, class, sexuality, age, religion, ability, national origin, and language no longer determine one's socioeconomic outcomes, and when everyone has what they need to thrive.” – Racial and Social Justice Initiative

BIPOC [“bye-pock”]– Black, Indigenous, and People of Color. This is a term specific to the United States, intended to center the experiences of Black and Indigenous groups and demonstrate solidarity between communities of color. The term is more descriptive than people of color or POC. It acknowledges that people of color face varying types of discrimination and prejudice. Additionally, it emphasizes that systemic racism continues to oppress, invalidate, and deeply affect the lives of Black and Indigenous people in ways other people of color may not necessarily experience. Lastly and significantly, Black and Indigenous individuals and communities still bare the impact of slavery and genocide. The term BIPOC aims to bring to center stage the specific violence, culture erasure, and discrimination experienced by Black and Indigenous people. It reinforces the fact that not all people of color have the same experience, particularly when it comes to systemic oppression. - Racial and Social Justice Initiative

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END OF APPENDICES

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Correctional Facilities of the Commonwealth**

**Final Report
December 22, 2022**



(end)