



PRISONERS' LEGAL SERVICES OF MASSACHUSETTS

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Chair, Senator William Brownsberger
Chair, Representative Daniel Hunt
Special Commission on Correctional Consolidation and Collaboration

April 6, 2026

To the Honorable Voting Commissioners,

The following recommendations are a general set of reforms that the organizations listed below urge the Commission to include in the final report later this year. This letter represents area of substantial overlap between the priorities of a number of these organizations. This letter briefly elaborates on each recommendation.

- 1. Improve the DOC classification system**
- 2. Ensure consistent and accessible programming, using trusted and vetted vendors, across the entire system of incarceration**
- 3. Ensure no housing units are functionally restrictive housing**
- 4. Ensure the correctional facilities in the Commonwealth are legitimately connected to a public safety purpose**
- 5. Coordinate Reentry support across the whole system, including cooperation between correctional agencies and state reentry centers**
- 6. Ensure people have access to sufficient mental/medical treatment, including removing them from correctional environments if necessary to do so**
- 7. Raise the age of juvenile jurisdiction to age 20**
- 8. Develop a plan to incorporate the Positive Youth Development framework for all young adults**

Supporting Organizations:

- Prisoners' Legal Services (Dave Rini and Mac Hudson, non-voting commissioners)
- Mental Health Legal Advisors' Committee
- Committee for Public Counsel Services
- Citizens for Juvenile Justice
- Women and Incarceration Project



Section 1: Recommendation Details

1. Improve the DOC classification system

We heard consistently from a number of organizations that the classification system being used at the Department of Correction (DOC) impacts individuals across various systems and agencies, unnecessarily trapping many more people in higher security settings than their risk assessment suggests. This overuses our more expensive facilities and prevents many incarcerated people from going to minimum security facilities where there are better opportunities to participate in programs, community work release, and other re-entry options. The current system also deprives incarcerated people of the opportunity to gradually readjust to a less restrictive environment, lessening the likelihood of parole release and delaying release for candidates who have been granted parole.

Components of this recommendation:

- Overhaul the classification system such that it no longer results in overclassification.
- Create more consistent step-down procedures that allow incarcerated people to access less restrictive facilities when their security assessment authorizes such a move. This includes better coordination between DOC and sheriffs to step people down to counties where possible and where desired by the incarcerated individual.
- Review mandatory and discretionary classification overrides and “minimum security requirements” to ensure that overrides and requirements are validated against the actual risk of committing facility security issues the way that the general risk assessment tool currently functions. When DOC’s mandatory overrides were applied, they reduced the accuracy of the risk assessment and artificially kept more people at higher classification levels.
- Formalize improved communication channels between the Department of Correction and Parole Board to eliminate incongruous outcomes and reduce delays in those cases where an individual has been granted parole pending a period in lower security.

2. Ensure consistent and accessible programming, using trusted and vetted vendors, across the entire system of incarceration

We also heard about the lack of consistent programming across both facilities in the same system (DOC) and across systems (Sheriffs’ Offices). The Auditor’s 2025 report on the sheriffs’ programs and services determined there was little coordination between the sheriffs’ offices on what programs would be available and insufficient vetting of programs to ensure the ones that were selected were high quality and evidence based.

Components of this recommendation:

- Ensure that incarcerated people have access to a consistent, minimum threshold of functioning programs in *all* facilities (DOC and sheriffs’ offices). At minimum, programming should include significant in-person opportunities in addition to tablet-based options.
- Standardize programming in jails and houses of correction.
- Coordinate vendor selection so all Sheriffs’ Offices and the DOC are using programs that are professionally run and have meaningful impact.

- Evaluate and prioritize program accessibility to ensure inclusion of people with disabilities and English language learners.
- Ensure sufficient educational programming access for young people.

3. Ensure no housing units are functionally restrictive housing

Restrictive housing causes enduring individual and societal harm. Elimination of restrictive housing will have a downstream effect, improving the outcomes of people involved with all correctional systems. DOC still uses units that are functionality restrictive housing. Both the recent DOJ Q3 assessment and Dr. Sharen Barboza's suicide assessment noted that units like the Behavioral Assessment Unit at MCI Norfolk are functionally restrictive housing and aggravate mental health challenges for those held in such units.

4. Ensure the correctional facilities in the Commonwealth are legitimately connected to a public safety purpose

The Commonwealth operates a number of facilities that are very low in population count and may not need to be kept open. Some units or facilities can be closed if services and programs are consolidated regionally, and some facilities or units within jails, Houses of Correction, and prisons may serve purposes the Commonwealth wants to support, but that shouldn't be offered in a correctional setting (including placements for people civilly committed under Section 35). The Commonwealth should ensure that every correctional facility is required for a public safety purpose, and close and sell facilities that are not needed. Incarceration has not returned to pre-Covid levels. We do not need a system built to house twice as many people as it currently holds.

Components of this recommendation:

- Close facilities when the state no longer needs them. Some of the DOC medium security prisons could be closed if more eligible people were transferred to the minimum-security prisons and county step-down facilities.
- Pause plans to build a new women's prison complex at MCI Framingham.
- Move mental health and substance use services out of correctional settings and into more appropriate agencies and facilities, such as those operated by or contracted with DPH and DMH (as some statutes already require).
- Consider GPS monitoring or other supervision options for community placement instead of incarceration.

5. Coordinate Reentry support across the whole system, including cooperation between correctional agencies and state reentry centers

The Commonwealth has funded a robust set of reentry centers in nearly every region and invested substantially in those centers to ensure they have the staffing and expertise needed to assist people returning home. Despite that, those centers have frequently pointed out that they are not allowed to access their main constituency because their staff cannot go into prisons or jails, and they do not have a hotline or other way for incarcerated people to contact them. Incarcerated

people are being denied access to consistent and quality reentry programs because not all prisons and jails coordinate with the reentry centers.

Components of this recommendation include:

- Ensure that people who are incarcerated can access personnel from reentry centers to plan for their future release
- Ensure that the same reentry programming is available to everyone across the system
- Ensure that individuals on parole have the ability and means to meet the requirements that Parole sets

6. Ensure people have access to sufficient medical, mental health, and substance use disorder treatment, including removing them from correctional environments if necessary to do so

Across correctional agencies, people lack equality of opportunity to access appropriate medical care, including treatment for mental health and substance use disorder. The Commission can set firm standards for access to treatment that ensure responsiveness to acute needs across systems and locations and reduce the incarceration of people whose needs are better met in a community or hospital setting.

Components of this recommendation:

- Fully close MASAC as required by statute and move affected individuals to care under DPH auspices.
- End the placement of individuals who are civilly committed to the custody of DOC or Sheriffs' Offices and encourage the Legislature to shift resources to more appropriate agencies.
- Stop placing women who have been civilly committed and who have a criminal charge in prison; facilitate their placement in appropriate treatment settings and after that placement ends, transfer their custody to DOC or a Sheriff's Office if the charge warrants such custody
- Pass legislation to improve medical parole and establish elder parole to move people who no longer represent a danger to public safety out of the system, which is not designed to care for them and costs the state exorbitant amounts for each individual.

7. Raise the age of juvenile jurisdiction to age 20

Raising the age of juvenile jurisdiction will ensure that Massachusetts' legal system intervenes with 18- to 20-year-olds in a system that (1) is already equipped with the expertise to work with this age group; (2) has the infrastructure and programming; and (3) has the existing capacity to handle 18-year-olds immediately and can build up the capacity to absorb the 19- and 20-year-olds over the next five years. The juvenile system currently works with the 18- to 20-year-old population, and has the expertise today, expertise built over five decades of reforms. We anticipate that moving transition-aged youth to our juvenile system could actually save the Commonwealth money, because (1) the improved life outcomes for youth through the provision of better educational and mental health treatment, and (2) the Department of Youth Services has a range of services

available for detained or committed youth, including much cheaper options than those available in the adult correctional facilities. Washington State conducted a cost benefit analysis for raising the age of juvenile jurisdiction and found significant cost-savings from shifting young people from adult incarceration to juvenile rehabilitation, with short term (first year) savings of \$2.7-3.3 million and long-term (five year) savings of \$12-20 million.

Components of this recommendation:

- Move transition-aged youth to our juvenile system.

8. In addition to Raise the Age, develop a plan to incorporate the Positive Youth Development framework for all young adults aged 18-25 regardless of where they are incarcerated

While we welcome specialized units and interventions in the adult system, these carve-outs benefit a handful of youth only at a single legal system decision point and therefore are not as systemic a reform as raising the age. The juvenile system should serve as a model for adult system reforms needed to appropriately work with youth in their 20s by infusing a positive youth development framework for all young adults aged 21+.

Components of this recommendation:

- Universal access to educational programming – including high school diploma, post-secondary education and vocational training – regardless of discipline or classification
- Universal access to community-level (not NIC standard) of physical, behavioral and mental health care
- Connection to community-based interventions and restorative programs
- Staffing that is trained and dedicated to working with this young adult population
- Access to developmentally appropriate experiences that help young adults meet key milestones to adulthood (family connections, connection to romantic partners, opportunities to be mentors, jobs and skill building, etc.)

Importantly, this is not a substitution for Raise the Age, as DYS has been shown to be a more developmentally appropriate and successful option for young people, significantly reducing recidivism.

Section 2: Resources for the Commissioners' Consideration

Audit of the Massachusetts Sheriffs' Association (November 26, 2025):

RELEVANT KEY FINDING: "MSA did not facilitate coordination or promote standardization of programs and services across sheriffs' offices." Coordination and standardization are key responsibilities of the Association.

A Preliminary Review of Sheriffs' Budgets and Expenditures (Office of the Inspector General)

RELEVANT KEY FINDING: "The OIG's review to date has found that the sheriffs' budget process has become opaque, chaotic, and deeply flawed...Sheriffs should be provided with a reasonable budget in the GAA to meet their mandate and then held accountable to operate within that constraint. Supplemental funding should be limited to rare, unforeseen circumstances. An effective reform will be one in which the Legislature clearly defines the responsibilities and obligations of the sheriffs."

Public Report: the Commonwealth's Treatment of Individuals with Mental Health Disabilities Committed to Bridgewater State Hospital and Patient Continuity of Care (Disability Law Center)

RELEVANT KEY FINDING: "Despite DLC's vigilance and successful advocacy that has led to significant policy changes and improvements within BSH, under DOC's authority patients still face systemic rights violations, abuse, and countertherapeutic conditions. DLC has consistently called for the transfer of BSH oversight from DOC to DMH and construction of an appropriate psychiatric hospital facility."

Ineffectiveness of Prison-Based Therapy: The Case for Community-Based Alternatives

RELEVANT KEY FINDING: "While therapeutic programs in prison may help alleviate some of the stresses of incarceration, the harms of prison are far greater than the benefits of in-prison programming for women."

A Conservative Estimate of Cost Savings if Massachusetts Passed "An Act Relative to Elder and Medical Parole H.2693 (Prisoners' Legal Services)

RELEVANT KEY FINDING: "Massachusetts could save at least \$25 million annually if this bill is fully implemented."

Classification documents: the following are various documents submitted to the CCC at various points throughout the past year, detailing different challenges and inaccuracies of the current classification system as used in the DOC.

- Report by the UMass Chan Medical School: DOC OPB Classification System (Females) and DOC OPB Classification System (Males):
<https://malegislature.gov/Commissions/Detail/647/Documents>
- Report by the Women and Incarceration Project: https://bpb-us-e1.wpmucdn.com/sites.suffolk.edu/dist/1/1933/files/2025/07/U082724-Center-for-Womens-Health-Human-Rights_062325-Update.pdfonline
- Detailed letter submitted by Rep. Uytterhoeven and Rep. Holmes:
https://docs.google.com/document/d/1vF5Jrg6T7sCBub7BeLyEBRNaqGvs8rrhOn1n71Y_-9g/edit?usp=drivesdk
- Letter submitted to the Commission by M. Claire Masinton, Staff Attorney, MHLAC: <https://malegislature.gov/Commissions/Detail/647/Documents>

Relevant Statutes

- [Chapter 8 of the Acts of 2016](#): this statute mandated that women could no longer be civilly committed at MCI-Framingham.
- [Section 30 of Chapter 285 of the Acts of 2024](#): this statute mandates the closing of the Massachusetts Alcohol and Substance Abuse Center (MASAC) as of December 2026.