



**The Commonwealth of Massachusetts**  
**General Court**

August 31, 2023

***Via Email***

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**RE: Criminal Justice Reform Caucus's Visit to MCI-Shirley**

Dear Commissioner Mici, Mr. Ashe, and Mr. Rodrigues,

On behalf of the Criminal Justice Reform Caucus (CJRC) and its Co-Chairs, Representative Mary S. Keefe and Senator Jamie Eldridge, we would like to thank you for hosting our recent visit to MCI-Shirley on July 14th. Please extend our thanks to the MCI-Shirley staff who participated as well.

We write to highlight three issues that came to our attention during the visit - conditions in the Health Services Unit (HSU), the implementation of the medical parole statute, and education and programming options - and to ask for your prompt response to the questions and requests for information raised below.

## *Conditions in the HSU*

Our visit largely consisted of a tour of the HSU and conversations with the incarcerated persons living there. We left with a heightened concern that healthcare operations at MCI-Shirley fail to provide the requisite care due to poor management and understaffing.

Our observations and interactions with patients illuminated the following issues:

- Lack of specialized care for those suffering cognitive issues
- Lack of attention, programming options, and therapy
- Lack of staff or companions, requiring patients to independently take care of others
- Insufficient calorie intake and medically appropriate diets
- Extreme heat in ADL
- Extreme cold in NSU
- Delayed medical diagnosis and treatment
- General disrepair and poor physical maintenance of the HSU

It was quite clear that quality of care is not a priority of Wellpath, the private contractor who we entrust to provide healthcare services at MCI-Shirley. This is reflective of CNN's [2019 reporting](#) on Wellpath, which pointed to the company's "fail[ure] to diagnose and monitor life-threatening illnesses and chronic diseases", the denial of "urgent emergency room transfers", a "fail[ure] to spot or treat serious psychiatric disorders", and "common infections and conditions" that "become fatal."

Here in 2023 we see these themes at MCI-Shirley. This is unacceptable. We must reduce the population in need of intensive medical services through mechanisms like medical parole. For those who remain incarcerated, we must supply the staffing and attention necessary to provide medical and psychiatric care that prevents and treats health problems, not turn a blind eye as they devolve into more serious, potentially life-threatening conditions.

### Questions and Requests for Information:

- 1) How do you review the performance of Wellpath at MCI-Shirley? How often? How do you ensure that community healthcare standards are being met?
- 2) Who is responsible for the physical management and maintenance of the HSU - temperature, cleanliness, etc.? Is there a maintenance criteria and schedule being followed?
- 3) Is the physical therapy office in use? What programs are provided there? How often do these take place?
- 4) How many people staff the HSU? What are their roles, responsibilities, and qualifications? What can be done to better the care received and attention paid to those housed in the HSU? How much of this responsibility lies with the Superintendent and other MCI-Shirley staff?
- 5) Please provide MCI-Shirley's written procedure, per 103 DOC 630, that ensures incarcerated persons unimpeded access to healthcare. Is a copy of this written

procedure given to those incarcerated so they understand the process themselves? How are sick slips reported and tracked at MCI-Shirley? What is the DOC's process for reviewing requests from Wellpath providers for diagnostics, speciality consultations and treatments? For requests for the same from outside medical providers?

- 6) How many people in the HSU have dementia? Does the DOC or Wellpath provide any dementia-specific training to medical and correctional staff, and companions? Are elders given annual cognitive screenings for dementia?
- 7) We have received reports that people housed in the general population, other than the lifers unit, are currently locked in their cells for approximately 21.5-22 hours daily. Can you please confirm the current recreation schedule for each unit, and confirm the law library schedule, yard schedule, gym schedule, and chow schedule? Are people currently eating in their cell or eating in the chow hall?

### ***Medical Parole***

The medical parole statute, MGL c.127 sec.119A, was designed to alleviate the rising costs associated with the care and housing of incarcerated elders, and to allow them to receive humane and appropriate care in community settings, or to live out their final days in the community. When it was enacted five years ago it was a historic piece of legislation reflecting the Legislature's desire to provide a broad avenue for compassionate release. In the following years, however, we fear that the DOC's execution of this process has failed to align with the Legislature's intent. From April of 2018 to the end of Fiscal Year 2022, the DOC granted a meager 11 percent (64 out of 577) of all medical parole petitions.

Our visit to the HSU confirmed that the medical parole process is underutilized. It appears that the DOC is not submitting medical parole petitions on behalf of patients in a timely and appropriate manner. Additional problems exist as well: denials of petitions often do not clearly indicate whether a person was denied because they are not terminally ill or incapacitated, or whether they were denied due to the risk they presently pose to public safety; there is a significant racial disparity - 13% of petitions filed for Caucasians were granted, as opposed to just 6% for African Americans; and the DOC interprets the law to allow 66 days to respond to each petition instead of the 45 intended by the Legislature.

All of these issues need to be fixed. A solution is currently under consideration in the Legislature - H.2319/S.1535, An Act to ensure access to medical parole. But the DOC can also choose to solve these issues on their own accord.

### **Questions and Requests for Information:**

- 1) What is the number of people and the names of those for whom the DOC has initiated the medical parole process? Submitted a petition? How many of these petitions are filed at the last minute (death-bed grants to people who are on life support)?
- 2) How many Wellpath staff members have submitted a medical parole petition?

- 3) Are there any regular discussions between the Wellpath healthcare providers and the DOC regarding medical parole? Any regularly scheduled screenings of patients above a certain age? Of patients whose health is declining? What other conversations and evaluation does the DOC go through prior to submitting a petition?
- 4) There was some discussion about patients who were granted medical parole but could not be removed from the facility because there was nobody else willing to take them. We would like to better understand the scope of this problem. How many patients who apply for medical parole are in this situation? How many of them are granted medical parole? What is the DOC doing to assist with finding appropriate community placements for people who are granted medical parole?
- 5) How many people are in the HSU and how many of those have submitted medical parole petitions? How many people in the HSU are considered incompetent, and how many of those have appointed guardians? What is the process for identifying people who need guardians and ensuring they have access to a guardian? Is the DOC willing to provide names of people who might be eligible for medical parole, but who are disabled such that they may not be aware of the process, to legal advocates who may be able to assist them?
- 6) How does the DOC make assessments of a medical parole petitioner's risk to public safety? Does the Superintendent's recommendations for or against medical parole take into account the person's debilitation and its impact on their risk to public safety?

These questions could be addressed in a meeting that Sen. Jehlen is attempting to organize with EOPSS agencies with PLS and representatives of nursing homes, hospices, and home care. There were several productive meetings before the pandemic, and they should be revived. Sen Jehlen has proposed some dates and is currently waiting for a response about meeting times from EOPSS, DOC, and Parole.

### ***Education and Programming***

Our visit also included a discussion with students enrolled in the BC Program at MCI-Shirley. This conversation about the education and programming available at this facility, including opportunities for higher education like the BC program and how to expand them for others, was enlightening. Four priorities were identified in our conversation:

- Classification waiver to allow incarcerated persons continued enrollment in college programs
- Encourage and support peer led programming as part of the education pipeline
- Support and implement a Restorative Justice conference for the Fall of 2023
- Lift COVID-19 restrictions and return to normal procedures

We were reminded of the recent report issued by the New England Commission on the Future of Higher Education in Prison. Commissioner Mici - thank you for you and your team's leadership and participation in that Commission. Along with the reinstatement of Second Chance Pell Grant opportunities, this report is paving the way for a renewed conversation about education and

programming. We look forward to working with you on advancing its recommendations. A priority for the CJRC would be to build an educational pipeline that moves people from HI-SET courses to higher education programs like those offered by BC and Wachusett Community College at MCI-Shirley and then on to Re-Entry programs. Part of this pipeline building involves reducing barriers to those volunteers offering educational programs in our facilities.

Questions and Requests for Information:

- 1) We learned during our visit that MCI-Shirley is a program rich facility. We would like to better understand the participation levels in this facility. How many people are on the waitlist, eligible, and currently enrolled in each program offered?
- 2) How much money is spent for each program offered? What percentage of the facility's budget does this represent?
- 3) Which programs at MCI-Shirley allow for good conduct sentence deductions?
- 4) How much classroom space is available at MCI-Shirley? Which are currently being used and what programs are they used for? What is the schedule for each one?
- 5) What vocational training opportunities are available that could be applied upon release?

***Conclusion***

Thank you for hosting our visit to MCI Shirley. We look forward to your response to our questions. We are also pleased that you will meet with us on a quarterly basis so we can focus on some of the system wide issues.

Thank you once again for your time and for all the work you do in service of the Commonwealth.

Sincerely,



Mary S. Keefe, House Co-chair  
State Representative  
15<sup>th</sup> Worcester District



James B. Eldridge, Senate Co-Chair  
State Senator  
Middlesex and Worcester District