

MASSACHUSETTS DEPARTMENT OF CORRECTION COSTS PER PRISONER
& INSITITUTION, 2010-2022: A PROFLIGATE MISUSE OF RESOURCES

A Lifer's Group Report

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MA-DOC PRISON AVERAGE DAILY POPULATIONS & ANNUAL COSTS BY PRISONER & INSTITUTION (2010 to 2022)

YEAR:	2010	2014	2016	2018	2019	2020	2021	2022	CHANGE		
PRISON										#	%
BSH	ADP	387	314	311	219	222	211	226	232	-155	-40%
	\$/P	\$128,915	\$141,745	\$171,561	\$278,791	\$288,689	\$310,686	\$338,867	\$331,731	+\$202,816	+157%
	TA\$	\$49.9 M	\$44.5 M	\$53.4 M	\$61.1 M	\$64.1 M	\$65.6 M	\$76.6 M	\$77.0 M	+\$27.1 M	+54%
LSH	ADP	29	25	28	28	25	19	17	17	-12	-41%
	\$/P	\$236,187	\$295,094	\$283,749	\$320,037	\$317,924	\$331,211	\$436,157	\$523,011	+\$286,824	+121%
	TA\$	\$6.8 M	\$7.4 M	\$7.9 M	\$9.0 M	\$7.9 M	\$6.3 M	\$7.4 M	\$8.9 M	+\$2.1 M	+30%
MASAC	ADP	154	168	182	170	148	74	88	73	-81	-53%
	\$/P	\$65,907	\$70,953	\$67,252	\$76,819	\$167,392	\$234,668	\$318,509	\$391,365	+\$325,458	+494%
	TA\$	\$10.1 M	\$11.9 M	\$12.2 M	\$13.1 M	\$24.8 M	\$17.4 M	\$28.0 M	\$28.6 M	+\$18.5 M	+183%
MTC	ADP	623	556	523	570	569	552	553	536	-87	-14%
	\$/P	\$48,353	\$57,255	\$64,390	\$71,528	\$78,727	\$84,559	\$90,250	\$99,745	+\$51,392	+106%
	TA\$	\$30.1 M	\$31.8 M	\$33.7 M	\$40.8 M	\$44.8 M	\$46.7 M	\$49.9 M	\$53.5 M	+\$23.4 M	+78%
BPRC	ADP	191	170	137	102	103	64	73	41	-150	-79%
	\$/P	\$41,279	\$45,475	\$51,387	\$72,940	\$77,652	\$89,423	\$125,174	\$153,785	+\$112,506	+273%
	TA\$	\$7.9 M	\$7.7 M	\$7.0 M	\$7.4 M	\$8.0 M	\$5.7 M	\$9.1 M	\$6.3 M	-\$1.6 M	-20%
PCC	ADP	192	192	127	160	146	126	127	97	-95%	-98%
	\$/P	\$34,454	\$39,314	\$52,216	\$51,851	\$58,442	\$71,775	\$81,914	\$94,202	+\$59,748	+173%
	TA\$	\$6.6 M	\$7.5 M	\$6.6 M	\$8.3 M	\$8.5 M	\$9.0 M	\$10.4 M	\$9.1 M	+\$2.5 M	+38%
NECC	ADP	271	267	215	189	192	157	195	186	-85	-31%
	\$/P	\$38,209	\$42,371	\$45,383	\$60,404	\$58,514	\$64,171	\$71,242	\$78,378	+\$40,169	+105%
	TA\$	\$10.4 M	\$11.3 M	\$9.8 M	\$11.4 M	\$11.2 M	\$10.1 M	\$13.9 M	\$14.6 M	+\$4.2 M	+40%
CON	ADP	1318	1168	657	631	608	558	502	401	-917	-70%
	\$/P	\$39,824	\$46,890	\$64,703	\$73,980	\$85,004	\$93,518	\$107,725	\$125,876	+\$86,052	+216%
	TA\$	\$52.5 M	\$54.8 M	\$42.5 M	\$46.7 M	\$51.7 M	\$52.2 M	\$54.1 M	\$50.5 M	-\$2.0 M	-4%
FRA	ADP	668	636	512	445	394	193	170	191	-477	-71%
	\$/P	\$50,949	\$60,118	\$72,004	\$89,853	\$117,109	\$162,260	\$235,196	\$227,503	+\$176,554	+347%
	TA\$	\$34.0 M	\$38.2 M	\$36.9 M	\$40.0 M	\$46.1 M	\$31.3 M	\$40.0 M	\$43.5 M	+\$9.5 M	+28%
NOR	ADP	1490	1437	1450	1326	1300	1260	1149	1160	-330	-22%
	\$/P	\$34,996	\$39,829	\$43,760	\$51,811	\$55,236	\$61,241	\$67,302	\$70,091	+\$35,095	+100%
	TA\$	\$52.1 M	\$57.2 M	\$63.5 M	\$68.7 M	\$71.8 M	\$77.2 M	\$77.3 M	\$81.3 M	\$29.2 M	+56%
SHIR	ADP	1483	1434	1462	1422	1398	1187	805	770	-713	-48%
	\$/P	\$35,402	\$40,653	\$43,332	\$49,118	\$46,006	\$58,460	\$70,749	\$100,470	+\$65,402	+184%
	TA\$	\$52.5 M	\$58.3 M	\$63.4 M	\$69.8	\$64.3 M	\$69.4 M	\$57.0 M	\$77.4 M	\$24.9 M	+47%
NCCI	ADP	967	877	953	956	950	895	742	688	-279	-29%
	\$/P	\$41,363	\$48,019	\$49,239	\$54,073	\$56,456	\$64,548	\$73,085	\$92,306	+\$50,943	+123%
	TA\$	\$40.0 M	\$42.1 M	\$46.9 M	\$51.7 M	\$53.6 M	\$57.8 M	\$54.2 M	\$63.5 M	+\$23.5 M	+59%
OCCC	ADP	868	870	749	722	751	719	619	522	-346	-40%
	\$/P	\$43,870	\$48,405	\$54,975	\$86,906	\$82,097	\$85,406	\$97,918	\$116,670	+\$72,800	+166%
	TA\$	\$38.1 M	\$42.1 M	\$41.2 M	\$62.7 M	\$61.7 M	\$61.4 M	\$60.6 M	\$60.9 M	\$22.8 M	+60%
CJ	ADP	715	774	744	731	626	478	435	319	-396	-55%
	\$/P	\$59,859	\$65,868	\$70,237	\$78,024	\$89,875	\$110,713	\$151,262	\$145,849	+\$85,990	+144%
	TA\$	\$42.8 M	\$51.0 M	\$52.3 M	\$57.0 M	\$56.3 M	\$52.9 M	\$65.8 M	\$46.5 M	+\$3.7 M	+9%
SBCC	ADP	1247	1058	1063	956	798	660	542	707	-540	-43%
	\$/P	\$46,398	\$56,643	\$64,211	\$71,885	\$89,552	\$111,674	\$137,963	\$164,011	+\$117,613	+253%
	TA\$	\$57.9 M	\$59.9 M	\$68.3 M	\$68.7 M	\$71.5 M	\$73.7 M	\$74.8 M	\$116.0 M	+\$58.1 M	+100%
MA-DOC		FY2014	FY2016	FY2018	FY2019	FY2020	FY2021	FY2022			
	\$/P	\$52,930	\$60,317	\$74,480	\$80,541	\$92,516	\$111,492	\$128,007			
	TA\$	\$562.2M	\$571.5M	\$658.9M	\$678.6M	\$730.9M	\$730.6M	\$763.2M			

Abbreviations: ADP=average daily population; \$/P=cost/prisoner/yr; TA\$=total annual cost/institution; M=Million\$; LWOP=LifeWithoutParole; Med, Min & Max=Medium, Minimum & Maximum security; BSH=Bridgewater State Hosp; LSH=Lemuel Shattuck Hosp; MASAC=MA Alcohol+Substance Abuse Center; MTC=MA Treatment Center(sex offender); BPRC=Boston Pre-Release Center; PCC=Pondville Corr Center; NECC=NorthEast Corr Center; CON=MCI-Concord; FRA=MCI-Framingham; NOR=MCI-Norfolk; SHIR=MCI-Shirley; NCCI=North Central Corr Center (Gardner); OCCC=Old Colony Corr Center; CJ=MCI-Cedar Junction; SBCC=Souza Baranowski Corr Center.



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DATA

The TABLE lists costs per prisoner per year (\$/P) and the total annual cost (TA\$) for 15 institutions in the Massachusetts Department of Correction (MA-DOC) that were operative during 2010 to 2022 (1). The data are grouped into five categories, Specialty and Minimum, Medium and Maximum Security and Fiscal Year.

BRIDGEWATER STATE HOSPITAL (BSH)

- Psychiatric facility run by MA-DOC/Dept of Public Safety (not Dept of HHS)
- Following patient mistreatment scandals, control turned over to Wellpath (DOC's for-profit medical care provider) in 2018
- Provides mental health care & forensic evaluations for prisoners and civil commitments ordered by courts
- Very high costs increasing 2½-fold 2010-2022 to \$331,731/person/yr

LEMUEL SHATTUCK HOSPITAL

- Provides out- and in-patient secondary care to prisoners referred by primary care providers at prisons
- Complex or tertiary care is referred to Boston academic center hospitals
- Utilization at LSH decreased as tertiary-care hospital use has increased
- Costs exploded to fantastic \$523,011/patient/yr for mostly non-complex cases

MA ALCOHOL & SUBSTANCE ABUSE CENTER (MASAC)

- Alcohol and Substance Abuse "patients" are paradoxically incarcerated under DOC control for their medical disabilities
- Persons civilly committed by courts if at risk of harm to self or others
- Costs have surged 6-fold since 2010 to an incredible \$391,365/prisoner/yr
- Outcomes & effectiveness unknown, not routinely studied or published
- Marked increase in costs in 2019 after move to Plymouth

MA TREATMENT CENTER (MTC)

- Only source of sex-offender-treatment (SOT) in MA-DOC which houses criminally sentenced and civilly committed prisoners (2)
- At any one time 300+ of the >1000 criminally sentenced sex offenders rotate through MTC, typically during last two years of imprisonment (3)
- Civilly committed "sexually dangerous persons" serve indeterminate sentences that average more than 3000 days each (4)
- MA-DOC incredibly does not track SOT participation or completion rates (5)
- In 2016 Justice Center reported that 47% of prisoners recommended for SOT never participated in SOT by time of their release (6)

MINIMUM SECURITY PRISONS

- BPRC, PCC, & NECC utilization rates were high in 2010 (94-100%) but fell to 20%, 48% and 67% of capacity, respectively, by 2022
- OCCC has a minimum branch housing about 80 prisoners, at 50% capacity
- Minimums were closed at Plymouth (2016), SHIR (2021), and NCCI (2019)
- South Middlesex (SMCC), a minimum for women was closed in 2021
- Opportunity for time in Minimum to prepare prisoners for re-entry is lost

MEDIUM SECURITY PRISONS

- Prisoner custody number decreased 46% between 2010 (11,156) and 2022 (5,975)
- On 1/1/2024 utilization rates in medium prisons were: FRA-45%; NOR-86%; SHIR-79%; NCCI-74%; OCCC-60%; CON-65%
- FRA numbers fell sharply 2019-20 by moving pre-trial prisoners to county
- NOR has closed >200 beds and has highest occupancy and lowest cost/prisoner
- Baystate & CON, once housed 330+ and 1300+ prisoners, closed 2015 and 7/1/2024
- Closures were needed as \$/P costs increase as number of prisoners/prison fall

MAXIMUM SECURITY PRISONS

- CJ became Reception Center in 2009, also housing Maximum security prisoners until 2022, then only the solitaries, DDU & BAU, before closing in 2023
- SBCC became Reception Center in 2022 and now is the only Max security prison
- Newly committed prisoners eligible for Medium are transferred within 90 days
- SBCC also has DDU, BAU & several Mental Health and Residential Treatment Units
- SBCC population and costs increased sharply in 2021-22 with CJ closure

FISCAL YEAR DATA

- Total annual costs for entire DOC allocated by fiscal year (July 1-June 30).
- Similar data is generally not available by calendar year.

COMMENTARY

Despite the 46% reduction in prisoner numbers, the MA-DOC initially closed only one medium security prison (Baystate) although four minimums were closed along with reduced utilization of remaining minimums. Minimums are intended to provide needed step-down periods for prisoners soon to be released but this important transition is being severely curtailed. In 2023, CJ (Walpole), an aging maximum security prison, was belatedly closed after a decade of severe underutilization of the more than 1500 maximum beds at SBCC. Even these, amounting to more than 25% of all prisoners, are excessive. The long overdue closing of MCI-Concord, a medium facility, on 7/1/2024 is easily absorbed by excess capacity in other mediums. Unfortunately, the closures have not proportionately reduced prison staffing which went from a national low of approximately 2 prisoners/staff FTE in 2014-17 to 1.4 prisoners/FTE in 2023 (7). And, even with these lavish staffing numbers, excessive correctional staff overtime continues to be a steady onus on the DOC budget. Further, as apparent in the table, costs/prisoners escalate sharply when prisoner number/institution fall.

The drastic underutilization of minimum prisons by the MA-DOC may be alleviated by the recent SJC Mattis decision (8) and ensuing revision of "Restriction Code H" which previously denied access to minimums for prisoners convicted of crimes involving loss of life committed between ages 18-20 (9). This means that in upcoming years over 200 LWOP prisoners will become eligible for parole and access to minimums and there appears to be sufficient capacity to easily absorb them.

It is the four specialty prisons that appear in most urgent need of change. BSH, as a psychiatric hospital must shed its correctional mantle which has been a chronic source of scandal and which adds substantial security costs to those normally required by secure medical psychiatric facilities. The nominal transfer of authority to the DOC's medical provider (long a source of scandal themselves) has not allowed this "hospital-prison" to lose its corrections superstructure and the associated costs which plague all of prison health care. LSH, which provides inpatient care for a small number of relatively uncomplicated patients (emergency and complex cases are referred to area and academic hospitals) has clearly outlived its usefulness and the long awaited closure needs to become an urgent priority--especially with its inflated and exorbitant costs for routine prisoner care or for housing moribund prisoners who are left there while waiting to die, and who should better have benefited from compassionate release. The overall

mission of MASAC seems incomprehensible: enforced imprisonment of people struggling with their substance abuse disabilities seems totally inappropriate; moreover, costs have ballooned to unimaginable levels (\$391,365/prisoner/yr). There simply must be better solutions. MTC straddles a complex divide between psychiatry and criminal justice. While some of these incarcerated individuals have been convicted of crimes, the interminable and often endless civil confinement of over 100 prisoners long after they have completed their criminal sentences for sex offenses needs to be re-examined in light of evolving methodology and standards. Here also the time may have come to explore other solutions. Perhaps redirecting some of the excessive funds currently allocated to this entire "specialty" sector of the MA-DOC might allow discovery of other, more appropriate "treatments".



ENDNOTES

1. Primary sources for the Table are MA-DOC "Population Trends" reports for the years 2010-2022 published annually by Department of Correction, Milford, MA. Fiscal Year data is from G. Haas, "MA-DOC Expenditures and Staffing Levels" for Fiscal Years 2014-2023 (Lifer's Group Inc., Norfolk, MA) and D. Greineder, "Continuing Increases of Incarceration Costs in the Massachusetts Department of Correction" (Lifer's Group Inc., Norfolk, MA, April 2024).
2. Justice Center, Council On State Governments, "Massachusetts Criminal Justice Review, Working Group Meeting 4 Interim Report" (New York, NY, Council on State Governments, October 2016); Greineder D. "Failure to Rehabilitate: A Systemic Problem in the Massachusetts Department of Correction" (Lifer's Group Inc., Norfolk, MA, June 2017).
3. Ibid.
4. MA-DOC "Fact Cards" (MA-DOC, Milford, MA, January 1, 2024).
5. MA-DOC, Public records response, February 28, 2024 (MA-DOC, Milford, MA).
6. Justice Center, reference 2 above.
7. Haas G. "MA-DOC Expenditures and Staffing" 2014-2023, reference 1 above.
8. Com v Mattis, 493 Mass. 216 (2024) which requires reclassification of LWOP prisoners to LWP if they committed the crime between the ages of 18-20.
9. Nelligan A. "Revised Classification Restriction and Standard Operating Procedure" June 3, 2024 Memorandum (MA-DOC, Milford, MA).

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