

MASSACHUSETTS DEPARTMENT OF CORRECTION COST PER PRISONER
& INSTITUTION, 2020-2024: A Profligate Misuse of Resources

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A Lifer's Group
Report

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Assist | Advocate | Inform

MA-DOC PRISON AVERAGE DAILY POPULATIONS & ANNUAL COSTS BY PRISONER & INSTITUTION (2010 to 2024)

YEAR:	2010	2014	2016	2018	2020	2021	2022	2023	CHANGE		
PRISON										#	%
BSH Med	ADP	387	314	311	219	211	226	232	243	-144	-37%
	\$/P	\$128,915	\$141,745	\$171,561	\$278,791	\$310,686	\$338,867	\$331,731	\$340,276	+\$211,361	+164%
	TA\$	\$49.9 M	\$44.5 M	\$53.4 M	\$61.1 M	\$65.6 M	\$76.6 M	\$77.0 M	\$82.7 M	+\$32.8 M	+66%
LSH Med	ADP	29	25	28	28	19	17	17	16	-13	-45%
	\$/P	\$236,187	\$295,094	\$283,749	\$320,037	\$331,211	\$436,157	\$523,011	\$572,423	+\$336,236	+142%
	TA\$	\$6.8 M	\$7.4 M	\$7.9 M	\$9.0 M	\$6.3 M	\$7.4 M	\$8.9 M	\$9.2 M	+\$2.4 M	+35%
MASAC Min	ADP	154	168	182	170	74	88	73	64	-90	-58%
	\$/P	\$65,907	\$70,953	\$67,252	\$76,819	\$234,668	\$318,509	\$391,365	\$467,582	+\$401,675	+610%
	TA\$	\$10.1 M	\$11.9 M	\$12.2 M	\$13.1 M	\$17.4 M	\$28.0 M	\$28.6 M	\$29.9 M	+\$19.8 M	+196%
MTC Med	ADP	623	556	523	570	552	553	536	500	-123	-20%
	\$/P	\$48,353	\$57,255	\$64,390	\$71,528	\$84,559	\$90,250	\$99,745	\$104,334	+\$55,981	+116%
	TA\$	\$30.1 M	\$31.8 M	\$33.7 M	\$40.8 M	\$46.7 M	\$49.9 M	\$53.5 M	\$52.2 M	+\$22.1 M	+74%
BPRC Min	ADP	191	170	137	102	64	73	41	37	-154	-81%
	\$/P	\$41,279	\$45,475	\$51,387	\$72,940	\$89,423	\$125,174	\$153,785	\$193,183	+\$156,904	+368%
	TA\$	\$7.9 M	\$7.7 M	\$7.0 M	\$7.4 M	\$5.7 M	\$9.1 M	\$6.3 M	\$7.1 M	-\$0.8 M	-10%
PCC Min	ADP	192	192	127	160	126	127	97	104	-88	-46%
	\$/P	\$34,454	\$39,314	\$52,216	\$51,851	\$71,775	\$81,914	\$94,202	\$111,807	+\$77,353	+225%
	TA\$	\$6.6 M	\$7.5 M	\$6.6 M	\$8.3 M	\$9.0 M	\$10.4 M	\$9.1 M	\$11.6 M	+\$5.0 M	+76%
NECC Min	ADP	271	267	215	189	157	195	186	188	-83	-31%
	\$/P	\$38,209	\$42,371	\$45,383	\$60,404	\$64,171	\$71,242	\$78,378	\$81,440	+\$43,231	+113%
	TA\$	\$10.4 M	\$11.3 M	\$9.8 M	\$11.4 M	\$10.1 M	\$13.9 M	\$14.6 M	\$15.3 M	+\$4.9 M	+47%
CON Med	ADP	1318	1168	657	631	558	502	401	382	-936	-71%
	\$/P	\$39,824	\$46,890	\$64,703	\$73,980	\$93,518	\$107,725	\$125,876	\$147,297	+\$107,473	+270%
	TA\$	\$52.5 M	\$54.8 M	\$42.5 M	\$46.7 M	\$52.2 M	\$54.1 M	\$50.5 M	\$56.3 M	+\$3.8 M	+7%
FRA Med	ADP	668	636	512	445	193	170	191	205	-463	-69%
	\$/P	\$50,949	\$60,118	\$72,004	\$89,853	\$162,260	\$235,196	\$227,503	\$198,921	+\$147,972	+290%
	TA\$	\$34.0 M	\$38.2 M	\$36.9 M	\$40.0 M	\$31.3 M	\$40.0 M	\$43.5 M	\$40.8 M	+\$6.8 M	+20%
NOR Med	ADP	1490	1437	1450	1326	1260	1149	1160	1161	-329	-22%
	\$/P	\$34,996	\$39,829	\$43,760	\$51,811	\$61,241	\$67,302	\$70,091	\$78,230	+\$43,234	+124%
	TA\$	\$52.1 M	\$57.2 M	\$63.5 M	\$68.7 M	\$77.2 M	\$77.3 M	\$81.3 M	\$90.8 M	+\$38.7 M	+74%
SHIR Med	ADP	1483	1434	1462	1422	1187	805	770	812	-671	-45%
	\$/P	\$35,402	\$40,653	\$43,332	\$49,118	\$58,460	\$70,749	\$100,470	\$96,372	+\$60,970	+172%
	TA\$	\$52.5 M	\$58.3 M	\$63.4 M	\$69.8	\$69.4 M	\$57.0 M	\$77.4 M	\$78.3 M	+\$25.8 M	+49%
NCCI Med	ADP	967	877	953	956	895	742	688	704	-263	-27%
	\$/P	\$41,363	\$48,019	\$49,239	\$54,073	\$64,548	\$73,085	\$92,306	\$89,499	+\$48,136	+116%
	TA\$	\$40.0 M	\$42.1 M	\$46.9 M	\$51.7 M	\$57.8 M	\$54.2 M	\$63.5 M	\$63.0 M	+\$23.0 M	+58%
OCCC Med	ADP	868	870	749	722	719	619	522	509	-359	-41%
	\$/P	\$43,870	\$48,405	\$54,975	\$86,906	\$85,406	\$97,918	\$116,670	\$124,538	+\$80,668	+184%
	TA\$	\$38.1 M	\$42.1 M	\$41.2 M	\$62.7 M	\$61.4 M	\$60.6 M	\$60.9 M	\$63.4 M	+\$25.3 M	+66%
CJ Max	ADP	715	774	744	731	478	435	319	103	-612	-86%
	\$/P	\$59,859	\$65,868	\$70,237	\$78,024	\$110,713	\$151,262	\$145,849	\$330,351	+\$270,492	+452%
	TA\$	\$42.8 M	\$51.0 M	\$52.3 M	\$57.0 M	\$52.9 M	\$65.8 M	\$46.5 M	\$34.0 M	-\$8.8 M	-21%
SBCC Max	ADP	1247	1058	1063	956	660	542	707	1012	-235	-19%
	\$/P	\$46,398	\$56,643	\$64,211	\$71,885	\$111,674	\$137,963	\$164,011	\$119,310	+\$72,912	+157%
	TA\$	\$57.9 M	\$59.9 M	\$68.3 M	\$68.7 M	\$73.7 M	\$74.8 M	\$116.0 M	\$120.7 M	+\$62.8 M	+108%
		FY2014	FY2016	FY2018	FY2020	FY2021	FY2022	FY2023	FY2024		
MA-DOC	\$/P	\$52,930	\$60,317	\$74,480	\$92,516	\$111,492	\$128,007	\$133,000	\$136,752		
	TA\$	\$562.2M	\$571.5M	\$658.9M	\$730.9M	\$730.6M	\$763.2M	\$779.8M	\$822.0M		

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 (Walpole); 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 through 2023 (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 & psychiatric forensic evaluations for prisoners and civil commitments ordered by courts
- Very high costs increasing by over 2½-fold 2010-2023 to \$340,276/person/yr

LEMUEL SHATTUCK HOSPITAL (LSH)

- 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 \$572,423/patient/yr for mostly non-complex cases

MA ALCOHOL & SUBSTANCE ABUSE CENTER (MASAC)

- Alcohol and Substance Abuse "patients" are paradoxically incarcerated under MA-DOC control for their medical disabilities
- Persons civilly committed by courts if at risk of harm to self or others
- Costs have surged 7-fold since 2010 to an incredible \$467,582/prisoner/yr
- Outcomes & effectiveness unknown, not routinely studied or published
- Marked increase in costs in 2019 after move to Plymouth

MA TREATMENT CENTER (MTC)

- Primary source of sex-offender-treatment (SOT) in MA-DOC houses criminally sentenced and civilly committed prisoners in medium security (2)
- At any one time 300+ of the >1000 criminally sentenced sex offenders rotate through MTC, typically not until last two years of imprisonment (3)
- Civilly committed "sexually dangerous persons" serve indeterminate sentences here that average more than 3000 days each (4)
- Inconceivably, MA-DOC 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 21%, 57% and 70% of capacity, respectively, by January 1, 2024 (7)
- OCCC minimum branch housing about 80 prisoners, is closing soon
- Minimums were closed at Plymouth (2016), SHIR (2021), and NCCI (2019)
- South Middlesex (SMCC), a minimum for women was closed in 2021
- Important time in Minimum for prisoners to prepare for re-entry is lost by Minimum closures and low utilization rates

MEDIUM SECURITY PRISONS

- Prisoner custody number decreased 46% from 2010 (11,156) to 2024 (5,994) (7)
- On 1/1/2024 utilization rates in medium prisons were: FRA-45%; NOR-86%; SHIR-79%; NCCI-74%; OCCC-60%; CON-65% (4)
- FRA numbers fell sharply 2019-20 by moving pre-trial prisoners to county jails
- NOR has closed >200 beds and has highest occupancy and lowest cost/prisoner
- Baystate & CON once housing 330+ and 1300+ prisoners, closed 2015 and 7/1/2024
- Closures much 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 solitaires, DDU & BAU, before closing on 6/16/2023
- SBCC became Reception Center in 2022 and now is the only Max security prison
- Newly committed prisoners eligible for Medium mostly transfer within 90 days
- SBCC also has DDU, BAU & several Mental Health and Residential Treatment Units
- SBCC costs increased sharply in 2021-22, but with CJ closure and addition of 300+ prisoners, \$/P cost fell markedly while TA\$ barely increased in 2023

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 2010 to 2024, most of whom are housed in Mediums, the MA-DOC initially closed only one Medium (Baystate) although four (and now five) Minimums were closed along with reduced utilization of remaining Minimums. Minimums are essential to provide needed step-down periods for prisoners soon to be released but this important transition period has been severely curtailed. CJ (Walpole), an aging Maximum, was belatedly closed after a decade of excess capacity in maximum security. The 1500 maximum beds at SBCC comprise 26% of total criminally sentenced MA-DOC prisoners (5676 on 1/1/2024). The 1012 prisoners now at SBCC equal 18% of total prisoners, an unusually high and unnecessary percentage to be held in maximum security. These data confirm MA-DOC's long-standing policy of overuse of higher than necessary security levels, adding costs while impeding prisoners' preparation for successful re-entry.

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/staff-FTE in 2023 (8). And, even with these lavish staffing numbers, excessive correctional staff overtime continues to be a steady drain on the DOC budget. Further, as apparent in the table, cost/prisoner escalates sharply when prisoner number/institution fall.

The drastic underutilization of minimum prisons by the MA-DOC will be only marginally alleviated by the recent SJC Mattis decision (9) and ensuing revision of "Restriction Code H" (10) which previously denied access to minimums for prisoners convicted of crimes involving loss of life committed between ages 18-20. To date, only 60 such formerly Life Without Parole (LWOP) prisoners have been reclassified and made eligible for minimum placement. Over a period of years, more than 200 LWOP prisoners will become eligible for parole and access to Minimums.

It is the four "specialty" prisons that appear in most urgent need of reform. 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 that are 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 associated costs and problems which plague all 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 exorbitant over ½ million dollar cost per patient per year for routine care or for simple warehousing of moribund prisoners who are parked there waiting to die and who should have benefited from compassionate release. With MASAC, however, it is the overall mission which defies understanding. First, the enforced imprisonment of people struggling with substance abuse disability seems totally inappropriate. Second, even more unbelievable is that costs have ballooned to an unimaginable \$467,582/prisoner/yr. There simply must be many better solutions! MTC straddles a complex intersection of psychiatry and criminal justice. While many of these incarcerated individuals are convicted of sex crimes, their often excessive sentences may end with indeterminate, even endless civil confinements (currently for over 100 prisoners) long after they have completed their criminal sentences. These policies need to be re-examined in light of evolving methodology and standards as well as the documented low recidivism rates of sex offenders (11). It would seem obvious that some of the excessive funds currently allocated to this entire "specialty" sector of the MA-DOC should be redirected to explore discovery of other, more appropriate, humane and cost-effective "treatments".

ENDNOTES

1. Primary sources for the Table are MA-DOC "Population Trends" reports for the years 2010-2023 published annually by Department of Correction, Milford, MA. Fiscal Year data is from Haas G, "MA-DOC Expenditures and Staffing Levels" for Fiscal Years 2014-2023 (Lifer's Group Inc., Norfolk, MA) and Greineder D, "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. MA-DOC, "Weekly Count Sheet" (MA-DOC, Milford, MA, January 1, 2024).
8. Haas G. "MA-DOC Expenditures and Staffing" 2014-2023, reference 1 above.
9. 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.
10. Nelligan A. "Revised Classification Restriction and Standard Operating Procedure", June 3, 2024 Memorandum (MA-DOC, Milford, MA).
11. Recidivism rates for sex offenders are lower than for all other offenders except for those convicted of homicide or murder. See Antenangeli L and Durose MR. "Recidivism of Prisoners Released in 24 States in 2008: A 10-Year Follow-Up Period (2008-2018)", NCJ256094, Sept 2021, and Durose MR, Cooper AD, Snyder HN. "Recidivism of Prisoners Released in 30 States in 2005" NCJ244205, April 2014 (both by Bureau of Justice Statistics, Washington, DC).



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Our Mission

To partner with families and other stakeholders to create solutions for sentencing reform, promote meaningful parole opportunities for all lifers, and assist lifers and long-termers to live positive lives both inside and outside of prison

Assist

Improve rehabilitation, self-respect, and the quality of life for all men and women in Massachusetts prisons

Advocate

Coordinate with any organization striving for similar goals in order to provide an effective use of penal and rehabilitative resources

Inform

Operate under sound ethical and democratic principles and share our knowledge with our members and those on the outside on criminal justice and prison reform issues, such as reducing recidivism, improving public safety, and building peaceful and productive relationships with family members, fellow prisoners, supporters, and the community

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