**The MA Department of Corrections Focuses Resources on Control and Punishment, and**

**Ignores Education, Rehabilitation and Re-Entry Services**

**Staffing priorities do not reflect an interest in rehabilitation and successful re-entry (see Fig. 1)**

The MA Department of Corrections (DOC) has recently drawn attention over solitary confinement, but overstaffing Corrections Officers (CO) and understaffing specialists who promote rehabilitation and reduce recidivism has gone unnoticed. The DOC has a ratio of app. one Corrections Officer for every two inmates, but about one teacher for every 104 inmates.

**The numbers of non-CO staff for a population of app. 8,700 inmates, spread across 16 institutions, is clearly inadequate:**

* Almost 4,000 CO’s (plus app. 500 FTE COs through overtime pay)
* 86 teachers and *262* vocational instructors
* a *single* high school equivalency test specialist
* a *single* reentry facilitator
* 10 psychiatrists (contracted), 5 psychologists, 77 general mental health professionals (contracted), and 18 addiction counselors (contracted)

Is the DOC preparing inmates for re-entry? Given a 3-year recidivism rate of about 30%, it does not seem so.

**Does the MA DOC need so many Correctional Officers?**

* According to a 2010 survey by the Association of State Correctional Administrators, the DOC far exceeded the national level for CO staffing. The national average inmate to CO ratio was 5:1, while in MA it was 3:1, and now 2:1.
* More current national data is not available, but comparison to several states suggests that the DOC is still an outlier.

**CO capacity has been Inelastic with regard to the declining prison population in Massachusetts (see Fig. 2)**

* The Massachusetts prison population under DOC jurisdiction have been falling in recent years: from over eleven thousand in 2010 to less than nine thousand in 2019.
* However, the DOC has not used the opportunity to redirect funds to rehabilitation and education.

**Are taxpayer dollars being used effectively?**

* DOC has been spending large sums of money for CO overtime. In 2018 the DOC paid out nearly $45 million in overtime and as of September 30, 2019 it has paid out about $34.2 million (about $46 million annualized)
* As of September 30, app. $6.2 million were paid to 119 CO’s who reported an estimated 70 to 230 hours of overtime a month (see Table 1 for calculation).
* On average, as of September30, CO’s received $8.8 thousand in overtime pay – on top of an average annual pay rate of app. $80 thousand dollars.

**Needed Reforms:**

* Fund educational, vocational, and personal development programs. Studies have shown that such programs, and attainment of a high school diploma, help inmates stay out of prison. (DOJ, Federal Bureau of Prisons 2016 report.)
* As the prison population falls, the DOC should close and sell old facilities. The property values for some, MCI Concord and MCI Framingham, for example, would raise *millions* of dollars.
* Eliminate solitary confinement (SC): It is torture; causes mental damage; increases recidivism; and due to staffing costs three times as much as general housing (app $240K / yr.). Other states are moving to reduce and altogether eliminate SC, and studies have shown subjecting inmates to SC does not improve prison safety.

Attachment

**Figure 1**

* **The numbers of Correction Officers employed by the DOC dramatically dwarfs the number of staff essential to rehabilitation and successful re-entry, thus lower recidivism (2019 data as of Sept. 30)**

Note: the 10 Psychiatrists, 18 Addiction Counselors, and 77 Mental Health Professionals are deployed through a vendor contract; data acquired through FOIA request

**Figure 2**

* **The number of COs employed has barely budged as the prison population declined**

Attachment cont.

**Table 1**

**Overtime Pay Accrued by 119 CO’s who averaged 70 to 230 hours of OT per month\*\***

**(broken down into three groups based on the estimated range of monthly overtime worked)**

**Note:**

* Across all CO’s, on an annualized basis (2019 data reflects 9 months), the DOC would pay out nearly $46 million in overtime pay, averaging app. $12 thousand per year for each CO
* For the 119 CO’s with estimated monthly overtime between 70 and 230 hours, the DOC annualized payout would be app. $8.2 million
* For just the 43 CO’s with estimated monthly overtime between 100 and 230 hours, the annualized payout would be app. $4 million

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subset of CO's who reported at least 70 hours overtime/month\*\*** | | | | |
| **Hours of OT** | **Number of COs** | **Total OT Pay** | **Annualized OT Pay** | **Avg. Annualized OT Pay** |
| 100-230 | 43 | $ 3,055,201 | 4,073,602 | $ 94,735 |
| 80-99 | 38 | $ 1,862,964 | 2,483,952 | $ 65,367 |
| 70-79 | 38 | $ 1,264,140 | 1,685,521 | $ 44,356 |
|  | **119** | **$ 6,182,306** | **$ 8,243,074** | **$ 69,270** |

\*\* Overtime hours worked is not included in the Comptroller’s database, therefore hours of OT in the table above were estimated based on:

* + OT pay accrued (thru Sept. 2019) and
  + the CO’s annual salary (“pay rate”), assuming it is for a 40 hour work week
  + the OT hourly rate is estimated using the standard 1.5 overtime bump-up.
  + Calculation:

Step 1: estimate OT hourly pay rate**:** annual salary / (52weeks \* 40 hours \*1.5)

Step 2: estimated monthly overtime worked**: (**overtime pay / OT hourly pay rate from step 1) / 9