

# Returning Home:

## A Landscape of Community-Based Reentry in Massachusetts

**Prepared for:**

**Executive Steering Committee for  
Reimagining Reentry In Massachusetts**

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# Purpose

Approximately 12,200\* people are incarcerated in Massachusetts as of April 1, 2024.<sup>1</sup> The vast majority of all incarcerated people—at least 95%—will return to the community at some point.<sup>2</sup> When released, people returning to the community face many barriers and challenges; indeed, 30% of people released from prison or jail in Massachusetts are reincarcerated within three years<sup>3</sup>. Supporting successful reentry by eliminating barriers and providing holistic social supports to those reentering the community contributes to increased public safety, healthier communities, and a resilient economy. Reentry is not only public safety—it is also community wellness, healthcare, and economic opportunity. Successful reentry is addressing structural racism and breaking the cycle.

*Approximately 12,200 people are incarcerated in Massachusetts. Almost all will return to the community.*

This report provides an overview of existing reentry practices in Massachusetts—describing strengths, identifying opportunities for improvement, highlighting existing community supports, and elevating questions for the commonwealth’s leaders about current reentry practices and strategies. Massachusetts has a vibrant ecosystem of organizations collaborating to deliver services and improve reentry practices. Despite the wide array of organizations collaborating to deliver services and improve reentry outcomes, ample opportunities remain for growth and continued improvement.

## Improving reentry practices

In recent years, momentum has grown across the United States for criminal justice reform as a result of increased awareness of the impact of mass incarceration, structural racism, and implicit bias inherent in the criminal legal system, and the high costs associated with the boom in prison populations following the “tough-on-crime” era of the 1980s and 90s. While criminal justice reform varies state by state, many states have prioritized successful reentry for individuals returning to the community from prison and jail.

Discussions about the impact of reform often center around dollars expended or saved through increased or decreased incarceration, crime rates, and other system-related costs. However, the costs of poor reentry outcomes extend far beyond the increased costs of reincarceration, including lost wages, reduced lifetime earnings, negative health outcomes associated with incarceration, higher mortality rates, impact on the family, and community-level impact.<sup>4</sup>

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\* Including both pretrial and sentenced populations.

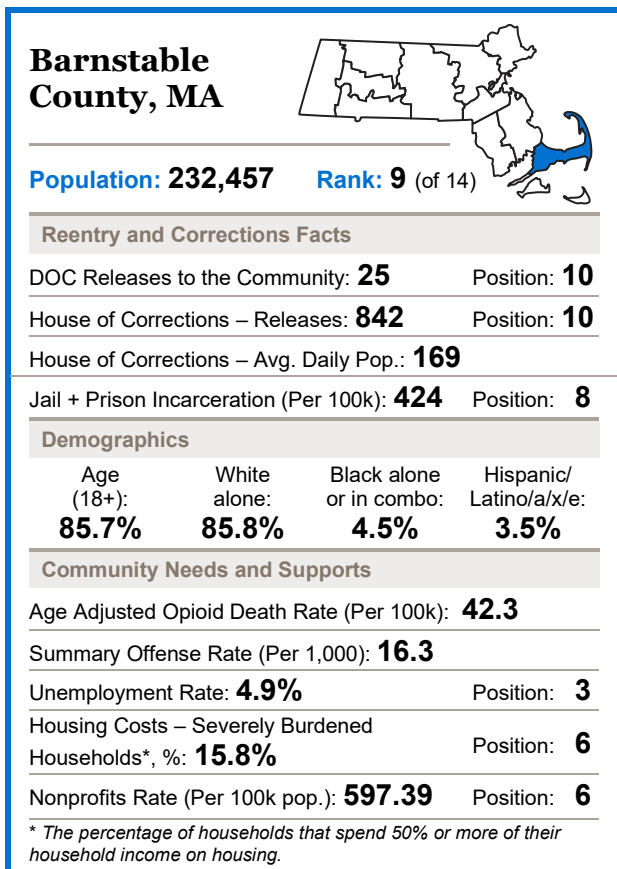
## Building successful and healthy “reentry ecosystems”

In biology, an ecosystem describes a community of interrelated organisms and their physical environment living together in interdependence. In social services, an ecosystem sometimes refers to the interplay between organizations and people involved in providing support. In reentry, the ecosystem includes the returning individual and their unique needs, the characteristics of the community they are returning to, and the supports available to them through people, networks, and organizations. Community-based reentry ecosystems are shaped by policies, research, and professional practices but take on their own character based on local circumstances. Healthy reentry ecosystems build supports to address needs and meet demand. Recognizing the need for variation and community engagement, the federal Bureau of Justice Assistance<sup>5</sup> has offered some guiding principles for creating and sustaining thriving reentry ecosystems:

- Account for the capacity and operations of community organizations
- Build a bridge and use an interpreter between community entities and systems stakeholders for lasting collaboration (e.g., a trusted intermediary to assist in building relationships between corrections and community-based programs)
- Create sustainable funding streams
- Develop leaders impacted by the criminal justice system
- Ensure efforts are community-centered

Improving reentry services requires more than being aware of what supports people need when they return to the community from incarceration. It requires, among other things:

- Coordination between reentry service providers
- Culture of collaboration among providers
- Equitable and inclusive access to funding for organizations that understand the needs of returning individuals
- Focus on outcomes to ensure that programs are returning on their investments
- Attention to regional differences
- Community integration in contrast to one-size-fits-all approaches



# Background

## Correctional populations trends

Mirroring national trends, Massachusetts experienced significant and rapid growth in correctional populations beginning in the early 1980s through its peak in 2012. Since then, the Massachusetts Department of Correction (DOC) population has declined from 11,723 in 2012 to 6,148 in 2024. Similarly, county Houses of Corrections (HOC) have experienced a decline in population over the same period, from 11,246 in 2013 to 6,313 in 2024. Today, Massachusetts has the lowest prison and jail incarceration rate of any state.<sup>6</sup> Decreases in incarceration have not negatively impacted public safety—over roughly the same period, the violent crime rate has declined from a high of 400 offenses per 100,000 people per year to 322 in 2022.

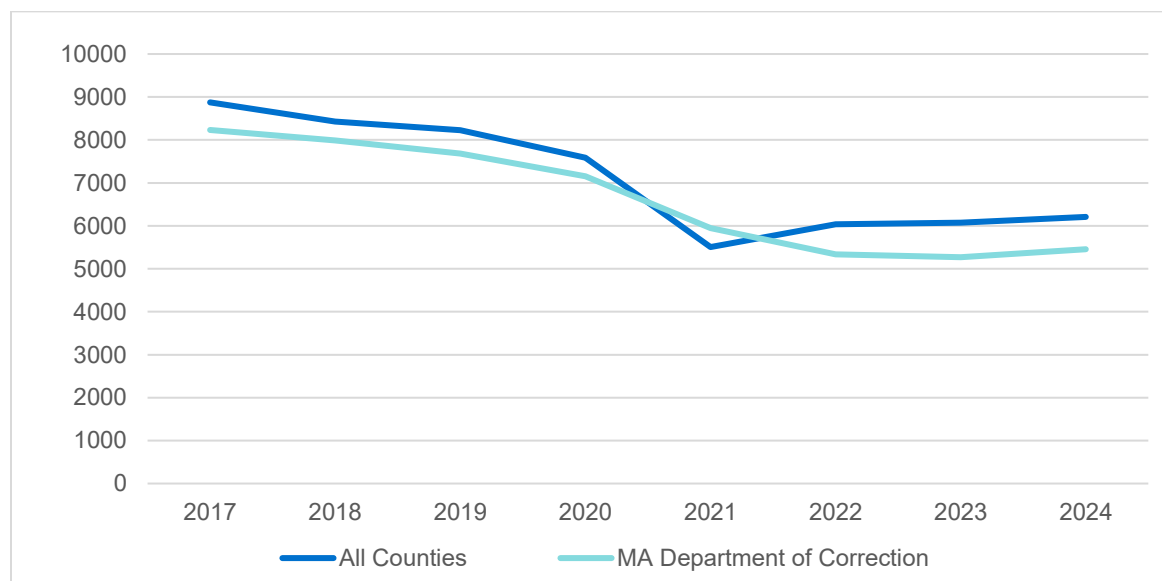


Figure 1: Correctional populations in MA since 2017 (as of January 1) (Source: MA Cross-Tracking Database)

In 2023, the DOC released approximately 1,250 criminally sentenced people to Massachusetts communities.<sup>†</sup> HOCs, with substantially more individuals incarcerated pretrial, released approximately 27,600 in the most recent year. Community supervision by parole and probation is another form of correctional control for those with criminal legal system involvement. In 2024, approximately 50,000 people were on active probation by the Massachusetts Probation Service, while 1,300 were supervised by Massachusetts Parole.<sup>7</sup> Black and brown men, in particular, are disproportionately incarcerated in Massachusetts (see Figure 1). In 2023, Black men were incarcerated in Massachusetts at a rate of 1,578 per 100,000 population, Hispanic/Latino men were incarcerated at a rate of 1,037, and white men were incarcerated at a rate of 208. When compared to their white counterparts, Black and Latina/o/e people who are sentenced to

<sup>†</sup> Including civil commitments (1,617) and pre-trial detainees (439), the Department of Correction released 3,613 people in 2023.

incarceration in Massachusetts receive longer sentences, even after controlling for individual, community, and charge-specific characteristics.<sup>8</sup>

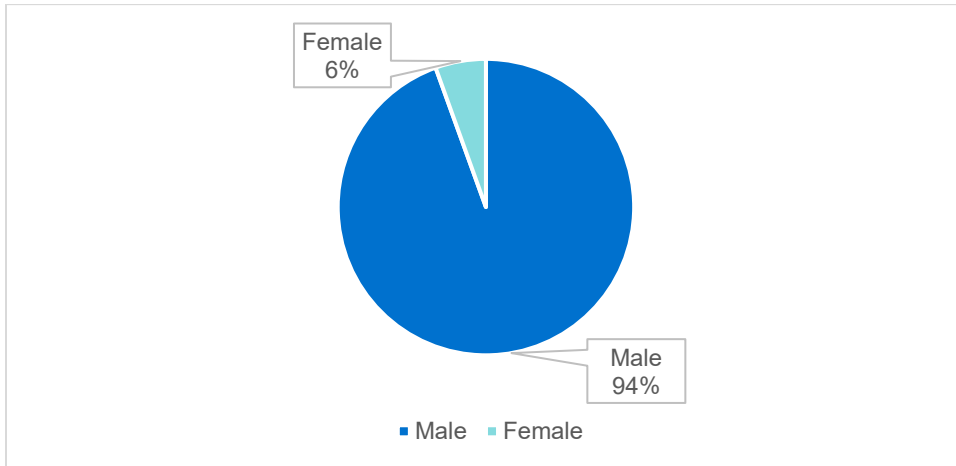


Figure 2: Massachusetts Correctional Populations by Sex on 1/1/24

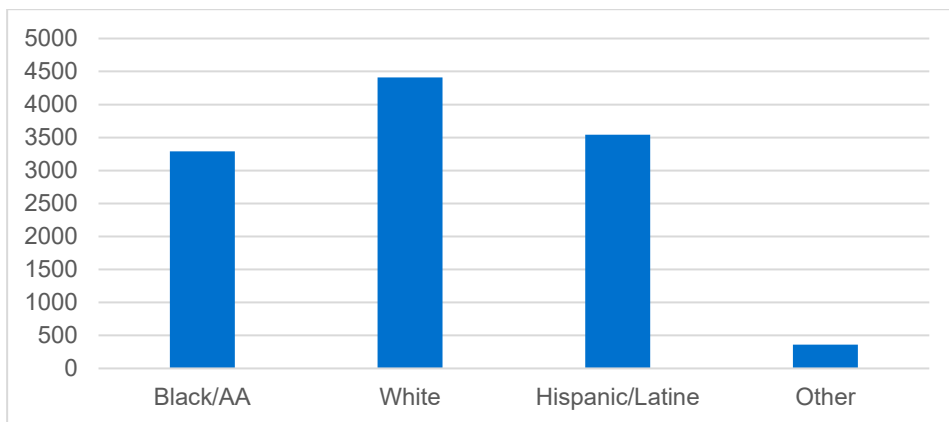


Figure 3: Massachusetts Correction Populations by Race/Ethnicity on 1/1/24

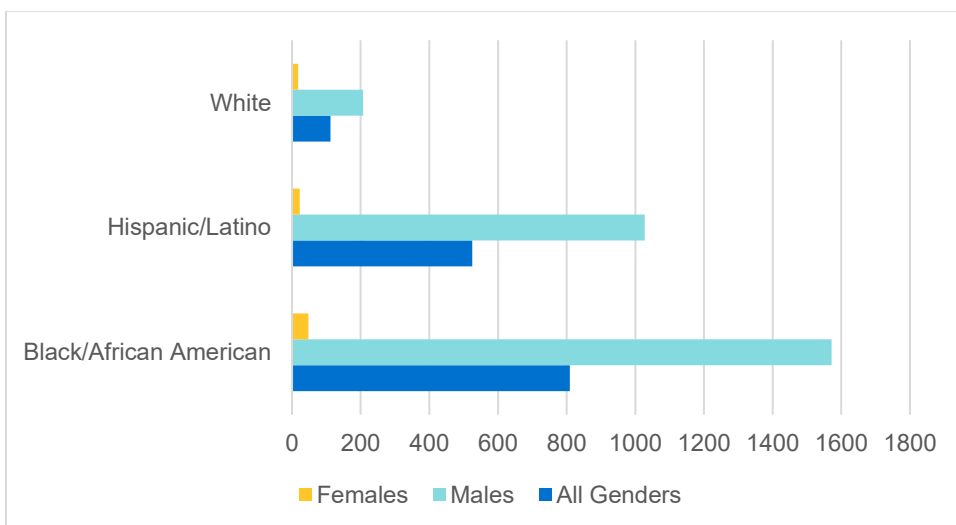


Figure 4: Massachusetts 2023 Incarceration Rate per 100k Population by Race and Gender



## Recidivism

Recent recidivism analysis tracking outcomes for individuals released from HOCs and DOC facilities provides a window into the effectiveness of current policy and practice. The three-year recidivism rate, as measured by reincarceration, for individuals returning to the community from a period of incarceration in Massachusetts is 30%,<sup>3</sup> compared to the most recent national three-year reincarceration rate of 49% using data from prisoners released in 24 states.<sup>9</sup>

	Recidivism rate
Reconviction	31.4%
Reincarceration	30.2%
Rearraignment	60.7%

Table 1: Recidivism Rates - 3 year - 2019 Cohort<sup>3</sup>

**Recidivism** is the most used outcome by which reentry programs are measured. There is not a single definition of recidivism—it is often measured as 1) Rearrest, 2) Reconviction, or 3) Reincarceration during some follow-up period, typically one to three years.

Some experts have called for other outcomes to be emphasized. Recidivism itself is an imperfect measure for a host of reasons; for example, it depends on the individual’s risk of contact with the justice system and the resources available to them to avoid rearrest, reconviction, or reincarceration.

Alternatives to recidivism outcomes exist. In other fields, like public health, we measure the time between behaviors—for example, the time between relapse. Or better outcome measures might be tailored to the program—for example, employment retention, improved health, or better quality of life.

## History of criminal justice reform

Recent criminal justice reform efforts in Massachusetts can be traced to January 2016, when the commonwealth embarked on a data-driven effort to identify reforms within the criminal legal system intended to “reduce reoffending, contain corrections spending, and invest in strategies to increase public safety,” with funding support from the federal government and Pew Charitable Trusts. Led by an inter-branch steering committee and with assistance from the Council of State Governments Justice Center, state and local leaders reviewed quantitative and qualitative data analysis that identified five key challenges and corresponding policy recommendations to address them. All identified challenges included some aspect of the reentry continuum (Table A).

Table A: Justice Reinvestment – Challenges and Policy Options

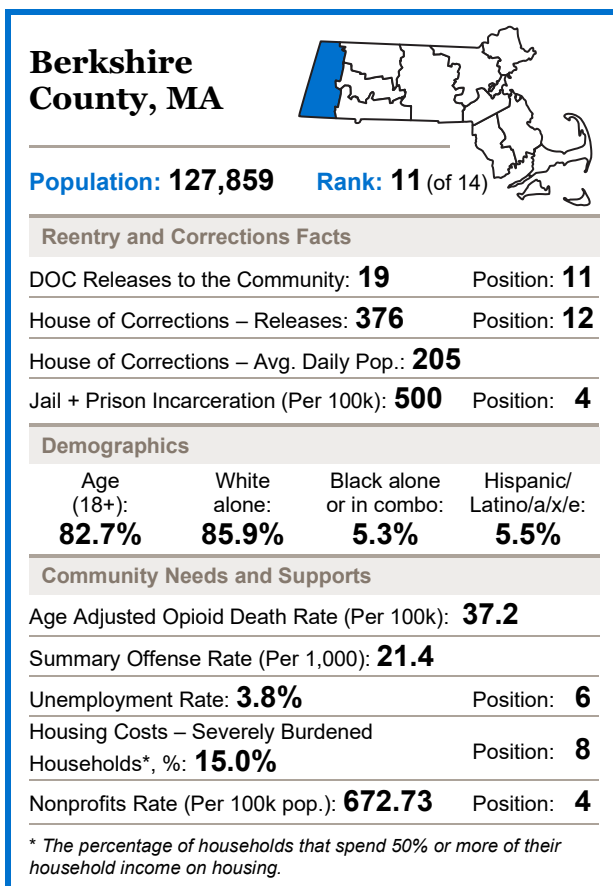
Challenge	Policy Option
Program participation during incarceration	Increase participation in and completion of evidence-based recidivism-reduction programs during incarceration. Investment in trades and skills while incarcerated.
Interagency coordination in parole release process	Improve interagency coordination to ensure the timely release of people who have received parole approval.
Community supervision	Strengthen community supervision.
Resources to address behavioral health needs	Improve access to behavioral health care in the community for people in the criminal justice system.
Data collection and performance measurement	Improve data collection and performance monitoring across the criminal justice system.

Stemming from the analysis and formation of policy options, the legislature passed two major criminal justice reform bills, *HB 4012* and *SB 2371*. These bills included expanded earned-time credits for participation in programming intended to reduce recidivism and improve data collection.

Since the passage of these two bills, the commonwealth has engaged in other reform efforts through legislation and policy change implemented by state and local justice system partners. A non-exhaustive list of such efforts includes legislation requiring jails and prisons to provide medications for opioid use disorder (MOUD) and facilitate their continuation in the community upon release, an administrative order eliminating all probation fees, legislation eliminating the costs associated with phone calls in prison, the expansion of programming and access to information through providing tablets to most people incarcerated within the DOC, and the training of supervision staff in working with individuals to address behavioral health needs to reduce revocation.

## What works in reentry

There has been rapid advancement in the understanding of what works and what matters in reentry over the past several decades. We know about the most prominent barriers that people face when returning to the community—including housing, employment, education, reunifying with family, and mental and physical health—and the research shows that addressing these barriers is important to successful reentry. Other needs are less obvious—for example, the barriers that many people face in obtaining state identification can impede access to many support services. Other factors are less apparent but well researched—for example, research tells us about criminogenic needs—individual characteristics, situational factors, and triggers that increase the risk of committing a new crime. To be successful, community-based reentry must address barriers that can inhibit treatment and individual change efforts while also addressing the individual’s needs and unique situation.



Massachusetts has an active and involved collection of organizations that provide support to people before, during, and after their return to the community. It is difficult to identify all organizations that provide support. However, the [Coming Home Directory](https://cominghomedirectory.org) (cominghomedirectory.org), which compiles resources for individuals returning to the Boston area, includes more than 200 organizations, while the [Massachusetts Reentry Resource Directory](https://mareentryresources.org/) (https://mareentryresources.org/), which combines several sources, lists more than 1200 organizations that offer services that support a return to the community. Many organizations will provide support to people who are returning to the community from incarceration. Still, the number of organizations that provide substantial support, partner closely with corrections agencies, or make it their mission to work exclusively with returning individuals is far smaller. A full overview of reentry services in Massachusetts and how they map to what works would be a much lengthier and more complex report. This section contains a summary of what the research tells us about what works in reentry, including in-reach, wraparound services, housing, and employment support. Throughout this section, we will highlight some of these targeted practices and programs.

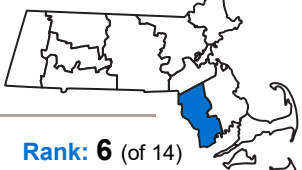
## In-reach and warm handoffs

During the transition planning period (generally six to nine months before release), an incarcerated individual, with support from reentry staff, begins to plan their return to the community and identify specific needs. Providing connections to trusted providers in the community can help the returning individual understand the resources that are available and build trust in providers, leading to improved engagement and better outcomes. Similarly, a warm handoff to a provider on the day of release through coordinated transportation can ensure that a connection is made to a service provider and resources during this critical early period of their return to the community.

### EXAMPLES:

**DOC AND HOC IN-REACH** – *Community-based organizations work with the DOC and HOCs to conduct in-reach and work with individuals during the reentry planning period. Creating this connection between the*

### Bristol County, MA



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**Population: 580,068**    **Rank: 6** (of 14)

**Reentry and Corrections Facts**

DOC Releases to the Community: <b>221</b>	Position: <b>2</b>
House of Corrections – Releases: <b>2,876</b>	Position: <b>4</b>
House of Corrections – Avg. Daily Pop.: <b>653</b>	
Jail + Prison Incarceration (Per 100k): <b>526</b>	Position: <b>3</b>

**Demographics**

Age (18+):	White alone:	Black alone or in combo:	Hispanic/Latino/a/x/e:
<b>79.7%</b>	<b>78.7%</b>	<b>7.9%</b>	<b>9.5%</b>

**Community Needs and Supports**

Age Adjusted Opioid Death Rate (Per 100k): <b>53.7</b>	
Summary Offense Rate (Per 1,000): <b>23.7</b>	
Unemployment Rate: <b>4.1%</b>	Position: <b>5</b>
Housing Costs – Severely Burdened Households*, %: <b>15.0%</b>	Position: <b>9</b>
Nonprofits Rate (Per 100k pop.): <b>292.82</b>	Position: <b>14</b>

\* The percentage of households that spend 50% or more of their household income on housing.

*incarcerated individual and the community prior to their release is an integral way of welcoming the individual back and preparing them for the resources available in their community.*

**REENTRY FAIRS** – *Twice per year, the DOC arranges reentry fairs at all its facilities. Community providers and state agencies are invited to attend to provide information to incarcerated people about resources and programs. Individuals within 12 months of release are invited to attend.*

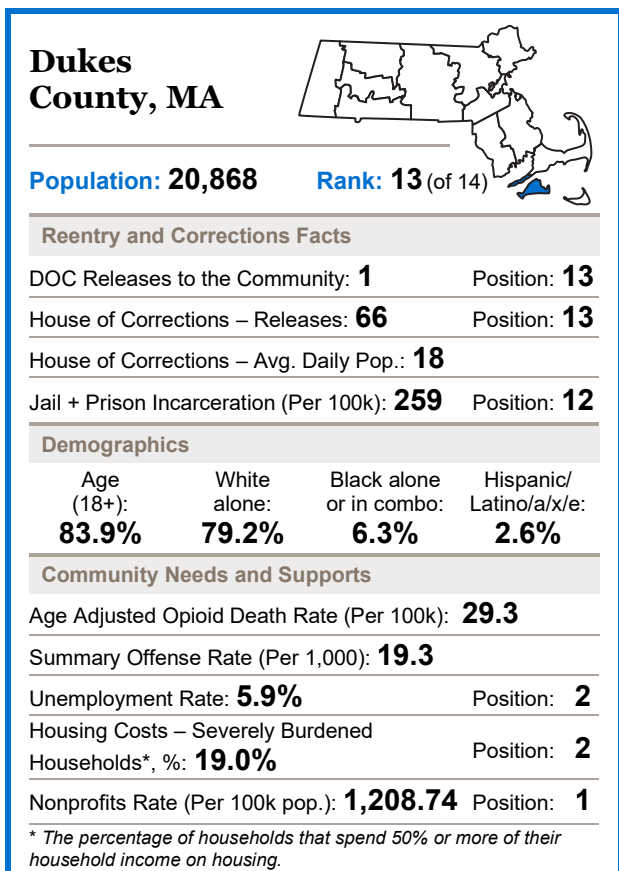
## Wrap-around services

Wrap-around services are a holistic approach to providing reentry services that tailor supports to the individual’s needs and circumstances. Typically, wrap-around services include some element(s) of case management and assessment to develop a plan that addresses the individual’s needs. Effective wrap-around services treat the individual as a whole and sequence supports to ensure they are delivered at the right time for the individual. For example, an individual may need stable housing before receiving employment support for that job to be sustainable.

### EXAMPLES:

**ALL INCLUSIVE SUPPORT SERVICES (AISS)** – *Located in Springfield, AISS is a wrap-around service center provided by the Hampden County Sheriff’s Office. Services include medical, mental health, and addiction treatment support, case management, education, parenting, food assistance, housing, mentorship, and a wide variety of support groups for people with a history of incarceration.*

**COMMUNITY COMPASS AT OPEN SKY** – *Opened in June of 2023 in Worcester with funding provided by the DOC, Community Compass is a walk-in wrap-around center providing a variety of support services to address the social determinants of health, including housing supports, substance use counseling, employment supports, a computer lab, healthcare navigation services, a food pantry and kitchenette, housing supplies, clothing closet, and evidence-based group programming. Anyone with a history of incarceration in Massachusetts is eligible to receive services.*



## Risk-need-responsivity

Risk-need-responsivity (RNR) is a model based on the assessment of the risk of recidivism coupled with programming or treatment and case planning to address the individual's overall level of risk and their specific criminogenic needs.<sup>10</sup> Three research-based principles make up the RNR model:

1. The **risk principle** states that resources and interventions should be prioritized for those that are the highest risk of recidivism.
2. The **need principle** tells us that treatment and interventions should be tailored and targeted toward the individual's specific criminogenic needs, which are also understood to contribute to recidivism risk.
3. The **responsivity principle** focuses on the way that interventions are delivered—they should incorporate factors like learning style, language differences, experiences of trauma, and other considerations that might impede progress.

**Criminogenic needs** have been identified by research as factors that contribute to the risk of recidivism. The “big four” include:

- History of antisocial behavior
- Pro-criminal attitudes
- Pro-criminal associates or peers
- Anti-social personality patterns

### EXAMPLES:

COMMUNITY JUSTICE SUPPORT CENTERS (CJSC) – *In 2022, CJSCs, which are overseen by the Massachusetts Probation Service – Office of Community Corrections, received funding and authorization through the Ralph Gants Reentry Services Program to begin providing services to individuals who had previously been incarcerated, regardless of supervision status. The CJSCs, which operate 19 offices in communities around the commonwealth, utilize a structured assessment to identify risk levels and criminogenic needs, making appropriate referrals to evidence-based programs to address needs and other barriers to success.*

SUPPORTING TRANSITIONS AND REENTRY (STAR) PROGRAM – *A program of the Essex County Sheriff's Office, STAR operates in Lynn and Lawrence, providing evidence-based supports to justice-involved people. The program accepts referrals from justice partners and community organizations, as well as walk-ins. Upon intake, an individual meets with a case manager (aka STAR Navigator) to complete a validated risk and need assessment, which informs an individualized program. Participants engage with center-based programming and are referred to a community provider network for other needs.*

## Access to identification

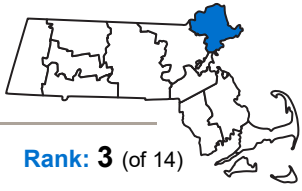
For people leaving incarceration, a state identification is a necessity to access social services and supports. The primary barrier to obtaining identification for many incarcerated people is a lack of supporting documentation, including birth certificates or Social Security cards. Further complicating matters, obtaining supporting documentation from some jurisdictions (e.g., Puerto Rico, New York City) can present additional barriers due to wait times or the need for a family member to be present to obtain paperwork.

### EXAMPLE:

DEPARTMENT OF CORRECTION AND REGISTRY OF MOTOR VEHICLES (RMV) INITIATIVE – *An agreement initiated in 2022 by the DOC and RMV provides for increased coordination of information to facilitate the issuance of state IDs for individuals nearing release. As part of the agreement, the DOC has access to a mobile work unit that directly interfaces with the RMV to facilitate processing. Additional advancements have been made in obtaining birth certificates for U.S.-born individuals. Since the initiative was implemented, the DOC has observed increases in the number of people with IDs upon release.*

## Case Management

Case management is a common but effective strategy that involves developing a case plan with the individual to address barriers and criminogenic needs, as well as provide linkages and referrals to services. Case management can incorporate aspects of in-reach to develop continuity of care while the individual is incarcerated. Case plans typically focus on creating SMART goals—Specific, Measurable, Achievable, Relevant, and Time-bound—which can enhance accountability and improve outcomes. Case plans should be developed with the individual’s active participation and reflect their goals for success, not the goals of the case manager or supervision officer.

**Essex County, MA** 

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**Population: 806,765**    **Rank: 3** (of 14)

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**Reentry and Corrections Facts**

DOC Releases to the Community:	<b>148</b>	Position:	<b>4</b>
House of Corrections – Releases:	<b>3,611</b>	Position:	<b>3</b>
House of Corrections – Avg. Daily Pop.:	<b>1,006</b>		
Jail + Prison Incarceration (Per 100k):	<b>490</b>	Position:	<b>5</b>

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**Demographics**

Age (18+):	White alone:	Black alone or in combo:	Hispanic/Latino/a/x/e:
<b>79.1%</b>	<b>68.9%</b>	<b>6.7%</b>	<b>22.6%</b>

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**Community Needs and Supports**

Age Adjusted Opioid Death Rate (Per 100k):	<b>32.4</b>		
Summary Offense Rate (Per 1,000):	<b>16.6</b>		
Unemployment Rate:	<b>3.6%</b>	Position:	<b>7</b>
Housing Costs – Severely Burdened Households*, %:	<b>17.6%</b>	Position:	<b>3</b>
Nonprofits Rate (Per 100k pop.):	<b>405.64</b>	Position:	<b>10</b>

\* The percentage of households that spend 50% or more of their household income on housing.



EXAMPLES:

**FRANKLIN COUNTY SHERIFF’S OFFICE–COMPREHENSIVE CASE MANAGEMENT** – Utilizing a trauma-informed case management approach, the Franklin County Sheriff’s Office provides integrated case management support for individuals throughout their incarceration, including pretrial and return to the community. Case managers conduct a thorough multi-part assessment before developing a comprehensive case plan addressing the individual’s needs. In the community, Franklin County works in close collaboration with community providers and government partners, sharing information needed to support the individual through transition.

**CITY OF BOSTON OFFICE OF RETURNING CITIZENS** – The Boston Office of Returning Citizens is a city department charged with supporting people returning to Boston from a period of incarceration, regardless of where or when. Once screened and placed with a case manager, individuals can receive direct support from a housing or employment specialist or referral to a wide array of partners and programs to address their needs.

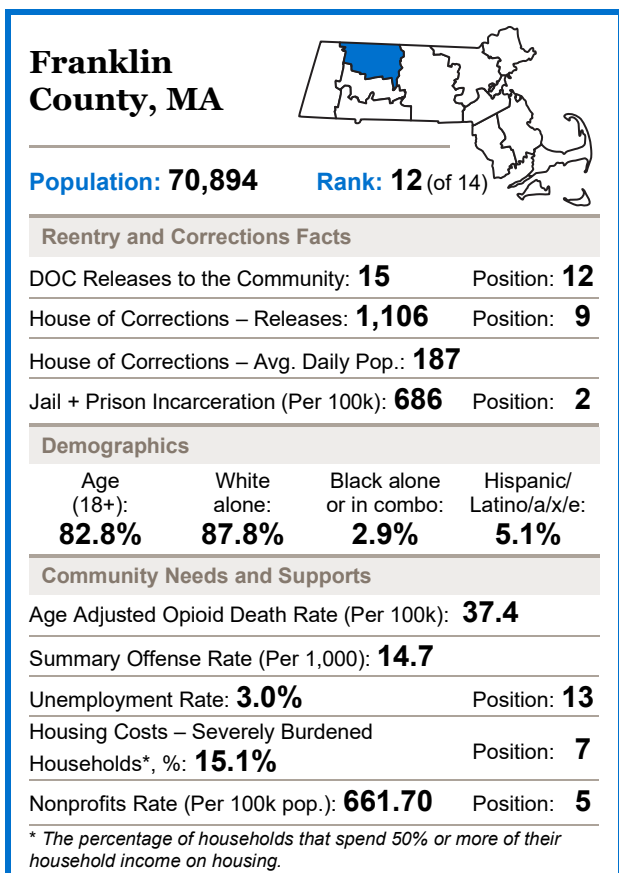
## Addressing Behavioral and Physical Health

Compared to the general population, justice-involved populations are in worse behavioral and physical health. People who are incarcerated are more likely to experience chronic medical conditions like hypertension, asthma, arthritis, and hepatitis.<sup>11</sup> The opioid overdose death rate is 120 times higher for individuals released from prison and jail in Massachusetts.<sup>12</sup> An estimated 33-63% of people in prison and jail have co-occurring behavioral health issues compared to 14-25% of people who are not incarcerated.<sup>13</sup> Providing support to ensure that people returning to the community can access health services to address their needs is an important component of supporting successful reentry.

EXAMPLE:

**MASSHEALTH BEHAVIORAL HEALTH SUPPORTS FOR JUSTICE-INVOLVED INDIVIDUALS (BH-JI)** – BH-JI is a statewide

program that provides support to connect eligible justice-involved people, including those leaving prison or jail within the next six months and those who have left prison or jail within a year, to behavioral health services and other social supports in the community. Through BH-JI,



*the commonwealth contracts with nine community-based providers to provide navigation services in all areas of the state. Preliminary data trends from the program demonstration show that enrollees utilize fewer in-patient hospital and emergency room services, more outpatient services, have increased housing stability, and improved employment status, with comparable costs to “business as usual” practices.*

## Housing

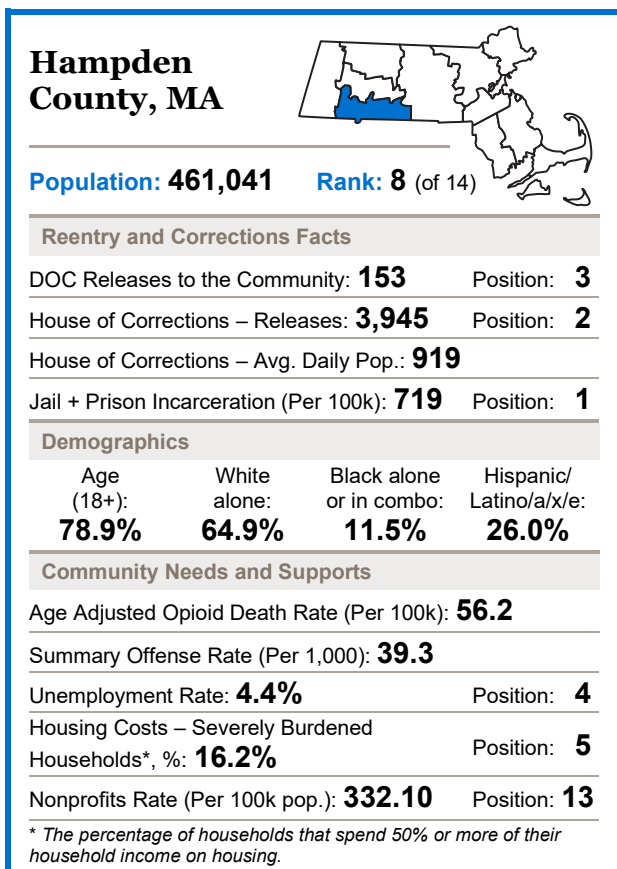
Many people returning to the community from incarceration struggle with finding and obtaining stable housing post-release. Formerly incarcerated people are almost 10 times more likely to experience homelessness than the general public.<sup>14</sup> Formerly incarcerated people face difficulties in obtaining housing due to individual factors, including the inability to secure employment or a stable income before release and the lack of family support, as well as structural challenges, including restrictions on public housing placement and landlord discrimination. One study found that assisting individuals who have not yet decided where to live upon reentry and guiding them towards locales with more economic opportunity and lower crime rates had a positive impact on reentry success.<sup>15</sup>

### EXAMPLES:

**JUSTICE 4 HOUSING** – A Boston-based nonprofit that provides housing counseling, navigation, and advocacy-based services for justice-involved individuals and their families. They partner with the Boston Housing Authority to provide vouchers to justice-involved individuals who agree to participate in individualized case management. For individuals who have been denied public housing due to having a criminal record, Justice 4 Housing provides advocacy and support services to appeal findings. In addition to these services, they provide referrals to programs that assist with other needs. Finally, Justice 4 Housing provides counseling and support services for individuals applying for federal, state, and other housing programs.

### COMMUNITY RESOURCES FOR JUSTICE (CRJ) REENTRY AND TRANSITIONAL HOUSING

– Following the passage of Justice Reinvestment legislation, the state began funding community-based residential reentry programs for individuals incarcerated in state and county





*facilities. CRJ, a local non-profit, provides transitional and pre-release housing for men and women through four programs located in Boston, Springfield, and New Bedford.*

SOBER HOMES – *Many individuals who return to the community from jail and prison are placed in a sober home in the community. The state provides funding for up to 56 days of placement, after which time the individual is responsible for paying a per-week fee. The Massachusetts Alliance for Sober Housing provides certifications for sober homes.*

SPONSOR-BASED TRANSITIONAL RE-ENTRY HOUSING PROGRAM FOR ADULTS – *In 2023 and 2024, the Executive Office of Housing and Livable Communities, in collaboration with the Executive Office of Public Safety and Security (EOPSS), released two funding opportunities for community-based organizations to provide housing for individuals who are exiting or have recently exited a DOC correctional facility who would otherwise be returning to the street or a shelter (i.e., “literally homeless”). At the time of this writing, awards have been made, and programs are being implemented.*

NEW BEGINNINGS – *A 10-bed residential reentry program for women located in Roxbury which is run and staffed by individuals with lived experience. The program holds virtual inreach and informational sessions with women incarcerated at MCI-Framingham on a weekly basis. Once released, New Beginnings provides counseling and therapy in a trauma-informed environment. Other programs include art therapy, financial literacy, and podcast production. If a program or service is not provided directly, New Beginnings makes referrals out to a network of community based providers.*

## **Peer Support, Navigation, and Mentorship**

Peer navigators are people with living experiences who have been successful in their own recovery and help others navigate the process in addition to providing other non-clinical supports like housing, employment, mentoring, and more. Studies on peer navigation have shown improved mental health, self-efficacy, and treatment motivation, as well as a reduction in substance use.<sup>13</sup> Similarly, mentors with similar living experiences paired with clients from similar backgrounds have been shown to reduce recidivism rates.<sup>15</sup>

Patient navigators are very similar to peer navigators and mentors in the non-clinical supports they provide to clients. Studies on patient navigators show positive outcomes, including reduced substance use, increased engagement with MOUD treatment, and decreased rates of emergency department visits, urgent care visits, and hospitalizations.<sup>15</sup>

### **EXAMPLES:**

CREDIBLE MESSENGERS PROGRAM – *The Credible Messengers Program is a mentoring and navigation program developed by EOPSS to support justice involved people returning to the community. Credible Messengers are individuals with lived experience who connect with people who are expected to be released from DOC facilities within 90 to 120 days. Credible Messengers meet with the individuals prior to release, develop a transition plan, and facilitate*

connections to resources in the community for up to one year post-release. Participation in the program is entirely voluntary.

**TRANSFORMATIONAL PRISON PROJECT** – *Founded by incarcerated people in MCI-Norfolk and now working in the community as well, the Transformational Prison Project utilizes a restorative justice framework to help incarcerated people and individuals who have returned to the community understand how trauma has impacted them, aid their healing, and achieve their goals.*

## Employment Supports

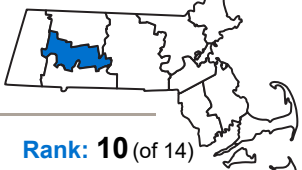
The most effective approach to employment involves taking a holistic approach that focuses on training, vocational and entrepreneurial programs, job placement, and emphasis on quality jobs with upward mobility.<sup>15</sup> Research shows that short-term jobs, for six months or less, after release do not impact recidivism. A large factor in obtaining a high-quality job is education. While barriers to employment exist for most people reentering the community, it is more challenging for Black men with a carceral history. Previously incarcerated Black men are often paid 10% less after prison than before, and the odds of a callback for an interview or job offer after incarceration are 125% lower for Black men than formerly incarcerated white men.

### EXAMPLES:

**MASSHIRE** – *The commonwealth’s MassHire Career Centers provide support to returning individuals in finding employment opportunities that meet their skills and experience and are welcoming to people with a criminal history.*

**EOPSS WORKFORCE DEVELOPMENT DIRECTOR** – *The EOPSS Workforce Development Director provides training for local employers on legal eligibility and interpretation of criminal history records of prospective employees. The role also provides support to organizations working with individuals returning to the community in connecting them to meaningful employment.*

### Hampshire County, MA



**Population: 162,588**    **Rank: 10** (of 14)

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**Reentry and Corrections Facts**

DOC Releases to the Community: <b>30</b>	Position: <b>9</b>
House of Corrections – Releases: <b>608</b>	Position: <b>11</b>
House of Corrections – Avg. Daily Pop.: <b>138</b>	
Jail + Prison Incarceration (Per 100k): <b>281</b>	Position: <b>10</b>

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**Demographics**

Age (18+):	White alone:	Black alone or in combo:	Hispanic/Latino/a/x/e:
<b>85.3%</b>	<b>80.2%</b>	<b>4.6%</b>	<b>7.2%</b>

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**Community Needs and Supports**

Age Adjusted Opioid Death Rate (Per 100k): <b>26.5</b>	
Summary Offense Rate (Per 1,000): <b>15.7</b>	
Unemployment Rate: <b>3.1%</b>	Position: <b>11</b>
Housing Costs – Severely Burdened Households*, %: <b>14.0%</b>	Position: <b>14</b>
Nonprofits Rate (Per 100k pop.): <b>566.21</b>	Position: <b>7</b>

\* The percentage of households that spend 50% or more of their household income on housing.

## Education and Skill Development

Approximately 40% of people in state prison have not completed high school, compared to 19% of the general public.<sup>15</sup> Educational programs for returning members should include GED preparation courses and testing referrals, vocational training, college enrollment assistance, and general employment training. Programs should also be tailored to different age demographics and offer a range of educational assistance, from high school and college assistance to vocational training. It is imperative that interpersonal and soft skills, including time management, goal setting, parenting, and targeting antisocial peer relationships, are developed, as failure to address this can lead to unsuccessful reentry outcomes.<sup>15</sup>

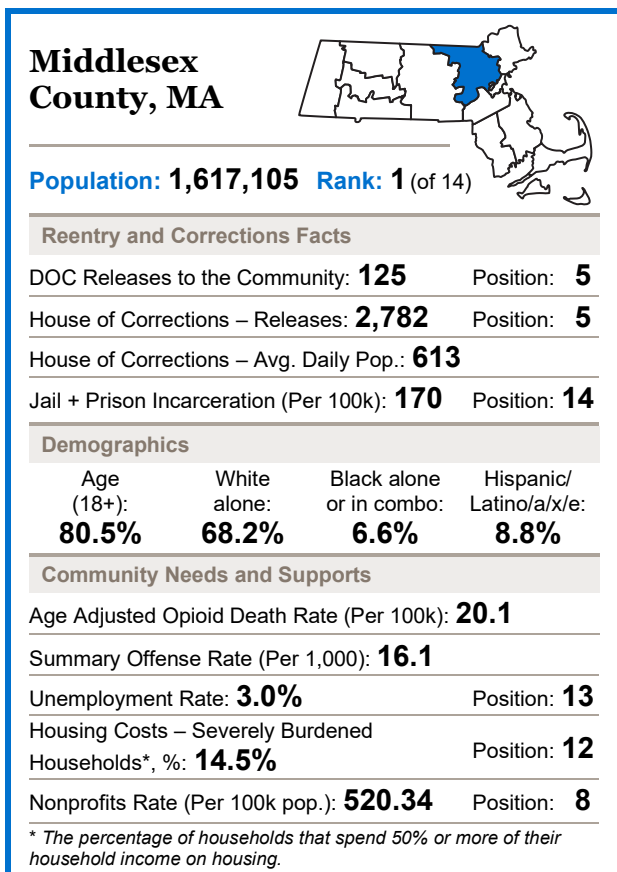
## Social Networks

Family connection has been shown to be a protective factor in supporting successful reentry.<sup>15</sup> However, incarceration can stress family bonds and damage relationships between family members for a variety of reasons, including loss of income, stigma, the time and cost of visitation, and the financial burden upon release.<sup>15, 16</sup> Community programs should help subsidize travel and communication costs while incarcerated and assist with community mediation to facilitate reentry for individuals and their families.

Conversely, negative social networks can decrease the chances of successful reentry into the community. Association with peers involved in criminal activity and attitudes supportive of a criminal lifestyle is a negative predictor of success.

### EXAMPLE:

**FATHERS UPLIFT** – *Fathers Uplift is a counseling and coaching program that provides support and assistance to fathers and a small client base of women to engage with their children. Their reentry support programming begins with partnering with incarcerated parents before their release to provide support during the crucial initial period following release. Upon release, fathers in the program are provided with a bag of basic necessities and transportation to their next location. Coaching, mentoring, and group counseling are also provided.*



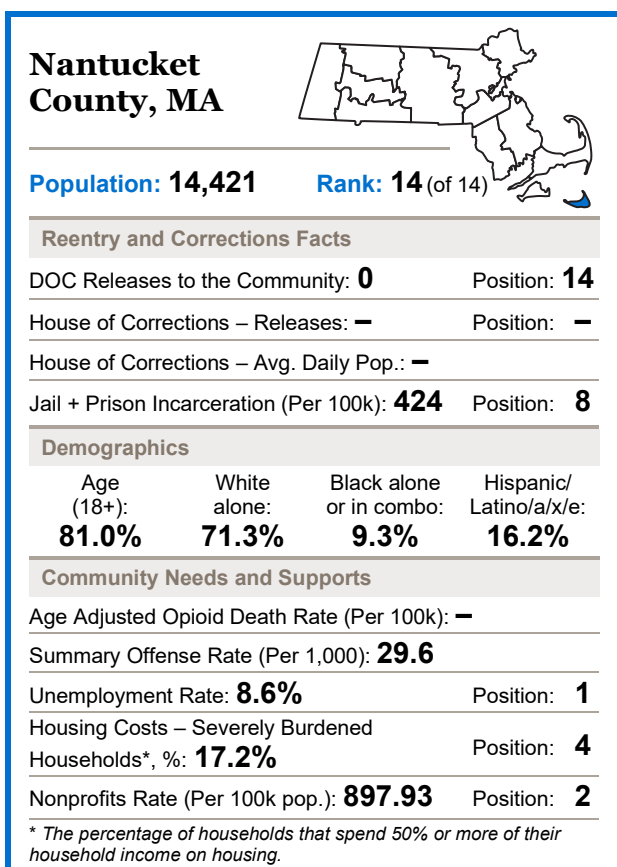
FAMILY RESOURCE CENTERS (FRC) – A program supported by the Executive Office of Health and Human Services, FRCs are community-based programs that can provide support to families in various areas, including parent education, youth and parent support groups, and information and referral. While not specifically serving individuals returning to the community, they are a resource that anyone can utilize. There are 32 FRCs located in communities around the commonwealth.

## Leveraging Strengths & Exploring Opportunities

To gain a comprehensive understanding of community-based reentry services in Massachusetts, our research team conducted a thorough outreach effort. We engaged with community organizations, Sheriff’s Offices, state agencies, and other key stakeholders across the reentry field. For more information on our process, please see the *Appendix*. Through surveys and interviews, we collected information on:

- **Alignment with Evidence-Based Practices:** We assessed how current practices align with research and established best practices in reentry support.
- **Shifting Needs of Returning Citizens:** We examined trends in the needs and challenges faced by individuals reentering communities after incarceration.
- **Regional Variations:** We explored how population demographics, resource availability, and reentry needs differ across regions in Massachusetts.
- **Strengths and Opportunities:** We identified the strengths and existing gaps within community-based reentry services, along with opportunities for improvement.

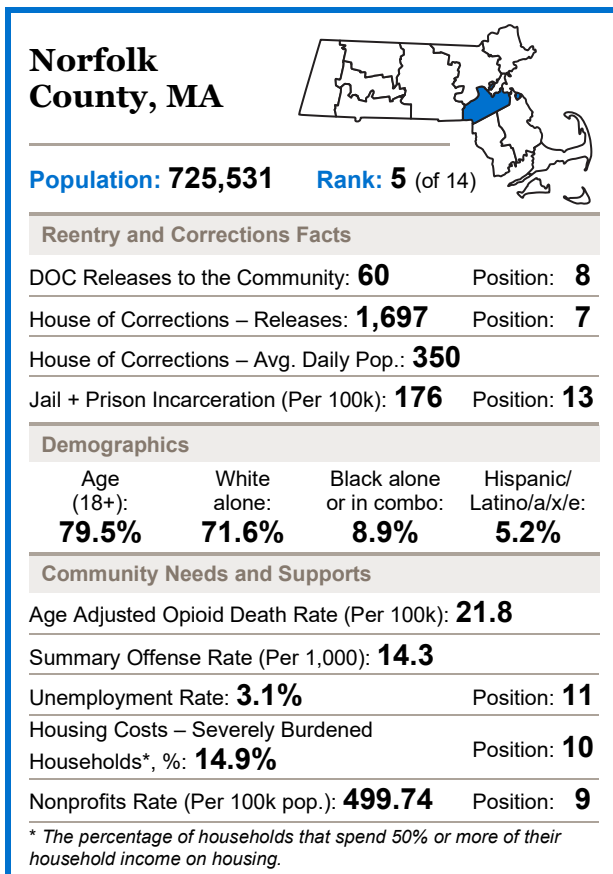
This outreach process not only yielded valuable data but also confirmed a key fact—Massachusetts is fortunate to have a dedicated network of passionate individuals working tirelessly to support the successful reintegration of people returning to the community from incarceration.



## Strengths

Our research revealed a robust network of community-based reentry services across Massachusetts. These services are characterized by several key strengths, highlighting the collaborative spirit and dedication within the reentry field:

- Community of providers** – There is an ecosystem of active and engaged providers who want to work with people who are returning to the community from incarceration. Providers share similar goals and passions for supporting people during their transition to the community.
- Government and legislative support** – State leaders have committed resources and are engaged in improving reentry. There is clear support for improving reentry efforts. Leaders engage with the community and providers to work toward improved reentry practices.
- Incorporating voices with lived experience** – Massachusetts is moving in the right direction in terms of ensuring that people who have lived experience of incarceration are centered and engaged when it comes to reentry programs and strategy. Several prominent organizations working in the reentry space are led by people with lived experience, and strides have been made to ensure that people with lived experience can contribute as credible messengers, mentors, and peer support navigators.
- Approaches to reentry are tailored to the individual** – Community-based organizations working in reentry in Massachusetts take a holistic approach to reentry, seeking to remove barriers to success before working on longer-term goals. If an organization is unable to meet all the needs of the individual, it can, for the most part, make referrals to other organizations that can assist.
- Data** – In part due to the criminal justice reform legislation, data has improved significantly. It is easier now than ever to follow correctional population trends, measure recidivism, and track program participation within state agencies.
- Communication and collaboration with supervision agencies** – Community-based organizations have improved relations with Probation and Parole. Community supervision agencies in Massachusetts seek ways to engage with community providers, to understand their work, and to support their mission.

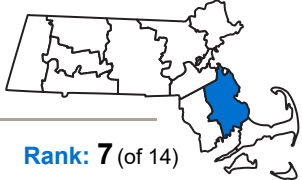


## Gaps and opportunities

Our outreach efforts not only identified the strengths of the reentry service network in Massachusetts, but also revealed areas where improvements can be made. This section explores key gaps and opportunities for further development:

- **Areas of need** – There was widespread agreement among the reentry field regarding the three areas where there is the highest need:
  - **Housing** – Most people identified this as the biggest need. Housing costs in Massachusetts are high—the commonwealth has the third-highest median home value<sup>17</sup> and the fourth-highest average monthly rent costs.<sup>18</sup> Approximately 15.8% of Massachusetts households experience housing costs that exceed 50% of their income, meaning they are severely overburdened, compared to a national average of 14.1%. If an individual leaving incarceration does not have family or friends to live with upon their return to the community, options are severely limited. Even then, family may be reticent to welcome someone as relationships may be damaged due to incarceration or stigma, or the individual may be fearful that it could jeopardize public housing assistance. The state will pay for up to eight weeks of housing in a sober home. Reentry housing beds are limited: four programs run by Community Resources for Justice and a reentry housing program for women run by New Beginnings in Roxbury. As a result, many people returning to the community return to shelters or unstable housing arrangements.
  - **Behavioral health** – Many individuals require behavioral healthcare in the community to be successful. The period after return is the most vulnerable for many individuals. The risk of overdose due to opioids is highest within the first month following release.<sup>12</sup> Individuals with an incarceration history are much more likely than the general population to experience a mental health condition or substance use disorder. Ensuring that people are connected to a provider prior to release to obtain needed prescriptions, medications for opioid use disorder, and treatment is vital to ensuring long-term success.

### Plymouth County, MA



**Population: 533,069**    **Rank: 7** (of 14)

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**Reentry and Corrections Facts**

DOC Releases to the Community: <b>80</b>	Position: <b>7</b>
House of Corrections – Releases: <b>1,246</b>	Position: <b>8</b>
House of Corrections – Avg. Daily Pop.: <b>562</b>	
Jail + Prison Incarceration (Per 100k): <b>471</b>	Position: <b>7</b>

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**Demographics**

Age (18+):	White alone:	Black alone or in combo:	Hispanic/Latino/a/x/e:
<b>79.0%</b>	<b>77.5%</b>	<b>13.0%</b>	<b>4.5%</b>

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**Community Needs and Supports**

Age Adjusted Opioid Death Rate (Per 100k): <b>38.1</b>	
Summary Offense Rate (Per 1,000): <b>16.0</b>	
Unemployment Rate: <b>3.6%</b>	Position: <b>7</b>
Housing Costs – Severely Burdened Households*, %: <b>14.6%</b>	Position: <b>11</b>
Nonprofits Rate (Per 100k pop.): <b>378.85</b>	Position: <b>11</b>

\* The percentage of households that spend 50% or more of their household income on housing.

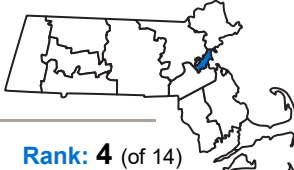


- **Employment** – While housing and behavioral health are initial barriers that must be addressed, employment is a close runner-up. Challenges identified by the reentry community include the lack of large employers engaging in training and employment efforts and the lack of a consistent strategy for improving employment opportunities for individuals with incarceration histories.

Beyond the areas of need, our research identified the following challenges and opportunities for improvement:

- **Silos and territoriality** – Many people in the reentry field identified challenges associated with territoriality and lack of close collaboration across organizations working in the same space. While community-based organizations and state agencies are working toward the same general goals—such as improved success in the community, lower recidivism, improved health, etc.—some feel that organizations do not readily share information or clients with others.
- **Understaffing and retention** – Not unique to reentry, healthcare, or social services, challenges in staffing programs and retaining staff were cited by several community members as an opportunity for improvement. Hiring and staffing in behavioral health, which is a statewide issue, has a particularly strong impact on formerly incarcerated people due to the high levels of need. Finding stable and consistent support networks for these individuals is key to their success in reentry.
- **Transportation** – Unless someone has access to a car and a driver’s license, transportation can be a significant obstacle for someone returning to the community. While public transportation may exist in some areas, lack of service and infrequent schedules mean that getting to appointments can consume a significant amount of a person’s day. Layering on challenges with other obligations, including employment, family obligations, and dependent care, people returning to the community often struggle to meet their obligations due to a lack of transportation options.
- **Funding equity and availability** – Barriers and obstacles exist for smaller organizations in obtaining funding from the state or a foundation to provide reentry supports. Well-established organizations with experience in securing funding are better able to respond to

### Suffolk County, MA



**Population: 766,381**    **Rank: 4** (of 14)

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**Reentry and Corrections Facts**

DOC Releases to the Community: <b>317</b>	Position: <b>1</b>
House of Corrections – Releases: <b>5,835</b>	Position: <b>1</b>
House of Corrections – Avg. Daily Pop.: <b>1,271</b>	
Jail + Prison Incarceration (Per 100k): <b>490</b>	Position: <b>5</b>

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**Demographics**

Age (18+):	White alone:	Black alone or in combo:	Hispanic/Latino/a/x/e:
<b>84.0%</b>	<b>47.1%</b>	<b>22.8%</b>	<b>22.4%</b>

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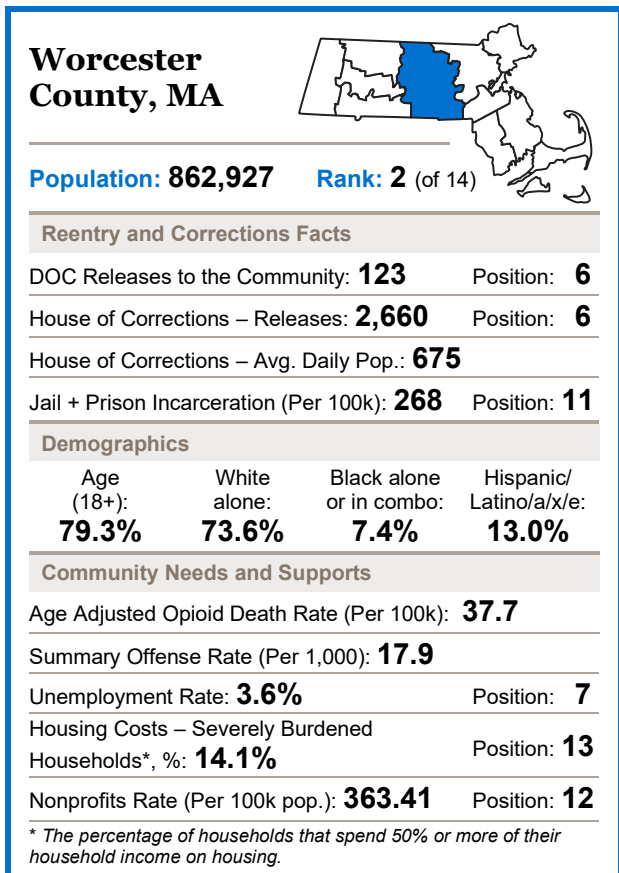
**Community Needs and Supports**

Age Adjusted Opioid Death Rate (Per 100k): <b>45.0</b>	
Summary Offense Rate (Per 1,000): <b>42.0</b>	
Unemployment Rate: <b>3.3%</b>	Position: <b>10</b>
Housing Costs – Severely Burdened Households*, %: <b>20.6%</b>	Position: <b>1</b>
Nonprofits Rate (Per 100k pop.): <b>678.12</b>	Position: <b>3</b>

\* The percentage of households that spend 50% or more of their household income on housing.

new funding opportunities. However, newer or smaller organizations and organizations led by people with lived experience of incarceration often lack the experience and institutional knowledge in comparison. Challenges like identifying grant opportunities, assembling necessary paperwork and forms, and writing a grant proposal present a significant hurdle to some organizations that are well-positioned to do the work of providing reentry supports.

- Lack of information/challenges interpreting information** – With a complex variety of supports and programs, the reentry ecosystem can be difficult to navigate. With hundreds or even thousands of organizations compiled in various reentry directories that are publicly available, the amount of information can be daunting. Challenges in researching resources while incarcerated due to lack of internet access and print materials only further compound efforts to develop a reentry plan. With so many service providers and supports, it can be difficult for individuals to understand what is available, what makes one organization different from another, and what they are eligible for based on their current situation.
- Female-specific programming** – While men make up the vast majority of the correctional population in the state (5.3% of incarcerated individuals identified as women as of January 1, 2024), women present with different needs and considerations. There are a few reentry programs specifically for women, but some in the reentry field feel that there is a need for more.
- Elderly** – The DOC has one of the oldest state correctional populations in the country. The greater and more complex health needs of elderly individuals require additional attention. Housing placements are especially challenging for individuals needing additional support and care.
- Regional differences in resources** – Unsurprisingly, resources tend to be concentrated in population centers in the eastern part of the state. While housing costs in central and western areas of the state may be lower, there are fewer resources and supports available. Despite lower housing costs in some areas, housing availability is a challenge in most





regions. Finally, the lack of viable public transportation remains a challenge outside of urban centers.

- **Sex offenders** – Reentry resources for individuals with a sex offense history are scarce, housing options are restricted or limited, and some programs are unable or unwilling to work with this population due to liability concerns.

## Reentry Councils – State Comparison

Statewide reentry entities can play a crucial role in improving reintegration outcomes for individuals returning from incarceration. These entities, known as task forces, councils, commissions, or coordinating councils, are typically created by state-level actors with decision-making power. While variation exists, we were able to identify at least seven active statewide groups across the country. These entities share commonalities in their formation, membership, areas of focus, and structure.

*States with reentry groups include:  
Illinois, Washington, Delaware, Louisiana, North Carolina, Ohio, and Wisconsin*

### Creation and authorization

Most statewide reentry bodies were created at the state level via legislation or executive order. In [Wisconsin](#) and [Delaware](#), these groups were created through an executive order that specified their membership and objectives. Conversely, Washington's reentry body, though initially guided by [executive order](#), was later [codified into law](#). Louisiana's reentry group was developed through the [state's 2008 regular session](#), and North Carolina's reentry group was established through a [state statute](#). Ohio's Reentry Taskforce, uniquely, was created by the Supreme Court of Ohio under the direction of the Chief Justice. A common feature among the bodies is their development by state actors with decision-making authority and political influence. Generally speaking, these reentry bodies are advisory in capacity and provide recommendations to state actors but have no decision-making authority.

### Composition and makeup

The composition of statewide reentry advisory groups typically includes agencies that are consistent across states, although there is variation by appointing body, the level of representation, and the number of representatives. For instance, some statewide bodies, like those in Washington and Wisconsin, require that each member be appointed by a high-level official, such as the governor, while in Ohio, members are appointed by the chief justice. Other bodies mandate representation from the highest position within agencies, such as the secretary, commissioner, or executive director. The number of representatives per agency also varies;

some bodies require only one or two representatives per agency to limit size, while others, like Illinois, are made up of 200 members and include several non-profit service providers. Notably, Washington's structure uniquely mandates the inclusion of two individuals with lived experience of reentering the community from incarceration, two community leaders, and at least one person with a background in tribal affairs. Common agencies and organizations represented across state bodies include:

- Department of Corrections
- Department of Housing
- Department of Health and Social Services
- Reentry (departments and providers)
- Department of Education
- Department of Labor/Workforce
- Defender Services
- Community Corrections
- Probation and Parole Services
- Law Enforcement/Sheriffs Offices
- Behavioral Health Providers
- Victim Services
- Judicial Leadership
- Office Administrative Courts

## **Focus areas and logistics**

Some state reentry advisory bodies have multiple focus areas, while others maintain general focus areas with working groups or sub-groups that concentrate on specific topics. These focus areas generally fall within typical reentry themes, including prison and jail reentry, holistic post-release services, collaboration between localities and state, safety for victims/survivors, advocating for system and policy changes, alternatives to incarceration, employment, removing barriers to community integration, identifying best practices, and reducing recidivism. Specific subgroups across states address areas such as economic opportunity, special considerations, housing, reinvestment, grants, racial equity and inclusion, and data sharing. Most focus areas are typically established at inception and introduced with its creation.

Most statewide reentry groups meet on a monthly, bi-monthly, or quarterly meeting basis. Groups with working- or sub-groups often hold additional meetings beyond the main group sessions. For example, [Washington](#)'s reentry group meets virtually, and their meeting minutes and recordings are publicly available online. Please see the Appendix for more information.

# Conclusion

Massachusetts has made significant strides in the recent past to improve practices that support success when individuals return to the community from incarceration. Based on several decades of research, we know about the critical barriers to successful reentry, including housing, employment, education, family reunification, and mental and physical health. Addressing these barriers is paramount to reducing recidivism and fostering successful reintegration. Massachusetts has an abundance of programs and resources that address the barriers individuals face during their transition to the community.

The commonwealth benefits from a robust network of organizations that provide reentry supports. These organizations offer comprehensive services, from housing assistance to employment training, tailored to meet the unique needs of returning individuals. Programs such as the AISS and Community Compass provide holistic, wrap-around services crucial for addressing the social determinants of health.

Key models like the RNR framework guide interventions by assessing criminogenic needs and tailoring support accordingly. Additionally, peer support and mentorship programs, which have shown positive outcomes in reducing recidivism and improving mental health and treatment engagement in other communities, are available to an increasing number of people leaving correctional settings in Massachusetts.

Despite these strengths, significant gaps remain, particularly in housing, behavioral health, and employment. This report underscores the need for increased funding equity, improved interagency coordination, and enhanced transportation options to better support returning individuals.

Massachusetts' commitment to reentry reform is evident in its legislative efforts and the collaborative spirit of its community-based providers. By addressing identified gaps and leveraging existing strengths, the commonwealth can continue to improve outcomes for individuals transitioning from incarceration to reintegration.

# Appendix

## Methodology

In collaboration with the Executive Steering Committee, ForHealth Consulting at UMass Chan Medical School identified about 100 individuals and organizations knowledgeable about community-based reentry services. We invited some of these organizations to complete a short survey about their programs and their views on reentry in Massachusetts, while others were selected for brief interviews. Over 40 organizations responded to the survey, and more than 30 individuals were interviewed. Alongside community organizations working directly with formerly incarcerated individuals, we also engaged with Sheriff's Offices, district attorneys, and state agencies involved in reentry.

## Statewide reentry advisory group resources and materials

- Illinois: [Strategic Plan](#)
- Washington: [Strategic Plan](#) and [Logic Model](#)
- Delaware: [Blueprint for Updated Structure](#)
- Ohio: [Operating Guidelines](#)

## County-level Data Summary

Annual Estimates of the Resident Population for Counties in Massachusetts: 4/1/20 to 7/1/22			DOC Releases to the Community		Jail + Prison Incarceration		House of Corrections (HOC)			Demographics, %				Age adjusted opioid death rate	Summary Offense Rate	Non-profits rate		Housing Costs – Severely Burdened Households, % (more than 50% of income)		Unemployment rate	
Geographic Area	Pop. Estimate (as of 7/1/22)	Pop. Rank (out of 14)	Rank	Rank	per 100k	Rank	Average daily HOC pop. on 1/1/24	Releases from Custody	Rank	18+	White alone	Black alone or in combo	Hispanic/Latino/a/x/e	per 100k	per 1k	per 100k	Rank	Rank	Rank	Rank	
			2022	2020	1/1/2024	2023	2020	7/22 - 6/23	2022	12/23											
<b>MA Counties</b>	<b>6,981,974</b>		<b>1,370</b>																		
Barnstable	232,457	9	25	10	424	8	169	842	10	85.7%	85.8%	4.5%	3.5%	42.3	16.3	597.39	6	15.8%	6	4.9%	3
Berkshire	127,859	11	19	11	500	4	205	376	12	82.7%	85.9%	5.3%	5.5%	37.2	21.4	672.73	4	15.0%	8	3.8%	6
Bristol	580,068	6	221	2	526	3	653	2,876	4	79.7%	78.7%	7.9%	9.5%	53.7	23.7	292.82	14	15.0%	9	4.1%	5
Dukes	20,868	13	1	13	259	12	18	66	13	83.9%	79.2%	6.3%	2.6%	29.3	19.3	1208.74	1	19.0%	2	5.9%	2
Essex	806,765	3	148	4	490	5	1,006	3,611	3	79.1%	68.9%	6.7%	22.6%	32.4	16.6	405.64	10	17.6%	3	3.6%	7
Franklin	70,894	12	15	12	686	2	187	1,106	9	82.8%	87.8%	2.9%	5.1%	37.4	14.7	661.70	5	15.1%	7	3.0%	13
Hampden	461,041	8	153	3	719	1	919	3,945	2	78.9%	64.9%	11.5%	26.0%	56.2	39.3	332.10	13	16.2%	5	4.4%	4
Hampshire	162,588	10	30	9	281	10	138	608	11	85.3%	80.2%	4.6%	7.2%	26.5	15.7	566.21	7	14.0%	14	3.1%	11
Middlesex	1,617,105	1	125	5	170	14	613	2,782	5	80.5%	68.2%	6.6%	8.8%	20.1	16.1	520.34	8	14.5%	12	3.0%	13
Nantucket	14,421	14	0	14	424	8	-	-	14	81.0%	71.3%	9.3%	16.2%	-	29.6	897.93	2	17.2%	4	8.6%	1
Norfolk	725,531	5	60	8	176	13	350	1,697	7	79.5%	71.6%	8.9%	5.2%	21.8	14.3	499.74	9	14.9%	10	3.1%	11
Plymouth	533,069	7	80	7	471	7	562	1,246	8	79.0%	77.5%	13.0%	4.5%	38.1	16.0	378.85	11	14.6%	11	3.6%	7
Suffolk	766,381	4	317	1	490	5	1,271	5,835	1	84.0%	47.1%	22.8%	22.4%	45.0	42.0	678.12	3	20.6%	1	3.3%	10
Worcester	862,927	2	123	6	268	11	675	2,660	6	79.3%	73.6%	7.4%	13.0%	37.7	17.9	363.41	12	14.1%	13	3.6%	7

Data sources: Annual Estimates of the Resident Population for Counties in Massachusetts: April 1, 2020 to July 1, 2022 (CO-EST2022-POP-2. Source: U.S. Census Bureau, Population Division. Release Date: March 2023; <https://public.tableau.com/app/profile/madoc/viz/MADOCReleasestoCommunity/ReleaseToCommunity>; <https://www.mass.gov/lists/county-population-reports#fy2024-county-population-reports>; <https://www.mass.gov/info-details/cross-tracking-system-state-county-correctional-populations>; <https://www.mass.gov/info-details/data-on-enrollments-in-substance-addiction-services#substance-addiction-services-dashboard>; [https://ma.beyond2020.com/ma\\_public/view/Dispview.aspx?ReportId=683](https://ma.beyond2020.com/ma_public/view/Dispview.aspx?ReportId=683); IRS – Exempt Organizations Business Master File. Additional data analysis by CARES. 2020. Show more details; US Census Bureau, American Community Survey. 2018-22. [https://lmi.dua.eol.mass.gov/lmi/LaborForceAndUnemployment/LURResults?A=04&GA=ALL\\_SUB&TF=1&Y=&Sopt=&Dopt=TEXT](https://lmi.dua.eol.mass.gov/lmi/LaborForceAndUnemployment/LURResults?A=04&GA=ALL_SUB&TF=1&Y=&Sopt=&Dopt=TEXT); Annual Estimates of the Resident Population for Counties in Massachusetts: April 1, 2020 to July 1, 2022 (CO-EST2022-POP-25)

# Bibliography

1. MA Executive Office of Public Safety and Security. Cross-Tracking System | State & County Correctional Populations 2024 [Available from: <https://www.mass.gov/info-details/cross-tracking-system-state-county-correctional-populations>].
2. Hughes TA, Wilson DJ. Reentry Trends in the United States. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics; 2004.
3. MA Executive Office of Public Safety and Security. Cross-Tracking System | Recidivism 2024 [Available from: <https://www.mass.gov/info-details/cross-tracking-system-recidivism>].
4. Pettus-Davis C, Brown D, Veeh C, Renn T. The economic burden of incarceration in the US. Institute for Advancing Justice Research and Innovation Washington University in St Louis. 2016.
5. Bae J. Building Reentry Ecosystems: A Blueprint for Innovation. 2023.
6. The Sentencing Project. U.S. Criminal Justice Data 2024 [updated May 7, 2024. Available from: <https://www.sentencingproject.org/research/us-criminal-justice-data/>].
7. Singer P. Less surveillance, more support: New leaders bring new approach to Mass. parole and probation. WGBH. 2024.
8. Bishop ET, Hopkins B, Obiofuma C, Owusu F. Racial Disparities in the Massachusetts Criminal System. Cambridge, MA: Harvard Law School, Criminal Justice Policy Program; 2020.
9. Antenangeli L, Durose MR. Recidivism of Prisoners Released in 24 States in 2008: A 10-Year Follow-Up Period (2008–2018). Bureau of Justice Statistics; 2021. Contract No.: NCJ 256094.
10. Andrews DA, Bonta J. The Psychology of Criminal Conduct. 5th ed. ed: Routledge; 2010.
11. Binswanger IA, Krueger PM, Steiner JF. Prevalence of chronic medical conditions among jail and prison inmates in the USA compared with the general population. J Epidemiol Community Health. 2009;63(11):912-9.
12. MA DPH. An Assessment of Fatal and Nonfatal Opioid Overdoses in Massachusetts (2011 – 2015). 2017.
13. Substance Abuse and Mental Health Services Administration (SAMHSA). Best Practices for Successful Reentry From Criminal Justice Settings for People Living With Mental Health Conditions and/or Substance Use Disorders. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration; 2023. Contract No.: SAMHSA Publication No. PEP23-06-06-001.
14. The Council of State Governments. Reducing homelessness for people with behavioral health needs leaving prisons and jails: Recommendations to California’s Council on Criminal Justice and Behavioral Health.; 2021.
15. Harvard University Institute of Politics Criminal Justice Policy Group. Successful Reentry: A Community-Level Analysis. Cambridge, MA: Institute of Politics, Harvard University; 2019.
16. Green E. An Overview of Evidence-Based Practices and Programs in Prison Reentry. Illinois Criminal Justice Information Authority, Center for Justice Research and Evaluation; 2019.

17. Zillow.com. Zillow Home Value Index (ZHVI):. In: Zillow.com, editor. 2024.
18. Forbes.com. Average Rent By State 2023 [updated November 15, 2023. Available from: <https://www.forbes.com/advisor/mortgages/average-rent-by-state/>.