

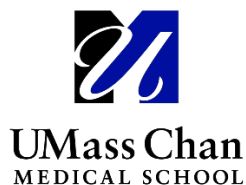
A Project to Examine and Help Reduce Delays in Release of Incarcerated Persons

Report to the Massachusetts Executive Office of Public Safety and Security, the
Massachusetts Parole Board, and the Massachusetts Department of Correction

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Department of Correction / Parole Board Report to
The Executive Office for Administration and Finance, the House and Senate
Committees on Ways and Means and the Joint Committee on the Judiciary

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EXECUTIVE SUMMARY

The funding provided to the MA Department of Correction ('DOC') and MA Parole Board ('Parole') under budget line item 0330-0613 (CSG Justice Reinvestment Reserve) was intended to improve cross-agency collaboration to reduce delays in the release of paroled incarcerated individuals. The Law & Psychiatry Program at UMass Chan Medical School (hereafter 'research team') served as the independent party to obtain and analyze data from the MA DOC and MA Parole to examine the following:

- The number of incarcerated persons in MA DOC who experienced delayed release in fiscal year 2024 compared to prior fiscal years, and
- The average length of delays in fiscal year 2024 compared to prior fiscal years.

In addition, the research team is assisting the agencies with an implementation plan for their ongoing collaboration to reduce delays in the release of paroled individuals.

This report was based on a sample of all 1900 parole hearings for individuals incarcerated in DOC facilities that resulted in a positive parole vote between July 1, 2021 and June 30, 2024. It expands on the 2023 Collaborative DOC and Parole Report by including individuals who were serving life sentences, and individuals who received prescription votes (meaning the individual was mandated to complete specific activities, such as a program or time in lower security before being released).

Delayed release was defined as any incarcerated individual who was released to parole supervision from a DOC facility following a hearing resulting in a positive Parole Board vote more than 30 days past their **earliest expected release date** (the reserve date given at the hearing, or the date at which they completed their prescriptions for those with prescription votes). The main findings were:

- Overall, the percent of cases with delayed releases did not differ significantly across fiscal years. In FY24, 195 hearings resulted in delayed release (31.40%) compared to 195 in FY23 (31.45%) and 181 in FY22 (27.47%).
- The average number of days spent incarcerated following the earliest expected release date was less than 30 days each fiscal year and did not differ significantly across years.
- For cases with delayed releases, the average length of the delay did not differ significantly across fiscal years (FY22 - 63 days, FY23 - 72 days, FY24 - 67 days).
- The total days spent incarcerated following a positive parole vote have been steadily decreasing, with the fewest days in FY24 (average 72 days), but this trend did not result in a statistically significant difference across years.

- For hearings resulting in prescription votes, the average number of days required for incarcerated individuals to complete these prescriptions decreased significantly across the years, with the fewest average days in FY24 (109 days), compared to 142 days in FY23, and 141 days in FY22.

As described in the report, the DOC and Parole made a number of advances in FY25 to shorten release times by improving communication and procedures between DOC reentry specialists and institutional parole officers.

In terms of next steps towards implementing other strategies for reducing delays, the research team is analyzing data to pinpoint the biggest causes of delayed releases by testing a number of factors, including a) challenges in releasing individuals to programs (as opposed to a home), b) obtaining interstate compact approvals, and c) getting appropriate accommodations in the community for individuals with serious mental illness, to name a few.

A Project to Examine and Help Reduce Delays in Release of Incarcerated Persons Full Report

The funding provided to the MA Department of Correction (DOC) and MA Parole Board (Parole) under budget line item 0330-0613 (CSG Justice Reinvestment Reserve) was intended to improve cross-agency collaboration to reduce delays in the release of paroled incarcerated individuals. The Law & Psychiatry Program at UMass Chan Medical School (hereafter ‘research team’) served as the independent party to obtain and analyze data from the MA Department of Corrections (‘DOC’) and MA Parole Board (‘Parole’) to examine the following:

- The number of incarcerated persons who experienced delayed release in fiscal year 2024¹ compared to prior fiscal years, and
- The average length of delays in fiscal year 2024 compared to prior fiscal years.

The research team is also assisting with an implementation plan to continue improving collaboration between the agencies to reduce delays in the release of paroled individuals. To this end, this report provides several different calculations of the length of time from receipt of a positive parole vote to release to help pinpoint processes that may be improved.

SAMPLE

The sample included every person incarcerated at a DOC facility who received a parole hearing resulting in a positive parole vote between July 1, 2021 and June 30, 2024. This included all individuals with a vote to be released following a regular order, review, recission, revocation, or other applicable hearing (e.g., hearing to resolve a split decision, appeal hearing) including individuals with life sentences. This report differs from the 2023 Collaborative DOC and Parole Report by including individuals who received a positive parole vote with a prescription, as well as individuals with life sentences. Those with a ‘prescription vote’ are not released until they complete certain requirements, such as a prescribed program or specified period in lower security at DOC. The only exclusions from the sample used here were individuals who declined parole (n = 44) and cases with data errors (n = 6). The research team did not receive cases released on mandatory or medical parole, as the parole board does not have discretion in the release decision for these cases.²

The final sample included 1900 hearings (see Appendix A), with 30% (n = 569) of the overall sample receiving a hearing resulting in a prescription. Some hearings (n = 142) resulting in a positive parole vote were for the same individual because a person could be paroled more than once in this time period reported. For example, an individual could be released to parole supervision, subsequently be returned to custody resulting in a final revocation of their parole, and then re-paroled within the study period or within the same FY. Thus, the unit of analysis was ‘hearing’, with the exception of recission hearings, which were factored into the length of time it took for an individual to be released following their original hearing resulting in a positive parole vote. When comparing release times between fiscal years, the follow-up period for gathering release dates for each fiscal year was up to October 1 of the respective year (3 months following the end of the fiscal year).

ANALYSIS

The research team received release dates for the 1900 cases in the sample up to October 1, 2024 to have a minimum follow-up period of three months for every case in the sample (the last possible date of a hearing resulting in a positive parole vote date included in the sample was June 30th, 2024). Below are the definitions of the calculations used in this report:

¹ The research team initiated this project in January 2024 and used release dates to October 1, 2024. It was not possible to include data for a FY25 cohort.

² A few exceptions are in the final sample because some individuals were released on mandatory parole while awaiting their prescriptions to be met following a positive parole vote. They were still included in this sample because their positive parole vote was discretionary.

- **Positive Parole Vote (PPV) to Release** – Days between the hearing resulting in a positive parole vote (PPV) and individuals’ actual release date. This variable will have the longest number of days.
- **PPV to Completion of Prescriptions** – For cases with prescription votes, days between the PPV and date prescriptions were completed.
- **Adjusted time to release** – The primary time to release variable used by Parole. It calculates the days between either..
 - The *reserve date* - the **earliest expected release date** the incarcerated person is given at their hearing that resulted in a positive parole vote) and the individual’s actual release from the DOC facility.
 - The *date prescriptions were completed* and the individual’s actual release from the DOC facility. For individuals who receive prescription votes, reserve dates do not apply because their actual release date is contingent upon their completion of prescriptions (e.g., complete a treatment program, spend some time in lower security).³
- **Delayed Release** – consistent with the 2023 Collaborative DOC and Parole Report, we define delayed release as any incarcerated individual being released to parole supervision from a DOC facility as a result of a positive Parole Board vote on a release, final rescission hearing, or revocation hearing⁴ more than 30 days past their **earliest expected release date** (the reserve date given at the hearing, or the date at which they completed their prescriptions for those with prescription votes).

There were a number of outliers in the times to release, which ranged from 0 to 624 days. Thus, the report provides both the mean (average) lengths of time and the medians (Md), which is the midpoint of all the release dates and is less likely to be distorted by outliers.

RESULTS

Overall Sample

Overall, for the 1900 hearings in the sample, **30.39% qualified as having a delayed release** (> 30 days from the reserve or prescription completion date). Of the 1900, 1727 cases could be used to calculate lengths of time to release, regardless of the fiscal year in which they were released (see Appendix A for a detailed explanation of the 173 cases that could not be used to calculate times to release). Overall, out of the 1727 with a release date, delayed release cases had an average adjusted time to release of 74.23 (SD = 56.08) days (Md = 58 days).

Table 1: Days to Release for the Overall Sample and by Prescription or Non-Prescription Vote (n = 1727)

	Overall (Days)		Prescription (Days)		Non-Prescription (Days)	
	M(SD)	Md	M(SD)	Md	M(SD)	Md
Adjusted time to release*	28.53(48.99)	12	31.44(63.15)	10	27.41(42.30)	12
PPV to release	90.56(98.60)	56	180.43(125.68)	151	56.07(55.77)	41

Note. M = mean, SD = standard deviation, Md = median. *-denotes the primary outcome variable of interest

³ For 13 individuals missing dates of completion of their prescriptions and 11 individuals missing reserve dates, their calculated release times were based on the date of their hearing leading to a positive parole vote. We did not count the 13 cases missing prescription completion dates in determining the percent of the sample(s) that had a delayed release because these dates can be long after the PPV hearing and without it, most of these cases would look like delayed releases.

⁴ Rescissions of parole occur when an incarcerated individual awaiting release following a PPV has their parole rescinded prior to release due to new circumstances or new information. They are required to have a hearing before their PPV can be reinstated. Revocation hearings are held when someone already released on parole was brought back to a facility due to a new crime or violation of parole conditions in the community. A hearing is needed to determine whether and when they can be released back to the community.

As shown in Table 1, among those who were released at any point during the follow-up period, there was little difference in the adjusted time to release for those who did or did not have a prescription. However, those with a prescription vote took longer than non-prescription cases to be released after their positive parole vote. In general (not reflected in Table 1).

- Reserve dates for those without a prescription were set at an average of 29.08 (SD = 41.12) days from the hearing that resulted in a positive parole vote.
- Prescriptions took an average of 153.73 (SD = 119.44) days to complete before one was ready to be released.

Delayed Releases by Fiscal Year

The research team examined the number of hearings resulting in a delayed release across the fiscal years, defined as having an adjusted time to release > 30 days. Hearings were assigned to fiscal year cohorts according to the FY in which the positive parole vote was received, either FY22, FY23, or FY24. If an individual was released more than 30 days beyond their reserve or prescription completion date, they were considered a delayed case for the FY in which they received their hearing, regardless of the fiscal year within which they were released.

Table 2 provides the percent of delayed releases across the years for the overall sample and by prescription vs. non-prescription votes. Note that the overall percentage of hearings resulting in a prescription vote was 27.77% in FY22, 31.13% in FY23, and 31.08 % in FY24. The figures in Table 2 are based on the overall sample, excluding only those with no reserve or prescription completion date (n = 72) and those who completed their prescriptions but the date was not input into the parole data (n = 13). These cases were ‘not applicable’ for determining whether there was a ‘delayed release’. The figures in Table 2 include the 101 cases receiving a reserve or prescription completion date (earliest expected release date) by June 30, 2024 that had not yet been released by the end of the study period because these are technically all delayed release cases.

Table 2: Number and % with Delayed Release by Fiscal Year and Prescription vs. Non-Prescription

	FY22 (N = 659)		FY23 (N = 620)		FY24 (N = 621)	
Overall Sample	Number	%	Number	%	Number	%
Delayed Release (> 30 days of reserve/completion of prescriptions)	181	27.47%	195	31.45%	195	31.40%
#/% of Delayed releases that had an Exit or Reserve Date by June 30, 2024 but Were Not Released by End of Study (n = 101)	22	3.34%	25	4.03%	54	8.70%
Not applicable ¹ (n = 85)	15	2.28%	18	2.90%	52	8.37%
	FY22 (n = 183)		FY23 (n = 193)		FY24 (n = 193)	
Prescriptions Only	Number	%	Number	%	Number	%
Delayed Release (> 30 days completion of prescriptions)	28	15.30%	54	27.98%	52	26.94%
	FY22 (n = 476)		FY23 (n = 427)		FY24 (n = 428)	
Non-Prescriptions Only	Number	%	Number	%	Number	%
Delayed Release (> 30 days of reserve)	153	32.14%	141	33.02%	143	33.41%

Note: ¹ This row includes the 72 cases who had not been released, plus the 13 cases missing exit dates because the adjusted time to release could not be calculated accurately in this case.

Table 3 provides the average adjusted time to release for delayed cases by fiscal year. These times had to be calculated after capping the end of each FY's study period to its respective minimum 3-month follow-up period to make equitable comparisons. We refer to these as 'capped release times'. To explain: because the data included release dates for all hearings up to October 1, 2024, an individual receiving their positive parole vote at a regular order hearing in July 2021 (the beginning of FY22) had considerably more follow-up time (and potentially longer delays to release) than an individual receiving their PPV in June 2024. As such, the research team capped each FY cohort's follow-up period to October 1 of the subsequent FY. These figures also include only cases that had a release date during the respective fiscal year. Although, this process excluded many individuals with delayed releases from the length of time calculations, it was essential in order to compare the delayed times equitably across the years.

Table 3: Average 'Capped' Days to Release for Delayed Releases by Fiscal Year

	FY22 (n = 141)		FY23 (n = 143)		FY24 (n = 141)	
	M(SD)	Md	M(SD)	Md	M(SD)	Md
Adjusted time to release	63.47 (33.07)	55.00	72.00 (42.94)	59.00	67.34 (37.27)	56.00

A few points regarding delayed releases are evident from Tables 2 and 3.

- The overall percent of cases with delayed release has trended towards increasing since FY22; 195 hearings resulted in delayed release in FY24 (31.40%) compared to 195 in FY23 (31.45%) and 181 in FY22 (27.47%) (see Table 2). However, the years were not significantly different; $\chi^2[2] = 5.70, p = .06$.
- The average length of delays in FY24 (M = 67.34 days) was not significantly different from FY23 (72.00 days) or FY22 (M = 63.47 days); $F(2, 425) = 1.81, p > .05$ (see Table 3), and
- Non-prescription cases were more likely to be delayed than prescription cases (see Table 2).

It is worth noting that the percentage of delayed release cases reported in Table 4 for FY22 were not different from the 2023 Collaborative DOC and Parole Report. However, the FY23 delayed cases reported here (> 31 %) are higher than the 25% figure reported in the DOC and Parole report. This is likely due to three factors: 1) this report included individuals with life sentences, 2) the percentage of hearings resulting in prescription votes with a delayed release was higher in FY23 (~ 28%) than FY22 (~ 15%), and 3) the 2023 Collaborative report tracked delayed releases for only individuals released within the respective FY, whereas this report identifies individuals as delayed regardless of the FY in which their release occurred.

Times to Release by Fiscal Year Cohort

This section provides times to release, completion of prescriptions, and delayed release breakdowns separately for each fiscal year cohort. Again, hearings were assigned to cohorts according to the fiscal year in which the positive parole vote was received, and 'capped times to release' (up to three months after the end of the respective FY) are reported. As a result, anyone released after the cohort's follow-up date (Oct 1 of the respective year) was not included in these comparisons. For example, an individual receiving their PPV in March of 2022 (FY22 cohort) who was not released until November 2022, would be dropped from these calculations. Thus, the sample sizes for the individual cohorts do not sum to 1900.

Table 4 provides the average days to release for all cases in the FY cohorts, including delayed and not-delayed releases. As Table 4 reflects, the average number of days to release, both for total time incarcerated following a PPV (PPV to release) and following the earliest expected release date (adjusted time to release) was at its highest in FY23, but returned to FY22 figures by FY24. Despite this trend, times to release were not significantly different across the fiscal years⁵.

⁵ Adjusted time to release - $F(2, 1625) = 1.29, p > .05$; PPV to release - $F(2, 1625) = 0.60, p > .05$

Table 4: Capped Days to Release by Fiscal Year

	FY22 (n = 576)		FY23 (n = 536)		FY24 (n = 516)	
	M(SD)	Md	M(SD)	Md	M(SD)	Md
Adjusted time to release	23.76 (35.82)	10.50	26.94 (37.64)	12.00	24.08(33.78)	10.50
PPV to release	74.18 (74.25)	47.00	76.82 (73.74)	53.50	72.08(60.98)	54.00

Note. M = mean, SD = standard deviation, Md = median.

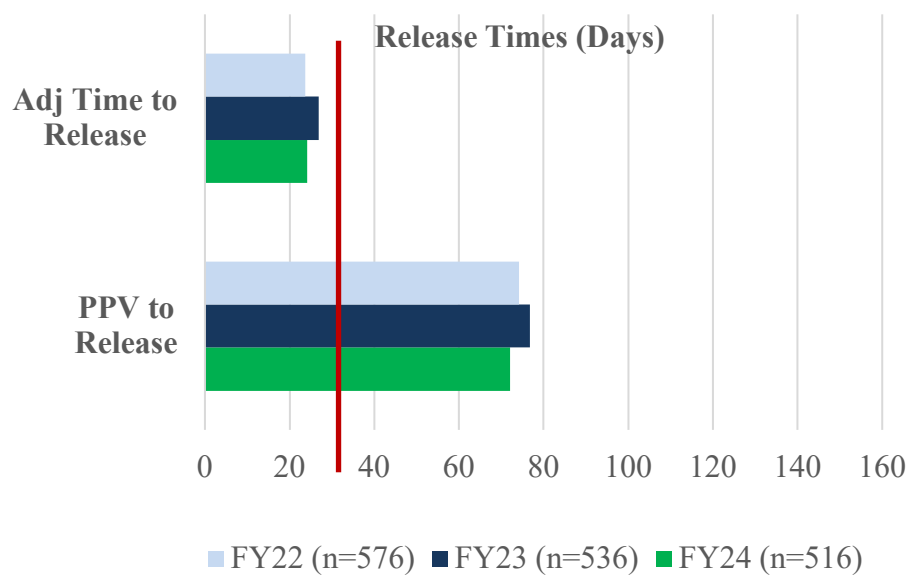
Figure 1: Capped Days to Release by Fiscal Year (Red Line Depicts 30 Day Mark)

Figure 1 provides a visual presentation of the data from Table 4 and reflects that the average adjusted time to release (the primary time of interest) has stayed below 30 days (the red line).

The research team also investigated differences in days to release between hearings with prescription votes vs. non-prescription votes. Table 5 and Figure 2 represent the differences in capped times to release (includes only those released by October 1 of the respective year) between these groups across the fiscal years.

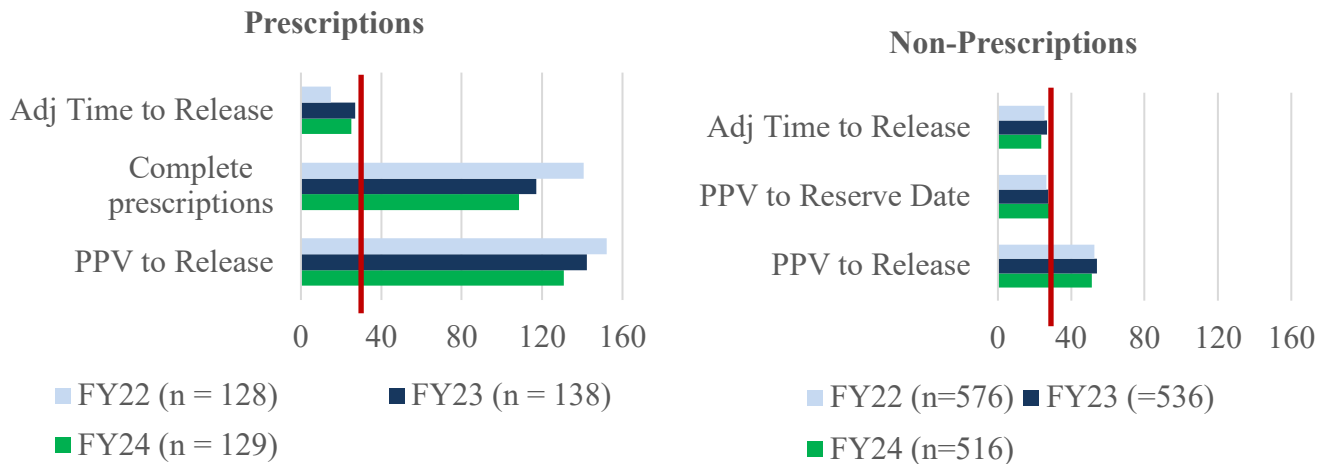
Table 5: Comparing Prescription and Non-Prescription Votes in Capped Days to Release by FY

	Prescriptions		Non-Prescriptions	
	M(SD)	Md	M(SD)	Md
FY22				
Adjusted time to release	15.05 (28.02)	4.00	25.48 (33.67)	13.00
PPV to completion of prescriptions	140.77 (94.32)	119.00		
PPV to reserve date			26.27 (38.92)	7.00
PPV to release	153.84 (90.65)	132.50	51.19 (47.90)	42.00
FY23				
Adjusted time to release	27.12 (41.65)	12.50	26.88 (36.20)	12.00
PPV to completion of prescriptions	117.17 (96.13)	89.00		
PPV to reserve date			27.48 (36.21)	14.00
PPV to release	142.20 (95.08)	115.50	54.14 (46.98)	42.00
FY24				
Adjusted time to release	24.95 (34.60)	16.00	23.79 (33.55)	9.00

PPV to completion of prescriptions	108.51 (77.84) ^a	91.00		
PPV to reserve date			28.93 (26.40)	14.00
PPV to release	130.85 (76.36)	118.00	52.49 (38.59)	42.00

Note. M = mean, SD = standard deviation, Md = median. ^a – PPV to completion of prescriptions was significantly lower in FY24 than the other years; $F(2, 384) = 4.35, p = .01$.

Figure 2: Capped Days to Release by FY for Prescription vs. Non-Prescription Votes



A few points are evident from Tables 4 and 5 and Figure 2:

- First, the average total days spent incarcerated past the earliest expected date of release (adjusted time to release) for those with delayed releases is on the decline (see Table 4), but this trend was not significantly different between fiscal years.
- Second, aside from the anomaly for prescription votes in FY22 (15.05 days), the average adjusted time to release was lowest in FY24 for both prescriptions and non-prescriptions. However, this trend also was not statistically significant (Table 5).
- Third, the average number of days involved in completing prescription votes has steadily and significantly decreased from 141 days in FY22 to 108 days in FY24. This finding implies prescriptions have become more feasible. Surprisingly, this difference did not result in significantly different lengths of time spent incarcerated from the PPV overall.

Implementation Planning

As noted in the 2023 Collaborative DOC and Parole Report, there are a number of reasons why an incarcerated individual may be released beyond their parole reserve date or the date of their completion of prescriptions. The 2023 Collaborative Parole and DOC Report identified one large systemic cause being a shift in more releases to programs (e.g., sober homes, long-term residential/transitional housing) than to releases to a home residence in from in FY22 and FY23 compared to FY21. The strain on programs and lack of availability of beds leads to significant delays in parole releases. Based on the research team's interviews with Parole and DOC staff, there are other potential reasons for significant delays to release, some of which are systemic and some of which are incarcerated person-specific. The research team will use DOC and Parole Board data to investigate the influence of each of these factors over the next many months.

Aside from the shift in Board decisions to requiring higher proportions of parolees to be released to programs, other potential systemic causes for delayed releases raised by staff are:

1. Denials of home plans due to a non-viable home plan submitted by the incarcerated individual, difficulty in finding a suitable home plan, and/or active search for a suitable home plan.
2. Time required for interstate compact approval if the incarcerated individual will be released to supervision outside of Massachusetts.
3. The time involved in attempting to obtain status as a Department of Mental Health client for those with significant mental illness.
4. Obtaining MassHealth status prior to release.
5. District attorney clearance for individuals convicted of sexual offenses or identified as a potential sex threat.
6. Delays in the release of individuals identified as having an ICE detainer. Sometimes, ICE does not pick up these individuals in a timely manner.

Potential incarcerated person-specific factors:

1. A change of vote request submitted by the incarcerated individual to modify conditions of parole.
2. Behavior resulting in disciplinary actions by the DOC and behavior and or incidents whose severity may result in the need for placement in the Behavioral Assessment Unit which require resolution in order to further assess one's suitability for parole.
3. Behavior resulting in parole rescissions, which leads to additional hearings and clear delays.

In addition to this list of factors, the research team recommends further investigation into which prescriptions require the most time to complete and whether processes can be implemented to continue reducing the time involved. This is particularly important given that 30% of hearings resulting in a positive parole vote come with a prescription.

The research team is currently a) interviewing individuals on parole about their parole release experience, b) analyzing data from surveys of incarcerated persons who have received at least one hearing during this time frame, and c) analyzing data from the DOC and Parole. The intent is to investigate 1) which of the factors above are the most significant contributors to delays to release (in addition to waitlists for placements), and 2) which prescriptions are leading to the longest periods of incarceration.

In the meantime, the DOC and Parole are collaborating in joint meetings facilitated by the research team for this project, including a full-day system mapping session. The agencies have implemented, or are in the process of implementing, several activities to strengthen practice and communication between the DOC Reentry Specialists who handle parolees' releases to programs and the institutional parole officers, including:

- Consistent attendance by institutional parole officers at DOC triage meetings across facilities,
- Consistent attendance by reentry specialists at parole hearings to provide details to the Board regarding the feasibility of different program placements,
- Reviewing the policy for access to conviction and charge records so the field parole officers and reentry specialists have the same information, which may affect a program's willingness to accept a parolee,
- Improving communication between DOC reentry specialists and Parole so a denials for releases to a program are communicated to the DOC immediately,
- Providing DOC reciprocal access to agency database information, and
- Improving the viability of home plans for release to a residence by a) institutional parole officers providing more guidance to incarcerated persons regarding circumstances that can result in denials of home plan, and b) designing a back-up home plan with the incarcerated person in the event the first home plan is denied.

APPENDIX A

EXPLAINING THE SAMPLE

The research team received a database of individuals who received a positive parole vote during the study time period (July 1, 2021 to October 1, 2024) from Parole. The database started with 2026 rows of separate hearings. The final sample was 1900 hearings. This section explains why several hearings were deleted.

Table: Exclusions From the Original 2026 Hearings (n = 126)

Number	Reason for Exclusion
44	Declined parole
6	Date errors that could not be rectified
1	HOC case
10	Did not have the original hearing resulting in a positive parole vote for the case, only subsequent hearings were included
65	Hearing rows for the same person that were collapsed so there was one clear start date (date of PPV), reserve or exit date, and release date. Most of these rows were recissions that may have resulted in split decisions, postponed decisions, etc.

Demographics and Characteristics of the Final Sample of 1900 Hearings

Sex: Men = 95.3% (n = 1811), Women = 4.7% (n = 89)

Race/ethnicity:

- Latino/a - 33.2% (n = 630)
- Non-Latino Black - 23.8% (n = 529)
- Non-Latino White - 36.5% (n = 693)
- Other - 2.5% (n = 48)

Age: M = 41.9 (SD = 12.1) years; Range 19 to 84 years old; categories:

- Young adult age 19 to 26 - 6.7% (n = 128)
- Adult age 27 to 64 - 88.2% (n = 1675)
- Older adult age 65 to 84 - 5.1% (n = 97)

Hearing types:

- Life sentences - 288 hearings, 15.2% of the sample
- Revocations – 266 hearings, 11.9% of sample

Explanation for Exclusions in Time to Release Calculations (pg. 2)

To calculate times to release, the following cases had to be excluded from the original 1900, resulting in 1727:

- 101 cases that had not been released from a DOC facility by the end of the study period (October 1, 2024). These cases had a reserve date or had completed their prescriptions by June 30, 2024 so they all received an earliest expected release date prior to October 1, 2024. Most of these individuals received their PPV in FY24 (n = 54) and thus, had the shortest follow-up periods in the study. Despite the shorter follow-up periods, all of these cases had sufficient follow-up periods to know their release was delayed.
- 72 cases considered ‘not applicable’ because they had not been released and were not expected to have been released. In other words, they were not given a reserve date (n = 4) or had not yet completed their prescriptions (n = 68) by the end of the study period (October 1, 2024).