Introduction

The core functions of parole and probation supervision have been disrupted during the coronavirus disease 2019 (COVID-19) pandemic, leading supervision agencies and their partners to expand or develop novel ways of identifying, managing, and treating their clients, who often face greater risk for incarceration due to untreated mental health needs, substance use disorders, antisocial peers, and employment problems. Effective probation and parole supervision practices can change this trajectory, using validated tools to assess criminogenic risk and needs linked to recidivism and applying evidence-based treatments (EBTs) that reduce an individual’s risk of reoffending. At the center of the process is a supervision officer and agency, who, in collaboration with courts and community partners, (1) identifies criminogenic risk and needs, (2) develops a case plan to manage the supervision process, and (3) monitors and reinforces treatment progress.

Readiness for Innovation

The pandemic presents unique barriers to surmount, but many probation and parole agencies, along with their partners, are well positioned to adapt, due to the dynamic nature of the work they do and the changing funding, policy, and population demands they navigate. Some of the operational adjustments prompted by the pandemic build on earlier innovations that can now be expanded or taken to scale. For example, using virtual case management meetings or virtual court hearings are two practices that some jurisdictions were doing before the pandemic arrived and have since expanded.

Readiness for innovation can be defined as a mixture of (1) motivation (including urgency) to implement an innovation, (2) general capacity—broad organizational characteristics applicable to any innovation, and (3) specific capacity—the ability to deliver the specific innovation as designed. For probation and parole, innovation readiness can be described as specific actions that agencies can take to motivate and support officers and their partners to adopt new ways to identify, manage, and treat their clients.

Supervision Innovations

Identification

Identifying risk and priority needs to address through case management and treatment is the critical first step in the supervision process. Before the pandemic, assessments were traditionally done in person—within a facility prior to release, in a probation office, or in a community-based setting. These assessments include questions about a person’s life and criminal history and related information. Such information can be difficult to elicit because it may provoke defensiveness, shame, or fear of prosecution or may even trigger anger or avoidance responses from past traumatic events. Administering the assessment in a face-to-face setting can provide the needed guidance, reassurance, and...
encouragement to elicit complete and honest answers and build a foundation of trust that can support the case management process.

Once the pandemic created barriers for in-person assessments, many agencies realized they could use technology and virtual tools. Tablets and phone texting using anonymous Google Voice numbers enable officers to stay connected with clients and collect these critical data while building strong relationships in a safe, private, and personalized way. Recent research suggests that virtual communication tools can strengthen clinical relationships when all parties have access to reliable technology and there is a safe and supportive context for the conversation. Virtual court hearings have also been used to help determine client eligibility and interest for available treatment opportunities.

Providing officers with cell phones, tablets, and virtual meeting tools can facilitate more meaningful visits and better contact with clients through virtual supervision and expand telehealth treatment opportunities, resulting in greater access to clients, higher client treatment compliance, improved quality of interactions, and efficiencies in data gathering previously built on a paper trail of interactions.

As agencies pivoted to respond to the pandemic, and many community-based businesses closed, collaborative case management work was difficult to maintain. For example, the Effective Practices in Community Supervision (EPICS) model is used as a core correctional practice by many agencies, with clients at moderate to high risk of reoffending. EPICS is predicated on officers implementing one-on-one sessions with clients that target criminogenic needs and identify specific responsivity factors and cognitive and behavioral strategies to engage clients and change behavior. Officers are trained in EPICS and receive feedback on their practice, and usually these sessions are done in-person. But, during the pandemic, agencies have instituted virtual EPICS training and supervision sessions to ensure that officers continue to receive the vital support they need to implement effective correctional practices, especially at a time when their moderate- to high-risk clients may be under greater strain due to consequences from the pandemic that affect their health, housing, or work status.

Prior to COVID-19, reentry court scheduling, appearances, and supervision resources for the 24th Judicial District in Louisiana were linked through an interactive website developed, in part, from funding provided by the Bureau of Justice Assistance. This technology, initially developed just for reentry client interactions, was leveraged to support other court hearings, staffing, and stakeholder meetings.

Case Management

Case management is a crucial supervision function. The case management process connects clients to appropriate services and provides a data trail that supports coordination with service partners and builds knowledge to continually improve supervision practice. Case plans are dynamic tools continually updated to reflect client progress, changing priorities, and any barriers overcome and are developed in close coordination with community-based treatment providers, employers, courts, and others involved in the case.

Before the pandemic, supervision agencies in Georgia began using video conferencing in field interactions with clients. The shift to video conferencing pre-pandemic came about after a research partner found that the average time spent in person with each client was only 6 minutes. Leadership was concerned the interactions were being shortened due to safety or privacy concerns in the home. Once the pandemic prompted fewer in-person meetings, reserved for only the most high-risk clients, agencies were easily able to transition to a virtual field interaction approach. The average time spent per client has increased to nearly 20 minutes. Video meetings are uploaded to the case management system for archiving and later review.
Treatment

Most people remain under justice supervision for a relatively short period of time. As such, it is essential that they have immediate access to effective programs and services that can appropriately address their criminogenic needs. The most effective treatments typically have a cognitive behavioral component to help clients restructure their decision-making process so that they can avoid repeating past behaviors that have led to justice system involvement. Employment training programs are also critical to making sure clients have the skills they need to enter and be successful in the workforce and feel less pressure to reoffend by engaging in illegitimate money-making opportunities.

Connecticut was able to increase access to Flex Funds, to ensure that agencies and vendors were positioned to address the “basic needs” of clients, by addressing food insecurity, hygiene, clothing, assistance with utilities, or other needs. The Probation Department has also established a network of hotels to house clients who are homeless during the pandemic. The state was also poised to expand use of its polygraph practices with individuals who have sex-offending histories, while maintaining social distance, so there would be no drop off in assessing client risk.

In-person treatment and employment programs ground to a halt as the pandemic forced closures of nonessential businesses, and the labor market itself contracted, leaving clients with fewer options when seeking employment. In response to these challenges, probation offices and community-based treatment partners expanded their use of telehealth to provide continuity of service, finding that attendance in treatment sessions has increased using virtual meeting methods. These sessions are all the more critical now that clients are under additional health, economic, and employment pressures due to the pandemic, facing consequences of eviction and homelessness that can prompt substance use, relapse for individuals in recovery, mental health breakdowns, and recidivism.

Building on Lessons Learned

The COVID-19 crisis presented parole and probation agencies with unprecedented challenges providing support to clients at risk for recidivism. Effective supervision practices can reduce recidivism when officers build trusting client relationships, reinforce and monitor client progress, and ensure that treatment is addressing criminogenic needs and is responsive to the unique characteristics of every client on their caseloads. Agencies and officials are always adapting, responding to changing dynamics of the populations they serve, the policies they enforce, and available funding and other resources to support their work. As a result, some agencies were already poised to adapt using technology and other means to assure continuity of service. For other agencies, the pandemic brought unique opportunities to increase their readiness for innovation, adapting in ways that produced unintended benefits that might be worth sustaining. Greater engagement in the case management process could lead to better treatment outcomes for clients, and needed efficiencies in the case management process may reduce officer workload, giving officers more time to focus on client needs. More broadly, the experience of adapting operations successfully during the pandemic may help agencies increase their readiness for innovation by engaging in continuous quality improvement practices on a more regular basis.

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