

Community Supervision COVID-19 Guidance and Tips

The COVID-19 pandemic has had a massive impact on the juvenile and criminal justice systems. Many prisons, jails, and detention facilities are taking steps to alleviate the spread of the virus by releasing individuals early. Consequently, community corrections agencies are bracing for the inevitable increase in their populations and the new challenges it will bring.

Contents

1. [Increased Community Corrections Caseloads of Those Released From Institutions: The Who, What, and How](#)
2. [How to Handle High Numbers of New Admissions: Completing and Using Assessments](#)
3. [One-on-One Meetings and Case Planning Conversations Using Video Technology](#)
4. [Limited Technology in a Technology-Heavy Time](#)
5. [Shuttered Services/Vendors](#)
6. [Expanding the Circle of Care and External Supports Beyond Probation/Parole](#)
7. [Responding to Non-Compliance and Supervision Violations](#)
8. [Early Release From Community Supervision](#)

1. [Increased Community Corrections Caseloads of Those Released From Institutions: The Who and the What](#)

In many jurisdictions, people released from institutions are being supervised by probation and parole departments. This shift may lead to increased caseloads of people with complex sets of needs. Agencies will need to decide which individuals require the highest levels of intervention and supervision support. While some people may require targeted support in a specific need area, others may need tailored approaches that include community-based treatment. Agencies using risk and needs assessment should use that information to triage cases as they come in, using the risk-level information to determine which clients might need services, and needs information to determine which services are necessary for each individual. Parties involved may include child welfare, vocational, supportive housing, and healthcare case managers, among others. Coordination of services, supports, and treatment is ideal.

Overall, case management support should be the focus during this time, not necessarily supervision level or contact standards. Community supervision is a careful balance between protecting public safety and providing services to justice-involved individuals; this continues to be true as the demands of supervision during this pandemic evolve. Once risk has been used to help determine caseload priorities, identifying individual needs and providing targeted intervention and support should be the goals.

Some general guidelines for making decisions follow.

Who

Using the risk profiles of your clients, decisions could be made about who should be on a caseload and who could be on a banked or non-reporting caseload. Some suggestions include:

- Low risk: These individuals belong to a group that are significantly less likely to be re-arrested. Banking and non-reporting caseloads should be the primary option for these individuals.
- Moderate risk: These individuals should also be considered for banking as a first option, particularly if there are large numbers in this group. If, over time, banking does not work for individuals in this group, they can be moved to an active caseload (consideration on an individual, case-by-case basis).
- High risk: While banking could still be an option for people in this group, many will require interventions that necessitate them being on an active caseload. This may be the default for high-risk cases, with the option to bank later based on individual behavior and progress.

What

- Needs assessment can help identify areas to address through case management. Staff should use discernment in matching available resources to identified needs areas. Individuals with multiple needs areas may require more intensive levels of interventions and case management support.
- Needs and responsivity considerations may also impact the level of need that your clients have during this time. Resource instability, lost wages, increased anxiety, and other mental health concerns may present as pressing issues for clients during this time. These needs should also be considered when allocating resources.

Overall, it is more important than ever that staff use the tools at their disposal (e.g., risk and needs assessments, other assessments, case progress notes) to assist in making case management decisions.

2. How to Handle High Numbers of New Admissions: Completing and Using Assessments

Historically, NCCD has advocated for in-person assessment interviews. This is generally best practice, regardless of the assessment tool. Face-to-face interaction allows staff to capture nonverbal communication and build rapport. However, in-person contacts are not currently possible for most agencies. To preserve health and safety, **NCCD currently recommends**

workers complete assessment interviews using video technology whenever possible and, when not possible, conduct the assessment interviews over the phone.

Some examples of free apps for video communication include FaceTime, Google Hangouts, Skype, Facebook Live, and Facebook Messenger. Check with your agency and supervisor for approved video communication applications and the policies surrounding their use. (Some video conferencing applications may not meet your agency's privacy requirements.)

If your agency experiences a large influx of people that overwhelms your ability to conduct full risk and needs assessments, consider the following ideas.

- If the assessment your agency uses has a pre-screen risk tool, use it to identify an individual's risk level, then focus resources (i.e., full assessments and comprehensive case planning) on high-risk clients. Allow worker discretion for deviation from general practice and encourage consultation with supervisors. Low- and moderate-risk clients may be banked on a very limited or non-reporting caseload.
- If the client comes from a facility that uses risk and needs assessment, ask for those assessment results and case plan. Existing assessment and case plan information can provide a starting point for triaging services.
- Whatever process your organization chooses to adopt, it should be consistently implemented and followed, with quality assurance measures in place to support accurate assessment outcomes.

3. One-on-One Meetings and Case Planning Conversations Using Video Technology

Community supervision staff need to tailor their interactions with clients, focusing on identifying and targeting the most significant needs for each person on their caseloads. Using video communication tools, staff (and treatment providers) can provide continuity of care as everyone adjusts to current circumstances.

Here are some important things to remember.

- Take time to read and review any assessment reports that are available for your clients. The guidance in those reports regarding targets for intervention is applicable via distance and/or in person.
- Focus contacts on building the individual's skills related to prosocial behavior change. In addition, use the needs as indicated on your assessment tool to guide interventions.

- If video conferencing is not available, use any other available form of communication (e.g., phone, text) as approved by agency policy.
- Case planning and progress meetings should maintain the structure and content of face-to-face meetings as much as possible. Meetings should focus on skill acquisition, behavior change, and linking the individual with community resources where needed.
- Be more flexible and patient than usual with those on your caseload as everyone adjusts to new ways of meeting, new expectations, and new stressors.

4. Limited Technology in a Technology-Heavy Time

Many of the above suggestions require technology for agencies to maintain contact with clients during physical distancing. Contact is nearly impossible when people have limited or no access to the internet and/or lack technology devices. This challenge is exacerbated in households with more than one family member involved in the justice (or other) system, and each is required to have regular contact with agency staff.

The need for devices to facilitate distance contact between clients and staff is growing, and creative solutions are evolving. Reach out to education resources, community centers, community-based treatment facilities, faith-based organizations, and other community organizations to help provide clients with adequate technology for distance communication.

Additionally, staff need to coordinate among themselves to make it possible for two or more clients within one household to share technology (e.g., schedule their check-ins at different times; ensure those do not conflict with other required check-ins such as virtual learning or work conferencing). This includes coordination with staff from other agencies who work with the same family. If possible, coordinate check-ins with staff from multiple agencies to reduce the use of technology for multiple meetings.

5. Shuttered Services/Vendors

In some areas, the community-based services and vendors to which you refer clients will continue to see them (even remotely). However, some may close their (virtual) doors or limit hours and availability as staff become ill and/or become caretakers for those who are sick. This is an opportunity for agencies to learn about other potential services and vendors, which may include services run by your agency, contracted by your agency, or otherwise available to accept referrals. Often, other community-based services that are not typically used by justice agencies can help address your clients' needs (e.g., food and clothing banks, churches). When referring clients to new services in the community, staff should check in with organizations to ensure that any facilitator providing behavioral services is appropriately skilled to work with justice-involved people.

Additionally, staff need to maintain updated referral lists of the organizations providing support during this time. Some organizations may be changing or expanding their focus to meet families' current needs. Likewise, newly formed community-based groups and mutual aid societies may be able to provide resources and supports for justice-involved people and their families. Coordinating services with other case management and resource-providing entities will assist in meeting your clients' needs.

6. Expanding the Circle of Care and External Supports Beyond Probation/Parole

Along with identifying community-based organizations that can help your clients, NCCD recommends exploring clients' support networks. These networks comprise people in your clients' lives who can take on some of the tasks that you or a provider typically do (e.g., checking on completion of program journaling). It is important to include these people in the case plan as well. A broader circle of support for behavioral change increases a client's likelihood of avoiding further criminal activity.

Some people in an individual's support system may become unavailable to them (e.g., sick loved ones, members of the faith community, school or work colleagues). As these support networks shift, be ready to help clients find new supports.

7. Responding to Non-Compliance and Supervision Violations

In response to the challenges presented by dealing with the pandemic (e.g., job loss or income reduction, home schooling of minor children, childcare closures) some of your clients may have a more difficult time adhering to the technical conditions of community supervision. Agencies around the country have explored limiting or removing official technical violations (at least temporarily) as they deal with the changing circumstances of their client population. At minimum, NCCD suggests curtailing the use of jail in response to technical violations during this time. Returning clients to a jail setting for non-criminal behavior during a time that efforts are being made to reduce incarcerated populations is a public health hazard and may exacerbate the challenges jails are already experiencing.

8. Early Release From Community Supervision

Since many correctional facilities are releasing people early, probation and parole agencies may want to take this opportunity to review policies and practices around early release. While this health crisis should not be a reason to arbitrarily terminate probation or parole, this may be a good time to examine which clients could be successful on a more limited-contact caseload or with complete termination of supervision. NCCD encourages agencies to approach these decisions from a data-driven perspective, examining the data from your own populations to determine your definition of "success." Some characteristics of clients who might be good candidates for release or decreased supervision include the following.

- Low- and moderate-risk clients and clients who have been responding favorably to supervision over time. Consider decreasing check-ins for clients in both groups.
- Those nearing the end of their community supervision sentence.
- Those who have made adequate progress through their case plans, responded favorably to supervision (i.e., reassessments of risk and/or needs are lower than initial levels), and exhibit changed behavior.
- Those with stable circles of support.
- Those with non-violent and non-sexual offenses and offending patterns.

Regardless of how an agency decides to reduce its population of facility residents and those on supervision, it is important to ground new early release policies in data. These policies need to be put in writing, fully communicated to staff and clients, and consistently followed across the agency.

These resources may help as you supervise clients in this changing climate.

- [EXiT Community Supervision COVID-19 Guidance](#)
- [APPA COVID-19 Community Corrections Resources](#)
- [Centers for Disease Control and Prevention Interim Guidance on Management of COVID-19 in Correctional and Detention Facilities](#)
- [National Council of Juvenile and Family Court Judges COVID-19 Resources and Updates](#)
- [National American Indian Court Judges Association Pandemic Resources for Tribal Courts](#)
- [Urban Indian Health Institute COVID-19 Updates and Resources](#)
- [Indian Health Service Coronavirus Guidance](#)
- [Substance Abuse and Mental Health Services Administration Coronavirus Resources and Information](#)
- [National Network to End Domestic Violence: Using Technology to Communicate With Survivors During a Public Health Crisis](#)