

## Remote Best Practices for Community Supervision

**RECONNECT**  
A PUBLIC BENEFIT CORPORATION

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This document is being frequently updated in response to COVID-19 and the corresponding restrictions being placed on court programs. Visit <https://tryreconnect.com/rbp> to get the latest information.

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## FOUNDER'S NOTE

The entire world has changed in the last 30 days. Communities are on lockdown, schools are closed, and people everywhere are struggling to adapt.

At [Reconnect](#), we've spent the last 11 years building technology for community supervision, and we keep getting the same questions:

- How are other programs operating right now?
- How can my officers stay safe while maintaining compliance?
- How can we run our office while maintaining social distancing?
- Where do I start?

So, we reached out and talked to our customers, over 200 jurisdictions across 35 states, to learn what they were doing and what they needed. We then applied our own experience-- as a company, we've operated a highly remote team for years, spread from Maine to Florida to California, but working together closely through online tools.

These tools and methodologies are not only a way to answer the needs of this moment, but to address the underlying needs that have been stressing the community justice space for decades:

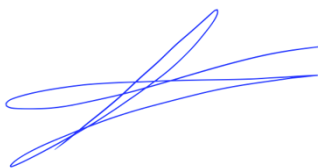
- Caseloads are too high, and officers don't have time to keep up.
- There is a demand for evidence-based practices, but collecting the necessary data is difficult at best.
- The tools used to monitor individuals in the community need to adapt to the times, and not get in the way of individuals who are trying to find and keep gainful employment and support themselves and their families while getting their lives back on track.

We're at a turning point as a country, and as a world. We are all being forced to try new methods for going about everyday life, and our lives will never be quite the same again, as we will carry the best of these new methods forward with us long after this crisis ends. School will never be the same, work will never be the same, medicine will never be the same, and criminal justice will never be the same.

Reconnect is here to partner with you to understand that new world we're moving towards. We are a Public Benefit Company, which means that our duty is to the public good, to the creation of more efficient and effective programs, and to help you lower recidivism.

We intend to update this document regularly over the coming weeks and months. If there's an area you'd like to see addressed, or if you'd like to share what you've been doing, don't hesitate to reach out to me directly (contact information below) or to our team at 800-614-6758 or [info@reconnect.io](mailto:info@reconnect.io).

Thank you for all that you do to keep us safe, and be well,



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## Introduction—Why are we here?

### Issues Facing Community Supervision<sup>i</sup>

In the US, the number of individuals on community supervision is 4.4 million—more than double the number held in-facility, 2.3 million.<sup>ii</sup>

Across the nation, caseloads carried by supervising officers are large and growing.<sup>iii</sup> In Kentucky in 2013, supervising officers had an average caseload of 87,<sup>iv</sup> a number mirrored in other states. The American Probation and Parole Association (APPA) asserts numerous variables must be considered when determining proper caseload.<sup>v</sup>

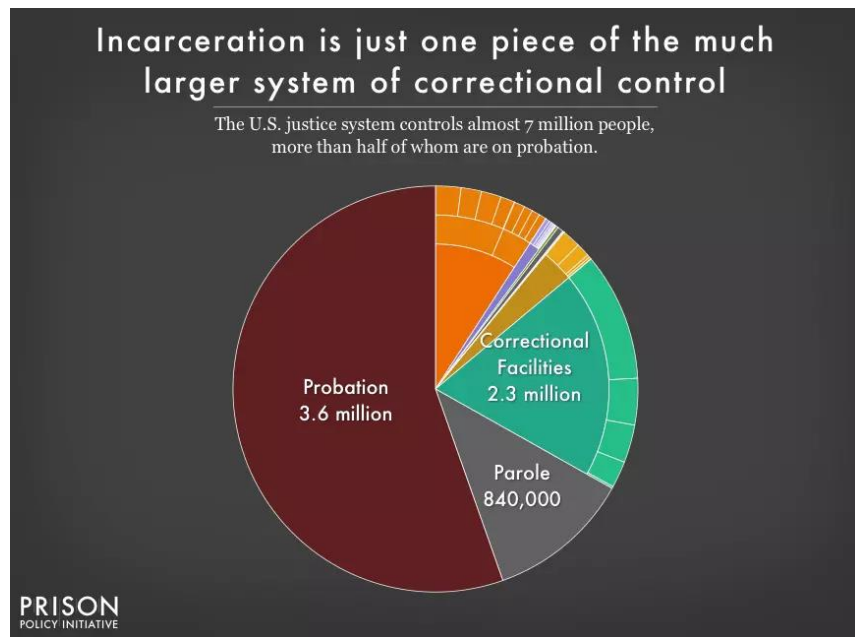
1. **Individual demographics**—age, gender, offense seriousness, risk factors, and service needs.
2. **Release Terms**—judges and releasing authorities place different release conditions on different [individuals], some are involved and complex and others are simpler.
3. **Jurisdictional Differences**—"The statutory, political, and policy environments of the hundreds of jurisdictions that provide probation and parole services vary greatly."<sup>vi</sup>

APPA concludes that the current amount of variance in community supervision makes caseload numbers inherently fluid, stating "it is difficult to prescribe an ideal caseload size that will apply broadly across the field of community corrections."<sup>vii</sup> However, APPA notes,

*The importance of caseload size to the effectiveness of probation and parole supervision cannot be overstated...supervision is a human capital-intensive activity.... Manageable size caseloads are necessary for effective supervision, but they are not sufficient. Officers must provide supervision using the principles of evidence-based practice.<sup>viii</sup>*

This observation from APPA is indicative of an unfortunate paradox in community supervision—the knowledge is present, the talent is present, but implementation is challenging and unscalable.

A study completed by the Pew Institute asserts "the system [community supervision] is too overloaded to implement" effective supervision and treatment strategies.<sup>ix</sup> Currently, half the individuals under community supervision complete their requirements successfully; the other half does not and frequently returns to prison.<sup>x</sup> In fact, over the last decade, studies show that parole and probation revocations have contributed significantly to mass incarcerations rates—"the largest



alternative to incarceration in the United States is simultaneously one of the most significant drivers.”<sup>xi</sup>

Leaders in community supervision agree with the Pew Institute’s observation. They argue that the sheer number of individuals under community supervision hinders the effectiveness of probation and parole officers (PPO), stating that they are stretched too thin and their ability to assist and supervise those most in need is hampered.<sup>xii</sup> Complicating issues further, community supervision is “severely underfunded”<sup>xiii</sup> and understaffed.<sup>xiv</sup>

## A New Methodology—Remote Supervision

In 2006, APPA pointed out that community supervision is a “human capital-intensive activity.”<sup>xv</sup> Correctly asserting that people are the core resource of community supervision. However, their assertion “there is no technological or automated solution” to community supervision has not aged well.<sup>xvi</sup> The 14 years since that statement have brought unprecedented technological advances. Now 90% of Americans use the internet,<sup>xvii</sup> broadband access is widely considered a public utility, 95% of the population owns and uses a smartphone,<sup>xviii</sup> and the number of fully remote companies has grown significantly<sup>xix</sup>— Reconnect, Buffer, Basecamp, Automattic, Toptal, and Mozilla are examples. Remote work platforms and audio and video conferencing technologies have kept pace with the times and, as noted above, internet access has too.

However, as part of the criminal justice field, community supervision programs face challenges going remote that commercial organizations do not. Community supervision programs are held to high standards of accountability, deal with sensitive information, and the outcome of their work directly impacts communities and individual lives.

The remainder of this paper will explore three areas that are necessary for the creation of a successful remote community supervision program.

1. What are the elements of a successful supervision program?
2. What are the elements of successful remote cultures?
3. What is a successful **remote** supervision program?

## What are the elements of a successful supervision program?

### Objectives of Community Supervision

Community supervision has six main objectives:<sup>xx&xxi</sup>

1. Reduction of the prison population.
2. Ensuring public safety.
3. Keeping individuals under supervision.
4. Providing accountability and identifying environmental threats<sup>xxii</sup> to reduce the likelihood of recidivism.<sup>xxiii</sup>
5. Reducing costs.
6. Ensuring community obligations are met.

### Effective Community Supervision

Studies of community supervision models show that “the most effective programs are behavioral in nature and focus on present circumstances and risk factors linked to the behavior of the person who committed the crime.”<sup>xxiv</sup>

Furthermore, research has shown that successful community supervision program models must follow four main principles:<sup>xxv</sup>

1. Focus supervision on those most likely to recidivate.
2. Programming and intervention methods are quality controlled and evidence-based.
3. Community supervision policies and practices are efficient.
4. Program strategies are adapted to meet the needs specific population—they are place-based.

### Remote Supervision Implications

If a remote supervision model is going to have any chance of being effective, it must consider what the overarching objectives of community supervision are and what principles are necessary to make it effective.

## What are the elements of successful remote cultures?

In this section, we'll dive into how staff can work together remotely—how do you communicate with your colleagues efficiently and effectively?

### TOOLS

#### Technology Requirements

The technological requirements for remote work are remarkably simple. There are two basic requirements:

1. Each staff member must have a reliable internet connection—broadband or better.
2. Each staff member must have a reliable computer—laptop or desktop—to work on.

While simple, each of these requirements is crucial. An internet connection equals access in remote workplaces. If that access is not there, work becomes challenging if not impossible. Devices are equally important. A recent Danish study showed that working on laptop and desktop computers led to increased productivity.<sup>xxvi</sup>

Beyond the basics, successful remote programs need:

- An online work platform
- Cloud-based storage
- A video conferencing tool
- A project management tool

It's important that you use tools that meet the necessary standards for privacy and security. Since different information falls under different regulations and has different privacy and security standards, you should ensure that your tools meet the standard of your most sensitive data.

In the broadest sense, HIPAA does not apply to courts, law enforcement, or probation officers/community supervision,<sup>xxvii</sup> they have not been “deemed covered entities.”<sup>xxviii</sup> However, it is strongly recommended that programs adhere to the “spirit of HIPAA” and issue administrative orders to that effect.<sup>xxx</sup> Meaning, HIPAA compliance, although not mandated, is still the precedent followed by the majority of community supervision programs. Most programs *are* expected to abide by federal confidentiality law<sup>xxxi</sup>, and if any HIPAA-covered information is exchanged (such as drug test results or diagnoses<sup>xxxii</sup>), then that information should only be communicated over properly secured channels. Consequently, **remote practices should be formed with confidentiality in mind**. Using a secure platform to conduct remote work eliminates most confidentiality issues. However, before beginning remote service, some questions to consider include:

1. What impact will remote operations have on the court's confidentiality policy?
2. How does the current policy need to be expanded or adjusted?
3. Do new procedures comply with privacy requirements?

Note that many tools have different pricing tiers that are differentiated by their security functionality, so make sure that the tool you're using meets the necessary security requirements at your account level.



## Online Work Platform

Online work platforms create a virtual workspace for staff. They are places to post projects and project progress, share announcements, ask questions, and connect with fellow staffers.

Popular online work platforms include Microsoft Teams and Slack.

## Cloud-based Storage

Cloud-based storage is key to document sharing, allowing staff to access central documents wherever they are.

Popular cloud-based storage options include Microsoft OneDrive, Google Drive, and Dropbox.

## Video Conference: Communication Tool

Communication is crucial to the success of remote programs; thus, having an effective way to facilitate it is essential.

Benefits of video conferencing include:

1. It is more engaging than audio conferencing.
2. It is efficient.
3. It encourages communication and learning skills.
4. It facilitates connection between physically distant individuals.
5. It's flexible.
6. It's simple.

Popular video conferencing tools within the criminal justice space are Zoom, Cisco WebEx, and Microsoft Teams.

## Project Management Tool

Remote or in-person projects need to be completed promptly, because of the asynchronous nature of communication in remote workplaces, making sure that happens can be a challenge. One effective way to mitigate that is to use a project management tool. These tools can be used to:

- Assign tasks.
- Assign dues dates.
- Keep track of who is assigned what.
- Keep track of deadlines.

Popular project management tools include Trello, Asana, Basecamp, and Microsoft Planner.

## Vendor Selection

It is critical that programs use tools and vendors who have experience in working with government, and, specifically, criminal justice. Functionality that is commonplace in consumer and private industry, such as the ability to edit or delete messages, turn off one's camera, and silence notifications, can create significant liability issues and subpar outcomes when a platform is used "off-label" in a high-accountability environment like community supervision.

## COMMUNICATION

As in any workplace, communication is crucial in remote settings. Communication is also complicated by the asynchronous nature of remote work. Consequently, in remote workspaces, making sure communication is clear, concise, and consistent is particularly vital.

### Key communication issues to include:

- Where will the team post and find information?
  - Designate certain channels/sections on the online platforms to certain information.
  - Be clear where information goes.
  - Be clear with where to communicate and where to read communication.
- What communication expectations are there?
  - How quickly do employees need to respond?
  - Be clear and precise when developing communications policy and make it available online in an easily accessible area.
- How will information be made accessible to the whole team?
  - Pick one place to discuss a topic and communicate that area.
  - Designate a central place where different staff members are updated on issues.
- Clearly define staff roles.

### Communication tips:

- Be professional
- Be courteous
- Ask for things in advance.
- Indicate when a post is seen.
- If you need a response urgently, designate that in post. If there is no response, follow-up with an email, a phone call, etc.
- Default to public communication, whenever possible.
- If you are in a meeting, take notes and share notes afterward.
- Everything needs to be in writing.
- Relaying feedback to the rest of the team.
- Ask, don't assume.
- Respond to questions and concerns.
- Talk to a party if there is an issue.
- Use a Team Calendar
  - Show which people are currently working.
  - Show who is currently out-of-the-office.
  - Which people have availability to help with outstanding projects.
- Assume positive intent with all communication.

## ACCOUNTABILITY

Without clear communication accountability is not feasible, making communication a huge part of accountability in the remote workspace.

### Practical accountability pointers:

- Communicate, communicate, communicate.
- Make sure the project and assignment expectations are clear.
  - What are the individual's responsibilities?
  - Do they understand them?
- Without a direct response, do not assume anything—post a task and then follow-up with a message, email, or phone call.
- Use a project management tool for accountability.
- Set up scheduled project check-ins—weekly, bi-weekly, monthly—for individuals to communicate project progress, issues, or completion.
- Be clear on the ramifications of not completing a task both for the individual and the larger organization.

## What is a successful remote supervision program?

This section examines how it is possible to adhere to the core objections and principles of community supervision remotely.

### MEETINGS, HOME VISITS, AND COMPLIANCE MONITORING

#### Meetings

Community supervision meetings have five core objectives:<sup>xxxiii</sup>

1. Allow the probation or parole officer (PPO) to satisfy the statutory requirements regarding individuals on probation.
2. Inform/remind the individual of the conditions of supervision specified by the sentencing court.
3. Ensure the PPO remains informed of the individual's situation.
4. Facilitate the PPO's reporting of the individual's situation to the sentencing court.
5. Help the PPO to maximize the individual's chance of success.

These purposes can be met through video conferencing, particularly secure, accountability-focused video conferencing platforms. These platforms can facilitate:

- Face-to-face contact without physical proximity.
- Real-time location information.
- Elimination of travel time for both PPO and participant. This allows the meetings to be less hurried and more focused and reduces the burden on the participant.

#### Home Visits and Wellness Checks

Home visits and wellness checks have traditionally presented a logistical challenge for both PPOs and monitored individuals. Best practice states that meetings, visits, and compliance checks should occur outside the individual's working hours and not be unduly burdensome.<sup>xxxiv</sup> However, high caseloads, understaffing, and other logistical hurdles mean this is challenging. Secure, accountability-focused video conferencing helps resolve this issue.

Accountability-focused video platforms can facilitate:

- Face-to-face contact without physical proximity.
- Real-time visualization of the individual's surroundings by allowing the officer to control the cameras on the client's phone.
- Real-time location information.
- The ability of PPOs to perform checks around both their and the monitored individual's schedules. For example, if the individual works all day, the officer can perform a home visit in the evening without leaving their own home.

To ensure the accuracy of the call it is important to choose a video conferencing platform that features:

- Supervisor controlled conferencing—i.e., the participant cannot turn off the video function or end the call.

- Supervisor control of the camera—the supervisor should be able to choose which camera is used, either the rear-facing (“selfie”) camera or the front-facing camera is used.
- Automatic recording of conversations that can be added to an individual’s file and accessed later as needed.

Meetings and wellness checks are crucial ways PPOs can identify “threats to participant’s recovery and personal safety”<sup>xxxv</sup> Video conferencing removes many of the financial and logistical hurdles associated with face-to-face contact, making it possible for programs to complete meetings and home visits more frequently and efficiently.

## CHECK-INS

### Curfew Checks

Curfew checks facilitate knowledge of an individual’s location and help establish whether they are abiding by the terms of their release. This makes curfew checks an important component of community supervision. Traditionally, curfew checks have been performed by either a PPO or law enforcement officer randomly visiting an individual’s home during the evening to verify their compliance. This is a cumbersome, time consuming, and expensive process.

Alternately, automated location check platforms allow for these curfew checks to happen in a way that is less intrusive in a participant’s daily life. An automated location check platform allows the PPO to set a check frequency (e.g., 2x/week). Then the platform delivers a notification to the individual, notifying them they are required to perform a check-in to verify their location and identity. An automated location check platform should allow for:

- Liveness detection, to verify that the check-in is being completed in real-time.
- Identity verification, to verify that the check-in is being completed by the individual under monitoring.
- High GPS accuracy, to ensure that the check-in is being completed from the correct location (usually the individual’s home).
- GPS spoof detection, to ensure the individual isn’t using readily available tools to issue a false location report.
- Ensure the timing is not consistent so the individual is unable to predict the time of a check-in
- Notifications that can override a phone’s “Do Not Disturb” functionality and ringer volume, to ensure the curfew check is heard.

Unfortunately, GPS-based curfew checks are effective at locating individuals within single-family homes but can struggle to identify which unit an individual is in if they live in an apartment complex. It is recommended that video home visits are used alongside curfew checks for individuals who live in multi-story apartments.

### Other uses for location check-ins

Check-ins are not limited to curfew checks. PPOs can ask individuals to check-in throughout their day to follow up on other use-cases where accountability is useful, including:

- Job interviews and attendance
- Counseling

- Court-mandated classes
- Meetings
- Individual's well-being

Check-ins can be completed efficiently and remotely.

## LOCATION VERIFICATION

Location verification is central to the core objectives of community supervision. Keeping individuals under supervision, providing accountability, and identifying environmental threats<sup>xxxvi</sup> is an important part of reducing the likelihood of recidivism.<sup>xxxvii</sup>

Currently, most location tracking is accomplished using GPS, Cellular, and Wi-Fi Data, or a combination of all three. Monitoring platforms that utilize multiple data types are typically more effective for two reasons:

- Multiple data sources lead to more data collected overall which leads to more precise location figures.
- Multiple data sources mean there are backup data collection mechanisms if one fails.

## Participant Self-Reporting

There are series of questions PPOs ask participants regularly to help ascertain how they are complying with the conditions of their release and to check on their well-being.

Remote supervision platforms allow PPOs to automate and send self-report questions to participants in the form of surveys. A PPO can create a survey with questions like:

- Have you had any contact with the police?
- Have you used drugs?
- Did you attend vocational training today?

## Communication Channels

We use many communication methods in our modern lives—email, phone calls, text messages, FaceTime, among numerous others. Traditionally, PPOs have been limited to in-person and phone communications, which both suffer from the same core issues: they require both PPO and monitored individual to have availability at the same time, and the communications are ephemeral: there is no record of exactly what was communicated. Remote supervision platforms allow for additional communication methods that resolve these issues.

## Asynchronous Secure Messaging

Ongoing support and accountability are both components of evidence-based re-entry policies and programs and have been shown to improve outcomes for individuals released from prison.<sup>xxxviii</sup> Secure messaging allows PPOs to provide both support and accountability throughout the day.

Elements of secure messaging:

- Immutable.
- Encrypted.
- Allows the PPO to see when messages are read.

Benefits of secure messaging:

- Quick.
- Simple.
- Asynchronous messages don't need to be scheduled, they can be sent when the PPO has the time and answered in a timely fashion by the individual.

It is recommended that the program include participant response guidelines in their program policy and procedures manual.

## Synchronous Communication

While asynchronous communication is an important way to support participants through the day, planned synchronous communication is also important. The main advantage of synchronous communication is it is happening in real-time. This creates the opportunity for both the PPO and participant to ask questions as they arise. Also, synchronous communication, particularly through video conferencing mediums, facilitates connection and strengthens relationships.

Types of Synchronous Communication:

- Video conferencing
- Phone calls
- Messaging—if both parties are online
- Multiple data sources mean there are backup data collection mechanisms if one fails.

## PAYMENTS

Moving to electronic payments provides numerous benefits to programs, including:<sup>xxxix</sup>

- Ease of access for participants
- Creation of an instant record of payment
- Removing the need for physical payments
- Increasing payment process transparency
- Increasing reliability of the payment process

Like all new processes, there are some elements to consider before implementation.

## E-payment Elements

- Is there legislation necessary to make collecting court fees electronically a reality?
- Is there reliable internet connectivity?
- Are there “agreements and understandings with relevant financial institutions, including non-bank e-payment providers?”<sup>xl</sup>

Case studies of programs that have successfully completed the process have provided seven lessons to consider before implementation.

## E-Payment Lessons

- “Conducting a scoping survey to determine court-users’ readiness for e-payment options.”<sup>xli</sup>
- “Feasibility study to ensure that the chosen e-payment option is sustainable for the court.”<sup>xlii</sup>
- “Rollout of e-payment using a phased approach and multiple vendors.”<sup>xliii</sup>

- “Information and training for court users and other stakeholders.”<sup>xliv</sup>

**E-Payment Example:** In Arizona, the “AZTurboCourt portal allows for payment via select credit and debit cards as well as PayPal, and similarly, since 2015, the U.S. federal courts provide the option of payment via PayPal and Dwolla.”<sup>xlv</sup>

Any platform chosen to host a program’s e-payments should be:

- Encrypted.
- Able to support payments for the entire program.
- User-friendly.
- Able to process multiple payment methods.
- PCI Compliant

## Known Challenges

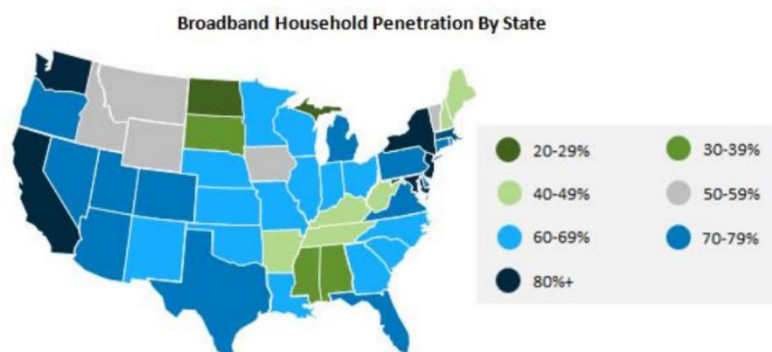
Although proper tools and platforms will ease the transition, there are still some hurdles programs will have to face and overcome in moving to remote monitoring.

### Device connectivity

In the United States, connectivity to both the internet and cellular service is still an issue.<sup>xlvi</sup>

#### Internet Issues

A report released in 2020 found that the Federal Communications Commission (FCC) had underestimated the number of Americans without access to broadband internet by 20 million—the new number is 42 million.<sup>xlvii</sup>



Source: The NPD Group, Inc., *Connected Intelligence, Rural America and Technology report*

## RECOMMENDATION: CHECK FOR BROADBAND AVAILABILITY BEFORE ADOPTION

It is now possible to check for broadband availability throughout the U.S. thanks to a recent tool launched by the USDA in partnership with the non-partisan and objective research organization—NORC—at the University of Chicago. Launched June 24<sup>th</sup>, the updated “Opioid Misuse Tool”<sup>xlviii</sup> maintains its earlier functionality of searching for county-specific opioid-related overdoses (ODs), but now also allows for county-specific searches of broadband availability.<sup>xlix</sup>

#### Cellular Issues

Unfortunately, cellular issues are harder to nail down than internet issues. Whether or not there is connectivity depends a great deal on the carrier being used. The three largest carriers in the U.S.—Verizon, T-Mobile, and AT&T—each have a coverage map<sup>l</sup> available on their websites that can



be used for reference. Using these tools, it is possible to search by address or zip code to determine local coverage. Carrier coverage varies, however, there are some commonalities.

1. Cellular coverage east of the Mississippi River is relatively comprehensive. However, there are localized “holes,” primarily in rural areas along the Appalachian mountain chain. In particular, cell coverage in West Virginia’s mountains can be patchy.
2. Cellular coverage in the Northwest has gaps in the Pacific regions, Montana, and Idaho.
3. Rural areas across the U.S. consistently have gaps in coverage.

While connectivity issues are primarily found in rural areas, it is important to remain cognizant of any connectivity issues that might impact program outcomes. Bluntly, if there is no connectivity, remote supervision is not an option. However, there are some workarounds available to combat limited cellular connectivity.

### **RECOMMENDATION: SUPPLEMENT CONNECTION WITH WI-FI**

If a participant has Wi-Fi in their home, most platforms can utilize that signal making remote tools like video conferencing, location tracking, and curfew checks possible. Furthermore, some remote platforms can store data when there is no signal—GPS, cellular, or Wi-Fi—and transmit that stored data once a connection is restored.

A program would need to weigh the risk of interruptions in service with the benefits of remote supervision. For some low-risk participants, the interrupted service might not be an issue.

### **RECOMMENDATION: BOOST CELLULAR RECEPTION**

If the issue is a weak cellular signal, some practical steps can be taken to boost the signal.

- Move closer to signal—i.e., stand near windows or move to higher ground,
- Fully charge cell phone—locating signal drains a cell’s battery. A very low charge can make it hard for a phone to locate a signal.
- Consider a signal booster.

## **Cost**

Community supervision is “severely underfunded.”<sup>ii</sup> Some researchers even argue that community supervision has grown too large for states to adequately fund.<sup>iii</sup> Needless to say, money is a concern. Moving to remote supervision has the potential to save programs money in both the short and long term. Short term, remote supervision can refocus manpower and reduce overtime expenditures as well as decrease administrative costs. Long term, remote supervision can reduce the costs associated with in-facility revocations. However, choosing a fiscally responsible platform is essential.

### **RECOMMENDATION: CHECK FOR COST TIERS AND HIDDEN COSTS**

How does the program calculate the price? How does the platform’s pricing vary based on user numbers? Are there hidden costs associated with adding or reducing users?

**RECOMMENDATION: LOOK FOR PLATFORMS WITH CONTRACT FLEXIBILITY OR NO CONTRACT**

There is no magic program that is guaranteed to work for every program. Before committing, check to see if the platform has a way to discontinue service without the program paying a massive fine.

**RECOMMENDATION: CHECK THE LONG-TERM PRICING MODEL**

Initial pricing does not last forever. Check to make sure that the long-term costs of the platform are sustainable.

**RECOMMENDATION: CHECK FOR FLAT USE FEES**

Some platforms charge the same price whether you are using the service or not. If a participant ends up in a facility for a period, will the platform still charge for use?

**Participant participation**

Currently, 96% of Americans own and use a smartphone,<sup>liii</sup> however, there are approximately 14 million Americans that do not. The factors affecting smartphone adoption are typically age (individuals aged 50 and older are least likely to adopt), income, location, and educational attainment.<sup>liv</sup> To ensure equal access for all individuals, remote programs must be prepared to address the lack of a device.

**RECOMMENDATION: HAVE DEVICES AVAILABLE FOR PARTICIPANTS WHO DO NOT OWN A CELL PHONE**

The program can procure basic devices and rent the devices—for a reasonable fee—to participants until the participants can acquire a device of their own (this objective can be aided by their social worker or PPO). If commercial devices are not a good fit for the population due to sentencing requirements or other concerns, programs could procure corporate locked-down cellphones.

The program should create a rental contract to be signed by the participant. While the contract should be created to fit the needs of the program, it should include the following elements:

1. Information on the device leased—serial number, physical description, etc.
2. How will the device be delivered?
3. Who will provide the insurance for the device—program or participant?
4. Device Maintenance—what is the required upkeep?
5. Payment Consideration
  - a. How much is the rental fee?
  - b. When is the payment due?
6. Term—how long is the agreement for?
7. What service provider will be used?
8. Are there usage limitations? For example, the participant can use the device to apply for jobs, but not to view certain websites.

## Remote Drug Testing

The 2020 outbreak of COVID-19 in the U.S. has led to increased concern about drug testing. Current drug testing is done in-person and in relatively small spaces, it's an ideal environment for disease transmission.

Many individuals under community supervision are required to complete drug testing as part of their release. Furthermore, studies show that “court orders have little meaning or effect if they are not enforced” and enforced promptly.<sup>lv</sup> Judge William Meyer asserts consequences “must be swift if it is to effectively change an [individual’s] behavior.”<sup>lvi</sup> Finding some way to continue with program accountability—especially for higher-risk individuals—is important. Equally important, however, is protecting the health and safety of all the individuals involved.

Solutions here are neither simple nor easy. Recommendations have emerged, however, there is still debate over the best way to proceed, especially since—as of this update—cases of COVID-19 are once more surging. Reconnect is not an expert on drug testing, however, we can present a snapshot of the what the current debate is and options for testing we know are occurring in the industry.

### The Debate Over Drug Testing

Paul Cary, a respected forensic consultant, visiting faculty member—among others—at the National Association of Drug Court Professionals (NADCP) and the Center for Court Innovation, and the retired director of the Toxicology and Drug Monitoring Laboratory at University of Missouri Health Care in Columbia, Missouri, argued at the NADCP’s RISE20 Virtual that stopping drug testing is not an option.<sup>lvii</sup> Adding his argument that drug testing should be categorized as an essential healthcare responsibility and that continued drug testing would help maintain a normal routine for participants thus decreasing the risk of relapse.<sup>lviii</sup>

Some programs that were utilizing in-house testing before the pandemic hit, state they were able to adapt their collection policies to meet the challenges of the pandemic easily and, consequently, faced few interruptions in their testing schedules.

Others are less convinced of the necessity of testing.

The American Society of Addiction Medicine (ASAM) argues for balance. Stating that, “Requiring patients to present to a health care facility to provide urine samples for urine drug testing may be more harmful than beneficial.”<sup>lix</sup> ASAM expands on that argument stating, “Patients may unnecessarily increase their risks of exposure to the COVID-19 virus through their travel to or presence in health care facilities. Providers and programs should carefully weigh the risks and benefits of urine drug testing, both for the patient and for community public health and particularly for patients who are stable.”

The NADCP has likewise counseled caution and recommended limiting or canceling<sup>lx</sup> drug testing for most populations<sup>lxi</sup> Like Mr. Cary, Terrence Walton, the NADCP’s chief operating officer, acknowledges the inherently disruptive nature of the pandemic. However, rather than continuing the status quo—i.e., drug testing—to maintain a sense of normalcy, Walton urges programs to adapt to the circumstances and “increase [the] frequency of virtual contact” and “help clients develop replacement structure and routine” with a focus on “problem-solving, stress reduction, family conflict resolution, mental health, and recurrence/relapse response planning.”<sup>lxii</sup> Walton

urges programs to “be prepared to treat without frequent drug testing if necessary,” and instead, “make changes to encourage (de-penalize) self-disclosure.”<sup>xiii</sup>

Although there has not been enough time for a thorough analysis of the efficacy of de-penalizing self-disclosure, programs across the country have implemented the method and found some success—the probation program in Caldwell County Idaho is one example.<sup>xiv</sup>

### To Test or Not to Test?

Still, when it comes to whether to not to continue drug testing, there just isn’t a clear answer. Multiple reputable industry leaders and practitioners are coming down on opposite sides of the issue.

Arguably, at this point, the best judges of whether a program should drug test or not are the leaders of individual programs. That does not mean program leaders should disregard the advice of industry experts, but program leaders are uniquely situated to determine whether or not industry recommendations will work for their community and their population. Still, when determining whether to test or not, leaders are encouraged to consider:

- Are COVID-19 cases raising or falling in the community?
- What are the current recommendations from local, county, and state officials regarding movement?
- Does the benefit of testing outweigh the risk of infection or transmission for both program participants and program staff?
- What other mitigating factors are in place for participants? e.g., While the participant might not be part of a vulnerable population, are they a caregiver, or do they live with an individual(s) who is?
- What is the transportation situation for participants?
- Will increasing or decreasing testing negatively impact the mental health of participants leading to relapse?
- What local or state orders are in place that might hinder the ability of individuals to get to testing facilities?

Below are examples of some the options available to programs during the pandemic.

### OPTION #1: SEVERELY LIMIT TESTING AND ONLY TEST LESS VULNERABLE POPULATIONS

This solution has limitations:

- Staff must be willing to perform testing despite transmission risk.
- Proper personal protective equipment (PPE) must be available.
- The facility must be able to follow CDC and SAMSHA guidelines.

CDC and SAMSHA Guidelines

The testing facility must take the following steps to protect both staff and individuals testing:<sup>lxv&lxvi</sup>

1. Limit how germs can enter the facility
  - a. Limit points of entry.

- b. Manage and screen individuals—if individuals are showing symptoms they should not be allowed to enter and should be sent home. If possible, check individual temperatures at the door.
    - c. Encourage respiratory hygiene.
  2. Provide hand sanitizer and disinfecting wipes at door.
  3. Isolate the testing area from the rest of the facility.
    - a. The area must be thoroughly disinfected between each use with an EPA hospital or household registered cleaning product. Follow cleaner directions exactly.
  4. Protect staff by providing appropriate PPE to all.
    - a. The minimum PPE required for both testing and cleaning are mask, gloves, eye protection, and a protective gown.<sup>lxvii</sup>
    - b. PPE must be disposed of with care to avoid contaminating the wearer and the area PPE is removed in.
  5. Clean all surfaces multiple times a day. Again, an EPA hospital or household registered cleaning product must be used.

As noted above, programs that were already using an in-house testing model stated they were able to adapt their testing models with few hiccups to pandemic conditions.<sup>lxviii</sup>

Jon Ridge, the Chief Probation/Parole Officer in Washington County, Pennsylvania, noted that once COVID-19 hit, the lab in Washington County was able to transition easily to processing oral fluids, adding that it “provides a much safer sample collection process relative to COVID, i.e., we can collect outside, practice safe distance observed collections, have limited contact with the donor, and process the collection by touching nothing but the sample bag until it goes into the analyzer.”<sup>lxix</sup>

Paul Cary recommends “that treatment courts return to urine drug testing as the primary abstinence monitoring specimen. Programs must provide guidance for “safe” urine collection and handling.”<sup>lxx</sup> He states that programs could contract with an outside laboratory for urine collection services, but that ideally programs would “design, develop and implement court-based urine collection services that meet “new world– post COVID” safeguards.”<sup>lxxi</sup>

For in-house collection, in addition to the CDC recommendations mentioned above, Cary states that programs should:<sup>lxxii</sup>

- Rethink collection site locations, logistics, and floorplan.
- Reduce clutter and surfaces that can retain virus.
- Design six-foot distancing in waiting areas.
- Use visual aids to enhance compliance.
- Post signs reminding individuals expected behaviors:
  - Wear Masks.
  - Socially Distance.
  - Wash Hands.
- Establish reduced occupancy limits.
- Consider a large fan to create negative pressure.
- Limit access to staff/clients only – no visitors.
- Remove barriers that obstruct “direct-observation” of sample collection.

Cary also recommends additional steps for program staff and participants.

**Cary's Recommendations for Staff.**<sup>lxxiii</sup>

- Practice enhanced washing/use of hand sanitizers.
- Staff maintain distancing.
- Schedule collections to ensure the minimization of “crowding” – for both staff and clients.
  - At heavy traffic times have participants wait outside collection site.
- If “stay-at-home” restrictions are in place – the program should provide collection staff with essential critical infrastructure letter on program letterhead.
- Temperature monitor staff daily – scrutinize for potential symptoms.
  - > 100 ° F staff should be sent home.
  - Take advantage of enhanced testing if available.
- Ensure staff have Proper Protective Equipment including:
  - Disposable gloves (required).
  - Surgical mask with fluid shield, tight-fitting (required).
  - Eye protection – ordinary spectacles do not provide sufficient protection (highly recommended).
  - Disposable single-use gown, with cuffed sleeves, impermeable or covered with a plastic apron (recommended).

**Cary's Recommendations for Participant.**<sup>lxxiv</sup>

- Participants should remain outside the collection site until admitted by staff cell phone or texting instructions.
- Schedule collections to ensure distancing maintained.
- Temperature monitor donors before collection site admittance.
  - > 100 ° F donor should be sent home & required to seek medical advice.
  - COVID questionnaire (exposure, symptoms, travel, etc.).
- If the participant is rejected for sample collection due to temperature or questionnaire failure the participant is responsible for reporting the failure to their case manager or PPO. Require clients to wear face-covering/masks.
- Collection site should provide masks, if necessary.
- Require clients to follow all “new” collection site rules.

There are limitations with this model, however.

1. Implementation requires lab buildout, possible staffing increases, requires training, and certifications.<sup>lxxv</sup>
2. Old mindsets—fear of the unknown—can hinder adoption.
3. Local or state COVID-19 orders many prohibit participants from being able to get collection sites.
4. Transportation must be available for this to be successful.
  - a. Is public transportation available in your community?
  - b. Is it operational during the pandemic?

The program should discuss ways to continue safely drug testing, be it adopting one of the above options or brainstorming another method.

## OPTION #2: FIND ALTERNATIVE MEANS OF TESTING

### 1. Transdermal patch-based drug testing

Transdermal devices tend to be cost-prohibitive and, consequently, not likely viable for an entire program. However, it could be an option for a minimal number of high-risk individuals.

### 2. Instant cups and video monitoring

Instant cups can be mailed to the homes of individuals and the drug test performed live via video conferencing.

Suggested guidelines:

- Have the individual tour the bathroom or other designated area before the test, so the probation or parole officer (PPO) can observe the environment for possible contaminants.
- If there is a water source in the room, if possible, have the individual turn it off.
- Have the individual place the smartphone where the PPO can observe the test as it is taking place.
- While live, have the individual place sample into a specimen bag, seal, and place in return packaging.

While video monitoring offers more opportunity for the participant to defeat attempts at secure collection, it is preferable to not testing at all.

### 3. Oral swabs and video monitoring

Like instant cups, oral swabs can be mailed to the homes of individuals, and the test performed live via video conferencing.

Suggested Guidelines:

- Have the individual place the smartphone where the PPO can observe the test as it is taking place.
- While live, have the individual place sample into a specimen bag, seal, and place in return packaging.

### 4. Contract with outside labs.

This solution has severe limitations:

- If the area has a shelter-in-place order in effect, individuals will not be able to leave their residence to complete the test.
- Finding an open lab might prove challenging. Plus, the program will need to ensure the lab is following the safe testing guidelines set out by SAMSHA and the CDC.
- The risk of exposure is to COVID-19 remains. This option would need to be limited to less vulnerable populations.

## OPTION #3: CANCEL DRUG TESTING UNTIL THE RISK OF INFECTION DECREASES

It is important to understand that this is a stop-gap solution at best. It is doubtful that programs can postpone testing indefinitely. If the risk of infection continues over multiple months another solution must be found.

## Conclusion

With the right platform and tools, going remote is achievable for programs. The majority of—if not all—the functions of community monitoring can be performed remotely. The benefits of a remote model are enormous. If implemented with due consideration remote systems have the potential to:

- Decrease in-person demands on both staff and participants enabling them to focus on other concerns.
- Reduce costs for both programs and participants.
- Increase participant accountability and support.
- Bolster positive program outcomes.
- Automate time-consuming busywork.
- Increase program capacity.

When choosing a remote platform, programs should consider what functions the platform needs to perform and how it will support the program’s mission. Programs should consider:

1. Is the platform secure? Is it able to protect the confidentiality of participants and court documents?
2. Is the platform encrypted? How well can it protect sensitive data against hackers or cyber-attacks?
3. How much functionality does the platform have? Can it meet multiple program needs or just one?
4. How user-friendly is the platform? Will the staff be able to use it? Does the platform offer user support and training?
5. Is the platform adaptable? Can it integrate into and work with existing systems?
6. How much does the platform cost?

## How COVID-19 Has Changed Community Supervision

In response to COVID-19, community supervision has drastically shifted how it works. APPA recently surveyed programs to discover the changes they have made over the past months. Here are some highlights from the programs surveyed:<sup>lxxvi</sup>

- 91% of programs have suspended in-office reporting days for participants.
- 84% have suspended in-person participant activities.
- 87% of programs have implemented teleworking policies.
- 71% of the courts that programs work with have suspended hearing cases for the foreseeable future.
- 62% of programs have suspended arrests for technical violations.
- 67% of programs have suspended in-home and/or field visits with participants.

One individual who responded to the survey noted,<sup>lxxvii</sup>

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*“The current situation has caused us to implement technology that had been available previously but not implemented. We are finding we are able to be productive and efficient in doing so. When the current restrictions are lifted much of what we are doing now will continue.”*

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## Appendix A: Resources

### Vera Institute

The Vera Institute of Justice has put out a series of coronavirus guidance documents:

<https://www.vera.org/publications/coronavirus-guidance-for-criminal-and-immigration-legal-systems>

### The Council of State Governments

The Council of State Governments has put together a website to make it easy to find state-by-state COVID-19 data and guidance:

<https://web.csg.org/covid19/state-covid-19-websites-and-related-resources/>

### The Justice Management Institute

The Justice Management Institute has been compiling COVID-19 responses and guidance from across criminal justice:

<http://www.jmijustice.org/covid-19/>

### National Center for State Courts

The National Center for State Courts is publishing a daily update on COVID-19 and its effect on the justice system:

<https://www.ncsc.org/Newsroom/Public-health-emergency.aspx>

### United States Court System

Federal Courts are also publishing daily updates:

<https://www.uscourts.gov/news/2020/03/12/judiciary-preparedness-coronavirus-covid-19>

# Appendix B: Example Participant Contract

## Participant Contract

Participant Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

### Agreement

I understand and agree to the following:

Initial

- I will download and install the Reconnect Community application on my Android or iOS (iPhone) smartphone; the application is available from Google Play or iOS App Store. \_\_\_\_\_
- If I change phones, I will immediately install and log in to Reconnect Community on my new device. \_\_\_\_\_
- I will carry my phone with me at all times and maintain active data service. \_\_\_\_\_
- I will notify my Case Manager, in advance, if I will be out of cell phone or WiFi range for more than 15 minutes. \_\_\_\_\_
- I will not put my phone into “Do Not Disturb” or silent mode. I agree that not hearing my phone go off will mean that I am out of compliance with the terms of this program and will result in sanctions. \_\_\_\_\_
- I will not attempt to manipulate my check-ins in any way. Reconnect has multiple systems in place to detect manipulation, and attempts will be reported to your case manager and/or judge. \_\_\_\_\_
- Once logged in, I will agree to any on-screen prompts (e.g., allowing notifications, camera access, etc.) \_\_\_\_\_
- If I lose or misplace my phone, I will contact my case manager immediately. \_\_\_\_\_
- I must respond to any notifications from the Reconnect Community application. \_\_\_\_\_

By signing, I certify that I have reviewed these conditions and have been advised of the consequences of non-compliance. I have reviewed the conditions and understand the terms of this contract. I am willing to enter into this contract freely and voluntarily.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix C: Current COVID-19 Prevention Recommendations

The recommendations around COVID-19 transmission and infection continue to evolve as more knowledge about the virus is uncovered.

Currently, there is no vaccine available for COVID-19. Until there is one, the risk of transmission and infection remain. In the meantime, the Center for Disease Control (CDC) has stressed the importance of community mitigation. The CDC defines community mitigation activities as the “actions that people and communities can take to slow the spread of a new virus with pandemic potential” adding that, “community mitigation actions are especially important before a vaccine or therapeutic drug becomes widely available.”<sup>lxxviii</sup> The CDC states that “COVID-19 is highly transmissible and can be spread by people who do not know they have the disease, [consequently,] risk of transmission within a community can be difficult to determine.”<sup>lxxix</sup>

The CDC has noted four universal precautions:<sup>lxxx</sup>

- **Follow healthy hygiene practices.**
  - Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
  - If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
  - Avoid touching your eyes, nose, and mouth with unwashed hands.
  - Clean and disinfect frequently touched surfaces regularly.
- **Stay at home when sick.**
- **Practice physical distancing and stay six feet apart from others.**
  - Stay home when possible.
  - Avoid contact with sick individuals.
- **Using a cloth face covering (with some exceptions) when in public places.**

As noted, the CDC strongly advises that individuals limit in-person contact at this time. However, if in-person contact cannot be avoided, the following steps are recommended:

- Wear a mask or face covering.
- Maintain physical distancing.
- Meet outside if possible.<sup>lxxxi</sup>
- If it is necessary to meet indoors, try to increase the ventilation of the area by opening windows or doors, and carefully sanitize all surfaces before and after the visit.

## Appendix D: Treatment Courts and COVID-19

March 26<sup>th</sup>, 2020, the National Association of Drug Court Professionals (NADCP) and the National Center for State Courts (NCSC) hosted a webinar to address concerns from court professionals about best practices during COVID-19.

There were five main takeaways from the webinar.

### Takeaway One: Remain Updated

The situation around COVID-19 remains fluid; consequently, remaining current with local, county, state, and federal orders that affect court or supervision programs is crucial. Any proposed program changes should adhere to those orders. Programs should watch for orders and updates from:

- The Governor
- Department of Health Department
- The State Supreme Court
- Other local officials: Sheriffs, County Managers, Mayors, etc.

Some programs are being allowed to the leeway to determine what is best for their program. In the absence of specific orders, programs should determine:

**1) “How to protect the health and safety of the participants and the team, as well as all other persons in the court facilities.”<sup>lxxxii</sup>**

**2) “How to perform the treatment court’s mission-critical functions when participants and team members are unavailable due to illness, quarantine, or shelter-in-place.”<sup>lxxxiii</sup>**

In this situation, it is also advisable to reach out to other local programs and ask what they are doing to address the situation.

The program should consider how changes will be made in nine key areas.

1. Program Intake
  - a. Will the program continue to take on new participants in this period?
  - b. If not, how will the ramifications be handled?
2. Program Staff
  - a. Will program employees continue to meet in-person?
  - b. If so, how can those meetings be accomplished safely?
3. In-person Court Meetings
  - a. Should be limited, delayed, or canceled if possible.
  - b. If necessary, virtual alternatives are preferable.
4. Probation Contacts
  - a. What is the minimum contact necessary to ensure efficacy?
  - b. Alternatives to in-person contact are preferable.
5. Treatment Sessions
  - a. “Halt all in-person group treatment sessions.”<sup>lxxxiv</sup>

- b. “If individual sessions continue in person, ensure that you can enforce appropriate social distancing; consider closing your waiting rooms and requiring a call before office entry.”<sup>lxxxv</sup>
    - c. What virtual alternatives are possible?
  6. Complementary Services—i.e., Alcoholics Anonymous, SMART, faith-based programs.
    - a. Halt all complementary services if they are not essential to well-being.<sup>lxxxvi</sup>
    - b. Use virtual services where available nationwide (e.g., online AA/NA or SMART Recovery meetings, phone meetings).<sup>lxxxvii</sup>
  7. Community Service
    - a. If a shelter-in-place has been ordered, it will be necessary to halt ongoing community service projects.
    - b. Programs can investigate “virtual volunteering” as an alternative.
  8. Employment
    - a. Across the U.S., unemployment is growing. In consequence, it is prudent for programs to consider removing any job requirements in the short term.
  9. Program Exit
    - a. It is recommended that programs temporarily suspend all graduations and expulsions from the program.

**IMPORTANT NOTE, IF A PROGRAM IMPLEMENTS A VIRTUAL/REMOTE SERVICE TO MEET A NEED IN THIS SITUATION, THERE MUST BE A BACKUP PLAN IN PLACE IN CASE THE TECHNOLOGY FAILS.**

## Takeaway Two: Document Carefully

As the program determines what changes to make in their policies and procedures during COVID-19—or any other pandemic—it is crucial to carefully document each new precedent. Documentation will help keep new precedents in order, reduce confusion, and help ease the transition to new processes.

## Takeaway Three: Communicate

Communication will be crucial for the success of any new processes implemented. Any changes that are implemented must be clearly communicated—if possible, both verbally and in writing—to staff, participants, and community stakeholders. This is particularly important for participants. Let participants know:

- What the change is
- How it affects the individual
- What they need to do
- Ask the participant for feedback.

## Takeaway Four: Stay Engaged

Relapse risks grow during times of stress, isolation, and disconnection. That coupled with an increased likelihood of family conflict and the temptation to escape from reality means being engaged with participants is particularly important at this time. Work with participants to provide them with additional support and help meet their emotional needs.

## Takeaway Five: Be Flexible

Participants will likely miss work or meetings due to illness, quarantine, shelter-in-place orders, or fear. Figuring out appropriate and flexible responses to these situations will be important.

## Webinar Supplemental Materials

PowerPoint: [Slides Treatment Courts and COVID-19 Webinar \(3/26/20\)](#)

Handout: [Treatment Courts and COVID-19: What to Consider During a Pandemic](#)

[Preparing for a Pandemic: An Emergency Response Benchbook and Operational Guidebook for State Court Judges and Administrators](#)

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- Demographic Information
- Median Household Income
- Poverty Rates
- Unemployment Rate
- Injury-Prone Employment
- Location of:
  - Substance Use Facilities
  - Mental Health Facilities
- Prosperity Index Detail

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