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The Role of Human Service Providers During Community Supervision

EXECUTIVE SUMMARY

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Executive Summary

One of every 58 American adults is currently under some form of community correctional supervision.¹ People placed on community supervision often have significant human service needs, some of which are addressed through correctional agency resources, but most of which are met, if at all, through community-based human service agencies.

People on community supervision connect to human service agencies through a variety of channels. Sometimes they are court-ordered to engage with treatment programs, obtain employment, or pay child support as a condition of supervision. In these cases, failure to cooperate with human service agencies can result in revocation of community supervision and incarceration in jails or prisons. In addition, probation or parole officers frequently refer people on supervision to human service agencies for additional assistance with meeting basic human needs, including housing, food, and child care. Finally, many people on probation and parole engage (voluntarily and involuntarily) with human service agencies, including child welfare departments and local community health providers, without the knowledge or involvement of community corrections agencies. In most cases, there is typically little or no coordination between these multiple service providers — a fact that can lead to conflicting, duplicative, and inefficient service delivery.

This paper summarizes what is known about the human service needs of people on supervision, and catalogs the ways in which various forms of community supervision can operate to either facilitate or impede the meaningful delivery of programs, treatment, and other services to people on probation, parole, and pretrial release. Finally, this paper proposes three key targets for improving the efficient and effective delivery of human services to people on community supervision:

- Streamlining access to human services upon entry to pretrial or probation supervision, and before release to parole.
- Creating mechanisms at the local and state levels to ensure continuity of high-priority services for those entering from or exiting to correctional settings.
- Collaborating with clients, community corrections agencies, and human service providers to improve consistency in human service and correctional system expectations for service recipients.

¹DANIELLE KAEBLE & MARIEL ALPER, BUREAU OF JUST. STAT., PROBATION & PAROLE IN THE UNITED STATES, 2017-2018 3, T.1 & T.2 (2020), <https://www.bjs.gov/content/pub/pdf/ppus1718.pdf>.

The Structure of Community Supervision

Community supervision can take many forms, but three are most common: pretrial supervision, probation, and parole. Pretrial supervision refers to the conditional release of people who have been charged with a crime, and who must follow conditions set by the court in order to remain in the community awaiting trial. The structure of pretrial supervision varies widely; defendants can be supervised by jail staff, probation agents, or employees of nonprofit organizations. Probation is a community-based sanction imposed by a court as punishment for a crime. It is the most common sentence in America: 56% of the 6.6 million people serving sentences in the United States at the end of 2016 were serving a term of probation. Finally, parole (and other types of post-incarceral supervision) impose a period of supervision after release from custody. In 2018, more than 878,000 people were serving some form of parole or other post-release supervision.

All three forms of community supervision require people to comply with specific release conditions or face the threat of incarceration, whether in jail or prison. Courts and community supervision agencies impose and enforce a broad array of conditions of supervision. Estimates suggest that the average number of standard conditions typically exceeds a dozen, a number that increases when “special” conditions are added to address defendant-specific concerns.

There is wide variation in how often people are required to see their community supervision agents and what kind of supervision they receive. The intensity of supervision and the rigidity of supervising agents’ expectations can have profound effects on the ability of people to comply with the terms of their supervision and to engage meaningfully with other services.

Following all rules of supervision can be difficult, and consequently violations of supervision conditions remain common. Ordinarily, minor violations result in sanctions ranging from a reprimand to a few weeks in jail. Short jail stays are not uncommon among persons on probation or parole. They can serve both as punishments for less serious violations and as investigative tools when a violation is alleged. Although less punitive than revocation, these “short stays” can disrupt employment, family life, and housing. When lesser sanctions have not deterred significant misconduct or when serious rule violations occur, revocation and incarceration often follow.

Although community corrections agencies make efforts to address the broad needs of people on supervision, many factors limit their ability to do so. Resource limitations, lack of specialized training in nonsurveillance functions, and the sheer breadth of the needs of people on community supervision all reduce the capacity of community corrections agencies to address the needs of the people they supervise. There is also broad disagreement among and within community supervision agencies about how agents should respond to the human service needs of those they supervise. Some agents see themselves as social workers and community advocates whose job is to connect those on probation or parole with a wide array of programs, some of which they may provide one-on-one. Other agents see their role as that of a service broker whose job is to refer people on supervision to needed programs, but who is not responsible for ensuring that a meaningful connection has been made. Finally, some officers see themselves primarily as rule enforcers, whose job is merely to ensure compliance with court orders.

However agents and agencies understand their roles, limited resources combined with the many needs of people under

supervision frequently create significant service gaps. As a result, many individuals on supervision are not provided with the social services they need during their terms of supervision. When they do receive needed services, lack of coordination between human service and correctional agencies can easily disrupt hard-won progress. Gaps in service during reentry can cause people with chronic mental illness to lose access to much-needed medication, and jail sanctions for minor rule violations can result in the loss of employment or even housing. In short, the current system is often painfully inefficient.

Human Service Needs of People on Community Supervision

The human service needs of people on supervision have not been studied with as much care as have the needs of people who are incarcerated. Data remain particularly thin with respect to those on probation and those on pretrial release. Nonetheless, people on community supervision clearly face a host of social welfare challenges at rates higher than the general population. They break down into seven major areas of need:

- **Housing.** Stable, long-term housing is difficult to come by for people on supervision, especially those who have experienced incarceration. Many recently released people live with family or friends; few have the means to live alone. In cases of emergency, community supervision agencies can offer those on probation or parole short-term assistance, but correctional agencies are typically unable to provide longer-term housing support.

Major federal programs that address this area of need: The U.S. Department of Housing and Urban Development's (HUD) Public Housing Program

(including the joint HUD-Veterans Affairs Supportive Housing Program), Housing Choice Voucher Program, and Section 8 project-based rental assistance program (these programs exclude from public housing people with some categories of criminal conviction); Second Chance Act grants.

- **Food.** Isolated studies examining hunger among persons on probation or parole have found staggeringly high amounts of food insecurity, ranging from 70% to 90% across samples. These studies suggest that people on both probation or parole (along with their families) are at heightened risk for hunger and its related morbidities, such as malnutrition.

Major federal programs that address this area of need: The U.S. Department of Agriculture's Supplemental Nutrition Assistance Program (SNAP) Temporary Assistance to Needy Families (TANF) program, which is administered by the states (individuals with histories of drug conviction are ineligible for or have limited access to benefits in some states).

- **Physical Health.** People on community supervision suffer from chronic physical health challenges (including asthma and sexually transmitted diseases) and die at rates far exceeding the general population. Leading causes of death include overdose, homicide, suicide, cardiovascular disease, and cancer. Rates of health insurance coverage have improved for these individuals since 2014, but they remain underinsured compared to the general population.

Major federal programs that address this area of need: The U.S. Department of Health and Human Services' Medicaid and Medicare programs, which provide health coverage to the qualifying poor, elderly, and disabled; the Social Security Administration's Supplemental Security

Income and Social Security Disability Insurance programs, which offer cash to qualifying elderly and disabled people; and the U.S. Department of Veterans Affairs' Health Care for Re-Entry Veterans program.

- **Substance Use Disorders and Other Behavioral Health Conditions.** Almost half of individuals on community supervision are known to have a substance use disorder (a rate two to three times higher than that found in the general population), and this group suffers from serious mental health problems at rates from two to four times that of the general population. Large treatment gaps exist with respect to available and appropriate treatment for people on supervision with behavioral health needs, a problem complicated by a lack of sufficient community providers and supervision policies hostile to some forms of evidence-based treatment.

Major federal programs that address this area of need: The U.S. Department of Health and Human Services' Medicaid and Medicare programs, and the Social Security Administration's Supplemental Security Income and Social Security Disability Insurance programs.

- **Vocational Training and Employment.** Although people on supervision often point to employment as a primary need, data on the workforce engagement of those on probation or parole are limited. However, apparent from current studies is that people on supervision — and particularly people on parole — face significant obstacles to securing the type of meaningful

work that has been linked to lower rates of recidivism. Those on probation or parole often lack the education and soft skills needed to obtain and retain work in the skilled labor market. Additionally, their ability to secure work is impeded by discrimination, stagnant labor markets, employment licensing restrictions, and sometimes by supervision itself.²

Major federal programs that address this area of need: SNAP Employment and Training Programs, administered by the states; U.S. Department of Education-funded vocational rehabilitation programs for people with physical, intellectual, or emotional disabilities that interfere with recipients' ability to work; the U.S. Department of Labor-funded Reentry Projects program; and the U.S. Department of Justice's Second Chance Act Adult Reentry and Employment Strategic Planning Program, which provides grants for projects that increase job readiness for formerly incarcerated people.

- **Parenting-Related Needs.** Shockingly few data are available about the number of people on community supervision who are also parents of minor children. Nonetheless, it is easy to infer that many people on supervision are parents of minor children, juggling the many practical, financial, and emotional obligations that accompany child rearing. For people on supervision in the community, parenting needs arise in three primary areas: child care assistance, child support payment, and child welfare court involvement.

²See Darren Wheelock, Christopher Uggen & Heather Hlavka, *Employment Restrictions for Individuals with Felon Status and Racial Inequality in the Labor Market*, in GLOBAL PERSPECTIVES ON RE-ENTRY (IKPONWOSA EKUNWE, ED. 2011); Amanda Agan & Sonja Starr, *Ban the Box, Criminal Records, and Racial Discrimination: A Field Experiment*, 133 QUART. J. ECON. 191 (2018).

Major federal programs that address this area of need: Assistance with child care is provided largely by state grants (some funded through the Child Care and Development Block Grant Program) and through Head Start programs, designed to promote school readiness for children from birth to age five; state child support agencies calculate the amount of child support due to custodial parents or from noncustodial parents, and state and county child welfare agencies provide both services and surveillance for parents whose children are found to be in need of protection or services.

- **Transportation.** Although not ordinarily classified as a human service need, lack of reliable and efficient transportation significantly impedes engagement with human services for people on community supervision. This problem is especially pressing for people on probation or parole who live in rural communities without public transportation.³ In addition to the often-prohibitive costs of vehicle ownership and maintenance, people on supervision often face the additional barriers of license forfeiture, imposed either as punishment for a crime or in response to nonpayment of fines and fees. Even when public transportation is available, it can be costly and inefficient.

Major federal programs that address this area of need: Few, outside of reimbursements for transportation to medical appointments for those insured through Medicaid.

Special Considerations for Serving People on Community Supervision

Given the broad spectrum of human services from which people on supervision can benefit and the number of programs involved in delivering these services, opportunities for streamlining service delivery abound. Among these, three areas stand out as top priorities, all of which require intentional policies and collaborative efforts among multisystem providers and agencies. The first priority is **improving access to human services** upon entry to pretrial or probation supervision, and before release to parole. The second is **ensuring the continuity of high-priority services** for those entering from or exiting to correctional settings. The third is **forming collaborations with clients, community corrections agencies, and human service providers** to improve consistency in human service and correctional system expectations for service recipients.

People on supervision face a host of barriers to accessing programs, from residential instability to scheduling difficulties created by their conditions of supervision. The most effective way to reduce these access barriers is to bring programs — or at least applications for benefits and programs — to clients. This process can take many forms, from placing service facilitators in supervision offices to training community corrections agents on how to assist potential clients in completing required paperwork and obtaining necessary supporting documentation. In order to provide timely and effective intervention, efforts to connect clients with services should

³Jay Whetzel & Aaron F. McGrath, Jr., *Ten Years Gone: Leveraging Second Chance Act 2.0 to Improve Outcomes*, 83-June FED. PROBATION 23, 29 (2019).

occur as soon as possible after people are placed on pretrial supervision or probation, and in advance of release from jail or prison custody.

In addition to increasing access to needed programs by supporting and simplifying the application process, human service agencies can play a role in reducing service gaps that occur when people return to the community after a period of incarceration or are incarcerated while receiving services in a community setting. Treatment gains made in community or institutional settings are often lost when people transition between settings, or when supervision ends. Delays in access to medication and programming can lead to relapse (or even death), and can erase much of the progress made in prior treatment programs. Many of these risks can be mitigated with better transitional planning. Human service agencies, community corrections, jails, and prisons should collaborate regularly. This collaboration should occur at the administrative level — to adopt information-sharing policies and iron out funding issues — and also at the individual case level — to coordinate care and navigate waitlists for high-priority services, such as substance use treatment and physical and behavioral health care for those with significant disabilities or otherwise at high risk of harm from gaps in care.

Human service agencies can dramatically improve the effectiveness of services for people on supervision by collaborating with other human service agencies, community corrections agencies, and clients themselves to create consistent

expectations for clients across agencies and programs. Too often, the expectations set for program participants or benefits recipients force them to choose between competing rules and regulations imposed by community corrections agents and specific service providers, or ask them to engage in an unrealistic number of simultaneous programs. In complex cases involving multiple programs, efforts should be made to staff cases at regular intervals, helping clients (with the permission of community corrections) to prioritize programmatic needs. Every effort should be made to prioritize necessities of living, followed by programs designed to address the client's most pressing needs, and finally by other obligations (such as court-ordered community service or educational programming). Clients should be included in decision-making and given clear (ideally written) guidance about the expectations of all providers.

Although community corrections and other criminal justice agencies engage in a substantial amount of human service facilitation, community corrections agencies and their employees are not uniformly trained in social work or other service-oriented fields. Their missions are grounded in the enforcement of court orders, and therefore community supervision agents often emphasize surveillance and control over addressing the underlying needs of people on supervision. Although community corrections agents routinely offer some direct services and refer clients to other community services, agents do not routinely receive ongoing education in best practices for helping people access or remain connected with

various services and providers. Human service agencies can and should take a leadership role in educating their criminal justice counterparts about best practices in service delivery, and work to problem-solve around the obstacles that prevent people on community supervision from fully accessing

and benefitting from available human service programs. Moreover, because engaging in these system improvements is not cost-free, agencies should work together to identify federal, state, and private resources to cover the start-up costs of building ongoing collaborations.

To read the full white paper, go to <https://www.ojp.gov/pdffiles1/nij/302099.pdf>.