

SUPPORTING THE WELLBEING OF ADULTS ON PROBATION
 Results from the Mass Probation and Health Project



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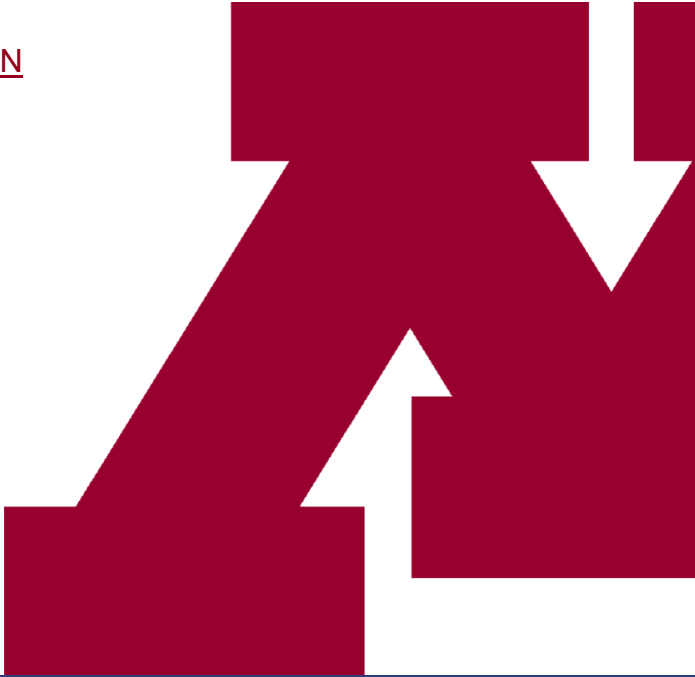
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EXECUTIVE SUMMARY

BACKGROUND

In 2018, one in every 72 adults in the U.S. was on probation, a form of community supervision for misdemeanor and felony-level criminal offenses. Despite its scale, we know little about how probation impacts individual, family, and community health and wellbeing. The Mass Probation and Health Project was designed to map these connections, conducting data collection with adults on probation, probation officers, and healthcare providers in Hennepin County, MN.

This report summarizes our interviews with 166 adults on probation (conducted in 2019) to provide a detailed picture of the wellbeing of adults on probation supervision—including criminal justice histories; physical health, mental health, and substance use; employment and housing stability; and family dynamics. In addition, we detail experiences of supervision, showing how probation both provides help and imposes harm.

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Key Findings

Our participants reported stark medical and social needs.

Over 90% of our sample reported ever being diagnosed with one or more health conditions, with the majority of diagnosed conditions being mental health conditions (72%), followed closely by physical health conditions (67%). The five most common diagnoses included depression (64%), another mental health condition (55%), chronic back pain (29%), asthma (25%) and hypertension (25%). In the 12 months prior to the interview, a majority of respondents reported utilizing medical and mental health services, especially among people with healthcare insurance. Additionally, 75% of our sample reported that drug or alcohol use had ever been a problem for them, and just under half had participated in substance use treatment during the past year.

Social and economic needs were also acute.

The majority of participants (64%) were not employed at the time of the interview and 42% reported having trouble providing themselves and their families with food. In addition, only 24% were living in their own apartment or home at the time of the interview. For some, their arrest and supervision had helped connect them to health and social services, including substance use treatment and supportive housing. Still others continued to struggle with untreated health needs as well as stark social needs—including food insecurity, unstable housing, and other challenges.



Focusing on participants' experiences of supervision, we find that nearly all (roughly 90%) of participants described their experiences with their probation officers as respectful and fair. Yet only three-quarters reported that they receive support from their probation officers when needed and that probation was helpful. We find that participants were most likely to perceive probation as helpful when their needs were met. For example, compared to those who were living with friends or family, participants living in supportive housing were more likely to find probation at least somewhat helpful (82% vs. 73%).

While many participants had positive interactions with probation officers, over half (58%) agreed or strongly agreed that their experience on supervision had been stressful—which, for some, negatively impacted mental health.

The stress of supervision was often connected to the fear of revocation, with participants worried about how any technical violation, no matter how minor, could lead to their incarceration. In addition, the time demands of supervision requirements—including reporting and random drug tests—were often experienced as disruptive and burdensome. Perceptions of probation's stressfulness were higher among participants with prior probation violations, more intense supervision, continued substance use, and poorer health. For some, this stress produced negative coping behaviors that harmed participants' ability to succeed in the community.



POLICY
Recommendations

We provide four policy recommendations, for both local justice system officials and state-level changes. While our analysis focuses on Hennepin County, these recommendations likely would improve supervision in other jurisdictions as well.

- 1) **No Wrong Door:** Individuals involved in community supervision have numerous health and social service needs and require access to services. County and state resources should be directed to increase funding and eligibility for these services and facilitate access through a “No Wrong Door” approach.
- 2) **Less is More:** Given the substantial stress and potential barriers we identified related to community supervision, courts and supervising agencies should assign active supervision sparingly and provide robust early discharge opportunities. Savings from a reduced population could then be reinvested in providing services.
- 3) **Narrow Violation Criteria:** Adults on probation often face significant stress from the threat of revocation. Reducing the types of violations that can lead to revocation, and the frequency and seeming arbitrariness of revocation, would increase the legitimacy of supervision and better support success.
- 4) **Limit Drug Testing:** Instead of an “abstinence only” model, supervision should move toward a harm reduction approach that uses drug testing sparingly. This change is particularly urgent for marijuana, which is increasingly becoming legalized.



INTRODUCTION

Over the past two decades, scholars, policymakers, and the public have become increasingly aware of the harms of mass incarceration and the challenges facing adults returning to communities from prison. Incarceration is associated with reduced job prospects, separation from partners and children, reduced economic opportunities,¹ and poor long-term health outcomes.² Yet the number of people behind bars is much smaller than the number of adults on probation, a form of supervision whereby individuals convicted of criminal offenses serve their time in the community. Like mass incarceration, growth in probation has been “mass” in that its scale is historically and internationally unique.³ In 2018, one in every 72 adults in the U.S. was on probation, representing the largest form of correctional control.⁴

Probation revocations are one of the leading drivers of churn in jail and prison populations, and rates are especially high for young Black men.⁵ Roughly 45% of people entering prison every year in the U.S. are incarcerated for probation and parole violations. While Minnesota is known for its relatively low incarceration rate, our state has one of the highest community supervision rates and frequently incarcerates adults for technical violations of probation and supervised release.⁶ While Hennepin County's revocation rate has been lower than the state average in recent years, Hennepin County's Department of Community Corrections and Rehabilitation (DOCCR) has the state's largest probation population.⁷

Despite the scale of probation nationally, little research to-date has explored the connection between probation and individual, family, and community wellbeing. The Mass Probation and Health project sought to understand these connections, asking three core questions:

1. What are the health and social factors that influence the wellbeing of adults on probation?
2. How does probation supervision impact adults' wellbeing?
3. How might criminal justice, health, and social service agencies better support the needs of justice-involved adults and families?

To answer these questions, our team conducted interviews with 166 adults on probation in Hennepin County, MN, in 2019. The question guide combined the advantages of standardized survey questions; validated physical health, mental health, and substance use screening tools; and open-ended qualitative approaches. We focus on five key domains: criminal justice experiences, health, housing, employment, and family dynamics. The average interview lasted approximately two hours. Together, these data provide the most detailed picture to-date of the wellbeing of adults on probation supervision and how these factors intersect with supervision.

In this report, we provide an overview of our project findings. We show that many adults on probation face substantial barriers to success in the community, including chronic and acute health conditions, under- and unemployment, housing instability, and strained family relationships.

We then turn to a quantitative and qualitative analysis of how participants described their experiences on probation, focusing in particular on how the participants in our study experienced supervision. Using clients' perspective, we show how, when, and why probation was experienced as helpful and/or stressful.

In sum, we find that supervision was found to be most helpful when probation officers provided assistance to people in meeting their health and social needs. Yet the perceived benefits of probation were often counterbalanced with participants' fear of revocation, especially for the poorest adults, those still struggling with active substance use disorders, and participants on more intense supervision. We conclude with a series of policy recommendations on how to focus supervision resources and promote positive relationships between officers and clients.



DATA & METHODS

Participants were recruited for this study via flyers posted at probation offices across Hennepin County, the downtown drug testing center, and local health and social service agencies that serve justice-involved populations. Participants were also recruited through referrals from previous participants, though most learned about the study by seeing flyers in DOCCR offices. In order to participate in this study, participants had to be 18 years of age or older and currently on probation in Hennepin County. The final sample for this study included 166 adults, diverse across demographic characteristics, length of time served on probation, supervision levels, and experiences with the justice system.

Interviews were conducted by a team of University of Minnesota undergraduate and graduate student research assistants who went through extensive training regarding confidentiality and consent, interview protocols, and data storage policies. Our research protocol was approved under the University of Minnesota's Institutional Review Board.

Interviews took place in public cafés, libraries, and supportive housing facilities, and participants were compensated for their time with a \$40 honorarium. The interview guide combined both closed-ended and open-ended survey questions. The structured survey questions were modeled on the Boston Reentry Study,⁸ validated physical and mental health screening tools, and substance use and healthcare access questions from the National Survey on Drug Use and Health (NSDUH). The interview guide consisted of multiple modules, including employment, housing, health, family, and criminal justice experiences. The interviews took approximately two hours to complete. During the interview, research assistants entered participants' answers to structured answers into an online interview software (Qualtrics) and audio recorded answers to open-ended questions (which were later transcribed). In the quotes included in the report, we assign all participants a pseudonym to protect confidentiality.

Although the study design was not longitudinal, in some modules participants were asked questions about experiences at earlier points in time:



- The *criminal justice module* asked participants about their criminal justice contacts prior to the offense that led to the current probation term, as well as a battery of questions about their experiences since starting probation.
- The *health module* collected information on participants' health conditions, healthcare insurance, and healthcare utilization in the past 12 months and since starting probation.
- The *employment and housing modules* asked participants about their situations at the time of the arrest that led to the current term on probation and at the time of the interview.
- The *family module* measured participants' connections to their families, their status and experiences as parents, and experiences with their children's other parent(s) at the time of the birth and at the time of the interview.

Together, these data provide a holistic perspective on the lives and wellbeing of adults on supervision in Hennepin County in 2019.

FINDINGS



Characteristics of Study Sample

Demographics

Table 1 presents the demographic characteristics of our interview sample. Thirty-eight percent of our sample participants identified as non-Hispanic white and 36% identified as non-Hispanic Black. The remaining participants identified as a combination of American Indian, Hispanic or Latino/a/x, multiracial, and other races or ethnicities. The average age of our sample participants was approximately 41 years of age, with a relatively even split across our four age categories. Two in five people in our sample considered themselves to be food insecure⁹ and a majority of sample participants (72%) were receiving various forms of public assistance at the time of the interview, including food stamps, income assistance, and housing assistance.

Our sample is not perfectly representative of the eligible population. Compared to all adults on probation in Hennepin County in 2016, for example, our sample skewed older (with 27% of our sample participants over 50 years of age, compared to 15% in the eligible population) and a lower percentage of white participants (38% vs. 48%).¹⁰ The descriptive tables presented below therefore should not be understood as generalizable to all adults on probation in Hennepin County. However, the themes and mechanisms we identify can help us to better understand service needs and variation in experiences for adults on supervision.

Table 1. Demographic Characteristics of Interview Sample

	N	%
RACE/ETHNICITY		
NON-HISPANIC WHITE	63	38%
NON-HISPANIC BLACK	60	36%
AMERICAN INDIAN	12	7%
HISPANIC OR LATINO/A/X	4	2%
MULTIRACIAL	10	6%
OTHER RACE/ETHNICITY	17	10%
GENDER		
MEN	126	76%
WOMEN	40	24%
AGE (RANGE: 21-63 YEARS)		
UNDER 30 YEARS	36	22%
30-39 YEARS	43	26%
40-49 YEARS	43	26%
OVER 50 YEARS	44	27%
MARITAL STATUS		
SINGLE (NEVER MARRIED)	112	67%
ENGAGED, MARRIED, OR DOMESTIC PARTNERSHIP	15	9%
SEPERATED OR DIVORCED	39	23%
HIGHEST YEAR OF COMPLETED EDUCATION		
LESS THAN HIGH SCHOOL	49	31%
HIGH SCHOOL OR G.E.D.	33	21%
SOME COLLEGE	41	26%
COLLEGE DEGREE (AND HIGHER)	35	22%
ANNUAL PERSONAL INCOME IN PRIOR YEAR		
LESS THAN \$10,000	52	45%
\$10,000-\$19,999	24	21%
\$20,000-\$29,999	19	17%
\$30,000 OR HIGHER	20	17%
FOOD INSECURITY		
NOT AT ALL DIFFICULT TO PROVIDE FOOD	88	58%
SLIGHTLY TO VERY DIFFICULT TO PROVIDE FOOD	65	42%
PUBLIC ASSISTANCE		
NOT RECEIVING ANY FORM OF PUBLIC ASSISTANCE	45	28%
RECEIVING SOME FORM OF ASSISTANCE*	116	72%
FOOD STAMPS	71	44%
INCOME ASSISTANCE**	84	52%
HOUSING ASSISTANCE***	23	14%
TOTAL SAMPLE N	166	

NOTES: Categories may not round to 100% due to rounding. Percentages only include participants with non-missing data for each question.

*This category does not include public health insurance options from the county or state. Sub-category percentages do not sum to 100% because respondents could check all that applied.

**Income assistance includes general assistance, emergency assistance or emergency general assistance, Supplemental Security Income, Minnesota Supplemental Aid, Social Security Disability, and programs for families with children (WIC and MFIP).

***Housing assistance includes public housing vouchers, GRH, and other housing assistance programs.



Criminal Justice Experiences

Table 2 documents the criminal justice experiences of our sample. We find significant variation in participants' histories. Prior to their current term of probation, 39% of our sample participants had been arrested 0-3 times, 24% had been arrested 4-9 times, and 37% had been arrested 10 or more times. Additionally, the majority of our sample (73%) had experienced incarceration in jail or prison before the arrest that led to their probation sentence. When asked about the most serious conviction that led to this current probation sentence, 42% of participants reported a drug or alcohol-related offense, 30% reported an offense involving persons (including sexual offenses), 18% reported a property-related offense, and 11% reported some other offense.



Participants also had a range of time served and experiences during their current probation term. At the time of the interview, 43% of participants had been on probation (for the current term) for less than one year, 29% had served for one to two years, 21% had served for three to four years, and 6% had served for five or more years. At the time of the interview, most were on 40:1 supervision, with 66% of participants reporting they were required to report to their probation officer once a month or less. Just over a quarter were required to report more frequently, ranging from every two weeks to at least once a day. Roughly a third (34%) of participants reported having violated one or more probation conditions during their probation term.



Table 2. Criminal Justice History of Interview Sample

	N	%
NUMBER OF PRIOR ARRESTS		
0-3	61	39%
4-9	38	24%
10 OR MORE	59	37%
EVER INCARCERATED IN JAIL OR PRISON BEFORE ARREST		
NO	43	27%
YES	118	73%
PROBATION REPORTING REQUIREMENT		
NOT REQUIRED	13	8%
ONCE A MONTH OR LESS	103	66%
EVERY TWO WEEKS	25	16%
ONCE A WEEK	8	5%
A FEW TIMES A WEEK	3	2%
AT LEAST ONCE A DAY	5	3%
LENGTH OF TIME SERVED ON PROBATION		
< 1 YEAR	63	43%
1-2 YEARS	42	29%
3-4 YEARS	31	21%
> 5 YEARS	9	6%
OFFENSE TYPE FOR MOST SERIOUS CONVICTION		
DRUG OR ALCOHOL OFFENSES	66	42%
PERSON OFFENSES	47	30%
PROPERTY OFFENSES	29	18%
OTHER OFFENSES	17	11%
PROBATION VIOLATIONS DURING CURRENT PROBATION TERM		
NO	43	27%
YES	118	73%
TOTAL SAMPLE N	166	

NOTES: Categories may not round to 100% due to rounding. Each statistic only includes participants with non-missing data on the key question.

Health

Table 3 presents the health characteristics of our interview sample. Over 90% of our sample reported ever being diagnosed with one or more health conditions, with the majority of diagnosed conditions being mental health conditions (72%), followed closely by physical health conditions (67%). The five most common diagnosed health conditions among respondents include depression (64%), other mental health conditions (55%), chronic back pain (29%), asthma (25%), and hypertension (25%).¹¹ Despite a high prevalence of health conditions, 75% of respondents self-reported their health as good or better, though only 12% reported excellent health. Typical rates of “Excellent” health are substantially higher among individuals younger than 65 in the general population.¹²



Additionally, past substance use (a measure of behavioral health) was quite high among our participants. Three quarters of our sample reported that before starting their current term on probation, drug or alcohol use had been a problem for them. In the six months leading to their arrest for their current term on probation, frequent illicit drug use (defined as twice a month or more) was reported by half of our sample. Looking at substance-specific rates of frequent use prior to arrest, 51% reported marijuana, 19% cocaine/crack, 20% methamphetamines, 11% heroin, and 10% for prescription opioid misuse. In addition, 25% of participants reported drinking alcohol daily in the six months leading to their arrest.

Rates of substance use at the time of the interview were substantially lower, with only 22% reporting frequent use of illicit drugs (and only 13% for drugs other than marijuana) and 1% reporting daily alcohol consumption. This reduction in consumption was tied in part to treatment programs; 46% of respondents reported utilizing substance use treatment over the past year. A higher percentage (64%) reported participating in treatment since starting probation.

Compounding these health challenges was a lack of healthcare insurance coverage.¹³ Just under half of our sample (40%) reported being uninsured or experiencing gaps in coverage. The majority of respondents reported utilizing both medical (83%) and mental health (58%) services at least once in the past year, with higher rates among those with health insurance.

Table 3. Health Characteristics of Interview Sample

	N	%
HEALTH CONDITIONS EVER DIAGNOSED (BY CATEGORY)		
PHYSICAL HEALTH CONDITION	107	67%
MENTAL HEALTH CONDITION	114	72%
DISABILITY	57	36%
OTHER HEALTH CONDITION	31	19%
DRUG OR ALCOHOL PROBLEM	121	75%
HEALTH CONDITIONS EVER DIAGNOSED (TOP FIVE)		
DEPRESSION	101	64%
OTHER MENTAL HEALTH CONDITION	88	55%
CHRONIC BACK PAIN	46	29%
ASTHMA	40	25%
HYPERTENSION	39	25%
HEALTH INSURANCE COVERAGE OVER PAST YEAR		
INSURED	97	60%
UNINSURED OR GAPS IN COVERAGE	66	40%
HEALTH CARE UTILIZATION OVER PAST YEAR		
MEDICAL SERVICE UTILIZATION	136	83%
MENTAL HEALTH SERVICE UTILIZATION	94	58%
SUBSTANCE USE TREATMENT UTILIZATION	75	46%
SELF-RATED HEALTH		
EXCELLENT	19	12%
VERY GOOD	34	21%
GOOD	66	42%
FAIR	32	20%
POOR	8	5%
TOTAL SAMPLE N	159	

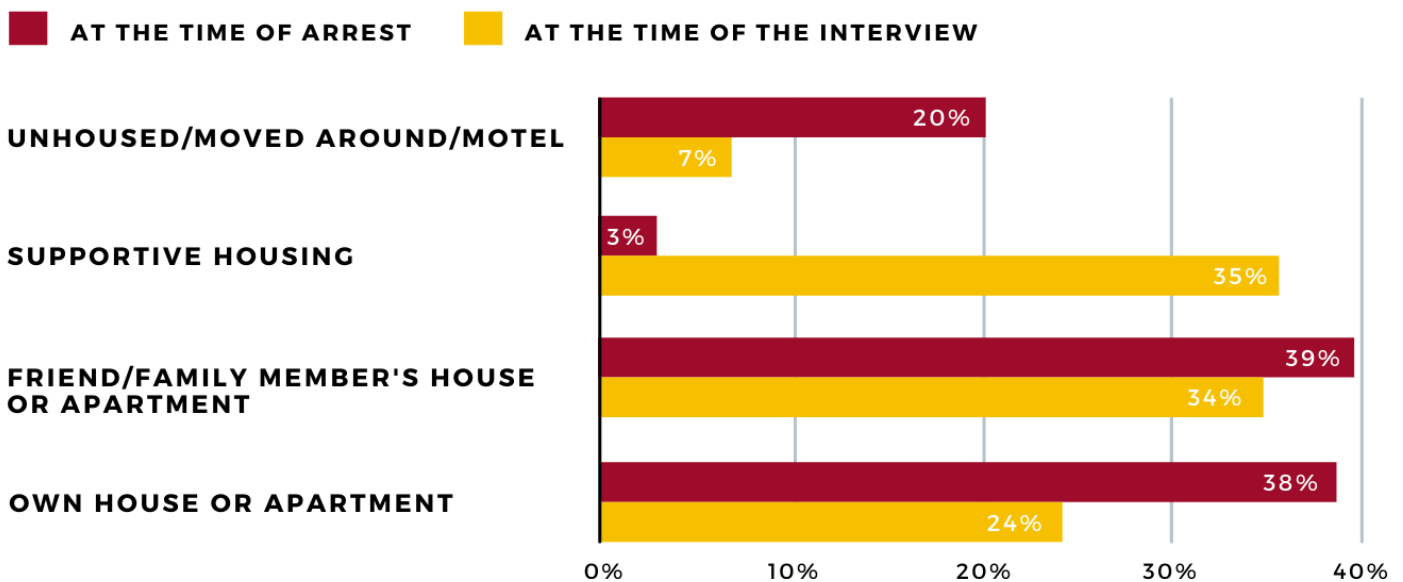
NOTES: Categories may not round to 100% due to rounding. Each statistic only includes participants with non-missing data on the key question.

Employment & Housing

Figure 1 displays participants' housing status at the time of their arrest and the time of their interview. Notably, a full 20% of participants reported being unhoused or living in motels at the time of arrest, compared to 7% at the time of the interview. The percent of participants living in supportive housing (i.e., residential treatment facilities, rehabilitation centers, transitional housing, halfway houses, shelters, or rooming houses) increased from 3% to 35%. The share living with friends and family members stayed relatively stable at 39% at arrest to 34% at interview. Finally, the number of participants living in their own house or apartment declined from 38% to 24%.

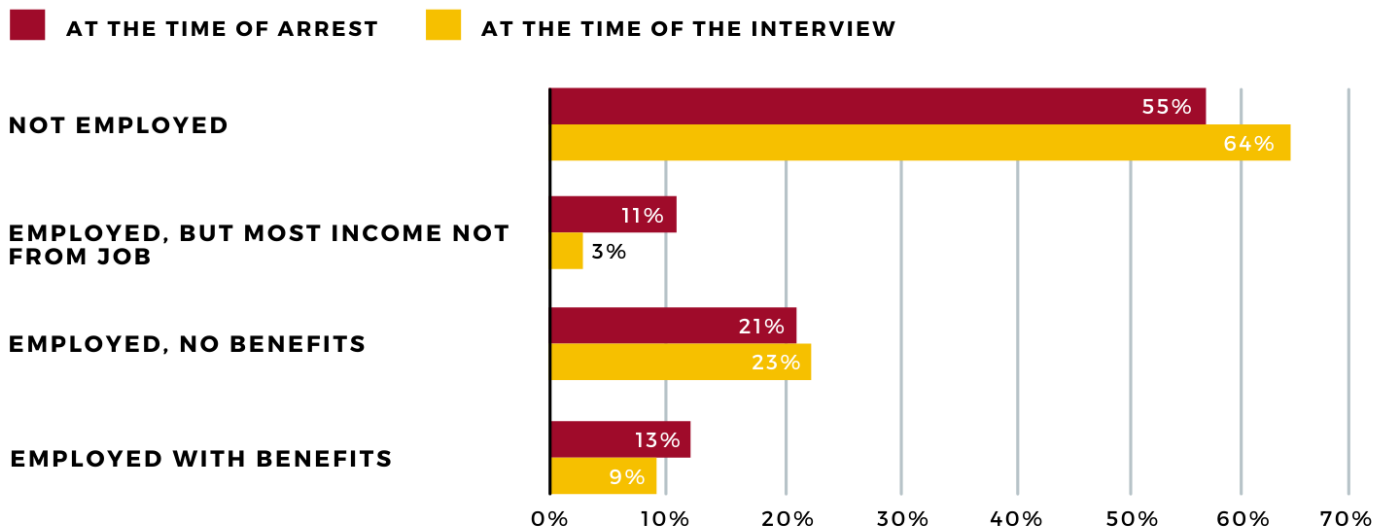
These point-in-time estimates, however, obscure complex transitions. The 20% who were in supportive housing at the time of the interview, for example, included people who were formerly insecurely housed, living with friends or family, and living in their own house or apartment. People who were unhoused at the time of the arrest sometimes went into supportive housing, or moved in with friends or family, but rarely moved to their own house or apartment.

Figure 1. Housing Status at the Time of Arrest and Interview



The employment status of participants at the time of their arrest (for the offense that led to the current term on probation) and the time of their interview is shown in **Figure 2**. The majority of participants (55%) were not employed at the time of the arrest, followed by those who were employed in jobs with no benefits (21%). In addition, the percent not employed increased after arrest, conviction, and supervision, rising to 64% at the time of the interview. This suggests that both at the time of the arrest and at the interview, over half of participants had little legal means of income outside of state assistance. Only a minority (13% at arrest and 9% at interview) were employed at jobs with benefits like paid leave and healthcare.

Figure 2. Employment Status at the Time of Arrest and Interview



As with housing, these transitions were variable. The majority of people (80%) who were not employed at the time of their arrest were still not employed at the time of their interview. However, among those with paid employment at the time of the arrest, 44% transitioned into unemployment by the time of their interview. While many of these jobs were low-wage work in the service industry and warehouses, other participants lost forms of employment with higher wages and (in some cases) benefits. Just under a quarter of those who lost jobs moved into supportive housing (potentially with employment restrictions), while others reported that their lost jobs were connected with their criminal conviction and/or the demands of supervision.

Family Dynamics

We turn next to family dynamics. **Table 4** documents that just under half (44%) of participants in our sample were parents to minor children. Among parents, 42% reported that they had custody of one or more minor children. We find stark gender differences in caretaking, with 80% of mothers and 28% of fathers reporting custody of child(ren). However, some parents with custody were still separated from their children, while many parents without custody actively participated in their children’s lives. For parents, the demands of supervision often had to be balanced with caretaking responsibilities.

Table 4. Parenthood Among Interview Sample

	N	%
PARENTAL STATUS		
NO MINOR CHILDREN	85	56%
PARENT OF MINOR CHILDREN	68	44%
CUSTODY STATUS OF FOCAL CHILDREN* FOR PARENTS WITH MINOR CHILDREN		
NO CUSTODY FOR ANY CHILDREN	38	58%
YES, CUSTODY FOR ONE OR MORE CHILDREN	27	42%
TOTAL SAMPLE N	153	

*The survey asked custody questions for three focal children for each participant with minor children. These were typically the youngest children or those for whom the participant had the greatest caretaking obligations.

In addition to questions about parenting status, participants were also asked about relationships with other family members. On average, participants said they could trust four family members at the time of arrest and five family members at the time of the interview. When asked whether they considered their families to be a source of support for themselves, 63% agreed or strongly agreed. While family relationships can serve as a source of support, many participants also described how probation, at times, strained their relationships with family members due to the stigma of conviction and the burdens of supervision.

Racial Disparities

As noted above, Black or African American people in the U.S. are disproportionately represented among adults on probation. This is true as well for our interview sample.

Previous research has documented that these disparities are tied in part to racial discrimination in employment, housing, policing, and sentencing, as well as the historical legacies of intergenerational wealth inequities, which produce unequal family and neighborhood conditions.¹⁴ National research also suggests that once on supervision, Black Americans are at higher risk of revocation, even when controlling for violation behavior.¹⁵ These disparities are also sometimes found for other communities of color, especially Latino/a/x and Indigenous people, although the representation of these groups in our sample was too small to analyze independently.



Among our sample, we find some evidence of racial disparities in outcomes for adults on supervision (conditional on being on probation). For example, when looking at unemployment at the time of the interview, we see that Black participants were significantly more likely to experience unemployment than white participants (74% vs. 60%). In housing, white participants were nearly twice as likely as Black participants (42% vs. 28%) to be housed in supportive housing facilities, while Black participants were more likely to be living with friends or family (43% vs. 29%). Yet on other metrics—including rates of food insecurity, diagnosis of one or more mental health and physical health conditions, and past probation violations on this probation term—we did not see significant disparities by race within our sample. Beyond these metrics, Black participants did, at times, describe instances when police officers, judges, and/or probation officers had expressed racist views or treated them worse than white peers.

We interpret this as evidence that race matters in who is exposed to probation supervision. Once on probation, however, there is a more complex relationship between race and the likelihood of finding support and stability in the community and on supervision. As we describe below, reform policies should be explicitly tailored to measure and reduce racial disparities.

In summary, we find that adults on probation face serious health and social needs. These challenges range from poor health status and prior substance use problems to under-employment, food insecurity, housing instability, and strained family relationships. We turn next to their experiences on supervision.

Experiences on Supervision: Learning from Participants

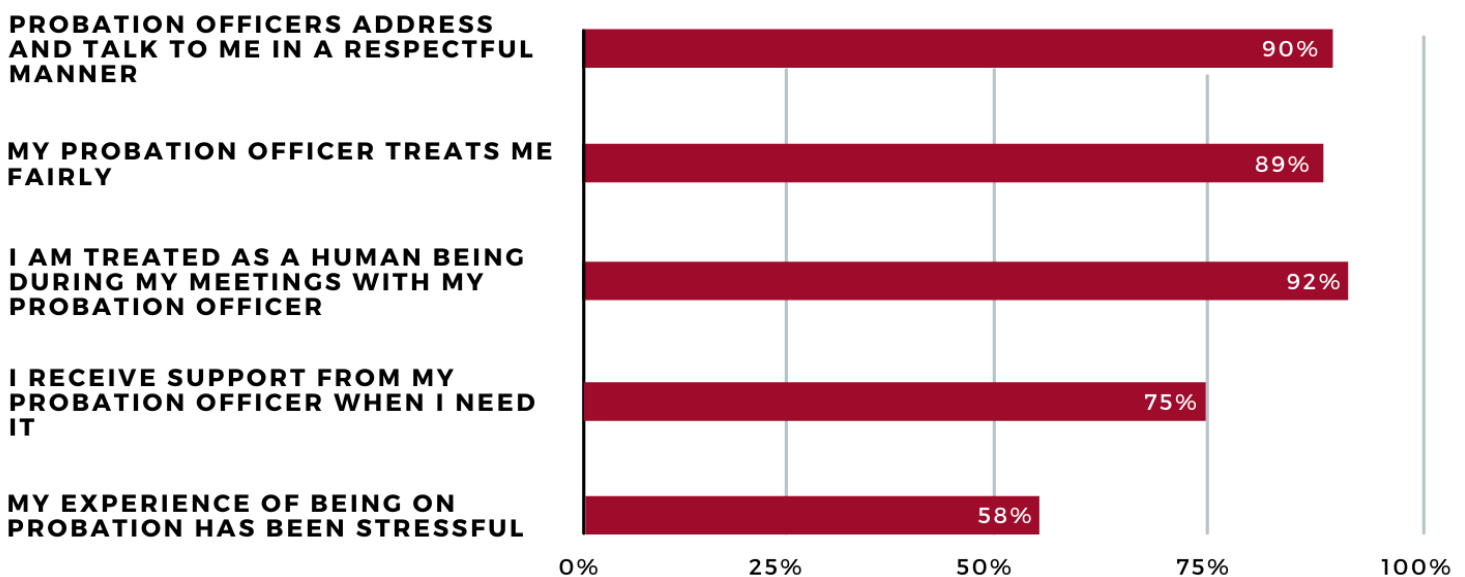
Below, we bring together quantitative and qualitative results on participants’ experiences of supervision. Throughout the discussion, we include the stories of our participants, sharing experiences in their own voices.

Meeting Needs: How Probation Can Help

The vast majority of participants perceived their probation officers (POs) as fair and respectful, as displayed in **Figure 3**. Three-quarters of our sample reported that they receive support from their probation officers when needed. In addition, 76% reported that probation had been “somewhat helpful,” “helpful,” or “very helpful.”

Figure 3. Probation Experiences of Interview Sample

% OF PARTICIPANTS REPLYING "AGREE" OR "STRONGLY AGREE"



Perceptions of probation's helpfulness were shaped by the circumstances of participants' lives. In particular, participants were less likely to perceive probation as helpful if their needs were not met—including economic, housing, treatment, and health needs. For example, food insecurity, a measure of dire economic precarity, was a significant predictor for participants' ratings of probation's helpfulness; among those facing food insecurity, 37% reported probation was not at all helpful, compared to 15% of those who were not food insecure.

Carl, a 60-year-old Black man, reported several forms of insecurity as well as significant health challenges. Carl had previously reached out to his PO for help alleviating some of these issues, but his PO told him that it was not his responsibility to help. Housing was Carl's greatest source of distress: "In order to get housing, I have to be working. And I can't work right now due to my medical issues." Carl was on state aid and living at a halfway house but could not find a way to move to permanent housing. His only option was to become homeless, which would then allow him into the shelter system and make him eligible for housing assistance. But he could not leave his halfway house without violating probation. Carl told us that he has thought about just going back to prison because no one is providing him with help.

When needs were met, conversely, participants were more likely to report probation was helpful. For example, compared to those who were living with friends or family, participants living in supportive housing were more likely to find probation helpful (82% vs. 73%). Similarly, current participation in drug treatment was associated with finding probation helpful (81% vs. 67%). This suggests that people with more material security are more able to positively work for change while on probation.

Achieving sobriety was a key marker of success for many of our participants. When probation was experienced as helpful, it was often because participants felt that their arrest and supervision had helped them stay sober, often through treatment for substance use disorders. However, as we discuss below, ongoing substance use and treatment monitored through probation supervision had substantial costs for participants.

Phil, a 40-year old American Indian man, rated his experience on probation as “very helpful.” Prior to probation, Phil had struggled significantly with drug addiction and was receiving food stamps, general assistance, and housing assistance. Now, Phil works full-time at a job with benefits, has stable housing, is no longer using substances, and is receiving drug treatment services—all contributing to his wellbeing. When describing probation’s helpfulness, he says: “It’s been everything I needed. Very helpful.”

Risking Revocation: How Probation Can Harm

As shown in **Figure 3**, while many participants had positive interactions with their POs, over half of participants (58%) agreed or strongly agreed that their experience on probation has been stressful. Thus, for most, the benefits of probation were counterbalanced by a myriad of supervision stressors, including the fear of revocation.

Perceptions of probation’s stressfulness were tied to prior criminal justice experiences and their supervision level. Respondents with prior probation violations (during the current probation term) and those on more intense supervision reported more stress. For example, among people reporting once a month or more, 67% agreed or strongly agreed that probation had been stressful, compared to 56% among those reporting less frequently. Both of these experiences increased the predicted likelihood of revocation, making it a more salient stressor.

Given the racial equity concerns discussed above, it is notable that there were few significant racial disparities in participants’ evaluations of supervision. For example, 58% of Black or African American participants agreed or strongly agreed that probation was stressful, compared to 59% of white participants and participants of other races/ethnicities. However, for some young men of color, frequent police and legal system contact among their family members and neighbors increased the stress of probation. Participants worried frequently about how simple daily actions—from walking in the neighborhood to going to family gatherings—could be criminalized and lead to police contact and/or violations.

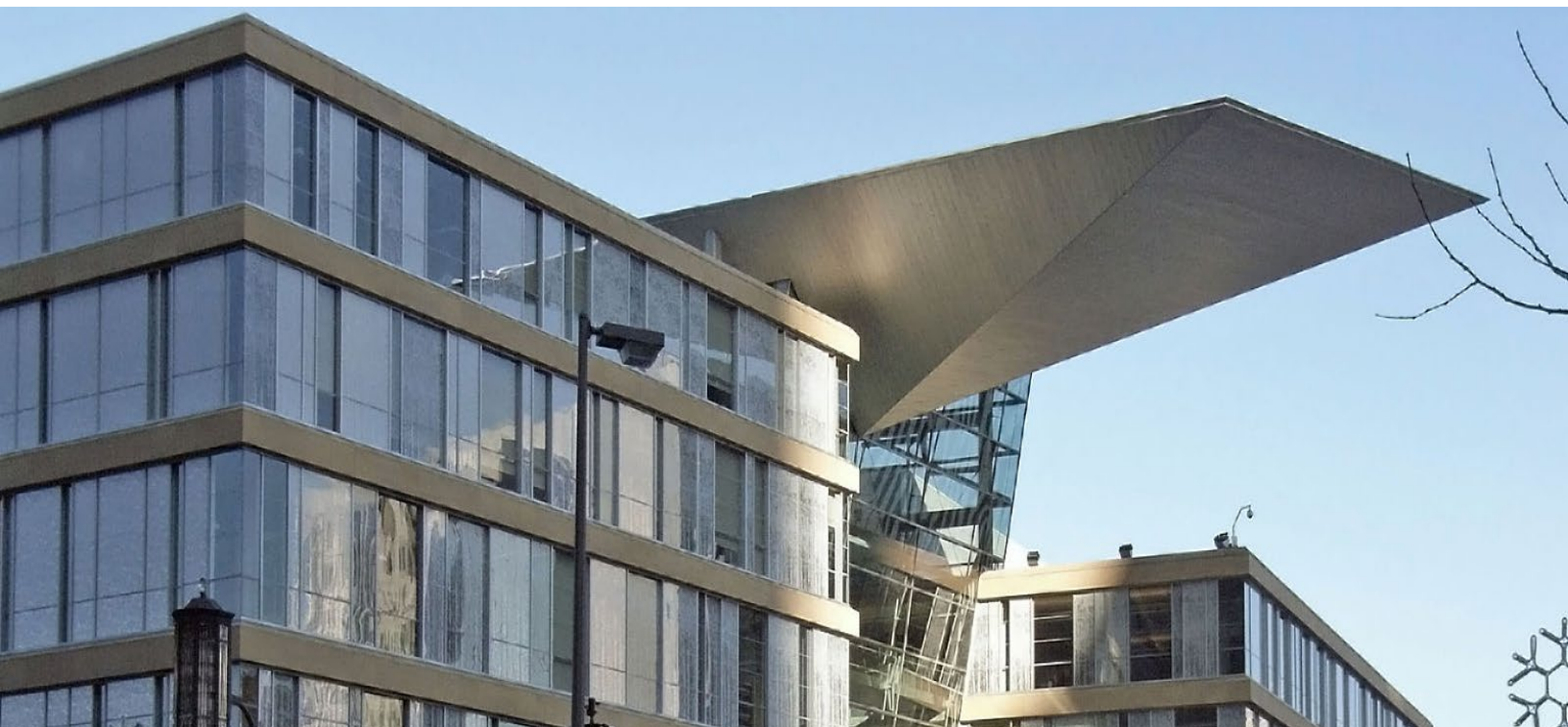
Jayden, a 23-year-old Black man on high-intensity supervision, spoke about how being on probation put him on the police radar, exposing him to more scrutiny and contact with officers in his neighborhood. While none of those contacts had yet resulted in additional arrests, they continually signaled his potential risk for revocation. Jayden also highlighted how probation can result in the criminalization of things as simple as seeing family members: “When you're a felon you really can't be around other felons, but my brother in prison and my cousins got felonies, like if I go to a family reunion, y'all gonna lock me up?”

Current drug use, including marijuana, was also predictive of perceiving probation as stressful. As noted above, participants had a wide range of views regarding probation's role in sobriety. Some people felt as though probation was a useful resource in helping them access treatment, some people felt that probation conditions helped them stay sober, and some felt that mandated abstinence from substances and mandated treatment were intrusive, patronizing, and did not take into account life contexts that influence one's ability to achieve sobriety. In addition, the demands of frequent testing could disrupt stability.

Ann, a 56-year-old white woman, considered probation to be “stressful” largely because of the time demands. She found drug testing and visits with her PO downtown hard to manage: “The difficult part is all of my jobs are all way outside of downtown so it's hard to be able to make in-person contact with her [my PO] without having to take a two- or three-hour lunch because I don't have a vehicle ... all my jobs are ... way far away from downtown and there's no bus service during non-rush hours.” This dynamic meant that random testing had the potential to disrupt Ann's employment, deepening her economic struggles.

Participants described the strategies they took to avoid positive drug tests, including potentially positive changes like temporary abstinence from use, but also coping behaviors, including substance replacement, with potentially negative consequences. For example, some respondents told us they had increased their binge drinking to self-medicate for chronic pain instead of smoking marijuana. These modifications often had negative consequences for individuals' health and ability to succeed in the community.

***Esperanza**, a 42-year-old Latina, struggled on probation with the prohibition of marijuana. Ever since starting mandatory drug tests (or urinalysis “UA”) as part of her probation, Esperanza decided to move to substances that didn't stay in her system as long: “I used to smoke weed everyday ... I had to quit and ... I found myself drinking more and, smoking cigarettes ... I only had to drop a UA once a month. So I can get away with drinking pretty much ... every other day.” This drinking habit was increasingly worsening Esperanza's health and interfering with her obligations. While simultaneously navigating hardships related to child care, unemployment, mental health, food insecurity, and economic instability, Esperanza was informed by her PO that she would be going to jail soon if she didn't reach three months of sobriety.*



People with poorer mental and physical health were also more likely to find probation stressful. For those in the lowest quartile of general health and mental health, 75% and 64% of participants, respectively, reported that supervision was stressful. Participants with worse health often struggled with long-term chronic health conditions, as noted above, and many of these pre-dated their arrest and term on probation. Yet for others, their health (and particularly mental health) had worsened with the stress of probation.

***Danny**, a 38-year-old white man, described probation as stressful and noted that his mental health had deteriorated. When asked to explain why, he explained: “I didn’t have anxiety, my depression was manageable. Um, I had hope for the future, and I could provide for my family. So, the stress level has skyrocketed.” Danny reported several mental health conditions, including PTSD, anxiety, and depression, all of which had worsened. Danny was particularly worried about the consequences of his conviction and supervision on economic security—he described the most difficult part of probation as financially supporting himself. He went from “a level of comfort to struggling pretty quickly” after losing a well-paying job with benefits because of his record.*

Lastly, participants described greater worries about probation when they perceived their POs as ignoring their unique circumstances or being unduly punitive. As noted above, most participants believed officers treated them fairly. For the minority who did not agree with this statement, however, supervision was experienced as deeply punishing, with rules arbitrarily defined and applied. In some cases, participants also experienced supervision as racially discriminatory.

***Brandon**, a 25-year-old Black man, discussed how a bad relationship with his first PO had impacted his overall trust in the system: “We were like super, super cool and I didn’t like see her for like one week and she issued a warrant but then in court, she slandered me so bad. It made me look like so, so bad... and that’s how all PO’s been ever since I started probation. So, I don’t trust no PO.” Brandon reported that since starting probation, it has been “very difficult” to avoid a probation violation and that having a supportive/helpful probation officer would be helpful for him to avoid a violation. However, when asked how likely he thought it was that he’ll be arrested within the next twelve months, he felt that it was a certainty.*

In summary, our study highlights the many factors that influence how adults experience probation, from economic stability to criminal justice experiences, substance use, physical and mental health, and support from probation officers. Participants described more positive experiences when supervision helped them to address the urgent needs in their lives—including accessing housing assistance, treatment programs, and employment and financial support. Yet this help was tempered by the fear of revocation, especially for those at greater risk of violation. Much of this fear was counter-productive, adding stress and uncertainty to people’s lives without contributing to public safety. In the conclusion, we chart how jurisdictions might better support adults on probation and reduce the burdens and risks of supervision.

During the COVID-19 pandemic in 2020 and 2021, DOCCR policies changed dramatically. As in probation departments across the country, in-office visits and drug testing in Hennepin County declined significantly. One of the lessons from these changes is that it is possible to reimagine supervision practices. The department is continuing to reevaluate and readjust these norms as pandemic-related restrictions are lifted, including limiting drug testing and positioning drug and alcohol testing as a tool to support treatment goals rather than as a violation of supervision. To help support this work of change, below we offer several policy recommendations to transform probation.



POLICY RECOMMENDATIONS



Below, we describe a series of policy recommendations developed from our findings, evidence-based best practices, and national models. While our data focuses on Hennepin County in 2019, we expect many of these recommendations to apply to other jurisdictions across the country. In addition, some of these recommendations speak to changes that need to be made outside of probation departments—including courtroom decisions, local and state laws and funding structures, and federal policies. Together, these recommendations can help jurisdictions better support people on supervision and minimize the burdens of supervision. Doing so will make our criminal justice system more “just” and make our communities safer by addressing the basic needs undergirding many people’s criminal justice contact.

1. No Wrong Door

Individuals involved in community supervision have numerous health and social service needs and require access to healthcare and other supportive services. A “No Wrong Door” approach would facilitate access by funding centralized county navigation to help individuals connect to healthcare and other supportive services like food, cash, and housing assistance that reduce recidivism.¹⁶ Instead of making probation officers responsible for supervision *and* rehabilitation, departments can utilize community navigators to connect people on supervision to needed services. In some models, community navigators take the form of “credible messengers,” or people with former justice-system contact.¹⁷ These lived experiences can help to build rapport and trust in such relationships. They can also help to reduce racial disparities in service referrals, especially when navigators and connected providers provide culturally responsive programs and services. In some cases, policymakers may need to reduce barriers to eligibility for these programs and/or increase local and state-level resources to meet demand.

2. Less is More

As we demonstrated, probation is often experienced as deeply stressful, in part because of the demands of supervision conditions and the risk of revocation. These burdens should be considered a meaningful deprivation of liberty and thus imposed judiciously. Many organizations and coalitions, including the Columbia Justice Lab’s Executives Transforming Probation & Parole (EXiT), The Pew Charitable Trusts, and Arnold Ventures, advocate for states and local jurisdictions to reduce active supervision populations by diverting people convicted of low-level offenses to inactive supervision and other alternatives, establishing parsimonious probation terms, and allowing people to earn time off supervision.¹⁸ The savings earned by reducing probation populations can be reinvested in community services and supports and evidence-based supervision practices.¹⁹ For example, New York City’s probation department in the 1990s substantially reduced its supervision population and reinvested those savings in community support programs.²⁰

3. Narrow Violation Criteria

As noted above, one of the most punishing aspects of supervision is the fear of revocation for technical violations. Depending on the conditions of probation imposed and the relationship between the PO and client, the demands of supervision and the threat of revocation can be experienced as arbitrary and subject to an officer's discretion. Although there are some public safety reasons to incarcerate for technical violations, many violations of supervision do not present a threat. To redress this, we suggest probation departments and states continue to narrow the circumstances when revocation for technical violations is permissible in state law and department policy.²¹ With more narrow revocation criteria, officer training might focus on how to be deeply transparent with clients about the criteria under which a person will be revoked in order to build trust. In addition, we support fair and parsimonious intermediate sanctions to respond to violations and, just as importantly, rewards to incentivize positive behavior.²² Seattle's Probation Services department, for example, recently shifted to a goal-based supervision approach with the use of incentives (including early release from supervision), which successfully reduced their client population.²³

4. Limit Drug Testing

One promising avenue for reducing revocations is to limit drug tests and to end technical violations for positive drug tests. This change is particularly urgent for marijuana—which is increasingly becoming legalized across the country. Many participants' coping mechanisms for avoiding positive marijuana tests worsened, rather than improved, their health. More broadly, despite the widespread prevalence of drug testing among probation agencies, there is little evidence that it reduces substance use or recidivism. Drug testing does increase revocation rates—at great cost to individuals and communities.²⁴ It also likely contributes to racial disparities in supervision outcomes. Instead of the “abstinence only” model, supervision could move toward a harm reduction approach supported by the medical literature. Rather than enforcing sobriety, such a program would reward improvements in substance use (e.g., less needle use, more days without using, carrying naloxone) to support recovery.²⁵ By limiting drug tests to only cases where substance use is clearly connected to risks to self or community members and restricting the role drug tests play in probation violations, the justice system can better support individuals in the process of achieving stability and desisting from crime.

CONCLUSION

Over the past several decades, community supervision rates have rapidly expanded, with increasing numbers of adults on probation and parole revoked to jail and prison. An ineffective system leaves the community less safe, while also burdening some of the most vulnerable adults with onerous conditions and requirements. However, for some, probation also can be a meaningful diversion from incarceration and an opportunity to address the barriers to their success and integration in the community. Our four recommendations—investing in healthcare and social services, shrinking supervision, narrowing the criteria for technical violations, and limiting drug testing—can all help to provide more safety and justice for Hennepin County and jurisdictions across the country.



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