

## Improve Health for Adults on Community Supervision

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By the end of 2016, more than **4.5 million** (or 1 in 55) U.S. adults were on community supervision — i.e. probation and parole — double the number of adults who were incarcerated. Adults on community supervision, like people who are **incarcerated**, have **high levels of chronic illness** and disability, which increases their risk of severe illness and death from COVID-19. Yet, many do not have health insurance or are dropped from coverage when incarcerated. Many **public health** and **criminal justice officials**, as well as **reform advocates** and **civil rights leaders**, have argued that the United States needs to substantially decarcerate jails and prisons during the current pandemic to limit the spread of COVID-19. But many of the people released will be placed on probation, parole, and other forms of community supervision. **Now, more than ever, it is essential that individuals on community supervision are able to access affordable health care to reduce the risks of COVID-19 and reincarceration.**

In a recent article in the *Journal of Correctional Healthcare*, our team used national survey data to estimate the prevalence of common chronic conditions among adults aged 18-64 years who had been on community supervision in the past year. While adults on probation and parole tend to be substantially younger than the general population, they are more likely to report fair or poor health and experience chronic conditions including lung disease, COPD, and hepatitis B or C — diseases that increase risk of severe illness from COVID-19.

Making matters worse, adults on community supervision are *less likely* than the general population to have **health insurance**, though the Affordable Care Act narrowed that gap. While the **CARES Act** provides COVID-19 related treatment for uninsured adults, it does not cover care for other medical needs. This means that adults on community supervision have limited access to care for management of their chronic conditions, which may further increase their risk during the COVID-19 pandemic. While many probation and parole offices **across the country** moved swiftly to **suspend or replace in-person visits and reduce technical violations** (or returns to jail or prison), others may be continuing to expose people on supervision and their staff members to risk of contracting the virus during office check-ins, home or work visits, and incarceration.

Our findings support two sets of policy reforms to respond to the health needs of individuals on community supervision during and after the COVID-19 pandemic:

1. Ensure individuals on community supervision are enrolled and maintained in health insurance programs that provide access to affordable healthcare.
  - Suspend, rather than terminate, Medicaid during incarceration.
  - Build linkages between local- and state-level health and human services and criminal justice agencies to coordinate responses to public health crises.
  
2. Rethink community corrections practices to support the health of adults on supervision.
  - Reduce reporting requirements and move to phone or video when possible.
  - Eliminate most technical revocations to jail or prison for violating supervision conditions.
  - Ensure individuals on community supervision are connected with an insurance navigator during intake.

**Read more in Tyler Winkelman, Michelle S. Phelps, Kelly Lyn Mitchell, Latasha Jennings, and Rebecca Shlafer, "Community Supervision and the COVID-19 Pandemic: Why We Need to Build a More**

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<https://scholars.org>

**Integrated Health System," Robina Institute of Criminal Law and Criminal Justice Blog, April 17, 2020.**