

# PANDEMIC RESPONSE FINAL REPORT

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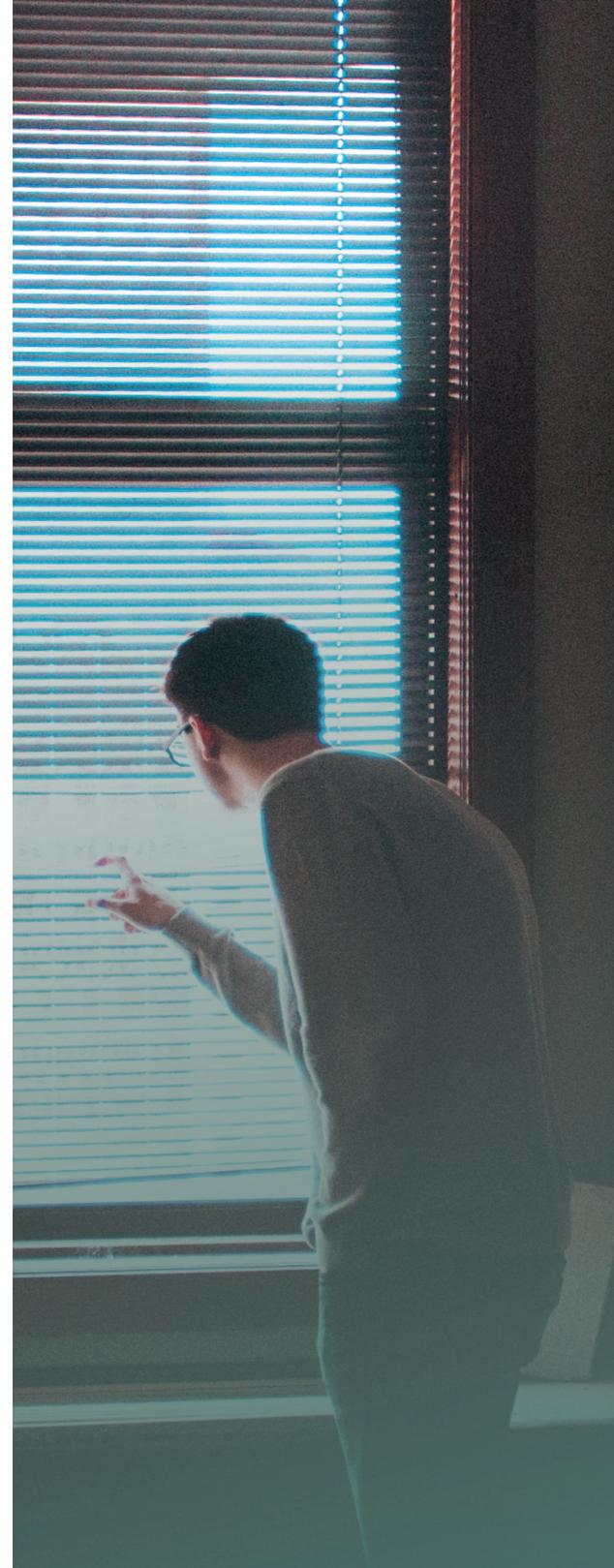
Staff, Justice-Involved Individuals,  
Survivors, & Provider Partners  
Weigh in on the Impact of COVID-19

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# Executive Summary

This report summarizes findings from an evaluation of the impacts of COVID-19 on the Multnomah County Department of Community Justice (DCJ). The Research and Planning (RAP) team gathered the perspectives and experiences of DCJ staff, DCJ justice-involved individuals (JIIs), survivors of violence, and external providers who work with DCJ JIIs and survivors/victims. Information was gathered over 11 months (April 2020 through February 2021) and incorporated input from the Adult Services Division, Juvenile Services Division, and Director's Office. The goal of the evaluation was to document the experiences and feedback from as many people as possible. The findings include both challenges and successes, which can inform how we continue our work as the public health restrictions are lifted and how we prepare for future crises.

The following are highlights of the findings resulting from this evaluation. More details about each are included in the rest of the report.

## DCJ Staff

Data collection methods included team meeting interviews, key informant interviews, and an online survey

**Challenges for staff** were related to increased work stress associated with:

- Confusion around constantly changing policies and procedures
- Increased workload associated with new duties, identifying new ways to accomplish tasks, and some staff being reassigned to COVID-related work or unable to work due to personal crises or safety concerns
- Competing priorities at home and challenges in transitioning work from the office to shared home space
- Decline in emotional well-being from fatigue, non-work time being less restorative, and intensely missing in-person contact with coworkers
- **Benefits for staff** were related to teleworking and other unexpected effects of the pandemic, including:
  - Flexibility of schedules
  - Elimination of commute time
  - Reduced stress due to the relaxed nature of working from home
  - Allows more focus without the competing distractions from the office environment
  - More accessible for employees with disabilities
  - Innovative ideas from line staff were heard and considered by management
  - More amicable and collaborative engagement with coworkers

**Teleworking equipment and resources** were available and functionality was achieved after an initial period of adjustment.

**Issues associated with in-person services and resources** included:

- Initial difficulty accessing personal protective equipment (PPE) and concerns about COVID exposure, but subsided over time
- Frustration around coworkers and managers refusing to follow safety guidelines
- Early in the pandemic, staff requested more access to COVID testing and increased symptom monitoring
- Lack of transparency about COVID outbreaks or coworkers testing positive

**COVID-19 impacts on JII contact** included:

- Although most parole and probation officers (PPOs) reported being in contact with JIIs about the same or more often than before the pandemic, some reported less frequent contact
- Less than one-third of staff reported frustration being able to reach clients

- The majority of staff reported that their effectiveness working with clients was “good,” “very good,” or “excellent,” but over one-third reported that their effectiveness had decreased relative to before the pandemic.
- Reasons for the change in quality of contact with JIIs included:
  - rapport building and JII engagement
  - JII accountability and consequences
  - ability to provide resources for JIIs

**Personal well-being** has been affected by the pandemic, including:

- Isolation from loved ones
- Deteriorating mental health
- Worries about physical health
- Parenting/childcare burden
- Limited technology prowess
- Inaccessible goods or services
- Political climate surrounding COVID

**Staff recommendations** for the future:

- Continued remote work options
- Recognize struggles of staff who are unable to telework
- Open up more in-person services
- Keep up or increase communication and transparency

## DCJ JIIs

An online survey was conducted with JIIs and staff provided their observations of the impact on JIIs. (Note: Due to the survey only being available online, interpreting the findings should be viewed within that context.)

- Although most JIIs had monthly or more frequent contact with their PPOs, some JIIs desired more contact.
- JIIs reported high quality contact with their PPOs.
- JIIs experienced challenges moving through their supervision requirements.
- Generally positive feedback about contact with treatment providers.
- Mixed experiences with the courts, with many JIIs feeling frustrated.

**Access to supplies and resources** was generally good for JIIs:

- Most JIIs had access to supplies they needed to stay safe from the virus.
- The majority of JIIs had access to medical care.
- Most JIIs had access to a phone and housing, but fewer had access to food.

**Personal impacts of COVID-19** included:

- Over one-third of the JIIs knew someone who had been diagnosed with COVID-19.
- Nearly half of the JIIs were taking care of someone at home.
- The majority of JIIs reported that the pandemic was stressful to them.
- Many of the JIIs experienced employment issues due to the pandemic.
- Many JIIs reported difficulty paying for their expenses during the pandemic.
- Almost half of the JIIs reported being impacted differently by the pandemic due to certain characteristics (e.g., race/ethnicity/color, age, disability status, sexual orientation or gender identity, religion, immigration status).

**Staff observations** included:

- Staff reflected positively on their ability to provide resources to most JIIs.
- Concerns about challenges providing resources to the most vulnerable members of the community (e.g., JIIs experiencing houselessness, JIIs with mental illness, and youth in detention).
- With the shift to more virtual services, staff noted increased flexibility and convenience for many JIIs.

- The reliance on technology put some JIIs at a disadvantage, which was coupled with the challenges of buildings being closed and unavailable for getting mail and warm handoffs from staff to services.
- Reduced stress from not having to meet staff in offices where there is a strong sense of law enforcement.
- Concerns about reduced confidentiality connecting with staff by phone, often in public places or in the presence of family members.

## Survivors of Violence

An online survey was conducted with survivors of violence and DCJ advocates provided their observations of the impact on their clients.

Survivors of violence are more likely to have multiple oppressed identities, which resulted in **missing basic needs** such as:

- Financial security
- Safe housing
- Childcare
- Safety

**Challenges navigating the legal system**, including:

- Law enforcement
- Court
- Community supervision

Some groups of survivors were **disproportionately affected**, including:

- Black, Indigenous, and People of Color (BIPOC)
- Survivors of elder abuse
- Undocumented or immigrant survivors

**Benefits to survivors** included:

- Increased accessibility through remote services, such as court proceedings and therapy or counseling services, which eliminated the barriers of transportation, childcare, and physical mobility concerns.
- The ability to request restraining orders by phone was viewed as a tremendous win for survivors.
- Increased funding through the Coronavirus Aid, Relief, and Economic Security Act (CARES) and through local initiatives allowed advocacy organizations to help survivors seek safety during the pandemic.

## External Providers

Individual video interviews were conducted with external providers who support DCJ JIIs and survivors of violence.

**Challenges for external providers** included:

- Complicated logistics of connecting clients to technology, especially for marginalized client groups, such as individuals experiencing houselessness, chronic poverty, immigration uncertainties, addiction, or mental illness.
- Challenges implementing and maintaining COVID-specific safety protocols for continued in-person services, particularly in in-patient settings.
- Virtual treatment impeded the establishment and support of strong relationship building that is so valuable in the therapeutic context.
- **Financial challenges** included:
  - reduced number of clients who can be served in-person due to physical distancing requirements
  - reduced staff time due to illness, quarantining after exposure or travel, and personal reasons preventing in-person work
  - decreased referrals from the court, criminal justice, and school systems

- individuals and families disconnecting from services due to being overwhelmed by other priorities during the pandemic
- increased purchases to support teleworking
- **Workload challenges** included:
  - additional tasks necessary for virtual programming (e.g., more reminder calls, troubleshooting technology issues, preparing and mailing materials to clients)
  - additional tasks associated with COVID-19 safeguards (e.g., regularly sanitizing spaces, contacting county and state health departments to stay current on restrictions)
  - reduced staffing required those remaining to take on more tasks
- **Challenges related to employee well-being:**
  - provider staff felt powerless to help their clients
  - reduced coworker support
  - increased work hours and stress resulted in exhaustion
  - increased trauma from working during the pandemic
- **DCJ-specific challenges** included:
  - closure of the Mead building, which served as a central location for providers to provide wraparound services to their clients
  - significant slow-down in the contracting process
  - limiting in-person supervision negatively affected provider operations due to reduced accountability and that responsibility falling more on provider staff

**Benefits for providers** included:

- pride in the work accomplished during the pandemic, especially the responsive and proactive response of staff
- increased connection with other service providers
- greater accessibility through virtual services for some clients, which increased engagement
- increased funding from internal adjustments and aid from county, state, and federal sources
- policy changes implemented that improved staff morale:
  - cutting hours while still paying for 8-hour shifts
  - additional hazard pay for staff continuing in-person work
  - extra vacation days available to staff
  - ensuring daily breaks and ending work on time
  - providing home office equipment and wifi

Although this report is structured in such a way that findings for each respondent group can be considered separately, it is important to review all of the findings and, as a whole, reflect on the extensive impact the COVID-19 pandemic has had on DCJ. We have experienced both challenges and benefits from the adjustments made to respond to the crisis, from which we can learn how to proceed in the future. Some procedures put into place during the pandemic should be maintained and some safeguards need to be established in order to prevent such a dramatic adjustment to crises in the future.

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## Acknowledgements:

The evaluation team would like to thank everyone who was willing to give us some of their time to share their experiences and thoughts about the impact of the COVID-19 pandemic. This would not have been possible without their valuable input.

# Introduction

Shortly after the COVID-19 pandemic restrictions began in March 2020, the Department of Community Justice (DCJ) leadership wanted to understand and document the impacts it had, and continues to have, on the DCJ staff, justice-involved individuals (JIIs), survivors of violence and victims of crime, external providers, and business practices. DCJ's Research and Planning (RAP) unit developed a multi-faceted evaluation methodology to capture the experiences with COVID-19 across all the groups of interest from the Adult Services Division (ASD), Juvenile Services Division (JSD), and Director's Office.

## DCJ Staff

- Team meeting interviews<sup>1</sup>
- Key informant interviews
- All staff online survey

## DCJ JIIs

- Online survey

## DCJ Survivors of Violence/ Victims of Crime

- Online survey

## External Providers

- Interviews of providers who work with JIIs
- Interviews of providers who work with survivors of violence

This approach resulted in a large amount of data that was analyzed and then summarized within this report. The report includes sections devoted to each of the respondent groups listed above, as well as a section that further details the methodology, an appendix summarizing the experiences of staff reassigned to the emergency operations center (EOC), an appendix with reproductions of the instruments used for data collection, and an appendix listing the key business practice changes identified across the respondent groups. It ends with a section devoted to summarizing areas of overlap across the respondent groups.

Throughout this evaluation, RAP has maintained its commitment to the ethical protection of confidentiality for everyone who participated and to representing all of the information we received. When reporting the findings, all of the data was reviewed and summarized without censoring, while also maintaining respondent privacy. Although some of the findings might be challenging to read, the reader can be confident that they accurately represent what we were told. We sincerely appreciate the openness with which respondents shared their feelings and experiences with us. This evaluation and resulting report would not have been possible without the willingness of everyone to give us a bit of their time and their thoughts.

It is important to note that the data collection period for this evaluation spanned from April 2020 through February 2021. Due to the rapid nature of changes that occurred during that time period, some of the issues noted in this report may have been addressed either partially or completely. As the COVID-19 safety restrictions relax, the impact of the pandemic may not be as challenging as it was when some of the data was collected. Regardless, the information contained in this report captures an unprecedented time in our history. The full impact of the pandemic is not yet known, but the lingering effects of COVID-19 on DCJ are likely to continue for some time. It is RAP's hope that the findings in this report can be used as a guide for future crises and to improve community justice practices in periods of relative calm.

Finally, the intent of this evaluation was to engage as many people in the feedback process as possible in order to represent a broad range of experiences. We hoped to learn both the challenges and benefits resulting from having to adjust to a global pandemic. DCJ embarked on uncharted territory in March 2020, learning as we went, and hoping that we made good and effective decisions in the face of constant change. Did DCJ achieve that? The feedback we received suggests that we have begun to move in the right direction, but we will need to continue the work over the coming months as the public health context changes.

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<sup>1</sup> A report of the findings from the DCJ staff team meetings was prepared and disseminated in June 2020 (*COVID-19 Impact. Staff Perspectives on the Pandemic's Effect on the Multnomah County Department of Community Justice*). The findings from the initial report were incorporated within this report.

# Methodology

Following the outbreak of COVID-19 and the restrictions put in place by the Oregon Governor's Office beginning in March of 2020, the Department of Community Justice (DCJ) made a number of changes to community corrections operations in an attempt to protect the health and well-being of DCJ staff and the people they serve. The purpose of this report is to document the effects of COVID-19 on DCJ operations, staff, justice-involved individuals (JIIs), community provider partners, and survivors of violence. The Research and Planning team (RAP) developed and conducted an extensive, multi-method evaluation to gather information and experiences from each of those groups. This section of the report details the data collection approaches employed for each group. Each of the instruments or question sets used across those approaches are included in Appendix 2.

## DCJ Staff

### Team Meeting Interviews

RAP contacted the managers of every team within DCJ (22 teams) and requested a brief virtual interview with their entire team. In total, 21 teams participated in these interviews. There was one team that was unable to participate due to a dramatic increase in their workload caused by COVID-19. The participating teams represented staff members from the Adult Services Division (ASD), Juvenile Services Division (JSD), and the Director's Office. Participants came from units with direct JII contact, direct victim/survivor contact, collateral provider contact, and those responsible for internal business processes. Two members of RAP joined 17 regularly scheduled virtual team meetings (some of which included multiple units) and scheduled three additional virtual meetings for one team that could not hold regular meetings due to staff working across different shifts (i.e., day, swing, and graveyard). One RAP team member explained the purpose of the project and posed the questions while the other RAP staff acted as a note taker. Notes were not direct transcripts of the interviews. Rather, they were intended to summarize the main points articulated by DCJ staff. The questions focused on changes that have occurred due to the pandemic related to contact with JIIs and how staff do their work, as well as disparities they have noticed for historically marginalized communities. Team meeting interviews were conducted in April and May 2020 and lasted 15-20 minutes each.

Following the completion of each team's interview, a follow-up email was sent to all participants encouraging them to email RAP if they had additional information to share. RAP received 13 emails with additional staff reflections. Those were combined with the notes from all of the team meeting interviews. Two RAP analysts then met together to distill the main themes that were identified across all of the DCJ teams.

### Key Informant Interviews

RAP identified positions within DCJ that may have been uniquely impacted by COVID-19 (e.g., staff who were sent to work for the Emergency Operations Center [EOC], human resources [HR] staff, and Gang unit staff). RAP contacted the key informants from each area and requested a 30-minute interview via teleconferencing. In total, all 15 invited DCJ staff participated in these interviews, which were conducted in August and September 2020. One member of the RAP team conducted all fifteen interviews, which were recorded verbatim using an automated transcription software. Transcriptions were then read in their entirety by two RAP analysts, who separately coded them to identify the impacts of COVID for DCJ business practices, DCJ staff, DCJ JIIs, external providers, and survivors of violence. The analysts met and compared codes before deciding on a final coding scheme. All transcripts were then coded a second time to ensure that they adhered to the finalized codes and that no information was missed. Due to the unique circumstances for the staff working for the EOC, the findings from those interviews are summarized separately and presented in Appendix 1.

## Online Survey

All DCJ staff (N = 563) were sent an online survey to complete regarding their experience working with DCJ throughout the pandemic. Staff were sent a link to the survey via their work emails. A reminder email was sent one week later. Additionally, the survey link was posted in the monthly digital newsletter that is sent to all staff. Data was collected through this online survey during the first three weeks of January 2021. On average, the survey took 14 minutes to complete. Survey questions asked about the following topics: availability of work-related resources, work effectiveness, client engagement, external partner engagement, personal life effects of the pandemic, and demographics. Survey questions were a combination of fixed-choice rating scales and open-ended text boxes. A total of 251 surveys were received for a response rate of 44.6%.

## DCJ JIIs

### Online Survey

All current DCJ adult JIIs and JSD individuals 18 years of age or older were invited to participate in an online survey regarding their experience working with DCJ throughout the pandemic. JIIs were sent a link to the survey via the email addresses that DCJ had on file. Two reminder emails were sent in the weeks following initial contact. Clients were given the option of completing the survey in either English or Spanish. The Spanish survey was translated from the English version by translation service. It was then checked for correctness by a DCJ staff who is a native Spanish speaker.

Survey questions asked about their experience working with their probation officer, experience working with external providers, experience with the court system, personal life effects of the pandemic, and demographics. Survey questions were a combination of fixed-choice rating scales and open-ended text boxes. On average, the survey took eight minutes to complete and was active for a month from early December 2020 through early January 2021.

Of the 2,774 individuals who were sent an email invitation, 36 responded requesting that they be removed from the survey. An additional 59 email addresses came back as undeliverable, resulting in a final sample of 2,678 JIIs. A total of 251 surveys were received; however, 15 were removed due to the individuals completing less than 20% of the survey items (i.e., surveys with less than five questions answered). This resulted in a final sample of 236 JII surveys, for a response rate of 8.8%.

It is important to note that the low response rate may be due to only offering the survey in one modality: online. It is possible that some of the JIIs emailed did not have a phone or computer to receive the email, or had difficulty with internet connectivity or data available to use for the survey. Under different circumstances, it would be better to use a multi-modal approach with JIIs, combining mail, online, and phone options for them to complete the survey. Due to these limitations, the findings should be interpreted with caution and viewed as relevant to only the individuals who responded to the survey and not generalizable to the whole population of JIIs under supervision in Multnomah County.

## DCJ Survivors

### Online Survey

RAP worked closely with Victim and Survivor Services staff to develop an approach that was trauma informed and respectful of the circumstances for their clients. Rather than creating a survey with a series of rating scale items, a short survey with only five open-ended items was developed. Also, due to the sensitivity of the circumstances for survivors of violence, RAP provided a link to the online survey to all DCJ victim advocates to include information about the survey in one of their periodic emails to their current clients. The survey focused on their experience working with DCJ and the court system throughout the pandemic, as well as the impact of the pandemic on their personal needs. A total of eight survivors of violence completed the survey, which took an average of nine minutes to complete.

## DCJ Providers Who Work with JIIs

### Interviews

Individuals from organizations providing services to DCJ adult or juvenile JIIs were identified and emailed an invitation to participate in a virtual interview. Of the 25 organizations or programs within organizations, interviews were conducted with 16. Nine of those provided services to adults and seven provided services to juveniles. The organizations represented critical services provided to individuals on probation or post-prison supervision, including addiction and recovery services and housing, mental health services, employment assistance, peer mentoring, culturally-specific services, youth and family services, and supportive housing. Interviews with providers were conducted from December 2020 through February 2021 and lasted from 30 to 60 minutes. The questions focused on how the response to COVID-19 has impacted the work they do, contact with JIIs, and service delivery, as well as any disparities for historically marginalized communities.

## DCJ Providers Who Work with Survivors of Violence

### Interviews

A similar approach was taken for the community providers who support survivors of violence. Individuals from 20 different organizations providing services to survivors working with DCJ advocates were identified and emailed an invitation to participate in a virtual interview. Of those, 13 completed interviews during January and February 2021. Interviews lasted approximately 30 minutes. The questions asked of the providers who work with survivors of violence were the same as for the JII providers, but additional follow-up questions were included that were more specific to working with survivors (e.g., safety planning, vicarious trauma for advocates).

## Business Practices

Throughout the data collected across all of the respondent groups, changes to DCJ business practices were identified. Due to the overarching nature of those changes, a separate list is included in Appendix 3. The list includes identification of the business practice change, the population providing the feedback, the perception of the change (i.e., positive or negative), and any relevant quotes to illustrate the impact.

## Analytic Approach

The data gathered across all of these groups and modalities were analyzed in one of two ways. The data from yes/no or rating scale items were analyzed descriptively, including counts and percentages of responses. Those numeric values were often summarized in bar graphs to show differences across responses. The data from open-ended text responses were reviewed using qualitative analysis techniques. Those techniques involve reading all of the text, systematically coding it for themes, and summarizing the themes based on the content of the text and illustrative quotes.

Throughout the analysis process, the goal was to represent the voices and experiences of all individuals we heard from. No censoring of information was done throughout the analysis process, so all perspectives are reflected as accurately as possible. However, in order to assure the anonymity of individuals across all respondent groups, the findings that follow in this report has been stripped of all individually identifying information. Also, care was taken to only include example quotes to illustrate findings that would not identify a particular individual. In some cases, a DCJ unit or division might be identified to note the unique impact on some teams; however, no individual staff member can be identified within this report. Our goal is to accurately present the findings while ensuring the confidentiality and privacy of all the individuals who were willing to provide information.

## Overview

Engaging the Department of Community Justice (DCJ) staff in the data collection process involved multiple approaches. Initially, team meeting interviews were conducted with 21 of the DCJ teams during April and May 2020. The Research and Planning (RAP) team was able to join many already scheduled team meetings, but a few additional meetings were scheduled to make it possible for staff working on different shifts to participate. Each of the team meeting interviews lasted 15 to 20 minutes and included feedback from units with direct justice-involved individual (JII) contact, direct victim/survivor contact, collateral provider contact, and from those responsible for internal business processes. In August and September 2020, key informant interviews were conducted with individuals in DCJ positions that may have been uniquely impacted by COVID-19, including staff who were sent to work for the Emergency Operations Center (EOC), human resources staff, and gang unit staff. A total of 15 key informant interviews were conducted, each lasting approximately 30 minutes. Due to the distinct situation for the staff working for the EOC, the findings from those interviews are summarized separately and presented in Appendix 1. Finally, in January 2021, all DCJ staff were invited to participate in an online survey. Of the 563 staff invited, 251 completed surveys for a response rate of 44.6%.

It is important to note that the data was collected from staff across a 9-month period, some of which was within a short time after the restrictions from COVID-19 were implemented by Oregon Governor's Office and some of which was five to nine months after they began in March 2020. Therefore, some of the issues noted in these findings have already been addressed, while there is still more work to be done related to other issues. The findings represent both negative and positive impacts of COVID-19 based on the information provided through all three data collection approaches with staff. It is important to remember that even if the perspectives and impressions from staff are not completely accurate, they are, in fact, what staff are thinking and feeling and should be considered.

## A Note About Demographics

Although four demographic items were included in the online survey, they are not presented here. For all of those items, 20% or more of staff did not respond. As a result, the information gathered did not fully represent the 251 people who responded to the survey. Since there is no way of knowing whether certain subgroups were more or less likely to complete those items, the RAP team decided that the demographics would not be reported. Based on some of the comments we received, it was apparent that some staff felt uncomfortable about providing the demographic data out of concern for privacy and leadership being able to identify their responses. Instead of filling out the demographics items, one participant wrote, "will not state due to fear of retaliation from leadership." Although no one outside of the RAP team is able to view individual responses, and, as researchers, we are bound by a strong code of ethics to protect the confidentiality of all respondents we gather data from, we felt compelled to acknowledge that staff concern and protect everyone's privacy by excluding that information from this report.



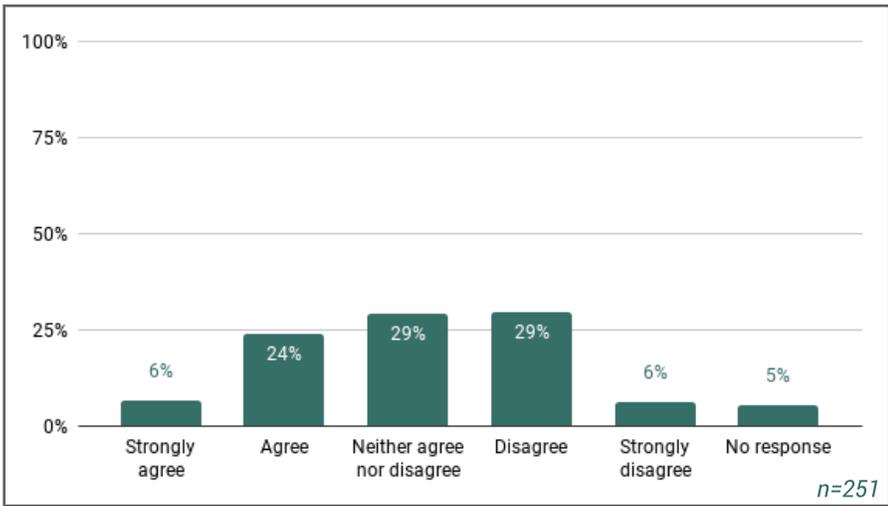
## Challenges for Staff

COVID-19 set in motion a complex spectrum of challenges for the staff of DCJ. In 2020, staff reported that their greatest struggle was increased work stress due to added difficulty in completing their essential job tasks. A common challenge contributing to increased work stress was confusion around constantly changing policies and procedures. Although not the majority, about one-third (30%) of respondents to the DCJ staff survey “agreed” or “strongly agreed” with the statement ***“I have been confused about changes to DCJ’s business practices during the pandemic”*** (Figure 1). This uncertainty was evident across all job classifications and resulted in significant ramifications for the experience at work for some staff. Due to the confusion, critical job functions were slowed down, staff felt unprepared to advise JIIs, and line staff lost faith in their managers’ abilities to help and support them.

Confusion around constantly changing policies and procedures continued throughout 2020. Just as the initial shutdown policies were ironed-out, new areas of uncertainty arose as Multnomah County began to discuss opening back up. This resulted in staff being presented with new and ever-evolving challenges to their work lives.

“ ***There was this constant information being thrown at you. Like, we would get going on something, and hours later or the next morning it would completely change.*** ”

**Figure 1: I have been confused about changes to DCJ’s business practices during the pandemic.**



DCJ staff’s work stress was further exacerbated by an increased workload. Work tasks increased in a number of ways during the pandemic. First, many staff were assigned completely new work obligations to manage on top of their existing roles in order to help the department operate remotely. Second, practically all staff required extra time and effort to identify new ways to connect with individuals (i.e., JIIs, providers, coworkers) in order to accomplish their normal work tasks. Third, many departments suffered from staffing

issues, as employees either got reassigned to handle COVID-related assignments or were unable to work at all due to personal crises and safety concerns. Those staff who remained in their normal positions were then responsible for absorbing the work that had previously been assigned to their coworkers.

“ ***The additional COVID cleaning protocols are necessary, and do take up additional time, but no allowance seems to be made for the additional time taken from my regular workload. Staff shortages add to my workload. Continuing changes to work protocols add to my workload. My workload keeps increasing!!!! I cannot take any sick time, or vacation time, without being set back and buried in work.*** ”

Further adding to their work stress, staff highlighted that competing priorities at home had become a central challenge to their lives. Many staff were attempting to work from home alongside their spouse and children, who were also trying to complete their own work/school requirements. In addition to being pulled away from their work tasks to attend to the needs of their family members, staff expressed concerns around space constraints in their homes, especially with regard to setting up a functioning home office and maintaining a space that would allow for confidential conversations. Staff additionally struggled with setting boundaries that would allow them to distinguish their work lives from their home lives. They found themselves working at all hours of the day and night, which in turn, was leading to greater burnout. Additionally, DCJ staff who were unable to telework reported that their work stress had increased significantly due to the fear of contracting COVID at work and bringing the disease back to their family members. Staff who were caring for elderly or immunocompromised family members felt strongly that the physical health needs of their family outweighed any delays in work, but simultaneously felt themselves getting overwhelmed when trying to navigate work and safety.

“  
***[One of my staff] has got lots of small children in her house. So she was dealing with school shutting down and how to handle having kids while her husband is also trying to work remotely, you know? [Another staff], they care for their elderly mother. So she's worried about her mom being exposed and how do they manage the dynamic with people not exposing her mom.***”

Finally, DCJ staff noted that their work stress had accelerated due to a decline in their emotional well-being. Staff reported that they were easily fatigued, were not finding their non-work time to be restorative, and were intensely missing their relationships with trusted coworkers. Staff recommend that their leadership take a more active role in improving workplace morale by:

- limiting the amount of Zoom meetings in a day to combat “Zoom fatigue,”
- encouraging all staff to take vacation days (especially encouraging staff to take true vacation days, not just using their vacation days to handle home emergencies), and
- providing more opportunities built into the workday just for staff to socialize with each other.

“  
***DCJ needs to focus on morale. Right now it feels like you need to work from home a full 40 hours, juggle your children who are home and demanding help with school, don't let your clients go by the wayside, reach out to community partners who are also not operating by their usual practices, oh and by the way we are cutting the budget so hopefully that goes well for you and your resources.***”



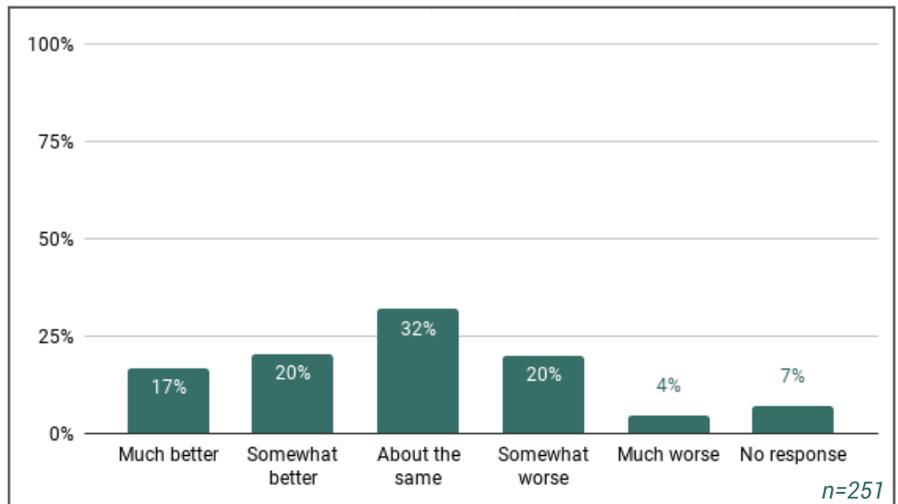
## Benefits for Staff

Importantly, not all impacts of COVID-19 were negative for staff. In fact, the sudden disruption of business-as-usual procedures allowed for a number of work-related benefits that were previously unexplored. In particular, 69% of staff who responded to the survey felt that the changes to DCJ’s business practices during the pandemic worked “about as well” or “better” for them than before the pandemic (Figure 2).

For example, the COVID-19 pandemic created a natural experiment to test the feasibility of a mostly remote workforce. After the initial struggles of setting up home offices, getting the appropriate equipment, and learning the technologies that allow for remote work, staff overwhelmingly appreciated the value of telework. More than any other impact of the pandemic, staff commented that they hoped telework would be retained in some capacity after the pandemic had subsided. In particular, staff found that telework:

- allows for flexible schedules, which works both for balancing JIIs’ needs and staff’s responsibilities at home;
- eliminates commute time, which not only gives staff more time for other responsibilities, but also improves staff moods at the beginning and end of their workday;
- reduces staff stress as employees do not feel the pressure to be “on” every day (e.g., can dress casually, listen to music while working);
- allows staff to focus without the competing distractions of the office environment;
- saves money in the budget, which could be better used in retaining staff positions;
- is more accessible for employees with disabilities; and
- is more environmentally-conscious.

**Figure 2: Compared to pre-COVID, how have the pandemic-related changes to DCJ’s business practices worked for you?**



Another benefit noted by DCJ staff is that the COVID-19 pandemic allowed innovative ideas from line staff for improving community corrections to be heard and considered by management. Prior to the pandemic, direct service staff reported that it was extremely difficult for any policy or procedural change to be enacted, no matter the benefit that such a change would produce. The immense disruption to business-as-usual created by the pandemic opened the door for staff’s creative ideas to be given true consideration. Some of the changes to DCJ policies (e.g., providing funds directly to survivors of violence to pay rent, buy groceries, install security cameras) have been lauded as a great success and staff hoped that these changes would become permanent.

“*[My staff and I], we’re kind of always brainstorming about what our new future is going to look like.*”

Finally, many DCJ staff agreed that the pandemic provided an opportunity to work more amicably and collaboratively with their coworkers. Staff noticed that many team members put small interpersonal differences aside, were kinder, and were more willing to help each other during the pandemic. Managers similarly appreciated the opportunity to focus on team building skills and to devote work-time to establishing expectations around self-care practices.

“ *I feel that our team is really working well together at this time, we are stepping up and making it happen because it needs to be done. We are doing a good job of being adults about this - there’s none of that ‘I did more work than you’ during this time.* ”

“ *Before COVID, it was always all about money. What are you bringing in? Do you have the right numbers? Because if we don’t have the right numbers, we don’t get that money from the City of Portland . . . And now it is: Are we taking care of ourselves? Are we taking care of what we currently have instead of all this external focus?* ”

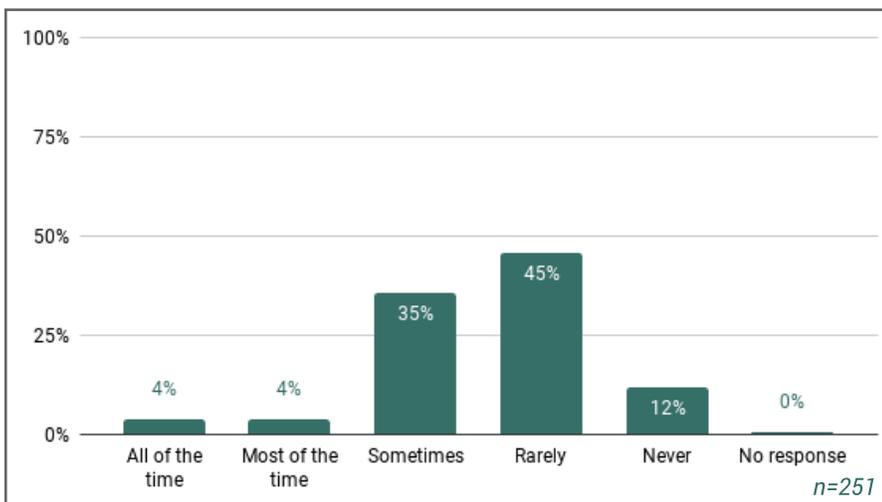


## Work Resources and Equipment

### Teleworking Resources

When asked to reflect on the availability of work equipment and resources over the course of the pandemic, DCJ staff reported that many equipment-related issues arose immediately as the pandemic began. However, the majority of those issues were resolved within six months. The largely successful shift to remote work was accomplished, primarily, by the effectiveness of the teams tasked with equipment management (i.e., the Business Applications Team, Human Resources, and Information Technology). Dealing with resource issues became the central focus for these teams in the spring of 2020. By December of 2020, only 8% of DCJ staff were reporting that they were experiencing resource or equipment issues “most of the time” or “all of the time” (Figure 3). However, 88% of DCJ staff reported that they experienced a resource or equipment issue at some point during the COVID-19 pandemic.

**Figure 3: How often have you had issues using the resources necessary to complete your work (e.g., phone, laptop, software, etc.)?**



“ *In March, the biggest impact [of COVID-19] was that immediate equipment needs took precedence over everything else. So a lot of our projects just kind of stalled for a period of time until we could kind of get that under control, making sure people had what they needed so they could work.* ”

The most commonly reported issues with work-related resources are listed below in order of frequency.

**1 Insufficient internet speeds or connectivity when working from home.**

“

*There have been times when I've had issues with my internet service at home while teleworking, which affects my ability to use my laptop.*

**2 Missing work equipment while teleworking, especially printers and second monitors.**

“

*I am missing a printer and printer ink, pens, pencils, paper. Office stuff that's super expensive especially when it's only being used for work purposes.*

**3 Difficulty connecting to the VPN, accessing information on the county network drives, or getting individual programs to open while teleworking.**

“

*Most recently there have been connectivity issues with the County's server to access my computer.*

**4 Long wait times to get broken equipment replaced or to get IT to fix a bug.**

“

*Two laptops died on me and had to have them replaced; each time the process took several days, impacting my ability to take care of my caseload.*

**5 Difficulty setting up a home office, especially due to space constraints or missing ergonomic accommodations.**

“

*I do not have the same workstation set up and ergonomics have also been an issue without a standing desk.*

## **In-Person Services and Resources**

Separate from telework equipment and resources, staff who continued to have direct contact with JIIs, or otherwise continued to work around people, reported specific issues related to accessing PPE and concerns of COVID-exposure. Especially in the early months of the pandemic, direct line staff reported that PPE (i.e., hand sanitizer, cleaning wipes, disposable gloves, face masks) were inconsistently available in their offices. However, most staff noted that this accessibility issue was largely resolved as the pandemic wore on and the national supply chains caught up with the nationwide demand for protective equipment and cleaning supplies.

“

*At first it was about not having enough hand sanitizer. Then that got resolved.*

Nevertheless, one ongoing request was for additional cloth masks to be provided by DCJ. Staff noted that one cloth mask was provided per employee at the beginning of the pandemic, but since then staff have either been sewing or purchasing their own masks.

“

*I might suggest more of the navy blue cotton masks be made available.*

Staff voiced increasing frustration around coworkers and managers refusing to follow COVID-19 guidelines. This left essential staff feeling that their personal safety was compromised when they came in to work. Furthermore, staff felt that the buildings they work in (especially the Mead building, juvenile detention, and the jail) did not meet COVID safety standards, even if all of the staff were to abide by the Governor's COVID-19 mandates. Concerns of this nature included:

- small hallways where two people cannot remain six feet apart,
- spaces with poor ventilation,
- small break rooms where staff must remove their masks to eat,
- spaces where delivery people enter and exit, and
- spaces where individuals are housed closely to one another (jail and detention).

“  
***I take all the precautions, and follow all COVID the protocols, but still have to go into an office where others can be lax.***”

“  
***Since staff do not get breaks in detention, we eat, drink and use the restroom in close proximity to coworkers with our mask off in the same office.***”

Finally, staff who remained in field positions requested more access to COVID testing and the results of their coworker's COVID tests. Staff noted that many other in-person organizations had established a system to require regular (daily or weekly) COVID testing in order to reduce workplace outbreaks. Even more organizations required COVID symptom monitoring (i.e., temperature checks, symptom reporting forms) before coming to work each day. The lack of regular COVID symptom monitoring for DCJ employees left many feeling unsafe about coming into an office or facility every day.

“  
***I do think more routine testing would be beneficial. I know there is the risk of false negatives, so I wouldn't say testing instead of masking/distancing/etc. but it could be complementary. Many similar workplaces do it once a week or so.***”

Staff also expressed concerns that leadership was not being transparent when COVID outbreaks did occur. Staff reported instances of hearing from coworkers that someone who worked closely with them had tested positive, or that COVID-positive JIIs had been admitted into the jail or detention facility. However, no corresponding announcement was made by a manager. This left employees feeling distrustful of management and increased concern regarding their physical safety at work.

“  
***Be honest about other employees who may have contracted COVID while working for DCJ.***”



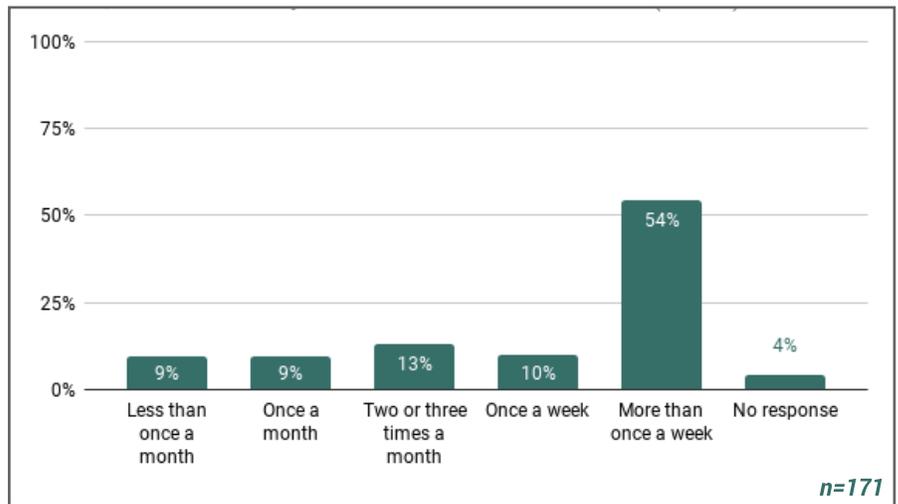
In this survey, DCJ staff whose positions require contact with JIIs were asked to respond to a number of questions regarding the mode, frequency, and quality of their contact with JIIs over the course of the pandemic. However, to maintain confidentiality when responding to the survey, staff were not asked to identify the population of JIIs that they worked with (e.g., high-risk adults, juveniles). Therefore, the percentages reported in this section cannot be broken down by various JII populations.

### Frequency of JII Contact

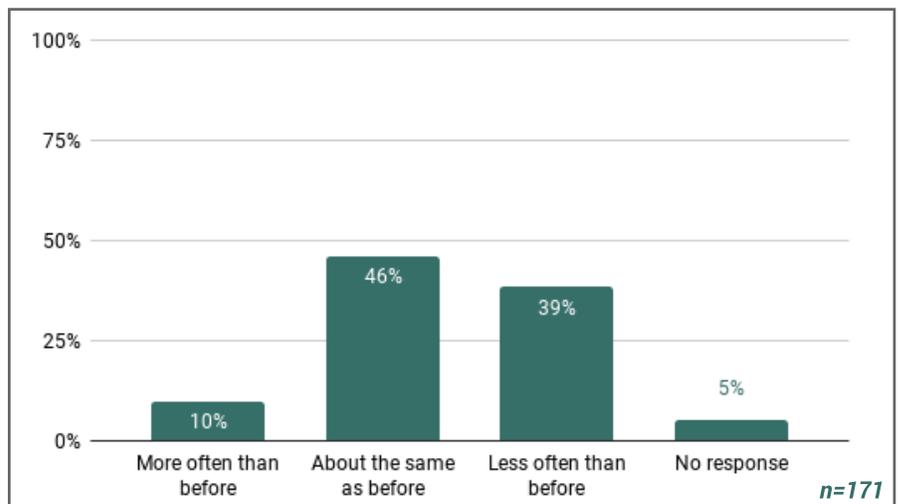
Of the 171 staff who reported in the staff survey that their positions require JII contact, 64% indicated that they contacted their JIIs an average of once per week or more during the pandemic (Figure 4).

In addition, 56% of staff with JII contact reported that they were in contact with their JIIs as often as or more often than they had been before the pandemic. On the other hand, 39% of staff reported a decrease in JII contact since the pandemic began (Figure 5).

**Figure 4: [If your job involves contact with JIIs] On average since the pandemic started, how often have you been in contact with your clients?**

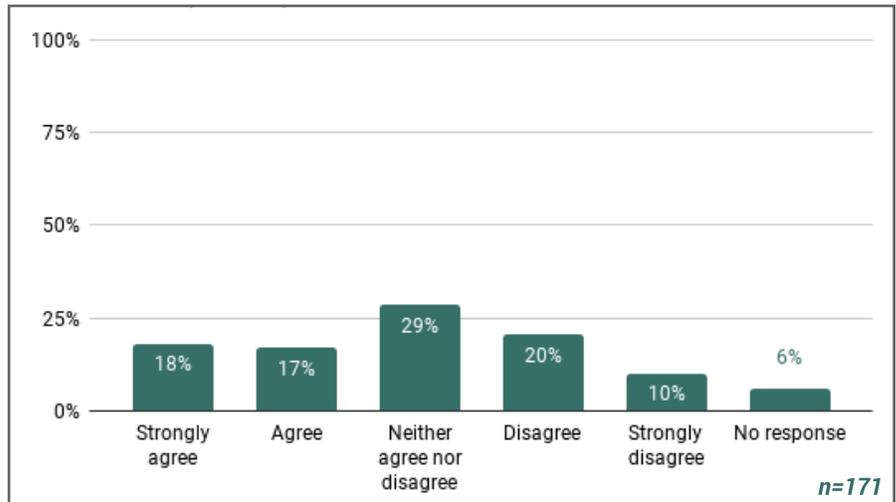


**Figure 5: Is this more or less than you typically were in contact with JIIs before the pandemic?**



Staff were similarly split regarding frustrations around absent JIIs. Of staff who work directly with JIIs, 35% agreed or strongly agreed that they felt frustrated due to an inability to contact JIIs during the pandemic. However, that perspective was almost equally matched by the 30% of direct-service staff who had disagreed or strongly disagreed with this sentiment, and the 29% of staff who neither agreed nor disagreed that they felt frustrated with absent JIIs (Figure 6).

**Figure 6: During the pandemic, I have been frustrated about not being able to reach clients.**



**Increased Contact**

Staff who noted an increase in JII contact hypothesized that justice-involved individuals were reporting more often because virtual visits are more accessible than in-person visits. Parole and probation officers heard from their JIIs that virtual visits eliminated the stress of travel and childcare that are often associated with in-person visits. Staff also indicated that they had made an effort to increase the amount of contact they were having with JIIs, especially at the beginning of the pandemic, to ensure that JIIs knew what to expect while things were changing rapidly. Finally, some staff noted that JIIs have been in contact more, to not only comply with supervision, but also because they needed additional help accessing pandemic-specific resources.

“ *We’ve found new ways to make contact - through meetings online, visually, as well as on the phone. So I have a lot more regular contact with my own JIIs than before.* ”

**Decreased Contact**

Other units have seen contact with JIIs decrease, as buildings closed and work slowed down. In particular, parole and probation officers noted that houseless JIIs and JIIs with inconsistent access to a phone were hard-pressed to remain in contact with DCJ. Other justice-involved individuals called less because there were limited repercussions for remaining out of compliance with supervision. With jail sanction restrictions in place, community service closed, and court hearings operating at a greatly reduced pace, some noncompliant JIIs recognized that there would be little to no consequences for lapses in their supervision requirements.

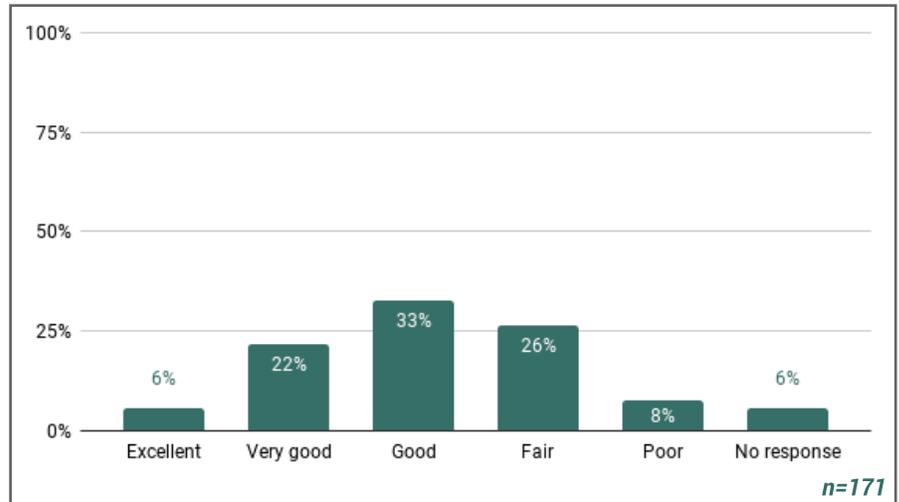
“ *The JIIs you work with are a self selected group. If a JII chooses not to engage or does not have the resources to engage (homeless, no phone, etc.) it is very difficult to maintain consistent contact.* ”

## Quality of JII Contact

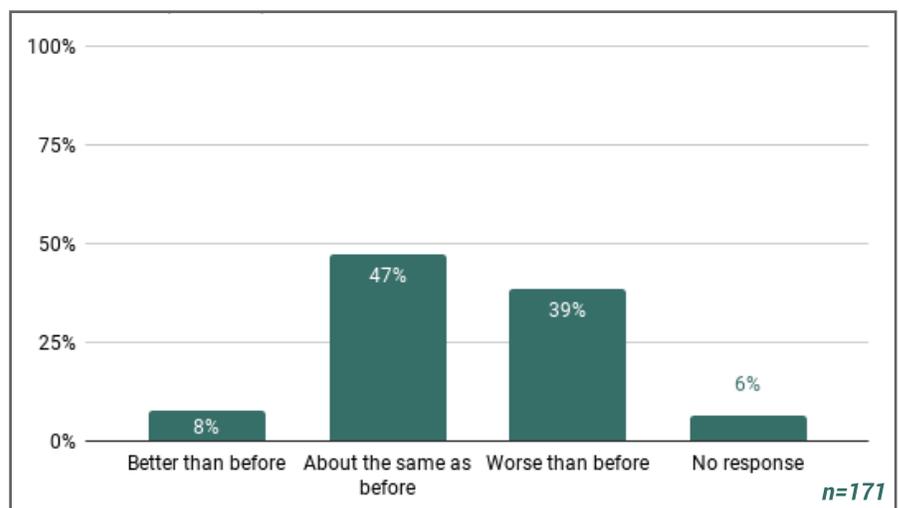
In addition to the frequency of JII contact, staff were also asked to reflect on the quality of contact with JIIs. Of the 171 staff who reported in the staff survey that their positions require JII contact, 61% indicated that their effectiveness working with JIIs was “good,” “very good,” or “excellent.” In contrast, 34% felt that their effectiveness with JIIs was “fair” or “poor” during the pandemic (Figure 7).

Notably, staff perceptions were split when asked to compare their effectiveness working with JIIs to their work before the pandemic. More than a third of staff (39%) felt that they were less effective working with JIIs than they were before the pandemic. However, 8% of staff felt that they were more effective than they had been previously, and the majority of respondents (47%) felt that their effectiveness had not changed (Figure 8).

**Figure 7: During the pandemic, how would you rate the overall effectiveness of your work with JIIs?**



**Figure 8: Is your work effectiveness with JIIs better or worse than before the pandemic?**



When asked to elaborate on why they felt that the quality of contact with JIIs had changed, staff responses were polarized in three areas.

### 1 Rapport Building and JII Engagement

Staff who felt that they had become less effective during the pandemic often reported that this was due to difficulties building relationships with JIIs over the phone or via video conferencing. Specifically, staff noted that the lack of nonverbal communication cues added to the challenge of getting to know one’s JIIs, *...because I have no non-verbal communication, building rapport is more difficult.*

Staff who work with juvenile JIIs especially highlighted the difficulties of working with youth without face-to-face interaction.

“*It’s hard to make a connection with JIIs that I’ve ‘met’ only on the phone.*”

“*Youth need to be seen. The effectiveness of case managing youth is to see them in person.*”

In addition, some staff noticed that JIIs became increasingly less engaged with their supervision work over the course of the pandemic. This was often viewed as the result of having competing distractions while at home or having no private space to discuss sensitive issues. The catastrophic effects of the pandemic resulted in JIIs losing many of their basic needs. With these needs unmet, JIIs were unable to devote the mental energy required to be successful on supervision.

“ *JIIs in their home environment are less focused on addressing issues. . . they are overwhelmed, unmotivated, and more focused on other situations of their life than on supervision.* ”

However, just as many staff reported they found rapport building to be easier when using remote methods.

“ *Most JIIs are more communicative and rapport building has been easier. I think telephone and/or video meetings have been an easier means of check-ins for JIIs.* ”

Staff attributed this to JIIs' reduced stress.

“ *Phone contact has actually reduced JII anxiety. It seems as though they are easier to get in touch with since it's via phone and they do not need to figure out a ride. It's almost as if the process has become more simplified, to just call a number. People seem to be more pleasant over the phone.* ”

“ *With teleworking, I have been more available. For instance, during after hours and the weekend during which I'll return calls for my clients in crisis. Since I am able to conduct virtual visits, I can accommodate both their work schedule and my work schedule too.* ”

Virtual meetings not only solved the many logistical challenges that have long faced JIIs, such as finding childcare, taking the time to travel via public transportation, and missing work, but also eased some of the emotional burden of interacting face-to-face with a law enforcement official. Similarly, some staff remarked that JIIs appeared more engaged with their supervision than ever before. These staff reported that their conversations with JIIs were more meaningful, both because JIIs were less guarded over the phone and because staff felt that they had more time to devote to JII's needs.

## 2 Accountability and Consequences

Many staff felt that their jobs were made harder by the limitations put in place to protect physical health at the expense of JII accountability. Specifically, the order to limit the use of jail sanctions to only egregious offenses, the elimination of GPS monitoring and community service, and the inability to conduct home visits or serve warrants were particularly challenging. In combination, these changes to DCJ business practices made many direct service staff feel that they could not perform their job duties effectively.

“

***I think my effectiveness has been affected in that I have limited options when I don't want to jail sanction. I [usually would have] used community service and that is not currently available. So often violations that, in the past, would be given 1 or 2 days of community service are now being given a verbal warning.***

As the pandemic wore on, staff also noted that JIIs became wise to the limited accountability options available. As a result, some staff perceived a significant increase in violating behavior amongst their caseload.

“

***There are no resources to use for consequences of negative behavior other than jail, and we can't really use that as a sanction right now either. It's very frustrating. JIIs have figured this out, and their behavior is out of control more than normal right now. They don't answer the phone and know if they don't answer, nothing will happen.***

However, staff also noted an important caveat: not all JIIs were engaging in violating behavior, even though they were similarly aware of the lack of accountability. Many parole and probation officers found that their JIIs who were successful on supervision prior to the pandemic, continued their positive behavior during COVID. Staff who noticed this trend felt that the department should consider making permanent policy changes to DCJ's contact standards, as it became evident that some JIIs who had been marked as high-risk did not require that level of intense supervision in order to remain in good standing.

“

***...probably 60-80% of most people's caseloads, for the most part, they stayed compliant with their supervision. They did what they're supposed to. And if I'm a high-risk JII out there in the community and for the most part I'm doing what I'm supposed to do . . . I really don't need you to put your thumb on me.***

“

***It is about the same, the JIIs that normally report (pre-COVID) still report by phone, those who normally don't report don't.***

### 3 Provision of Resources

Finally, when asked about the consequences of COVID-19 for JIIs on supervision, staff frequently reflected on their ability to provide resources for their JIIs. One year into the pandemic, staff felt that DCJ had been able to successfully modify the process of providing most of their core services.

Staff praised their coworkers for finding ways to provide housing, bus passes, clothing vouchers, and ID vouchers during a time of extreme logistical challenges.

Nevertheless, staff who work directly with the most vulnerable members of the community remained very concerned about their reduced ability to provide resources to their JIIs. In particular, staff highlighted the predicament of providing services and resources to youth in detention, houseless JIIs, and JIIs with mental health needs. By definition, services provided to detained youth must be held indoors. As a result of the pandemic, enrichment programs that stopped in March of 2020 had not resumed one year later.

“ *I have been concerned about how services would operate without an open building and how/whether the clients could adapt. They have adapted and are still getting services, it's just a new way. There are always some exceptions, but those may be case-by-case as opposed to everyone.* ”

“ *Youth in detention do not have the same level of programming. Without community partners and volunteers leading activities, youth are spending much of their time without engagement from the outside world.* ”

Houseless JIIs and JIIs with mental health concerns faced different accessibility challenges. Many of the modifications made to provide resources during the pandemic required a phone or a computer, which were not easily accessed by these JIIs. Furthermore, many vulnerable JIIs were reliant on DCJ to help meet their basic needs. These services had not been reinstated during the pandemic.

“ *Our most vulnerable and marginalized JIIs seem to be the most affected. JIIs who relied on the Mead as a safe place to come, a place to use a phone, get food, access resources, get help from a PO are out of luck now.* ”

“ *Judges are very frustrated with us because they're continuing to sentence people to 40-80 hours of community service and we don't have the ability to take them out and do it.* ”

Finally, staff found that their effectiveness was reduced due to the inability to move JIIs through their supervision requirements. For example, despite the community service team shutting down due to the pandemic, courts continued to mandate community service hours to JIIs in order to complete their probation.

This kind of operational holdup occurred all over the criminal justice system, creating a cascading effect whereby staff got further and further behind in their work. The result was that staff felt overwhelmed and burned out while JIIs were unfairly kept on supervision longer than was required and were denied critical services.

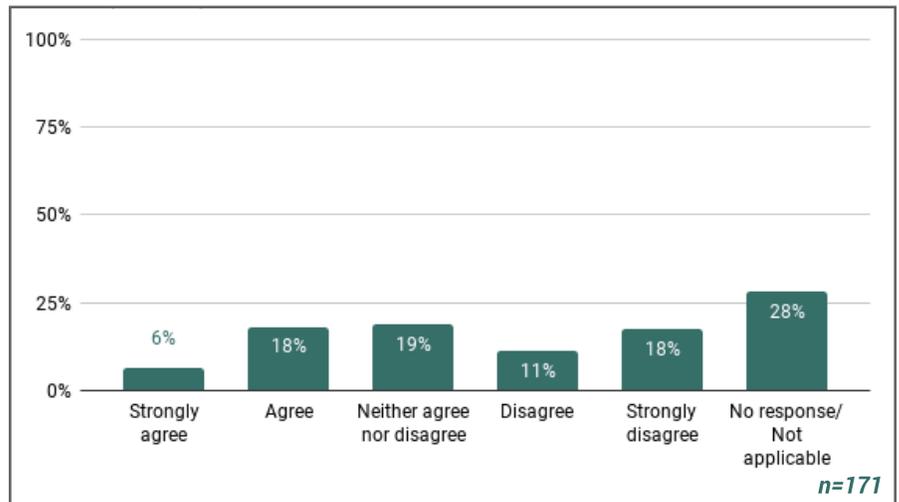
“

*Due to the impact to operations and limited staffing, files are not processed in a timely manner. I have still yet to receive the files of several individuals who were released from prison during the summer of 2020. Because of this I have been unable to submit necessary treatment referrals. These treatment referrals are critical in identifying the risk/needs of very high risk clients and are required before individuals can be referred for treatment.*

### Moving Forward with In-Person Supervision

To address the issues of decreased JII contact and reduced staff effectiveness, many have suggested moving back to an in-person supervision model. However, comfortability with in-person services was deeply conflictual among staff whose jobs put them in contact with JIIs. Twenty-four percent of staff “agreed” or “strongly agreed” that they were comfortable interacting with JIIs in-person during the pandemic. On the other hand, 29% of staff “disagreed” or “strongly disagreed” with the idea of resuming in-person services. Finally, an additional 19% of staff did not have strong feelings either way with regards to reopening in-person services (Figure 9).

**Figure 9: During the pandemic, I have been comfortable interacting with JIIs in person.**





## Personal Well-Being

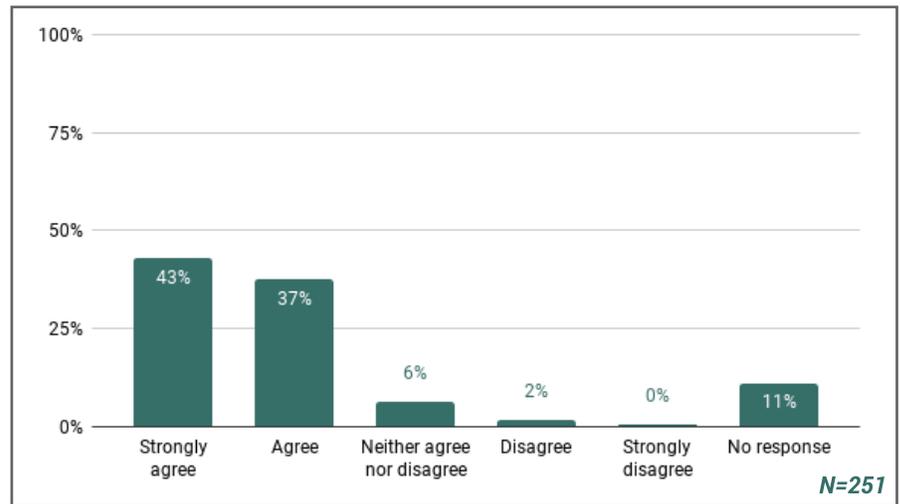
The trauma of COVID-19 pandemic, which has affected so many households, requires sensitivity to the home lives of DCJ staff on the part of the Department. Overwhelmingly, DCJ staff have found the pandemic to have a negative impact on their personal lives. The majority (80%) of respondents to the staff survey indicated that they consider the pandemic to have been stressful (Figure 10).

Additional survey items asked about the personal impact of the pandemic on staff. Figure 11 shows that 64% of staff knew someone who had been diagnosed with COVID. The majority of staff (75%) had access to medical care (Figure 12). Outside of work, staff generally had access to cleaning supplies (Figure 13, next page) and personal protective equipment (Figure 14, next page).

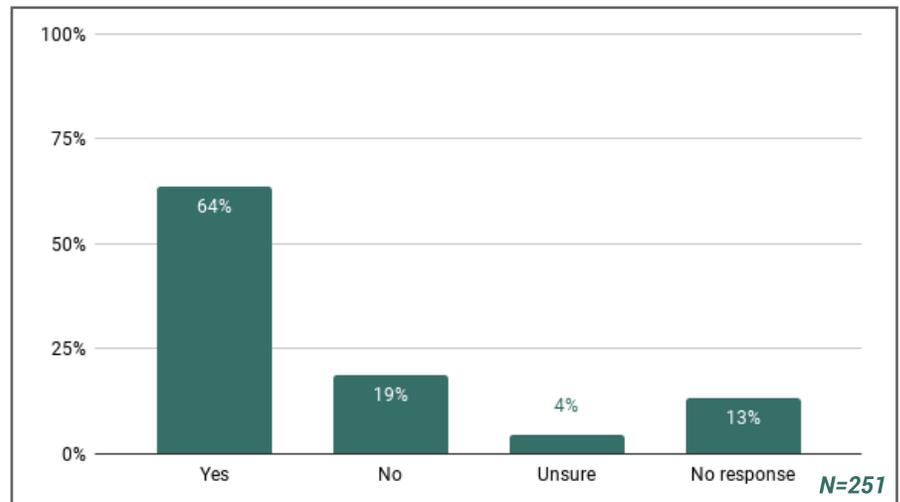
When asked what their greatest personal struggles have been during 2020, DCJ staff identified the following areas (in order of frequent mention):

1. Isolation from loved ones
2. Deteriorating mental health
3. Worries about physical health
4. Parenting /childcare
5. Inaccessible goods or services
6. Political climate surrounding COVID

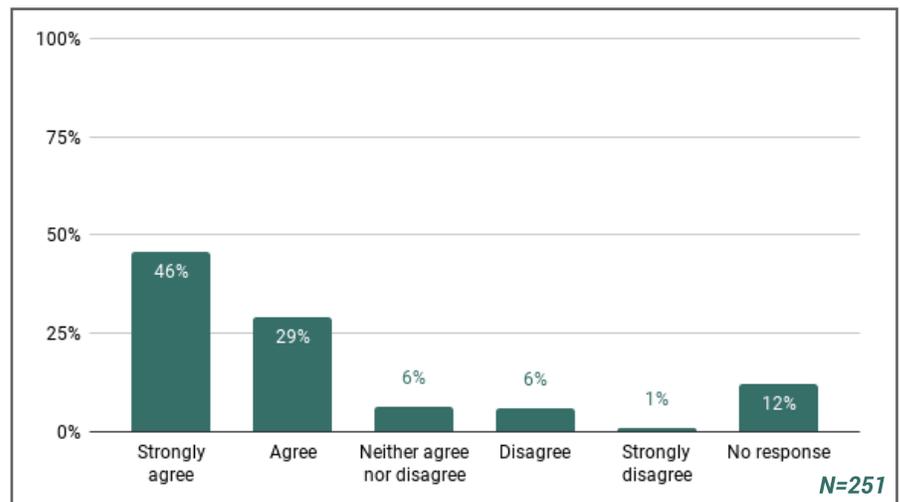
**Figure 10: The COVID-19 pandemic has been stressful for me.**



**Figure 11: Has someone you know been diagnosed with COVID?**



**Figure 12: I could access medical care if I needed during the pandemic**



Managers have also reported that they are particularly concerned about the mental health of the staff they supervise. As one unit manager put it, *"Now we're isolated from each other. I think that has taken a toll on people's mental health. So I think [DCJ] paying closer attention to our employees' mental health, I think we need to do a better job of that. Of realizing that some people are really in a dark place."*

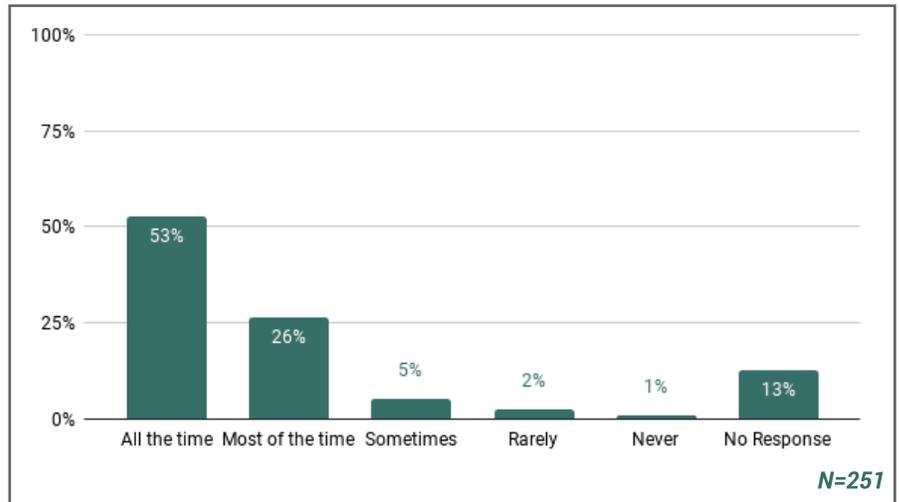
Adjusting business practices to prioritize self-care has been on the minds of many of the supervisors around DCJ. Whereas team-building and socializing was once naturally built into the workday, the COVID-19 pandemic has forced managers to carve out specific time to nurture these aspects of the workplace.

“  
***There's a lot more focus now on like, how are we doing personally? How are we taking care of ourselves? Are we taking care of our teams? So I'm encouraging a lot of people to take vacation self-care.***”

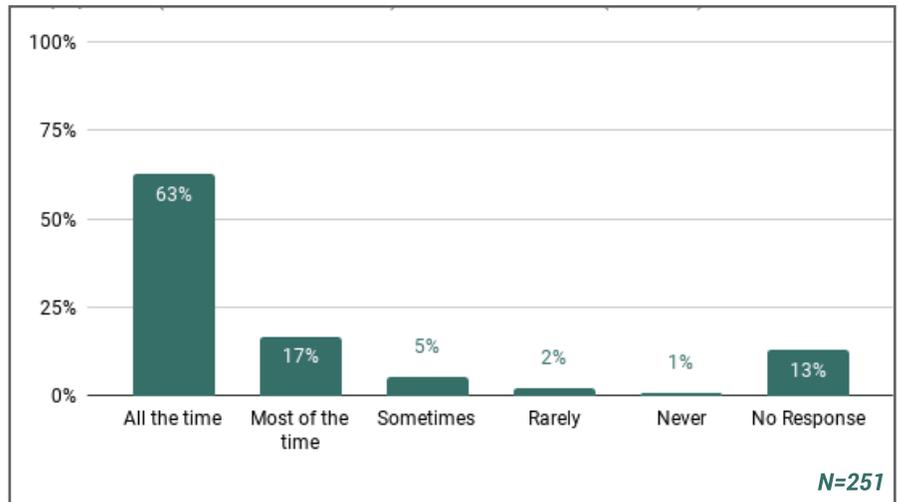
## Disparities

While most DCJ staff have felt the effects of the COVID-19 pandemic in their personal lives, some lived experiences and identities have compounded the challenges faced in 2020. Just over 40% of staff who responded to the survey felt that they had been impacted differently due to the pandemic because of one or more of their held identities (Figure 15).

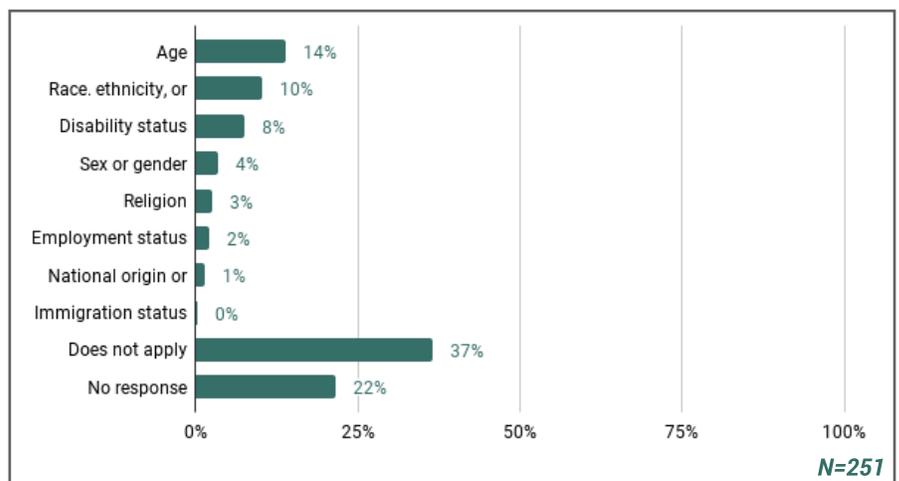
**Figure 13: During the pandemic, how often have you had access to cleaning supplies outside of work?**



**Figure 14: During the pandemic, how often have you had access to personal protective equipment outside of work?**



**Figure 15: I have been impacted differently by the pandemic due to one or more identities.\***



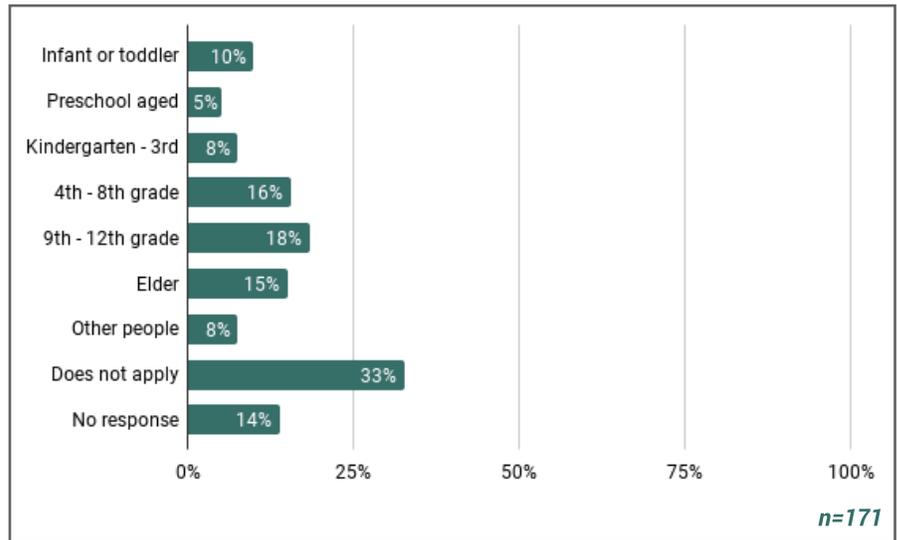
\* Respondents could select multiple options.

## Caregiving

Through the individual interviews and open-response boxes on the survey, many staff reported that their experience working during the pandemic was additionally complicated by their status as parents and caregivers. As schools, daycares, and recreational activities for children closed, employees with children were faced with the reality of actively monitoring their children during the work day.

“  
***My biggest struggle during COVID has been finding a way to be mom and a professional, full time worker.***”

**Figure 16: During the pandemic, I have been caring for one or more of the following people at home.\***



\* Respondents could select multiple options.

From the survey, 57% of staff reported that they were caring for at least one child under the age of 18 during the pandemic. Additionally, 23% of DCJ employees reported that they were caregivers for elderly members of their family or other adults who are at high-risk for complications due to COVID-19 (Figure #16).

## Technological Prowess

One final disparity was highlighted by staff both in the interviews and in the survey. The work-related impacts of COVID-19 were considerably steeper for those employees who did not consider themselves to be “technologically savvy.” As the world moved, immediately and with little assistance, to a remote workforce, those workers who were already familiar with modern digital technologies were at significant advantage. As more permanent remote positions continue to gain in popularity, technological prowess needs to be emphasized.

“  
***I think one of the things that I would love to see come out of this, even if people come back to work, is a focus on getting those that are not used to technology up to speed. I don't think that is something that we necessarily have focused on when we are hiring people. And I think it needs to be pushed up a little bit. And for existing employees, a focus on trying to get folks to get rid of the barriers they might have.***”



## Staff Recommendations for the Future

When asked to provide recommendations to DCJ's leadership regarding employee experience as a result of the COVID-19 pandemic, five key areas for improvement were reported.

### 1 Overwhelmingly Positive Support for Continued Remote Work Options

Those staff who were able to telework during the pandemic were, almost universally, in favor of maintaining an option for remote work after the pandemic is over. Many staff wished to continue teleworking full-time, while others felt that a combination of telework days and office days would be ideal. Staff felt that telework created a better work/life balance, reduced stress, allowed them to be more productive and efficient, was good for the environment, and freed up budget dollars that would normally be spent on physical office space.

In this vein, staff also encouraged DCJ to continue investing in technology that would allow JIIs to access services and complete supervision requirements remotely. While remote supervision was not perceived as effective for everyone, staff were in favor of allowing for discretion in permitting remote check-ins on an individual basis. Paperless files were particularly helpful in this endeavor. Furthermore, staff who work with clients that are not on supervision (survivors of violence, family court, etc.) have found that remote options for JII contact have been largely successful and hope that these options continue to be available post-pandemic.

Finally, staff encouraged DCJ to invest in helping all employees set up functional work spaces in their homes. Specifically, ergonomic accommodations, printers, larger monitors, and subsidized internet costs were requested. To better support JIIs remotely, DCJ-subsidized phones and minutes were perceived as a missing resource that would be very valuable.

### 2 Recognize Struggles of Staff Who are Unable to Telework

Not all DCJ staff have been permitted to telework during the pandemic. Staff in this category had a unique set of recommendations for leadership. First, staff who work in indoor facilities that require being in close proximity to many other people requested hazard pay in recognition of the significant physical and emotional health burdens placed upon them during this time. These staff felt that their job duties were more demanding, they were shorter staffed, and their personal well-being was in greater danger than before the pandemic. Their pay for working under these conditions ought to reflect the increase in job difficulty.

Additionally, staff whose jobs do not allow for teleworking requested more lenient working conditions. These requests included lowering the hours per shift (without lowering pay), easing the restrictions on taking absences from work, sick pay for on-call or part time employees if they are required to quarantine due to a work exposure, and parking passes for staff who are required to travel downtown during the pandemic.

The culmination of these requests resulted in an overarching plea for DCJ leadership to review their workforce equity in a systematic matter. This includes reviewing the socioeconomic demographics of those who are required to work in-person versus those who are allowed to telework, reviewing which jobs tasks are truly "essential" to be conducted in person, and reviewing caseloads to ensure a fair division of labor.

### **3 Open up More In-Person Services**

At the time of this data collection, in-person DCJ services had been discontinued for approximately nine months. Staff felt that some in-person services were absolutely critical to the community, and thus should be restored in a safe, limited, and socially distanced manner. Specifically, reopening the Mead building to vulnerable JIIs (JIIs experiencing homelessness or serious mental health concerns) could allow staff to meet with an individual and get their basic needs met. This includes recommendations to restore services that provide food, an area to charge electronic devices, a place to collect mail, a place to check-in with their support staff, and a place to receive meal or bus vouchers. Additionally, staff who work with detained youth requested that enrichment services be restored inside the detention center – to provide a humane living environment for the young people housed there.

Finally, staff generally felt that it was time to allow parole and probation officers the option of doing field work, if the employee felt comfortable doing so. Many officers felt that a portion of their JIIs were in need of more direct supervision. Allowing officers the discretion to conduct field assessments or to do those assessments virtually was perceived as the best combination of effectiveness and safety.

### **4 Keep up or Increase Communication and Transparency**

Finally, staff encouraged DCJ leadership to keep up the amount of transparent information being communicated to staff and to facilitate additional opportunities for staff to provide feedback to leadership. A number of specific topics for dialogue were noted. First, staff requested to be made aware every time an employee tested positive for COVID. This was a particularly important issue for staff whose jobs continue to be in-person during the pandemic. Second, staff requested additional communication about the impact of COVID-19 on the budget and on new policies that have been put in place during 2020-2021. Third, staff asked for additional direction on the lingering COVID-related issues that hinder the day-to-day operations of DCJ (e.g., guidance on remaining HIPAA compliant when having confidential conversations with JIIs at home and around family). Fourth, staff asked that DCJ leadership prioritize discussions surrounding employee mental health, burnout, and stress.

# DCJ Justice-Involved Individuals

All current Department of Community Justice (DCJ) Justice-Involved Individuals (JIIs) were sent an email invitation to participate in an online survey covering a number of topics associated with their experiences working with DCJ during the pandemic. The results of that survey highlighted both challenges and successes for JIIs. Due to the survey only being available online, interpreting the findings should be viewed within that context.<sup>1</sup>

It is important to note that some respondents did not complete much of the survey, usually answering questions at the beginning of the survey, then not completing the remainder of the items. To determine whether to include a survey in the analysis, the percentage of the potential items completed was reviewed. Based on that review, surveys that had at least 20% of the potential items completed were included in the analysis, which represented surveys with five or more survey items answered. Of the 251 JIIs who initiated the survey, 15 individuals were removed due to completing less than 20% of the survey items. This resulted in a final sample size of 236 JIIs, with the vast majority (92%) completing 80%-100% of the survey items.

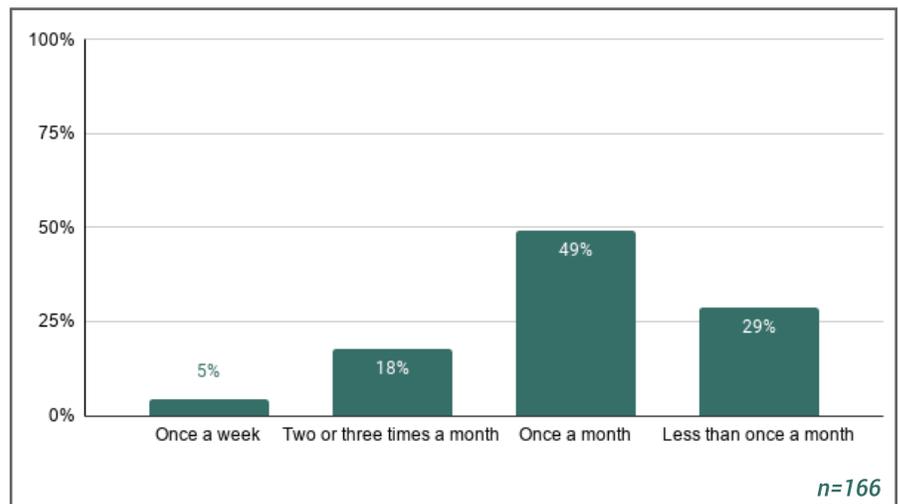


## Experience on Supervision with DCJ

Of the 236 JIIs who completed the survey, 87% reported having a Parole/Probation Officer (PPO). Of those 205 JIIs, 81% had been in contact with their PPO during the pandemic. As seen in Figure #17, the majority of JIIs were in contact with their PPO once a month (49%) or less than once a month (29%).

A number of safeguards were in place during the COVID-19 pandemic, and as a result, connecting with PPOs was a bit different for JIIs. As seen in Figure 18 (next page), JIIs reported that their primary modes of communication with their PPO were by phone (91%), email (63%), and text (34%). A few respondents wrote in other ways they were in contact with their PPO, including the use automated systems, mental health court video calls, and monthly reporting forms PPOs. Over the course of the pandemic, in-person contact increased under special circumstances, indicated by the 13% of JIIs reporting that they had been in contact with their PPOs through in-person visits.

**Figure 17: Since the pandemic started, how often have you been in contact with your PPO?**



<sup>1</sup> More information about the limitations of the online modality are included in the Methodology section of this report.

Some comments provided by respondents suggest that more supervision contact was desired.

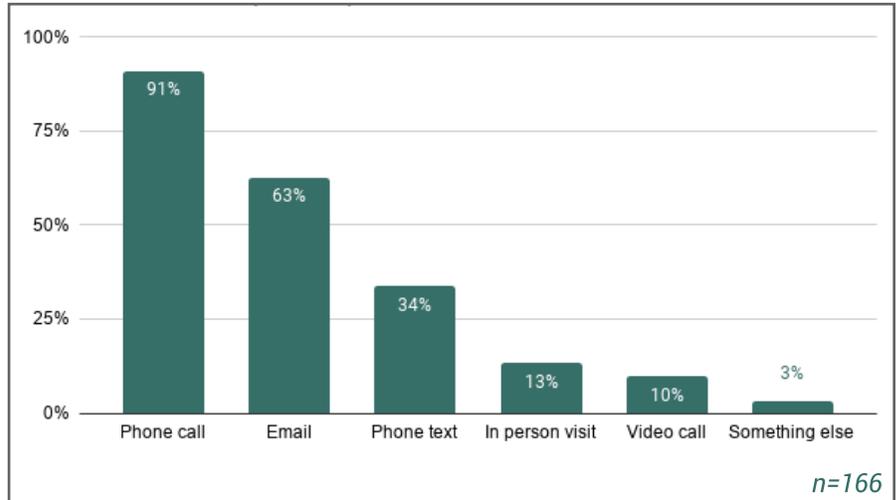
One JII noted, *“Help ensure people aren’t reoffending or relapsing due to diminished supervision, check-ins, encouragement, etc. I think cautious, in-person check-ins at the Mead could’ve been facilitated through appts. and limitations on how many on the floors at one time.”*

However, other comments suggested that less or altered supervision contact would be beneficial. One JII wrote, *“Community corrections should implement the new rules and guidelines they have been following since the pandemic permanently, it seems as though the aggressive UA testing, and multiple required contacts, were a waste of taxpayer funds and parolees and POs are working out just fine with these relaxed measures and almost unsupervised probation protocol.”* A similar sentiment was shared by another JII, *“The pandemic has shown that in person visits are not necessary for most people. Going into a negative atmosphere that is highly controlled serves to increase a person’s identification with their stigma. It is damaging to go to places like the mead building.”*

To begin to understand the impact of the pandemic on JIIs, survey items were asked about the quality of the contact and accessibility of the PPOs. The majority of JIIs reported that contact with their PPOs was either excellent (51%), very good (20%), or good (16%) (Figure 19). Comments provided by JIIs indicated that their PPOs provided resources or professional advice. One JII wrote, *“We email and she gives me advice and tools I might need to be more successful.”* Another JII said, *“PPO has been super helpful and has always been available when I had issues or questions.”* Many respondents noted that there was nothing they wished their PO would do differently. Some went as far as using words like *“amazing,” “great”* and *“wonderful”* to describe their POs and others made comments like *“consider [PO] one of my support people,” “completely changed my life for the better”* and *“to be honest couldn’t ask for a better PO.”*

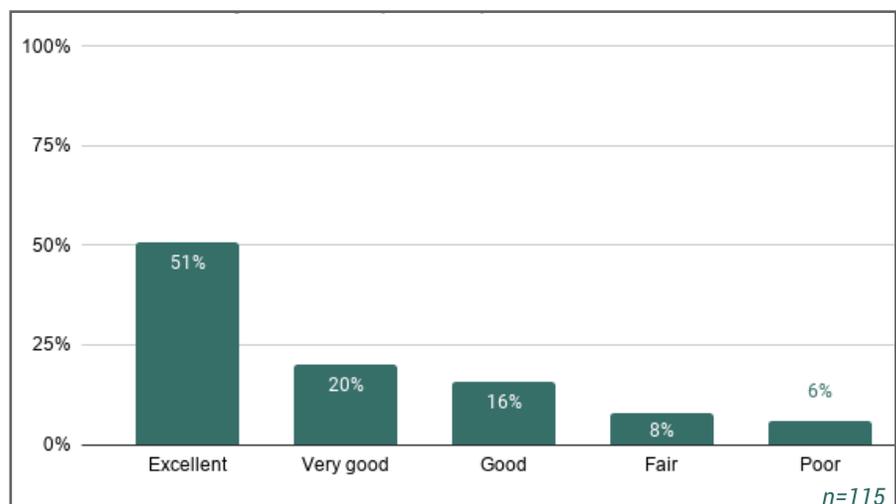
However, some JIIs felt that the quality of contact with their PPOs was less than good (14%). For example, JIIs mentioned, *“I just wish sometimes I could get my questions answered.”* and *“I wish things would be explained to me as far as where I am with my probation.”* Other comments from the respondents requested that their PPOs be honest, more empathic, and to believe them. One JII wrote, *“I have been completely ‘out of the loop.’ I hear of people getting thousands of dollars for unemployment and all kinds of food boxes and everything else and I have literally gotten not a single thing because I don’t know how to access it or where to find them.”* Others just generally asked for more resources, information, and general help. Finally, one JII requested, *“Stop coming to my place in combat gear, just show up in regular clothes so my neighbors don’t freak out.”*

**Figure 18: Since the pandemic started, how have you and your PPO been in contact?\***



\* Respondents could select multiple options.

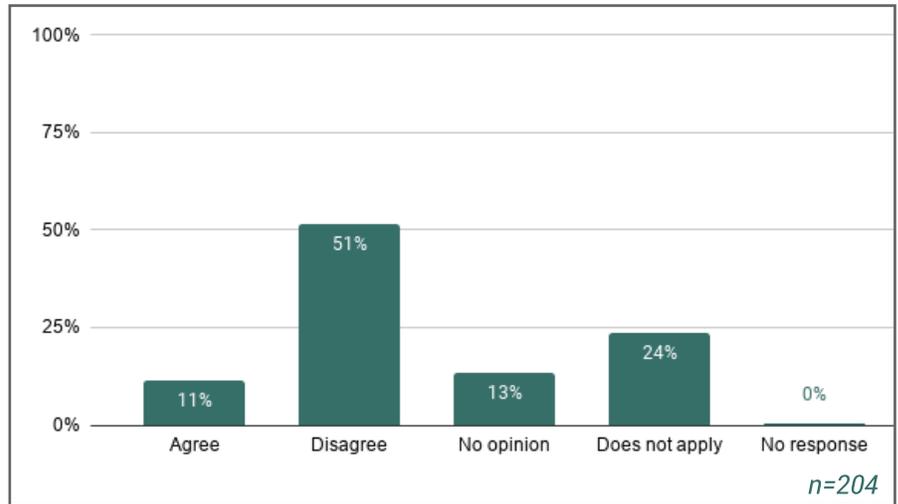
**Figure 19: During the pandemic, how would you rate the overall quality of contact with your PPO?**



About half (51%) of JIIs who currently had a PPO at the time of the survey (n=205) were not frustrated because they have not been able to reach their PPOs during the pandemic (Figure 20).

For those who did feel frustrated (11%), some of the comments included, *"I wish it was easier to reach her,"* and *"My biggest frustration is that I'm on my fourth PPO since COVID started. They have been generally responsive when I have needed something but there have been instances of not hearing anything for 4-6 weeks."*

**Figure 20: I have been frustrated not being able to reach my PPO.**



A handful of other respondents noted that having multiple PPOs is frustrating. One JII wrote, *"I'm not sure what I would like my PO to do differently other than maybe let me know who they are at the time, if they change. Also, if they could possibly look into what other PO's have told me as far as early completion, I would greatly appreciate it."*

Other comments included, *"I am just so afraid because no one from your office will contact me back. and "I just wish sometimes I could get my questions answered. I have had to really rattle the cage sometimes to get things accomplished"* and *"Use an unblocked number when trying to call me (my phone rejects unknown numbers)."*

## Staff Observations

To provide context to this feedback from JIIs, staff were asked about the consequences of COVID-19 for JIIs on supervision. Staff frequently reflected on their ability to provide resources for their clients. One year into the pandemic, staff felt that DCJ had been able to successfully modify the process of providing most of their core services.

“

*I have been concerned about how services would operate without an open building and how/whether the clients could adapt. They have adapted and are still getting services, it's just a new way. There are always some exceptions, but those may be case-by-case as opposed to everyone.*

Staff praised their coworkers for finding ways to provide housing, bus passes, clothing vouchers, and ID vouchers during a time of extreme logistical challenges.

Nevertheless, staff who work directly with the most vulnerable members of the community remained very concerned about their reduced ability to provide resources to their clients. In particular, staff highlighted the predicament of providing services and resources to JIIs experiencing houselessness, JIIs with mental health needs, and youth in detention. By definition, services provided to detained youth must be held indoors. As a result of the pandemic, enrichment programs that stopped in March of 2020 had not resumed one year later.

“

***Youth in detention do not have the same level of programming. Without community partners and volunteers leading activities, youth are spending much of their time without engagement from the outside world.***

JIIs experiencing houselessness and JIIs with mental health concerns faced different accessibility challenges. Many of the modifications made to provide resources during the pandemic required a phone or a computer, which were not easily accessed by these JIIs. Furthermore, many vulnerable JIIs were reliant on DCJ to help meet their basic needs. These services had not been reinstated during the pandemic.

“

***Our most vulnerable and marginalized clients seem to be the most affected. Clients who relied on the Mead as a safe place to come, a place to use a phone, get food, access resources, get help from a PO are out of luck now.***

Finally, staff found that their effectiveness was reduced due to the inability to move JIIs through their supervision requirements. For example, despite the community service team shutting down due to the pandemic, courts continued to mandate service hours to clients in order to complete their probation.

“

***Judges are very frustrated with us because they're continuing to sentence people to 40-80 hours of community service and we don't have the ability to take them out and do it.***

This kind of operational holdup occurred all over the criminal justice system, creating a cascading effect whereby staff got further and further behind in their work. The result was that staff felt overwhelmed and burned out while JIIs were unfairly kept on supervision longer than was required and were denied critical services.

“

***Due to the impact to operations and limited staffing, files are not processed in a timely manner. I have still yet to receive the files of several individuals who were released from prison during the summer of 2020. Because of this I have been unable to submit necessary treatment referrals. These treatment referrals are critical in identifying the risk/needs of very high risk clients and are required before individuals can be referred for treatment.***

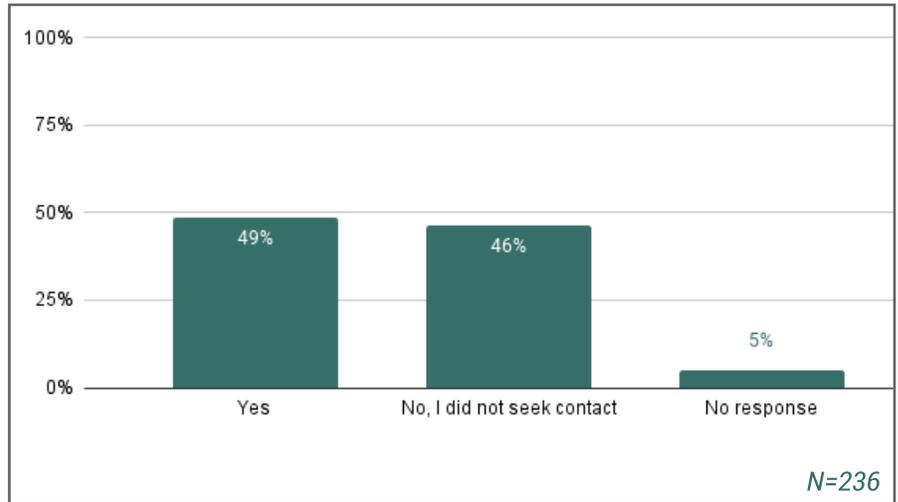


## Experience with Treatment Providers

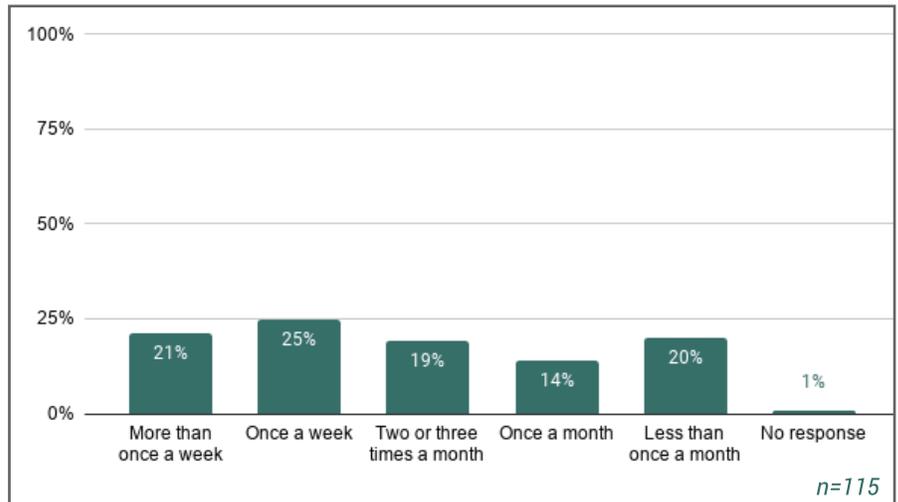
Out of the 236 survey respondents, almost half (49%) reported that they have been in contact with a treatment provider during the pandemic by phone, by video, or in-person (Figure 21). However, that was almost equally matched by the 46% of JIIs who did not seek contact with a provider.

The frequency of contact for the 115 JIIs who did connect with a treatment provider was quite evenly spread across multiple times a week (21%), weekly (25%), two to three times a month (19%), once a month (14%), and less than once a month (20%) (Figure 22). Comments from JIIs about connecting treatment providers ranged from wanting to *“meet their providers more often through having more availability”* to understanding that their providers *“try hard to accommodate everything during the pandemic situations.”*

**Figure 21: Have you been in contact with a treatment provider during the pandemic?**

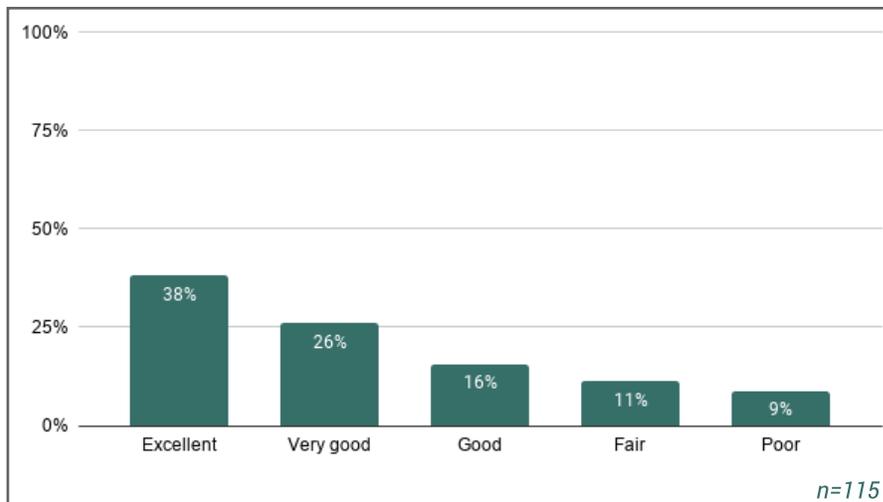


**Figure 22: On average since the pandemic started, how often have you been in contact you're your provider?**



In addition to the frequency of provider contact, respondents were also asked to reflect on the quality of contact with providers. As seen in Figure 23, the majority (80%) of JIIs experienced the quality of those interactions as excellent (38%), very good (26%), or good (16%). Many JIIs expressed that they have a great relationship with their treatment providers and that their providers try to do best for them. For example, *“I really appreciate all the help she gives me. She listens well, gives great advice.”* Also, many JIIs reported that there was nothing they wished their provider would do differently. On the other hand, the 20% of JIIs who rated the quality of provider contact as fair (11%) or poor (9%) wanted to *“have more availability with their providers and treatment”* as well as wanting their *“providers to respond to their questions or requests during this time.”* One JII wanted to *“have video chat counseling or psychotherapy sessions instead of just checking in.”* Others commented on wanting more communication, *“Let me know I am doing good.”* and *“Call back, especially when messages are left.”*

**Figure 23: During the pandemic, how would you rate the overall quality of contact with your provider?**



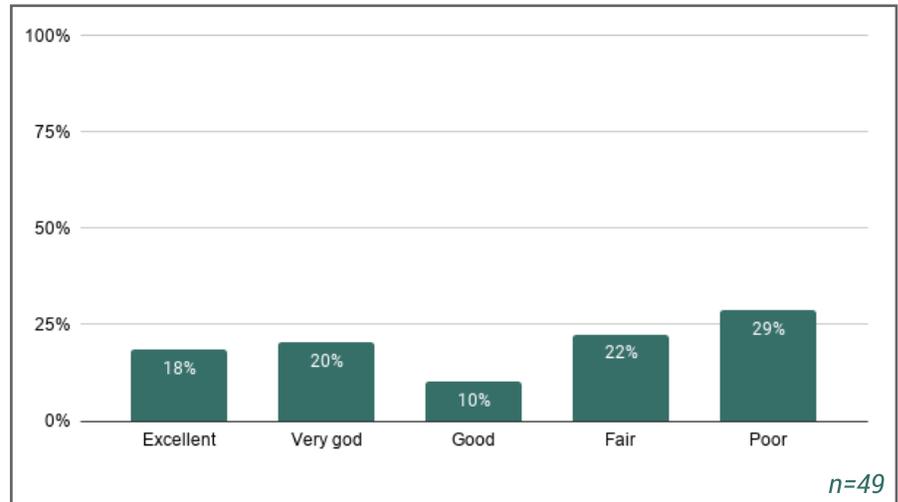


## Experience with Court

The majority (75%) of the 236 survey respondents reported that they do not have an open court case that was active since the pandemic began (Figure 24). The 49 JIIs who had an open court case were almost evenly divided, with 48% believing the quality of the court process was excellent (18%), very good (20%) or good (10%).

Comments from JIIs that supported a positive experience with the courts included *"I think the courts did a great job and my court appointed attorney was very knowledgeable and helpful."* and *"Everyone has been very safe about what we all need to do during the pandemic. All my court appearances have been over phone or via Zoom or WebEx."*

**Figure 24: During the pandemic, how would you rate the overall quality of the court process?**



Some respondents said there was nothing they wished the court would do differently, for example, *"I think they are doing everything they can to be effective."* One JII provided heartfelt appreciation for the START Court and InAct team, saying, *"I have said and will always say that those people changed my life and guided me through some of the most challenging times in my life. The MOST CHALLENGING TIMES IN MY LIFE. I don't [know] where I would be without their legally mandated intervention. I found so much more value in myself thru the 2 year progress to now. I got lucky."*

Alternatively, 52% of JIIs reported that the quality of the court process was fair (23%) or poor (29%). JIIs talked about their frustrations with all delays, reduced contact, and communication. One JII noted, *"The delays are incredibly difficult. Because of delays with my restitution hearing I sit with no change to my status. Plus this makes finding a job really almost impossible."* Another JII wanted to be able to *"communicate with the court in terms of any and all changes occurred during the pandemic situations."* Some JIIs talked about the emotional and financial toll the delays created. One JII noted, *"The courts being delayed has had a tremendous effect on me becoming a healthy whole productive member of society. The mental impact has caused depression. Very tough situation."*

“  
*This delayed case had put a very stressful barrier for me to find housing for my daughter and I, as I have full custody and we were practically homeless for a few month moving couch to couch. No one would rent to me with an open case. You see this case has put a major barrier in my life that is being dragged out.*

“  
*It's mentally, emotionally and financially taxing. My court cases have been pushed back by months, it takes days if at all to contact the courts. Getting ahold of public defenders was already hard it's much harder now.*



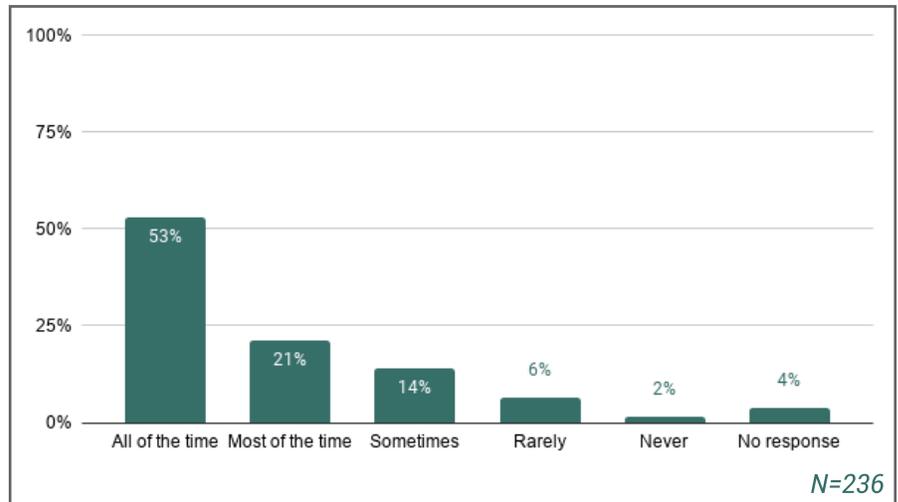
## Personal Experiences during COVID

### Access to Supplies & Resources

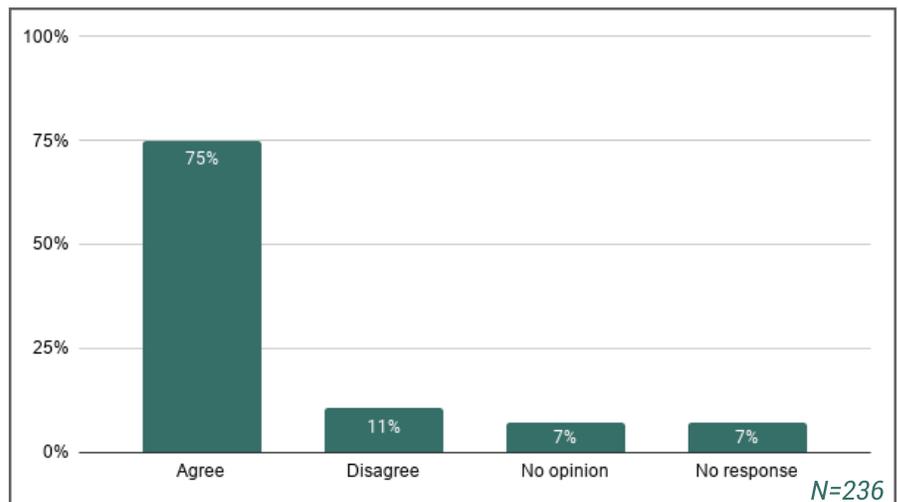
JIIs were asked if they have had access to supplies for safety and medical care, as well as access to the basic needs such as phone, food, and housing. The majority of respondents (74%) had access to supplies to stay safe from the virus all of the time (53%) or most of the time (21%) (Figure 25).

Similarly, 75% reported that they could access medical care if necessary during the pandemic (Figure 26). However, one JII noted, *“My surgeries are postponed and I hurt.”* Another JII said, *“I can’t do physical therapy.”*

**Figure 25:** *During the pandemic, I have had access to the supplies I need to stay safe from the virus.*

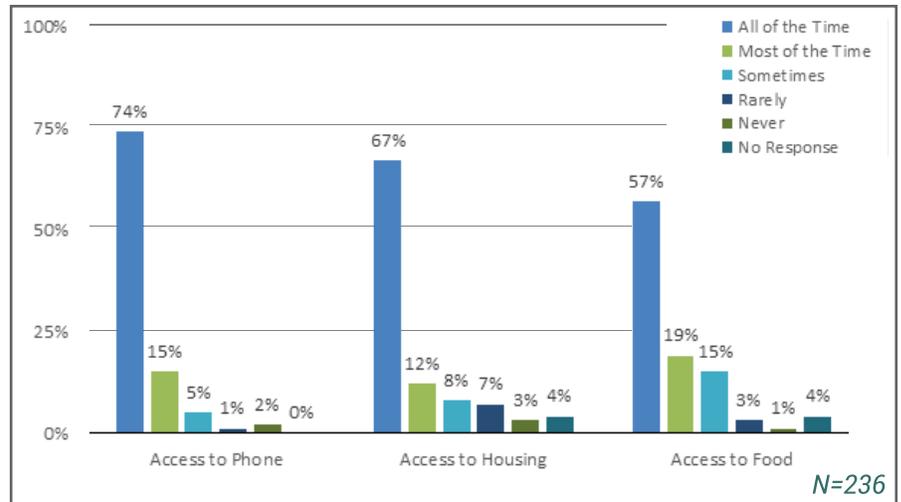


**Figure 26:** *I could access medical care, if needed, during the pandemic.*



In terms of basic needs, the majority of respondents reported that they have had access to a phone (74%) and housing (67%) throughout the pandemic (Figure 27). The large proportion of people with consistent phone access could be affected by the internet modality used for the JII survey. As a result, it is possible that the true proportion of JIIs with consistent phone access could be lower in the larger population of individuals on supervision. Consistent access to housing was slightly lower, with 18% reporting that they sometimes (8%), rarely (7%), or never (3%) have housing. The situation with having food was a bit less positive, with only slightly over half (57%) of JIIs reporting consistent access to food. Food insecurity affected 19% of the respondents reporting that they sometimes (15%), rarely (3%), or never (1%) have access to food.

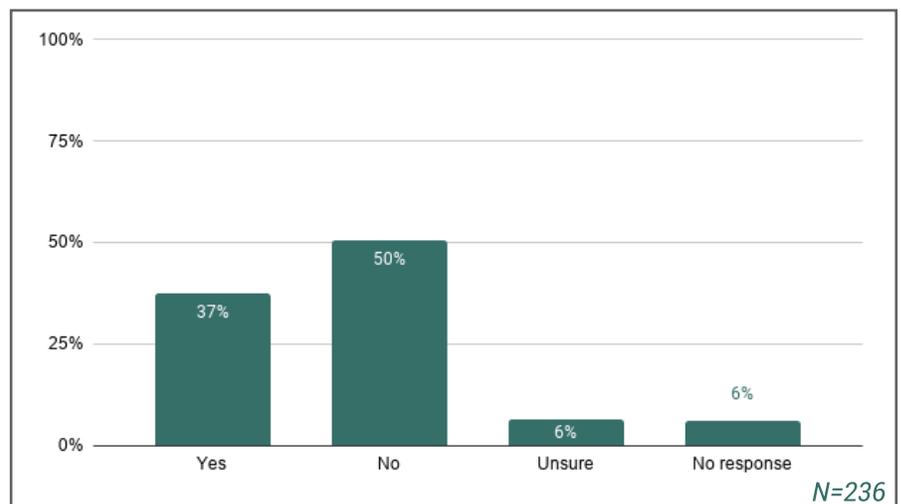
**Figure 27: During the pandemic, I have had access to a phone, food, and housing.**



### Impacts of COVID-19

One direct impact of the pandemic can be seen in Figure 28, with over one-third (37%) of the JIIs who responded to the survey knowing someone who has been diagnosed with COVID-19. Another 50% of respondents reported not knowing someone who received that diagnosis.

**Figure 28: Has someone you know been diagnosed with COVID-19?**



One of the challenges posed by COVID-19 is the burden on caregiving. Nearly half (46%) of the survey respondents reported that they are taking care of someone at home (Figure 29, next page).

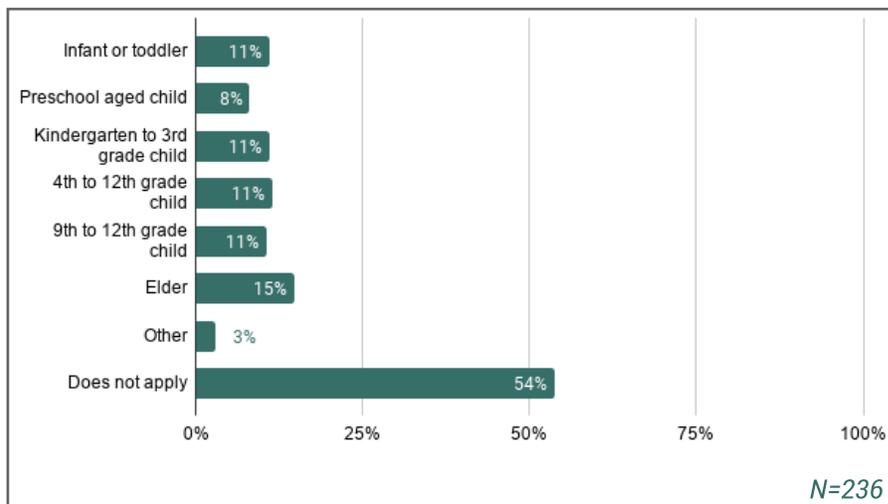
Respondents could check more than one age group, so the percentages in the graph add to more than 100%. Since most schools, daycares and recreational activities for children were closed at the time of the survey and the risks of COVID-19 for elders are significantly higher, many JIIs with children or elders have to balance their caregiving with other responsibilities (e.g., employment, education, supervision, treatment). Interestingly, there was not much variation across the different age groups, with 3% to 15% caring for each. Of note, the age group with the most JIIs providing care was elders (15%). The caregiving burden was also greater on 14% of the respondents who were caring for multiple children across the age groups and 9% of the respondents who were caring for an elder as well as at least one child. The 3% of the JIIs who reported that they were caring for other individuals identified those as family members (e.g., partner, adult son/daughter, parent, sister), people with a disability, or people with medical issues (e.g., cancer). It's not just the caregiving itself, but also the stress of having to keep children isolated.

One JII described, *"I personally wish I could give my son his first year of life more opportunity and experience. But all we do is stay home. We have literally only been 3 places...ever. We can't see family members. He hasn't even met 90% of his family. Or seen 90% of the city he lives in. I can handle being locked down, but not giving my kiddo the life he deserves is what bothers me most. But I'll do everything I can to keep him safe. Which means staying home and all those other things."*

The COVID-19 pandemic has brought many challenges for the JIIs who responded to the survey. Figure 30 shows that 79% of JIIs indicated that the pandemic has been stressful. A number of respondents commented on the increased work barriers and going without many things they had before the pandemic started. One JII said, *"It really made my life stressful not being able to go to work or have any kind of normalcy in my life."* Particularly, the pandemic increased stress for single parents or JIIs with disabilities or medical conditions. One JII described, *"[COVID-19] has caused an overload of stress and anxiety. Especially being a single parent."* In addition, there were many comments in the staff survey observing that JIIs had become despondent and hopeless, struggling with basic survival. One JII explained, *"If I didn't have a house to live in I seriously think I would have hurt myself, maybe fatally. Having no place to stay is very hard as is -- with no place to spend the day with others, at the library for example, I'd have no hope for life."* Another JII wrote, *"It's been a very tough, up and down roller coaster in taking care of not only myself and my own health, but my mother's as well, all while still trying to maintain my job and pay rent."*

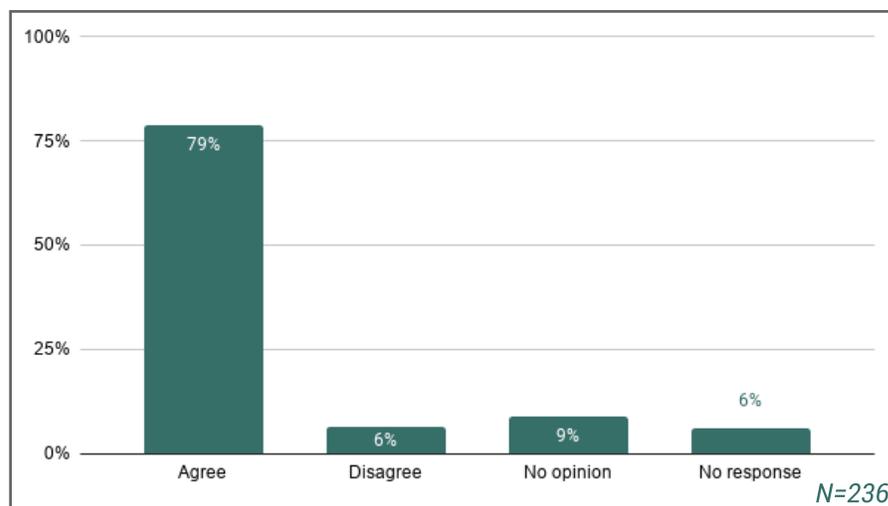
In contrast, a few survey respondent comments noted that the pandemic has not been very stressful. *"I eat and sleep well, work full-time ... just waiting for a sense of normalcy."* and *"Business as usual. Masks are inconvenient, but necessary."* and *"I continue to live a positive life."* Other comments JIIs included talked about the mental health impacts of the pandemic, particularly due to the isolation. One JII noted, *"The isolation is the worst thing for me. Socialization has dropped by about 90%. I can see how isolation from people could drive someone into extreme depression."* Another JII wrote, *"I find myself fragmented most of the time and need an outlet that's not available right now. That worries me because my emotions are very volatile and I'm having a hard time controlling them."* Finally, one JII described the loss of normal social activities, *"I've always been independent, however, just knowing that you cannot spend time with your entire family every week after church as we have done our entire lives, is difficult to think about. I have realized how truly valuable family is, along with the ones you love."*

**Figure 29: During the pandemic, I have been caring for one or more of the following people at home.\***



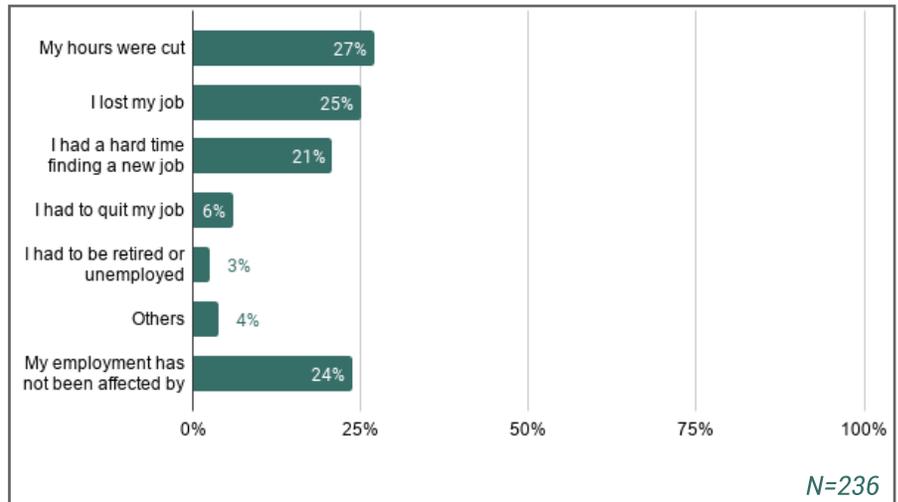
\* Respondents could select multiple options.

**Figure 30: The COVID-19 pandemic has been stressful to me.**



Looking specifically at employment issues, the majority (62%) of JIIs responding to the survey experienced one or more negative impacts on their employment due to the pandemic. Figure 31 shows that 27% of JIIs had their hours cut, 25% lost their job, and 21% had a hard time finding a new job. In addition, 6% of the JIIs had to quit their job and 3% were forced into retirement or furloughed. The percentages add up to more than 100% because respondents could select any or all of the options that applied to them. One respondent noted, *"I have lost my job, unable to pay my rent since April."* Another JII wrote, *"It has been a tough time financially because I work in the restaurant industry."* The stress was described by one JII, *"Worried about the uncertainty of unemployment insurance and how much longer it will last and once it runs out what I will do."* These employment challenges have also affected JII's supervision, with one person commenting, *"There is no way to work off my restitution. Either volunteer or working a job neither is available. And that is the only reason I am still on probation."* On a positive note, 24% of the JIIs surveyed reported that their employment was not negatively impacted by the pandemic.

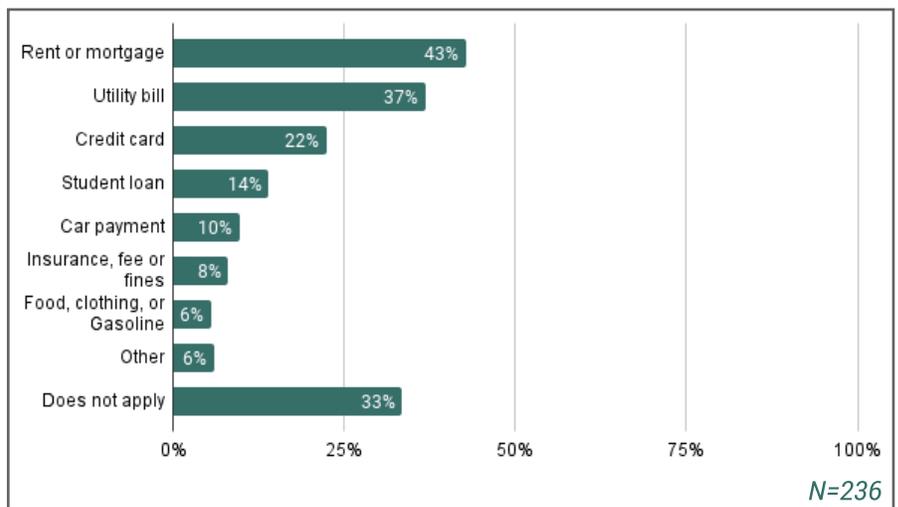
**Figure 31: Has your employment been negatively affected by the pandemic in any of these ways?\***



\* Respondents could select multiple options.

Associated with these employment challenges, many JIIs surveyed experienced difficulty paying their expenses during the pandemic. As seen in Figure 32, although 33% of respondents were not affected, many had difficulty paying a variety of expenses. For those who did have trouble, 43% reported difficulty paying their rent or mortgage, 37% had difficulty paying utility bills, and 22% had difficulty paying their credit card(s). In addition, 44% of the JIIs surveyed reported having difficulty paying more than one of the expenses listed. One JII noted, *"I have lost my job unable to pay my rent since April."* Another JII described, *"There was a food pantry shut down, hot food plates I used to be able to go and eat at places they all closed. I had to buy a lot more food that left me broke and had to help more with covering bills and rent almost lost our housing!"*

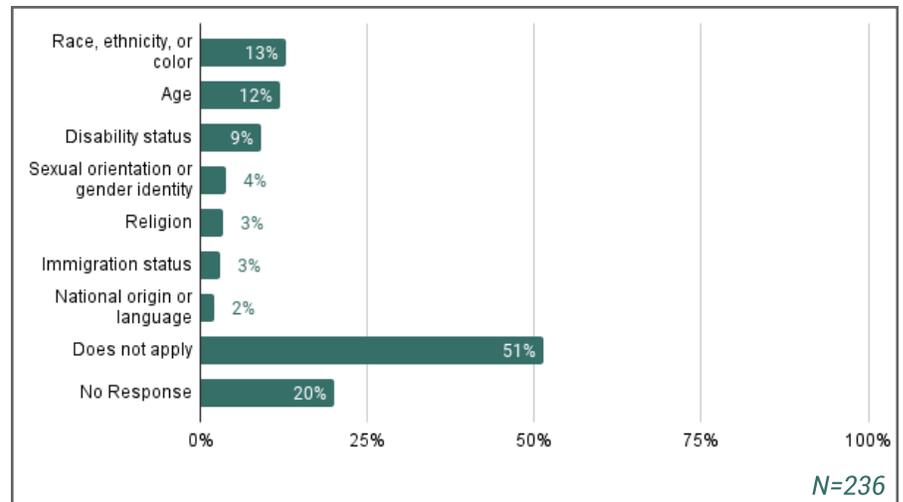
**Figure 32: During the pandemic, I have had trouble paying one or more of the following expenses. \***



\* Respondents could select multiple options.

In order to better understand the differential impact of the pandemic on individuals with certain characteristics, the JIIs were asked to indicate if their race/ethnicity/color, age, disability status, religion, gender identity, national origin/language, or immigration status resulted in the pandemic impacting them differently. As seen in Figure 33, half (51%) of the respondents reported that none of those characteristics were applicable for them. However, 13% noted that the pandemic impacted them differently due to their race, ethnicity, or color, and 12% reported that their age resulted in a differential impact of the pandemic. Some JIIs (3% Other) mentioned that their houseless status and being justice-involved were associated with the pandemic affecting them differently. For example, one JII noted, *“Due to not being able to be on call on Sundays to make up for hours cut I basically had to disclose that I had jail on Sundays so I wasn’t available. Since then I feel like I’ve been treated differently and discriminated against for things I did years ago. People are treating me differently and I’m not trusted the way I was before.”* In addition, 12% of JIIs experienced a differential impact of the pandemic due to multiple characteristics.

**Figure 33: I have been impacted differently by the pandemic due to one or more of the following.\***



\* Respondents could select multiple options.

Some JIIs (3% Other) mentioned that their houseless status and being justice-involved were associated with the pandemic affecting them differently. For example, one JII noted, *“Due to not being able to be on call on Sundays to make up for hours cut I basically had to disclose that I had jail on Sundays so I wasn’t available. Since then I feel like I’ve been treated differently and discriminated against for things I did years ago. People are treating me differently and I’m not trusted the way I was before.”* In addition, 12% of JIIs experienced a differential impact of the pandemic due to multiple characteristics.

### Staff Observations

Based on the information from the staff survey and earlier conversations with staff across the DCJ units, there were a number of impacts they observed for their JIIs. As seen in Table 1, the impacts of COVID on JIIs were both beneficial, including flexibility, convenience and less pressure, and challenging, including reduced access to resources and lack of confidentiality.

**Table 1: Benefits and Challenges of COVID for JIIs**

Benefits to JIIs	Challenges for JIIs
<p><b>Flexibility and Convenience</b></p> <ul style="list-style-type: none"> <li>The barriers of finding childcare, taking public transportation, leaving work, etc. to go to PPO appointments are eliminated by televisits.</li> <li>Lots of treatment and court activities online now (e.g., mediation, parenting classes, file court appeals).</li> <li><i>“Some of my JIIs have really enjoyed doing the video office visits. They don’t have to leave work, a majority are commuting via public transit, so it frees up a lot of time to commute via video. A lot are comfortable with it, so that’s nice.”</i></li> </ul>	<p><b>Reduced Access to Resources</b></p> <ul style="list-style-type: none"> <li>Youth in detention do not get any enrichment programming, no volunteers or in-person family visits.</li> <li>People who are almost off probation, cannot get off because there is no community service, AOD classes, etc., artificially prolonging their probation.</li> <li>Limited community-based services or not being able to reach service providers. <i>“I can hear the frustrations with the JIIs when no one is answering the phones.”</i></li> <li>Some clients don’t have the technology needed for this new kind of supervision, especially people who are houseless or have mental illness.</li> <li>The buildings are closed, but they are unable to do virtual check-ins. Some rely on getting their mail at the Mead and on staff to do warm handoffs between treatment providers, food banks, etc.</li> </ul>

Benefits to JIIs	Challenges for JIIs
<b>Less Pressure</b>	<b>Lack of Confidentiality</b>
<ul style="list-style-type: none"> <li>Doing a remote visit with a PPO reduces the intensity of going into the office, removes the sense of law-enforcement everywhere, the feeling of officers having guns on them, etc. That leads to easier rapport building, more relaxed visits.</li> <li><i>“There’s less pressure for them to come to the building and do other things. A simple phone call has alleviated some of that anxiety.”</i></li> </ul>	<ul style="list-style-type: none"> <li>Clients are asked to talk about very personal stuff on the phone, often in public. At home, family could be listening. On the street, random people can overhear.</li> <li>Clients are expected to be comfortable with a PPO being where their family can overhear the conversation.</li> </ul>

Staff identified particular challenges for certain groups of JIIs during the pandemic, especially those with mental health issues, JIIs who were undocumented, and JIIs that were houseless.

- COVID is more challenging for groups that were already struggling financially. *“For immigrant/undocumented communities in particular it seems difficult, because they aren’t eligible for things related to the stimulus/don’t have social security cards/etc. This has added more stress to folks who are already marginalized.”*
- *“There has been a lot of talk about kids who are not following the shelter in place. Fear of getting picked up by police. There is still concern about youth being targeted and the racial disparities there especially. Talks about how to get their youth to stay at home because they are often targeted.”*
- Responsivity issues with undocumented and houseless JII populations
- Language barriers are more of a challenge for JIIs, needing more follow up from staff to make sure they keep their appointments.
- Youth/JIIs with serious drug and alcohol issues and serious mental health issues were not able to see their doctors.
- People who didn’t even graduate high school themselves are expected to be the primary teacher for their children.



## Participant Characteristics

Respondents were asked to provide a few characteristics so that the group of JIIs who completed the survey could be described. Table 2 provides the counts and percentages of JIIs endorsing the different characteristics. The majority of respondents were male (61%) versus female (28%). However, these proportions are different from the DCJ JII population at the time of the survey: 82% male and 18% female. The age of the survey respondents was slightly higher than that of the JII population. Compared to data available on the JII population, 3% of the survey respondents were 18 to 24 year olds relative to 9% in the JII population, 18% were 25-34 year olds relative to 34% in the population, 32% were 35 to 44 years old relative to 28% in the population, and 38% were 45 years or older relative to 30% in the population.

Looking at the breakdown of race and ethnicity, it is important to note that for the survey, respondents could identify all options that applied to them, while the data available on the JII population forces a single option. The survey respondents were quite comparable to the JII population for the proportion of people identifying as White (64% in both), Hispanic (7% in the survey, 8% in the population), and Asian (3% in both). However, only 12% of the survey respondents identified as Black relative to 23% in the JII population, and 11% of the survey respondents identified as American Indian or Alaska Native relative to 2% in the population. The survey also included options not available in the JII population data: African (2%), Middle Eastern (<1%) and Slavic (<1%). Although the proportions were small, it would be useful for DCJ to gather more extensive information about race, ethnicity, and national origin to be fully representing the population. Also, allowing individuals to acknowledge more than one identity would be more inclusive of the variation we have in our community.

The JIIs who responded to the survey had a range of educational experiences. The largest proportion of respondents had some college without receiving a degree (34%), followed by those with a high school diploma or GED (23%), and Associate degree (14%). An additional 13% had received advanced degrees, with 8% having received a Bachelor's degree and 5% receiving a graduate or professional degree. In addition, 31% of the survey respondents identified as having a disability characterized as a condition that limits them physically or mentally.

JIIs were also asked about their current employment status. The largest proportion of survey respondents were employed full-time (29%), followed by not employed, seeking employment (23%), and employed part-time (17%). Furthermore, 7% were unable to work, 4% of JIIs reported that they were retired, 3% were not employed and not seeking employment, 3% were not employed but in an education or training program leading to employment, 3% were self-employed, and 1% were laid off or furloughed due to the pandemic. One JII noted, *"I was unable to work for months due to illness but since being diagnosed and starting treatment, I am looking for work and finding it more difficult than before the pandemic."*

**Table 2: Survey Respondent Demographics (N=236)**

<b>Gender</b>	<b>Count</b>	<b>Percent</b>
Male	145	61%
Female	67	28%
Gender Expansive	6	3%
Two Spirit	3	1%
Gender Questioning	1	<1%
Decline to Answer	3	1%
No Response	16	7%
<b>Age</b>	<b>Count</b>	<b>Percent</b>
18-24 Years	8	3%
25-34 Years	43	18%
35-44 Years	75	32%
45-54 Years	43	18%
55-64 Years	38	16%
65 Years and Older	10	4%
Decline to Answer	2	1%
No Response	17	7%
<b>Race/Ethnicity [in descending order; check all that apply, percentages add to &gt;100%]</b>	<b>Count</b>	<b>Percent</b>
White	152	64%
Black	28	12%
American Indian or Alaska Native	27	11%
Hispanic or Latino/a	17	7%
Asian	6	3%
Native Hawaiian or Pacific Islander	5	2%
African	4	2%
Mixed race (unspecified)	4	2%
Middle Eastern	1	<1%
Slavic	1	<1%
Decline to Answer	4	3%
Other	2	1%

<b>Race/Ethnicity [in descending order; check all that apply, percentages add to &gt;100%]</b>	<b>Count</b>	<b>Percent</b>
Don't Know	2	1%
No Reponse	21	9%
<b>Highest Level of Education</b>	<b>Count</b>	<b>Percent</b>
Less than High School Diploma	15	6%
High School Diploma or GED	54	23%
Vocational/Technical Diploma	3	1%
Some College, No Degree	80	34%
Associate Degree	32	14%
Bachelor's Degree	19	8%
Graduate or Professional Degree	12	5%
Decline to Answer	3	1%
No Response	18	8%
<b>Disability Status (a limiting physical or mental condition)</b>	<b>Count</b>	<b>Percent</b>
No	129	55%
Yes	72	31%
Decline to Answer	17	7%
No Response	18	8%
<b>Current Living Status [descending order]</b>	<b>Count</b>	<b>Percent</b>
Renting	114	48%
Staying with a Friend or Relative	30	13%
Own (with or without a mortgage)	27	11%
Transitional Housing	16	7%
On the Street, in a Vehicle, or Otherwise Homeless	16	7%
In a Shelter	5	2%
In Residential Treatment or Recovery Housing	5	2%
Decline to Answer	6	2%
No Response	17	7%

Current Employment Status <i>[in descending order]</i>	Count	Percent
Employed Full-time	68	29%
Unemployed, Looking for Work	55	23%
Employed Part-time	40	17%
Unable to Work	17	7%
Retired	10	4%
Not Employed, in an Education or Training Program Leading to Employment	8	3%
Unemployed, Not Looking for Work	6	3%
Self-employed	6	3%
Laid Off or Furloughed Due to COVID	3	1%
Decline to Answer	6	3%
No Response	17	7%

# Survivors of Violence

## Overview

This section documents the experiences of survivors of violence<sup>1</sup> who were connected to the Department of Community Justice (DCJ) during the COVID-19 pandemic. Content for this section is merged from four sources. First, an online survey was sent to survivors who were actively working with DCJ advocates. Seven survivors responded and provided qualitative feedback on their experiences working with DCJ and the court systems, and the personal costs of the pandemic to their lives. Second, a guided discussion was conducted with the Victim and Survivor Services team at DCJ. This group included victim advocates and managers. Third, DCJ victim advocates were interviewed individually to gather in-depth information about the ways in which their work had shifted over the course of the pandemic. Finally, fifteen individual interviews were conducted with members of external advocacy organizations in the Portland Metro area who work closely with survivors of violence. All qualitative information was then coded and organized by theme. The results of that thematic analysis are presented below.



## Challenges for Survivors

The Coronavirus pandemic presented a host of challenges for survivors of violence in Multnomah County. Broadly, these challenges were categorized by two themes. First, survivors were likely to be missing basic needs over the course of 2020 and 2021. The ability to access safe and reliable food, shelter, physical and mental healthcare, sanitation supplies, and education were dramatically reduced in this period. Second, survivors were presented with increased hurdles in navigating the legal system as a result of changed business practices across the criminal justice and social service systems due to the pandemic. Both themes will be explored in depth in this section.

### Missing Basic Needs

Survivors of violence were disproportionately affected by COVID. Individuals who experience domestic violence and/or sexual violence often hold multiple oppressed identities that limited their opportunities to thrive. For example, domestic and sexual violence survivors are disproportionately likely to be (1) female<sup>2</sup>, (2) BIPOC<sup>3</sup>, (3) undocumented<sup>2</sup>, and (4) underemployed<sup>2</sup>. During the COVID-19 pandemic, those who held intersecting minority identities felt compounding challenges in accessing basic needs due to the systematic oppression placed upon these groups for generations.

<sup>1</sup> Although the data was gathered without specifying survivors of violence or victims of crime, the respondents focused on the impact on survivors of violence, particularly domestic violence. As a result, that is the focus of this section.

<sup>2</sup> <https://ncadv.org/STATISTICS>

<sup>3</sup> Stockman, J., Hayashi, H., & Campbell, J. (2015). Intimate partner violence and its health impact on disproportionately affected populations, including minorities and impoverished groups. *Journal of Women's Health, 24*, 62-79. doi: 10.1089/jwh.2014.4879

## Financial Security

Respondents to the survivor survey and the advocates who were interviewed identified that the loss of basic needs during the pandemic arose primarily due to a lack of financial security for survivors of violence. Advocates reported that most of their clients had been furloughed from their previous positions and now could not find new employment. Additionally, survivors who worked in service jobs were forced to quit or limit their hours in order to care for their children while schools and daycares closed. These individuals were providing for their families through COVID assistance programs and unemployment checks. However, in many cases, that assistance was not enough to pay rent or to move to a safer home. As a result, individuals who had previously left abusive partners or had left the sex work trade found themselves forced to return, as that was their only economic resource. Advocates worried greatly about the additional costs that their clients would face once the eviction moratorium was lifted and landlords began requiring tenants to pay back the missing rent. Clients who didn't have the finances during the pandemic to keep up with regular rent payments surely would not be able to suddenly afford to pay 2021 rent on top of paying back 2020 rent, as noted by an advocate, *"We're working with a group of folks that were just on the line economically already. I think just financially the needs have just skyrocketed. I mean, we're looking at a year of rent-debt with six months to pay it back. You know, they could barely pay their own rent. The actual rent. Expecting them to somehow come up with \$10,000 of rent in six months. I mean, that's just unthinkable, like it's just not gonna happen."*

## Safe Housing

Even survivors who were financially stable faced significant hurdles in finding safe housing in 2020. The eviction moratorium meant that fewer apartments and houses were on the rental market. Furthermore, housing options that advocacy organizations relied on before the pandemic (e.g., shelters, supportive friends' houses) became untenable due to the close proximity to other people or families that is required in those locations. The result was that families who absolutely had to move were placed in one-room motels through one of a number COVID-specific voucher programs. This system, in turn, meant that families were stuck trying to navigate remote work, online schooling, criminal justice proceedings, and healing from the trauma caused by their abusers all in the same room for a period of weeks or months.

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***There is literally no housing. No housing, no shelters available, no low income housing. No nothing. There is nothing. So if a survivor is in a bad situation, I cannot provide them with any resource regarding housing right now, nothing.***

## Childcare

This reality was especially difficult for survivors with children. Parents experienced additional hardships due to an absence of childcare options. Survivors reported that keeping their children physically and mentally healthy was one of their main sources of stress during the COVID-19 pandemic. Furthermore, keeping the children at home during the day prevented survivors from engaging fully with work or having the bandwidth to seek out additional supports for their own recovery and healing. One advocate further explained this reality, *"Having their kids around them 24/7, you know? Normally parents get a break from kiddos because they're in school. And these are kiddos with trauma responses themselves. So they have difficult behaviors. So parents aren't getting breaks, and they're reporting a lot of stress because of that. And then trying to help their kids engage in school while also trying to heal and look for work."*

## Safety

The ultimate result of the pandemic for survivors of violence is that safety could not be guaranteed. Individuals who were in chronically abusive situations only became more isolated as the pandemic wore on. Those few respites from their abuser (e.g., going to work, grocery shopping) were eliminated. The lack of privacy generated by the pandemic also meant that individuals hoping to find supportive services were challenged to do so, simply because there was never a private moment to make a call to an advocate or arrange a meeting. Being stuck at home with an abusive family member also escalated the violence, not only because there was more time spent together, but also because external stressors like job loss and co-occurring behaviors (e.g., increased substance use), resulted in extremely volatile situations. Advocates across all agencies noted that the level of violence, lethality, and trauma for survivors had increased dramatically for the populations they serve.

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***In all of my years of doing this, some of the calls I am getting now shocked me. And that's hard to do at this point. Violence has increased no doubt. I think survivors are dealing with all the stressors the rest of us are dealing with times ten.***

The increase in abuse, combined with the lack of resources for basic services, ultimately meant that survivors felt they could not leave their abusive households. There would be no housing to go to, no money to support themselves, no one else to help with childcare, and no guarantee of remaining safe from the virus. While the abuse they were experiencing was horrendous, staying in the home meant that basic needs would be met. According to an advocate, *“Survivors are attempting to keep their families as safe as possible. And sometimes that means remaining in a dangerous situation because hey guess what? There's housing. Hey, guess what? There's food. There may be a multi-generational family situation and hey, there's child care for my kiddos. And so it's a safer environment or it's a healthier environment for my kiddos to remain here rather than being out on the streets. And those survivors are often in severe situations.”*

## Summary

Survivors of violence experienced compounding challenges when attempting to maintain their physical and emotional health through the pandemic. The shutdown of many service industry jobs led to significant financial challenges, which could not be remedied with new employment opportunities as children remained at home and needed care and schooling support. Even if finances were in order, a housing crisis left survivors fleeing abuse with nowhere to go. The health concerns of the virus kept many survivors indoors with their abusive partners for extended periods of time. This increased their isolation away from supports, prevented survivors from having confidential conversations with advocacy organizations, and increased the lethality of the abuse they were experiencing. As resources in all areas shut down, little to no options were available to de-escalate or remove the abusive partner.

## Navigating the Legal System

In addition to the challenges outlined above, survivors of violence also had the uniquely difficult experience of navigating the criminal justice system during the pandemic. From the initial 911 call to police, through the courts, and finally in the post-prison and probation system, COVID-19 disrupted the processes and procedures that were in place to keep the public safe from those who do harm.

### Police

Most stark was the delay in police response during an active crisis or crime. In some extreme examples, survivors reported that the police would not respond even in active life-threatening situations.

One advocate noted, *“And then having case after case after case, where you're like I can't even tell you to call 911 because I don't think they're gonna respond... I don't care if you're being strangled, it probably won't happen.”*

Commonly, survivors and advocates reported that there were long delays for police to serve or respond to violations of restraining orders, sometimes up to a week after the violation occurred. This left survivors in dangerous situations without access to appropriate resources. It also meant that advocacy organizations could not document violations in order to press further charges.

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*Survivors are saying that they get no response for restraining order violations. Survivors not being notified when abusers are released from jail. I would say those are two of the biggest things. It prevents us the opportunity to document things. So in the future when we do go back to court we can say ‘Hey, you know, this Jll was near the survivor's home.’ You know, we have evidence to back it up.*

Importantly, police interactions with the public during the COVID-19 pandemic cannot be divorced from the social movement to eliminate racist policing, which was triggered by the murder of George Floyd. Black and brown survivors reported experiences in which law enforcement officials refused to respond to their call for service because they did not want to be responsible for arresting a Black abuser. One staff person noted, *“[Survivors say] ‘I'm not even going to call the police.’ Either because they've had no response, or because the police have said ‘we're not going to do anything.’ I mean, we've been told when there's an abuser present the police are like ‘well, Portlanders don't want us to arrest black people. So we're not going to do anything about this.’”*

Survivors and advocacy groups also experienced law-enforcement delays in the summer of 2020 as the vast majority of police officers were reassigned to the downtown area during nightly protests of Mr. Floyd's murder. Therefore, according to advocates, when survivors would call 911 to request support, they would be told that there were no officers available to assist them.

### Court

Even if an abuser was arrested and charged, new difficulties arose for the survivor. For many survivors, decisions made by the court are critical for their physical safety in addition to their emotional well-being. However, as the pandemic shut down the city, changes to court proceedings were not clearly communicated to survivors. As evidenced by the following quote, this left many of them feeling confused, scared, and unsure of next steps.

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*It was very confusing. At first, despite the pandemic, they were holding court on certain days, then they cancelled to do court by telephone. But there was no telephone number on the paperwork, so it was difficult to call and request or discuss anything.*

As the pandemic progressed, the process of attempting to seek justice for a crime, to end a marriage, or to officially determine a child custody arrangement became increasingly challenging due to the fact that all hearings were delayed. The court's inability to hear cases often meant that survivors were unable to begin a true healing process. Instead, they remained in limbo as they waited for a resolution. According to a criminal justice advocate, *“The wait time for things being adjudicated out of the DA's office have really changed. Everything is just set over, and set over, and set over. And you have survivors feeling a different crisis from the lack of closure for longer, and longer, and longer.”*

### **Probation and Post-Prison Supervision**

Finally, for those survivors whose abuser made it on to probation or post-prison supervision, finding support from DCJ became complicated as field work was suspended across the department. Probation and parole officers (PPOs) were teleworking due to the pandemic, thus unable to conduct in-person home visits, place GPS monitoring bracelets on their clients, or verify statements regarding their clients' whereabouts or living arrangements. Primarily for survivors, the decision to eliminate field work at DCJ added to the sense of a lack of accountability for their abusers. According to survivors, their abusers felt emboldened to continue to harm them because they understood that any consequences they faced would be minimal.

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*I have my perpetrator in my ear telling me ‘see I told you. I told you no one is gonna come out and arrest me. I told you my violation wasn't gonna go through and court was never gonna happen.’*

Without anyone who could respond to a probation violation, survivors lost hope that continuing to engage with services would bring any relief. According to one advocate, *“I've had a few clients where their offender has been on probation. And anytime that I've suggested reaching out to the probation officer to report something they've always been like ‘well, what's the point? They can't do anything right now. I'm stuck in the situation. No one can do anything. Why even bother?’”*

Furthermore, PPOs had been a critical support for many survivors prior to COVID-19. Advocates who had worked with survivors before the pandemic recanted stories of PPOs who connected survivors to services, kept survivors informed on their abusers' progress through the legal system, warned survivors if they felt the survivor was in danger, and more. One advocate noted, *“Understandably there are restrictions or reasons why POs haven't been able to go out. And yet that has been harmful for survivors. [Before COVID] we've seen a lot of probation officers who were very much a support system for survivors. That's who they were talking to and able to make disclosures to. Those were very supportive relationships also for the victims to help navigate into different services.”* The reduction in PPO interaction took away yet another support from survivors who were already struggling to navigate the very limited resources available during the pandemic.

Survivors reported being specifically frustrated with DCJ's decision to eliminate the use of GPS monitoring. While they recognized that close-contact was necessary for technicians to install and remove the ankle monitoring bracelets for the abuser, they felt that risk to physical safety from COVID was smaller than the safety risk they faced if their abusers were left unmonitored. One survivor stated, *"I am very displeased that my ex-husband, whom I have a restraining against, was granted permission to have his GPS tracker and alcohol detection ankle monitors removed. His inability to charge these devices because of COVID was the reason, according to his probation officer. I don't think it's right that they be removed since they were court ordered. Why should I, the victim, have to worry about my abuser being able to access me? He had them put on because he isn't safe on his own volition. His behavior is directly connected to his sobriety yet any proof of him drinking is now no longer detectable?"*

## Summary

As the COVID pandemic scaled back law-enforcement services on every level, survivors of violence felt a growing distrust of the system. They became unsure that police would respond if they called for help, that courts would hear or rule on their cases, or that PPOs would enforce the conditions set in place by the courts. According to advocates and survivors, this led to a sense of helplessness and exacerbated the trauma survivors were experiencing because of the crimes perpetrated against them. An advocate explained, *"And so I think that for some survivors they feel as if it's a perpetuation of the cycle of pattern of abuse. And they are down to a lower rung because you're seen as less important. Because there are other things going on."*

## Disparities

The hardships that accompanied the COVID-19 pandemic were felt by all survivors of violence. However, some groups of survivors were disproportionately affected by the challenges documented earlier in this section. Advocates who worked closely with survivors identified three groups for whom the co-occurring experiences of surviving violence and surviving the pandemic were uniquely challenging.

### Black, Indigenous, and People of Color

Black, Indigenous, and People of Color (BIPOC) survivors experienced the intersectional traumas of COVID and police brutality in 2020. This intersectional trauma compounded the grief felt by BIPOC survivors and created an extra burden for culturally-specific organizations that focus on the health and well-being of the BIPOC survivor community in Oregon. These challenges were further exacerbated by the fact that BIPOC communities experienced higher rates of COVID transmission and had less access to the healthcare resources necessary to fight the disease due to longstanding systematic inequalities.

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*Across the board we see an intersection with oppression both related to race and ethnicity and then also like poverty and class. Also like just culture, being more community-focused or collectivist than individualistic cultures. So a lot of [BIPOC survivors] may have family move in with them to caretake and/or because others lost employment and lost ability to pay for housing. And then in living in shared environments, the risk if somebody gets sick, everybody could get sick really easily goes up. And then the intersection of lack of access to healthcare etc. That is all compounding.*

## Survivors of Elder Abuse

Many of the older generation were unprepared for a world that is entirely reliant on modern technology. With little to no support, the elder community was required to interact entirely online to connect with the required systems and organizations in order to access support for their basic needs or to make progress with their legal cases. Furthermore, the COVID-19 pandemic highlighted the service gap for survivors of elder abuse. The limited housing options were reserved for survivors of spousal abuse, meaning that elders who had been abused by their children/guardians were ineligible. Finally, elder advocates are often elders themselves, and thus were especially unable to continue to provide in-person services during the pandemic due to their own risk of contracting the virus. According to an advocate, *“I think we have very much learned how little there is [for those experiencing elder abuse] and how much more there is to navigate to get into what does exist. There's so much more that you're having to prove or show or document and in very different ways. And I mean my God, I'm in my 40s and I am not that technically savvy, and you know our elder advocate is working with survivors who are in their 60s and 70s who are being required to do their restraining orders online. And she was one of our one of the people at our team who initially we were like 'you cannot do in-person services with anybody on your caseload. It is not safe for them. You know the risk that you pose on top of the violence they experience.' Like that's a non-starter. She can't do it. And she was like 'but these are already the folks who are the most vulnerable and struggling and isolated and I'm their last line of defense and connection. We can't take that away.”*

## Undocumented or Immigrant Survivors of Violence

Advocates working with undocumented or recently immigrated survivors of violence highlighted the unique additional challenges faced by that population. For survivors who were simultaneously going through immigration proceedings, the court closure was even more dire. Not only could they not get justice for their experiences as survivors, but they also experienced increased fear and anxiety around being deported or separated from their family during the pandemic. Court proceedings that did move forward were further complicated as in-person translation services became inconsistently available and new court policies and procedures were not quickly translated into less commonly spoken languages. Additionally, individuals who had not yet gained citizenship status were ineligible for the vast majority of COVID-related aid, including unemployment benefits. This was especially problematic as undocumented workers were very likely to have been laid off the service jobs where they had been employed prior to the pandemic, illustrated by the following quote: *“The majority of the folks that we work with at my agency are undocumented survivors, and absolutely the majority of the federal relief has not applied to those survivors. And so that's been a huge burden. That survivors are not receiving the same relief that their peers are who are documented. And so there's been a huge amount of stress for those survivors economically as they've lost work just like everyone else, but been unable to get that relief. Which means they're in greater danger. And they're struggling.”*

## Summary

Existing disparities were worsened during the pandemic. Those who were reliant on scarce resources in 2019 saw their few supports fall away in 2020. Racist beliefs grew, especially white supremacist beliefs and anti-Asian sentiments. Advocates from culturally-specific organizations felt that most vulnerable clients had fallen through the cracks and were not being prioritized in the scramble to adjust to the post-COVID world.

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*The survivors we work with who are most vulnerable, who have the fewest resources, who had the least amount of, like, who experience the most oppression and overlapping systemic oppressions, were at so much higher risk during this time, and lost so much more during this time.*



## Benefits for Survivors

Importantly, some of the necessary changes to business practices due to the COVID-19 pandemic served to improve the experience of navigating the criminal justice system for survivors of violence. Three changes, in particular, were viewed by both survivors and advocates as successes.

### Increased Accessibility

The move to remote services increased accessibility for some survivors to participate in court proceedings, access therapy or counseling services, and stay in touch with their advocate team. Remote services eliminate the barriers of transportation, childcare, and physical mobility concerns. Additionally, advocates noted that some of their clients were interested in participating in virtual communities who would have otherwise been hesitant to access services in person. Overall, the option to perform advocacy, treatment, and court services remotely was viewed as a positive step toward equity for survivors of violence.

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*I have really appreciated the accessibility measures that COVID has really facilitated. For years and years, it's been something that advocates have wished for, to let our processes and our criminal justice system be more accessible to folks who are not able to attend in-person hearings or do all those things. So being able to have survivors participate in court hearings totally over the phone has been really wonderful. So yeah, I think there certainly has been some strides in accessibility to our system that we always said 'it's not possible, it's not possible.' And so I'm really hopeful that, since we've shown it is possible, maybe some of those things will be kept.*

### Restraining Order Requests by Phone

While the option for remote service delivery was generally viewed with positivity, one specific business practice change was highlighted as a COVID-related benefit by advocates and survivors from all over Multnomah County. The ability to request restraining orders over the phone was viewed as a tremendous win for survivors. Allowing for remote access to restraining order proceedings reduces the ongoing trauma faced by survivors who would otherwise be required to be in proximity to their abuser. For years, advocates have petitioned the courts to allow survivors to use videoconferencing software in order to provide testimony and view the proceedings from a safe, distant location. However, it was not until the COVID-19 pandemic that this system was embraced by the courts.

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*Protective orders can be applied for at home now, which I think is amazing. Like, make a note for the transcript, I am smiling ear to ear. Being able, as a survivor, to apply for and petition the court for a protective order from home, or from a location that is safe for them, I think is a huge triumph.*

## Increased Funding

Advocates and survivors mentioned the increased funding through the Coronavirus Aid, Relief, and Economic Security Act (CARES) and through local initiatives that was provided to advocacy organizations to help survivors seek safety during the pandemic. These extra funds were seen as truly lifesaving. They provided survivors with the resources that were critical (and otherwise unobtainable) to support themselves and their families as they navigated the criminal justice system and the social service systems during COVID. Using these funds, advocacy organizations were able to pay for extended rental or motel stays, to cover utility costs, to provide food boxes, to change door locks, to install security cameras, and to provide direct financial assistance to survivors. Many of these services were needed, but were out-of-scope for advocacy organizations prior to the pandemic due to funding constraints.

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*I've seen so much gratitude from participants, especially around the extra funding that we got. And just how much tangible financial assistance makes a huge difference. I mean, we paid 10 months of somebody's back-rent in one situation.*

# External Providers

## Overview

This section reflects themes described by the many partner organizations that work closely with the Department of Community Justice (DCJ) regarding their experiences during the COVID-19 pandemic. Representatives from thirty-one direct service organizations in the Portland Metro area were interviewed. While most interviews consisted of the interviewer and a single provider, some organizations chose to have multiple representatives in order to cover the different aspects of their program. The organizations represented in this section serve two distinct populations. Sixteen of the organizations provide critical services to individuals on probation or post-prison release including:

- **addiction and recovery services**
- **employment assistance**
- **mental health services**
- **peer mentoring**
- **culturally-specific services**
- **supportive housing.**

The remaining fifteen organizations serve victims of crimes and survivors of violence. This group provides essential supports like:

- **court-system navigation**
- **assistance leaving an abusive partner**
- **identification and intervention in sex-trafficking**
- **culturally-specific advocacy**

All organizations interviewed have active contracts with DCJ to serve individuals who are in contact with the probation and post-prison system (either as a JII or a victim). All interviews were recorded and transcribed verbatim. The qualitative information was then coded and organized by theme. The results of that thematic analysis are presented below.



## Challenges for Providers

### Service Delivery Challenges

The COVID-19 pandemic created new and unique challenges for working with clients, especially clients who already held marginalized identities prior to 2020. Representatives from multiple social service agencies described the complicated logistics of connecting clients to technology, which was now critical in order for services to be delivered. The vast majority of interviewees worked directly with individuals experiencing chronic poverty, houselessness, immigration uncertainties, addiction, and/or mental health concerns. These lived experiences meant that the majority of clients had not had the opportunity to purchase or spend time with technology prior to the pandemic. In 2020, these clients faced huge challenges in both acquiring the necessary pieces of technology and developing their technology literacy skills before they could

meaningfully engage in virtual services. As a result, social service staff were required to teach tech literacy to clients instead of their regular group programming. This hurdle was exacerbated by the fact that staff themselves were not always fully tech-literate, as their jobs had never before been technology-dependent. As one staff person said, *"It was like we were the technology department, you know? Helping people get Zoom downloaded on their cell phone, or if they needed a Chromebook getting them a Chromebook. And then we'd find out, Oh, they don't have internet either. So then we had to get them internet. And then it was like, how do you turn this thing on? I don't have an email address. It was like a lot of technology stuff, which is something that we've just never done. And some of us are just not well versed in that, so we had to like increase our technical capacity a ton. And those were some rough times just because you're over a phone and you're like, 'okay, so push this button,' you know?"*

Remote service delivery was not the only impediment in the pandemic. Those organizations who continued in-person services also faced new delivery challenges. Working with a client population that was considered "high-risk" in multiple areas generated new work struggles when staff attempted to encourage or enforce COVID-specific safety protocols. Many interviewees noted that the populations they worked with were unlikely to wear masks, to social distance, or to be vaccinated. Much of the time, the identity that caused the client to become connected to services in the first place (e.g., gang affiliation, substance addiction) was incompatible with COVID safety precautions. Thus, an additional layer of complication was added to already difficult engagement and prevention work. One youth advocate explained what he was seeing: *"A big concern I keep hearing from staff is that our youth are not the ones caring for themselves really, right? They're still partying. They're still getting together in parks. And so even though we want to engage them, we know that we are dealing with a population who is not known for making good decisions, and are not making good decisions right now. They are hanging out, they are doing things with others. They are not wearing masks. They're out on the streets."*

Enforcing COVID precautions for clients was described as especially frustrating in in-patient settings. In residential programs, staff already felt unsafe coming to work indoors with their clients each day. The additional complication of COVID-safety noncompliance made many staff question if the risk to their personal safety was worth the security of their employment. One staff member who worked in a residential treatment program for individuals with substance use disorders explained, *"The clients are so used to putting themselves at risk at this point in their life with addiction, that it's kind of hard to bring home to them that you must wear your masks, you must social distance. Because they're just doing risky behavior. It's really psychologically affecting the staff more than anything."*

Finally, just as was heard from the DCJ staff and the survivors of violence, external providers felt that they had become less effective at their jobs during COVID and found it harder to connect with clients using virtual formats. In part, staff reported that they were less effective due to policy changes which removed some of the accountability measures that had previously been in place to ensure JII compliance with treatment. Particularly, organizations working with clients in recovery reported increased difficulty maintaining drug and alcohol free housing during COVID.

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*One interesting one is that we are doing significantly less drug testing than we have historically done. And we have seen an uptick in recurrence of use in the housing . . . which we think, there's a million reasons for that, just the stress, the fact that there is less relationship, there is less peer support. Probably so many correlations around it, but also there is less testing.*

Additionally, staff felt that much of their prior effectiveness was the result of the strong interpersonal relationships that they build with their clients. Virtual treatment was impeding this kind of deep relationship building. One counselor described, *"It's hard trying to build those relationships that [JIIs] really need once they get released from prison, you know that one-on-one attention that someone gets me. That's been probably one of my biggest concerns, because it's kind of hard to build that relationship over the phone. When you're not there it is much more difficult to show sympathy or show empathy or show understanding. Just kind of those visual things that help comfort customers so that they open up so that we can help them appropriately."*

## Financial Challenges

Difficulties working with clients during the pandemic were further exacerbated by underlying financial difficulties faced by social service organizations across the board. Financial stress occurred for two overarching reasons.

First, many of the organizations serving JIIs saw a reduction in the number of individuals eligible for their programs, which in turn reduced the federal, state, and county dollars that could be allotted to their organization. Four causes of reduction were identified across multiple organizations:

- 1 In-person services needed to create physical distance between individuals, and therefore could not serve as many clients at once.
- 2 Staff became sick, were required to quarantine following COVID exposure/travel, or held identities that did not allow them to continue to work in-person. The limited remaining workforce could then only handle a limited amount of clients.
- 3 Referrals decreased dramatically for organizations that were reliant on receiving clients through the court, criminal justice, or school systems, as those systems were operating on a limited basis during the pandemic.
- 4 Finally, struggling families and individuals disconnected from services as they became overwhelmed with other priorities during the pandemic.

A provider whose organization works with at-risk youth explained, *"I think another huge impact with COVID is our recruitment and referral has dropped significantly. It's really hard. We're just not getting referrals and like we used to. I think a lot of it is because they're, you know, school staff are really busy. And when our staff were in the schools, including our gang prevention staff used to go into the schools, various schools. Teachers or counselors or vice principals, when they see the person that's when it sticks in their head, they're like, 'oh, I have a referral for you, or this family could use something or this student is in need.' And since we're not, we don't have that same sort of visibility, I do believe that is that's one of the reasons why we had a huge drop."*

However, it is important to note that not all organizations that were interviewed had seen a reduction in referrals. In fact, almost all organizations that served survivors of violence or victims of a crime (rather than JIIs) reported that their referral rate had stayed the same or increased during the pandemic. Nevertheless, these organizations were still faced with the burden of attempting to serve as many clients as possible while keeping physical distance, operating with a limited workforce, and navigating system closures.

Second, direct service organizations were financially burdened due to the number of unexpected purchases that were required in order to maintain operations. These included physical equipment so that staff could continue their work (e.g., laptops, printers, work cell phones). Software licences also needed to be acquired (e.g., Docusign, Zoom). Organizations hoping to continue in-person work also needed to purchase safety equipment (e.g., PPE, plastic dividers, rapid COVID test kits). One manager whose organization had never previously allowed telework provided this context: *" We purchased a lot of desks, chairs, all of these basic*

*things that not everybody had at home and we allowed people to pick up their equipment from their office and take them home, but for some people who were sharing spaces and working from their dining table then we purchased equipment. So I think in terms of financial impact that was like an unexpected cost that we had to scramble to be able to provide."* Finally, in addition to purchases to help staff work safely, many purchases needed to be made to allow clients to continue to engage with their services remotely (e.g., cell phones, tablets, internet access).

## Workload Challenges

Despite the many challenges that slowed down service operations during the pandemic, interviewees across organizations unanimously reported that their workload increased. Four main causes of workload increase were discussed by the providers.

First, respondents indicated that their workloads were heavier due to the additional tasks they were completing in order to successfully transition to remote programming or to keep their in-person workplaces safe from COVID transmission. For remote work, these tasks included:

- **individually calling every participant to remind them to attend group meetings,**
- **troubleshooting technology challenges with clients, and**
- **preparing physical materials that could be sent to clients' homes.**

As an example of the increased lift it takes to successfully conduct a group therapy class, one remote worker explained, *"So we had to be like, okay. 'So remember that we need this reading book for this lesson!' or 'remember that these cards are specifically for it!' So it's kind of like we had to prep them for what's coming for the class, and then have the class, and then after the class be like, so what part of the class did you remember? So those are things that we didn't have to do before, because we had a physical view of them. Like did you really touch that? Did you have the feeling? Did you understand it? Did you get the emotions? Because Zoom meetings don't give you the same interaction that you would have in a class, right? I can do one thing over here and then just kind of listen in. So it's really important for us to make sure that we do a lot of like texting them before class. Like 'hey, okay here comes class. This is what's gonna come up. Make sure you're ready.' And then after class a lot of our advocates are like, 'okay, so did you really pick it up or were you just listening?' And so there's a lot of follow-up. More than we would have on a normal basis."*

Second, in-person workers also reported new tasks and increased workload. These tasks included:

- **regularly cleaning/sanitizing the space,**
- **constantly connecting with the county or state health department to get clarity on current restrictions,**
- **taking on the work tasks that were previously assigned to their co-workers due to decreased in-person staffing.**

One staff member described the new day-to-day process of trying to coordinate with the other in-person coworkers: *"I feel like the staff have been working much harder to try to navigate with these extra barriers. I mean, instead of all meeting at the office we're meeting outside and individually scheduling time to meet together. It's a lot more work to do stuff that normally wouldn't take us long because we could just be at the same office and you know, it's just there's just added precautions that we're doing now."*

Third, both in-person and remote workers reported that their workload increased due to the constantly changing rules and regulations that accompanied the pandemic. Each time a new federal, state, or county-specific guideline was announced, workers at these organizations would be required to drop their current work and adapt their business practices to the new rule. Sometimes this meant abandoning projects that had already been invested in and starting from scratch. Other times it meant that the organization needed to make up a policy change themselves and then enact it. One provider described this process when the regulations around Medically Supported Recovery (MSR) changed: *“So there are a set of federal rules that basically govern how much medicine you can give a patient to take away from the clinic, right? So typically people who are really unstable, they come in every day. As they get more stable, they earn takeout doses. They come see us maybe a couple times a week. Sometimes only once a month. And that schedule is actually determined by the feds. So when COVID hit the feds said ‘we will relax those rules.’ But they still left an awful lot up to the providers to decide what that looked like. They basically said you don’t have to follow as much of this rule, but you’re still responsible for the safety of the medicine. You’re still responsible for the safety of the patient - you decide. And I’ll tell you, all over the country everybody just kind of made it up.”*

Fourth, all of the previously described workload challenges were amplified due to difficulties retaining staff and hiring new staff. Hiring managers at in-person organizations battled perceptions that their line of work was dangerous in the pandemic. Many existing employees felt that continuing to work in-person put themselves and their loved ones at too great a risk. Additionally, open positions for in-person work were left vacant due to a lack of interest. As one hiring manager explained, *“We were having difficulty finding people to fill spots. So we’ve had a counselor position that’s been open for a couple of months and I’ve received one resume for it. My feeling is that the reason we’re not getting resumes is because people don’t want to work in a residential setting right now.”*

Other managers found that their employees could not prioritize work due to increased stressors at home. This was especially true when schools and daycares closed. One manager reported, *“A lot of those staff also have children and they weren’t able to then deal with child care issues. They end up having to take leave, mostly just because their kids were home from school.”*

Similarly, managers found that some of their staff had to take leaves of absence from work due to COVID exposure or needing to quarantine due to personal travel. This created uncertainty around staffing decisions and added to the stress of those managers responsible for keeping staffing levels compliant with county and state mandates.

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*We were afraid that we maybe were going to lose a staff or two because they’ve had a COVID exposure and we need them to quarantine. That’s always a possibility that is just lurking around the corner, that we will have two or three staff go out at the same time when they’re COVID positive. And it’s just all an ordeal.” Lastly, some staff quit their positions due to the increased burnout and stress of their new working conditions: “We’ve lost staff to this COVID. They just couldn’t take the stress they built. They couldn’t do it.*

## Employee Well-Being Challenges

The accumulation of challenges facing direct service staff during the COVID-19 pandemic took a toll on employee mental health. Supervisors reported an additional focus on tracking their staff's levels of burnout, their feelings of safety in the workplace, their experiences navigating COVID in their personal lives, and the amount of vicarious trauma they were experiencing.

Across organizations, staff reported feeling powerless to help their clients. As services shut down and resources were depleted, providers were faced with listening to stories of struggle and hardship without being able to provide any direction or assistance to reduce their clients' burden. Not only does the absence of resources make staff feel ineffective, but it also damages the staff/client relationship. As one supervisor stated, *"I have heard from [staff] that sometimes learning that there's no resources or that we can't help that they're getting a more vitriolic response from clients than when we're in person. That, you know, when we're in person and we can say gosh we're so sorry there's no shelters open right now. People sort of can understand and manage that. On the phone, they're just letting the staff have it. I mean so I think there's just this heightened response on both sides."*

Employee well-being was additionally impacted by the reduced coworker-to-coworker support that could be offered. Many of the interviewees described feeling lonely at work during the pandemic. This was especially true for staff whose positions focused on helping vulnerable and marginalized clients. Prior to the pandemic, these staff had relied heavily on their coworkers to debrief and provide emotional support after an emotionally-heavy interaction with a client. The pandemic removed this resource, as one provider said, *"There is definitely this extra layer of hearing the worst stuff and then not having someone just sitting there hearing it and chatting with you about it when you hang up. Like 'whoa that seemed hard.' [During the pandemic] we had a little more hands-off approach about checking in when you need to, but it was really hard and it still is hard to find ways to create connection in this environment. Not getting the support from each other has been a big deal for us."*

In the rush to transition to a virtual environment, coworker connection points were not prioritized. Those coworker interactions that did continue (e.g., weekly virtual team meetings) did not serve the same function of providing immediate emotional support for staff members.

This excessively hard work, combined with personal struggles due to Coronavirus, left service staff feeling exhausted. As one advocate described, *"Now you're supporting [clients] and supporting your own kiddo doing distance learning. There's an emotional toll there, never having alone or down time. Like if you either live with your extended family, or roommates, or you have kiddos. You might be working in your room that you also sleep in and you also watch TV in. And to try to decompress? Yeah, not happening."*

More so than other kinds of workers in the pandemic, direct service staff who worked with JIIs or survivors of violence were asked to increase their support for both their families and the clients they served. Many respondents described working excess and non-traditional hours as various crises emerged. They also described feeling a unique form of exhaustion that accompanies multiple hours of virtual connection (sometimes called "Zoom Fatigue"). Their exhaustion was then further exacerbated by their limited ability to recuperate during their off hours. Instead of taking time to relax after work, staff were turning their attention to their families' increased needs, worrying about elderly or immunocompromised loved ones, and "doom scrolling" or the process of endlessly reading upsetting news on the internet.

Finally, many staff reported feeling traumatized by their experiences working during the pandemic. For victim and survivor advocates, trauma was often a result of taking high-intensity calls from in their personal spaces. The absence of a separate work/life space erased the advocates' ability to use their homes as a respite from

the challenges of their jobs. One manager explained, *“We’re saying we’re requiring you to work from home and you have to have a confidential place to do it. And so that’s often people’s bedrooms right? Almost half my staff, I can see their bed in the background when we talk. And I don’t know if we can quite conceptualize that I just sat in this exact spot and I just heard about someone’s violent sexual assaults and their abusive partner. And I’m crawling into bed with my husband later in this same room. I mean, that’s hard. It’s hard, hard stuff.”*

Staff who remained working in-person felt a trauma response as well. For these workers, every shift felt like a direct risk to their physical health and the health of their loved ones. A manager of an organization that had continued in-person services through the entire pandemic described, *“I know there are people that feel like they’re being sort of thrust into danger. And you know as the numbers go up that’s how people are gonna respond. And you know, we do our best to listen and to respond in the way that we can. But to do this kind of work, it’s not exactly like being a frontline worker in an emergency room or an ICU, but it’s close.”*

## **DCJ-Specific Challenges**

The interviews with direct service providers revealed a number of specific challenges that occurred as a result of DCJ’s policy and procedure changes during the pandemic. As organizations that rely heavily on DCJ operations, many of the adjustments made by DCJ to keep their staff and clients safe from the virus had rippling effects for the external providers who are contracted to support the same population. For a complete summary of the business practice changes made by DCJ during the pandemic, refer to Appendix 3. Across interviews, four DCJ-specific challenges were identified.

The closure of the Mead building, which had been a central hub for providers to connect their clients with wraparound services pre-pandemic, dramatically impacted some providers’ abilities to keep in touch with hard-to-locate clients. Additionally, the Mead closure meant that many of the providers lost their office space. Those organizations that chose to retain in-person services were forced to find alternative meeting spaces in order to continue their work. One manager who traditionally had worked at the Mead described this challenge: *“I think not having the Mead Building open has also dramatically impacted our ability to see clients. You know, we do have some clients that we could only really see with probation because of their history or their presentation. And without being able to see them in tandem with an officer, it has been a challenge. And without having a space for them to go, it’s not been impossible, but we’ve had to be creative about places that we could have our staff see those clients.”*

The significant slow-down within the DCJ contracts department during COVID-19 further complicated the relationships between DCJ and their external providers. Providers across interviews reported that they were challenged to complete their work for DCJ when contracts were stalled. Without an executed contract, providers could not charge DCJ for their services, which in turn meant that they could not continue to serve their clients. In a time when clients needed more support than ever, the slow speed at which contracts were finalized caused external providers a significant amount of stress. One manager of a residential treatment center described the trouble they faced due to DCJ contracts being paused: *“There was a huge slowdown in our getting contracts. So, of course, our accounting can’t bill, but we got to keep doing what we’re doing to get the units filled and everything. So you know, I suspect that’s a result of the issues that you guys [DCJ] are facing on your side where folks are working virtually and what they have the bandwidth to do. We know that you guys are gonna sign the contract. But you know, our financial people say ‘no, we don’t have a contract in hand.’ We can’t do what we need to do until we get that.”*

Providers who worked either with survivors of violence or directly with JIIs also indicated that DCJ’s decision to limit in-person supervision during the pandemic negatively impacted their operations. Both groups of providers felt that the lack of accountability measures in place from DCJ had resulted in JIIs missing

mandatory group therapy sessions, engaging in more prohibited substance use, and acting more violently toward their significant others. Additionally, providers felt that they had no one to turn to for help when one of their clients began to slip. Prior to the pandemic, most providers reported that probation officers were easy to contact when they had a problem with a JII. Now, those lines of communication had closed. One outpatient provider who works closely with JIIs explained, *“I think the main thing that's impacted us has been POs not being able to come out. That has made a really big difference in a not good way. I understand that decision is way above them in the county. But sometimes it could have been really helpful if they were able to come out in like emergency situations. Emergencies like if you don't come talk to this person, there's a good chance they're gonna get evicted. Having their PO see them and tell them ‘this is what's going on and this needs to change.’”*

Finally, direct service providers described feeling as if they were picking up DCJ's slack during the pandemic. Interviewees, especially those who had continued to provide in person services throughout the 2020, identified feeling disgruntled that DCJ chose to limit in-person supervision. The effect of this decision was that those providers who were still working were now responsible for managing the JIIs' increasing needs while simultaneously attempting to keep them accountable to their supervision requirements. Many of these providers pointed out that their salaries were significantly less than the salaries of POs. This wage gap served to intensify the feeling that POs were a privileged group whose safety during the pandemic was paramount, while direct service workers could be relied on to risk their own physical health and increase their job responsibilities without additional compensation. As one provider who had maintained their in-person work through the entire pandemic stated, *“There is an irony and a discrepancy here of like, the county contracts out these services to community-based providers at a lower rate than what they internally would spend on the staffing resource. Parole officers make way more than my team does. And yet my team are the people going out and putting themselves at risk meeting with youth in-person. And the system staff are predominantly working from home.”*



## Benefits for Providers

Though not outweighed by the challenges, providers were able to identify some positives that arose from the COVID-19 pandemic. Providers hoped that a number of changes enacted during 2020 would continue to be incorporated into their organizations' policies and procedures after the epidemic has ended.

First, representatives from almost all of the organizations interviewed felt proud of the work that their employers, coworkers, and themselves had accomplished during the pandemic. While faced with so many unknowns, the interviewees reflected that their employers were responsive and proactive in taking steps to ensure both staff safety and minimization of service disruptions for clients. One service provider noted, *“I would just say we have, as an agency, been on top of every change, every shift, every nuance. We stood up these Incident Management teams. We just really addressed and responded to the need from the beginning.”*

Especially notable was the speed at which the social service organizations were able to pivot to accommodate the precautions that suddenly became necessary. Almost all of the interviewees reported that their organizations were able to revamp the vast majority of their services to a virtual environment in less than three weeks. For some organizations, that pivot happened in under one week following the Governor's order to shut down operations. Service providers felt that their incredible work and ability to rise to the challenges they faced in 2020 prevented many marginalized clients from falling through the cracks, saved employee jobs, and demonstrated to the broader community that their roles were vital to the success of the City of Portland.

Second, service providers also found that the pandemic created space for them to connect with other service organizations in a more meaningful manner than they had previously. Prior to the pandemic, some long-time social service workers had experienced their jobs as siloed from other organizations doing similar work. The increased need for collaboration during COVID, along with the move to a virtual environment, resulted in employees having many more direct conversations with their co-workers and peers from different organizations who were doing overlapping work. Staff ultimately found that their sense of community increased during COVID and their bonds with other social service workers deepened. As one worker stated, *“Community cohesion has improved. How other agencies just sort of came together. There were several groups, support groups, that were formed just for advocates to connect and process and support each other. Groups where funders and executive people were sharing information about vision and the next steps. And just how it really felt like a community. You know, like this idea of okay, we’re doing this work, let’s learn from each other. Let’s support each other. That made it so much better.”*

Third, service providers found some new benefits from working virtually. Most commonly, interviewees reported that the addition of virtual services allowed for greater accessibility for their clients, which in turn increased engagement. The elimination of transportation and child care barriers meant that more clients were able to attend more services. One provider said, *“You know, it’s varied but for the most part we’ve seen increased engagement because we’ve removed some of the barriers of having to transport themselves, the clients and their children, to the center to come to a parenting class or those kind of things.”* An additional benefit of the virtual environment is that culturally-specific organizations were able to broaden their reach in order to include rural community members and people with disabilities, who had never before been able to participate in the planned cultural events.

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*We actually had a very high turnout for [a virtual cultural-specific celebration]. We had at any given point between like 95 and 100 screens on the call, but each of those was a family, you know, some of them might be just a couple of people. But oftentimes, it’s five, six, seven people. So that’s actually bigger than ever. And we were able to reach people. I know we had somebody from Oklahoma join us. We had somebody from Pennsylvania join us. And so one thing we’ve realized is we may want to always have a virtual component or streaming component to our events, so that people can take part that aren’t here.*

One final benefit of the move to virtual services is that it has improved the criminal justice process in some regards. One provider, who works with adjudicated juveniles, described an improvement to the court process that minimizes the amount of times a youth needs to be removed from school in order to attend criminal justice proceedings.

Fourth, service providers noted that their ability to pivot and maintain services through the pandemic was significantly aided by the increased funding and greater flexibility in fund allocation. Internally, some organizations were able to redirect existing budget dollars to go directly to client assistance or were able to ease some of the spending restrictions that were traditionally in place. One advocate provided an example of their organization’s change: *“I think we’ve had to be way more flexible in what we allowed to be considered as client assistance, right? We used to just [approve] food or rent or clothing and now the need is wider. So [we’re] doing a lot of gift cards instead of ‘oh, you can’t buy that, you can’t buy that.’ That paternalistic way of giving resources. Now, it’s like ‘here’s two hundred dollars for Fred Meyer. You know what you need.’ Trusting that people will get what makes the most sense for them, even though it may not make sense for us in government or nonprofit or whatever.”*

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***Now, if all parties agreed, then a judge can just sign an order removing the electronic monitoring. And so that eliminated families having to come in. And so if the kid was taken off EM, then my staff would just go out to the home and cut off the unit and minimize the amount of contact that we have. It really is a great thing. And I think it should continue even if we all get vaccinated and everything, somewhat, goes back to normal. It's a really simple process that doesn't impede, especially kids being pulled out of school, families that have to work.***

Most providers also received new county, state, or federal funds to aid with COVID relief efforts. These funds were a lifeline for many organizations and the clients they served. Providers across organizations were incredibly grateful for the amount of funds they received, even though many of those funding streams had tight deadlines to expend large amounts of money.

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***All of the additional COVID funds were incredible in that we were really able to do some financial assistance that we just never been able to do before. There was a lot of pressure to get that money spent before the end of the year, but they did a fantastic job. I mean, we spent an entire year's budget and more in December alone.***

In addition to the above themes associated with benefits from the COVID-19 experience, interviewees highlighted some unique and notable policy changes that were implemented during the pandemic. These changes were viewed very favorably, and were considered exemplars of how organizations could actually improve employee morale even under very trying times. Employees reported that their organizations:

- 1 Cut working hours while still paying employees for an 8-hour shift
- 2 Provided additional “hazard pay” for any employee working directly in contact with clients
- 3 Provided extra vacation days and required that employees use that time off
- 4 Vigilantly ensured that employees took all their daily breaks and ended work on time
- 5 Provided home office equipment (printers, laptops, webcams, etc.)
- 6 Paid for employee home wifi

# Summary and Next Steps

The Department of Community Justice (DCJ) embarked on a broad evaluation of the impact the COVID-19 pandemic had on its staff, justice-involved individuals (JIIs), survivors of violence, and external service provider partners. From April 2020 through February 2021, data was gathered from all those constituent groups using team meeting interviews, individual interviews, and online surveys to learn how the pandemic affected their work and personal experiences. Documented within this report are the challenges, benefits, frustrations, and learnings from individuals and organizations involved with DCJ. Using the findings in this report, DCJ can be more prepared for future crises like the the COVID-19 pandemic. Furthermore, DCJ can positively shape its future by taking the lessons learned from it to incorporate flexibility and innovative approaches into what we do.

## Shared Themes - Challenges

A number of themes rose to the surface as shared experiences across multiple respondent groups. The following summarizes the challenges the pandemic has introduced into our work, our home life, or both. The challenges are related to technology and virtual services, emotional well-being, COVID harming the most vulnerable individuals, and JII accountability.

### Technology and Virtual Services

- Many people had to quickly increase their technology literacy.
- Both DCJ and provider staff reported not having the technology skills and equipment to immediately transition to remote services.
- Some JIIs did not have the technology resources available to engage in remote services.
- Staff had to serve as technology support for JIIs and survivors of violence to help them engage in virtual services.
- There were concerns about maintaining confidentiality without being able to ensure privacy within the virtual context – for JIIs to talk about their supervision, for survivors of violence to talk without being overheard by the perpetrator of the violence, and for staff to speak to JIIs or clients without their family hearing protected information.

### Emotional Well-being

- All respondent groups identified the challenges of balancing their work or supervision expectations with their personal or family responsibilities, especially as it relates to caring for children due to reduced daycare availability, virtual learning, and being confined within the home.
- JIIs had difficulty focusing on treatment because they had so many other stressors in their life (e.g., employment, financial, caregiving, meeting their supervision requirements remotely).
- Survivors of violence had increased difficulty leaving their abusive partners due to the overwhelming amount of additional stressors and decreased access to services due to COVID-19.
- Victim advocates reported increased vicarious trauma and burnout due to the increased emotional labor necessary to support survivors and having nowhere to direct survivors who are in crisis.
- Probation and Parole Officers (PPOs) and JII providers felt less effective because they were not able to connect with the JIIs as well as before the pandemic, due to limitations in being able to maintain contact and difficulty in establishing relationships through virtual means.

## **Most Vulnerable – Most Harmed by COVID**

- People who are houseless or have mental illness who primarily rely on in-person access to services (e.g., getting their mail, receiving bus tickets, checking in with their PPOs) were unfairly impacted by the closure of the Mead Building and eliminating/reducing in-person services.
- Victim advocates noted that their most vulnerable clients (e.g., clients who are undocumented, young girls who recently left sex trafficking, clients who are experiencing elder abuse) are the least likely to get access to COVID resources or funding and are falling through the cracks.

## **JII Accountability**

- DCJ staff were concerned that not being in the field limits their ability to hold JIIs accountable.
- DCJ staff believed that eliminating in-person check-ins by PPOs, JIIs knew detection and consequences were limited and were more likely to engage in criminal behavior.
- Victim advocates believed that DCJ's decision to limit in-person services unfairly harmed victims, putting them in danger.
- PPOs and advocates felt strongly that some in-person work is required to be able to do their jobs effectively.

## **Shared Themes - Benefits**

Although much of the information gathered across the respondent groups focused on the negative impact of the COVID-19 pandemic, a few positive themes were identified related to flexibility through remote services, improved relationships, and resilience.

### **Flexibility through Remote Services**

- DCJ staff, advocates, and providers recognized that some telework flexibility can support positive mental health, better work-life balance, and more equity across the workforce.
- JIIs, DCJ staff, and providers identified increased access to services for JIIs due to not having to find childcare, leave work, or commute to the PPO or treatment office.
- DCJ staff noted that more online treatment and court activities increased engagement for some clients.
- DCJ staff noted that decreasing the stress of in-person office visits actually increase JII productivity with their supervision requirements.

### **Improved Relationships**

- DCJ staff noted that their relationships with coworkers improved due to a shared attitude of "doing whatever it takes."
- Providers noted that they successfully established stronger connections with other organizations to ensure that client needs were met.
- Most JIIs reported positive experiences with their PPOs and with their providers.

### **Resilience**

- Providers were proud of their ability to adjust and respond quickly to the immediate shift from in-person services to a telehealth approach.
- DCJ staff were pleased that their innovative ideas were considered and enacted, which acknowledged their ability to adjust to unprecedented circumstances.

## Next Steps

Based on the information summarized in this report, it is important for DCJ to act on this information to support its workforce and inform our future work. Looking at the benefits of the COVID-19 experience, we can see that keeping some level of teleworking available to DCJ staff and remote check-ins for JIIs would continue to be valuable. Looking at the challenges of the COVID-19 experience, we can prioritize the critical services and supports to bring back as soon as we are able. This document should be viewed as a conversation starter, something that instigates innovative thinking, and a guide to how we want to shape DCJ “post-COVID.”

Through this evaluation, we have also learned that periodically checking in with our staff, JIIs, survivors of violence, and service provider partners is important and can guide our strategic planning in a thoughtful way. Although this work was done in response to a global pandemic, we found that many people appreciated the opportunity to share their voice, experiences and insights. Research and Planning (RAP) was honored by the willingness of so many people to share their experiences and opinions openly and honestly with us. As members of DCJ and advocates for both JIIs and survivors of violence, it is our duty to ensure that we learn from this and actively use the information gathered to address the identified barriers and promote change wherever and whenever possible.

# Appendices

## Appendix 1: Multnomah County Emergency Operations Center

In order to effectively combat the spread of the coronavirus, Multnomah County opened the Emergency Operations Center (EOC) shelters, call center, and operational support center in March 2020. DCJ staff whose regular job duties could not be fulfilled during the pandemic (e.g., because their positions required in-person contact) were offered the option to work at the EOC on some or all of their workdays. The Research and Planning team conducted individual interviews with five DCJ staff who transitioned to working at the EOC during the pandemic. The following summarizes the results of a thematic summary of their experiences.]

### DCJ Employees' Experiences at the EOC

Interviewees were asked to describe the job duties assigned to them while working for the EOC and discuss the quality of their experience in those positions. Staff reported that they were tasked with:

- delivering PPE to essential workers,
- receiving and processing donations,
- assisting with setting up shelter space for individuals experiencing homelessness, and
- transporting at-risk individuals to shelter spaces.

Staff reported feeling unsafe at work while in their EOC positions. All of the staff that were interviewed expressed concern that they were asked to be in direct contact with individuals who had tested positive for COVID-19. They felt that there was no way to feel entirely safe while working directly with COVID patients. Many of the staff who were interviewed expressed additional concerns that they would return home and infect their family members as a result of working in the EOC shelters.

“

*It's kind of scary, you know when you're transporting a person that you know has COVID. You try to do it the safest way you can, but you know, it's always a risk. You are helping sometimes elderly people. They really can't move, or they have chairs or walkers. You know? And you have to help them real close. And sometimes you don't have the right equipment, you know the right PPE. Like gloves, face mask and that's pretty much it.*

Staff also reported feeling underutilized. As the EOC brought together individuals from many different departments, it became apparent that no one was entirely sure what skill-sets were possessed by their coworkers. Staff from DCJ felt that they would be particularly suited to positions that involved supporting the emotional needs and well-being of the shelter utilizers or employing their de-escalation skills during conflicts. However, they often found themselves in roles that were unrelated to their regular job duties (e.g., operations, logistics, purchasing).

“

*It was stressful working with my co-workers at the EOC. Because it's a bunch of people that don't even know each other and you're like, 'I'm supposed to have you go, coordinate with a guest because they need to move.' Well, do you know de-escalation techniques? I don't know what you know. And so that makes it unsure and uncertain and your confidence levels are out the door.*

Finally, DCJ staff who worked at the EOC felt they were perceived negatively by other departments. As their time working for the EOC coincided with the ongoing protests for police accountability, DCJ staff felt that they were seen as law-enforcement by other county employees. They felt that this perception led to their coworkers acting hostile toward them.

“

*When we interacted with other departments at the EOC, I've learned that DCJ's culture is a lot different than other departments in the county. I've learned that other departments in the county see us as this necessary evil. And I felt like some people that interacted with us were apprehensive.*

# Appendix 2: Instruments

## DCJ Staff

### *Team Group Interviews*

- 1. How has contact with clients (or providers) changed since the COVID-19 response started?**
  - Are you addressing similar or different issues?
  - If the issues are different, please describe how they are different.
  - Are clients (or providers) reaching out more often, less often, or about the same?
    - If more or less often, why do you think that is and which clients (providers) is it occurring for?
- 2. Have you noticed any disparities of the COVID-19 impact for historically marginalized communities (e.g. Black/Indigenous/People of Color [BIPOC], people with disabilities, LGBTQ)?**
- 3. How has the COVID-19 response impacted the way you do your work?**
  - How have you had to adjust your approach to accomplishing your work?
  - How much of your work is virtual or done by teleworking from home?
  - Has your workload increased, decreased, or stayed the same? Please describe.
  - What have the successes been as you and your team have adjusted to the “new normal”?
  - How else had the COVID-19 response impacted your work?

### *Key Informant Interviews*

- 1. How has your work changed since the beginning of COVID-19?**
  - What were things like in the beginning of the pandemic? The middle? And now?
- 2. What issues have come up in any adjustments from COVID-19 that need to be addressed?**
- 3. What changes to business practices do you hope to see continued after we have recovered from COVID-19?**
- 4. Have you noticed any disparities of the COVID-19 impact for historically marginalized communities (e.g. Black/Indigenous/People of Color [BIPOC], people with disabilities, LGBTQ)?**

### *Online Survey*

Welcome to the staff survey being conducted by DCJ’s Research and Planning. The goal of this survey is to find out how the COVID-19 pandemic affected your work experience and other aspects of your life. DCJ will use this information to better support you as an employee working during the pandemic.

This survey will take approximately 10-15 minutes to complete. Your responses are voluntary and confidential. You can skip any items that you do not want to answer. You can also end the survey at any time. We will summarize your responses with the other people who complete the survey. It will not be possible to identify any individual person or response in the summary report, so your identity will be completely protected.

Continuing on to complete the survey indicates that you consent to participate. DCJ values your feedback and your time!

**1. Have you been able to work since March 16, 2020 or later?**

- Yes
- No

The following questions are about your work experience at DCJ DURING the COVID-19 pandemic, which started around March 16, 2020.

**2. How often have you had issues using the resources necessary to complete your work (e.g., phone, laptop, software, etc.)?**

- All of the time
- Most of the time
- Sometimes
- Rarely
- Never

**2a. Tell us about any issues you've had using resources needed for work.**

**3. Where have you been working during the pandemic? Please check ALL that apply.**

- Teleworking for DCJ from home
- Working for DCJ onsite with clients in person (e.g., Juvenile Detention Center, Justice Center)
- Working for DCJ in the field with clients in person (e.g., home visits)
- Working for DCJ onsite with no client contact (e.g., in another DCJ building)
- Working onsite for the Emergency Operations Center (e.g., in a shelter, at the McCoy Building, or as a driver)
- Teleworking for the Emergency Operations Center from home
- Other (please specify)

**3a. Tell us about any issues you've had with your work location(s).**

**4. Have you been in contact with clients during the pandemic, including in-person visits, phone calls, or by video?**

- Yes
- No
- Not Applicable, I don't work directly with clients

**5. On average since the pandemic started, how often have you been in contact with clients?**

- More than once a week
- Once a week
- Two or three times a month
- Once a month
- Less than once a month

**6. Is this more or less often than you typically were in contact with clients before the pandemic?**

- More often than before
- About the same as before
- Less often than before

**7. During the pandemic, I have been comfortable interacting with clients in person.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree
- Not Applicable

**8. During the pandemic, I have been frustrated about not being able to reach clients.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree

**9. During the pandemic, how would you rate the overall effectiveness of your work with clients?**

- Excellent
- Very good
- Good
- Fair
- Poor

**10. Is your work effectiveness with clients better or worse than before the pandemic?**

- Better than before
- About the same as before
- Worse than before

**11. Please provide any additional comments about working with clients during the pandemic.**

**For the next set of questions, use the response that fits best when you think about your entire work experience at DCJ since the pandemic started (around March 16, 2020).**

**12. I have been able to work more efficiently during the pandemic.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree

**13. I have been confused about changes to DCJ's business practices during the pandemic.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree

**14. Compared to pre-COVID, how have the pandemic-related changes to DCJ's business practices worked for you?**

- Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse

**14a. Tell us about what pandemic-related changes to DCJ's business practices have worked better or worse for you.**

**15. Have you had concerns about how changes in DCJ's business practices have impacted clients during the pandemic?**

- Yes
- No

**15a. Describe your concerns about the impact of changes in DCJ's business practices on clients during the pandemic.**

**16. Have you had concerns about how changes in DCJ's business practices have impacted external partners (e.g., service providers, court personnel) during the pandemic?**

- Yes
- No

**16a. Describe your concerns about the impact of changes in DCJ's business practices on external partners during the pandemic.**

**17. Since the pandemic started back in March, has your work experience changed over time? For example, is your work experience different now compared to April or May?**

- Yes
- No

**17a. How has your work experience changed over the course of the pandemic?**

**18. Although we don't know exactly what the future holds, what recommendations do you have for DCJ to continue supporting staff and clients?**

**The following questions are about your personal experience during the COVID-19 pandemic (since March 2020).**

**19. During the pandemic, how often have you had access to cleaning supplies (such as soap, hand sanitizer, and laundry service) outside of work?**

- All of the time
- Most of the time
- Sometimes
- Rarely
- Never

**20. During the pandemic, how often have you had access to protective equipment (such as face masks) outside of work?**

- All of the time
- Most of the time
- Sometimes
- Rarely
- Never

**21. Tell us about any issues you've had accessing cleaning supplies or protective equipment outside work.**

**22. During the pandemic, I have been caring for one or more people at home. *Please check ALL that apply.***

- Infant or toddler
- Preschool-aged child
- Kindergarten to 3rd grade child
- 4th to 8th grade child
- 9th to 12th grade child
- Elder
- Does not apply
- Other (please specify)

**23. Has someone you know been diagnosed with COVID-19?**

- Yes
- No
- Not sure
- Decline to answer

**24. I could access medical care if I needed it during the pandemic.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree

**25. The COVID-19 pandemic has been stressful for me.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree

**26. I have been impacted differently by the pandemic due to one or more of the following.**

***Please check ALL that apply.***

- Race, ethnicity, or color
- Age
- Religion
- Sex, sexual orientation, or gender identity
- National origin or language
- Immigration status
- Disability status
- Does not apply
- Other (please specify)

**27. Since the pandemic started back in March, has your personal experience changed over time? For example, is your work experience different now compared to April or May?**

- Yes
- No

**27a. How has your personal experience changed over the course of the pandemic?**

**28. Overall, what have been the biggest challenges for you during the pandemic?**

**Demographics (age, race, gender, work role at DCJ).**

Finally, please tell us a little about your personal background. As a reminder, all of your answers are confidential. This information will be used to describe the group of people who respond to the survey and to identify any issues that are different for some subgroups of people. **Note:** All of the findings from this survey will be summarized across everyone who responded or by subgroups of interest. However, we will NOT report information about any subgroups that are too small to protect individual confidentiality.

**29. What is your age?**

- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65 years and over
- Decline to answer

**30. How do you identify your race or ethnicity?**

***Please check ALL that apply***

- African
- American Indian or Alaska Native
- Asian
- Black or African American
- Latino/a or Hispanic
- Middle Eastern
- Native Hawaiian or Pacific Islander
- Slavic
- White
- Don't know
- Decline to Answer
- Additional category not listed above. Please write in.

**31. How do you identify your gender?**

*Please check ALL that apply*

- Female
- Gender expansive (e.g., Non-binary, Genderqueer)
- Male
- Questioning
- Transfeminine (e.g., Transgender female)
- Transmasculine (e.g., Transgender male)
- Two Spirit
- Don't know
- Decline to Answer
- Additional category not listed above. Please write in.

**32. What type of work role do you have at DCJ?**

- Administrative or support role
- Direct service role
- Management role
- Decline to answer
- Other (please specify)

**33. Please use this space to tell us anything else about your work experience at DCJ during the pandemic or your personal experience with the pandemic.**

**DCJ Clients**

*Online Survey*

Welcome to the client survey by the Department of Community Justice (DCJ). The goal of this survey is to find out how the COVID-19 pandemic changed your experience on supervision. We would also like to know about your experience in treatment, in court, and other parts of your life. We will use this information to better support you and other people we serve.

This survey will take about 15 minutes. You can skip any items that you do not want to answer or end the survey at any time. We will combine your answers with the other people who complete the survey. It will not be possible to identify any one person in the report, so your identity will be safe.

Continuing on to complete the survey means that you would like to participate.

DCJ thanks you!

**1. Do you have a probation or parole officer right now?**

- Yes
- No (skip to #8)

The next questions are about your experience on supervision with DCJ DURING the COVID-19 pandemic, which started around March 16, 2020.

**2. Have you been in contact with your PO during the pandemic, including in-person visits, phone calls, or by video?**

- Yes
- No (skip to #6)

**3. Since the pandemic started, how often have you been in contact with your PO?**

- More than once a week
- Once a week
- Two or three times a month
- Once a month
- Less than once a month

**4. Since the pandemic started, how have you and your PO contacted each other? Please check ALL that apply.**

- In-person visit
- Phone text
- Phone call
- Video call
- Email
- Something else (please write in)

**5. During the pandemic, how would you rate the overall quality of contact with your PO?**

- Excellent
- Very good
- Good
- Fair
- Poor

**6. I have been frustrated about not being able to reach your PO.**

- Agree
- Disagree
- No opinion
- Does not apply

**7. What (if anything) do you wish your PO would do differently during the pandemic?**

The next questions are about seeking treatment (such as alcohol and drug or mental health treatment) DURING the COVID-19 pandemic, which started around March 16, 2020.

If you have worked with more than one treatment provider, think about the provider that you have been in contact with the most.

**8. Have you been in contact with a treatment provider during the pandemic, including in-person visits, phone calls, or by video?**

- Yes
- No [skip to #12]

**9. On average since the pandemic started, how often have you been in contact with your provider?**

- More than once a week
- Once a week
- Two or three times a month
- Once a month
- Less than once a month

**10. During the pandemic, how would you rate the overall quality of contact with your provider?**

- Excellent
- Very good
- Good
- Fair
- Poor

**11. What (if anything) do you wish your provider would do differently during the pandemic?**

The following questions are about having an open court case DURING the COVID-19 pandemic, which started around March 16, 2020.

**12. Did you have an open court case that was active March 16, 2020 or later?**

- Yes
- No [skip to #15]

**13. During the pandemic, how would you rate the overall quality of the court process?**

- Excellent
- Very good
- Good
- Fair
- Poor

**14. What (if anything) do you wish would have been done differently in the court process during the pandemic? For example, do you wish your defense attorney, the judge, or others had done anything differently?**

The following questions are about your personal experience during the COVID-19 pandemic (since about March 16, 2020).

**15. During the pandemic, I have had access to a phone.**

- All of the time
- Most of the time
- Sometimes
- Rarely
- Never

**16. During the pandemic, I have had access to enough food.**

- All of the time
- Most of the time
- Sometimes
- Rarely
- Never

**17. During the pandemic, I have had access to housing.**

- All of the time
- Most of the time
- Sometimes
- Rarely
- Never

**18. During the pandemic, I have had access to the supplies I need to stay safe from the virus (for example: cleaning supplies, hand sanitizer, face masks).**

- All of the time
- Most of the time
- Sometimes
- Rarely
- Never

**19. During the pandemic, I have been caring for one or more of the following people at home.**

***Please check ALL that apply.***

- Infant or toddler
- Preschool-aged child
- Kindergarten to 3rd grade child
- 4th to 8th grade child
- 9th to 12th grade child
- Elder
- Does not apply
- Other (please specify)

**20. During the pandemic, I have had trouble paying one or more of the following expenses due to the pandemic. *Please check ALL that apply.***

- Rent or mortgage
- Car payment
- Student loan
- Utility bill (for example, electricity or water)
- Credit card bill
- Does not apply
- Other expense (please write in)

**21. Has someone close to you been diagnosed with COVID-19?**

- Yes
- No
- Not sure

**22. Has your employment been negatively affected by the pandemic in any of these ways? *Please check ALL that apply***

- I lost my job
- My hours were cut
- I had to quit my job
- I had a hard time finding a new job
- Does not apply
- Something else (please write in)

**23. I could access medical care if needed during the pandemic.**

- Agree
- Disagree
- No opinion

**24. I have been impacted differently by the pandemic due to one or more of the following. *Please check ALL that apply.***

- Race, ethnicity, or color
- Age
- Religion
- Sex, sexual orientation, or gender identity
- National origin or language
- Immigration status
- Disability status
- Does not apply
- Other (please specify)

**25. Please use this space to tell us anything else about your personal experience during the pandemic. Finally, please tell us a little about your personal background. As a reminder, all of your answers are confidential. This information will be used to describe the group of people who respond to the survey and to identify any issues that are different for some subgroups of people.**

**26. What is your age?**

- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65 years and over
- Decline to answer

**27. How do you identify your race or ethnicity? *Please check ALL that apply***

- African
- American Indian or Alaska Native
- Asian
- Black or African American
- Latino/a or Hispanic
- Middle Eastern
- Native Hawaiian or Pacific Islander
- Slavic
- White
- Don't know
- Decline to Answer
- Something else (please write in)

**28. How do you identify your gender?**

*Please check ALL that apply*

- Female
- Gender expansive (e.g., Non-binary, Genderqueer)
- Male
- Questioning
- Transfeminine (e.g., Transgender female)
- Transmasculine (e.g., Transgender male)
- Two Spirit
- Don't know
- Decline to Answer
- Additional category not listed above. Please write in.

**29. What is the highest level of education that you have completed?**

- Less than a high school diploma
- High school diploma or GED
- Some college, but no degree
- Associate degree (2-year degree)
- Bachelor's degree (4-year degree)
- Graduate or professional degree
- Decline to answer
- Something else (please write in)

**30. Do you have a disability (a limiting physical or mental condition)?**

- Yes
- No
- Decline to answer

**31. What is your current living situation?**

- Own (with or without a mortgage)
- Renting
- Staying with a friend or relative
- Transitional housing
- In a shelter
- On the street or in a vehicle (e.g., car, truck, van, camper)
- In residential treatment
- Decline to answer
- Something else (please write in)

**32. What is your current employment status?**

- Employed full time
- Employed part time
- Not employed – seeking employment
- Not employed – not seeking employment
- Not employed – in an education or training program leading to employment
- Unable to work
- Decline to answer
- Something else (please write in)

## DCJ Survivors

### *Online Survey*

1. What (if anything) did DCJ do well to assist you during the pandemic? This may include work done by your probation and parole department advocate or the probation/parole officer of the person who caused you harm.
2. What (if anything) do you wish DCJ would have done differently during the pandemic? This may include work done by your probation and parole department advocate or the probation/parole officer of the person who caused you harm.
3. What (if anything) do you wish would have been done differently in the court process during the pandemic? For example, do you wish the deputy district attorney, the judge, or others had done anything differently?
4. How have your needs changed because of the pandemic? For example, do you have new or more challenging needs now regarding housing, childcare, finances, mental health, or physical health?
5. Please use this space to tell us anything else that you think is important for us to know regarding your experiences during the pandemic.

## DCJ Providers

### *Interviews: Providers Who Work with JIIs*

1. How has your response to COVID-19 changed or impacted the way you do your work?
  - How has contact with clients changed since the COVID-19 response started?
  - Are your jobs different?
2. How do you think these changes impact service delivery to clients?
  - Are there barriers or challenges to client engagement?
  - Have any strategies or changes been positive?
3. Have you noticed any disparities of the COVID-19 impact for historically marginalized communities (e.g., black/indigenous/people of color, people with disabilities, LGBTQ)?
4. Has your agency changed any policies related to serving the clients from DCJ?

### *Interviews: Providers Who Work with DCJ Survivors*

5. How has your response to COVID-19 changed or impacted the way you do your work?
  - How has contact with clients changed since the COVID-19 response started?
  - Are your jobs different?
  - Have any strategies or changes been positive?
  - How has the referral process changed?
  - How has it affected vicarious trauma of advocates?

**6. How do you think these changes impact service delivery to clients?**

- **Are there barriers or challenges to client engagement?**
- **How has it impacted safety planning with survivors?**
- **Have you seen changes in the abuse tactics of the abusers?**
- **How have survivors' needs changed?**

**7. DCJ PO's have not been able to do their job in the same manner as pre-pandemic. How has that affected your service delivery to clients?**

**8. Have you noticed any disparities of the COVID-19 impact for historically marginalized communities (e.g., black/indigenous/people of color, people with disabilities, LGBTQ)?**

## Appendix 3: Business Practice Changes Chart

### Perception of DCJ Business Practice Changes due to COVID-19

Business Practice Change	Population Providing Feedback	Perception of Change (+/-)	Relevant Quote(s)
<b>Postponed court hearings/court closure</b>	DCJ staff, JIIs, external providers	<b>Negative</b> - JIIs can't resolve their cases, POs can't get warrants signed, Providers can't help their undocumented clients with their services	<i>"The delays are incredibly difficult. This charge could have been reduced to a misdemeanor in July or I could have requested to come off probation. Because of delays with my restitution hearing I sit with no change to my status."</i>
<b>Reduced/eliminated bus pass vouchers</b>	DCJ staff, JIIs	<b>Negative</b> - Transportation via public transit is a critical resource for JIIs to get to mandated appointments	<i>"Bus passes to drug court participants are important to provide transportation to treatment, urine analysis, court, etc. Distribution must occur in person to comply with finance rules."</i>
<b>Eliminating community service</b>	DCJ staff, JIIs	<b>Negative</b> - community service is an essential piece of community corrections. Judges keep ordering hours, even if service is closed. JIIs cannot meet supervision requirements, artificially prolonging their sentence.	<i>"Provide a place where I could do my community service. I had to make 37 phone calls just to find someplace that would allow me to do community service during this pandemic. It seems like the probation office really dropped the ball there. They should have provided me with someplace to go get it done."</i>
<b>Limiting programming in juvenile detention</b>	DCJ staff, external providers	<b>Negative</b> - concerns of ethical treatment of detained youth. Concerns of lapse of a rehabilitative model rather than a punitive model for detention.	<i>"Youth in detention do not have the same level of programming and their stays are much longer. Without community partners and volunteers leading activities, youth are spending much of their time without engagement from the outside world."</i>
<b>Eliminated DNA sample collection</b>	DCJ staff	<b>Negative</b> - DCJ is required to get DNA samples from JIIs with felonies by Oregon statute.	<i>"DCJ has not collected DNA over the past year during covid and we have a backlog. All JII's convicted of felonies need to have their DNA collected per statute."</i>

Business Practice Change	Population Providing Feedback	Perception of Change (+/-)	Relevant Quote(s)
<b>Eliminating GPS monitoring</b>	DCJ staff, survivors of violence, external providers	<b>Negative</b> - evidence of immediate violations of no contact orders, concern for survivor safety, needless safety measure as GPS could continue without direct contact between JII and staff.	<i>"If we had the ability to keep the DV guys on GPS we could prevent some of the new cases of abuse and give survivors a small sense of safety. Not only would that help with curtailing some of the DV violence but it would give survivors an opportunity to bring this information/evidence to a court in case they wanted to file for a protection order"</i>
<b>Limiting sanctions/arrests</b>	DCJ staff, survivors of violence, external providers	<b>Negative</b> - hard to hold JIIs accountable for violations of probation; hard to defuse heated situations (e.g., gang retaliation); increases chance of domestic violence.	<i>"Before the pandemic, staff could rely on different tools to promote public safety, including sanctioning for behaviors they shouldn't be doing and home contacts for people who have had contact with people they weren't supposed to be around. [Now] all the PO could do is call and say don't do that, stop it."</i>
<b>Eliminated fingerprinting</b>	DCJ staff	<b>Negative</b> - Need fingerprints to add JIIs to law enforcement systems. Stopping this process creates an administrative backlog.	<i>"Some JII's require DCJ to collect their fingerprints. DCJ has not collected fingerprints over the past year during covid and we have a backlog. JII's cannot get SID numbers or have EPR's entered without having their prints on file with the State Police. Thus, we have JII's on supervision that do not have EPR's and their supervision information is not entered into LEDS."</i>
<b>Reduced/eliminated training for staff</b>	DCJ staff	<b>Negative</b> - PPOs need to keep up to date on training to do the jobs in a safe and informed manner.	<i>"PPO's have requirements in order to use their field gear, handcuffs and weapons that requires yearly training. They need to keep skills up to be in the field and to perform arrests."</i>
<b>Reduced/eliminated in-person court advocacy for victims</b>	DCJ staff, survivors of violence, external providers	<b>Negative</b> - survivors are required to navigate a complicated court process without help. Especially problematic if the survivor faces language barriers.	<i>"Before an advocate could go to court and be present for that. Providing emotional support, being there, helping with looking on the websites, filling up paperwork in person. So now doing it is so much more difficult, right? And the advocates do get to support, but it's just not the same as being there with someone in person. And it's way more complicated."</i>

Business Practice Change	Population Providing Feedback	Perception of Change (+/-)	Relevant Quote(s)
<b>Ceased in-person intern and volunteer activities</b>	DCJ staff	<b>Negative</b> - Volunteers and interns provide key support services, especially inside detention. They help offset the workload of PPOs.	<i>"Volunteer engagement and programming is an important service we can provide to the youth and adults we serve. There is need for some specific in office work that can be completed by volunteers, but currently is piling up on full-time DCJ staff."</i>
<b>Reduction of in-person work</b>	DCJ staff	<b>Mixed</b> - Staff whose jobs moved to remote work were appreciative of the change. Staff whose jobs remained in person felt underappreciated, unsupported, and unfairly overburdened.	<i>"As I am required to report, it is frustrating that the decision-makers are ignoring the requests from staff and the Safety Committee. This is discrimination due to classification; the least paid workers are being put at more risk exposure to COVID and crime."</i>
<b>Reduced/eliminated home visits</b>	DCJ staff	<b>Mixed</b> - Negatives include concerns that JIIs are held less accountable; creates a backlog of field investigations; JIIs are more likely to leave town. Positives include a natural experiment on how successful some high-risk JIIs can be without much oversight.	<i>"So then what happened during that time, we found out later is, people moved. Because we weren't able to verify where they were living. So we had people move. Some people left the state. By the time we caught up with them they were in Nevada, Texas, and all over the country. And we're still just sorting that out now"</i>
<b>Reduced/eliminated in-person office visits</b>	DCJ staff, JIIs	<b>Mixed</b> - Negatives include reduced rapport and clients disappearing. Positives include reduced JII stress, reduced barriers for JIIs (transportation, childcare).	<i>"I was initially concerned about just getting a hold of people. I found the telephone calls reduce their stress as opposed to going in person. They have adapted and are still getting services, it's just a new way. There are always some exceptions, but those may be case-by-case as opposed to everyone."</i>

Business Practice Change	Population Providing Feedback	Perception of Change (+/-)	Relevant Quote(s)
<b>COVID precautions in the workplace</b>	DCJ staff	<b>Mixed</b> - staff appreciative of precautions being taken in the workplace but it adds complexity for workers who are already stretched thin due to understaffing in-person positions.	<i>"the Justice Center was full of people in close quarters, many people w/o masks (staff and clients). The logistics of working with clients in reception at the JC while either on an entirely different floor from them, or trying to keep distanced from them while on the same floor, is very cumbersome. Also makes the actual work between staff on different floors difficult."</i>
<b>Reduced capacity in juvenile detention</b>	DCJ staff	<b>Mixed</b> - staff appreciative of reduced detention capacity, allows for more social distancing in detention and is safer for the youth to remain at home. However, it creates a detention environment where only the really severe cases are detained, escalating the chance of riots/ violence in detention.	<i>"I appreciate DCJ's efforts to reduce detention's population during this time. The downside is now the population is mainly the "worst of the worst" behaviorally; we don't really have the "moderate" kids that can model better behavior and act as a buffer. So we respond to a lot of back-ups."</i>
<b>Move to paperless JII files</b>	DCJ staff	<b>Positive</b> - complete e-files allows access from anywhere, eco-friendly.	<i>"Getting information located in paper files has been a challenge at times during COVID. Now that we have adjusted to paperless files, that is much easier"</i>
<b>Flexibility in program requirements</b>	DCJ staff, external providers	<b>Positive</b> - JIIs could remain housed even if they broke housing rules; support funds could be expended in new ways; staff were allowed to innovate.	<i>"[DCJ] gave us a little bit more leeway with those funds that we normally do with other funds that we have for survivors. So other funds for survivors usually a survivor has to have reached out to at least three other programs before we are willing to even look at them. The funds in the past were only for high risk situations. During the pandemic, or with these new funds that we had, we had a little bit of wiggle room."</i>

Business Practice Change	Population Providing Feedback	Perception of Change (+/-)	Relevant Quote(s)
<b>Flexibility in PTO/ leave borrowing</b>	DCJ staff	<b>Positive</b> - Leave policies have been modified to allow for more circumstances (no childcare, displaced by fires). Allows staff the flexibility to take leave when they need it.	<i>"We had employees inquiring about leave. Saying 'this is getting really hard. I got these kids at home. Like what are my options?' I am grateful that emergency leave went into place to help with that."</i>
<b>Telework</b>	DCJ staff	<b>Positive</b> - Telework allows for better work/ life balance, allows for more focused work, reduces employee stress, eliminates commute time.	<i>"Continue to allow teleworking, it is cost effective, allows workers to better utilize their time and is eco friendly. We have developed the infrastructure to be able to do this for the last year and I believe it is a fantastic tool moving forward."</i>
<b>Remote family court services</b>	DC staff, JIIs	<b>Positive</b> - remote classes and mediation are more convenient and accessible.	<i>"I don't know how, but I'm quite sure that we will use different methods for mediation besides just in-person going forward. There used to be tons of pushback to it in the field and now everyone's like 'oh, this is actually alright', you know?"</i>