

# The Impact of COVID-19 on Treatment and Testing

*Christopher Mangione, Probation Administrator  
Thomas H. Cohen, Social Science Analyst  
Probation and Pretrial Services Office  
Administrative Office of the U.S. Courts*

**SUBSTANCE USE DISORDER** treatment and mental health disorder treatment are tools that help U.S. probation and pretrial services officers supervise or monitor persons under supervision in the community. Substance use disorder treatment, which includes drug testing and services such as counseling and detoxification, is provided to persons under supervision who use illicit substances, prescription drugs, or alcohol. Mental health treatment, which includes services such as psychological/psychiatric evaluations; individual, family, or group counseling; and medication, is provided to persons who suffer from mental health problems. These individuals are either on probation, parole, or supervised release after being in prison, or on pretrial supervision while waiting to appear in court. Treatment is ordered either by the U.S. magistrate or district judge or by the U.S. Parole Commission as a condition of release to the community. Prior to the COVID-19 pandemic, services were overwhelmingly delivered in person. This article examines how the federal probation and pretrial services system adjusted testing protocols and treatment service delivery to reduce exposure and increase social distancing. As we look to the future, many programs and providers have adjusted the way they conduct business and are not solely relying on in-person treatment.

## **Provision of Treatment Services**

Historically, treatment and testing services have been administered in person, to individuals under federal probation and pretrial

services supervision, in traditional office settings throughout communities across the country either in a group or individual setting. The use of telemedicine to provide services to remote and underserved populations had been of interest to federal probation and pretrial services for many years and used on a limited basis. In March 2020, COVID-19 emerged and quickly changed the way in which services were provided. Out of necessity, staff from the Administrative Office of the United States Courts, Probation and Pretrial Services Office worked with probation and pretrial services offices from around the country to develop language allowing for the use of telemedicine in response to local COVID-19 conditions. The goal was to reduce spread of the virus and minimize exposure to persons under supervision. The use of telemedicine was authorized for the duration of the pandemic to provide health care delivery, diagnosis, consultation, treatment, and the transfer of medical data through interactive audio, video, or electronic/data communications. PPSO required providers to adhere to and meet the same legal, ethical, and confidentiality standards when providing telemedicine. Districts were required to virtually monitor contract providers to ensure that they were still adhering to these standards. Providers were required to obtain the consent of the individuals under federal supervision before the delivery of telemedicine services and include documentation of that in the treatment record. The provision of services in this manner was allowed for both group and individual services.

The COVID-19 pandemic dramatically shifted substance use disorder and mental health disorder treatment from group to individual delivery. For pretrial services, the system realized a 35 percent decrease in group substance use disorder treatment and a 39 percent increase in individual treatment. Similarly, there was a 52 percent decrease in mental health group treatment and a 60 percent increase in individual treatment. For post-conviction populations, the system experienced a 45 percent decrease in group substance use disorder treatment and a 2 percent increase in individual treatment. Similarly, mental health group services declined by 41 percent and the system experienced a 24 percent increase in individual mental health treatment at the post-conviction stage. Residential treatment also declined by 47 percent at the post-conviction stage and 47 percent at the pretrial stage. (See Figures 1–5, following pages.)

## **Substance Use Testing**

Monitoring individuals for the use of alcohol and illicit substances is a critical component of federal supervision. Due to statutory requirements, the drug testing program is predominately urine-based testing and requires observed specimen collection. The risk of exposure to COVID-19 created another unique challenge to traditional testing methods. Protecting human life and property requires detecting use and deterring relapse; thus, many chief probation or pretrial services officers deemed urinalysis testing to be an

essential component of supervision that must continue to be implemented. Various tactics were used to limit any potential exposure, such as unobserved urine specimen collection and alternative testing methods.

Some districts used the PharmChem Sweat Patch, which is a device that detects the presence of drugs in perspiration. Although it does not produce the immediate results of on-site urinalysis, the methodology provides a means of continuous detection and is less intrusive for officers and persons under supervision. The sweat patch was a particularly useful testing adjunct to minimize risk of exposure in this situation. For example, in some instances, officers delivered sweat patches to persons under supervision in a non-contact manner where individuals self-applied the patch under virtual observation by the officer. The officer would then have the person under supervision remove the sweat patch and place it in its sealed collection envelope in a similar manner under virtual observation by the officer. The officer would then have the person under supervision leave the sealed envelope outside their residence for the officer to collect in a non-contact manner using proper safety precautions. Use of sweat patch testing as an alternative method to urine collection allowed officers to safely maintain monitoring and support individuals on supervision in their sobriety while addressing risk for relapse.

Yet another alternative means of testing used was oral fluid testing during the pandemic. Again, the test kits would be delivered to the persons under supervision in a non-contact manner to have them “self-swab” their mouth under virtual observation by the officer. The officer would then tell the person under supervision to place the swab in its sealed container in a similar manner under virtual observation by the officer. The officer would then tell the person under supervision to leave the sealed container outside their residence for the officer to collect in a non-contact manner using proper safety precautions. Due to issues related to the chain of custody and statutory requirements, oral fluid tests conducted in a non-contact manner would not be admissible in court proceedings; however, again, it was a means to adjust supervision strategies and provide meaningful information for assessing risk and relapse.

Even with the use of alternative means of testing, COVID-19 resulted in a substantial decline in the number of drug tests performed and a dip in the number of positive

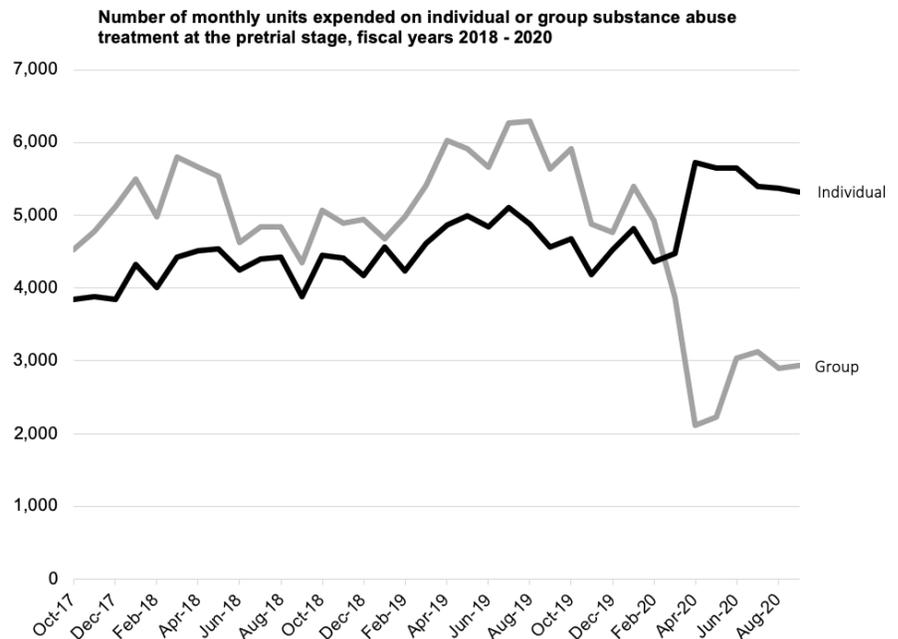
tests received. The number of persons tested dropped by 37 percent, and the number of positive tests fell by 25 percent. (See Figure 6, page 61.)

### Treatment Services Post COVID-19

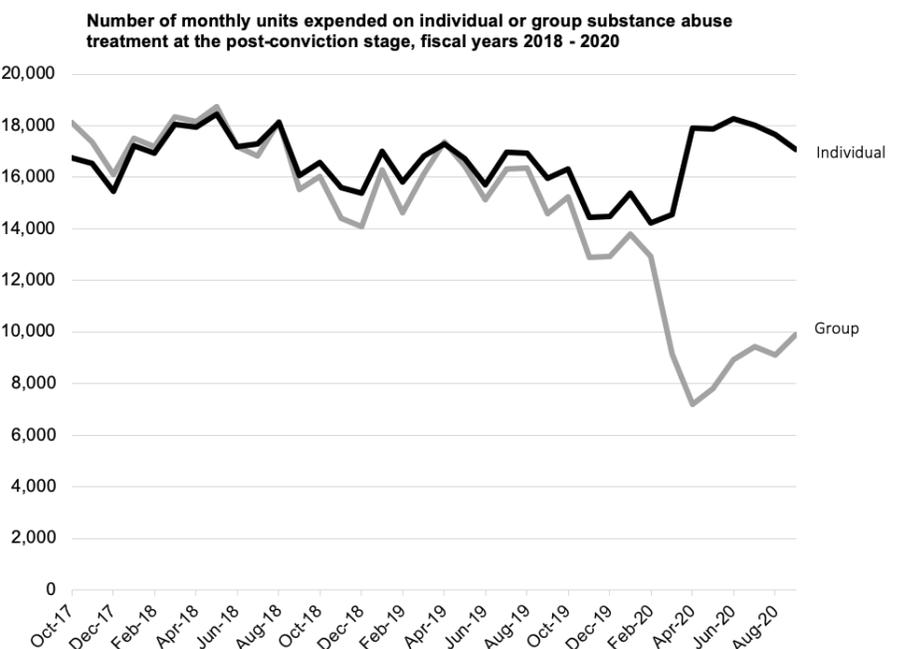
Early on it became apparent that there would be a demand for the continued use

of telemedicine post COVID-19. However, along with the benefits of increased access and attendance in treatment sessions, there were some challenges. Technological obstacles and difficulty verifying services are obstacles to overcome in the future of telemedicine. PPSO formed a focus group comprising probation and pretrial services staff from each of the Eleven Circuits, the Federal Probation and

**FIGURE 1**  
Units of individual or group substance abuse treatment pretrial



**FIGURE 2**  
Units of individual or group substance abuse treatment post-conviction



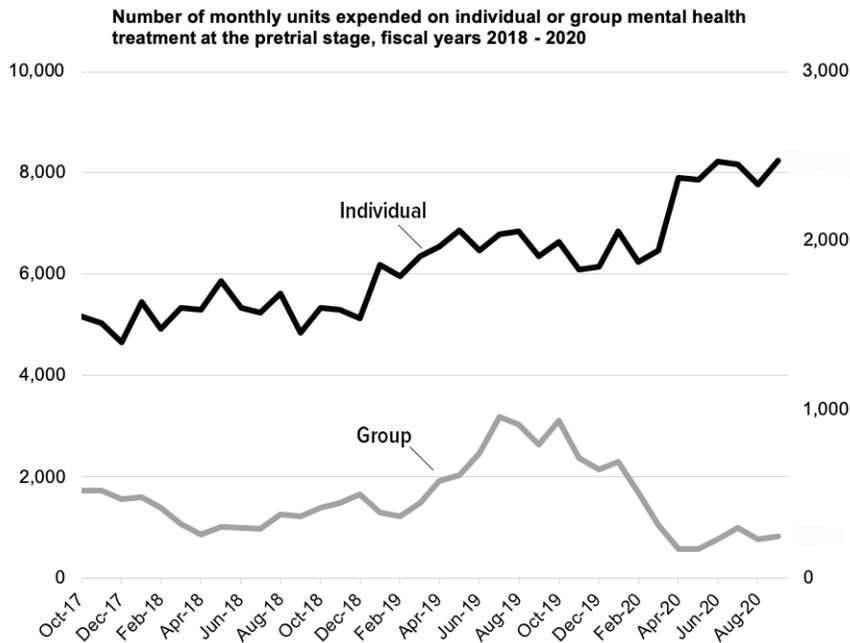
Pretrial Academy, and the Federal Judicial Center in the fall of 2020. The purpose of the group was twofold: to explore supervision procedures and best practices related to telemedicine for individuals under federal supervision, and to do the same for required procurement procedures. The group met virtually to share real-life experiences using telemedicine during the pandemic and

to formulate recommendations for the role of telemedicine post-pandemic. There was a consensus among the focus group that telemedicine could be beneficial for certain populations and certain services (for example, telemedicine would not be appropriate for the Intensive Outpatient Program, and there were concerns about “Zoom fatigue”), but it is not intended to replace in-person services

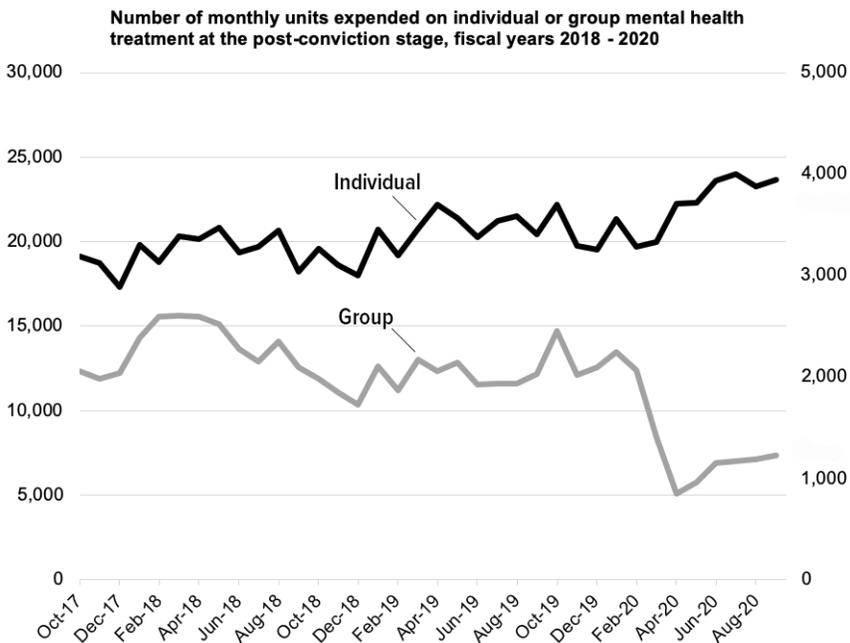
where available and may not be appropriate for certain populations. The focus group discussed that, although attendance may have increased with the use of telemedicine, participation may not have increased, and providers experienced challenges related to homework and engagement. Finally, the focus group discussed best approaches to conduct Post-Award Monitoring, efficiencies related to attendance verification, and best approaches for accountability.

Given the varied impact of the COVID-19 pandemic on local districts, PPSO has granted authority to each district’s management and court to make the decision locally to define “the duration of the COVID-19 crisis ... to continue the use of telemedicine.” PPSO will apply information gained from focus groups to establish the future of telemedicine in the U.S. Probation and Pretrial Services System post-pandemic.

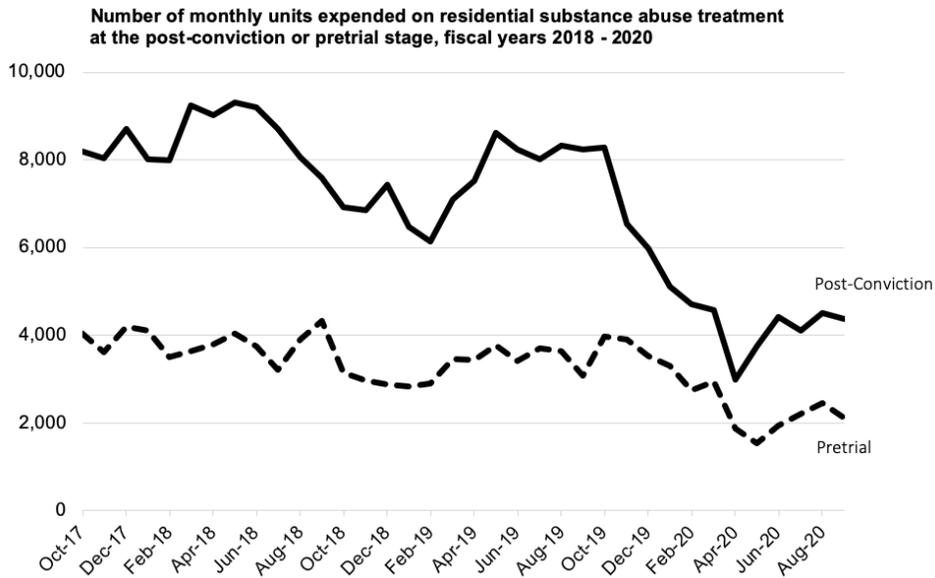
**FIGURE 3**  
Units of individual or group mental health treatment pretrial



**FIGURE 4**  
Units of individual or group mental health treatment post-conviction



**FIGURE 5**  
Units of residential substance abuse treatment pretrial or post-conviction



**FIGURE 6**  
Persons drug tested and persons with a positive test

