
Caseload Guidelines: Strategies and Recommendations

Prepared by Carey Group for the
Pennsylvania Partnership for
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Foreword

The Pennsylvania Partnership for Criminal Justice Improvement (PPCJI) is delighted to introduce *Caseload Guidelines: Strategies and Recommendations*, a user guide that represents the joint efforts of the Statewide EBP Leadership Team and the County Chief Adult Probation and Parole Officers Association of Pennsylvania (CCAPPOAP), in collaboration with the Pennsylvania Commission on Crime and Delinquency (PCCD).

This guide is designed to support the implementation of evidence-based practices in county adult probation and parole departments throughout Pennsylvania, building on the ongoing efforts of CCAPPOAP and PCCD since 2016. The Statewide EBP Leadership Team was created through this partnership and has since developed a strategic plan, which was refreshed in 2021 to further advance progress, with six goal teams to drive implementation work.

The transformation of county adult probation and parole in Pennsylvania is the collective effort of multiple teams across the Commonwealth, aimed at reducing recidivism, saving money, improving people's lives, and creating safer communities.

One critical aspect of successful implementation is “right-sizing” caseloads so that corrections professionals can deliver the right amount of intervention—an amount that reflects recidivism risk—to people who are justice-involved. Of particular importance is the need for sufficient time to use effective strategies that promote behavioral change with people at moderate and high risk of recidivism; this is the population that is most likely to benefit from correctional intervention. This document outlines the strategies utilized by Pennsylvania counties to realign caseloads according to best practices, including the use of risk/needs assessment results, to support the effective implementation of evidence-based practices.

We extend our appreciation to the EBP Committee's Workgroup 3 – Infrastructure (Policy, Collaboration, Data, Resources, Communication), led by Chester County Chief Probation Officer Christopher Pawlowski, for their extensive work on this comprehensive document. We also thank our partners, including CCAPPOAP, PCCD, and Carey Group, for their continued commitment to advancing transformative efforts in this important area.

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Overview

Successful implementation of evidence-based practices (EBP) by a probation/parole department depends, in part, on officers' available time. High workloads preclude the routine incorporation of practices known to promote people's success in remaining law-abiding, such as using assessments, writing and managing case plans, skill building around people's most impactful criminogenic needs, effectively using rewards and responses to noncompliance, and collaborating with service providers and family members. Staff in most Pennsylvania probation/parole departments have caseload sizes that exceed what the American Probation and Parole Association (APPA) recommends in order to implement EBP with fidelity.

In 2023, the County Chief Adult Probation and Parole Officers Association of Pennsylvania (CCAPPOAP) surveyed its membership to obtain clarity around the caseload sizes in county adult probation and parole departments at the conclusion of 2022. The survey, with an over 98% reporting rate, indicated that the average department had caseloads of 98 people per assigned officer. The caseloads, which were of mixed types and structures, were approximately twice the APPA recommended rate for moderate- and high-risk caseloads. Only five counties (8%) had caseloads equal to or lower than the APPA recommended caseload size for moderate and high risk. Also of interest was that caseloads ranged in size from as low as 40 in one county to as high as 250 (five times the recommended caseload size for moderate and high risk) in another.

The issue of determining appropriate caseload sizes across the Commonwealth is not a new subject; it has been discussed for years. For example, the CCAPPOAP discussed survey results at their annual conference on September 30, 2013, and determined that they needed to look at various caseload studies/models, provide tools to the counties to implement caseload/workload studies, declare a vision of what they would like to accomplish at the state level, establish a caseload/workload goal standard for the counties, and conduct a time study that allows for customization within each county.

The Pennsylvania Partnership for Criminal Justice Improvement's (PPCJI's) EBP Committee Infrastructure Workgroup was assigned the strategic plan task of establishing statewide caseload/workload guidelines. The first step of developing the plan was to collect examples of EBP caseload/workload experiences from other jurisdictions across the country to serve as the basis for

Reasons for Caseload Restructuring

- Allows staff to focus on people assessed as being at moderate and high risk of recidivism, who are more likely to benefit from behavior-change interventions
 - Improves outcomes for individuals (e.g., reduces violations and recidivism rates) and decreases jail population
 - Addresses budget cuts and staffing shortages/turnover while allowing staff to provide effective, efficient services
 - Increases staff's sense that they are making a difference and reduces burnout
-

developing Pennsylvania-specific guidelines. Carey Group surveyed 12 probation/parole departments in 10 states that have aligned or nearly aligned caseload sizes with APPA guidelines. Survey results were published in the document *Caseload Guidelines Questionnaire Summary*, which was completed in October 2021. Portions of the current document are based on the survey findings. The purpose of this document is to develop Pennsylvania-specific caseload guidelines and to recommend strategies for achieving those targets.¹

Challenges of Determining the Ideal Caseload Size

The question of what an ideal caseload size is should be easy to answer, yet the community corrections field has struggled for numerous years to develop a standard size. The question is much more complicated, especially in a Commonwealth such as Pennsylvania where there are 65 different probation and parole departments with limited uniformity. Each department is unique. Even within departments, the number of cases that a staff member should be assigned can be difficult to determine. Some factors that increase the complexity include the following:

- Across the state, people's risk of recidivism, their criminogenic needs, the seriousness of their offenses, their responsivity factors, and their barriers vary greatly.
- There are large disparities across the state in policies and practices regarding who is arrested, who is eligible for the Accelerated Rehabilitative Disposition (ARD) or other diversion programs, who receives probation compared to incarceration, who serves their sentence in a county facility versus a state facility, and what the length of supervision is.
- Each county has different practices related to standard and special conditions and expectations of people on supervision, and there are differences in the availability of programming and other resources.
- Each department has different expectations of their staff in terms of the frequency of contacts, the percentage of contacts in the field (and, because of the geographical makeup, the distances staff must travel for those contacts), the length of contacts, and what is expected to occur during a contact.
- Staff are often required to perform various tasks in addition to their supervision requirements. This is especially true in rural areas, where there are few personnel to perform many duties.
- The pandemic and other factors have contributed to a continually shifting landscape in terms of supervision and violation management policies and practices.

¹ The next step is to develop Pennsylvania-specific caseload guidelines customized for rural, urban, and suburban counties.

Caseload vs. Workload

Due to the numerous factors influencing the question of what the ideal caseload is, the field explored switching to a workload model. There is a strong argument in favor of using workload standards instead of caseload standards. Workload considers the number of hours it takes to complete various tasks. It can be used to provide an effective “apple to apple” comparison of different tasks conducted by different staff in different counties. Unique factors can be considered, such as urban versus rural differences, and jobs that involve mixed duties such as supervising people on probation/parole, writing court reports, and conducting intakes. However, a statewide workload system requires labor-intensive time studies and constant modification as tasks change. More importantly, most people—especially the public—cannot adequately conceptualize what workload points mean. This is a major handicap when working with funding sources. However, most people understand that when an officer has 150 people on their caseload, conducting meaningful supervision is not realistic. For these reasons, while imperfect, caseloads will be the recommended measurement for Pennsylvania adult probation and parole.

Smaller Is Not Necessarily Better

Most individuals in the field will argue that caseloads nationally and in the Commonwealth are too high. History has proven that just reducing caseloads does not improve outcomes. For example, numerous jurisdictions across the United States have experimented with intensive supervision programs (ISPs); many of these programs have been in response to jail and prison crowding. ISP caseload sizes tend to be smaller; however, the programs usually rely heavily on surveillance and immediate sanctions rather than focusing on treatment. The outcomes are often negative, including an increase in supervision violations, which lead, once again, to jail and prison crowding.

Reduced caseloads need to include contact standards that consider the frequency of appointments, the approach of officers, and the quality of interactions. Quality contacts are purposeful, based on people’s assessed risk level and criminogenic needs. For those assessed as moderate or high risk, contacts should focus on modeling, teaching, practicing, and giving feedback on prosocial skills that address those needs, and on teaching relapse prevention strategies. Engaging this population in both behavior-change strategies and accountability measures is necessary to positively impact recidivism reduction efforts and achieve improved long-term community well-being and safety. Officers’ ability to conduct well-rounded contact sessions is predicated on caseload sizes that allow for an appropriate amount, or dosage, of intervention; reduced caseloads provide an opportunity for officers to provide more dosage.

Dosage Probation

In 2014, the National Institute of Corrections published *Dosage Probation: Rethinking the Structure of Probation Sentences* (Carter & Sankovitz, 2014). The dosage probation model suggests that the length of supervision should be determined by the number of hours of intervention necessary to reduce recidivism risk rather than an arbitrarily or customarily established amount of time. Correctional intervention is analogous to treating a patient: too little intervention means the patient receives little or no benefit from the treatment, but too much treatment can be ineffective or even harmful. The authors developed a dosage conceptual model based on the available research at the time: they recommended 100 hours of dosage for people at a moderate risk of recidivism, 200 hours for people at moderate/high risk, and 300 hours for people at a high risk. Dosage hours are a combination of a person's work with their corrections professional, their work in programming and treatment, and their take-home assignments.

Caseload Size Recommendations

Many jurisdictions align caseload sizes with people's risk level, with smaller caseloads for staff supervising people at the highest risk of recidivism. This supervision model is based on research that the people most likely to benefit from correctional intervention are those who have been assessed, using an actuarial instrument, as being at moderate or high risk of recidivism (see, for example, Bonta & Andrews, 2017). Those assessed as being at low risk are often self-correcting, and their risk of recidivism might increase if interventions are overdelivered (see, for example, Bonta & Andrews, 2017). Those assessed as being at extremely high risk might benefit from behavior-change interventions, but because the amount of required intervention is so high and agencies often lack the required resources, they are placed on intensive supervision instead (see, for example, Skeem et al., 2009). In addition, jurisdictions often align caseload sizes to reflect specialized caseloads, for example, those made up of people with a history of sex offenses or of people with serious mental health concerns.

American Probation and Parole Association Recommendation

In 2006, the American Probation and Parole Association (APPA) published *Caseload Standards for Probation and Parole* (Burrell, 2006). Even though this document is dated, it has become the primary reference cited by agencies when arguing for a reduction in caseload sizes. While the document does recommend sizes for adult (and youth) caseloads,² it also clarifies that the recommended standards are just a starting point; each agency must further analyze factors that impact their staff and the population they serve before determining standards that are suitable for them.

² Adult caseload standards appear below.

Adult Caseload Standards	
Case Type	Cases to Staff Ratio
Intensive	20:1
Moderate to High Risk	50:1
Low Risk	200:1
Administrative	No Limit? 1,000?

Research on Caseload Size

Even though caseload size can have huge ramifications on outcomes for people on supervision, community well-being and safety, and budgets, there have been limited scientific studies focusing on this area. Ball et al. (2021) published a research and analysis bulletin on caseloads, workloads, and staffing levels in probation services. Key findings included that when staff have caseloads of 50 or more, they are less likely to deliver high-quality interventions that reduce recidivism risk and increase community well-being and safety. Although many factors (e.g., case complexity, available programming and other resources) make it challenging to provide a precise target number for caseload size, staff and senior managers agreed that it is difficult to provide effective interventions when caseloads exceed 50–60 people. In addition, high workloads lead to stress, sleeplessness, and a fear of making serious mistakes.

Fox et al. (2022) reviewed 3,202 international papers that were potentially relevant to the topic of the impact of probation caseloads on reducing recidivism and other outcomes (e.g., engagement in probation supervision; completion of community sentences; adherence to conditions; staff absence, sickness, or turnover). They identified five studies deemed to be robust enough to be analyzed in more detail.

- Taxman and colleagues (2006) evaluated Maryland’s Proactive Community Supervision Program, in which people who were a moderate or high risk to be rearrested were supervised, using an evidence-based intervention model, on a reduced caseload of 55 people per officer compared to the usual caseload of 100 people per officer. The researchers found significantly lower rearrest rates (32.1% vs. 40.9%) and lower technical violation rates (20.1% vs. 29.2%) for the Proactive Community Supervision group versus the comparison group.
- Cox and colleagues (2005) evaluated two programs in Connecticut that were designed to reduce probation violations and subsequent incarcerations. Both programs were based on an evidence-based model of supervision and had small caseloads: a 25:1 ratio compared to the normal ratio of 100:1. Follow-ups were conducted after four months. Researchers found that people who participated in the first program, which was geared to those with split sentences (i.e., correctional facility, halfway house, parole, etc., followed by probation), had lower probation violation rates than those in a comparison group (8% vs. 13%, respectively). While the percentage of people who were rearrested was the same, fewer program participants received technical violations (3% vs. 5%) or had both a new arrest and a technical violation (2% vs. 5%). Researchers found that

participants in the second program, which focused on people who were about to be violated for technical reasons, had a violation rate of 30%, but they argued that the rate should be compared to the expected violation rate of 100% since participants were all pending a violation.

- Kuck Jalbert and colleagues (2011) evaluated an intensive supervision program in Polk County, Iowa, where officers had reduced caseloads but equivalent workloads to those of probation officers supervising high-normal caseloads. ISP caseload officers spent more time with people on supervision, and their appointments included increased rehabilitative interventions. Researchers found that, after six months, ISP reduced the likelihood of recidivism by 25.5% for all offences, 39.4% for drug offenses and for property and violent offences involving drugs, and 45% for property and violent offenses not involving drugs. In addition, the researchers evaluated a probation department in Oklahoma City where some officers had caseloads of 54 people compared to other officers maintaining caseloads averaging 106 people. Researchers found that probation officers with smaller caseloads made more frequent supervision contact, and people supervised by these officers were more likely to receive correctional interventions. Survival analysis was used to estimate that smaller caseloads reduced the rate of recidivism by roughly 30%, while technical violations increased by 4%.
- Manchak and colleagues (2014) and Wolff and colleagues (2014) compared traditional supervision to small mental health specialty caseloads. In both studies, researchers found reduced violations in the specialty caseloads, although it is difficult to assess whether this was attributable to reduced caseload size and/or other variables such as officers' training and skills.

Even though there are a limited number of robust studies, they all appear to indicate that reduced caseloads, coupled with effective interventions, reduce recidivism.

Other Pennsylvania Agencies

Depending on the sentencing court and the type of sentence, people in Pennsylvania can be supervised by county adult probation and parole departments, the Pennsylvania Department of Corrections, or the United States Probation and Pretrial Office (federal probation). When comparing available data on caseload sizes, county adult probation and parole departments have caseloads that are 63% higher than those of their counterparts.

Agency	Estimated Average Caseload Ratio (unofficial)
County Adult Probation and Parole Departments	98:1
Pennsylvania Department of Corrections	60:1
United States Probation Office, Eastern District of Pennsylvania	58:1

Jurisdictions Outside of Pennsylvania

In drafting this document, the workgroup explored how other states and jurisdictions have addressed the issue of caseload size. Below are some examples of legislative caps or guidelines:

- In 2019, **Alaska** Statute sec. 33.05.040 was passed, limiting caseload ratios to 75:1, except in extreme circumstances or by approval of the commissioner.³
- In the **Arizona** Code of Judicial Administration, A.R.S. § 12-251(A) states: “Probation officers engaged in case supervision shall supervise no more than an average of sixty-five adults who reside in the county on probation to the court.”⁴ Pursuant to A.R.S. § 13-916(B), “A two-person intensive probation team shall supervise no more than twenty-five persons at one time, and a three person intensive probation team shall supervise no more than forty persons at one time.”⁵
- **Idaho** statute (Title 20, State Prison and County Jails, Chapter 2, State Board of Correction, 20-219 (4)) indicates that “Subject to the availability of moneys, caseloads for supervising officers who are supervising offenders determined by the department of correction’s validated risk assessment to be high or moderate risk of rearrest should not exceed an average of fifty (50) offenders per supervising officer.”⁶
- **Nevada** approved the following caseload ratios for sworn staff in Las Vegas and Reno (Nevada Department of Public Safety—Nevada State Police, Division of Parole and Probation, 2023) for 2023–24:

Case Type	Cases to Staff Ratio ⁷
Sex Offender	25:1
Very High Risk and House Arrest	30:1
Mixed	75:1
Moderate Risk	80:1
High Risk	60:1
Low Risk	500:1 and two Parole and Probation Specialist IIIs

³ <https://law.justia.com/codes/alaska/2012/title-33/chapter-33.05/section-33.05.040/>

⁴ <https://www.azleg.gov/ars/12/00251.htm>

⁵ <https://www.azleg.gov/ars/13/00916.htm>

⁶ <https://legislature.idaho.gov/wp-content/uploads/statutesrules/idstat/Title20/T20CH2.pdf>

⁷ Ratios are for Department of Public Safety officers unless indicated otherwise.

- According to **New Mexico** Corrections Department policy number CD-050200, caseload standards are as follows:⁸

Case Type	Cases to Staff Ratio	Contact Requirements
Intensive Supervision	40:1	2 face-to-face/month + additional field and/or collateral contacts depending on the phase of supervision
Community Corrections	35:1	2 face-to-face/month + additional field and/or collateral contacts depending on the phase of supervision
Standard Supervision: High Risk	50:1	2 office contacts + 1 field visit/month
Standard Supervision: Medium Risk	Information not available	1 office contact/month + field visits as needed
Standard Supervision: Minimum Risk	Information not available	Administrative supervision

- Caseload standards in **New York State** are as follows (New York State Corrections and Community Supervision, 2018):

Case Type	Cases to Staff Ratio
Strict & Intensive	10:1
Supervision Level 1	25:1
Supervision Level 2	40:1
Supervision Level 3	80:1
Supervision Level 4	160:1
Non-reporting	125:1

⁸ <https://www.cd.nm.gov/wp-content/uploads/2021/02/CD-050200.pdf>

- Based on legislation related to the Justice Reinvestment Act, current literature, and trends within the existing population, **North Carolina** established the following caseload goals (State of North Carolina Department of Public Safety, Division of Adult Correction and Juvenile Justice, Community Corrections, 2020):

Case Type	Cases to Staff Ratio
High Risk	40:1
High-Moderate Risk	60:1
Low Risk	120:1
All Risk ⁹	60:1

- In **Ohio**, an initial report recommended reducing average caseload ratios from 76:1 to 50:1 for general caseloads and 40:1 for specialized caseloads (Ohio Governor’s Working Group on Post Release Control, 2020). A subsequent report (Ohio Probation Workload Study Committee, 2021) recommended that general supervision caseload ratios not exceed 50:1.
- Texas** statute (Government Code § 508.1142: (a)) states that “the department shall adopt a policy that establishes guidelines for a maximum caseload for each parole officer of 60 active releasees, if the releasees are not in a specialized program...”¹⁰
- Vermont** statute (§ 105. Caseload capacity (a)) indicates that people will be assigned to a level of supervision based on the severity of their offense and their assessed risk of recidivism. Staff working with those assigned to risk management supervision, which involves case planning and measures to reduce future involvement with the justice system, will have a maximum caseload ratio of 45:1. Staff working with those assigned to responsive supervision, which involves monitoring compliance and responding to violation behavior, will have a maximum caseload ratio of 150:1. In addition, all people requiring administrative supervision may be supervised on caseloads that reflect the capacity of the department’s automated status reporting systems.¹¹

Recommended Caseload Size

After reviewing the current research, evaluating caseload practices and policies that other jurisdictions have implemented, and considering the size and structure of most departments in Pennsylvania, **it is the recommendation of the Pennsylvania Partnership for Criminal Justice Improvement that the Commonwealth of Pennsylvania adopt APPA’s recommended caseload ratios of 20:1 for those on intensive supervision, 50:1 for those assessed as moderate to high risk, 200:1 for those assessed as low risk, and no limit for those on administrative supervision.**

⁹ “All risk” refers to caseloads in rural areas where resources and populations of people on probation/parole do not allow for the stratification of caseloads based on risk.

¹⁰ <https://statutes.capitol.texas.gov/Docs/GV/htm/GV.508.htm>

¹¹ <https://legislature.vermont.gov/statutes/section/28/003/00105>

Strategies to Reduce Caseloads Using Existing Staff

Jurisdictions should conduct a thorough analysis of their current policies and practices to determine what changes—other than hiring additional staff (which may not be possible given available resources)—they can implement to reduce caseloads and increase the department’s efficiency and effectiveness. Strategies that have been employed in Pennsylvania and across the country include managing caseloads by risk level, managing staff assignments and workloads, and implementing evidence-based practices.

Manage by Risk Level

One of the strategies with the greatest impact on caseload size (and, therefore, on outcomes) is stratifying the overall caseload by assessed risk level¹² and matching the intensity of interventions to the risk level, with more intensive interventions (and lower caseload sizes) for people assessed as higher risk. In fact, 47% of counties that responded to the 2023 caseload survey conducted by the County Chief Adult Probation and Parole Officers Association of Pennsylvania (“Chiefs Survey”), in which they were asked if they had implemented strategies in the last five years that have significantly decreased caseload sizes, said that they had implemented new policies around stratifying caseloads by risk level. Even though caseloads of people at a moderate or high risk were, on average, 63 per officer, which is above the target of 50 per officer, these caseloads were 35% lower than the previous overall average of 97.5 per officer.

As discussed earlier, the following ideas inform the practice of managing by risk level:

- People assessed as low risk usually self-correct and are unlikely to benefit from correctional interventions designed to change their behavior. In fact, increased intervention may increase their risk of recidivism. This group can be placed on large caseloads.
- People assessed as moderate or high risk are most likely to benefit from correctional interventions that address their criminogenic needs. This group should be placed on smaller caseloads, where officers have sufficient time to provide the appropriate level of intervention.
- People assessed as extremely high risk might be able to benefit from interventions; however, the length of time and intensity of the interventions will likely exceed the agency’s resource capacity. This group should be placed in smaller caseloads, with a focus on community safety.

Job features/expectations for staff members change based on the caseload (see appendix A).

An integral part of the strategy of “right-sizing” caseloads is removing people assessed as low risk from the overall population of people on supervision so that resources can be focused on people

¹² It is important that the jurisdiction use a validated risk/needs instrument and that the agency takes steps, such as conducting interrater reliability studies and monitoring staff overrides, to increase the fidelity and accuracy of the instrument.

most likely to benefit from correctional intervention. Some examples of caseload models for people assessed as low risk include:

- nonreporting
- reporting by mail, phone, computer, or other electronic means
- kiosk reporting, where people report in person at regular intervals
- assigning low-risk caseloads to aids or support staff for monitoring and, if there are any issues that require additional attention, reassigning these cases to officers
- having officers carry medium-size caseloads and focus on addressing people's stabilization needs (e.g., mental and physical health, housing) rather than on delivering behavior-change interventions
- having officers carry large caseloads, where people report minimally (e.g., once a quarter, biannually, or yearly) in person (this option is often used in jurisdictions where there is a belief, even though not supported by the research, that everyone must be seen)

The specific model chosen is often driven by staffing capacity, the availability of technology, and the guidance provided by the courts or other oversight bodies. Depending on the model, caseloads for people at low risk can range from 200 to over 1,000 people per staff member, and caseloads for people at moderate-high risk can be reduced by over 25%–40%. The Chiefs Survey found that, of those counties with low-risk caseloads, the average size of these caseloads was 254 people per staff member, with caseloads as high as 800 people per staff member.

Indiana County

Indiana County created administrative caseloads utilizing two officers who also conduct intakes. Each officer's administrative caseload is approximately 180 people. This has allowed other officers to focus on caseloads of people who are medium and high risk, with their average caseload ratio being 90:1, a decrease from 170:1.

Dauphin County

Prior to implementing the Ohio Risk Assessment System (ORAS), Dauphin County had caseload ratios averaging 150:1. Since implementing the ORAS, those who score low on the ORAS-Community Supervision Screening Tool are placed on an administrative caseload and are required to report via a web portal. Those who score low using the ORAS-Community Supervision Tool are required to report quarterly, with no field requirements. This has allowed for the creation of moderate- and high-risk caseloads, which have an average caseload ratio of 65:1.

POTENTIAL CASELOAD REALIGNMENT COMPLICATIONS

Caseload realignment can get very complicated very quickly. As just one example, there is disparity across the country in terms of what happens when people's risk score changes. Some jurisdictions move people to different caseloads, especially to low-risk caseloads. Other jurisdictions do not transfer people to different caseloads; they are concerned about the effects of the person's loss of rapport with their initial officer. Jurisdictions are encouraged to read advice from the field, located in appendix B, prior to making modifications.

Manage Caseload Assignment

Once jurisdictions establish caseload targets or goals, it is important for them to monitor them at regular intervals and adjust caseload sizes when they are too high.

Sometimes, adjustments involve moving staff from one position to another. For example, in large departments that have specialty positions (e.g., officers assigned to training units, treatment courts, or pretrial), officers may be given supervision responsibilities. Or, jurisdictions may use support staff to work with people pulled from regular caseloads, such as people in long-term programs, in custody, with absconder/warrant status, or transfer cases. Another way to reduce caseload size is to shift geographic lines. For example, if officers who supervise people in one geographic zone have caseload sizes that are much smaller than those in an adjoining zone, geographic lines might shift to equalize the caseloads.

Montgomery County

Montgomery County has found effective ways of utilizing support staff to monitor administrative types of cases, such as cases that have been transferred, cases that are unable to be transferred, ARD, and cases of people who were assessed as low risk. This has allowed them to move over 6,000 cases from officers. The result is that general supervision officers have an average caseload of 65 people.

Manage Officers' Workloads

In Pennsylvania (and elsewhere), many officers are unable to focus their attention on their supervision responsibilities due to their various other duties, including completing presentence investigations (PSIs), completing intakes, sitting in court, collecting fines and other fees, conducting drug tests, serving as duty officers, and so on. Decreasing those duties by transferring them to other staff will allow the officers, especially those assigned to moderate- and high-risk caseloads, to focus on correctional interventions that will have the greatest impact. Larger departments may be able to create specialized units to manage certain duties more efficiently, develop expertise, and match staff skills to job functions (e.g., PSIs, intake, collections, and field visits). To prepare for this shift, departments might conduct a time study to evaluate what percentage of their officers' day is being devoted to supervision.

Chester County

Chester County created an administrative caseload where a support staff monitors transfer cases, cases awaiting certification, and nonreporting cases. This pulls over 1,200 cases that were previously assigned to probation officers.

In addition, many jurisdictions have reevaluated contact standards—such as frequency, percentage of contacts conducted in the field, requirements for face-to-face contacts, the use of virtual contacts, and the need for collateral contacts—to balance effective interventions, community well-being and safety, and officers' workloads.

Implement Evidence-Based Practices

Effectively implementing evidence-based practices not only contributes to recidivism reduction but it also impacts caseloads and workloads. Even though the results are often not realized as immediately as with other strategies, the long-term impacts can be substantial.

The following are some examples of evidence-based practices that can decrease caseloads and workloads:

- Implement ARD and other diversion programs to move eligible people off community supervision caseloads.
- Decrease the number of conditions for people who are low risk, and tie conditions for people who are higher risk to their criminogenic needs. This not only decreases officers' caseloads—allowing them to focus more time on behavior-change interventions for those who are higher risk—but it also reduces violations.
- Shorten supervision lengths for people who are low risk.
- Revise those policies related to responding to noncompliant behavior that result in people being under supervision for extended periods of time. Several counties that responded to the Chiefs Survey discussed the positive impact that changing responses to violations related to substance use or nonpayment of fines and costs have had on supervision lengths and caseload sizes.
- Support early termination programs. This can incentivize positive behavior change while decreasing overall caseloads. Several counties that responded to the Chiefs Survey reported that they have realized caseload reductions due to new early termination policies.

Lehigh County

Lehigh County contracts with an outside vendor to conduct drug testing. In 2022, 11,500 tests were performed by the outside vendor, moving time-consuming duties from officers and allowing them to focus on more essential duties.

York County

Over a five-year period, York County approved the early termination of 763 people who were assessed as low risk, lowering caseload sizes. In addition, a recent study showed that the group recidivated at a rate of only 8% compared to a 35%–40% recidivism rate for a general supervision group.

Bucks County

Bucks County reevaluated their caseload structure in the summer of 2022 and was able to decrease caseloads to an average of 55 people per officer. Developing administrative caseloads with phone-in reporting for those assessed as low risk, reevaluating specialized caseloads, creating warrant caseloads, better managing transfer cases, increasing the use of specialty courts, and modifying revocation processes have all had a significant impact.

Conclusion

Research and best practices indicate that the combination of reduced caseloads and effective practices improves departmental outcomes and efficiency. Reducing caseloads is about more than hiring additional staff; jurisdictions can often significantly impact caseload and workload sizes by revising current policies and practices with respect to who is supervised and by whom, how much intervention each person receives, what supervision periods and conditions are assigned to a person, what the contact standards are, what duties an officer performs, how officers manage noncompliance, and more. Through implementing these changes, departments will be better positioned to align caseloads with current APPA standards.

Appendix A: Sample Job Features by Caseload

Job Features	High-Risk Caseload	Medium-Risk Caseload	Low-Risk Caseload
Primary objective	Protect public and build skills (teach, practice, assign homework) to reduce recidivism	Build skills (teach, practice, assign homework) to reduce recidivism	Ensure compliance to court order
Use of cognitive tools	Yes	Yes	No
Development and use of case plans	Yes; use to guide each contact	Yes; use to guide each contact	No
# of office contacts and duration	2/month; at least 20 minutes/contact	1/month; at least 20 minutes/contact	Only as needed
Number of field visits	1 every 2 months	1 in first 6 months	None
Program referrals	Yes	Yes (as needed)	Minimal

Appendix B: Advice from the Field

Caseload restructuring can quickly become complicated. Those who have already engaged, or who are engaging, in the process offer the following recommendations:

- 1. Be inclusive and transparent.** To maximize buy-in and long-lasting change, it is important that a wide variety of individuals, including the following, are provided opportunities for input early in the process and throughout:
 - a. All staff:** This includes staff at all levels of the department, not just officers. Give everyone a voice since all their jobs will be significantly impacted.
 - b. Unions:** Involve union representatives from the very beginning.
 - c. Stakeholders:** Find your judicial and other stakeholder champions and make sure they are informed, have input, and are supportive of your efforts. Stakeholders' endorsement will become especially important if the transition to the new caseload structure disrupts people's jobs and creates temporary frustration and dissatisfaction. This can result in staff complaining to stakeholders, potentially undermining departmental efforts.
- 2. Be strategic, careful, and measured.** Most caseload restructuring efforts will have a ripple effect across staff, management, work processes, stakeholders, and clients. Departments often report a period of confusion—even chaos—as the change unfolds. For this reason, it is important to not rush the effort. This was communicated in many ways by those who offered advice: “Be strategic,” “Go slow to go fast,” “It’s a marathon, not a sprint,” “Don’t rush it,” and “Take your time in the planning stage.”
- 3. Communicate.** Anxiety about the proposed changes is normal and to be expected. For this reason alone, communication is crucial; it is not possible to overcommunicate during this time. Insufficient communication can result in people filling in the blanks with their own often-misinformed assumptions, discussing these with others as if they were facts, and, in so doing, creating a new set of perceptions that can be hard to rectify later. Communication should be diverse (e.g., in person, by email, using video conferencing platforms, small group, large group) and constant. During this time, it is especially important to communicate the “why.” What is the reason we need to make this change? Will it really make things better? What is broken or what is the opportunity we are trying to achieve?
- 4. Use technical assistance.** Consider using an experienced internal or external facilitator to guide the caseload realignment effort. An experienced facilitator will be knowledgeable about other departments' experiences and lessons learned and will be able to anticipate what will likely unfold, identify potential gaps in the planning, pull out unheard voices, and talk about issues that others may find uncomfortable raising.

5. **Give choices.** When caseloads are restructured, staff duties and/or expectations will likely change. Some staff will fear worst-case scenarios, such as being assigned a job for which they are not well-suited or that they are not interested in performing. When possible, give staff choices for which job they will be assigned under the restructure. Some departments have allowed staff to “bid” on their preferred choices after laying out in clear terms job expectations.
6. **Think about capacity.** The department will be adjusting to new policies and practices during the caseload reorganization. Operations will not be smooth during this time. Management needs to think about people’s capacity to perform their duties under this new structure and should prevent starting other new initiatives, if possible. Duties that do not need to be performed—that are considered lower priority—should be suspended temporarily or permanently. This will also reinforce the fact that the department is going to focus on the things that matter the most. This may require some sacrifices around duties that have traditionally been performed but that do not add enough value to continue. Emphasize quality over quantity.
7. **Guard against mission creep.** It can be tempting to backpedal on a change when people are struggling and voicing a desire to return to the previous structure. Be patient. Stay the course. Focus on the goals you are trying to accomplish with people who are low, medium, and high risk, and identify specific actions expected from staff within those assignments. Be adaptable as needed, and make small mid-course corrections without forfeiting the core of what you are trying to achieve with the caseload restructure.
8. **Words matter.** Restructuring caseloads provides departments with the opportunity to name things in a positive light in order to shape the culture of the department. Be careful about the term “high risk.” One department noted that naming caseloads “high risk” resulted in staff believing that this caseload was dangerous, and it drew officers too far toward the accountability side of their job. Consider calling the caseloads something other than low, moderate, and high risk—for example, low, medium, and high supervision level—and consider giving officers a title other than high-risk or low-risk officers.¹³
9. **Celebrate.** It is easy to get focused on all the things that need to be done, that are going wrong, and that are inefficient as change is taking place. Take the time to celebrate the small victories to keep the energy positive.

¹³ The authors of this document have used the terms “low risk,” “moderate risk,” and “high risk” to reflect the terminology used in the research studies referenced throughout.

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