

Contact Frequency in Probation and Parole Supervision

Evidence-Based Guidance for County Adult Probation & Parole Departments

Introduction

The Implementing Effective Interventions Workgroup of the EBP Committee was tasked with developing recommendations for risk-based contact guidelines for Pennsylvania county probation and parole departments. To inform this work, the workgroup reviewed current research on [dosage and intensity](#), examined existing county contact practices, and considered the operational capacity of departments across the Commonwealth.

The association collected information from counties, including current contact standards, and found significant variation in requirements. Many departments expressed the need for guidance that is evidence-informed, practical to implement, and responsive to local resources.

Over several months, the workgroup reviewed Pennsylvania county practices, examined [national models](#), and evaluated relevant research literature (see Appendix A). Members represented counties of varying sizes and capacities and frequently noted differences in their own local contact standards. This report reflects the workgroup's consensus recommendations for consideration by Pennsylvania county probation and parole chiefs.

Recommendations for County Departments

These eight recommendations are grounded in the research literature and are intended to guide the development of written contact-frequency policies and supervision standards. Departments should adapt them to local court requirements, available resources, and population characteristics.

Recommendation 1: Anchor All Contact Decisions to a Validated Risk Assessment

Adopt a third- or fourth-generation [risk-needs instrument](#) (e.g., ORAS, LS-CMI) as the mandatory basis for determining supervision level. Establish graduated contact standards by risk tier. Monitor override rates, provide retraining as needed, and incorporate quality-assurance review.

Recommendation 2: Minimize Contact for Low-Risk Individuals

Research consistently shows that reducing supervision intensity for low-risk individuals does not increase recidivism. Create an administrative or low-intensity tier for validated [low-risk cases](#) (e.g., phone, kiosk, or remote reporting) with minimal contact requirements. APPA benchmark: 200:1 caseload ratio for low-risk, with administrative/no-limit tiers for the lowest-risk cases.

Recommendation 3: Front-Load Contacts in the First 6 Months

Concentrate officer time, treatment referrals, and field contacts early in supervision. Approximately 69% of rearrests among felony probationers occur in the first year, and recidivism risk drops by half after year one. For post-incarceration individuals, build supervision structure (housing, treatment continuity, employment linkage, etc.) before release. Step down contact frequency as compliance is demonstrated.

Recommendation 4: Pair High-Risk Supervision with Programming, Not Surveillance Alone

High contact counts alone do not reduce recidivism. Intensive surveillance without [evidence-based programming](#) increases violations, revocations, and costs without reducing crime. For high- and moderate-high-risk individuals, [structure contacts](#) around cognitive-behavioral treatment (CBT), prosocial modeling, and case plan progress; not compliance monitoring alone. The [Four-Point Appointment Structure](#) can help ensure contacts are meaningful (see Appendix C). Surveillance without treatment can worsen outcomes.

Recommendation 5: Implement Earned Discharge and Step-Down Pathways

Create formal earned-compliance credits or [behavioral incentive](#) dates that allow low- and moderate-risk individuals to shorten supervision terms when they demonstrate compliance. Use automatic step-down reviews at defined intervals (e.g., 6 months, 1 year, 2 years) rather than relying on officer-initiated requests.

Recommendation 6: Adopt Blended Virtual and In-Person Contact Standards

Virtual contacts (video or phone) can be effective within a blended supervision model, particularly for lower-risk individuals, routine check-ins, and those demonstrating stability.

While research on virtual supervision is still emerging, early findings and field experience suggest virtual contacts can complement, not replace face-to-face contacts.

Consider the individual's risk level, compliance, stability, and existing rapport when determining the appropriate contact method. Prioritize in-person and field contacts for higher-risk individuals, new cases, and those with complex needs while also considering whether face-to-face reporting may create barriers related to employment, school, treatment, transportation, caregiving, time, or financial burden. Departments should document technology access, provide alternatives when needed, and collect data on contact methods and outcomes to inform future practice.

Recommendation 7: Concentrate Field Contacts on High-Risk Cases

Research has found field contacts (home visits, employment contacts, collateral contacts) reduce recidivism for [high-](#) and [very-high-risk](#) individuals but are ineffective or counterproductive for low-risk individuals. Given the cost, officer time, and safety demands of field work, eliminate routine home visit requirements for low-risk caseloads. Develop written home-visit policies that specify purpose, frequency by risk tier, use of gathered information, and officer safety protocols.

Recommendation 8: Maintain Offense-Specific Enhanced Standards Within the Risk Framework

[Specialized supervision](#) requirements for sexual offense, domestic violence, and violent offense cases remain necessary due to statute, clinical evidence, and victim safety obligations. Maintain small, specialized caseloads, victim contact protocols, containment models, and offense-specific risk tools (e.g., Static-99R, DVSI/SARA). Applying risk/need/responsivity (RNR) principles within these populations improves compliance outcomes; risk-matched dosage should operate within, not outside, specialized caseloads.

Contact Recommendations by Category¹

Framework for Developing Written Contact Standards.

All contact frequencies should be anchored to validated risk assessment scores and adapted to local court expectations, department resources, and population needs.

Category	Contacts	Field Contact	Key Guidance
Low-Risk	Kiosk/phone; monthly or less	Not required routinely	Move to administrative status promptly. Prioritize earned discharge eligibility. Re-intensify only for new arrests or clear patterns of noncompliance.
Moderate-Risk	2-3 contacts/month (front-load); step down with compliance and/or success plan (case plan) progress	Periodic; case plan driven; at least one field contact within first 90 days	Pair contacts with CBT/treatment interventions. Conduct step-down review at 6 months. Blended virtual/in-person contacts are appropriate.
High-Risk	3-4 contacts/month (front-load); step down with compliance and/or success plan (case plan) progress	Regular; prioritize first 6 months; at least one field contact within first 60 days	Contacts must be paired with evidence-based programming. In-person strongly preferred.
Specialized Caseloads (Sex Offense, Intimate Partner Violence, Violent Offense, Firearm, etc.)	Per specialized caseload standards; minimum twice monthly	Per containment model, DV standards, and public safety needs; first field contact within the first 45 days	Use offense-specific risk tools. Maintain small, specialized caseloads. Apply RNR principles within specialized structures; risk-matched dosage improves compliance.
Newly Released / First 3-6 Months	Elevated based on stability, resources, and level of support	Front-load per risk score; at least one field contact within the first 60 days	Begin planning pre-release. Establish housing, treatment, and employment linkage before supervision starts. First contact within 24–72 hours post-release.

¹The contact recommendations currently exceed the average contact standards reported by county adult probation and parole departments in a 2025 survey (see Appendix B).

Departments should consider the following factors when adapting the recommendations to local capacity:

- **Use collateral contacts to reduce required officer contacts.** Collateral contacts with treatment providers, case managers or program staff may be counted toward contact expectations for individuals who are actively engaged in services. When used appropriately, collateral contacts can reduce the number of required officer contacts while still supporting case-plan progress and treatment adherence.
- **Incorporate technology and scheduling flexibility.** Consistent with Standard B.25, agencies must integrate technology where appropriate and accommodate employment, education, and health, and other stability-related obligations when scheduling contacts. Virtual reporting options (phone, video, kiosk) should be used to minimize unnecessary disruption to work, school, treatment, or caregiving responsibilities, particularly for individuals demonstrating compliance.

These considerations are intended to help departments balance evidence-based practice with operational realities, ensuring that contact standards remain both effective and feasible.

Conclusion and Implementation Considerations

These recommendations are intended to provide Pennsylvania county adult probation and parole departments with an evidence-informed framework for developing local contact-frequency policies. They are not designed to serve as statewide standards or mandatory requirements. County probation departments vary widely in size, staffing capacity, caseload composition, assessed risk levels, offense types supervised, court expectations, treatment availability, geography, technology access, and operational demands. For these reasons, each department should use this document as a guide for local policy development, adapting the recommendations to its own population, resources, legal obligations, and public safety responsibilities. The overarching goal is to support contact models that are intentionally guided by risk, need, responsivity, case planning, and effective use of officer time.

Several important considerations should inform local implementation:

- **Distinguish offense seriousness from risk level.** The seriousness of the current offense and a person's assessed risk level are not interchangeable. Offense

seriousness may require specific legal conditions, victim safety measures, statutory requirements, or specialized supervision responses. However, whenever possible, supervision intensity should still be informed by validated risk and needs information rather than offense category alone.

- **Recognize the evolving evidence base.** Research on supervision dosage, contact frequency, virtual reporting, and field contacts continues to develop. No single contact model applies uniformly across all jurisdictions, populations, or supervision contexts. Departments should avoid adopting a new contact schedule without thoughtful planning and alignment with local realities.
- **Prioritize careful, structured implementation.** Any revised contact model should be implemented deliberately and with attention to change management. This includes developing clear written policy, training staff, communicating with court partners, establishing quality assurance processes, reviewing data, and creating opportunities to adjust practices over time. Proper implementation is essential to ensure that contact standards are realistic, consistent, safe, and aligned with evidence-based supervision principles.

By grounding contact decisions in validated risk assessments, pairing supervision with meaningful programming, and implementing policies with care, county departments can strengthen outcomes, improve resource allocation, and support safer, more effective community supervision.

Appendix A: Key Research Findings and Selected Sources

This appendix summarizes selected research findings that support the recommendations in this document. It is not intended to serve as a comprehensive literature review; rather, it highlights research most directly relevant to developing evidence-informed contact-frequency policies for adult probation and parole supervision.

Key Research Findings

1. Contact frequency should be guided by assessed risk.

The [Risk-Need-Responsivity \(RNR\) model](#) emphasizes matching supervision and intervention intensity to a person's assessed likelihood of reoffending, using a [validated risk and needs assessment](#). Research consistently shows that higher-risk individuals benefit from more intensive intervention, while low-risk individuals do not, and may experience worse outcomes when over-supervised.

2. Low-risk individuals can often be supervised with reduced contact without compromising public safety.

The Philadelphia Low-Intensity Community Supervision Experiment found no statistically significant differences in rearrest, time to rearrest, reincarceration, frequency of offending, or seriousness of offending when [low-risk individuals](#) were assigned to reduced supervision. This supports the recommendation to use administrative, kiosk, phone, or other low-intensity reporting options for validated low-risk individuals.

3. More contact is not automatically better.

Research on intensive supervision programs shows that high-frequency surveillance alone does not reduce new criminal behavior and may increase technical violations, incarceration, and costs. Effective supervision for higher-risk individuals requires pairing contacts with case planning, cognitive-behavioral interventions, treatment engagement, and other risk-reduction strategies.

4. Supervision resources should be front-loaded early in the supervision period.

Supporting research shows that violations and rearrests are often concentrated in the first six to twelve months of supervision. National guidance from Pew and the Urban Institute recommends focusing supervision resources during the initial days, weeks, and months of supervision or reentry, when oversight and intervention are most impactful.

5. Dosage probation is promising but still emerging.

[Dosage probation](#) reframes supervision around the amount of risk-reduction intervention a person needs, rather than a fixed term or fixed number of contacts. The model links supervision length to completion of intervention hours and creates incentives for early discharge. While promising, dosage probation remains an innovative and not yet fully tested approach.

6. Virtual and blended contact models may be useful, especially for lower-risk and stable individuals.

Research and field experience suggest that phone, video, kiosk, and other remote contacts can be appropriate for lower-risk individuals, routine check-ins, and individuals demonstrating stability and compliance. In-person contact remains important for higher-risk individuals, new cases, complex needs, and relationship-building, supporting a blended model rather than full replacement of face-to-face supervision.

7. Field contacts should be used intentionally and prioritized for higher-risk cases.

A National Institute of Justice study found that home and field contacts can reduce recidivism, but effectiveness varies by risk level. Field work is resource-intensive, contributes to officer stress, and carries safety risks. This supports concentrating field contacts on higher-risk individuals and avoiding routine field contact requirements for low-risk caseloads.

8. Offense-specific supervision requirements may be appropriate but should still be informed by risk.

[Certain offense types](#), such as sexual offenses, domestic violence, violent offenses, and firearm-related cases, may require specialized caseloads, victim safety protocols, containment approaches, and offense-specific risk tools. However, research supports applying the risk principle within these specialized structures, rather than relying solely on offense type to determine supervision intensity.

9. Implementation quality is essential.

Research on RNR [implementation](#) shows that risk and needs assessments are not always used as intended in daily practice. Effective implementation requires staff training, supervisor [coaching](#), quality assurance, review of overrides, and ongoing monitoring to ensure supervision decisions are guided by validated assessment information and case planning needs.

Important Research Caveats

The research supports the overall direction of risk-based, evidence-informed contact standards, but it does not provide a universal formula for the exact number of contacts every jurisdiction should require. The literature offers stronger evidence about the general shape of effective supervision, such as matching intensity to risk, minimizing unnecessary contact for low-risk individuals, front-loading resources, and pairing supervision with intervention, than it does about precise contact thresholds.

It is also important to distinguish between offense seriousness and assessed risk level. A serious offense may require specific legal conditions, victim safety measures, court requirements, or specialized supervision responses, but offense seriousness is not the same as validated assessment of a person's likelihood of reoffending. The supporting research cautions that "high risk" refers to the probability of reoffending, not necessarily the seriousness or dangerousness of a future offense.

Finally, county probation departments vary significantly in size, staffing, caseload composition, risk levels, offense types, court expectations, geography, treatment access, technology capacity, and operational resources. For these reasons, the recommendations in this document should be viewed as evidence-informed guidance, not mandatory statewide standards. Departments should adapt any contact model to local conditions, provide staff training, communicate expectations with court partners, monitor implementation, review data, and adjust the model as needed.

Selected Sources

Andrews, D. A., and Bonta, J. - The Risk-Need-Responsivity model research supporting matched supervision and intervention intensity based on assessed risk, with minimal intervention for lower-risk individuals and greater intervention for moderate- and higher-risk individuals.

Barnes, G. C., Ahlman, L., Gill, C., Sherman, L. W., Kurtz, E., and Malvestuto, R. - The Philadelphia Low-Intensity Community Supervision Experiment showing no significant increase in offending among low-risk individuals assigned to reduced supervision.

Hyatt, J. M., and Barnes, G. C. - Research indicating intensive supervision increases supervision activity without reducing offending.

Pew Charitable Trusts and Urban Institute - *Putting Public Safety First: 13 Strategies for Successful Supervision and Reentry*, recommending front-loading resources and focusing on moderate- and high-risk.

Carter, M. M., and Sankovitz, R. J. - *Dosage Probation: Rethinking the Structure of Probation Sentences*, describing intervention-based supervision rather than a fixed supervision term.

Center for Effective Public Policy – Additional dosage probation guidance noting the models innovative, but still emerging status.

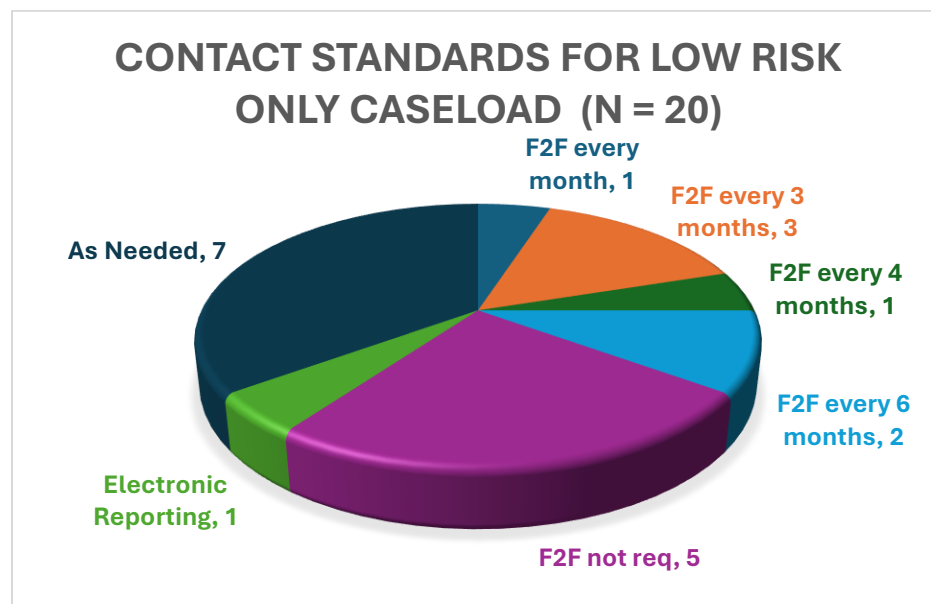
Abt Associates and National Institute of Justice - *Evaluating the Impact of Probation and Parole Home Visits*, showing risk-dependent effectiveness and resource/safety considerations.

Viglione et al. - Research demonstrating inconsistent use of risk and needs assessments in practice and the importance of training, coaching, quality assurance, and implementation fidelity.

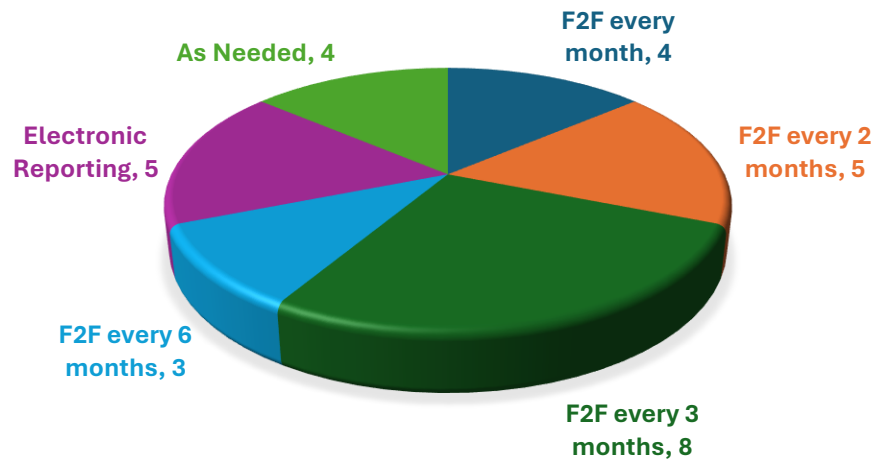
Appendix B: County Probation Contact Frequency

The County Chiefs Adult Probation and Parole Officers Association of Pennsylvania conducted a statewide survey of county adult probation departments in Pennsylvania to document contact-frequency standards in place as of December 2025. The survey gathered information on contact expectations by caseload type and assessed risk level, providing a snapshot of current practice across the Commonwealth.

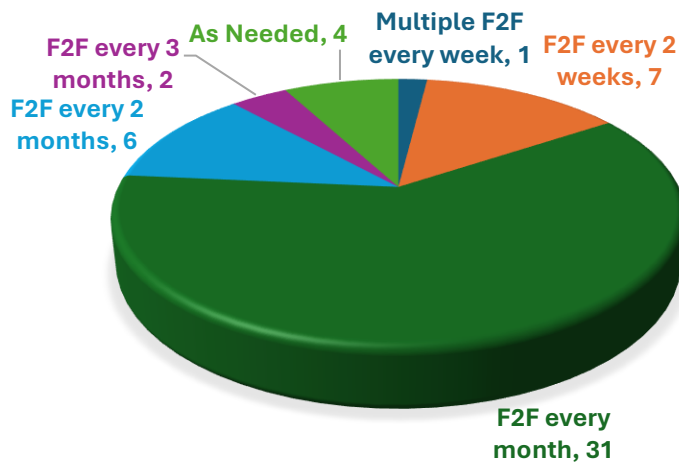
The statewide average contact standards summarized below are those most relevant to the development of evidence-informed contact-frequency policies. These averages highlight the considerable variation in local practice and underscore the importance of tailoring contact models to departmental capacity, caseload composition, and validated risk information.



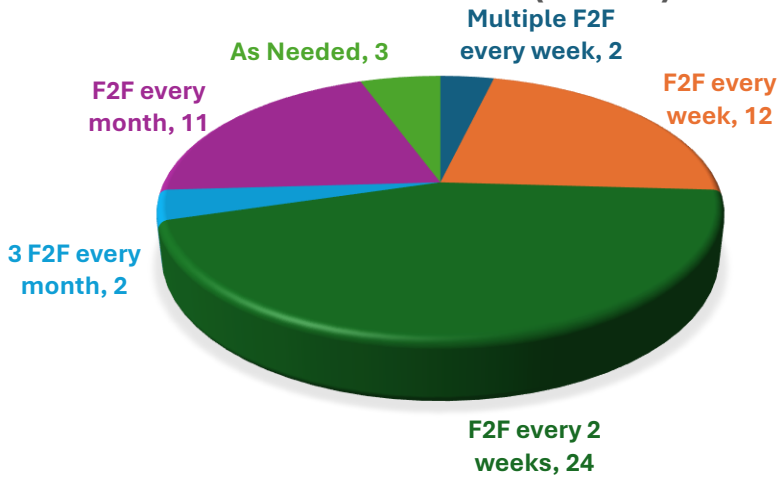
CONTACT STANDARDS FOR LOW RISK MIXED CASELOAD (N = 29)



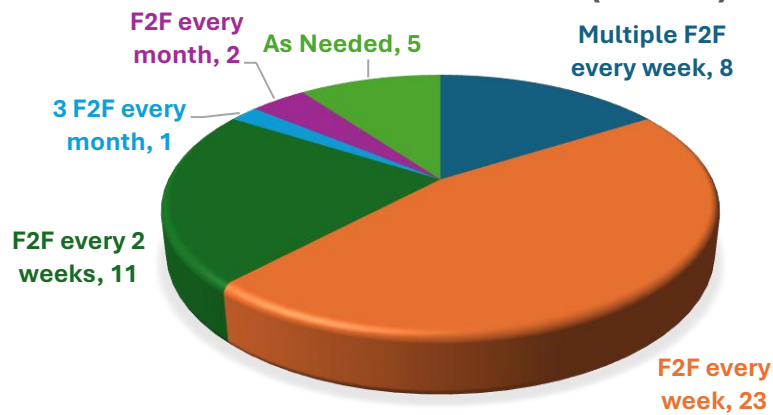
CONTACT STANDARDS FOR MODERATE RISK CASELOAD (N = 51)



CONTACT STANDARDS FOR HIGH RISK CASELOAD (N = 54)



CONTACT STANDARDS FOR VERY HIGH RISK CASELOAD (N = 50)



Appendix C: Four-Point Appointment Structure

- **Check-In (4-5 minutes)**
 - Goals
 - Build rapport
 - Prepare for the appointment by checking for crises (“clearing the fog”)
 - Monitor compliance with conditions
 - Activities
 - Ask what has transpired since the last appointment
 - Ask how the person is doing
 - Ask about progress on supervision conditions
- **Review (4-5 minutes)**
 - Goals
 - Ensure take-home assignment was completed
 - Check for learning
 - Activities
 - Review previous skill practice
 - Review take-home assignment
- **Intervention (10 minutes)**
 - Goal
 - Teach and demonstrate prosocial skill
 - Activities
 - Teach new skill
 - Demonstrate new skill
 - Model new skill
 - Practice new skill
- **Take-Home Assignment (1 minute)**
 - Goals
 - Transfer skill to natural environment
 - Increase dosage (through repetition) and complexity
 - Activity
 - Give an assignment related to skill practice