



# Covid-19, Incarceration, and Reentry

RESEARCH REPORT



WEI’s work originated at major academic institutions, including Washington University in St Louis and Florida State University. We continue to build on these academic and data-driven approaches, with a strengthened emphasis on the translation and delivery of scientific findings to the people doing the day-to-day hard work – including practitioners, advocates, policymakers, businesses, government and nongovernment institutions.

We want our historical work to be as accessible as our work going forward. These compendiums are a resource to the work our team has done in the past and have maintained their origin affiliations as reference with appropriate crediting of where the work began.

# COVID-19, Incarceration, and Reentry

## EARLY FINDINGS FROM A MULTI-STATE TRIAL

AUGUST 2020

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## Overview of this Report

This report describes the experiences of the COVID-19 virus – and the restrictions enacted to control the spread of the COVID-19 virus – among those who were incarcerated and released between April 14 and August 19, 2020. As detailed in our [last report](#), our teams have been unable to enter correctional facilities in person since March 16, 2020. Therefore, the data for this report were collected from individuals after they released from incarceration and returned home.

Data for this report were drawn from study participants in our three Phase 2 states – Indiana, Ohio, and South Carolina.

We present data collected directly from study participants using our screening tool, the [COVID-19 Questionnaire for Correctional Populations \(CQCP\)](#). These data describe how participants learned about COVID-19 and the strategies both the correctional facilities and they themselves as individuals took to reduce their risk of infection. Their responses reflect their own perspectives and may not comprehensively describe strategies taken by the facility. We also interviewed our team members – both interventionists and data collectors – to gain a more comprehensive understanding of how COVID-19 has influenced study participants' participation in the 5-Key Model project.

Study participants expressed stress, anxiety, fear, and worry as they reflected on having been incarcerated during this time. Some wished that there had been more transparent communication from facility leaders made directly to the residents in the correctional facilities. Some also worried for the health and well-being of their loved ones. Others worried that they would die before their release date or would ultimately not be released.

When they returned home, however, the restrictions that communities had enacted to control the spread of COVID-19 amplified common reentry barriers including employment, housing, and transportation. The isolation was overwhelming for some; as one participant said, “It was supposed to be a celebration but I came home to a desert town.” Others relished the extra time spent with family and were grateful to spend this transition with their loved ones.

Our interpretation of these data is that, in the words of one of our [Community Advisory Board](#) members, “COVID-19 intensifies reentry.”

Our 5-Key Model team members highlighted how COVID-19 restrictions made it more difficult to connect and engage with study participants as all in-person interactions stopped on March 16, 2020. We moved to virtual interaction for those who had already released to the community, although not all study participants have a phone or reliable internet connectivity. Further, after March 16, 2020, we were unable to follow-up with any incarcerated individuals who had started engaging with the 5-Key Model pre-release. We have only gained virtual access to correctional facilities in two states at the time of this publication.

This is the eighth quarterly report which describes the inner workings and early discoveries of participants and researchers in a national groundbreaking longitudinal study officially titled, *A Multisite Randomized Controlled Trial of the 5-Key Model for Reentry*. Phase 1 recently wrapped up in 12 urban and rural counties across four states – Florida, Kentucky, Pennsylvania, and Texas. Phase 2 of the study began in August 2019 in Indiana, Ohio, and South Carolina.

## About the Authors

The report was prepared by:

- Dr. Carrie Pettus-Davis, Associate Professor at the Florida State University (FSU) and Founding Executive Director of the Institute for Justice Research and Development (IJRD), and Principal Researcher of the 5-Key Model trial
- Dr. Stephanie Kennedy, the Director of Research Dissemination at IJRD
- Faye Miller, MPP Research and Assessment Specialist at IJRD

IJRD is a research center housed within the College of Social Work at FSU. Our mission is to advance science, practice, and policy to improve the well-being of individuals, families, and communities impacted by criminal justice system involvement. IJRD specializes in conducting rigorous real-world research using randomized controlled trials and prioritizes rapid dissemination of research findings to advocates, professionals, and policymakers.

IJRD [team members](#) reside in communities across the nation and are currently implementing the 5-Key Model for Reentry research, as well as research on other pressing issues relevant to criminal justice and smart decarceration strategies. You can learn more about the overall 5-Key Model study methodology [here](#), how the 5-Key Model was developed [here](#), and the broader work of IJRD at [ijrd.csw.fsu.edu](http://ijrd.csw.fsu.edu).

You can access our seven previous reports – including one page summaries of each report – [here](#).

## Key Takeaways

- Relatively little is known about the thoughts, feelings, observations, and reflections of individuals incarcerated or released from incarceration during the COVID-19 global health pandemic.
- This report fills a gap in what we know about experiences related to COVID-19 and the restrictions enacted to control the spread of the virus among incarcerated and recently released individuals. Survey data describing the experience of incarceration and reentry using individual's own words are presented.
- Study participants told our team members how they learned about COVID-19 while incarcerated and identified what measures both the facilities they were incarcerated in and they themselves as individuals took to prevent infection.
- Participants described stress, anxiety, fear, and worry as they reflected on their incarceration during COVID-19. They worried about dying in prison and many were anxious that they would ultimately not be released due to postponed court dates, death, or to prevent the spread of the virus. Participants also worried for the health and safety of their loved ones at home.
- Some participants were frustrated by a lack of timely, direct communication from the facility about COVID-19 and were concerned that they were unable to physically distance from others in the prison.
- As participants released from incarceration and returned home, some described anxiety and disappointment as they felt that their lives were placed on hold because of COVID-19 related restrictions in communities.
- Common reentry barriers like employment, transportation, and housing were exacerbated by COVID-19 restrictions, making the transition from incarceration to the community more difficult.
- Some participants described how they struggled to access services, get the identification needed for them to begin work, and secure needed resources due to due to COVID-19 restrictions.
- As they transitioned back home, some participants expressed feeling isolation while others enjoyed being able to spend more time at home with their loved ones.
- Members of our [Community Advisory Board](#), comprised exclusively of individuals who have experienced incarceration and serve as expert consultants on IJRD's research projects, noted how COVID-19 has intensified reentry for many individuals leaving incarceration and returning home. Board members provided several policy recommendations to improve outcomes.
- Our 5-Key Model team members underscored how the shift to virtual engagement with study participants has complicated rapport and trust-building. Likewise, participants' increased distractions and life stressors, coupled with limited digital literacy, has made connection more difficult for many.



## What is known about COVID-19, Incarceration & Reentry

As of August 29, 2020, the [UCLA Law COVID-19 Behind Bars Project](#) reports that more than 110,000 individuals incarcerated in federal or state prisons have contracted COVID-19. Of those, 908 died from the virus. Further, nearly 24,000 prison correctional staff have also contracted the virus, of whom 57 have died. Based on these statistics, individuals incarcerated in prisons are 246% more likely to die from COVID-19 than correctional staff.

Individual stories about the experience of incarceration during the COVID-19 pandemic have been heavily featured in the media since March and there are dozens of articles calling scholarly attention to the likelihood that many prisons are ill-equipped to contain the spread of a highly contagious airborne pathogen. There is limited space, shared living spaces, and hand sanitizer has historically been considered contraband due to the alcohol content. Additionally, correctional staff also work in close proximity to each other and incarcerated individuals. Staff, however, return to families and communities after each shift, potentially carrying the virus from one space to the other.

Scholarly articles highlight the most recent statistics on the burden of COVID-19 among incarcerated populations at the time of publication. Recommendations to control the spread of COVID-19 in correctional facilities include performing mass releases to quickly reduce the facility population. Many authors also suggest quarantining releasing individuals to ensure that they will not bring the virus to their next living situation (whether group-based or at home with their families). Fair and Just Prosecution published several [recommendations](#) to accomplish mass releases without jeopardizing public safety.

Our data suggest that mass releases are not being applied in states across the nation. While mass releases may have occurred in some states, in our three Phase 2 states – Indiana, Ohio, and South Carolina – only 5% of study participants indicated that they were released ahead of their scheduled release date due to COVID-19.

One of the conceptual articles written by scholars discussing potential responses to COVID-19, noted that mass release was only sustainable if it was paired with a [major scale-up of community-based reentry services](#) to ensure sustainability. This finding is supported by our data as many study participants lamented how needed services and resources were no longer accessible to them due to social distancing and the move to virtual contact.

We identified one article that shared the voices and perspectives of those who experienced incarceration during the COVID-19 pandemic. Interviews with [31 high-security incarcerated men](#) suggest that many felt resigned to contracting the virus, due primarily to transmission from correctional officers. Additionally, while respondents believed that COVID-19 was being taken seriously by prison officials, they lacked confidence that an outbreak of the virus could be prevented and that those who became ill could be effectively treated.

This report fills a critical gap in the field's understanding of the experiences of the COVID-19 virus for those incarcerated during the pandemic. We show how participants learned about COVID-19 during incarceration and what measures both the facility and they themselves as individuals took to prevent infection. Then we present participants' own words describing their thoughts, feelings, observations, and reflections about their experience of incarceration and reentry during the COVID-19 global health pandemic.

## How Data Were Collected

The data described in this report were collected directly from all study participants during interviews conducted after individuals had released from incarceration. Our data collectors ask all participants whether they experienced incarceration during the COVID-19 pandemic and then asked a series of questions using a questionnaire developed by the IJRD research team and reviewed by the National Scientific Advisory Council – the [COVID-19 Questionnaire for Correctional Populations, or CQCP](#).

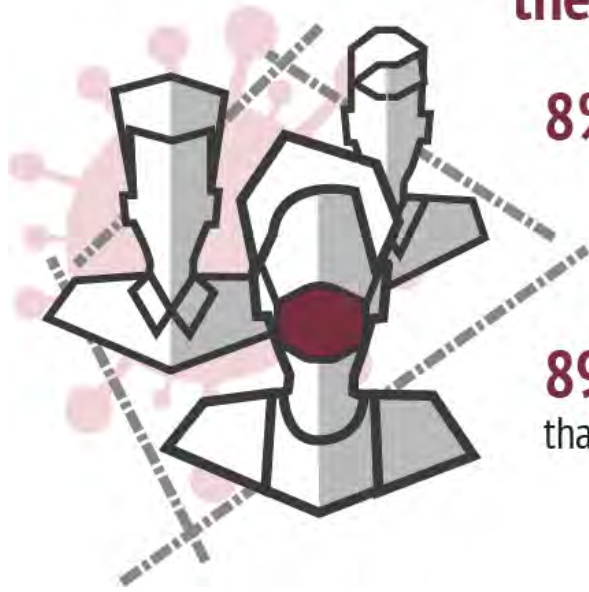
The current analysis is based on responses from 208 individuals across our three Phase 2 states – Indiana, Ohio, and South Carolina who completed the questionnaire with a research team member between April 14 and August 19, 2020. Of the 208, 177 were incarcerated when the COVID-19 outbreak began in the United States in March 2020. Thirty-one additional individuals were already in the community when COVID-19 restrictions were enacted in many communities. Data from these participants is only featured in the section on reentry.

Most of the participants featured in this report were male (87%) and identified their race as Black (48%), White (36%), Multi-Racial (11%), and Latinx (3%). Two percent of participants identified with some other racial identity. The average age of the participants featured in this report was 27, although the youngest was 19 and the oldest was 70. Fewer than 1% of study participants were 19 years old or younger, 29% were 20-29 years old, 34% were 30-39 years old, 19% were 40-49 years old, 12% were 50-59 years old, 4% were 60-69 years old, and fewer than 1% of study participants were 70 years old or older.

We also surveyed our team members to understand study participants' experiences more fully. Twenty 5-Key Model team members who work directly with study participants as interventionists – providing the 5-Key Model intervention – or conducting research interviews - recounted participants' experiences and provided their own insights into participant engagement with the project during this time.

Below, we present both quantitative and qualitative data from study participants to understand their experience of the COVID-19 pandemic. Then, we describe reactions to the report drawn from the monthly meeting of our Community Advisory Board. Finally, we present data from 5-Key Model team members to contextualize how participants' struggles have impacted the research study.

## Among the 177 participants incarcerated during the COVID-19 pandemic



**8%** tested positive for COVID-19

**23%** said that while they were incarcerated, other incarcerated **individuals died** from COVID-19

**89%** said that they **felt safer in the community** than in prison

## As COVID-19 spread across the nation\*



**70%** of facilities suspended visitation from loved ones

**70%** of facilities suspended volunteers coming in

**64%** of facilities suspended professional visits

**62%** of participants were offered free phone calls and/or email access to the people on their visitors list

**57%** of facilities suspended programming

**5%** of participants were released ahead of their scheduled release date

\*Total exceeds 100% because participants selected multiple categories.

## How participants learned about COVID-19\*



- 54%** from TV
- 26%** by official announcements from correctional staff
- 20%** through written materials supplied by the correctional facility
- 16%** from other incarcerated individuals
- 16%** through informal discussions with correctional staff

\*Total exceeds 100% because participants selected multiple categories.

## Facility strategies to prevent COVID-19 exposure\*

- 66%** frequently disinfected hard surfaces
- 63%** provided face masks
- 56%** provided soap and cleaning products and instructed participants to wash hands often
- 44%** checked incarcerated individuals' temperatures
- 40%** advised incarcerated individuals to practice social distancing as much as possible
- 31%** offered COVID-19 testing within the facility



\*Total exceeds 100% because participants selected multiple categories.

## Participant strategies to prevent COVID-19 exposure\*



- 75%** wore a face mask (either correctional facility issued, purchased, or handmade)
- 75%** washed hands much more frequently
- 72%** were in touch with news and virus guidelines for safety
- 63%** stayed 6 feet away from others if possible
- 35%** encouraged social distancing with other incarcerated individuals

\*Total exceeds 100% because participants selected multiple categories.

## Participants' Descriptions of COVID-19

The quotes below were collected from 208 individuals in Indiana, Ohio, and South Carolina. Although all the interviews were conducted with individuals after they released from incarceration, 177 participants had been incarcerated during the COVID-19 pandemic and 31 had already released to the community when COVID-19 began to spread. On average, study participants had been released to the community for 25 days when a member of our team interviewed them.

Participants' experiences of COVID-19 differed based on the state, correctional facility, and the point in time during the pandemic when they were incarcerated. Many participants described experiences and feelings not dissimilar to those many of us in the community have experienced during the pandemic. Therefore, the analysis below focuses on the unique experience of being incarcerated during a pandemic and being released from incarceration into a community grappling to slow the spread of the virus.


**A note to our readers:** Participant responses fell along a spectrum, with many participants describing anxiety and fear about both the virus and the correctional facility's response to the virus during their incarceration. Likewise, many also described how COVID-19 had made their transition from incarceration back into the community much more difficult. However, some participants indicated that they were relatively unconcerned about COVID-19 and had been only minimally impacted by COVID-19 restrictions. Some of these participants were incarcerated during the pandemic but released before any cases had been recorded in their correctional facility and when community spread was slow; others were simply focused on aspects of reentry beyond COVID-19. However, as most study participants spoke about at least some of the stressors outlined in this report, we chose to highlight their voices.

## Experiencing incarceration during the COVID-19 pandemic

Participants described stress, anxiety, fear, and worry as they reflected on their incarceration. They worried about dying in prison and spoke about their own fear and the fear of others:

*"I was really upset and mad. I mean I was mad with everything and scared. What is this? Was this the end and I was gonna die in the joint?"*

*"My head really hurt, coughing, congestion, I could hear my lungs gurgling – I felt my body was swollen, felt almost like the flu, but nothing I have felt before. I was afraid I was going to die before I got to come home, honestly."*



**" I never seen that many tough men that afraid in my life. I could see the fear in everybody's eyes, to know that you can't get away from it. Fear like we was gonna die, that's all. It got to a point where I was like I been here all these years and now I'm about to die in the last two months."**

*"I was worried that if I got it that I might not be able to make it out of there."*

*"I felt, you know like, I didn't wanna die in no place like this."*

**As study participants were planning for release, many were anxious that they would ultimately not be released:**



**"I had a lot of anxiety not knowing if your family's gonna make it or if you're gonna make it or if you'll even be released from prison."**

*"I was nervous because my release was coming up and I thought they might not let me leave."*

*"I just stayed in my room and didn't go out. My mom told me how everybody was dying and the highways were shut down. It was stressful. I thought I wasn't going to be able to go home."*

*"I felt unsafe. I felt compromised, nervous, scared, I didn't know if I was gonna be able to be around my family due to the pandemic or if I got detected in there. I didn't know what was gonna happen, what to expect, if they was gonna hold me in there."*

**They worried for the health and safety of their loved ones at home:**

*"I was mainly worried about my son, I didn't want him to get it. I was a little angry and irritated to be honest. I was hurt and there was a chance I wouldn't see my family again."*



**"I worried about my mom getting it and me not being able to get to her while I was locked up."**

*"I was worried and anxious. I was a nervous wreck from my mom having it."*

*"My aunt died of coronavirus while I was in prison. Effected me real emotional. I didn't get to see her. Worried about my mom getting it too."*

*"I was thinking I got my release date coming up, and I don't wanna pass it to my family, like my kids, older family, and I experienced lots of anxiety."*

*"Worrisome because my mom's got MS and it could be awful if she got it. My grandpa died from coronavirus, and my grandma has it too. She's heartbroken."*

**Some participants identified how a lack of timely, direct communication from the facility about COVID-19 led to them finding out about the virus through rumors and gossip. These rumors and gossip fueled their anxiety:**



**“They could've at least had more of a plan to tell everyone before the other inmates started rumors and started freaking out.”**

*“I was really anxious because there was a lot of negativity and rumors floating around and I wish there would have been more facts.”*

*“Literature on the outbreak is necessary. Being able to talk about it and have somebody professional explain to us what is going on instead of just guessing and assuming what going on.”*

*“They never told us the numbers or anything and we just heard through the grapevine what was going on. It would have been nice to know what was going on but I also think that they didn't feel like they had to communicate that to us because we were prisoners.”*

## Participants described how it was not possible to social distance inside prison:

*"It was scary and I just, we couldn't social distance. I felt helpless because I didn't know what to do, you can't control it. I wouldn't wish that on nobody, you can't get to medical like you need to, you can't get what you need to protect yourself, you can't stay because it's so crowded in there."*

*"They gave us two masks, no one wore it. We were on top of each other, I felt like there was no point."*



**" I wanted to get out so bad. We're real crammed in there, like you can extend your arm and touch the next person's bed. You can't social distance in there and it is depressing and it is scary. I was trying to get out without getting sick. "**

*"Everywhere you went, there was a bunch of people. There's no getting away from it. Even with our beds, they're so close together."*

*"It's not that easy in there because no matter what, you're stuck around a lot of guys anyways. You're going to touch a lot of surfaces no matter what."*

**Participants indicated a tense atmosphere inside the facilities related to attempts to contain the spread of COVID-19:**



**"It's a terrible situation.  
You didn't know who had it and who didn't.  
Had to look at everyone as  
a potential suspect."**

*"I felt like I was constantly aware of my surroundings,  
like the young, healthy guys didn't care as much  
because they felt like they wouldn't catch it."*

*"Annoyed with my bunkie.  
Pissed they put us in lockdown.  
I went crazy in my cell."*

*"I would talk to my family and they would keep me  
updated and tell me to stop worrying.  
I slept a lot and when I wasn't sleeping, I ate a lot.  
I had to stay away from people so I wouldn't lash out at them."*

**Study participants described coping with stress, anxiety, fear, and worry in the following ways:**

*"I stayed in my room and told my family not to worry if I don't call them. That way I could stay in my room."*

*"I did a lot of reading and a lot of thinking about my life and that's what got me through it. It made me focus on surviving and outliving this thing."*

*"I hung out with my bunkie and our cellie neighbors and we were there for each other. We had to accept that we were going to get it but hoping we wouldn't get it while in there."*



**"Really I just stayed on my bunk and hung up towels so if anybody coughed on me it would help protect me."**

*"I just stayed in the room, I really couldn't do anything. I just stayed in the room and watched TV."*

*"I've decided to stop expecting things so that way when something works out, I feel happy rather than disappointed if it doesn't."*

## Releasing from prison during a pandemic

As participants released from incarceration and returned home, many described anxiety and disappointment:

*"I'll be honest with you, at first I was freaking out. Here I am, getting out and the world is coming to the end."*

*"It's like my life's been put on hold."*

*"Depressed. It's just, I can't do nothing. Anything I want to get done, I can't do it. More anxious. It's a messed-up feeling."*

*"It's just taking friends and family away from me, and made it harder for me to get the essential things that I need to adapt to society and re-enter society."*

*"It has made things a lot harder for when I got out."*



**"Devastation. Disappointment. It was bittersweet. I feel like I was pretty much completing 6 years and to come home to the whole entire state shut down. I felt like it was supposed to be a celebration but I came home to a desert town."**

**Many common reentry barriers were exacerbated by the COVID-19 restrictions. Employment was the most frequently mentioned challenge, although participants also described issues with transportation and housing:**

*"Just not being able to find a job. I wanted to jump into employment and it has affected the places I can go and do things with my family."*

*"Harder to get a job, pushed back court date, stores closed, keeps me at home most of the time. Not prison but still unable to leave."*

*"I like to work, and now I can't. It messes with me. I'm not the in-house type of guy. I like to work and then come home and being stuck at home is frustrating."*



**"COVID has lowered my chances to get a job since people are now applying for the jobs that I would apply for and get . . . but they need jobs and don't have a record."**

*"It's been stressful not being able to get a job. I can't get a job because I need my ID but the DMV isn't open due to coronavirus. There's also not a lot of places hiring, which makes it hard."*

*"I was supposed to stay at a shelter when I got out, but they couldn't take me because of the reduced spots. I stayed with my aunt. But I couldn't get up with my Parole Officer about the change and he violated me and sent me back to jail."*

*"The bus is usually at max capacity due to social distancing, but it might be an hour or more before another bus comes by."*

**Participants described how they felt obtaining resources and needed services was more difficult due to COVID-19 restrictions:**

*"I have such frustration at not being able to get things done. Not being able to get a hold of government agencies, set up counseling, stuff like that."*



**"I wasn't able to get a driver's license or an ID because they were all closed down and then I didn't have the ID needed to get food stamps."**

*"It's making getting help hard because everything is closed. For someone like me coming out, we need all the help because we have nothing but you can't get in anywhere because everything is closed due to social distancing."*

*"Now that I'm out, I can't get the food stamps. I'm trying to get this stimulus check. This corona has us out. It's gonna be the last of my worries if I can't get some food stamps."*

*"You can't get out and do much because everything is locked down and closed. The hotel they dropped me off at was shut down, so I had to walk all the way downtown to find a shelter."*

## Some participants describe feeling isolation:

*"I struggle with loneliness sometimes, like I want to be around people.  
If I can't do that, then what?"*

*"Feeling alone has sucked 'cuz I'm not with my family."*



**" People call it social distancing,  
but I call it isolation. "**

*"I haven't talked to anybody since I've been out.  
I don't have any support network."*

*"I was feeling lonely and lost and vulnerable.  
I was feeling like I wasn't going to make it."*

*"I've had anxiety and frustration 'cuz it feels like the virus limits me  
and everyone. My family was supposed to visit me once I got out  
but now they can't so it's been pretty lonely."*

**Others living with family describe the silver lining of being able to spend more time together with fewer distractions:**

*"It's stressful because you're home all the time but it's actually brought my family closer together. I have teenagers so it's nice having us all at home."*

*"My family's got to bond more since it slowed everything down for everyone. I speak to them since they're here and live here."*

*"I been visiting my whole family. I'm not gonna lie. I've been keeping 10 feet away from them but I've been seeing everyone in person because I've been locked up way too long."*

*"I live with family so I'm where I want to be anyways."*



**"Just in general my life has been affected in a good way. It brought me closer to my family and eliminated the unnecessary activities in my life that are not beneficial."**

# Community Advisory Board Reactions

We shared data from this report with members of our [Community Advisory Board](#), or CAB, a board comprised of individuals who have experienced incarceration. CAB members serve as expert consultants at IJRD, ensuring that our work is relevant, accessible, and equitable.

Most CAB members currently work with justice-involved individuals, many work directly with those returning to the community from incarceration. Members provided unique perspectives on COVID-19 and the experienced of individuals during custody and shortly after release from incarceration.

One CAB member said, “Being incarcerated during this outbreak is the most frightening thing I can imagine.” They noted how health disparities among Black and African-American individuals amplified the risk for death. Another CAB member said that with their chronic illness, they would surely have died in prison had they contracted the virus. A third CAB member replied, “A person might be sentenced to 5 or 6 years, but with COVID that time now may be a death sentence.”

CAB members also described how prisons are simply not designed for social distancing. One CAB member said, “COVID-19 is a symptom of a much worse disease – mass incarceration.” They noted how overcrowded prisons were now gaining media attention, and they hoped that discussions of dramatically decreasing the size of the incarcerated population would continue long after COVID-19.

In the community, CAB members noted how employment and housing challenges have been exacerbated by COVID-19. One CAB member said, “The stigma against formerly incarcerated individuals is worse now.” Members also noted how, although most prisons offer vocational training, state regulations restrict licensing for those with criminal convictions.

Housing concerns were also highlighted as several CAB members work with individuals in residential settings. There were concerns that some shelters, sober-living houses, or transitional housing programs were no longer accepting new admissions from correctional facilities to prevent COVID-19 outbreaks. This was not universally experienced, however, as several CAB members noted how their programs were open and providing testing and quarantine to all who needed services.

Some CAB members also expressed mistrust of the medical establishment based on the long history of experimenting on prisoners, going back to the [Tuskegee Syphilis Experiment](#).

## **CAB recommendations:**

One CAB member said, “We scurry around to meet people’s basic needs but we weren’t opening real doors that matter with policy.”

CAB members recommended that individuals come home from incarceration with:

- At least a 30-day supply of prescribed medications.
- COVID-19 testing and a safe place to quarantine until the results are returned.
- Safe and stable housing.
- A phone.
- Wi-Fi access.

One member sent a note after the meeting. They wrote, “This is a crisis period for many of us; however, those who are exiting incarceration have been distanced even more from the basic resources in life needed for survival including jobs, shelter, ID, food, transportation, safety and emotional support. Many come home without any opportunity to succeed. If we don’t do anything to change policy, people’s lives don’t change.”

## Influence on Study Participation

Just as COVID-19 has affected other aspects of participants' lives, it has influenced their engagement with study team members. Even under ideal circumstances, connecting and engaging with participants post-release is often challenging. The barriers we have described in [our earlier reports](#), including lack of telephone or internet services, working long hours at multiple job sites, family demands, housing instability, and lack of trust, all influence how we can engage with study participants.

COVID-19 and the restrictions put in place to slow the spread of the virus have intensified existing barriers and created many more. Face-to-face interactions with participants have been paused since mid-March, meaning that we can no longer meet them at a convenient location near their home or jobsite. Our interventionists had planned to conduct four 5-Key Model sessions with participants in the prison prior to their release to increase post-release engagement. Based on COVID-19 restrictions, this could not happen.

We asked 5-Key Model team members about their perceptions of the impact of COVID-19 on the project. They note how the value of face-to-face work cannot be overstated.

One team member said, "Establishing rapport with people is much easier to do in person. Video streaming alleviates some of the problem, but it's hard to read body language. On the phone, I struggle to know if someone is paying attention - silence can mean so many different things when someone has just been asked about their most difficult experiences or been asked to venture outside their comfort zone to define goals."

Another noted, "Rapport is so important and something as simple as a handshake can have a huge impact."

A third wrote, "We are all really missing the authentic human interaction. I miss being able to play off their facial expressions and body cues to go deeper and build trust."

Lack of access to technology and lack of comfort with technology have also created barriers to engagement. A team member suggests, "Many participants are disappointed that we can't meet with them in person. Their tone and demeanor change because they don't feel confident working web-based video streaming technology - even though we offer tutorials and step-by-step guidance."

Another team member wrote, "Even when I can connect with a participant virtually, often there are technical issues or unstable internet connections which make engagement even more challenging."

Team members also noted how study participants are simply more distracted by their lives and families at home. Team members talked about how often study participants are driving during calls, running errands, and managing small children and other family members in their space. One team member noted how one dad changed his baby's diaper during a video interview session.

Another team member described, "Participants are at home with their kids, partners, friends, and other loved ones and they often get distracted which then makes everything take longer, which is really frustrating to them."

A third noted, "I have also found that many participants are struggling with being newly released and then being restricted to their homes due to COVID-19, which I believe has made them less receptive to us."

To increase engagement and overcome the technology barriers, we have provided cell phones with data plans to study participants who would otherwise have no means to connect with our team. We are also working on ways to strengthen the rapport between participants and our team members to enhance our virtual work.