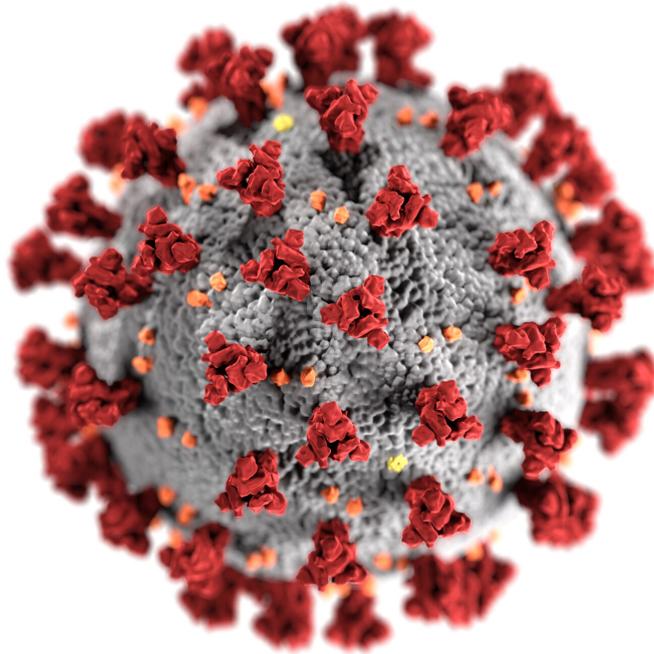


# THE CRIMINAL JUSTICE SYSTEM AND PANDEMIC PREPAREDNESS AND RESPONSE: OPERATING IN THE AGE OF CORONAVIRUS



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*Abstract: The COVID-19 pandemic poses unique challenges for the criminal justice system. Despite statewide social distancing and stay-in-place orders, criminal justice practitioners and victim service providers must, to some extent, continue to directly interact with justice-involved individuals, victims, and others. This article describes some of the challenges criminal justice system practitioners must face during the pandemic and offers guidance on policy and practices to ensure their safety.*

## Introduction

An almost overwhelming myriad of COVID-19 resources are published daily to provide information and guidance for criminal justice and victim service agencies. In addition, what is known is evolving quickly, including the number of COVID-19 infections and fatalities; individual, agency, and state needs and challenges; transmission or contagiousness; symptoms and severity; and available resources. This article provides an overview of the latest research and guidance; however, it is not exhaustive and there is still much to be learned as the pandemic runs its course.

Coronavirus disease 2019 (COVID-19) is a highly contagious respiratory illness.<sup>1</sup> Researchers estimate the COVID-19 fatality rate is approximately 2% to 3% worldwide.<sup>2</sup> The [World Health Organization \(WHO\)](#) notes there is no vaccine or treatment for COVID-19 and older adults, those who have underlying health problems, and those with otherwise compromised immune systems are more likely to develop a serious illness.<sup>3</sup> The actual number of individuals who are positive for COVID-19 or whose deaths were the direct result of COVID-19 is not known, due to limited testing ability and varying attribution of causes of death.<sup>4</sup> The [WHO](#) and [Centers for Disease Control and Prevention \(CDC\)](#) have provided recommendations to the general public on how to protect oneself from contracting COVID-19, which can be extended to those who work in the criminal justice system. Health officials estimate the length of time that persons are contagious before becoming symptomatic is about five to six days.<sup>5</sup> Johns Hopkins University maintains a global, updated [data dashboard](#) on cases and deaths related to COVID-19.

There has been a noted racial disparity in the numbers of individuals affected who are people of color. In Chicago, 70% of the residents who died from coronavirus were Black and 29% of the city's residents are Black.<sup>6</sup> These disparities can be more largely attributed to underlying environmental, social, sociocultural, and economic factors. Although there is no research specific to racial disparities in COVID-19 outcomes, health research suggests the previously mentioned factors play a role in health outcomes.<sup>7</sup>

### General Recommendations for Public COVID-19 Prevention

- Limit contact in the community.
- Practice social distancing (or physical distancing).
- Stay at home if you are sick.
- Call your health care provider in advance of a visit or in the event you think you may have COVID-19.
- Develop workplace plans that include liberal leave and telework/work from home policies.
- Wash your hands and ensure the practice of good hygiene.
- Reduce, postpone, or cancel large gatherings.
- Avoid touching your face—eyes, nose, and mouth.

Source: World Health Organization. (2020). *Coronavirus disease (COVID-19) advice for the public*. Author. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

## Policing

Police officers, like other first responders, are essential workers and are often in close contact with members of the public. Each day, increasing numbers of police officers are exposed or infected with COVID-19. [Illinois Department of Public Health](#) does not recommend notifying law enforcement personnel of COVID-19-positive individuals in their communities but cautions first responders to “take appropriate protective precautions when responding to all calls.”

**There remain “questions about how laws can and should be enforced during the pandemic, and about how departments will hold up as the virus spreads among the ranks of those whose work puts them at increased risk of infection.”**

Source: Bleiberg, J., & Williams, C. (2020, March 28). *Officers are scared out there: Coronavirus hits U.S. police*. Associated Press.  
<https://www.usnews.com/news/politics/articles/2020-03-28/officers-are-scared-out-there-coronavirus-hits-us-police>

The [CDC offered guidelines](#) for police who come into contact with those who may be infected with COVID-19. At a minimum, the CDC recommends police wear the following personal protective equipment (PPE):

- A single pair of disposable examination gloves.
- Disposable isolation gown or single-use/disposable coveralls, but if the gown or coveralls limit access to duty belt and gear they should wear the belt but it should be disinfected after police have contact with an individual.
- Any National Institute for Occupational Safety and Health (NIOSH)-approved particulate respirator,<sup>8</sup> or facemask if they are unavailable.
- Eye protection, such as goggles or disposable face shield that fully covers the front and sides of the face.

Many police departments are reporting a shortage of protective gear, including masks, gloves, and hand sanitizer.<sup>9</sup>

The [Law Enforcement Action Partnership](#) and the [Police Executive Research Forum](#) offered the following recommendations for police department practice during the pandemic.

- Practice personal safety precautions, such as use of PPE, proper hygiene, sanitizing, and keeping employees separated to the extent possible.
- Suspend or adjust in-person trainings, roll call briefings, and community engagement programs and use technology such as video chats and conference calls.
- Limit public access to police stations.
- Limit in-person responses, such as police contacts, stops, and warrant enforcement;<sup>10</sup> the execution of writs of eviction; and taking people into custody while using civil citations and summons instead of warrants.

- Make job modifications, such as altering schedules for key personnel, allowing remote work for employees who are able, impose travel restrictions, and reassign officers stationed at schools and courthouses.
- Support and encourage employees to tend to their physical and emotional wellness.

### **COVID-19 Resources - Policing**

#### **Centers for Disease Control**

[Official guidelines for Law Enforcement Strategies](#)

#### **International Association of Chiefs of Police**

[Law Enforcement Information on COVID-19 Resources](#)

[Official Recommendations for Maintaining Officer Health](#)

[Recommendations for Safety of Law Enforcement Family Members](#)

#### **The Justice Collaborative**

[Covid-19 Best Practice Suggestions for Arrest and Detention](#)

#### **Lexipol**

[Free COVID-19 courses and training tools for Law Enforcement](#)

#### **National Police Foundation**

[Real-Time Law Enforcement Exposure Dash Board](#)

#### **Police Executive Research Forum**

[Studies and Reports on COVID-19](#)

#### **Police One**

[Officer Safety Article](#)

[Patrol tactics article](#)

[Protecting Infrastructure during COVID-19 article](#)

[Policing Efficiency article](#)

## **Crime Trends**

Many police departments have been making fewer arrests since the pandemic began in March and jurisdictions are experiencing some crime reduction and fewer calls for service.<sup>11</sup> Chicago Police Department calls for service were down 30% in March.<sup>12</sup> But some jurisdictions have seen an increase in domestic violence cases.<sup>13</sup> In addition, police [enforcement of stay-at-home orders varies widely](#) by state and jurisdiction.<sup>14</sup> While individuals can be fined for violating an order, the parameters of addressing those violations have not been established.<sup>15</sup> Also occurring are crimes specific to COVID-19, such as fraud, including fake cures, phishing emails, malicious websites, and donation scams, as well as supply hoarding and price gouging. The U.S. [Department of Justice](#) has attempted make it easier for citizens to report such crimes through a hotline by email or an online report. The pandemic's long-term impacts on crime remains to be seen.

## **Victimization Trends**

Weekly unemployment claims spiked in Illinois during mid-March.<sup>16</sup> Financial strain may increase one's risk for victimization, which is more likely to occur in lower income

households.<sup>17</sup> Economic hardship resulting from non-essential workplace closures, layoffs, and furloughs, creates a risk factor for victimization.

While some news outlets are reporting a spike in domestic violence hotline calls,<sup>18</sup> the increases should be interpreted critically. Data collected over a longer period are needed to understand whether the number of hotline calls are trending upward and/or are statistically different from past months or years. Media reports also indicate Illinois Department of Children and Family Services reports for suspected child abuse or neglect decreased over 40% from early to mid-March.<sup>19</sup> This decrease could be a result of children and youth no longer having in-person contact with teachers, social workers, and other school staff, mandated to report suspected child abuse or neglect, because of schools closing due to the pandemic.

### **Community Supervision**

Probation and parole staff (hereafter referred to as community supervision) and the individuals they supervise also face challenges amidst the COVID-19 pandemic.<sup>20</sup> Community supervision officers traditionally supervise and manage clients through face-to-face contact and connecting them to service providers. During a pandemic, it is likely changes in policies and procedure will occur due to the potential for reduced staffing due to employee illness or related issues and inability of clients to comply with normal conditions of supervision and standard supervision practices.<sup>21</sup>

Challenges for community supervision officers and their clients include:

- Difficulty holding clients accountable through in-person check-ins, curfew checks, and limitations on sanctions for technical violations or new offenses.
- Limited client access to required or recommended treatment and services, including telehealth services.
- Client inability to pay fees and fines, treatment and service payments, rent/mortgage, and/or essentials due to layoffs. Loss of health insurance is another possibility.<sup>22</sup>
- Potential furloughs or layoffs of community supervision officers and staff, and collateral consequences of this for officers and their families.<sup>23</sup>

Resources developed after the 2009 H1N1 (Swine flu) pandemic offer some guidance on managing the COVID-19 pandemic.<sup>24</sup> In addition, the [American Probation and Parole Association](#) (APPA) and other local, state, and federal organizations and agencies have consolidated information and created space for discussions to help community supervision agencies navigate during the spread.

The APPA recommends prioritizing agency-critical functions that must be maintained.<sup>25</sup> The CDC offers the following [workplace recommendations](#) for community supervision agencies:

- Limit office visits and other face-to-face visits.
- Implement telephone or online reporting for low-risk individuals to reduce person-to-person contact.

- Limit or suspend technical violations that may result in incarceration, particularly violations for positive drug tests, missing appointments, curfew violations, or use of drugs or alcohol while under supervision.
- Determine whether court hearings for technical violations due to new criminal offenses can be delayed, particularly for individuals who can remain in the community without further risk to public safety.
- Limit intakes for probation and parole to individuals who absolutely need to be under supervision.
- Increase early release for individuals who have been under supervision for two or more years and are in general compliance, or whenever possible.
- Prepare staff on recommended public health precautions and clearly relay this information to community supervision clients.<sup>26</sup>
- Increase use of telephone, videoconferencing, and other technologies.
- Suspend supervision fee collection, especially for those in vulnerable economic situations.
- Provide increased paid sick leave for officers and staff and plan for potential staffing shortages.
- Develop or enhance virtual procedures and processes within the organization to conduct face-to-face tasks via other forms of technology.
- Estimate the potential impact of the pandemic on the workforce. Analyze data on probation or parole officer/client ratio and rate of infection in the geographic area, use validated risk and needs assessments to determine client risk level, and approximate projections of workload reductions and needs of clients.<sup>27</sup>

Further, staff should practice good hygiene, use noncontact methods of greeting, and increase ventilation in offices that need to remain open.<sup>28</sup>

#### **COVID-19 Resources – Community Supervision**

**American Probation and Parole Association**

[COVID-19 Community Corrections Resources](#)

**The Centers for Disease Control and Prevention (CDC)**

[Guidelines for Schools, Workplaces, and Community Locations](#)

**EXiT**

[Statement from Community Supervision Executives on the Importance of Using Best Practices During the COVID-19 Crisis](#)

**Illinois Department of Corrections: Parole/Mandatory Supervised Release**

[COVID-19 Response-Confirmed Cases-ATCs included](#)

[IDOC COVID-19 Response](#)

[IDOC COVID-19 Employee Resources](#)

**The Marshall Project**

[NYU Marron Institute of Urban Management Community Supervision Response to COVID-19 Updates](#)

[Probation and Parole Officer Rethinking Their Rules as Coronavirus Spreads](#)

**National Association for Drug Court Professionals**

[COVID-19 Resources for Treatment Courts](#)

**Other Illinois Resources Relevant to Community Supervision**

[Illinois Department of Human Services](#)  
[State of Illinois Coronavirus \(COVID-19\) Response](#)  
[County/Court Updates to Courts](#)

**United States Courts**

[Judiciary Preparedness for Coronavirus \(COVID-19\)](#)

**Vera Institute of Justice and Community Oriented Correctional Health Services**

[Guidance for Preventative and Responsive Measures to Coronavirus for Parole, Probation, and Clemency](#)

## Jails and Prisons

Those incarcerated in correctional facilities face greater risk of infection, and even death, due to close quarters and significantly higher rates of underlying health conditions, such as heart disease, cancer, and liver disease than the general public.<sup>29</sup> However, guidance on how to manage incarcerated populations in a pandemic is somewhat limited. Effective social distancing and quarantining procedures may be difficult in correctional facilities that are at or over capacity.<sup>30</sup> Minimum-security facilities<sup>31</sup> typically consist of open housing units making it difficult for social distancing among inmates.<sup>32</sup>

Some officials have begun releasing jail detainees, but only a handful of state prison systems have released inmates.<sup>33</sup> In Illinois and other states,<sup>34</sup> prisoners meeting certain criteria<sup>35</sup> are being considered for early release.<sup>36</sup> Jail administrators have more discretion over who can be released early than state prison wardens, who must follow legislative mandates.<sup>37</sup> The CDC recommends transferring those incarcerated who have, or are suspected to have, COVID-19 from facilities without capacity for medical isolation to those that do, however, Illinois and Michigan officials have suspended transfers from county jails to state prison facilities.<sup>38</sup> This decision was made to help stop the spread of the virus within prison systems, but it leaves county jails with fewer options for medical isolation. Additionally, federal employee unions and lawmakers have called for the federal prison system to completely suspend inmate transfers to help curb the spread of the virus.<sup>39</sup>

In Cook County jail, over 230 detainees have been diagnosed with COVID-19 and at least three inmates who tested positive for COVID-19 died while being treated at local hospitals; this number does not include the 203 correctional officers and 35 Cook County Sheriff's employees who have also tested positive.<sup>40</sup> As such, Cook County jail officials have released at least 400 detainees and judges review bonds on a case-by-case basis.<sup>41</sup> Rikers Island Jail in New York City had a COVID-19 infection rate of at least 5.4% with 600 inmates and correctional staff testing positive for the virus.<sup>42</sup> Rikers Island has released at least 200 jail detainees<sup>43</sup> prioritizing early release elderly inmates, inmates with underlying health conditions, and those who have served most of their time.<sup>44</sup> Some law enforcement officials expressed concern some of those released pose a threat to public safety;<sup>45</sup> however, Rikers Island healthcare officials deem release necessary to limit virus spread and to lessen the burden on hospitals.<sup>46</sup>

The CDC has issued the following strategies to help correctional officials manage their facilities.

- **Operational preparedness strategies.** These strategies include communicating with local public health officials regarding the pandemic situation, identifying medical

isolation and quarantine spaces ahead of time, planning for staff absences, disseminating COVID-19 information around the facility, and taking stock of hygienic supplies.

- **Prevention, and management strategies.** These strategies focus on reinforcing hygienic practices, such as screening incoming inmates for COVID-19 symptoms, cleaning and disinfecting areas of the facility, and practicing social distancing of 6 feet or more apart from one another.
- **Operational preparedness strategies.** These strategies help facilities clinically manage confirmed and suspected cases of infection. They include:
  - Suspending all non-medical transfers.
  - Integrating covid-19 screening into release planning.
  - Masking and medically isolating symptomatic people.
  - Identifying and quarantining close contacts.
  - Wearing recommended personal protective equipment.
  - Providing clinical care or transfer to care for confirmed cases.
  - Suspending in-person visits.

“We must begin to think of jails not as separate from the community but as collections of workers and detained persons who have a constant connection with the surrounding community. Thus, the boundary between jails and the community is relatively porous — what affects those behind bars also affects those on the outside.”

Maruschak, L. M., Sabol, W. J., Potter, R. H., Reid, L. C., & Cramer, E. W. (2009). Pandemic influenza and jail facilities and populations. *American Journal of Public Health, 99*(S2), S339-S344.

## Rights of Incarcerated Individuals

Recommendations limiting in-person visits people who are incarcerated may interfere with their 6th amendment right to counsel. In New York state prison facilities, some defense attorneys reportedly have argued these limitations constitute a violation of the 6th amendment and that correction facility officials have not done enough to ensure clients can access legal counsel via video-conferencing or even telephone calls.<sup>47</sup> As such, they argue that if the U.S. Bureau of Prisons cannot ensure access to counsel for people in custody, more people need to be released to ensure that access.<sup>48</sup>

Constitutional implications must be considered by local, state, and federal officials when making policy decisions regarding corrections-based pandemic prevention and management. The United Nations Basic Principles for the Treatment of Detainees establishes that detainees must be provided non-discriminatory healthcare equal to the general public.<sup>49</sup> If jail and prison officials cannot reasonably ensure this standard will be met, they must rethink the current extent to which they may or may not be willing to decrease incarcerated populations and limit the spread of COVID-19 in correctional facilities.

## COVID-19 Resources- Jails and Prisons

### **Bureau of Prisons**

[Action Plan for COVID-19](#)

[Official Bureau of Prison COVID-19 response](#)

### **Centers for Disease Control**

[Official Recommendations for Correctional Facilities](#)

### **Illinois Department of Corrections**

[Official COVID-19 Response](#)

### **The Justice Collaborative**

[Best Practice Suggestions for Jails and Prisons for COVID-19 Safety](#)

### **National Commission Correctional Health Care**

[Correctional Facility Management for COVID-19](#)

[Correctional Health Care Practices](#)

[Resources and links for Corrections and COVID-19](#)

[Staff Safety for Correctional Workers](#)

### **Police One**

[Proactive Correctional Facility protocols for COVID-19](#)

### **Prison Policy**

[Suggestions for Slowing Pandemics in Correctional Facilities](#)

[Incarceration Practices from around the Nation](#)

## Victim Services

The stress of the pandemic may cause or exacerbate existing posttraumatic stress disorder (PTSD) symptoms resulting from sexual assault, community violence, and other victimization.<sup>50</sup> Additionally, individuals with a history of childhood trauma may be at increased risk of developing PTSD symptoms upon experiencing a new traumatic event.<sup>51</sup> Research indicates individuals who have experienced more traumatic events are more likely to have PTSD symptoms.<sup>52</sup> Therefore, the pandemic may result in the need for additional victim and/or mental health services.

Victims seeking services face unique barriers during the pandemic. For example, the Cook County Domestic Violence Courthouse had partially closed its doors after an employee tested positive for coronavirus, with only a handful of staff on-site to address criminal matters deemed most critical.<sup>53</sup> Under normal operations, Chicago residents who visit the courthouse can file a protective order with the help of an on-site domestic violence advocate.<sup>54</sup> Immediately following this partial closure reports indicated criminal complaints were being taken by phone, rather than in-person, and domestic violence cases were being reviewed off-site by prosecutors.<sup>55</sup>

In mid-March, the Circuit Court of Cook County issued an administrative order extending emergency and interim orders of protection set to expire on or with a return court date of March 16, 2020 to April 15, 2020.<sup>56</sup> On April 10, 2020, the Circuit Court of Cook County issued several amended administrative orders permitting emergency orders of protection, emergency motions,

and plenary order of protection extensions to be filed via email, to continue to accept protective orders without signature, to accept testimony of petitioners given by videoconference, and outlining other changes to court procedure and operation during the pandemic; these orders are in effect until further notice.<sup>57</sup> Effective outreach communicating these changes can help to ensure victims' continued safety and sense of security.

Victims may face increased difficulty accessing emergency shelter during the pandemic. They may decide to remain with an abuser out of fear of contracting the virus at a shelter.

The City of Chicago requires COVID-19 screening prior to emergency shelter placement.<sup>58</sup> Guidance also suggests that shelters provide clients with mild symptoms a separate, individual room; send staff and volunteers with respiratory symptoms home for at least a week; and ensure older staff or those with underlying health conditions are not be assigned to work with sick clients.<sup>59</sup> While necessary to ensure the health and well-being of shelter staff and clients, these guidelines may limit shelter capacity.

On April 2, the Illinois Department of Human Services (IDHS) announced a plan to expand the capacity of domestic violence and sexual assault services during the pandemic.<sup>60</sup> As part of this effort, domestic violence victims can get assistance in obtaining shelter services by calling the Domestic Violence Helpline.<sup>61</sup> In addition, IDHS is providing grant advances to the Illinois Coalition Against Domestic Violence and the Illinois Coalition Against Sexual Assault to ensure the continued operation of local providers.<sup>62</sup>

Victim service agencies are adapting service delivery methods to ensure the safety and well-being of their staff. [The National Resource Center for Reaching Victims](#) offers the following guidance for victim service providers during the COVID-19 pandemic:

- Make considerations for [working remotely](#) and tending to [staff well-being](#).
- Host [forums](#) for victim service providers to share experiences and learn from one another.
- Implement use of technology (e.g., instant messaging, texts, video chats) to provide advocacy services.<sup>63</sup>
- 

The [National Network to End Domestic Violence](#) provides guidance on how technology can be used safely to continue to serve victims remotely. Some recommendations include avoiding the use of automatic replies, emojis, or slang, the hours staff are available via text, email, or other avenues, and informing victims of any mandatory reporting requirements.<sup>64</sup> In Illinois, certain providers (e.g., doctors, social workers, DV agency staff) are required to report suspected child abuse or neglect to the Illinois Department of Children and Family Services.<sup>65</sup>

COVID-19 Resources - Victim Services
<b>Centers for Disease Control and Prevention</b> <a href="#">Resources for Community- and Faith-Based Leaders</a>
<b>City of Chicago</b> <a href="#">COVID-19: Guidance for Homeless Shelters</a>
<b>National Center for PTSD</b>

[COVID-19: Resources for Managing Stress](#)

**National Center on Domestic Violence, Trauma, & Health**

[Supporting Survivors' Access to Substance Use Disorder and Mental Health Services During the COVID-19 Emergency](#)

**National Crime Victim Law Institute**

[COVID-19 Resources for Legal Services and Victims' Rights](#)

**National Network to End Domestic Violence**

[COVID-19: Coalition Guidance for Programs](#)  
[Technology Safety](#)

**The National Resource Center for Reaching Victims**

[Tele-Advocacy Ensuring Accessibility for Underserved Crime Victims During the COVID-19 Pandemic](#)  
[National Strategy Sessions on Sustaining Services During the COVID-19 Pandemic](#)

**US Department of Justice Office of Justice Programs**

[FY 2020 Coronavirus Emergency Supplemental Funding Program](#)  
[Guidance on Short Term Administrative Relief for Grantees Impacted by COVID-19](#)

**Zero Abuse Project**

[Responding to Child Abuse During a Pandemic: 25 Tips for MDTs](#)

## **Justice-Related Issues and COVID-19**

### **Behavioral Health**

The pandemic has added many new challenges to daily life. Many have become ill with the virus or are tending to sick loved ones. Others are adjusting to working remotely, managing e-learning and child care, and experiencing resource shortages. For those deemed essential workers within the criminal justice system, these challenges can require putting one's health and safety on the line in the name of public service. While much of the publicized danger from this novel virus is reported in the physical effects, the threat to one's mental and behavioral health should not be marginalized. The CDC states that common symptoms can include stress and anxiety, worry for loved ones, changes in eating and sleeping patterns, and increased substance use and misuse.<sup>66</sup> Those with pre-existing behavioral health diagnoses are advised to continue treatment to the extent possible. Telehealth is an option supported by many insurance carriers to obtain treatment while maintaining social distancing and isolation.<sup>67</sup>

For the general public, the CDC recommends taking media breaks to avoid pandemic news when it seems overwhelming or becomes triggering.<sup>68</sup> It also recommends maintaining proper sleep and eating habits and taking the time to enjoy activities that impact both physical and mental well-being. Despite the isolation, people can find ways to connect and communicate with others (e.g., phone or video) can help maintain social connections. Overall, seeking treatment when it becomes necessary is the most important step in mitigating symptoms.

## Homelessness

Homeless populations, many of which are justice-involved, represent a unique group in the contraction and combat of COVID-19. People who are homeless are more likely to live in unsanitary conditions, be exposed to the weather elements, and lack consistent access to personal washing and grooming supplies. They also are less likely to have access to health care, creating a barrier to treatment.

For unsheltered people, the CDC recommends:

- Officials allow homeless encampments and offer ways to wash or set up portable washroom facilities.
- Individuals sleep in tents that correspond with social distancing.
- Those suspected to be infected are provided isolated housing while undergoing testing.
- Those who test positive are provided a safe recovery location upon hospital discharge.<sup>69</sup>

The [CDC](#) provides guidance for homeless shelters in response to coronavirus. Behavioral health resources should be made available, to the extent possible, to those who require attention in these areas to maximize the potential for recovery. Behavioral health resources should be made available, to the extent possible, to those who require attention in these areas to maximize the potential for recovery.

## Additional Resources

### Research

Several organizations are administering surveys and conducting research on the impact of COVID-19 on criminal justice and how agencies are responding to these unique challenges. This includes a survey from the [American Probation and Parole Association](#), [Harvard University and the National Commission on Correctional Healthcare](#); and the [New York University \(NYU\) Marron Institute of Urban Management](#) on changes in community supervision due to COVID-19. The [International Association of Chiefs of Police and the Center for Evidence-Based Crime Policy, George Mason University](#) have shared results from a survey of law enforcement on the impact of COVID-19.<sup>70</sup>

### Funding

[The Federal Emergency Management Agency \(FEMA\)](#) is offering reimbursements related to federal emergency and major disaster declarations for COVID-19. FEMA is streamlining its application and funding process for quicker reimbursement for emergency protective measures.

The [Coronavirus Aid, Relief, and Economic Security Act, or the CARES Act](#) was signed on March 27, 2020, allowing the [Bureau of Justice Assistance](#) to make \$850 million available under the [Coronavirus Emergency Supplemental Funding \(CESF\) program](#) and must be utilized to prevent, prepare for, and respond to the coronavirus.

### **Additional Resources- Criminal Justice System**

**American Bar Association**

[COVID-19 Task Force Reports](#)

**The Council of State Governments**

[COVID-19 Resources for State Leaders](#)

**Council of State Governors**

[Resources for Policing, Courts and Corrections](#)

**Federal Bureau of Investigation**

[Resources for COVID-19 Related Crimes](#)

**National Conference of State Legislators**

[Links, policies, and COVID-19 Updates](#)

**National Criminal Justice Association**

[COVID-19 Resources](#)

**U.S. Department of Justice**

[Federal-Level Responses to COVID-19](#)

**Vera Institute of Justice**

[Coronavirus Guidance for the Criminal and Immigration Legal Systems](#)

### **Conclusion**

Despite facing unique challenges, the criminal justice system is adapting to serve and protect both personnel and those who are justice-involved while promoting public health and safety. Research is underway to examine the pandemic's effects on, and the preparedness of, criminal justice agencies and more will be learned in the months and years to come. The hope is that Illinoisans take all necessary precautions to stay safe and healthy. However, there will be lessons learned and Illinois will emerge a more resourceful and resilient state prepared for future challenges.<sup>71</sup>

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<sup>1</sup> Sauer, L. M. (2020). *What is coronavirus?*. Baltimore, MD: Johns Hopkins Medicine.

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus>

<sup>2</sup> World Health Organization. (2009). *Influenza A(H1N1) – Update 54: Laboratory-confirmed cases of new influenza A (H1N1) as officially reported to WHO by states and parties to the International Health Regulations*. (2005). <http://www.who.int/csr/disease/swineflu/updates/en/>; World Health Organization. (2009). *What is Phase 6?*. Author.

[http://www.who.int/csr/disease/swineflu/frequently\\_asked\\_questions/levels\\_pandemic\\_alert/en/](http://www.who.int/csr/disease/swineflu/frequently_asked_questions/levels_pandemic_alert/en/); World Health Organization. (2009). *Assessing the severity of an influenza pandemic*. Author.

[http://www.who.int/csr/disease/swineflu/assess/disease\\_swineflu\\_assess\\_20090511/en/index.html](http://www.who.int/csr/disease/swineflu/assess/disease_swineflu_assess_20090511/en/index.html);

Centers for Disease Control and Prevention. (2019). *2009 H1N1 pandemic*. Author.

<https://www.cdc.gov/flu/pandemic-resources/2009-h1n1-pandemic.html>

<sup>3</sup> World Health Organization. (2020). *Coronavirus*. Author. Retrieved from [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1)

<sup>4</sup> Roser, M., Ritchie, H., & Ortiz-Ospina, E. (2020). *Coronavirus disease (COVID-19) – Statistics and research*. <https://ourworldindata.org/coronavirus>.

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