

# Addressing the Needs of People with Mental Illnesses under Community Supervision

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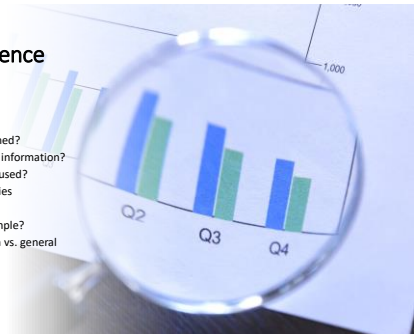
## Agenda

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- Summarize the research on the prevalence of mental illness and substance use disorders among people on probation
- Identify specialty mental health probation approaches
- Describe clinical case consultation for enhancing probation officer capacity
- Q&A

### How is Prevalence Determined?

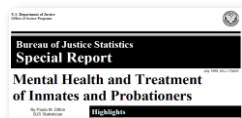
- How is mental illness defined?
- Does the agency track the information?
- What instrument is being used?
  - Psychometric properties
- Screening vs. assessment
- Who is included in the sample?
  - Psychiatric population vs. general probation population



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## Prevalence of Mental Health Conditions Among People on General Probation in the U.S

- 16% of people on probation identified as having a mental health condition (BJS, 1999)
  - Mental health condition defined as: having a mental or emotional condition or a history of psychiatric hospitalization
- 27% based on the 2001 National Household Survey on Drug Abuse (Crilly et al., 2009):

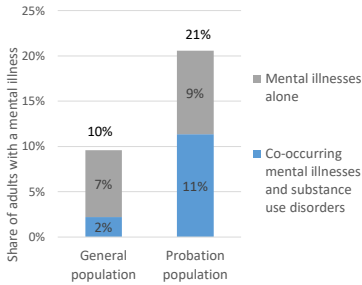


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### Estimates using data from National Survey of Drug Use and Health (NSDUH)

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Adults on probation in the past year were twice as likely to have a mental illness as those in the general population.

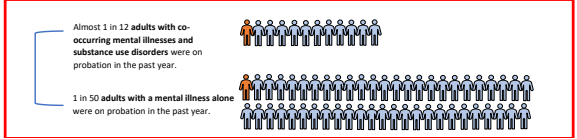


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Adults with co-occurring substance use disorders were over four times as likely to be on probation as those with only a mental illness

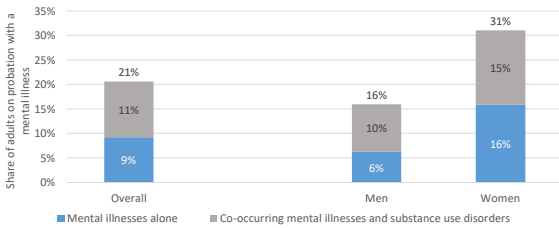
While 1 in 59 adults in the U.S. were on probation in the past year...

Almost 1 in 29 adults with mental illnesses (alone or with a co-occurring substance use disorder) were on probation in the past year. Of these:



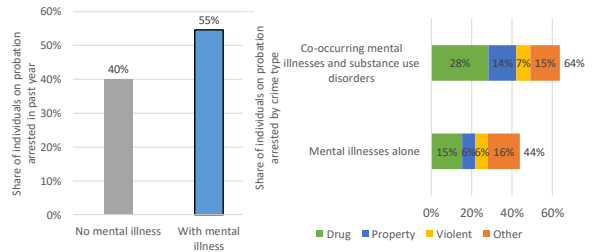
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Almost twice as many women as men on probation had a mental illness



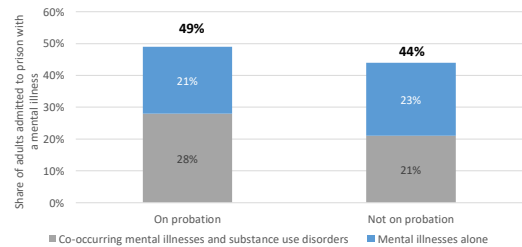
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Adults on probation with a mental illness were more likely than those without to be arrested in past year



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A greater share of people imprisoned from probation had a mental illness than those not on probation

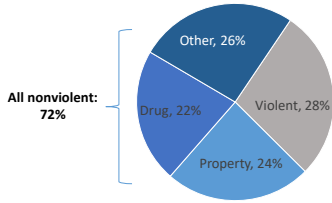


Estimates from U.S. National Survey of Prison Inmates, 2016 (SPI)

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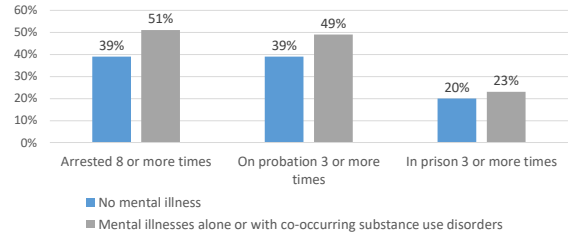
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About 3 in 4 people sent to prison from probation who had a mental illness were on supervision for a nonviolent offense



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People with a mental illness on probation at time of entry to prison were more likely to have had multiple justice system encounters than those without a mental illness



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**The "Prototypical" Specialty Mental Health probation**

- Five elements of prototypical SMHP model
- Some evidence suggests SMHP improves mental health and criminal justice outcomes
  - Fewer jail days, less likelihood of re-arrest, fewer violations resulting in arrest
  - One study showed an increase in violations, one showed a decrease, one showed no effect
  - Increased treatment engagement, improved mental health symptoms
- Although these studies advanced the research, the model is not representative of U.S. probation agencies' approaches

**SMHP Core Components:**

- Designated mental health caseloads
- Reduced caseload size
- Ongoing mental health training
- Enhanced interaction with resource providers
- Problem-solving orientation

Manchak et al., 2014; Skeem et al., 2006; Skeem & Eno Louden, 2006; Skeem et al., 2017; Van Deine et al., 2021; Wolff et al., 2014

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### National Survey of Probation and Mental Health: Study methods

- **Sampling**
  - Random selection of 315 counties across U.S.
  - Outreach to probation agencies representing selected counties
- **Survey** – 5 sections – launched January 2021
  - General information about adult probation
  - Process for identifying people with MI
  - Information about specialty mental health probation approach
  - Information about standard caseloads
  - Respondent information and demographics
- **Interview** - 9-item guide with 3 sections – launched April 2021
  - Challenges supervising people with mental illnesses
  - Implementation of specialty mental health probation approach
  - COVID-19 challenges and adaptations
- **Analysis**
  - Quantitative: Descriptive, bivariate inferential statistics
  - Qualitative: General inductive coding

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### Sample

- **Survey sample:**
  - 179 counties represented (57% response rate)
  - Varying levels of governance and administration (e.g., state, circuit, county)
  - 41% rural, 59% urban
  - Respondent role: managers (48%), officers (25%), administrators (22%), office manager (<1%)
- **Interview sample:**
  - 85 expressed interest; 26 participated (31% response rate)
  - 50% rural, 50% urban
  - Respondent role: managers (58%), officers (27%), administrators (12%), an office manager (4%)

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## Screening and Identification

- 27% used standalone mental health screening tools
- 11% used mental health assessment tools
- 72% used risk needs assessment tools that contained mental health questions
- 67% used self-report items on agency intake
- 63% used pre-sentencing investigative reports

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## Reported Prevalence

- 38% reported that they track the number of people with mental illnesses on probation
- The prevalence of mental illness among counties that track it was 24%
- Prevalence rate was comparable to estimates provided by counties that reported not tracking mental illness

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## Mental Health Caseload Composition and Eligibility

- 27% of counties had a mental health probation (39% of urban counties and 11% of rural counties)
- Average mental health caseload size was 43
- 62% of caseloads were exclusively reserved for people with mental illnesses
- 92% of counties with mental health caseloads required a clinical diagnosis, 45% accepted self-report of mental illness, 41% accepted a mental health 'flag'
- 61% excluded people with sex offenses, 12% excluded people with violent offenses

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## Mental Health Caseload Training

- Across the 49 counties reporting details of their mental health caseloads:
  - 65% (n = 32) required mental health first aid training
  - 63% (n = 31) required general risk-need-responsivity principles training
  - 57% (n = 28) required an agency-developed mental health training
  - 51% (n = 25) required a mental health crisis de-escalation training
  - 41% (n = 20) required Crisis Intervention Team (CIT) training.
- The median number of mental health training hours was 13.5
- 45% (n = 22) required annual booster sessions

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## Additional Features

- Officer assignment to mental health caseload:
  - 63% (n = 31) required a recommendation from the officer's supervisor
  - 47% (n = 23) sought officers who volunteered to be a mental health officer
  - 45% (n = 22) considered an officer's years of experience.
- Referral and Coordination with Service Providers
  - 98% (n = 48) contacted providers to make referrals for services
  - 98% (n = 48) contacted providers to check on compliance and attendance
  - 94% (n = 46) contacted service providers to seek guidance about people on their caseloads
  - 92% (n = 45) contacted providers to problem-solve challenges related to people on their caseloads
- 67% (n = 53) reported not having greater flexibility to modify sanctions
- 80% (n = 39) reported not having enhanced flexibility to seek modifications to probation conditions

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## Additional Strategies for Addressing Mental Illnesses among People on Probation

- Embedded services within probation
- De facto mental health caseload
- Case staffing
- Agency uses a problem-solving approach and cognitive behavioral interventions
- Motivational interviewing
- Training for standard officers
- Mental health court

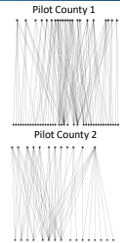
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# Implementation Science and Specialty Mental Health Probation

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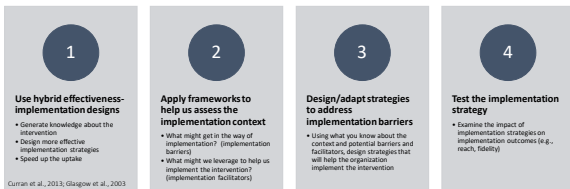
## Why implementation science?

- **SMHP is complex.** Five interrelated components that are completely dependent on context
- **Agency context.** Although the larger probation agency is invested, the context in the local jurisdiction varies
- **Reliance on the local service system.** SMHP is dependent on availability of resources and officers' ability to network with providers
- **Probation officers are stepping outside traditional roles.** This is a new and enhanced skillset for PPOs and we need to be sure they are equipped to implement



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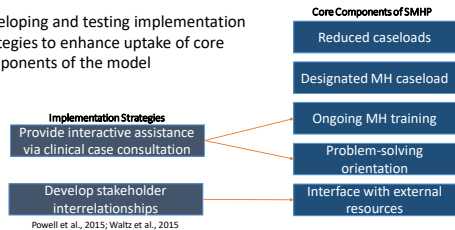
## How we have applied implementation science to specialty mental health probation in North Carolina



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## Where we are now...

Developing and testing implementation strategies to enhance uptake of core components of the model



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# Implementation Strategy: Clinical Case Consultation

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## Overview

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- Interactive support and guidance provided to the SMHP officer by a licensed clinician
- Case consultations occur 4 to 6 weeks (virtually or in-person)
- Case consultations involve 2 to 4 SMHP officers and their direct supervisor
- Officers are asked to present challenging cases as well as success stories to illustrate effective supervision strategies

## Presenting and discussing a case

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- Officers present case and discuss behaviors
- Consultant uses a problem-solving orientation
- Consultant facilitates understanding of connection between behaviors and symptoms of mental illness
- Consultant and officers discuss strategies for enhancing intervention

## What we hope to see

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- Officers gain an understanding of the connection between diagnosis—symptoms—behaviors—needed support
- Officers more likely to
  - Reinforce efforts to build trusting relationship
  - Address barriers to successful outcomes
  - Increase strategies to enhance motivation for treatment engagement
- The person on probation perceives fair, caring, and trusting relationship and experiences enhanced honesty, motivation for change, and confidence in the ability to engage in treatment and make behavioral change

## Our research on clinical case consultation thus far

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- Descriptive analysis of clinical case consultation as an implementation strategy
  - Presented at the Academic and Health Policy Conference on Correctional Health, 2018
  - AcademyHealth/NIH Conference on the Science of Dissemination and Implementation in Health, 2017
- Acceptability of clinical case consultation
  - Presented at the Academic and Health Policy Conference on Correctional Health, 2021
  - Manuscript in preparation (Van Deirse, Crable, Ghezzi, Murray-Lichtman, Cuddeback – 2023 submission)
- Future research to focus on impact of clinical case consultation on implementation outcomes

## Discussion

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## Q&A

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