

NYS DCJS JMHCP Technical Assistance Bulletin

Intercept 5: PROBATION MENTAL HEALTH SPECIALIZED SUPERVISION

Introduction:

Challenges in supervising the offender with mental illness include routine screening and assessment at the pre-trial, investigation and supervision stages, collaboration with mental health providers and specialized training for both probation staff and mental health professionals. This bulletin is the result of a review of the literature and consultation with experts in the field, and outlines key aspects for supervising offenders with mental illness in the community.

Training: DCJS/OPCA is currently working in collaboration with the NYS Office of Mental Health (OMH) and Policy Research Associates (PRA) to develop standardized, basic training curriculum which will be made available to all probation and parole officers in NYS. Additionally, advanced training will be offered to probation mental health supervision officers which will include evidence based practices (risk, need, responsivity), cognitive behavioral skills, and case management practices.

DCJS/OPCA recommends that, at a minimum, training be afforded to probation officers as suggested; however, all training is available to each officer regardless of their area of assignment.

1. Pretrial - Screening and referral for assessment, Signs and Symptoms of Mental Illness, Problem Solving, and Stress Management
2. Investigations - Screening and referral for assessment, Motivational Interviewing, Signs and Symptoms of Mental Illness, Problem Solving, and Stress Management
3. Supervision - Screening and referral for assessment, Signs and Symptoms of Mental Illness, Problem Solving, Stress Management, Evidence Based Practices, Co-Occurring Disorders, Criminal Thinking Styles, Case Management, Motivational Interviewing, Cognitive Behavioral Training (Thinking for a Change), Trauma Training, and EDPRT (Emotionally Disturbed Persons Response Team) or CIOT (Critical Incident Officer Training)

Characteristics of Effective Probation/Mental Health Supervision:

Effective and efficient mental health supervision units share five essential characteristics. The first is specialized and reduced caseloads with specific criteria such as identification of mental health issues by using a validated tool and recent mental health hospitalization. Sustained training for probation officers and active integration with community resources are two additional characteristics. The specialized officers should rely on collaborative problem solving with their mental health counterparts (team supervision approach).

Good quality relationships (respectful, caring, enthusiastic, valuing personal autonomy) between probation officers and mentally ill offenders have been found to be an important component in efforts to increase rule compliance and reduce recidivism. Few studies have examined the extent to which the association between relationship quality and re arrest exists but some findings indicate that offenders with higher levels of offender-officer relationship quality are less prone to failure.

Examples of Specialized Models in Practice:

Example 1: Specialized MH Unit--Case Criteria

- Documented primary clinical diagnosis
- Presently has psychiatric case management services
- ACT Team or AOT conditions and/or involved in Mental Health Court
- A prior psychiatric hospitalization in the past 3 years
- Cases where the probation officer believes special mental health conditions of probation may be warranted
- Any case where the offender is in danger of violating probation due, in part, to their inability or unwillingness to access mental health treatment

Example 2: MH case flow process

- Investigation probation officer conducts MH questionnaire and administers a validated screen on all persons with a PSI order who are probation bound.
 - Cases with a MH indicator are referred to Mental Health Service Unit (MHSU) who then requests collateral MH documentation, makes referrals, develops service plans, makes linkages to services and provides assessment findings back to Investigation probation officer.
- Investigation probation officer incorporates assessment findings from the MHSU service plan into PSI and sends to Intake Unit.
 - Intake Unit uses MH assessment and criminogenic risk assessment to determine classification and can refer offenders back to MHSU if necessary to re-stabilize.
 - Intake Unit sends case to Supervision Unit.
 - Supervision Unit assigns case to supervision probation officer who then incorporates the MH assessment into supervision plan and can refer offenders back to MHSU if necessary to re-stabilize and communicates with MHSU staff about on-going needs.

Resources:

1. Skeem, J., Encandela, J. & Eno Loudon, J. (2003). Perspective on Probation and Mandated Mental Health Treatment in Specialized and Traditional Probation Departments. Behavioral Sciences and Law
2. Center for Behavioral Health Services Criminal Justice Research, "Mental Health Probation Officer: Stopping Justice-Involvement Before Incarceration" Nancy Wolff, Matthew Epperson, Siobhan Fay
3. "Supervising Probationers with Mental Disorder: How Do Agencies Respond to Violations?" Jennifer Eno Loudon, Jennifer L. Skeem, Jacqueline Camp and Elizabeth Christensen; Criminal Justice and Behavior 2008
4. NJ Probation Division Mental Health Caseload Expansion Grant, Practices and Procedures Handbook, January 2010
5. New York City Department of Probation Mental Health Strategic Plan Recommendations, Council of State Governments Justice Center
6. Skeem, J., Manchek, S., and Eno Loudon, J. (2012). "Firm, Fair and Caring Officer-Offender Relationships Protect Against Supervision Failure"
7. SAMHSA's GAINS Center for Behavioral Health and Justice Transformation
Webinar series: <http://gainscenter.samhsa.gov/eNews/solicit-1-9.html>
Fact Sheets: http://gainscenter.samhsa.gov/topical_resources/ebps.asp