Growing the Evidence for Specialty Mental Health Probation: Results from an Experimental Study

Gary S. Cuddeback, PhD, MPH, MSW, UNC-CH
Tonya B. Van Deinse, PhD, MSW, UNC-CH
David Edwards, North Carolina Department of Public Safety
Anne Precythe, Missouri Department of Corrections

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– NC Department of Health and Human Services
– Treatment Accountability for Safer Communities
– Alliance Behavioral Healthcare Managed Care Organization
– Eastpointe Managed Care Organization

We would also like to acknowledge the work of our research team: Nathan Brunson, Stacey Burgin, Marilyn Ghezzi, Ashley Givens, Michelle Herman, Evan Lowder, Amanda Strott, Amy Blank Wilson
Criminal Justice and Mental Health

• The public mental health system has shrunk in past 50 years – now persons with severe mental illness (SMI) are impacted by a variety of policies and agencies over which mental health authorities have little control.

• Where mental health and criminal justice connect ...  
  – The criminal justice system is the new frontier for mental health services and research about interventions for mentally ill offenders ...
  – Fates of persons with mental illness are intertwined with the policies of the criminal justice system ...
  – The criminal justice system is the place of last resort for dangerous and hard-to-manage persons with mental illness ...
  – The criminal justice system is a public health outpost for persons with severe mental illness ...
Daily Number of Persons with Mental Illness in the Criminal Justice System

- 31% of female jail inmates and 15% of male inmates have mental illness (Steadman et al., 2009)
- 24% of female and 16% of male prisoners have mental illness (Ditton, 1999)
- About 27% of 5 million probationers have mental illness (Crilly et al., 2009)
  - ~ 1.35 million probationers!
- Approximately 35,000 in state hospitals

<table>
<thead>
<tr>
<th></th>
<th>Prisons</th>
<th>Jails</th>
<th>Probation/Parole</th>
</tr>
</thead>
<tbody>
<tr>
<td># MI</td>
<td>276,994</td>
<td>130,140</td>
<td>1,350,000</td>
</tr>
</tbody>
</table>
Prevalence of Mental Illness in Corrections

- Mental illness 5x higher
- Psychotic disorders 10x higher
- 7%-64% in corrections have MI
- Those with MI have more infractions, arrests, violations
- Vast majority in corrections are supervised in the community

Corrections Census

- 33% Community supervision
- 67% Incarcerated

Crilly et al., 2009; Ditton, 1996; James & Glaze, 2006; Kaeble Glaze, Tsoutis & Minton, 2015; Lamberti, 2007; Teplin, 1990
Mental Illness and Community Supervision

They have:
- Difficulty meeting the terms of supervision
- More violations and recidivism

Probation officers face significant challenges:
- Limited community resources
- Complex probationer problems
- Lack of medication adherence
- Lack of health insurance
- Limited officer training and expertise
- High caseloads
- Punishment vs. treatment orientation

16%-27% of the 4.7 million adults on community supervision have a mental illness

Crilly et al., 2009; Ditton, 1996
Specialty Mental Health Probation and Statewide Training

• With a grant from the Governor’s Crime Commission and funding from DPS, principals from DPS, DHHS, TASC, and UNC-CH have led efforts to:
  – Train and provide more information about mental health to all probation officers and other stakeholders across the state; and
  – Launch two specialty mental health probation pilots in Wake (large urban) and Sampson (rural) Counties, North Carolina
Statewide Training

To date, statewide mental health training modules have been disseminated to all probation officers, chiefs, district managers and other DPS stakeholders across the state, as well as to TASC employees and other stakeholders.

The six training modules cover the following topics:

– (1) using and interpreting the risk and needs assessment;
– (2) severe mental illness;
– (3) psychiatric medications;
– (4) PTSD, personality disorders and other disorders;
– (5) crisis response and local services for persons with mental illness; and
– (6) self-care for probation officers
Specialty Mental Health Probation

• Specialty Mental Health Probation (SMHP) is a promising practice for supervising probationers with mental illness
• Evidence suggests that SMHP improves MH and CJ outcomes
• Five elements of prototypical SMHP model
  – Exclusive caseloads of probationers with mental illness
  – Reduced caseload size (around 40 probationers)
  – Ongoing mental health training for officers
  – Interfacing with external resources to connect probationers to supports
  – Problem-solving orientation
• More than 140 SMHP agencies across the country

Council of State Governments, 2002; Manchak, Skeem, Kennealy & Eno Louden, 2014; Skeem, Emke-Francis & Eno Louden, 2006; Skeem & Eno Louden, 2006; Wolff, Epperson, Huening, Schumann & Sullivan, 2014
Limitations in the Research Regarding SMHP

- **Intervention implementation**
  - Lack of focus on implementation in criminal justice settings in general, and for SMHP in particular
  - The challenges associated with implementing SMHP are unknown, which may limit fidelity and expansion of SMHP

- **Efficacy of the intervention**
  - Results of SMHP are promising
  - However, need RCTs

Alexandra, 2011; Gendreau, Goggin & Smith, 1999; Manchak, Skeem, Kennealy & Eno Louden, 2014; Skeem & Eno Louden, 2006; Wolff, Epperson, Huening, Schumann & Sullivan, 2014
Context of Specialty Mental Health Probation

- SMHP initiated by NC Department of Public Safety (DPS)
- Planned by DPS, NC Department of Health and Human Services, Treatment Accountability for Safer Communities (TASC), and the UNC Chapel Hill School of Social Work (UNC-CH)
- Implemented the five elements of prototypical SMHP in one urban and one rural county, each with two officers
- DPS short term plans for expansion
Hybrid Efficacy-Implementation Design

Purpose/objective

Design elements

Efficacy/Effectiveness
- Develop evidence base for SMHP
- RCT – SMHP vs. standard probation
  - Probationer-level data (criminal justice & mental health outcomes)

Implementation
- Explore and document implementation (challenges, facilitators, strategies)
- Formative Evaluation
  - Stakeholder-level data from semi-structured interviews examining implementation process, barriers, and facilitators

Curran et al., 2012
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Curran et al., 2012
Inter-organizational Implementation Structure

**Criminal Justice**
- Department of Public Safety (DPS; 3)
- DPS in Wake and Sampson Counties (9)

**Mental Health**
- Treatment Accountability for Safer Communities (TASC; 1)
- Department of Health and Human Services (DHHS; 1)
- TASC Care Managers (3)
- Local Managed Care Organizations (5)

**UNC-CH Research and Implementation Team** (4)
# Implementation Study Methods

<table>
<thead>
<tr>
<th>Research questions</th>
<th>Design and sample</th>
<th>Measures</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>RQ1: What are the facilitators and challenges of implementing SMHP?</td>
<td>Qualitative; n=26 presenting all involved agencies:</td>
<td>Semi-structured interview guide consisting of 17 questions examining implementation of SMHP</td>
<td>Step 1: line-by-line open coding to identify challenges, facilitators, and strategies</td>
</tr>
<tr>
<td>RQ2: What promising implementation strategies were used during the pilot phase?</td>
<td>• Executive Committee (23%)</td>
<td></td>
<td>Step 2: Deductive coding of challenges and facilitators using Consolidated Framework for Implementation Research (CFIR); deductive coding of strategies using Expert Recommendations for Implementing Change (ERIC)</td>
</tr>
<tr>
<td></td>
<td>• Implementation Team (12%)</td>
<td></td>
<td>Step 3: open coding for statements that did not fit deductive coding framework</td>
</tr>
<tr>
<td></td>
<td>• CJ system (46%)</td>
<td></td>
<td>Step 4: Identified strategies coded as facilitators</td>
</tr>
<tr>
<td></td>
<td>• MH/CJ bridge partners (15%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• MH system (23%)</td>
<td></td>
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</table>

Damschroder et al., 2009; Miles, Huberman & Saldana, 2013; Powell et al., 2015
Relevant Frameworks and Taxonomies

Consolidated Framework For Implementation Research (CFIR)
- Intervention characteristics (e.g., cost, complexity)
- Inner setting (e.g., culture, readiness)
- Characteristics of individuals (e.g., knowledge, self-efficacy)
- Outer setting (e.g., cosmopolitanism, policies)
- Process (e.g., planning, engaging)

Damschroder et al., 2009; Powell et al., 2015; Waltz et al., 2015

Expert Recommendations for Implementing Change (ERIC)
- A compilation of 73 discrete implementation strategies associated with multiple domains, for ex:
  - Using evaluative and iterative strategies
  - Providing interactive assistance
  - Tailoring strategies to context
  - Developing stakeholder interrelationships
  - Training and educating stakeholders
  - Supporting clinicians
# Implementation Facilitators of SMHP

<table>
<thead>
<tr>
<th>Inner Setting</th>
<th>Outer setting</th>
<th>Implementation process</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Committed and engaged leaders</td>
<td>• Building rapport with MH agencies</td>
<td>• Having an implementation team</td>
</tr>
<tr>
<td>• Readiness for implementation</td>
<td></td>
<td>• Interdisciplinary engagement</td>
</tr>
</tbody>
</table>
# Implementation Challenges

<table>
<thead>
<tr>
<th>Inner Setting</th>
<th>Outer setting</th>
<th>Implementation process</th>
</tr>
</thead>
</table>
| • Existing workload of officer  
  • Caseload size  
  • Vacancies | • Availability of resources  
  • Services  
  • Transportation | • Interdisciplinary communication  
  • Agency role confusion  
  • Engaging standard officers |
**Facilitative Strategies**

- Facilitative strategies are those that were cross-coded (in the qualitative data) as both ‘facilitators’ and ‘strategies’

<table>
<thead>
<tr>
<th>Develop stakeholder interrelationships</th>
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<tbody>
<tr>
<td>• Develop relationships across agencies and stakeholders via stakeholder networking meetings and provider visits</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Train and Educate Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Development of a statewide mental health training for probation officers</td>
</tr>
<tr>
<td>• Informational meetings for agency partners as well as other probation officers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provide Interactive Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide clinical case consultation with licensed clinical social worker</td>
</tr>
<tr>
<td>• Provide system-level technical assistance via MCO</td>
</tr>
</tbody>
</table>
Hybrid Efficacy-Implementation Design

### Purpose/objective
Develop evidence base for SMHP

### Design elements
- Efficacy/Effectiveness
  - RCT – SMHP vs. standard probation
    - Probationer-level data (criminal justice & mental health outcomes)

### Implementation
- Explore and document implementation (challenges, facilitators, strategies)
- Formative Evaluation
  - Stakeholder-level data from semi-structured interviews examining implementation process, barriers, and facilitators

Curran et al., 2012
<table>
<thead>
<tr>
<th>CHARACTERISTICS OF SAMPLE</th>
<th>Total (n=99)</th>
<th>Standard probation (n=55)</th>
<th>SMHP (n=44)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (M(SD))</td>
<td>35.59 (12.40)</td>
<td>35.98 (12.82)</td>
<td>35.09 (11.98)</td>
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<tr>
<td>Race</td>
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<td></td>
<td></td>
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<tr>
<td>White/Caucasian</td>
<td>39.80 (39)</td>
<td>38.89 (21)</td>
<td>40.91 (18)</td>
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<tr>
<td>Black/African American</td>
<td>42.86 (42)</td>
<td>46.30 (25)</td>
<td>38.64 (17)</td>
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<tr>
<td>American Indian/Alaskan Native</td>
<td>4.08 (4)</td>
<td>1.85 (1)</td>
<td>6.82 (3)</td>
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<tr>
<td>Other</td>
<td>13.27 (13)</td>
<td>12.96 (7)</td>
<td>13.64 (6)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Male</td>
<td>55.10 (54)</td>
<td>55.56 (30)</td>
<td>54.55 (24)</td>
</tr>
<tr>
<td>Female</td>
<td>44.90 (44)</td>
<td>44.44 (24)</td>
<td>45.45 (20)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; High School</td>
<td>34.69 (34)</td>
<td>34.55 (19)</td>
<td>34.88 (15)</td>
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<tr>
<td>High school /GED</td>
<td>37.76 (37)</td>
<td>30.91 (17)</td>
<td>46.51 (20)</td>
</tr>
<tr>
<td>&gt; High School</td>
<td>27.55 (27)</td>
<td>29.09 (19)</td>
<td>20.28 (8)</td>
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<tr>
<td>Employment</td>
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<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>53.06 (52)</td>
<td>57.41 (31)</td>
<td>47.73 (21)</td>
</tr>
<tr>
<td>Part time</td>
<td>15.31 (15)</td>
<td>11.11 (6)</td>
<td>20.45 (9)</td>
</tr>
<tr>
<td>Full time</td>
<td>16.33 (16)</td>
<td>18.52 (10)</td>
<td>13.64 (6)</td>
</tr>
<tr>
<td>Disabled/unable</td>
<td>14.29 (14)</td>
<td>12.96 (7)</td>
<td>15.91 (7)</td>
</tr>
<tr>
<td>Student</td>
<td>1.02 (1)</td>
<td>-</td>
<td>2.27 (1)</td>
</tr>
<tr>
<td>Health insurance</td>
<td>48.98 (48)</td>
<td>46.30 (25)</td>
<td>52.27 (23)</td>
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<tr>
<td>CHARACTERISTICS OF SAMPLE (Cont’d)</td>
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<td></td>
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<tr>
<td>-----------------------------------</td>
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<td></td>
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<tr>
<td><strong>Total Sample</strong> (n=99)</td>
<td><strong>Standard probation</strong> (n=55)</td>
<td><strong>SMHP</strong> (n=44)</td>
<td></td>
</tr>
<tr>
<td><strong>% (n)</strong></td>
<td><strong>% (n)</strong></td>
<td><strong>% (n)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Probation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous sentence</td>
<td>70.41 (69)</td>
<td>70.37 (38)</td>
<td>70.45 (31)</td>
</tr>
<tr>
<td>Sentence length (M(SD))</td>
<td>25.12 (13.24)</td>
<td>24.15 (11.44)</td>
<td>26.41 (15.40)</td>
</tr>
<tr>
<td>PPO-Offender relationship</td>
<td>172.00 (38.04)</td>
<td>166.65 (39.09)</td>
<td>178.47 (36.11)</td>
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<tr>
<td>Trust</td>
<td>27.01 (7.92)</td>
<td>25.81 (8.37)</td>
<td>28.47 (7.18)</td>
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<td>Caring/Fairness</td>
<td>113.87 (16.45)</td>
<td>110.81 (27.03)</td>
<td>117.58 (25.56)</td>
</tr>
<tr>
<td>Toughness</td>
<td>31.12 (6.50)</td>
<td>30.04 (7.10)</td>
<td>32.42 (5.50)</td>
</tr>
<tr>
<td><strong>Mental Health characteristics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrolled in MH services</td>
<td>56.84 (54)</td>
<td>62.26 (33)</td>
<td>50.00 (21)</td>
</tr>
<tr>
<td>Diagnosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>24.24 (24)</td>
<td>23.64 (13)</td>
<td>25.00 (11)</td>
</tr>
<tr>
<td>Bipolar</td>
<td>62.63 (62)</td>
<td>61.82 (34)</td>
<td>63.64 (28)</td>
</tr>
<tr>
<td>PTSD</td>
<td>6.06 (6)</td>
<td>7.27 (4)</td>
<td>4.55 (2)</td>
</tr>
<tr>
<td>Psychosis</td>
<td>7.07 (7)</td>
<td>7.27 (4)</td>
<td>6.82 (3)</td>
</tr>
<tr>
<td>Symptom Check List (SCL10-R)</td>
<td>19.89 (9.12)</td>
<td>19.22 (9.42)</td>
<td>20.70 (8.79)</td>
</tr>
</tbody>
</table>
Do probationers enrolled in SMHP have higher rates of mental health engagement compared to those on standard probation?

SMHP officers had higher rates of initiating mental health and substance abuse action items compared to standard probation officers; however, this difference was only statistically significant for mental health action steps.
Do probationers enrolled in SMHP have higher rates of mental health engagement compared to those on standard probation?

A higher percentage of probationers on SMHP caseloads completed their mental health or substance abuse action steps. However, this difference was not statistically significant.
Do probationers enrolled in SMHP have lower rates of violations compared to those on standard probation?

A higher percentage of probationers on standard caseloads had technical violations and absconded compared to those on SMHP caseloads. A higher number of probationers on SMHP caseloads had violations due to new crimes. However, neither of these differences are statistically significant.
Do probationers enrolled in SMHP have lower rates of violations compared to those on standard probation?

Of the probationers who had violations, those on standard probation had a slightly higher average number of any type of violations, a higher violation count, more absconders, and more new violations, compared to those on SMHP caseloads. However, the differences between the mean number of violations between the two groups was not statistically significant.
Current Status and Next Steps

• Wrapping up the pilot data analysis
• Active expansion into a multi-site RCT for 6 counties (4 urban, 2 rural)
• Continuation of the hybrid effectiveness-implementation study
• Focus on implementation strategies to enhance implementation
Current Status and Next Steps

Specify Strategies to Facilitate Implementation of Core SMHP Elements

- Train and educate stakeholders
- Develop stakeholder interrelationships
- Provide interactive assistance

Elements of SMHP

- Reduced caseloads
- Exclusive MH caseload
- Ongoing training
- Problem-solving orientation
- Interface with external resources
Questions?

Gary S. Cuddeback, PhD, MSW, MPH
919-962-4363; gcuddeba@email.unc.edu

Tonya Van Deinse, PhD, MSW
919-962-6428; tbv@email.unc.edu
References


References


