



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Mental Health Training and Technical Assistance Needs:

Findings, Implications, and Summary of a Survey of Probation and Parole Officers in Region 8

U.S. Department of Health & Human Services, Region 8 States:
Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

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INTRODUCTION

The **Mountain Plains Mental Health Technology Transfer Center (MHTTC)** ¹ is a partnership between the **University of North Dakota** ² and the **Western Interstate Commission for Higher Education**. ³ The Mountain Plains MHTTC serves the states of Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming (HHS Region 8) and began offering services on August 15, 2018. Funded by the **Substance Abuse and Mental Health Services Administration (SAMHSA)**, ⁴ the Mountain Plains MHTTC is a five-year collaboration.

The primary focus of the Mountain Plains MHTTC is to provide training, develop products, ensure access to evidence-based resources, and provide technical assistance to individuals serving persons with mental health disorders, especially those with serious mental illness or serious emotional disturbance. Particular attention is given to serving individuals with limited access to mental health resources and providing supports for workforce development, especially in rural communities. By providing innovative and accessible learning opportunities on evidence-based practices, the Mountain Plains MHTTC team seeks to help individuals in Region 8 to better serve their communities, staff, and clients/patients.

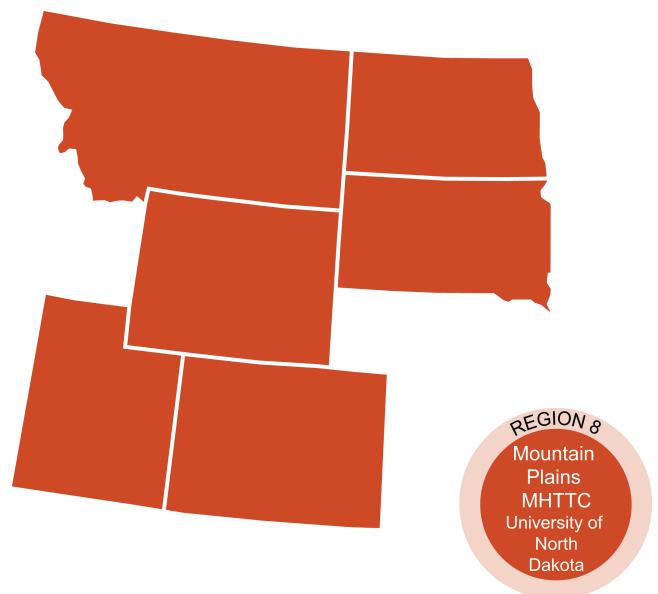
Goals of the Mountain Plains MHTTC

- Accelerate the adoption and implementation of mental health-related, evidence-based practices.
- Heighten the awareness, knowledge, and skills of the workforce addressing the needs of individuals living with mental illness.
- Foster regional and national alliances among culturally diverse practitioners, researchers, policymakers, family members, and consumers of mental health services.
- Ensure availability and delivery of free mental health trainings, technical assistance, and resources.

Training and Technical Assistance Needs Among Probation and Parole Officers

The Mountain Plains MHTTC team, in partnership with SAMHSA and state probation and parole offices, conducted an electronic survey in November and December 2019. The survey was distributed electronically to probation and parole officers in all six states located in the United States Department of Health & Human Services Region 8.

Results will assist the Mountain Plains MHTTC staff to better serve correctional officers and stakeholders throughout the region. Additionally, the survey results will inform the development of new products, training materials, and technical assistance requests. This work includes expanding collaborations with entities serving probation and parole staff to address the training needs described. Approval to conduct the assessment was provided by the University of North Dakota Institutional Research Board.



Study Rational and Definitions of Probation and Parole

Probation and parole officials provide direct services to people with mental health and/or substance use disorders who are justice-involved and residing in community settings. As a result, their role in advancing an effective community-based system of care is of critical importance in serving individuals with mental illness. Justice-involved individuals with mental illness are often channeled into the justice system instead of accessing community-based care systems. As a result, they are overrepresented in jails and prisons throughout the U.S.⁵ There is a high prevalence of mental illness and substance abuse among jail inmates, and they reenter society without the necessary supports following incarceration.⁵⁻⁶ This occurs for a myriad of reasons, including the lack of services and supports in communities to better ensure successful reintegration, and the lack of supports to meet basic needs for food, housing, and transportation. The outcome is additional arrests and incarcerations due to adverse consequences of homelessness and increased morbidity and mortality.

Probation officers: The role of probation officers is to meet with individuals sentenced to complete a period of supervised probation. This typically includes people who have misdemeanor offenses and possibly individuals with lower-level felony convictions. They often serve first-time offenders who are identified as nonviolent. Assigning people to a probation officer allows the system to divert people from a jail or prison sentence.

Parole officers: Parole officers provide supports to people upon their release from prison. Their role is to help people reintegrate into society by providing pre-release, supervisory, and rehabilitative services. Entities that provide probation and parole services may also provide pretrial community supervision to people released from jail who are waiting for a court date.

The policies and administrative structures in place to provide probation and parole supports differ in the six states in Region 8. These dissimilarities are reflected in the findings in this report.

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1. Mountain Plains Mental Health Technology Transfer Center, mhttcnetwork.org/centers/mountain-plains-mhttc/home
 2. College of Nursing and Professional Disciplines, University of North Dakota, cnpd.und.edu
 3. Western Interstate Commission for Higher Education, www.wiche.edu
 4. Substance Abuse and Mental Health Services Administration, www.samhsa.gov
 5. Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., & Samuels S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatr Serv.* 60(6), 761-765. doi.org/10.1176/ps.2009.60.6.761
 6. Begun, A. L., Early, T. J., & Hodge, A. (2016). Mental health and substance abuse service engagement by men and women during community reentry following incarceration. *Adm Policy Ment Health* 43, 207–218. [doi:10.1007/s10488-015-0632-2](https://doi.org/10.1007/s10488-015-0632-2)

EXECUTIVE SUMMARY

A total of 609 probation and parole officers within the six-state region completed an electronic survey assessing mental health training and technical assistance (TA) needs and current knowledge. Percentages are rounded to the nearest whole number, and all results present valid percentages (omitting missing) unless specifically stated otherwise. Respondents:

- Were predominately between the ages of 30 and 49 (68%).
- Worked primarily in urban or suburban settings (64%).
- Represented both male (46%) and female (52%) officers.
- Had equal representation around primary caseload; 32% worked only in parole, 27% handled only probation, and 35% worked in both probation and parole.

Although probation and parole officers indicated having taken training on mental health and substance use in the last 12 months and they indicated knowledge around several mental health topics, a majority of participants (92%) still indicated that they would attend a free training or would view a recorded webinar on the topics of mental health or substance use disorder.

Training and Technical Assistance Needs: Topic and Population Priorities

Probation and parole officers indicated if each proposed mental health training topic was a high priority, would be helpful, or was not a need at this time. Whether looking at only topics ranked *high priority* or combining the two categories of *high priority* and *would be helpful*, three topics appeared in both top five lists and included:

Table 1. Top Three Training Topics Identified by Probation and Parole Officers

	High priority	High priority/ would be helpful
1. Mental health and substance abuse (co-occurring disorders)	48%	93%
2. Permanent supportive housing resources	42%	88%
3. Crisis management (de-escalation, intervention, etc.)	38%	87%

Probation and parole officers were also asked to mark any and all population groups they would like additional training on related to mental health. Across all geographic areas (rural and urban), all six states, and all caseload types (probation only, parole only, probation and parole), four of the top five populations were the same and included:

- Individuals with serious mental illness.
- People with substance use disorder.
- Homeless/transient populations.
- Individuals with serious emotional disturbance.

State and Caseload Variability

When combining topics that were a *high priority* and those identified as *helpful*, more than half (21 of 36) of the training/TA topics were identified as a need by at least 75% of respondents. No proposed topic had more than a majority (50%) of respondents indicate that it was *not a need at this time*. However, when comparing the average priority scores, there was significant variability ($p < 0.05$) between states for all but seven of the proposed topics. For example:

- In Utah, 94% of parole and probation officers thought training on permanent supportive housing resources *would be helpful* or a *high priority* compared to only 76% of those in North Dakota.
- In South Dakota, only 46% of officers requested training on staff recruitment compared to 82% of officers in Utah.
- In Colorado and Utah, 85% of probation and parole officers indicated that training on suicide assessments *would be helpful* or a *high priority* compared to only 66% in Wyoming.
- In Utah, 81% of probation and parole officers responded that training on stigma reduction around mental health *would be helpful* or a *high priority* compared to only 63% of participants in Montana.

Some of the variability among states regarding knowledge and topic priorities could likely relate to the structure of probation and parole. For example, in North Dakota, 84% of respondents worked in both probation and parole. In South Dakota, no participant worked in both probation and parole, and instead, 67% worked only in probation. There was significant ($p < 0.05$) variability between primary caseload for 13 of the 36 training topics. For example,

- A greater proportion of probation only officers (27%) than those who worked only in parole (11%) or in both parole and probation (12%) disagreed that they could recognize the signs of a drug overdose.
- On average, toxicology screens were a higher priority topic for those who worked solely in probation than any other caseload.

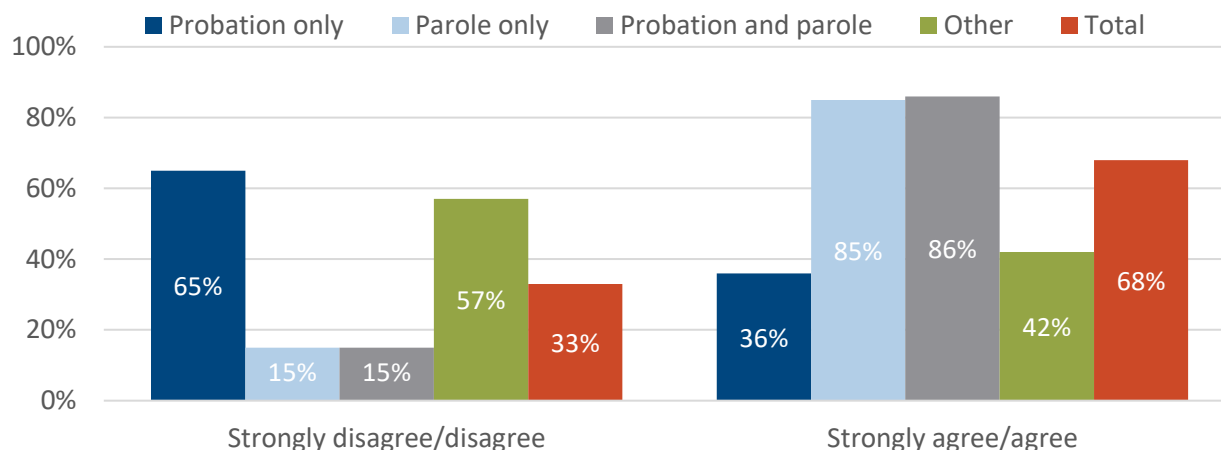
Knowledge of, and Access to, Narcan/Naloxone

Narcan is a brand of Naloxone. Naloxone is a medication approved by the Food and Drug Administration to reverse the effects of an overdose by opioids such as heroin, morphine, and oxycodone.¹ There was significant knowledge around substance use and drug overdose generally. However, 33% of parole and probation officers disagreed or strongly disagreed that they knew how to administer Narcan (Naloxone) to reverse an opioid overdose. Similarly, only 42% of those taking the survey indicated that they both had access to, and carried, Narcan.

There was significant variability between states in the knowledge of how to administer Narcan/Naloxone. In North Dakota, roughly 88% of probation and parole officers agreed or strongly agreed that they knew how to administer Narcan/Naloxone to reverse an opioid overdose compared to only 35% of officers in South Dakota. States where a greater proportion of officers knew how to administer Narcan also reported a greater percentage of officers who had access to and carried Narcan/Naloxone. Only 11% of officers in North Dakota did not have professional access to, or carry, Narcan/Naloxone compared to 70% of officers in South Dakota.

Much of the variability among states can be explained by their structure of probation and parole. A majority of those who worked only in probation (65%) indicated they did not know how to administer Narcan compared to only 15% of those who worked solely in parole, or in parole and probation. In South Dakota, 67% of the respondents worked only in probation compared to only 9% in North Dakota.

Figure 1. Knowledge on How to Administer Narcan/Naloxone to Reverse an Opioid Overdose by Caseload



Recommendations

The Mountain Plains MHTTC should develop mental health trainings for individuals working in probation and parole throughout the six-state region. Priority training and TA topics that can be targeted toward *both* probation and parole throughout the region include:

- Individuals with substance use disorder (SUD) or mental health and SUD (co-occurring).
- Permanent supportive housing resources and serving people who are homeless/transient.
- Crisis management (de-escalation, intervention, etc.).
- Individuals with serious mental illness.
- Individuals with serious emotional disturbance.

Targeted training and TA is needed regarding the use of Narcan/Naloxone specifically for probation officers and for those working in Colorado, South Dakota, and Wyoming. This will require collaboration with officials in each state to ensure that once training has been provided, these officers will have access to Narcan.

Based on participants' preferences, trainings should be a combination of live and recorded trainings that are between 60 and 90 minutes. Live trainings should not be held during the noon-hour, and instead, should be scheduled between 8:00 am – 12:00 pm or between 1:00 pm – 3:00 pm.

1. Substance Abuse and Mental Health Services Administration. (2019). Medication-assisted treatment: Naloxone. Retrieved from www.samhsa.gov/medication-assisted-treatment/treatment/naloxone

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All Probation and Parole Officers

SURVEY RESPONDENTS

A total of 694 probation and parole officers within the six-state region began the electronic survey; 85 of did not respond beyond the demographic questions. After removing the 85 incomplete responses, the final data included 609 participants. Percentages are rounded to the nearest whole number, and all results present valid percentages (omitting missing) unless specifically stated otherwise. Respondents:

- Were predominately between the ages of 30 and 49 (68%).
- Worked primarily in urban or suburban settings (64%).
- Represented both male (46%) and female (52%) officers.
- Had equal representation around primary caseload; 32% worked only in parole, 27% handled only probation, and 35% worked in both probation and parole. See Figures 1-6.

Figure 1. Survey Respondents by Age Category

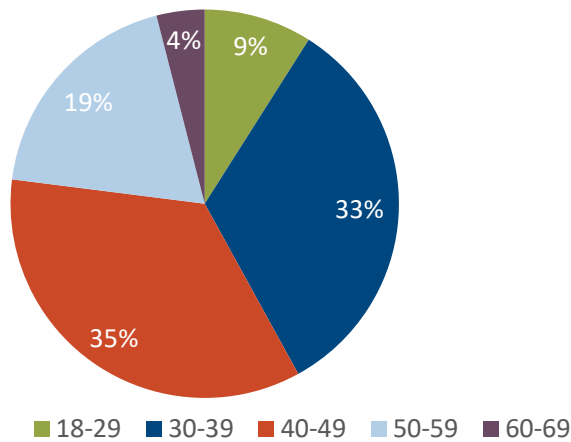


Figure 2. Survey Respondents by Gender

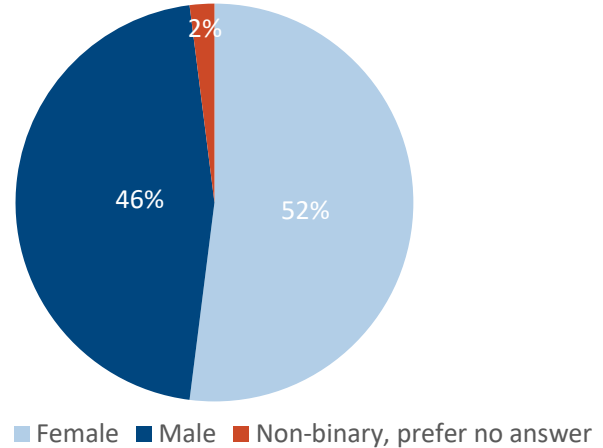


Figure 3. Respondents' Primary Job Locations and Geographical Settings

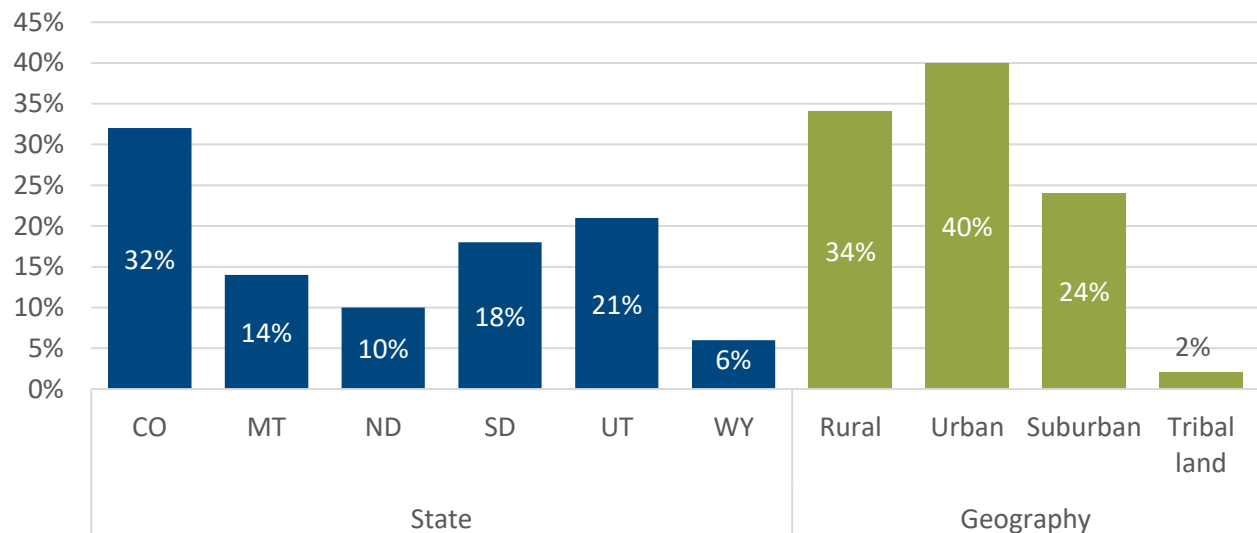


Figure 4. Length of Time Participants Have Worked in Criminal Justice

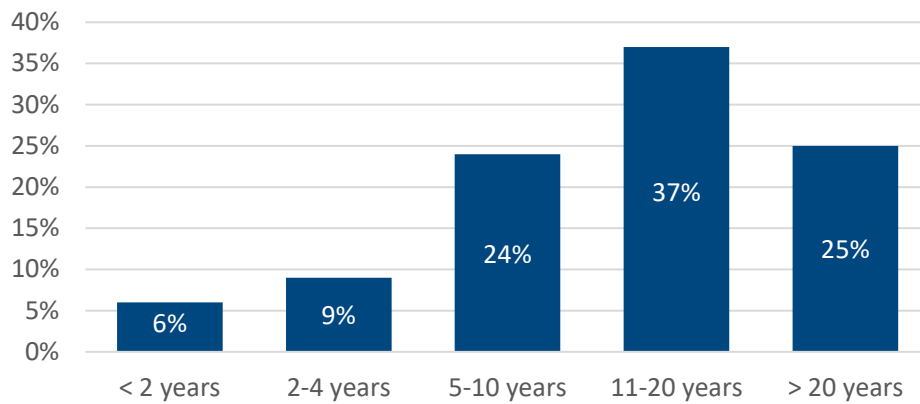


Figure 5. Primary Caseload

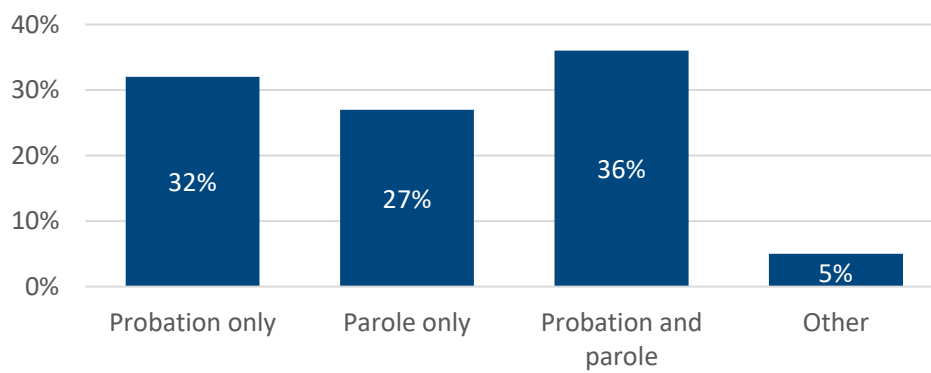
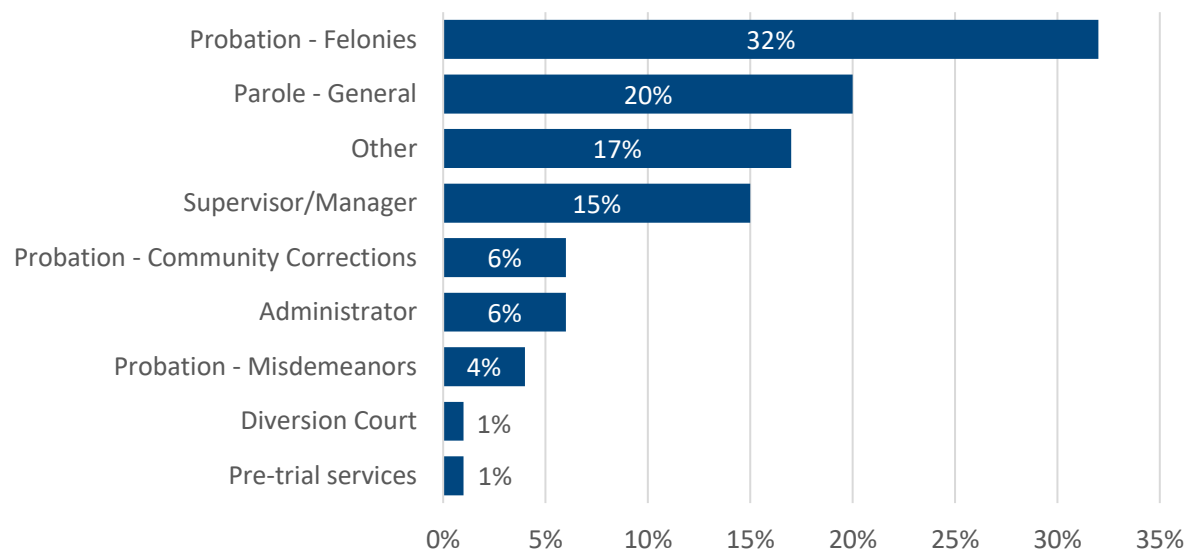


Figure 6. Participants' Primary Job Responsibility



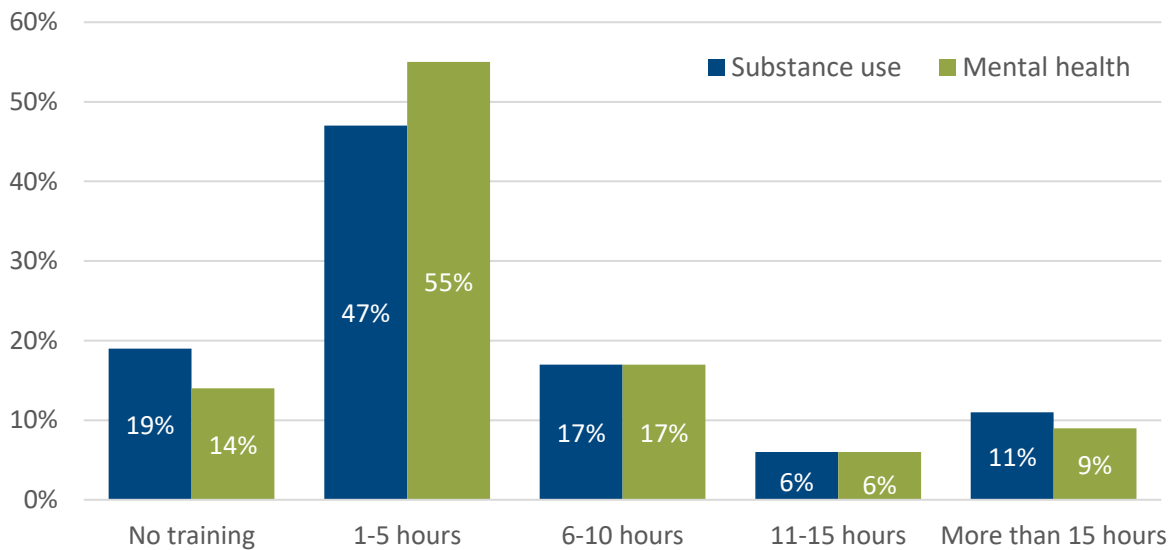
Roughly 17% (102) of respondents indicated *Other* as their primary job responsibility. A majority of the *other* job responsibilities included dual roles. These officers typically indicated that their primary role was to work in both probation and parole in either an administrative or supervisory capacity. Roughly 14% of those who indicated *other* worked in treatment, counseling, and mental health therapies. Write-in responses included:

- Probation and parole manager/supervisor.
- Probation and parole felonies.
- Probation felonies and parole general.
- Parole and probation administrative support.
- Substance abuse therapy.
- Licensed addiction counselor.
- Mental health therapy.
- Court supervised treatment program.

CURRENT KNOWLEDGE AND EXPERIENCE

Participants were asked to indicate the hours of training they had received in the last 12 months on the topic of substance use (addiction) and the topic of mental health. Overall, a near majority of probation and parole officers had taken between one and five hours of training on both topics. See Figure 7.

Figure 7. Hours of Training in Last 12 Months on Mental Health and Substance Use



On average, probation and parole officers indicated knowledge on trauma-informed care, the signs of suicide risk, signs of a drug overdose, signs of addiction, and the skills required to calm someone in a crisis state of mind. These questions were measured on a Likert scale (1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree) and asked participants to indicate their level agreement to the following:

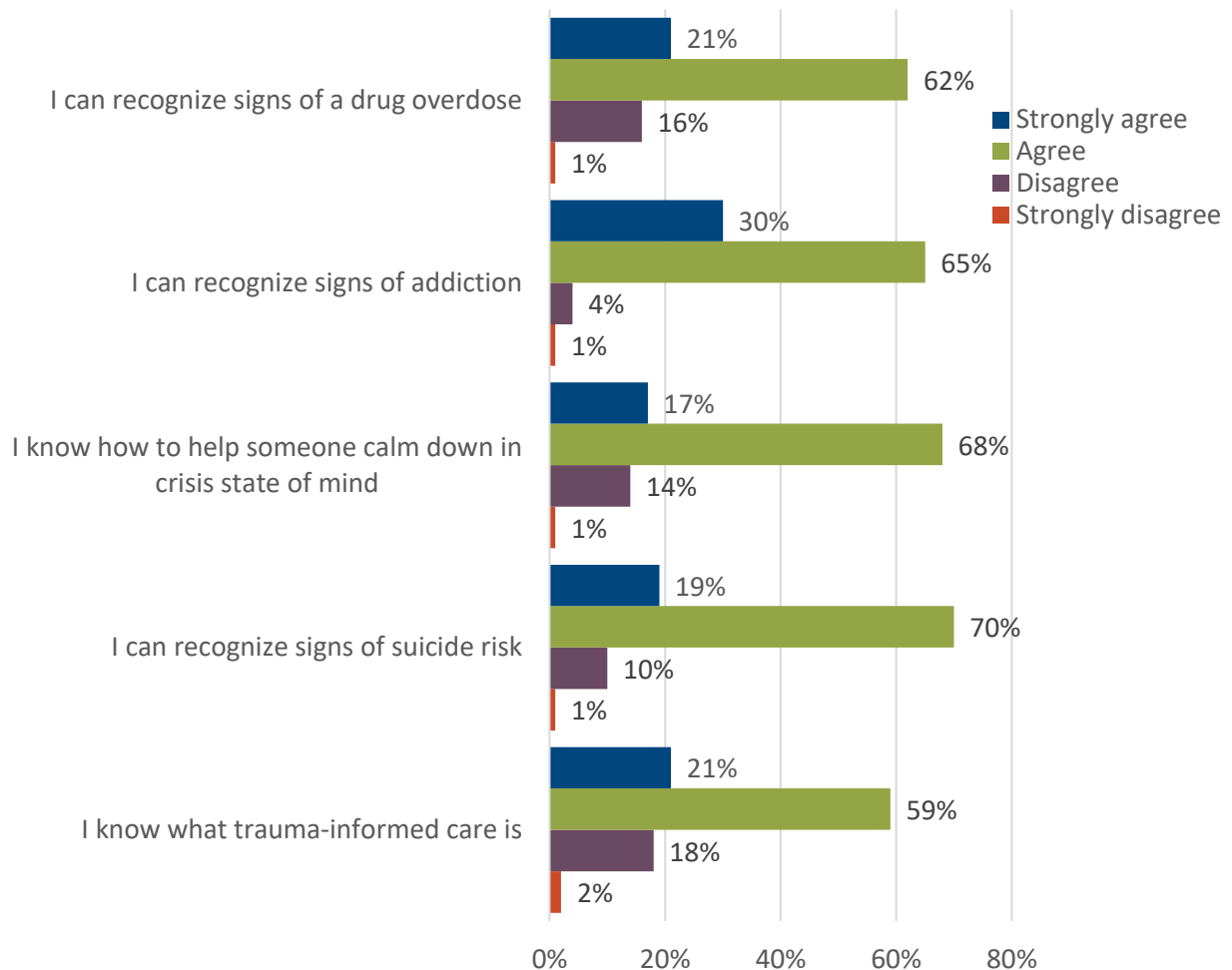
1 = Strongly disagree; 2 = Disagree; 3 = Agree; 4 = Strongly agree

• I know what trauma-informed care is	3.00
• I can recognize signs of suicide risk	3.08
• I know how to help someone calm down from a crisis state of mind	3.02
• I can recognize the signs of addiction	3.24
• I can recognize signs of a drug overdose	3.03

Average

Only 5% of participants did not agree or strongly agree that they could recognize the signs of addiction. However, roughly 20% disagreed or strongly disagreed that they knew what trauma-informed care was. Although, on average, participants agreed they could recognize the signs of a drug overdose (3.03), 17% of officers disagreed or strongly disagreed that they could recognize these signs. See Figure 8.

Figure 8. Knowledge on Mental Health Topics Among Probation and Parole Officers

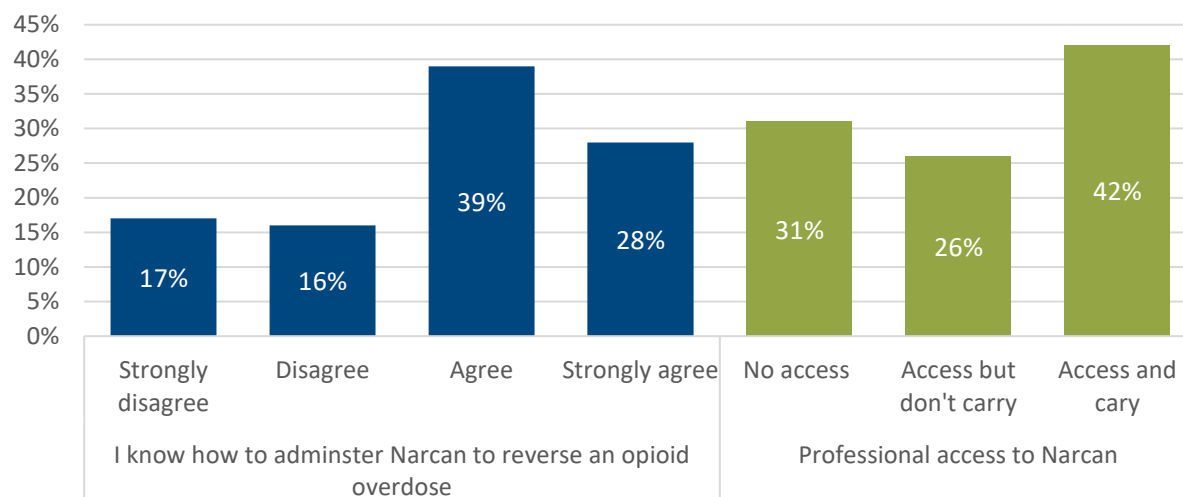


Access to, and Knowledge of, Narcan/Naloxone

Narcan is a brand of Naloxone. Naloxone is a medication approved by the Food and Drug Administration to prevent overdose by opioids such as heroin, morphine, and oxycodone. For more information on Naloxone, visit www.samhsa.gov/medication-assisted-treatment/treatment/naloxone.

There was significant knowledge about substance use and drug overdose generally among respondents. However, 33% of parole and probation officers disagreed or strongly disagreed that they knew how to administer Narcan (Naloxone) to reverse an opioid overdose. Similarly, only 42% of those taking the survey indicated that they both had access to, and carried, Narcan. See Figure 9.

Figure 9. Access to, and Knowledge of, Narcan/Naloxone



TRAINING AND TECHNICAL ASSISTANCE NEEDS: TOPIC PRIORITIES

Although probation and parole officers indicated having taken training on mental health and substance use in the last 12 months and they expressed knowledge about several mental health topics, a majority of participants still indicated that they would attend a free training or would view a recorded webinar on the topics of mental health or substance use disorder (92%).

Participants were asked to indicate the priority or need for training or technical assistance (TA) on a variety of topics. Each topic was rated on a Likert scale: 1 = not a current need; 2 = training would be helpful; 3 = high priority; and, NA = not applicable/unsure. The top five training needs based on the percentage of respondents indicating it as a *high priority* included:

- | | | |
|--|-----|---------------|
| 1. Mental health and substance abuse (co-occurring disorders) | 48% | High priority |
| 2. Staff retention | 45% | High priority |
| 3. Compassion fatigue/burnout
(understanding how this work impacts us personally) | 40% | High priority |
| 4. Permanent supportive housing resources | 42% | High priority |
| 5. Crisis management (de-escalation, intervention, etc.) | 38% | High priority |

When combining topics that were a *high priority* and those identified as *helpful*, more than half (21 of 36) of the training/TA topics were identified as a need by at least 75% of respondents. Staff retention had the second greatest proportion of respondents indicate it as a *high priority* topic in the previous list. However, less than 75% of the respondents indicated that staff retention was a *high priority* or *helpful* topic (73%).

Identified as *High Priority* or *Helpful* by 75% or More of Probation and Parole Officers

1. Mental health and substance abuse (co-occurring disorders)	93%
2. Mental health and intellectual disabilities (co-occurring disorders)	92%
3. Understanding the connection between trauma and deviant behavior	88%
4. Permanent supportive housing resources	88%
5. Crisis management (de-escalation, intervention, etc.)	87%
6. Effects of psychotropic medications	87%
7. Employment issues and solutions for individuals with mental illness	86%
8. Responding to parolees who are hearing voices or experiencing psychosis	86%
9. Employment issues and solutions for people with substance use disorder	85%
10. Community support for recovery	85%
11. Understanding the impact of addiction on bodies, brains and behaviors	85%
12. Responding to parolees with schizophrenia	85%
13. Compassion fatigue/burnout (understanding how this work impacts us personally)	82%
14. Trauma-informed care	82%
15. Suicide prevention	81%
16. Suicide assessment	81%
17. Withdrawal management	80%
18. Medication-assisted treatment (MAT)	80%
19. Team work to ensure ideal outcomes with parolees	78%
20. Historical trauma	78%
21. Leadership skills development	76%

No proposed topic had more than a majority (50%) of respondents indicate that it was *not a need at this time*. However, there were topics that were of greater priority than others. See Table 1 for a presentation of topics ordered by the average need score.

Table 1. Training and Technical Assistance Topics by Average Need Score

3 = High priority 2 = Would be helpful 1 = Not a need at this time	Avg.	3	2	1	NA
Mental health and substance abuse (co-occurring disorders)	2.42	48%	45%	6%	1%
Permanent supportive housing resources	2.35	42%	47%	8%	4%
Staff retention	2.31	45%	27%	17%	10%
Mental health and intellectual disabilities (co-occurring disorders)	2.31	37%	56%	6%	2%
Understanding the connection between trauma and deviant behavior	2.29	37%	51%	9%	3%
Compassion fatigue/burnout (understanding how this work impacts us personally)	2.27	40%	42%	14%	4%
Crisis management (de-escalation, intervention, etc.)	2.27	38%	49%	11%	2%
Community support for recovery	2.26	37%	48%	12%	3%
Responding to parolees who are hearing voices or experiencing psychosis	2.23	31%	54%	9%	5%
Responding to parolees with schizophrenia	2.23	30%	54%	9%	6%
Employment issues and solutions for people with substance use disorder (Individual placement and support services)	2.20	31%	54%	12%	3%
Employment issues and solutions for individuals with mental illness	2.19	29%	57%	10%	4%
Trauma-informed care	2.19	32%	49%	14%	5%
Effects of psychotropic medications	2.19	29%	58%	10%	3%
Staff recruitment	2.16	37%	29%	23%	11%
Understanding the impact of addiction on bodies, brains and behaviors	2.14	28%	57%	14%	1%
Leadership skills development	2.12	32%	44%	20%	4%
Assertive community treatment (ACT)	2.12	22%	52%	12%	14%
Team work to ensure ideal outcomes with parolees	2.11	27%	51%	16%	6%
Suicide prevention	2.10	27%	54%	17%	2%
Suicide assessment	2.10	25%	56%	16%	3%
Medication-assisted treatment (MAT)	2.08	23%	57%	16%	4%
Withdrawal management	2.07	23%	57%	16%	4%
Organizational change strategies	2.06	25%	49%	19%	7%
Historical trauma	2.03	22%	56%	19%	4%
Parolee and staff safety practices	2.00	25%	45%	25%	5%
Using data for continuous quality improvement	1.98	20%	51%	22%	7%
Stigma reduction around mental health	1.97	20%	54%	23%	4%
SBIRT (Screening, Brief Intervention, and Referral to Treatment)	1.97	17%	54%	20%	9%
Stigma reduction around substance use	1.96	19%	54%	24%	3%
Toxicology screenings	1.95	20%	52%	24%	4%
Specialty courts (veteran, mental health, etc.)	1.92	21%	46%	28%	5%
Working with diverse populations	1.91	19%	52%	27%	2%
When and how to administer Narcan/Naloxone	1.89	23%	39%	33%	6%
Pregnant and postpartum depression	1.79	11%	53%	30%	6%
Motivational interviewing	1.66	15%	34%	48%	3%

A small number of officers (20 of 609 surveyed) identified additional training topics. These topics included:

- Crucial conversations
- Communication strategies
- Mental health of employees
- Training on female mental health
- Safe Haven for transient populations
- Issues related to serving sex offenders
- Dealing with workplace cliques and relationships
- Work-life balance
- Personality disorders
- Physiology of addiction
- Working with victims
- Withdrawal (detox) centers
- Officer safety
- Resources for transportation options

TRAINING AND TECHNICAL ASSISTANCE NEEDS: PRIORITY POPULATIONS

The survey also asked officers to identify which populations (if any) they would like additional training or consultation about to improve their professional efforts in the field of mental health. Participants could select multiple populations from a list of 25. Overall, the top priority populations were: individuals with serious mental illness; people who are homeless/transient; people with substance use disorder; individuals with serious emotional disturbance; and, rural populations. See Table 2.

Table 2. Populations Respondents Would Like Addressed in Trainings or Technical Assistance

Population	All Respondents	N
1. Individuals with serious mental illness (SMI)	59%	357
2. People who are homeless/transient	55%	336
3. People with substance use disorder (addiction)	53%	325
4. Individuals with serious emotional disturbance (SED)	49%	296
5. Rural	45%	273
6. Low income	42%	255
7. Families/parolees with children	39%	236
8. Adults (ages 18-64)	37%	224
9. Veterans	35%	213
10. Individuals with developmental disabilities	33%	202
11. Sex offenders	33%	201
12. Women	32%	197
13. American Indian/Alaska Natives	32%	194
14. Men	28%	173
15. Urban	27%	167
16. Lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ)	27%	163
17. Hispanic/Latino	23%	142
18. White/Caucasian	22%	131
19. African American/Black	20%	124
20. Seniors (ages 65 +)	19%	115
21. Children (ages 0-17)	14%	84
22. Refugees	14%	82
23. Native Hawaiian/Pacific Islander	12%	75
24. Asian	12%	74
25. Migrant workers	10%	63

TRAINING MODALITY PREFERENCES

The Mountain Plains MHTTC provides education, training, and technical assistance through a variety of modalities, including videoconferences, asynchronous and synchronous webinars, in-person intensives, conference presentations, and more. To identify the preferred mode(s) and time(s) to attend trainings, respondents were asked to identify the time(s) of day that work best to attend synchronous (live) trainings, their preferred training length, and preferred modes of web training. In general, participants indicated they preferred a combination of live and recorded trainings (40%), trainings that run between 60 to 90 minutes (36%), and those that are scheduled in the morning. See Figures 10-12.

Figure 10. Preferred Modes of Web Training Delivery

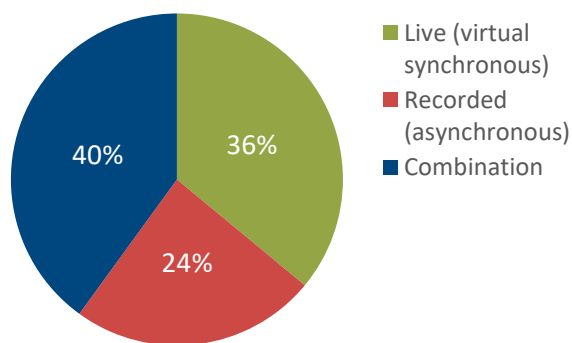


Figure 11. Preferred Length of Live Trainings

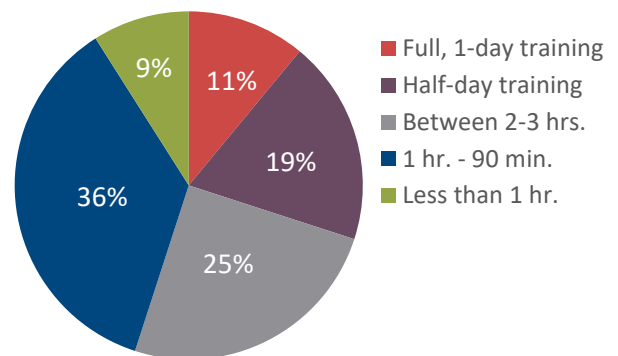
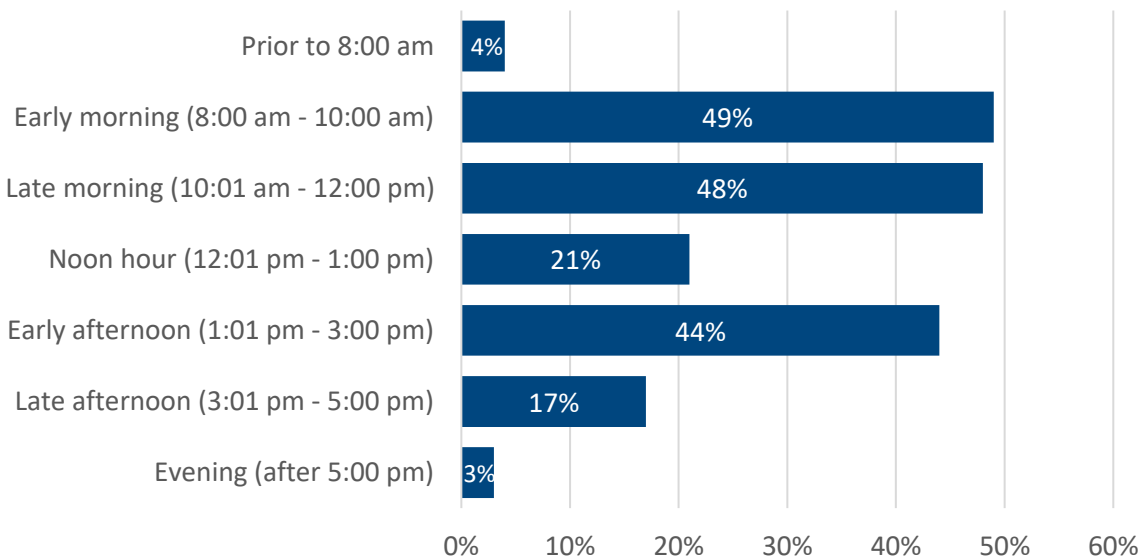


Figure 12. Participants' Preferred Times of Day for Scheduled Live (Synchronous) Trainings*



* Participants could select more than one time of day (totals will not equal 100%).

SURVEY RESPONDENTS: STATE COMPARISONS

The Mountain Plains MHTTC serves Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming. While these state populations share similar attributes and borders, their priority populations, behavioral health training and TA needs, as well as preferred modalities, may vary. State specific reports are available in Appendices A-F.

Number of respondents for each state (2018 populations):

- | | | |
|----------------|-----------------|---------------|
| • Colorado | 193 respondents | 5.696 million |
| • Montana | 87 respondents | 1.062 million |
| • North Dakota | 58 respondents | 760,077 |
| • South Dakota | 110 respondents | 882,235 |
| • Utah | 126 respondents | 3.161 million |
| • Wyoming | 35 respondents | 577,737 |

Although Colorado reported the greatest number of respondents, when reviewing the participant numbers in proportion to the respective state populations, South Dakota, North Dakota, and Montana had greater response rates. Overall, the six states had relatively equal representation. The participants did not vary by state with regard to age. However, there was considerable variation in years worked, gender, and primary job responsibilities (see Figures 13-16, Table 3). Specifically:

- 80% of respondents in Wyoming identified as female compared to only 27% of those in Utah.
- 71% and 43% of probation and parole officers in Wyoming and South Dakota respectively worked in rural communities compared to only 21% of participants in Utah.
- 85% of the officers in North Dakota reported both probation and parole as their primary caseload compared to less than 1% of officers in Colorado and South Dakota.

Figure 13. Participants' Age Categories by State

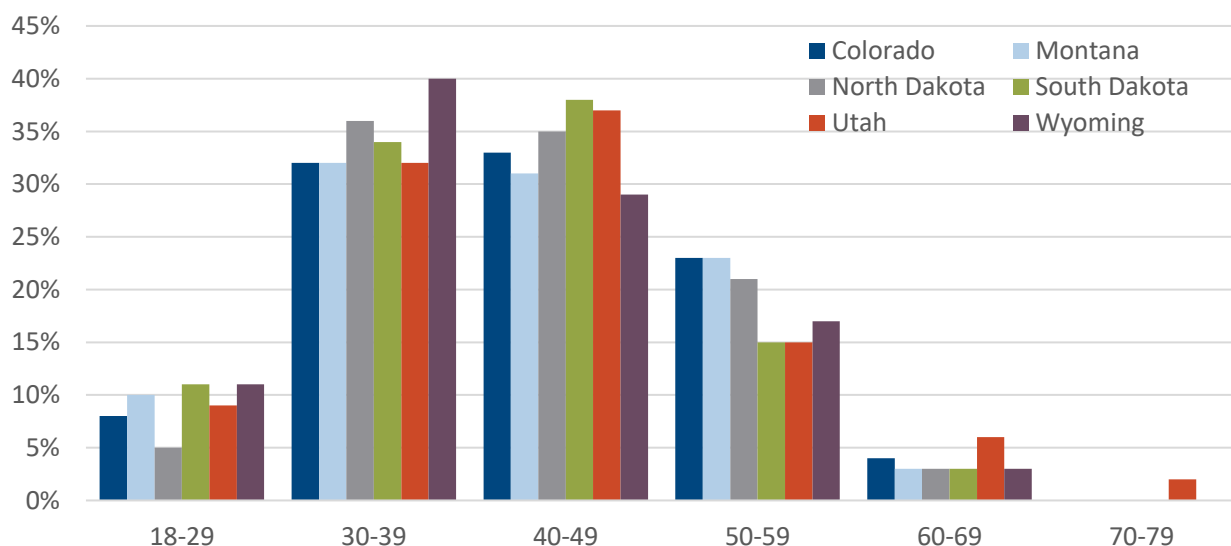


Figure 14. Participants' Identified Gender by State

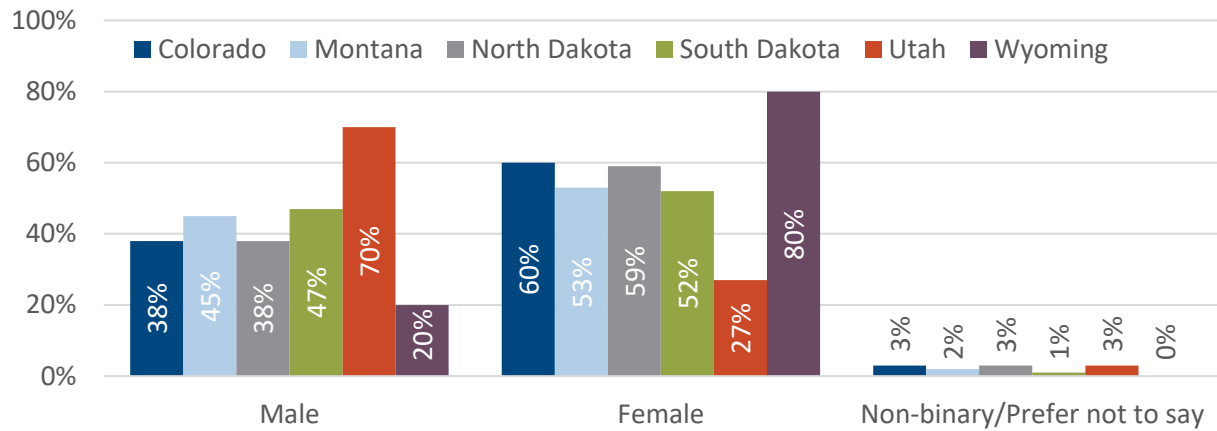


Figure 15. Participants' Geographic Location by State

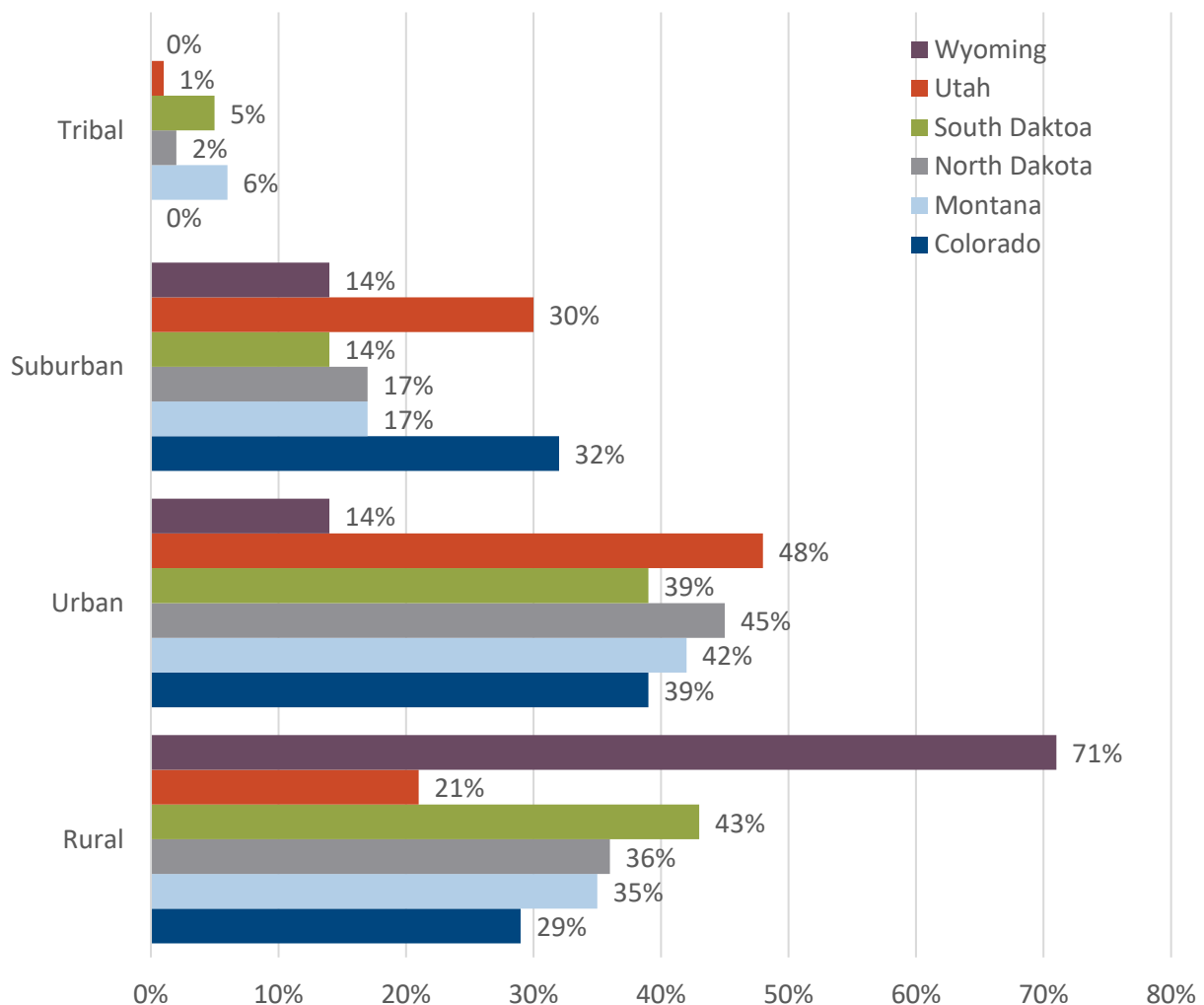


Figure 16. Length of Time Worked in Criminal Justice and Primary Caseload

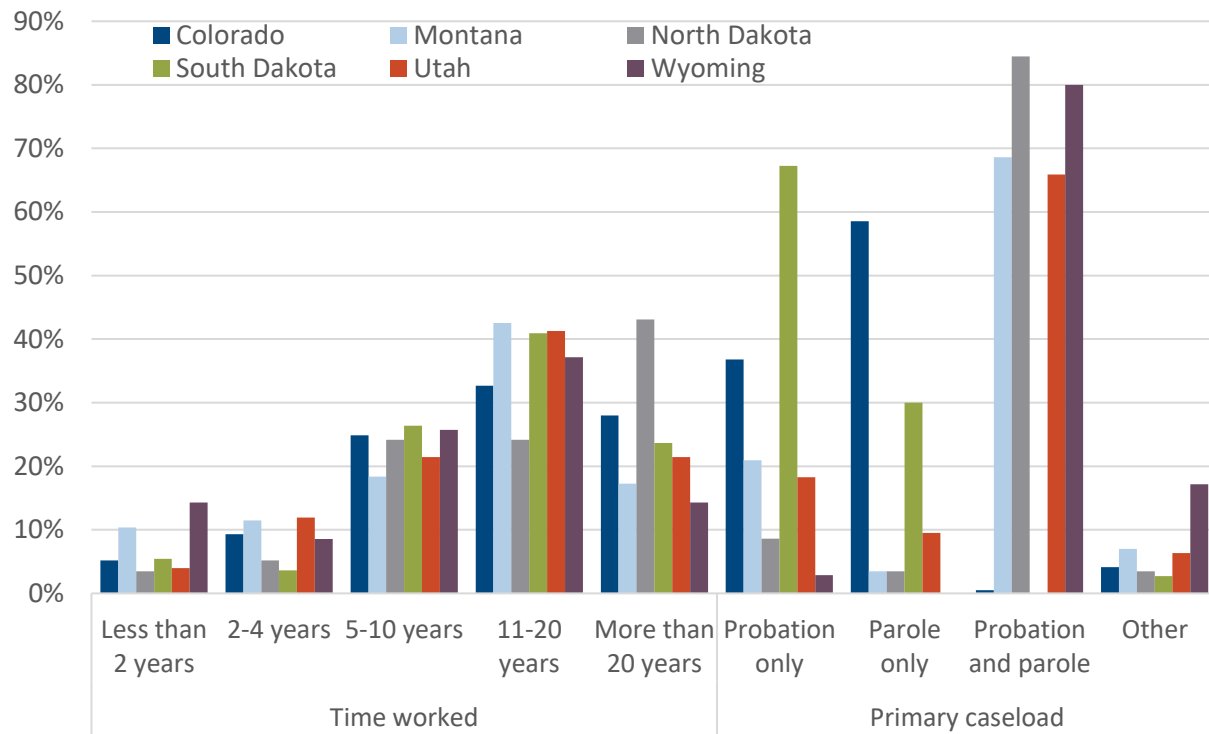


Table 3. Length of Time Worked in Criminal Justice and Primary Caseload

	CO	MT	ND	SD	UT	WY
Time worked						
Less than 2 years	5%	10%	3%	5%	4%	14%
2-4 years	9%	11%	5%	4%	12%	9%
5-10 years	25%	18%	24%	26%	21%	26%
11-20 years	33%	43%	24%	41%	41%	37%
More than 20 years	28%	17%	43%	24%	21%	14%
Primary caseload						
Probation only	37%	21%	9%	67%	18%	3%
Parole only	59%	3%	3%	30%	10%	0%
Probation and parole	1%	69%	84%	0%	66%	80%
Other	4%	7%	3%	3%	6%	17%

CURRENT KNOWLEDGE AND EXPERIENCE: STATE COMPARISONS

A greater proportion of probation and parole officers indicated completing training on mental health than on substance use disorders, regardless of state. For example, nearly a quarter of officers in Montana (24%) indicated no training in substance use disorders in the last 12 months compared to only 7% of officers in Montana who indicated having taken no training on mental health in the last 12 months. See Figure 17 and Table 4.

Figure 17. Hours of Training in Last 12 Months on Mental Health or Substance Use Disorder by State

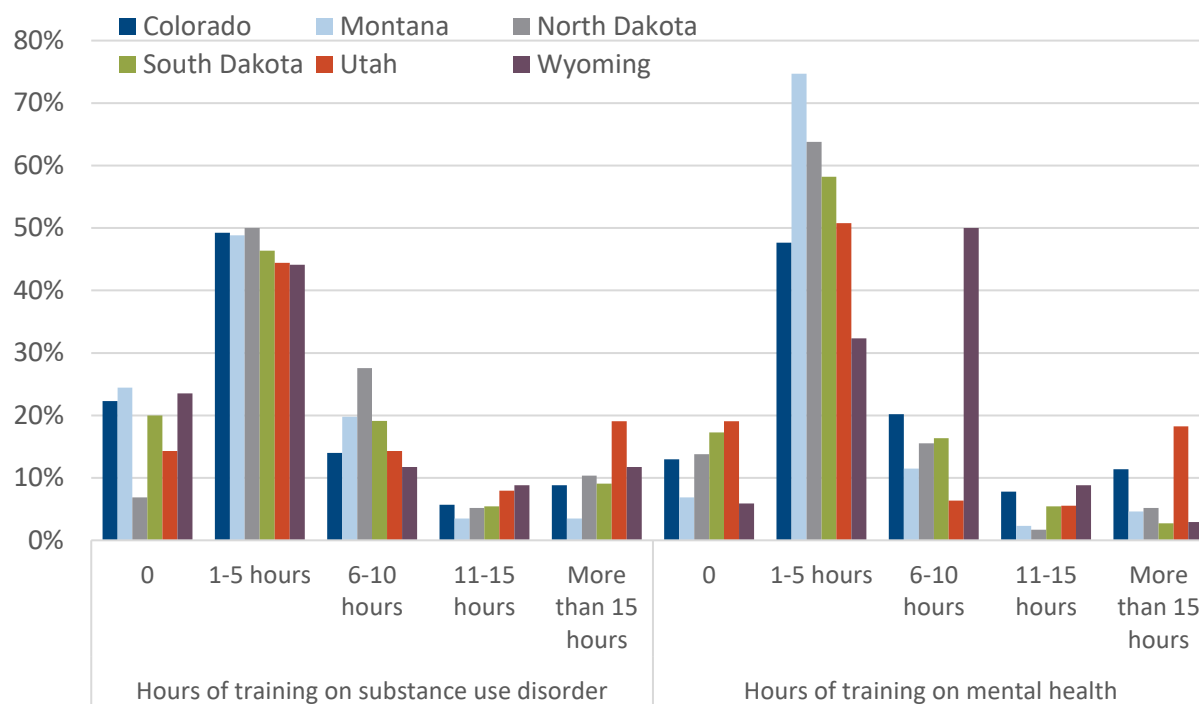
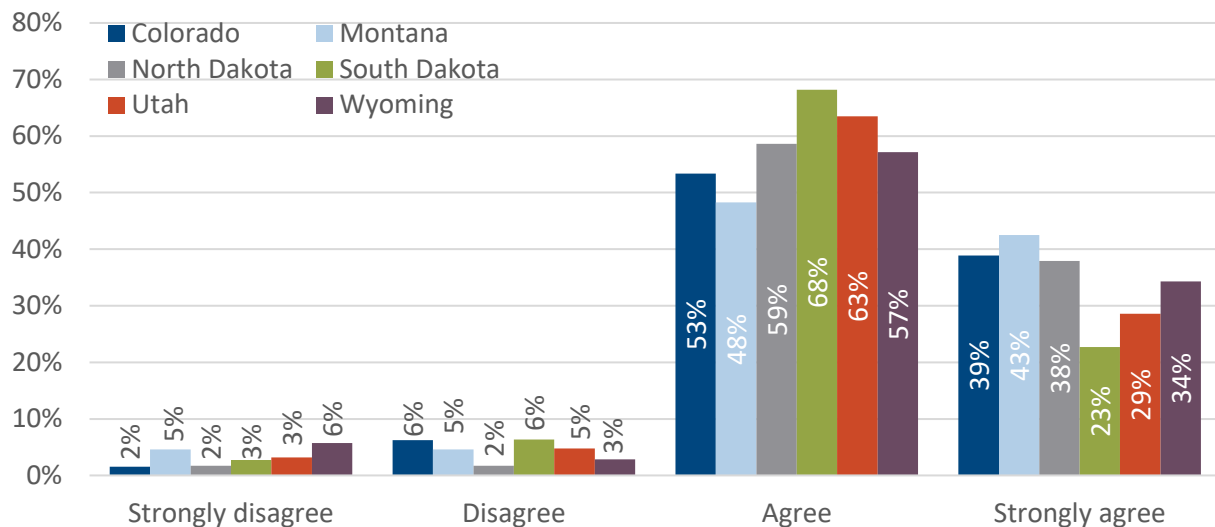


Table 4. Hours of Training in Last 12 Months on Mental Health or Substance Use Disorder (SUD) by State

	Hours of training on SUD						Hours of training on mental health					
	CO	MT	ND	SD	UT	WY	CO	MT	ND	SD	UT	WY
Zero	22%	24%	7%	20%	14%	24%	13%	7%	14%	17%	19%	6%
1-5 hrs.	49%	49%	50%	46%	44%	44%	48%	75%	64%	58%	51%	32%
6-10 hrs.	14%	20%	28%	19%	14%	12%	20%	11%	16%	16%	6%	50%
11-15 hrs.	6%	3%	5%	5%	8%	9%	8%	2%	2%	5%	6%	9%
15+ hrs.	9%	3%	10%	9%	19%	12%	11%	5%	5%	3%	18%	3%

A greater proportion of probation and parole officers in North Dakota agreed or strongly agreed that they would attend free trainings on the topics of mental health or substance use disorder (97%) than any other state. However, all states had greater than 80% of participants indicate they agreed or strongly agreed that they would attend trainings. See Figure 18.

Figure 18. Percent of Officers Who Agreed/Disagreed They Would Attend a Free Training by State



A greater percentage of probation and parole officers in Colorado (93%) knew what trauma-informed care was than any other state, with only 67% agreeing or strongly agreeing they knew about trauma-informed care in the state of Utah. See Figure 19.

Figure 19. Percent of Officers Who Agreed/Disagreed They Knew About Trauma-Informed Care by State

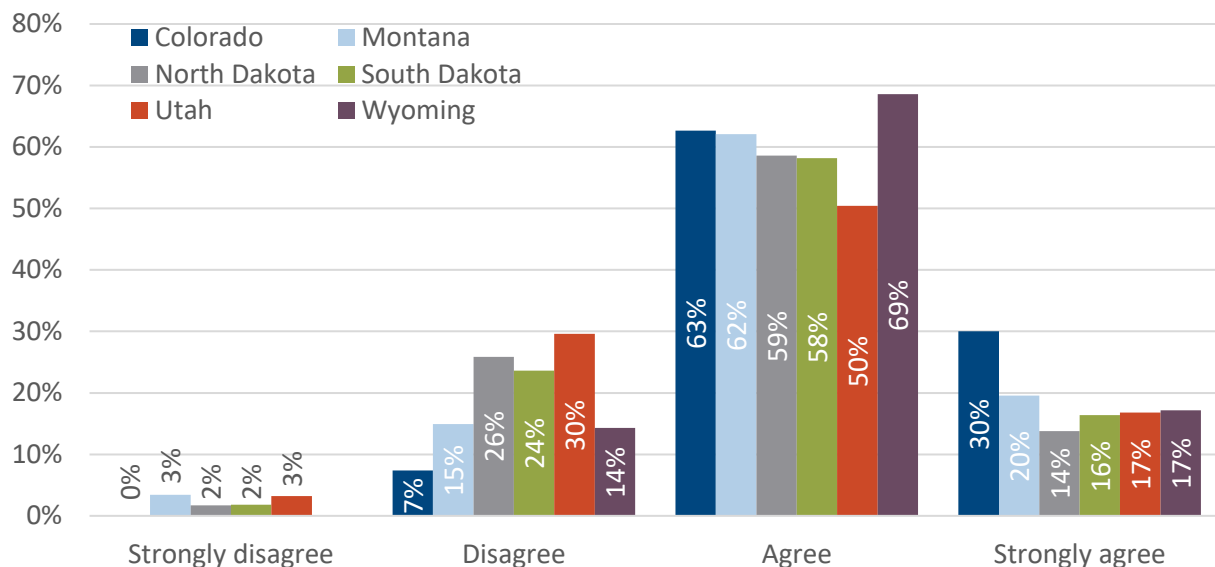
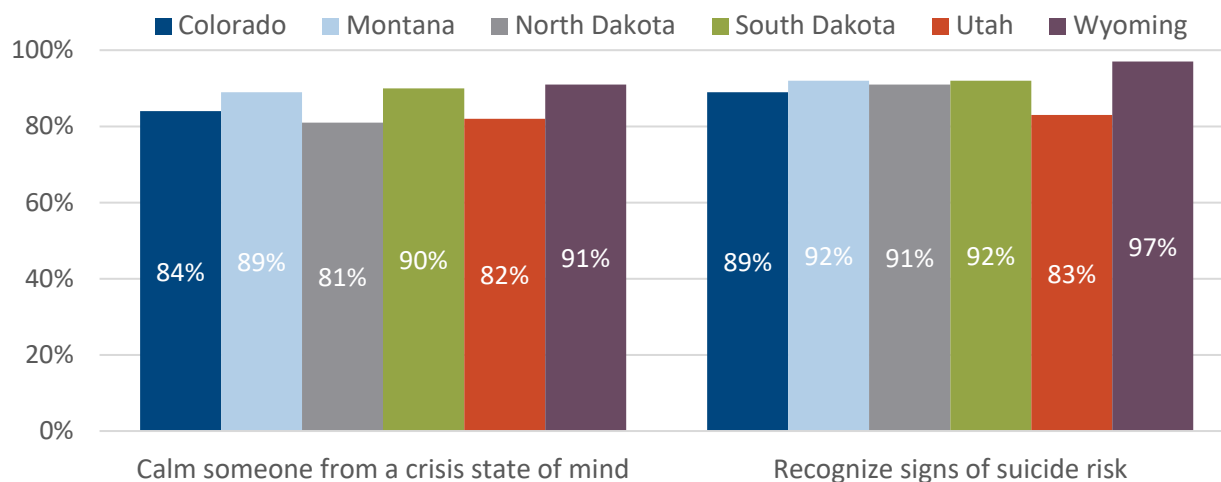


Figure 20 presents the proportion of probation and parole officers in each state that strongly agreed/agreed that they could calm someone from a crisis state of mind and that they could recognize the signs of suicide risk.

Figure 20. Percent of Officers Who Strongly Agreed/Agreed They Could Recognize Signs of Suicide Risk and Calm Someone in a Crisis State of Mind by State



Greater than 90% of all probation and parole officers, regardless of state, indicated they agreed or strongly agreed that they could recognize the signs of addiction. However, there was less agreement regarding recognizing the signs of a drug overdose. For example, nearly a quarter (24%) of probation and parole officers in Colorado disagreed or strongly disagreed that they could recognize the signs of a drug overdose while only 6% disagreed or strongly disagreed that they could recognize signs of addiction. See Figure 21 and Table 5.

Figure 21. Percent of Officers Who Agreed/Disagreed They Could Recognize Signs of Addiction or Drug Overdose by State

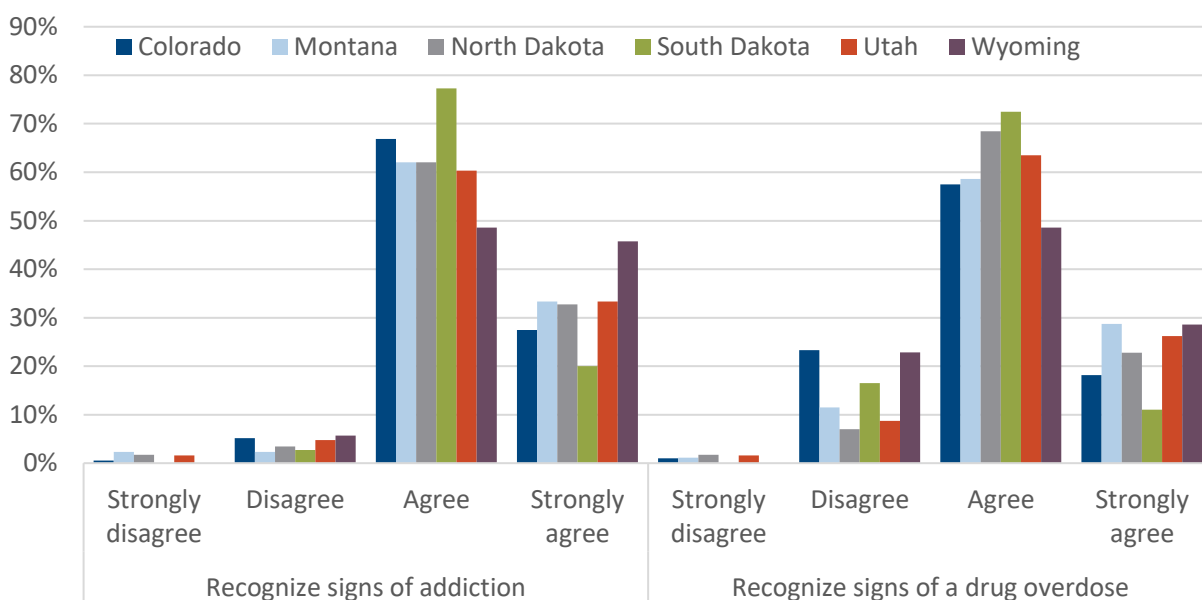


Table 5. Percent of Officers Who Agreed/Disagreed They Could Recognize Signs of Addiction or Drug Overdose by State

	Recognize signs of addiction						Recognize signs of drug overdose					
	CO	MT	ND	SD	UT	WY	CO	MT	ND	SD	UT	WY
Strongly disagree	1%	2%	2%	0%	2%	0%	1%	1%	2%	0%	2%	0%
Disagree	5%	2%	3%	3%	5%	6%	23%	11%	7%	17%	9%	23%
Agree	67%	62%	62%	77%	60%	49%	58%	59%	68%	72%	63%	49%
Strongly agree	27%	33%	33%	20%	33%	46%	18%	29%	23%	11%	26%	29%

Access to, and Knowledge of, Narcan/Naloxone

There was significant variability among states in the knowledge of how to administer Narcan/Naloxone. In North Dakota, roughly 88% of probation and parole officers strongly agreed/agreed that they knew how to administer Narcan to reverse an opioid overdose compared to only 35% of officers in South Dakota. See Figure 22. States where a greater proportion of officers knew how to administer Narcan also reported a greater percentage of officers who had access to and carried Narcan. See Figure 23.

Figure 22. Percent of Officers Who Agreed/Disagreed They Knew How to Administer Narcan by State

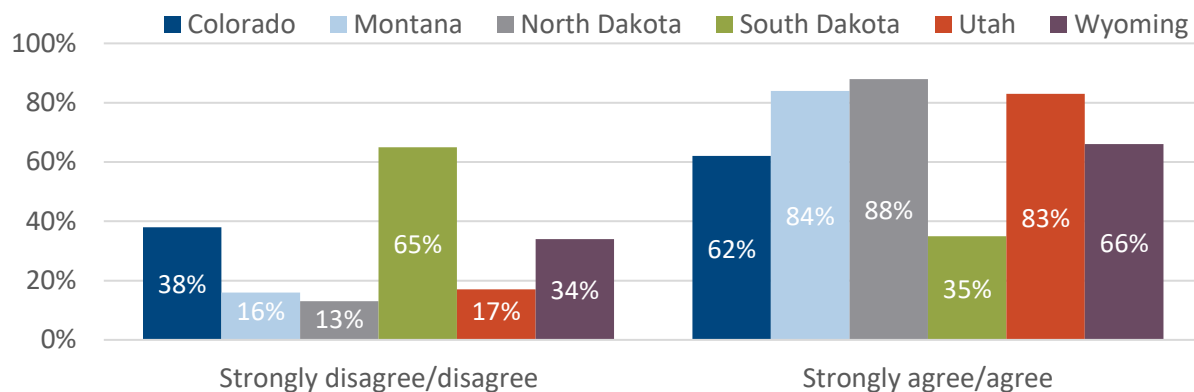
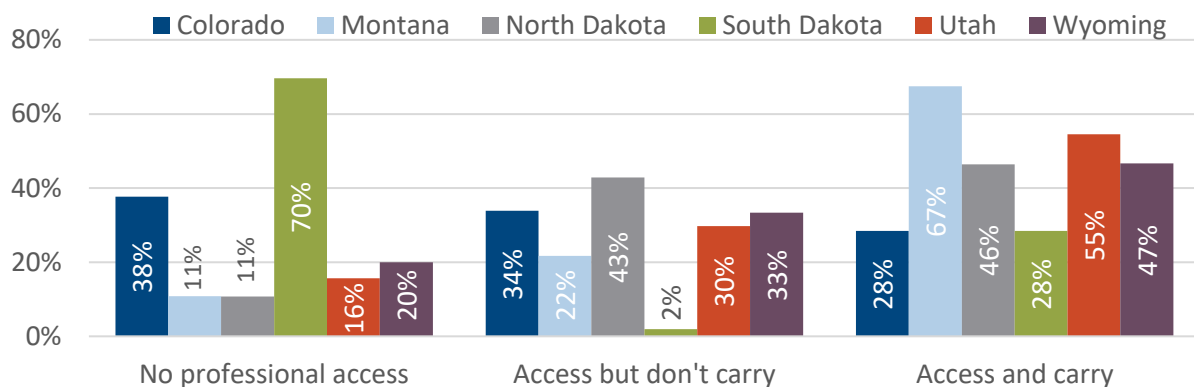


Figure 23. Percent of Officers Who had Professional Access to, and/or Carried Narcan by State



TRAINING AND TECHNICAL ASSISTANCE NEEDS: TOPIC PRIORITIES BY STATE

When combining topics that were a *high priority* and those identified as *helpful*, more than half (21 of 36) of the training/TA topics were identified as a need by at least 75% of respondents. No proposed topic had more than a majority (50%) of respondents indicate that it was *not a need at this time*. However, there were topics that were of greater priority than others. See Table 6. When comparing the average priority scores, there was significant variability ($p < 0.05$) among states for all but seven of the proposed topics. These are indicated by an asterisk in Table 6. For example:

- In Utah, 94% of parole and probation officers thought training on permanent supportive housing resources would be helpful or a high priority compared to only 76% of those in North Dakota.
- In South Dakota, only 46% of officers requested training on staff recruitment compared to 82% of the officers in Utah.
- In Colorado and Utah, 85% of probation and parole officers indicated that training on suicide assessments would be helpful or a high priority compared to only 66% in Wyoming.
- In Utah, 81% of probation and parole officers responded that training on stigma reduction around mental health would be helpful or a high priority compared to only 63% of participants in Montana.

Table 6. Percentage of Respondents Indicating Topics as *High Priority* or *Helpful* by State

Topics	TOTAL	CO	MT	ND	SD	UT	WY
Mental health and substance abuse (co-occurring disorders)	93%	94%	84%	95%	94%	94%	94%
Permanent supportive housing resources*	88%	92%	76%	91%	85%	94%	86%
Staff retention*	73%	72%	62%	81%	59%	87%	77%
Mental health and intellectual disabilities (co-occurring disorders)*	92%	94%	91%	97%	91%	92%	89%
Understanding the connection between trauma and deviant behavior	88%	85%	90%	90%	90%	90%	89%
Compassion fatigue/burnout (understanding how this work impacts us personally)*	82%	79%	78%	88%	80%	91%	77%
Crisis management (de-escalation, intervention, etc.)*	87%	90%	84%	88%	83%	89%	88%
Community support for recovery*	85%	85%	75%	86%	85%	89%	89%
Responding to parolees who are hearing voices or experiencing psychosis*	86%	85%	86%	88%	82%	88%	85%
Responding to parolees with schizophrenia*	85%	84%	84%	93%	77%	89%	86%
Employment issues and solutions for people with substance use disorder (Individual placement and support services)	85%	85%	79%	83%	87%	90%	80%
Employment issues and solutions for individuals with mental illness*	86%	86%	77%	86%	87%	94%	80%
Trauma-informed care*	82%	75%	79%	88%	84%	89%	80%
Effects of psychotropic medications	87%	87%	83%	81%	86%	92%	91%
Staff recruitment*	66%	69%	55%	72%	46%	82%	72%

Topics	TOTAL	CO	MT	ND	SD	UT	WY
Understanding the impact of addiction on bodies, brains and behaviors*	85%	85%	78%	85%	87%	87%	85%
Leadership skills development*	76%	75%	75%	78%	69%	83%	79%
Assertive community treatment (ACT)*	74%	76%	68%	79%	70%	77%	74%
Team work to ensure ideal outcomes with parolees*	78%	80%	71%	81%	70%	88%	71%
Suicide prevention*	81%	86%	71%	79%	82%	85%	63%
Suicide assessment*	81%	85%	75%	81%	81%	85%	66%
Medication-assisted treatment (MAT)	80%	83%	69%	67%	81%	86%	85%
Withdrawal management*	80%	81%	71%	83%	81%	85%	82%
Organizational change strategies*	74%	79%	61%	74%	74%	77%	63%
Historical trauma*	78%	77%	70%	77%	73%	87%	82%
Parolee and staff safety practices*	70%	64%	73%	71%	66%	83%	61%
Using data for continuous quality improvement*	71%	75%	65%	66%	62%	83%	65%
Stigma reduction around mental health*	74%	74%	63%	69%	77%	81%	68%
SBIRT (Screening, Brief Intervention and Referral to Treatment)*	71%	75%	59%	74%	65%	79%	74%
Stigma reduction around substance use*	73%	76%	62%	69%	77%	80%	65%
Toxicology screenings	72%	73%	62%	67%	76%	75%	68%
Specialty courts (veteran, mental health, etc.)*	67%	63%	68%	64%	57%	81%	71%
Working with diverse populations	71%	68%	61%	69%	79%	75%	71%
When and how to administer Narcan/Naloxone*	61%	62%	52%	43%	68%	70%	57%
Pregnant and postpartum depression*	64%	63%	57%	55%	66%	73%	68%
Motivational interviewing*	49%	47%	33%	40%	54%	64%	44%
* When comparing mean score, variability between groups was significant at $p < 0.05$.							

TRAINING AND TECHNICAL ASSISTANCE NEEDS: PRIORITY POPULATIONS BY STATE

Variability existed in participants' interest in receiving trainings or technical assistance related to various populations by state. These interests appear to reflect the general state composition. For example, North Dakota is a largely rural state, and a greater proportion of participants in North Dakota than any other state were interested in more information on rural populations (60%). See Table 7.

Table 7. Populations Respondents Would Like Addressed in Trainings or TA by State

Population	TOTAL	CO	MT	ND	SD	UT	WY
1. Individuals with serious mental illness (SMI)	59%	60%	51%	69%	55%	55%	77%
2. Homeless/transient	55%	58%	47%	66%	48%	58%	57%
3. People with substance use disorder (addiction)	53%	51%	41%	64%	58%	53%	63%
4. Individuals with serious emotional disturbance (SED)	49%	50%	43%	59%	44%	48%	57%
5. Rural	45%	41%	54%	60%	47%	36%	51%
6. Low income	42%	44%	33%	38%	45%	41%	51%
7. Families/parolees with children	39%	38%	32%	43%	35%	42%	51%
8. Adults (ages 18-64)	37%	37%	20%	45%	34 %	46%	43%
9. Veterans	35%	36%	34%	36%	26%	35%	54%
10. Individuals with developmental disabilities	33%	33%	25%	36%	33%	33%	49%
11. Sex offenders	33%	34%	33%	28%	35%	28%	46%
12. Women	32%	32%	22%	33%	36%	33%	46%
13. American Indian/Alaska Natives	32%	21%	36%	36%	51%	25%	37%
14. Men	28%	29%	23%	19%	33%	33%	23%
15. Urban	27%	27%	20%	26%	25%	37%	23%
16. Lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ)	27%	30%	30%	26%	19%	27%	29%
17. Hispanic/Latino	23%	29%	9%	21%	18%	31%	20%
18. White/Caucasian	22%	21%	15%	21%	25%	26%	14%
19. African American/Black	20%	21%	11%	21%	23%	25%	14%
20. Seniors (ages 65 +)	19%	23%	18%	9%	15%	19%	26%
21. Children (ages 0-17)	14%	19%	8%	7%	14%	21%	20%
22. Refugees	13%	12%	8%	12%	15%	21%	6%
23. Native Hawaiian/Pacific Islander	12%	15%	5%	9%	14%	18%	0%
24. Asian	12%	16%	7%	9%	13%	15%	0%
25. Migrant workers	10%	12%	5%	10%	9%	12%	11%

Rural and Urban Comparisons

CURRENT KNOWLEDGE, EXPERIENCE, AND TOPIC PRIORITIES: RURAL AND URBAN COMPARISONS

Rural, tribal, and urban probation and parole officers generally identified the same level of knowledge on mental health topics and the same training and TA priority topics. However, there was significant ($p < 0.05$) variability between geographic groups for 7 of the 36 training topics, including:

- Assertive community treatment (ACT).
- Mental health and substance abuse (co-occurring disorders).
- Understanding the connection between trauma and deviant behavior.
- Staff retention.
- Staff recruitment.
- Medication-assisted treatment (MAT).
- Understanding the impact of addiction on bodies, brains, and behaviors.

On average, staff retention and recruitment were less of a priority topic for rural and tribal populations than they were for urban and suburban parole and probation officers. See Table 8.

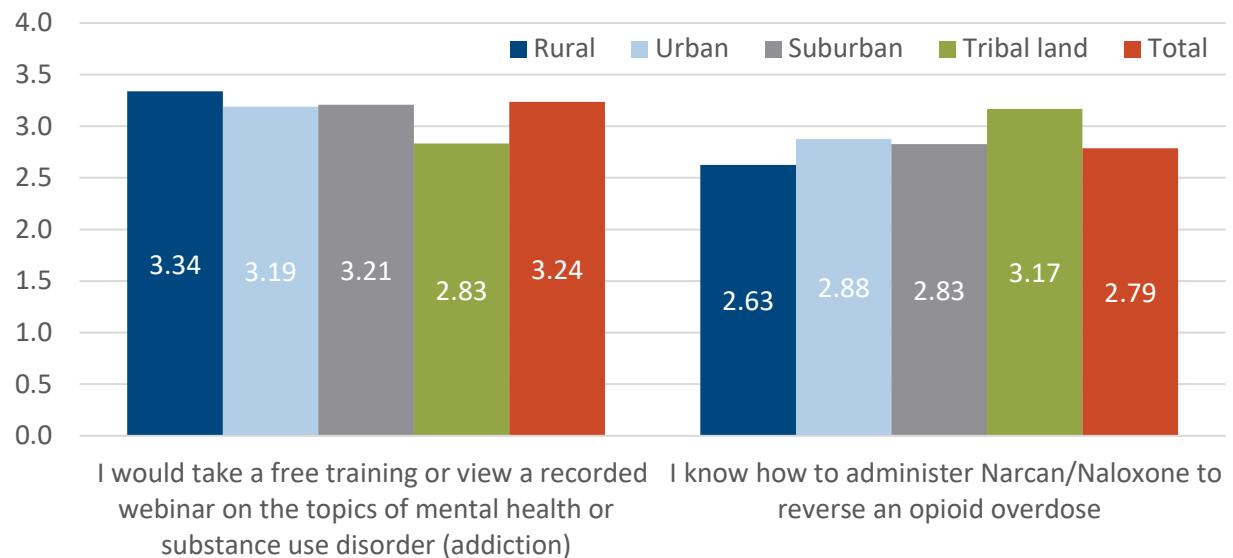
Table 8. Training and Technical Assistance Topics by Average Need Score, by Geography

	Rural	Urban	Suburban	Tribal land	Total
Mental health and substance abuse (co-occurring disorders)	2.52	2.37	2.38	2.42	2.42
Staff retention	2.15	2.43	2.35	2.09	2.32
Understanding the connection between trauma and deviant behavior	2.39	2.24	2.24	2.27	2.29
Staff recruitment	2.02	2.28	2.15	2.09	2.16
Understanding the impact of addiction on bodies, brains and behaviors	2.24	2.11	2.10	1.83	2.15
Assertive community treatment (ACT)	2.16	2.13	2.01	2.45	2.12
Medication-assisted treatment (MAT)	2.18	2.05	2.02	1.64	2.08
Likert scale where 1 = not a current need, 2 = training would be helpful, and 3 = high priority.					

Access to, and Knowledge of, Narcan/Naloxone

On average, rural populations were significantly ($p < 0.05$) less likely to agree (3) or strongly agree (4) that they knew how to administer Narcan/Naloxone to reverse an opioid overdose than were other geographic groups. Specifically, tribal probation and parole officers, on average, reported the highest agreement (3.17). Rural officers were also significantly more likely to agree/strongly agree (3.34) that they would take a training or view a webinar on the topics of mental health or substance use disorder ($p < 0.05$).

Figure 24. Average Agreement/Disagreement by Geography for How to Use Narcan/Naloxone and Attend Free Trainings



Likert scale where 1 = Strongly disagree, 2 = Disagree, 3 = Agree, and 4 = Strongly Agree.

TRAINING AND TECHNICAL ASSISTANCE NEEDS: PRIORITY POPULATIONS BY RURAL AND URBAN AREAS

Rural, urban, suburban, and tribal probation and parole officers reported similar training needs around specific populations. However, there were a few populations that were specific to the geographic region. For example, roughly 70% of rural probation and parole officers wanted more training on addressing the mental health needs of their rural clients. Conversely, this was true for only 32% of urban officers. Table 9 presents the top five populations for each area. Tribal population data are not provided because of the small sample (12). Across all three geographic areas, four of the top five populations are the same and include: individuals with serious mental illness (SMI), people with substance use disorder (SUD), homeless/transient populations, and individuals with serious emotional disturbance (SED).

Table 9. Top Five Populations Officers Would Like Training on by Geographic Area

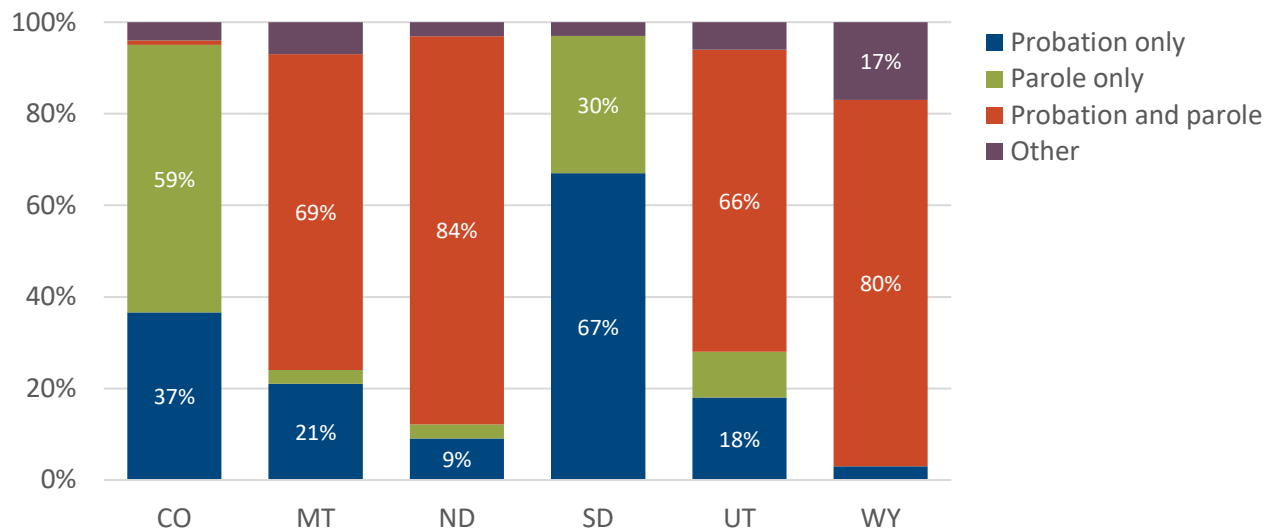
Rural (n=204)		Urban (n=244)		Suburban (n=144)	
Rural	70%	Homeless/transient	60%	Individuals with SMI	57%
Individuals with SMI	62%	Individuals with SMI	57%	Homeless/transient	52%
People with SUD	57%	People with SUD	53%	People with SUD	50%
Homeless/transient	53%	Individuals with SED	48%	Individuals with SED	48%
Individuals with SED	50%	Urban	45%	Families/parolees with children	38%

Caseload Comparisons: Probation and Parole

SURVEY RESPONDENTS: PROBATION AND PAROLE

Some of the earlier variability between states regarding knowledge and topic priorities could likely relate to the structure of probation and parole. For example, in North Dakota, 84% of respondents worked in both probation and parole. In South Dakota, no participant worked in both probation and parole, and instead, 67% worked only in probation. See Figure 25.

Figure 25. Primary Caseload by State



CURRENT KNOWLEDGE AND EXPERIENCE: CASELOAD COMPARISONS

There was significant ($p < 0.05$) variability between primary caseload and the individual's knowledge of drug overdose, trauma-informed care, and how to calm someone from a crisis state of mind (mean score). There was also significant variability by primary caseload for the number of hours of training on the topic of mental health. See Figures 26-29.

Figure 26. Recognize Signs of Drug Overdose by Caseload

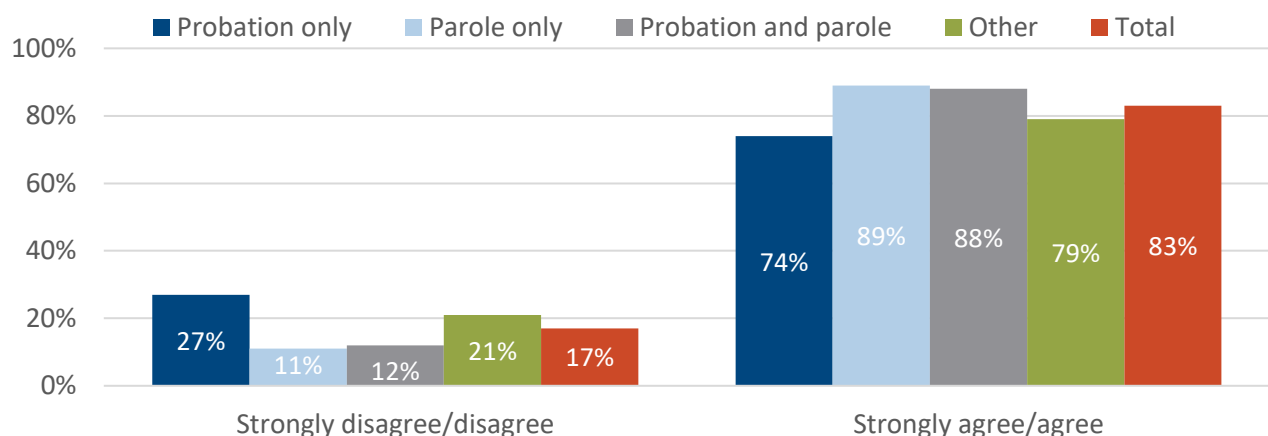


Figure 27. Know How to Calm Someone in Crisis State of Mind by Caseload

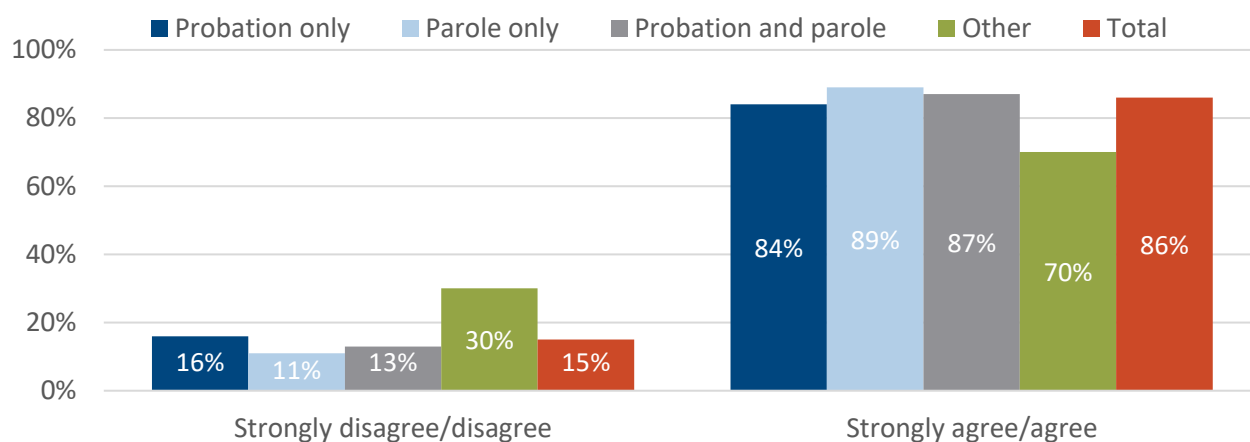


Figure 28. Know What Trauma-Informed Care is by Caseload

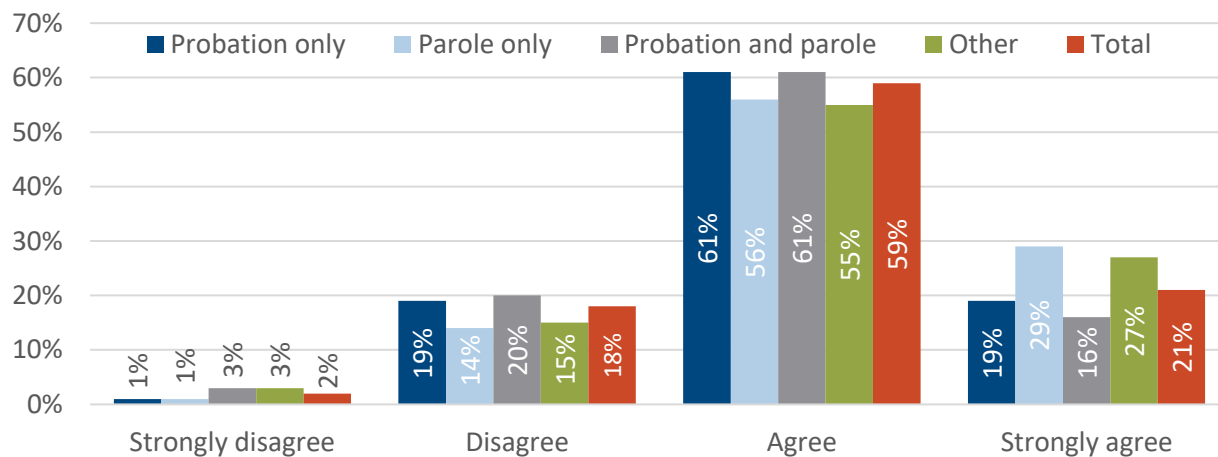
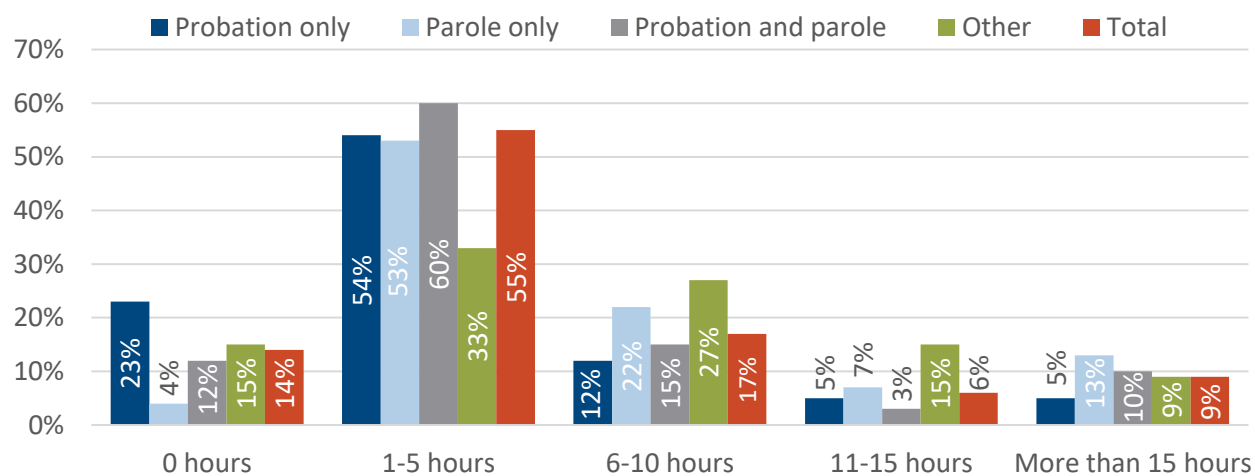


Figure 29. Hours of Training on Mental Health by Caseload



Access to, and Knowledge of, Narcan/Naloxone

The proportion of probation officers who knew how to administer Narcan/Naloxone (36%) was significantly lower than the percentage of those who worked only in parole (15%) or in both parole and probation (15%). See Figure 30. Similarly, the percentage of those working in only probation who had access to or carried Narcan/Naloxone was significantly lower than those who worked in parole or probation and parole. See Figure 31.

Figure 30. Knowledge on How to Administer Narcan/Naloxone to Reverse an Opioid Overdose by Caseload

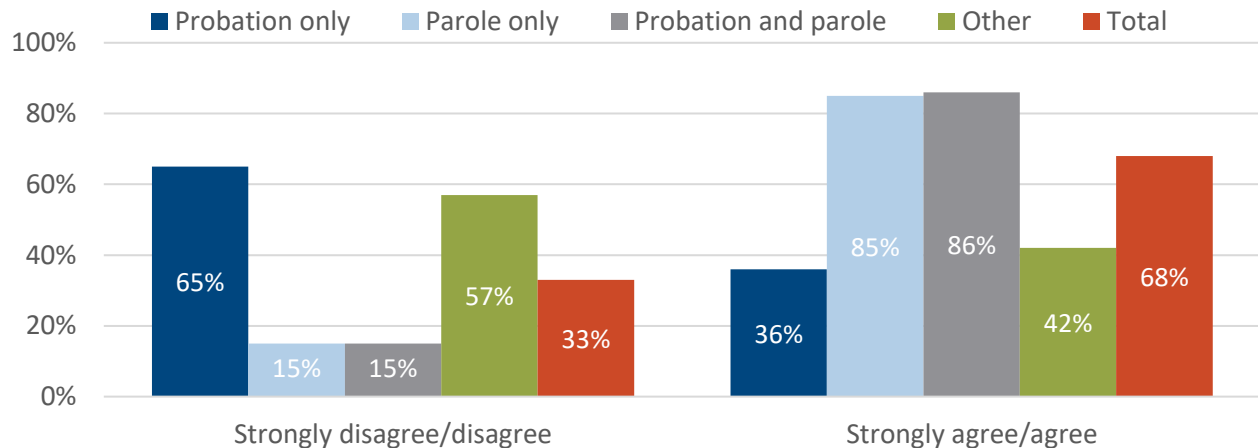
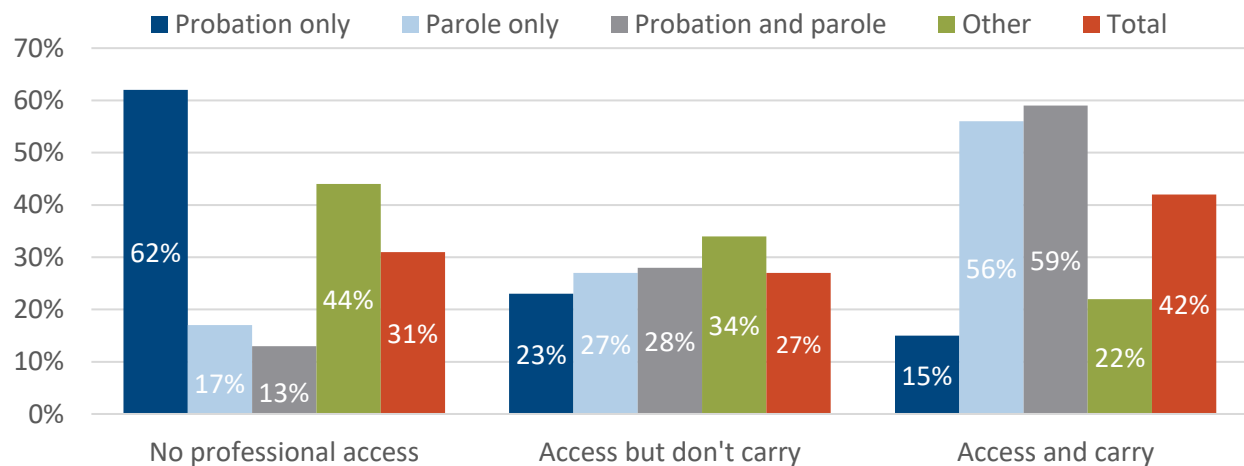


Figure 31. Access to Narcan/Naloxone by Caseload



TRAINING AND TECHNICAL ASSISTANCE NEEDS: TOPIC PRIORITIES BY CASELOAD

Probation and parole officers generally identified the same level of knowledge on mental health topics and the same training and TA priority topics. However, there was significant ($p < 0.05$) variability between primary caseload for 13 of the 36 training topics, including:

- Assertive community treatment (ACT).
- Community support for recovery.
- Compassion fatigue/burnout (understanding how this work impacts us personally).
- Historical trauma.
- Leadership skill development.
- Mental health and intellectual disabilities (co-occurring disorders).
- Responding to parolees with schizophrenia.
- Staff recruitment.
- Staff retention.
- Toxicology screenings.
- Trauma-informed care.
- Understanding the connection between trauma and deviant behavior.
- When and how to administer Narcan/Naloxone.

As an example, toxicology screens were, on average, a higher priority topic for those who worked solely in probation than any other caseload type. See Table 10 and Figures 32-44.

Table 10. Training and Technical Assistance Topics by Average Need Score, by Primary Caseload

	Probation only	Parole only	Probation and Parole	Other	Total
Assertive community treatment (ACT)	2.09	2.01	2.22	2.14	2.12
Community support for recovery	2.34	2.14	2.27	2.27	2.26
Compassion fatigue/burnout (understanding how this work impacts us personally)	2.17	2.23	2.40	2.27	2.27
Historical trauma	2.05	1.92	2.07	2.20	2.03
Leadership skill development	1.97	2.19	2.33	2.17	2.12
Mental health and intellectual disabilities (co-occurring disorders)	2.35	2.21	2.34	2.35	2.31
Responding to parolees with schizophrenia	2.15	2.26	2.30	2.03	2.23
Staff recruitment	1.86	2.33	2.30	1.96	2.16
Staff retention	2.00	2.44	2.49	2.07	2.31
Toxicology screenings	2.07	1.89	1.91	1.83	1.95
Trauma-informed care	2.21	2.02	2.26	2.57	2.19
Understanding the connection between trauma and deviant behavior	2.37	2.11	2.32	2.52	2.29
When and how to administer Narcan/Naloxone	2.04	1.78	1.88	1.81	1.90
Likert scale where 1 = not a current need, 2 = training would be helpful, 3 = high priority.					

Figure 32. Need for Training on Assertive Community Treatment

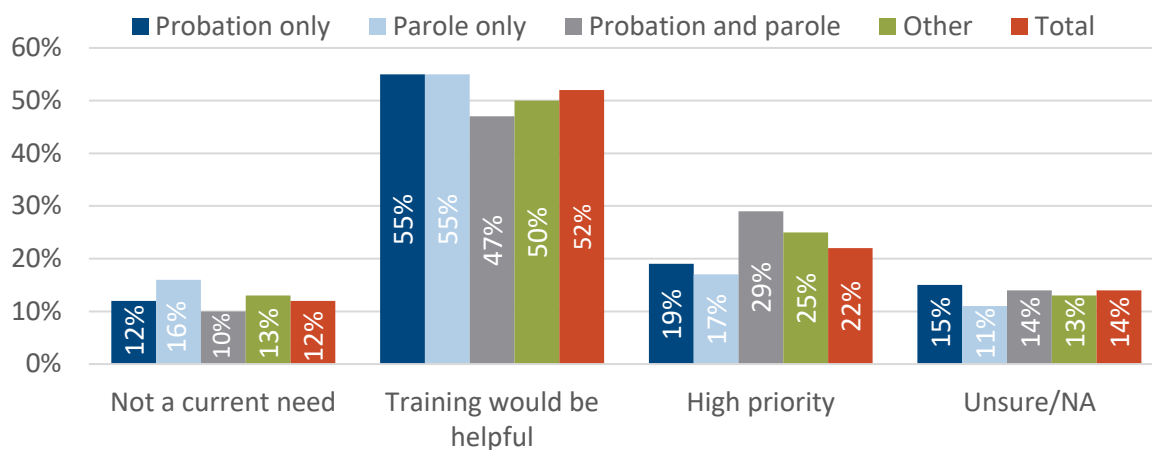


Figure 33. Need for Training on Community Support for Recovery

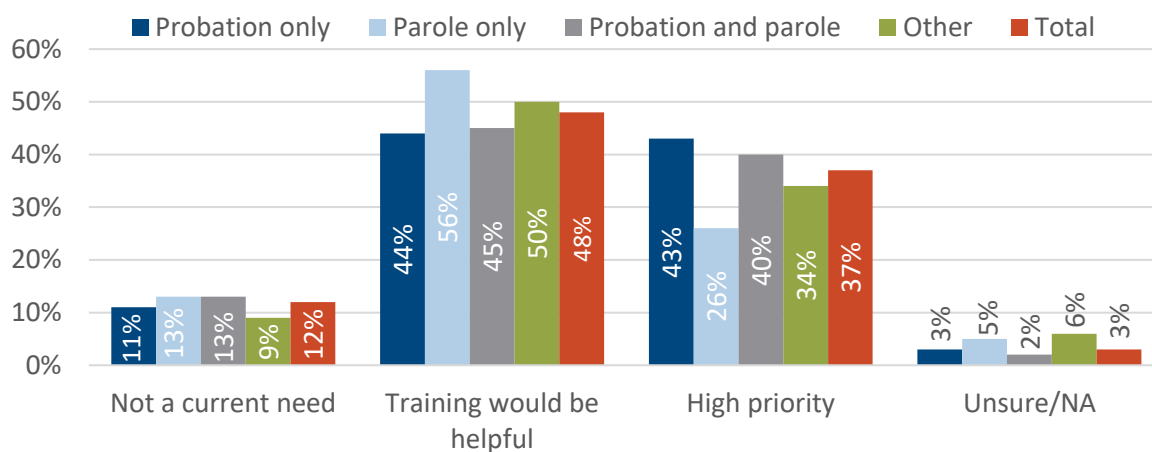


Figure 34. Need for Training on Compassion Fatigue/Burnout

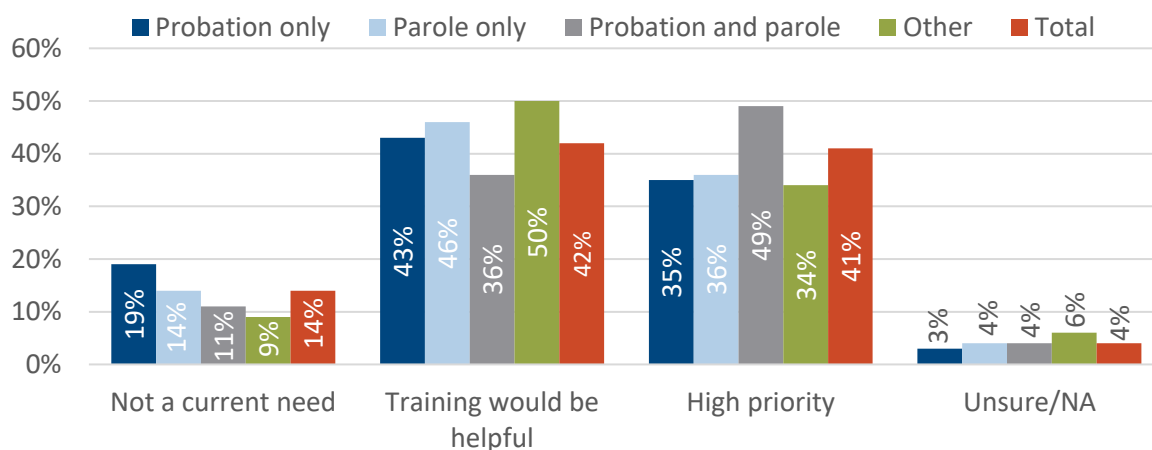


Figure 35. Need for Training on Historical Trauma

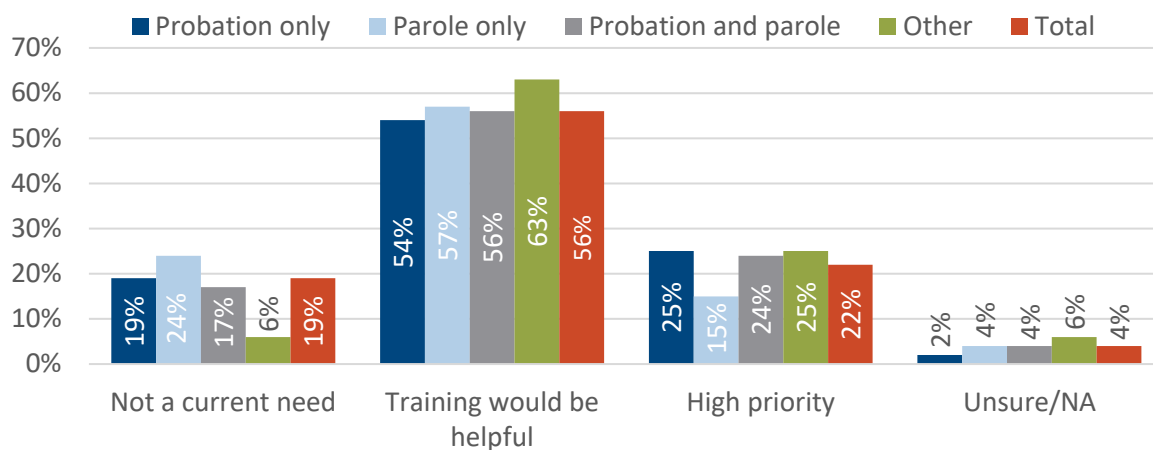


Figure 36. Need for Training on Leadership Skill Development

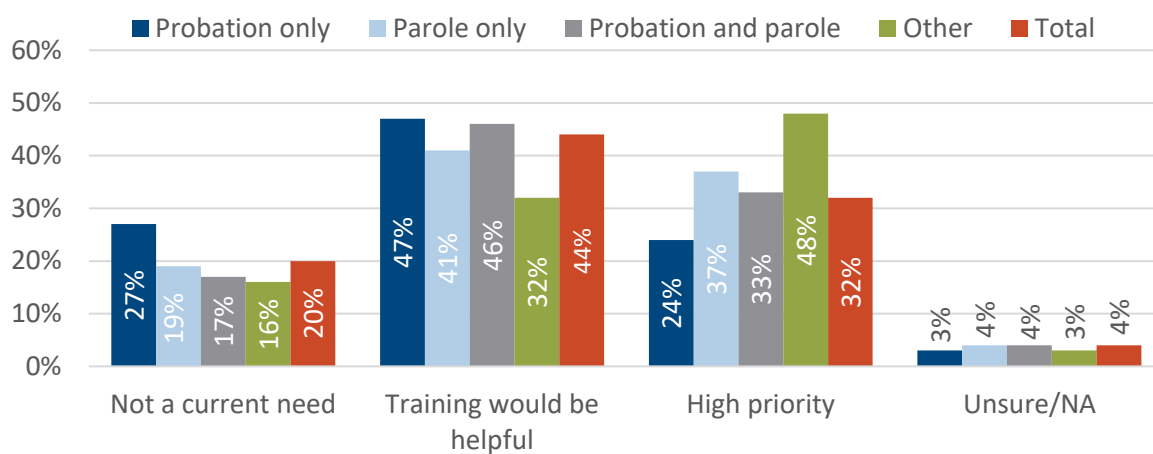


Figure 37. Need for Training on Mental Health and Intellectual Disabilities

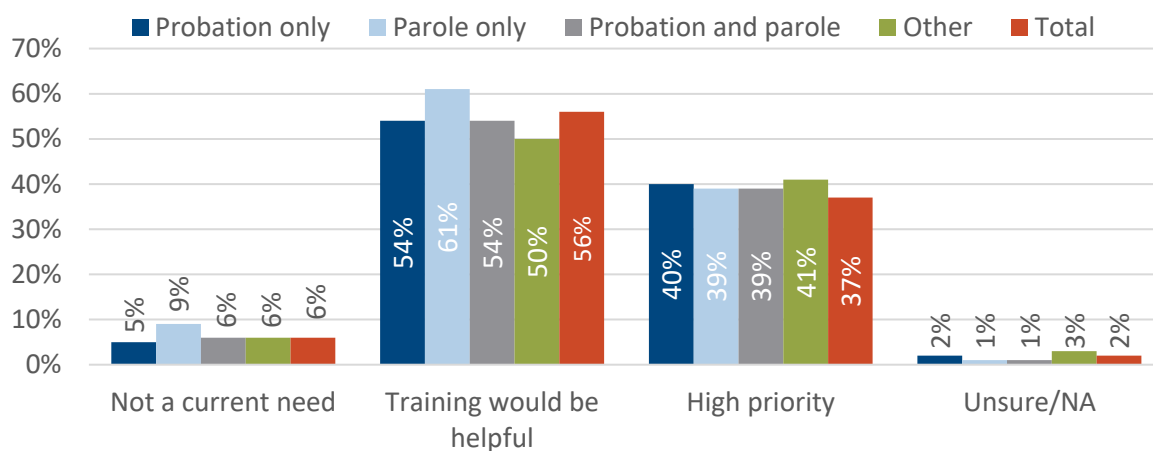


Figure 38. Need for Training on Responding to Parolees with Schizophrenia

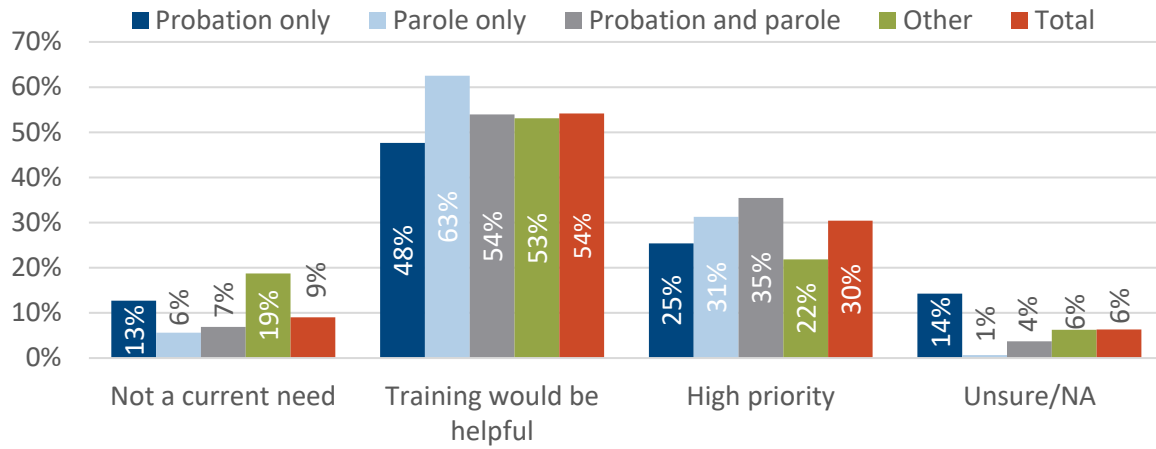


Figure 39. Need for Training on Staff Recruitment

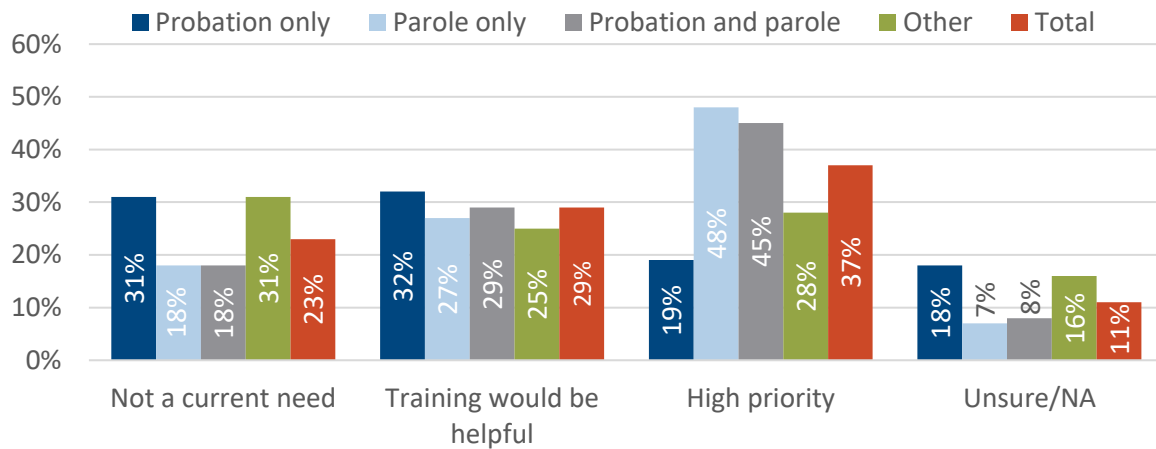


Figure 40. Need for Training on Staff Retention

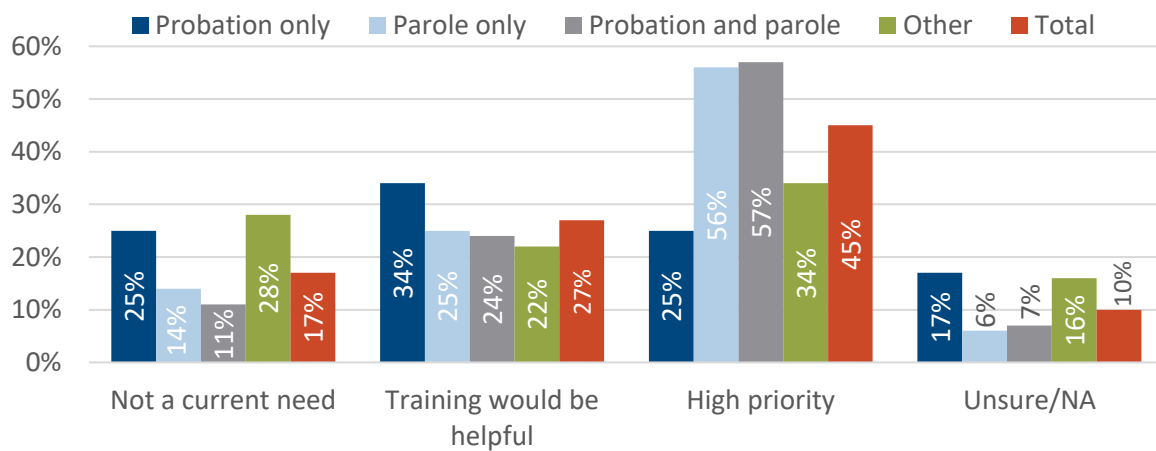


Figure 41. Need for Training on Toxicology Screenings

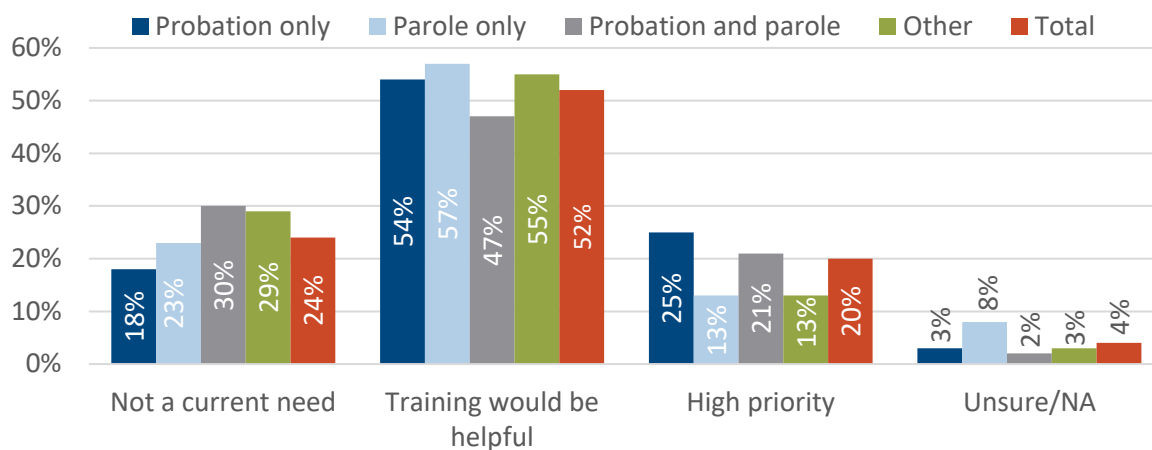


Figure 42. Need for Training on Trauma-Informed Care

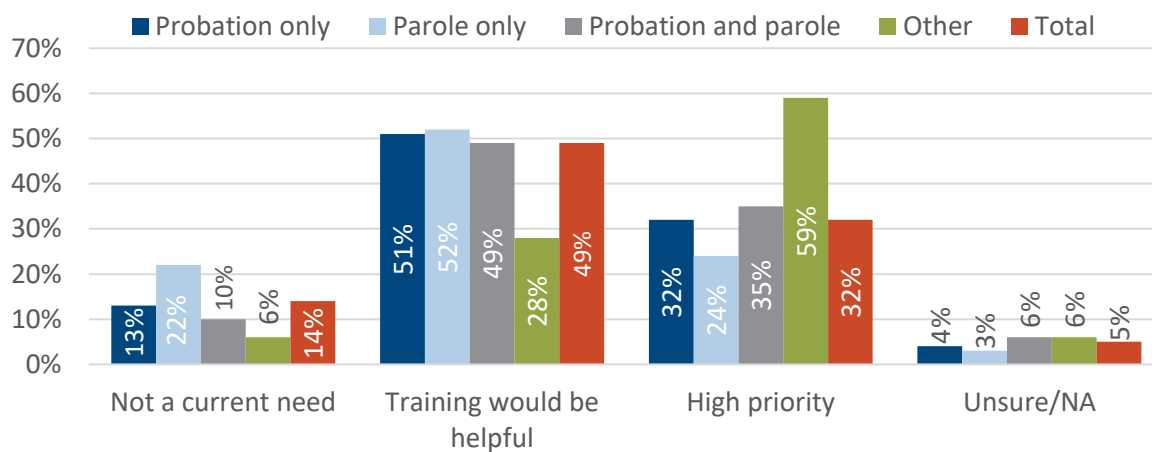


Figure 43. Need for Training on Understanding Connection Between Trauma and Deviant Behavior

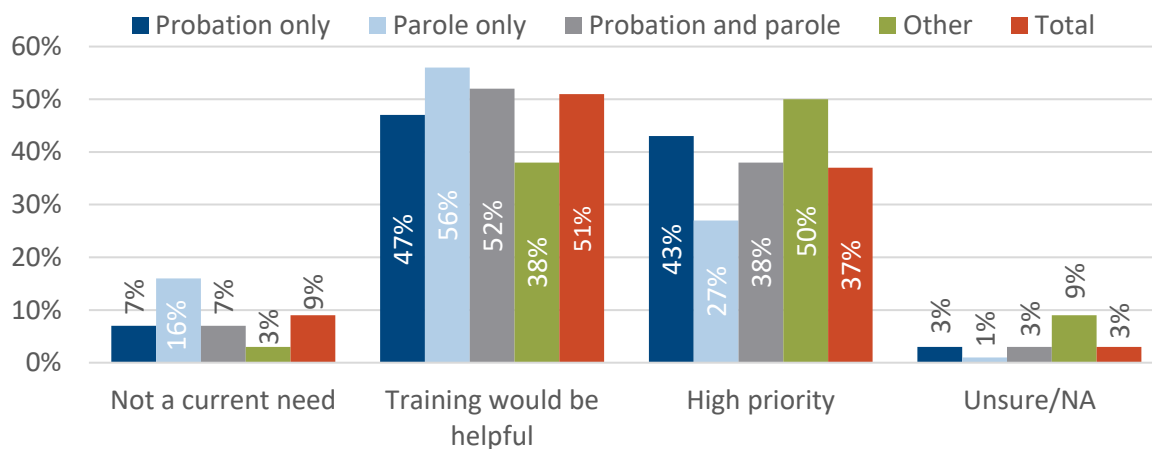
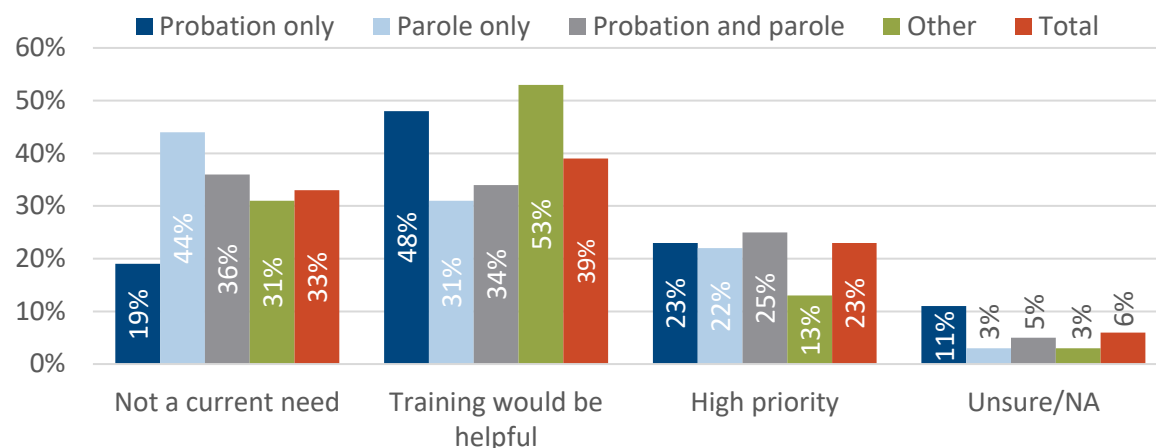


Figure 44. Need for Training on When and How to Administer Narcan/Naloxone



TRAINING AND TECHNICAL ASSISTANCE NEEDS: PRIORITY POPULATIONS BY CASELOAD

Variability existed in participants' interest in receiving trainings or TA related to various populations by caseload. For example, the greatest proportion of those who worked only in probation identified homeless/transient populations as the number one priority. However, a greater proportion of those who worked only in parole were interested in more information on addressing the mental health needs of sex offenders. Four topics made the top five regardless of caseload, and these included people with substance use disorder, individuals with serious mental illness, homeless/transient populations, and individuals and serious emotional disturbance. See Table 11.

Table 11. Populations Respondents Would Like Addressed in Trainings or TA by Caseload

Probation Only	Parole Only	Probation and Parole
1. Homeless/transient	1. Individuals with serious mental illness (SMI)	1. Individuals with serious mental illness (SMI)
2. People with substance use disorder (addiction)	2. Homeless/transient	2. Homeless/transient
3. Individuals with serious mental illness (SMI)	3. People with substance use disorder (addiction)	3. People with substance use disorder (addiction)
4. Individuals with serious emotional disturbance (SED)	4. Individuals with serious emotional disturbance (SED)	4. Individuals with serious emotional disturbance (SED)
5. Low income	5. Sex offenders	5. Rural

Summary

SUMMARY

Persons with a mental health and/or substance use disorder who enter the justice system remain incarcerated longer, have an increased risk of self-harm, and more negative outcomes as a result of incarceration. The prevalence of jailed individuals who have serious mental illness (SMI) is often three to six times higher than that of the general public.¹ As a result, the need for community-based, behavioral mental health providers to collaborate with probation and parole officials is of critical importance to ensure better outcomes for persons with SMI. Mental health training and knowledge is imperative among those who provide services for this population, including case managers, treatment providers, supportive housing officials, vocational rehabilitation counselors, healthcare providers, addiction specialists, and others. The findings from this survey will guide future activities of Mountain Plains MHTTC to ensure responsiveness to probation and parole officers in Region 8 who are providing services to persons with mental illness. The findings and needed mental health trainings identified in this survey mirror those summarized in two additional Region 8 training needs assessments:

- **Training and technical assistance needs: Findings from a survey of professionals who serve individuals with mental illness in Region 8**²
- **Training and technical assistance needs: Findings from providers of substance use disorder (SUD) in Region 8**³

The two previous reports and this current assessment all identified the need for training on trauma-informed care, compassion fatigue, and understanding the complexities of co-occurring disorders of mental health and substance abuse. Because the mental health training needs among probation and parole officers are similar to those identified in previous assessments, both the Mountain Plains MHTTC and its sister program, the **Mountain Plains Addiction Technology Transfer Center (ATTC)**,⁴ already have resources and upcoming trainings on the topics identified.

Recommendations

The Mountain Plains MHTTC should develop mental health trainings for, or share existing resources with, individuals working in probation and parole throughout the six-state region. Priority training and TA topics that can be targeted toward *both* probation and parole include:

- Individuals with substance use disorder (SUD) or mental health and SUD (co-occurring).
- Permanent supportive housing resources and serving people who are homeless/transient.
- Crisis management (de-escalation, intervention, etc.).
- Individuals with serious mental illness.
- Individuals with serious emotional disturbance.

Targeted training and TA is needed regarding the use of Narcan/Naloxone specifically for probation officers and for those working in Colorado, South Dakota, and Wyoming. This will require collaboration with officials in each state to ensure that once training has been provided, these officers will have access to Narcan.

Based on participants' preferences, trainings should be a combination of live and recorded trainings that are between 60 and 90 minutes. Live trainings should not be held during the noon-hour, and instead, should be scheduled between 8:00 am – 12:00 pm or between 1:00 pm – 3:00 pm.

Existing Resources Addressing Identified Training Needs

A host of resources currently exist to serve the mental health training and technical assistance needs of probation and parole staff. The Mountain Plains MHTTC will share and make these resources available to probation and parole officers while also developing additional trainings as needed and collaborating with stakeholders and probation and parole communities.

Resources Funded or Provided under the Substance Abuse and Mental Health Services Administration (SAMHSA)

Adult Mental Health Treatment Court Locator^a

This resource identifies adult mental health treatment courts in every state. Of note is the limitations of resources in rural communities to serve criminal justice-involved persons with mental health disorders. For example, the service locator notes three of the states in Region 8 (North Dakota, South Dakota, and Wyoming) have no mental health courts. Montana has merely two in their more urban areas.

The Center of Excellence for Integrated Health Solutions^b

Addressing co-occurring disorders, this center provides on-demand tools and resources to assist providers in integrating care. Funded by SAMHSA and administered by the National Council for Behavioral Health, this center provides supports in integrating physical care with substance use and mental health disorders.

Criminal and Juvenile Justice^c

This SAMHSA webpage promotes early intervention and treatment as healthier alternatives to detaining people with behavioral health conditions and describes SAMHSA's efforts to promote this work.

Forensic Assertive Community Treatment (FACT)^d

FACT is a service delivery model intended for individuals with serious mental illness who are involved with the criminal justice system. These individuals may have co-occurring disorders. Their needs are often complex, and their disorders are often under-managed and further complicated by varying degrees of involvement with the criminal justice system. FACT builds on the evidence-based assertive community treatment model by making adaptations based on criminal justice issues.

GAINS Center for Behavioral Health and Justice Transformation^e

This program expands access to services for people with mental and/or substance use disorders who are in contact with the justice system. This center provides supports, including training and technical assistance, to providers of behavioral healthcare and justice providers.

The Homeless and Housing Resource Center^f

This resource center provides training and TA to grantees and the public on homelessness and housing concerns. This resource also provides assistance related to accessing housing.

Mental Health and Substance Abuse Service Locator^g

This resource can assist probation and parole officers and other behavioral health providers, as well as family members and patients/clients, on locating services in their community.

National Technical Assistance and Resource Centers^h

SAMHSA's funded national technical assistance and resource centers provide supports to providers of behavioral health services including probation and parole personnel.

Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Bridge to the Possibleⁱ

This brief describes the importance of expanding evidence-based training for community providers, including those working in the criminal justice system. It calls for improving health and behavioral health treatment and promoting social well-being to prevent or reduce recidivism for this population. This resource describes the need for cross-system training and the training on topics of trauma and historical trauma, co-occurring disorders, and gaining a greater understanding of the role of integrated care.

Recovery Housing: Best Practice and Suggested Guidelines^j

This SAMHSA resource provides a framework for best practices to support sober living. Sober living homes serve people who are at-risk of incarceration or who are re-entering communities following incarceration.

The Screening and Assessment of Co-Occurring Disorders in the Justice System^k

This SAMHSA product (June 2019) serves as a resource to address training needs on co-occurring disorders. Specifically, this monograph examines a wide range of evidence-based practices for screening and assessment of people in the justice system who have co-occurring mental and substance use disorders. Use of evidence-based approaches for screening and assessment are likely to result in more accurate matching of offenders to treatment services and more effective treatment and supervision outcomes. This monograph is intended as a guide for clinicians, case managers, program and systems administrators, community supervision staff, jail and prison booking and healthcare staff, law enforcement, court personnel, researchers, and others who are interested in developing and operating effective programs for justice-involved individuals who have co-occurring disorders. Key systemic and clinical challenges are discussed, as well as state-of-the art approaches for conducting screening and assessment.

The Serious Mental Illness (SMI) Adviser^l

The SMI Adviser is a clinical support system for serious mental illness. This resource provides education, data, and consultation to providers to assist in making evidence-based treatment decisions. The program offers a team of consultants to assist family members, friends, and persons with SMI to secure supports and responses to questions and can also assist probation and parole officers.

Tailoring Crisis Response and Pre-arrest Diversion Models for Rural Communities^m

This brief is the first of three Action Briefs developed from the SAMHSA Pre-arrest Diversion Expert Panel, convened in January 2018. Each brief addresses one of the three primary themes that emerged from the Expert Panel: (1) modifications of early diversion models for rural areas, covered here; (2) the role of hospital emergency departments; and, (3) information sharing.

Tribal Training and Technical Assistance Centerⁿ

This center provides culturally responsive mental health promotion and substance use supports for Tribal Nations to address needs noted by probation and parole officers working in tribal communities.

Additional Resources Addressing Identified Training Needs

The Americans with Disabilities Act (ADA) Title II Technical Assistance Manual: Covering State and Local Government Programs and Services^o

The U.S. Department of Justice, Civil Rights Division

The purpose of this technical assistance manual is to present the ADA's requirements for state and local governments in a format that will be useful to the widest possible audience. The guidance provided in the department's regulations and accompanying preambles has been carefully reorganized to provide a focused, systematic description of the ADA's requirements. The manual attempts to avoid an overly legalistic style without sacrificing completeness. In order to promote readability and understanding, the text makes liberal use of questions and answers and illustrations.

American Probation and Parole Association (APPA)^p

The purpose of APPA is to reduce recidivism and to keep communities safe by strengthening the role of the community corrections industry. This organization offers a host of large trainings, leadership institutes, and additional online trainings for both probation and parole officers. They also host the largest national training for community corrections.

Behavioral Health Diversion Interventions: Moving from Individual Programs to a System-Wide Strategy^q

Justice Center of the Council of State Governments, October 2019

This resource provides cross-system behavioral health diversion strategies and serves as a guide to collaboration.

Criminal Justice and Behavioral Health Collaborative^r

The National Council for Behavioral Health

This program provides supports to county jails to ensure better integration back into the community through the provision of behavioral health services.

Confined and Costly: How Supervision Violations are Filling Prisons and Burdening Budgets^s

Justice Center, The Council of State Governments

This study provides an important snapshot regarding how probation and parole violations increase the rates of incarcerations and costs to states. The violations can include positive drug tests and lack of compliance with appointments. The response is to provide more treatment services for people with mental health and substance use disorders.

Correction Health^t

Centers for Disease Control and Prevention (CDC)

The CDC has an extensive list of resources titled *Correction Health* that provide a wealth of information about state, federal, and organizational resources for probation and parole officials.

Examples and Resources to Support Criminal Justice Entities in Compliance with Title II of the Americans with Disabilities Act^u

The U.S. Department of Justice, Civil Rights Division, January 2017

This resource assists criminal justice entities in ensuring their adherence to Title II of the Americans with Disabilities Act (ADA). The ADA protects individuals with mental health disabilities and intellectual and developmental disabilities from discrimination within the criminal justice system.

[Health coverage for incarcerated people](#)^v

Centers for Medicare & Medicaid Services (CMS)

This CMS website offers information on how to use the marketplace to access healthcare for parolees who are no longer incarcerated.

[National Drug Court Database](#)^w

U.S. Department of Justice's Bureau of Justice Assistance (BJA), 2019

This dataset is built from information collected in the NDCRC Annual Drug Court Survey and a database of grant recipients from the BJA. The NDCRC Annual Drug Court Survey polls designated state drug court coordinators in all 50 states, the District of Columbia, and U.S. territories, and they are asked to provide basic identifying information about courts within their jurisdictions. The last NDCRC Annual Drug Court Survey was concluded in June 2018.

[National Reentry Resource Center \(NRRC\)](#)^x

U.S. Department of Justice's Bureau of Justice Assistance (BJA)

Funded and administered by the BJA, the NRRC is the nation's primary source of information and guidance in reentry. Working with top researchers and practitioners, the NRRC develops resources and tools that assist jurisdictions in implementing evidence-based, data-driven strategies to reduce recidivism.

[Primary and Behavioral Healthcare Integration: Guiding Principles for Workforce Development Integrated Health Care Solution](#)^y

SAMHSA-HRSA Center for Integrated Health Solutions

Relative to workforce development and retention, this resource provides a framework for behavioral healthcare workforce development and integration of care.

-
1. Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., & Samuels S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatr Serv.* 60(6), 761-765. doi.org/10.1176/ps.2009.60.6.761
 2. Training and technical assistance needs: Findings from a survey of professionals who serve individuals with mental illness in Region 8, mhttnetwork.org/centers/mountain-plains-mhttc/training-and-technical-assistance-needs-findings-survey-professionals
 3. Training and technical assistance needs: Findings from providers of substance use disorder (SUD) in Region 8, attcnetwork.org/centers/mountain-plains-attc/mountain-plains-attc-hhs-region-8-substance-use-disorders-treatment
 4. Mountain Plains Addiction Technology Transfer Center (ATTC), attcnetwork.org/centers/mountain-plains-attc/home

Existing Resources Addressing Identified Training Needs: Web Addresses

- a. www.samhsa.gov/gains-center/mental-health-treatment-court-locator/adults
- b. www.thenationalcouncil.org/integrated-health-coe/
- c. www.samhsa.gov/criminal-juvenile-justice
- d. store.samhsa.gov/system/files/pep19-fact-br.pdf
- e. www.samhsa.gov/gains-center
- f. www.samhsa.gov/homeless-housing-resource-network
- g. findtreatment.samhsa.gov/
- h. www.samhsa.gov/sites/default/files/ta-center-brochure.pdf
- i. store.samhsa.gov/system/files/sma19-5097.pdf
- j. www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf
- k. store.samhsa.gov/system/files/sma15-4930.pdf
- l. smiadviser.org/about/
- m. store.samhsa.gov/system/files/pep19-crisis-rural.pdf
- n. www.samhsa.gov/tribal-ttac/resources/mental-health-promotion
- o. www.ada.gov/taman2.html
- p. www.appa-net.org/eweb/
- q. csgjusticecenter.org/wp-content/uploads/2019/11/Diversion-concept-paper.pdf
- r. www.thenationalcouncil.org/topics/criminal-justice/
- s. csgjusticecenter.org/confinedandcostly/
- t. www.cdc.gov/correctionalhealth/resources.html
- u. www.ada.gov/cjta.html
- v. www.healthcare.gov/incarcerated-people/
- w. ndcrc.org/database/
- x. <http://csgjusticecenter.org/nrrc/>
- y. www.thenationalcouncil.org/wp-content/uploads/2018/10/Guiding_Principles_for_Workforce_Development.pdf

ACKNOWLEDGEMENTS

We would like to thank all those who responded to, and disseminated, the survey. The time that you took will help the Mountain Plains MHTTC better serve the needs of all probation and parole officers in Region 8 who work with, and serve, persons with mental illness and substance use disorders.

Colorado Probation and Parole: Mental Health Training Needs

The **Mountain Plains Mental Health Technology Transfer Center (MHTTC)**ⁱ serves the states of Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming and began offering services on August 15, 2018. Funded by the **Substance Abuse and Mental Health Services Administration (SAMHSA)**,ⁱⁱ the Mountain Plains MHTTC is a five-year program focused on providing free training, products, resources, and technical assistance to individuals serving persons with mental health disorders. In partnership with SAMHSA and state probation and parole offices, the Mountain Plains MHTTC team conducted an electronic survey in December 2019 to assess mental health training needs among probation and parole officers in the six state region. The results from the survey will inform the development of new products, training materials, and technical assistance (TA).

Probation and Parole in Colorado

Approximately 193 probation and parole officers in Colorado completed the electronic survey. Respondents were predominantly female (60%), ages 30-49 (65%), and working in urban (39%) or suburban (32%) settings. A majority (59%) worked only in parole, and 33% had been working in the field between 11 and 20 years.

Knowledge and Experience

In the last 12 months, a greater proportion of officers in Colorado had attended a training on mental health (86%) than on substance use disorders (78%). However, a greater percentage of parole officers had been trained on mental health (96%) than had those working solely in probation (73%). A greater proportion of those working only in parole rather than probation indicated knowledge of various mental health topics. For example, 81% of parole officers knew how to administer Narcan (Naloxone) to reverse an opioid overdose compared to only 34% of probation officers. See Table 1.

Figure 1. Access to Narcan/Naloxone

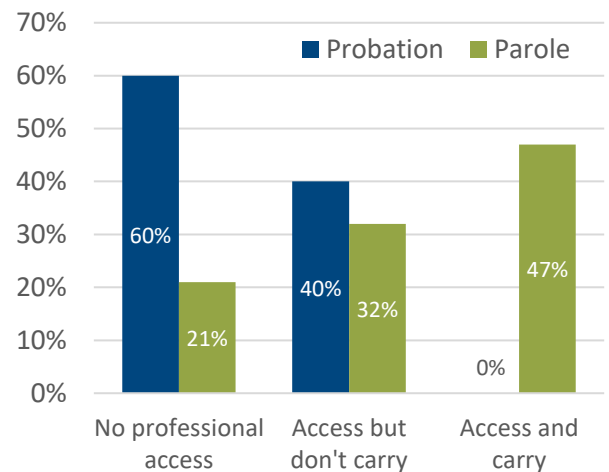


Table 1. Percent of Officers Who Strongly Agree/Agree

	Probation (n=71)	Parole (n=112)	Colorado
I know what trauma-informed care is	83%	98%	93%
I can recognize signs of suicide risk	82%	94%	89%
I know how to help someone calm down from a crisis state of mind	78%	89%	84%
I can recognize the signs of addiction	93%	96%	94%
I can recognize signs of a drug overdose	61%	88%	76%
I know how to administer Narcan to reverse an opioid overdose	34%	81%	62%

Training and Technical Assistance Needs

Participants identified the priority for training or TA on a variety of topics. Each topic was rated as not a current need, would be helpful, high priority, or not applicable/unsure. Probation and parole officers identified different training needs when exploring topics identified as *High Priority*. See Table 2. When combining *Helpful* or *High Priority*, there were more topic similarities between officers. See Table 3.

Table 2. Top Topic Priorities Indicated as *High Priority*

Colorado	Probation	Parole
1. Mental health and substance abuse (co-occurring)	1. Mental health and substance abuse (co-occurring)	1. Staff retention
2. Staff retention	2. Permanent supportive housing	2. Staff recruitment
3. Permanent supportive housing	3. Understanding the connection between trauma and deviant behavior	3. Leadership skills development

Table 3. Top Topic Priorities Indicated as *Helpful Topics* or *High Priority**

Colorado	Probation	Parole
1. Mental health and substance abuse (co-occurring)	1. Mental health and substance abuse (co-occurring)	1. Responding to parolees with schizophrenia
2. Mental health and intellectual disabilities (co-occurring)	2. Mental health and intellectual disabilities (co-occurring)	2. Responding to parolees who are hearing voices or experiencing psychosis
3. Permanent supportive housing resources	3. Permanent supportive housing resources ^a	3. Mental health and substance abuse (co-occurring) ^b
	4. Understanding the connection between trauma and deviant behavior ^a	4. Mental health and intellectual disabilities (co-occurring) ^b
^a These topics tied at 94%		^b These topics tied at 91%

Officers identified which populations (if any) they would like additional training or consultation about to assist in improving their professional efforts in the field of mental health. They could select multiple populations from a list of 25. The top three were the same for probation and parole. See Table 4.

Table 4. Populations Respondents Would Like Addressed in Trainings or Technical Assistance

Top 3 for the State of Colorado	Colorado	Probation	Parole
1. Individuals with serious mental illness (SMI)	60%	72%	55%
2. Homeless/transient	58%	72%	50%
3. People with substance use disorder (addiction)	51%	62%	46%

ⁱ Mountain Plains Mental Health Technology Transfer Center: <https://mhttcnetwork.org/centers/mountain-plains-mhttc/home>.

ⁱⁱ Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov>.

Montana Probation and Parole: Mental Health Training Needs

The **Mountain Plains Mental Health Technology Transfer Center (MHTTC)**ⁱ serves the states of Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming and began offering services on August 15, 2018. Funded by the **Substance Abuse and Mental Health Services Administration (SAMHSA)**,ⁱⁱ the Mountain Plains MHTTC is a five-year program focused on providing free training, products, resources, and technical assistance to individuals serving persons with mental health disorders. In partnership with SAMHSA and state probation and parole offices, the Mountain Plains MHTTC team conducted an electronic survey in December 2019 to assess mental health training needs among probation and parole officers in the six state region. The results from the survey will inform the development of new products, training materials, and technical assistance (TA).

Probation and Parole in Montana

Approximately 87 probation and parole officers in Montana completed the electronic survey. Respondents were predominantly female (53%), ages 30-49 (63%), and working in urban (42%) settings. A majority (69%) worked in both probation and parole or probation only (21%), and 43% had been working in the field between 11 and 20 years.

Knowledge and Experience

In the last 12 months, a greater proportion of officers had attended a training on mental health (93%) than on substance use disorders (76%). However, a large percentage of probation and parole officers in Montana (84%) agreed or strongly agreed that they knew how to administer Narcan (Naloxone) to reverse an opioid disorder. This rate was much higher than for all probation and parole officers in Region 8 (67%). See Table 1. A greater proportion of officers in Montana (67%) also reported that they had both access to and carried Narcan compared to all of Region 8 (42%). See Figure 1.

Figure 1. Access to Narcan/Naloxone

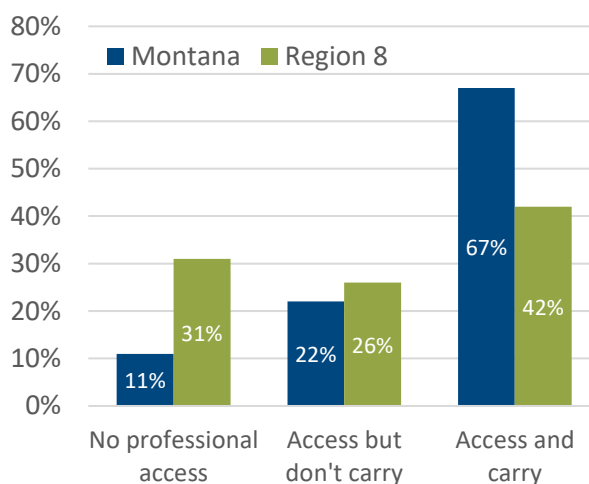


Table 1. Percent of Officers Who Strongly Agree/Agree

	Montana	Region 8
I know what trauma-informed care is	82%	80%
I can recognize signs of suicide risk	92%	89%
I know how to help someone calm down from a crisis state of mind	89%	85%
I can recognize the signs of addiction	95%	95%
I can recognize signs of a drug overdose	87%	83%
I know how to administer Narcan to reverse an opioid overdose	84%	67%

Training and Technical Assistance Needs

Participants identified the priority for training or TA on a variety of topics. Each topic was rated as not a current need, would be helpful, high priority, or not applicable/unsure. Probation and parole officers identified different training needs when exploring topics identified as *High Priority* (Table 2) compared to those identified as either *Helpful* or *High Priority* (Table 3). When combining either *High Priority* or *Helpful*, the top five topics now included responding to parolees experiencing psychosis and those with schizophrenia.

Table 2. Top Topic Priorities Indicated as *High Priority*

	Montana	Region 8
1. Mental health and substance abuse (co-occurring disorders)	49%	48%
2. Understanding the connection between trauma and deviant behavior ^a	37%	37%
3. Staff retention ^a	37%	45%
4. Mental health and intellectual disabilities (co-occurring disorders) ^b	35%	37%
5. Crisis management (de-escalation, intervention, etc.) ^b	35%	38%
^a Trauma and deviant behavior and staff retention tied at 37% ^b Intellectual co-occurring and crisis management tied at 35%		

Table 3. Top Topic Priorities Indicated as *Helpful Topics* or *High Priority*

	Montana	Region 8
1. Mental health and intellectual disabilities (co-occurring disorders)	91%	92%
2. Understanding the connection between trauma and deviant behavior	90%	88%
3. Responding to parolees who are hearing voices or experiencing psychosis	86%	86%
4. Crisis management (de-escalation, intervention, etc.) ^a	84%	87%
5. Responding to parolees with schizophrenia ^a	84%	85%
^a Crisis management and parolees with schizophrenia tied at 84%		

In addition to priority topics, the survey asked probation and parole officers to identify which populations (if any) they would like additional training or consultation about to improve their professional efforts in the field of mental health. Participants could select multiple populations from a list of 25. Overall, the top priority populations for Montana were:

	Montana	Region 8	Region 8 Rank
1. Rural ^a	51%	45%	5
2. Individuals with serious mental illness (SMI) ^a	51%	59%	1
3. Homeless/transient	47%	55%	2
4. People with serious emotional disturbance (SED)	43%	49%	4
5. People with substance use disorder (addiction)	41%	53%	3

^a Rural and individuals with SMI tied at 51%

ⁱ Mountain Plains Mental Health Technology Transfer Center: <https://mhttcnetwork.org/centers/mountain-plains-mhttc/home>.

ⁱⁱ Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov>.

North Dakota Probation and Parole: Mental Health Training Needs

The **Mountain Plains Mental Health Technology Transfer Center (MHTTC)**ⁱ serves the states of Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming and began offering services on August 15, 2018. Funded by the **Substance Abuse and Mental Health Services Administration (SAMHSA)**,ⁱⁱ the Mountain Plains MHTTC is a five-year program focused on providing free training, products, resources, and technical assistance to individuals serving persons with mental health disorders. In partnership with SAMHSA and state probation and parole offices, the Mountain Plains MHTTC team conducted an electronic survey in December 2019 to assess mental health training needs among probation and parole officers in the six state region. The results from the survey will inform the development of new products, training materials, and technical assistance (TA).

Probation and Parole in North Dakota

Approximately 58 probation and parole officers in North Dakota completed the electronic survey. Respondents were predominantly female (59%) and between the ages 30 and 49 (71%). Roughly 62% worked in urban/suburban settings while 36% worked rural areas. A majority (85%) worked in both probation and parole, and 43% had been working in the field more than 20 years.

Knowledge and Experience

In the last 12 months, a greater proportion of officers had attended a training on mental health (94%) than on substance use disorder (76%). When compared to probation and parole officers in all of Region 8, a greater proportion of officers in North Dakota had access to Narcan (89%) and knew how to administer Narcan to reverse an opioid overdose (88%). See Figure 1 and Table 1.

Figure 1. Access to Narcan/Naloxone

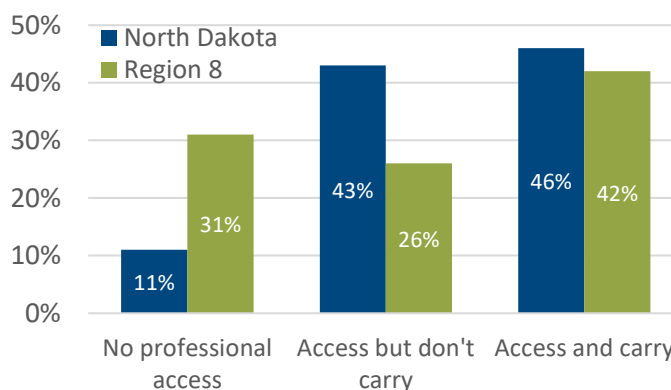


Table 1. Percent of Officers Who Strongly Agree/Agree

	North Dakota	Region 8
I know what trauma-informed care is	72%	80%
I can recognize signs of suicide risk	91%	89%
I know how to help someone calm down from a crisis state of mind	81%	85%
I can recognize the signs of addiction	95%	95%
I can recognize signs of a drug overdose	91%	83%
I know how to administer Narcan to reverse an opioid overdose	88%	67%

Training and Technical Assistance Needs

Participants identified the priority for training or TA on a variety of topics. Each topic was rated as not a current need, would be helpful, high priority, or not applicable/unsure. Probation and parole officers identified different training needs when exploring topics identified as *High Priority* (Table 2) compared to those identified as either *Helpful* or *High Priority* (Table 3). When looking at only *High Priority* topics, staff recruitment and retention made the list but were not included when looking at the top five topics combining either *High Priority* or *Helpful*.

Table 2. Top Topic Priorities Indicated as *High Priority*

	North Dakota	Region 8
1. Compassion fatigue/burnout	50%	40%
2. Permanent supportive house resources ^a	48%	42%
3. Staff retention ^a	48%	45%
4. Community support for recovery	44%	37%
5. Mental health and substance abuse (co-occurring disorders) ^b	41%	48%
6. Staff recruitment ^b	41%	37%
^a Housing and staff retention tied at 48%		^b Substance abuse co-occurring and staff recruitment tied at 41%

Table 3. Top Topic Priorities Indicated as *Helpful* Topics or *High Priority*

	North Dakota	Region 8
1. Mental health and intellectual disabilities (co-occurring)	97%	92%
2. Mental health and substance abuse (co-occurring disorders)	95%	93%
3. Responding to parolees with schizophrenia	93%	85%
4. Permanent supportive housing resources	91%	88%
5. Understanding the connection between trauma and deviant behavior	90%	88%

In addition to priority topics, the survey asked probation and parole officers to identify which populations (if any) they would like additional training or consultation about to assist in improving their professional efforts in the field of mental health. Participants could select multiple populations from a list of 25. Overall, the top priority populations for North Dakota were the same as those identified across all of Region 8.

	North Dakota	Region 8	Region 8 Rank
1. Individuals with serious mental illness	69%	59%	1
2. Homeless/transient	66%	55%	2
3. People with substance use disorder (addiction)	64%	53%	3
4. Rural	60%	45%	5
5. Individuals with serious emotional disturbance	59%	49%	4

ⁱ Mountain Plains Mental Health Technology Transfer Center: <https://mhhttcnetwork.org/centers/mountain-plains-mhhttc/home>.

ⁱⁱ Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov>.

South Dakota Probation and Parole: Mental Health Training Needs

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Probation and Parole in South Dakota

Approximately 110 probation and parole officers in South Dakota completed the electronic survey. Respondents were predominantly female (52%) and between the ages 30-49 (72%). Roughly 43% worked in rural settings while 53% worked in urban/suburban areas. A majority (67%) worked solely in probation with 30% working in parole. Roughly 41% had been working in the field 11-20 years.

Knowledge and Experience

In the last 12 months, a greater proportion of parole officers (97%) than probation officers (76%) attended a training on mental health. There was less variation with regard to training on substance use (76% and 81% respectively had attended trainings). A much larger percentage of probation officers knew about trauma-informed care (85%) than did parole officers (52%), though a larger portion of parole officers (91%) could recognize signs of a drug overdose than could probation officers (80%). See Table 1. A majority of parole officers (97%) carried Narcan while a majority of probation officers (99%) had no professional access to Narcan.

Figure 1. Access to Narcan/Naloxone

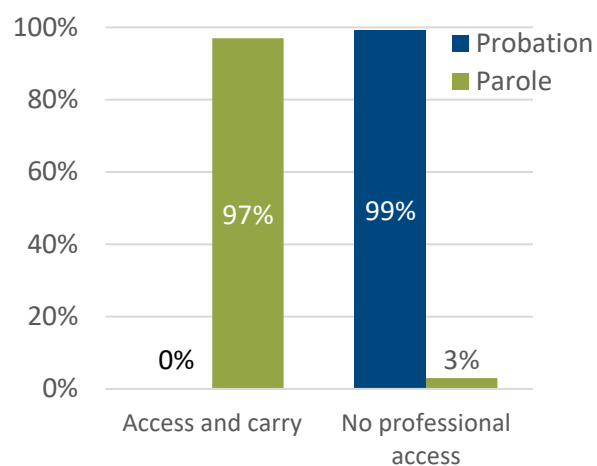


Table 1. Percent of Officers Who Strongly Agree/Agree

	Probation (n=69)	Parole (n=30)	South Dakota
I know what trauma-informed care is	85%	52%	75%
I can recognize signs of suicide risk	93%	91%	92%
I know how to help someone calm down from a crisis state of mind	92%	88%	90%
I can recognize the signs of addiction	97%	97%	97%
I can recognize signs of a drug overdose	80%	91%	84%
I know how to administer Narcan to reverse an opioid overdose	8%	97%	36%

Training and Technical Assistance Needs

Participants identified the priority for training or TA on a variety of topics. Each topic was rated as not a current need, would be helpful, high priority, or not applicable/unsure. Probation and parole officers both identified compassion fatigue as a *High Priority*. See Table 2. When combining *Helpful* or *High Priority* there was variation in TA needs. All (100%) of the parole officers indicated it would be *Helpful* or a *High Priority* to receive training on parolees who hear voices or experience psychosis (Table 3).

Table 2. Top Topic Priorities Indicated as *High Priority*

South Dakota	Probation	Parole
1. Mental health and substance abuse (co-occurring)	1. Mental health and substance abuse (co-occurring)	1. Understanding the connection between trauma and deviant behavior
2. Compassion fatigue	2. Compassion fatigue/burnout	2. Compassion fatigue/burnout
3. Understanding the connection between trauma and deviant behavior	3. Permanent supportive housing solutions	3. Crisis management (de-escalation, intervention, etc.)

Table 3. Top Topic Priorities Indicated as *Helpful Topics* or *High Priority*

South Dakota	Probation	Parole
1. Mental health and substance abuse (co-occurring)	1. Mental health and substance abuse (co-occurring)	1. Responding to parolees who are hearing voices or experiencing psychosis
2. Mental health and intellectual disabilities (co-occurring)	2. Employment issues/solutions for individuals with substance use disorder	2. Understanding the connection between trauma and deviant behavior
3. Understanding the connection between trauma and deviant behavior	3. Permanent supportive housing resources	3. Responding to parolees with schizophrenia

Officers also identified which populations (if any) they would like additional training or consultation about to improve their professional efforts in the field of mental health. They could select multiple populations from a list of 25. Parole and probation varied slightly in their top five. See Table 4.

Table 4. Populations Respondents Would Like Addressed in Trainings or Technical Assistance

Probation	SD Rank	Parole	SD Rank
1. People with substance use disorder (SUD)	1	1. People with serious mental illness (SMI) ^b	2
2. American Indian/Alaska Native	3	2. People with substance use disorder (SUD) ^b	1
3. People with serious mental illness (SMI)	2	3. Sex offenders	10
4. Rural ^a	5	4. Parolees with children/families	9
5. Homeless/transient ^a	4	5. American Indian/Alaska Native	3
^a Rural and homeless/transient tied at 51%		^b People with SMI and SUD tied at 61%	

ⁱ Mountain Plains Mental Health Technology Transfer Center: <https://mhttcnetwork.org/centers/mountain-plains-mhttc/home>.

ⁱⁱ Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov>.

Utah Probation and Parole: Mental Health Training Needs

The **Mountain Plains Mental Health Technology Transfer Center (MHTTC)**ⁱ serves the states of Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming and began offering services on August 15, 2018. Funded by the **Substance Abuse and Mental Health Services Administration (SAMHSA)**,ⁱⁱ the Mountain Plains MHTTC is a five-year program focused on providing free training, products, resources, and technical assistance to individuals serving persons with mental health disorders. In partnership with SAMHSA and state probation and parole offices, the Mountain Plains MHTTC team conducted an electronic survey in December 2019 to assess mental health training needs among probation and parole officers in the six state region. The results from the survey will inform the development of new products, training materials, and technical assistance (TA).

Probation and Parole in Utah

Approximately 126 probation and parole officers in Utah completed the electronic survey. Respondents were predominantly male (70%) and between the ages of 30-49 (69%). Roughly 78% worked in urban/suburban settings while 21% worked in rural areas. A majority (66%) worked in both probation and parole with an additional 18% working solely in probation. Roughly 41% had been working in the field 11-20 years.

Knowledge and Experience

In the last 12 months, a greater proportion of officers had attended a training on substance use disorder (86%) than on mental health (81%). When compared to probation and parole officers in all of Region 8, a greater proportion of officers in Utah had access to Narcan (85%) and knew how to administer Narcan to reverse an opioid overdose (83%). See Figure 1 and Table 1. However, a much smaller percentage of officers in Utah compared to all of Region 8 knew of trauma-informed care (67% compared to 80% in all of Region 8).

Figure 1. Access to Narcan/Naloxone

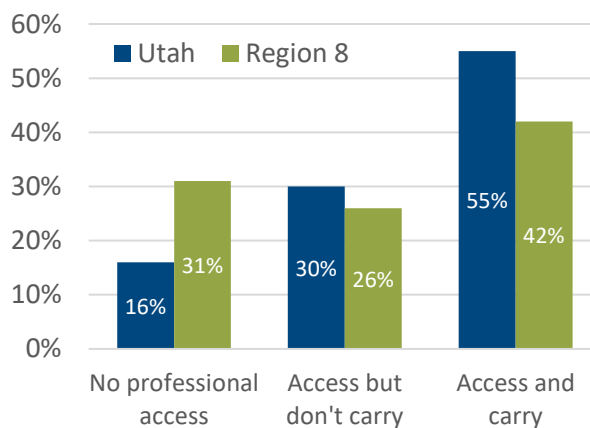


Table 1. Percent of Officers Who Strongly Agree/Agree

	Utah	Region 8
I know what trauma-informed care is	67%	80%
I can recognize signs of suicide risk	83%	89%
I know how to help someone calm down from a crisis state of mind	82%	85%
I can recognize the signs of addiction	94%	95%
I can recognize signs of a drug overdose	90%	83%
I know how to administer Narcan to reverse an opioid overdose	83%	67%

Training and Technical Assistance Needs

Participants identified the priority for training or TA on a variety of topics. Each topic was rated as not a current need, would be helpful, high priority, or not applicable/unsure. Probation and parole officers identified different training needs when exploring topics identified as *High Priority* (Table 2) compared to those identified as either *Helpful* or *High Priority* (Table 3). When looking at only *High Priority* topics, staff recruitment and retention were identified in the top five but were not included when looking at the top five topics combining either *High Priority* or *Helpful*. Instead, when combining need categories, probation and parole officers in Utah identified wanting more training or TA on the topic of employment issues for individuals with mental illness, including job placement and support services.

Table 2. Top 5 Topic Priorities Indicated as *High Priority*

	Utah	Region 8
1. Staff retention	65%	45%
2. Staff recruitment ^a	55%	37%
3. Mental health and substance abuse (co-occurring) ^a	55%	48%
4. Permanent supportive housing resources	49%	42%
5. Compassion fatigue/burnout	47%	40%
^a Staff recruitment and substance abuse co-occurring tied at 55%		

Table 3. Top 5 Topic Priorities Indicated as *Helpful* Topics or *High Priority*

	Utah	Region 8
1. Mental health and substance abuse (co-occurring) ^a	94%	93%
2. Employment issues and solutions for individuals with mental illness ^a	94%	86%
3. Permanent supportive housing resources ^a	94%	88%
4. Mental health and intellectual disabilities (co-occurring) ^b	92%	92%
5. Effects of psychotropic medications ^b	92%	87%
^a Top three topics tied at 94%		^b Intellectual co-occurring and psychotropic medications tied at 92%

In addition to priority topics, the survey asked probation and parole officers to identify which populations (if any) they would like additional training or consultation about to improve their professional efforts in the field of mental health. Participants could select multiple populations from a list of 25. Overall, the top priority populations for Utah were similar to those of Region 8.

	Utah	Region 8	Region 8 Rank
1. Homeless/transient	58%	55%	2
2. Individuals with serious mental illness	55%	59%	1
3. People with substance use disorder (addiction)	53%	53%	3
4. Individuals with serious emotional disturbance	48%	49%	4
5. Adults (ages 18-64)	46%	37%	8

ⁱ Mountain Plains Mental Health Technology Transfer Center: <https://mhttcnetwork.org/centers/mountain-plains-mhttc/home>.

ⁱⁱ Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov>.

Wyoming Probation and Parole: Mental Health Training Needs

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Probation and Parole in Wyoming

Approximately 35 probation and parole officers in Wyoming completed the electronic survey. Respondents were predominantly female (80%) and between the ages 30 and 49 (69%). Roughly 71% worked in rural settings while 29% worked in suburban/urban areas. A majority (80%) worked in both probation and parole, and 37% had been working in the field between 11 and 20 years.

Knowledge and Experience

In the last 12 months, a greater proportion of officers had attended a training on mental health (94%) than on substance use disorder (76%). When compared to probation and parole officers in all of Region 8, a greater proportion of officers in Wyoming had access to Narcan (80%). However, only 66% agreed or strongly agreed that they knew how to administer Narcan to reverse an opioid overdose. See Figure 1 and Table 1. A greater percentage of officers in Wyoming compared to all of Region 8 could recognize signs of suicide risk (97% compared to 89% in all of Region 8).

Figure 1. Access to Narcan/Naloxone

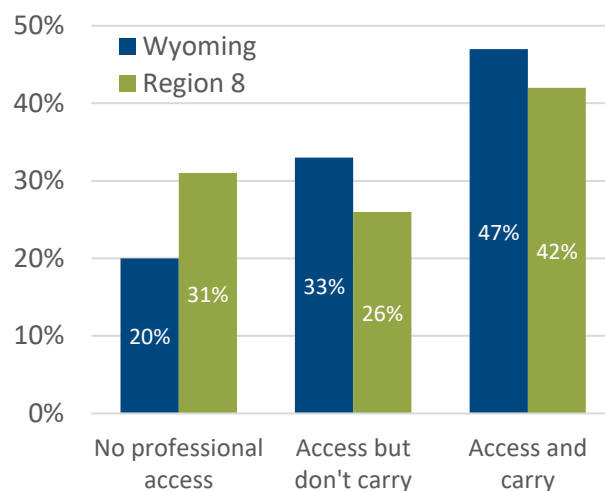


Table 1. Percent of Officers Who Strongly Agree/Agree

	Wyoming	Region 8
I know what trauma-informed care is	86%	80%
I can recognize signs of suicide risk	97%	89%
I know how to help someone calm down from a crisis state of mind	91%	85%
I can recognize the signs of addiction	94%	95%
I can recognize signs of a drug overdose	77%	83%
I know how to administer Narcan to reverse an opioid overdose	66%	67%

Training and Technical Assistance Needs

Participants identified the priority for training or TA on a variety of topics. Each topic was rated as not a current need, would be helpful, high priority, or not applicable/unsure. Probation and parole officers identified different training needs when exploring topics identified as *High Priority* (Table 2) compared to those identified as either *Helpful* or *High Priority* (Table 3). When looking at only *High Priority* topics, staff recruitment and retention were identified but were not included when looking at topics combining either *High Priority* or *Helpful*. Instead, when combining need categories, officers in Wyoming identified wanting more training or TA on the topic of effects of psychotropic medications, understanding the connection between trauma and deviant behavior, and community supports for recovery.

Table 2. Top 5 Topic Priorities Indicated as *High Priority*

	Wyoming	Region 8
1. Staff retention ^a	63%	45%
2. Mental health and substance abuse (co-occurring) ^a	63%	48%
3. Community support for recovery	57%	37%
4. Compassion fatigue/burnout	50%	40%
5. Staff recruitment	49%	37%
^a Staff retention and substance abuse co-occurring tied at 63%		

Table 3. Top 5 Topic Priorities Indicated as *Helpful* Topics or *High Priority*

	Wyoming	Region 8
1. Mental health and substance abuse (co-occurring)	94%	93%
2. Effects of psychotropic medications	91%	87%
3. Understanding the connection between trauma and deviant behavior ^a	89%	88%
4. Mental health and intellectual disabilities (co-occurring) ^a	89%	92%
5. Community supports for recovery ^a	89%	85%
^a Topics 3-5 tied at 89%		

In addition to priority topics, the survey asked probation and parole officers to identify which populations (if any) they would like additional training or consultation about to assist in improving their professional efforts in the field of mental health. Participants could select multiple populations from a list of 25. Overall, the top priority populations for Wyoming were the same as those identified across all of Region 8. However, Wyoming was the only state to identify veteran populations in its top five.

	Wyoming	Region 8	Region 8 Rank
1. Individuals with serious mental illness	77%	59%	1
2. People with substance use disorder (addiction)	63%	53%	3
3. Homeless/transient ^a	57%	55%	2
4. Individuals with serious emotional disturbance (SED) ^a	57%	49%	4
5. Veterans	54%	35%	9

^a Individuals who are homeless and individuals with SED tied at 57%

ⁱ Mountain Plains Mental Health Technology Transfer Center: <https://mhttcnetwork.org/centers/mountain-plains-mhttc/home>.

ⁱⁱ Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov>.

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Substance Abuse and Mental Health
Services Administration

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