



Montana Probation and Parole: Mental Health Training Needs

The Mountain Plains Mental Health Technology Transfer Center (MHTTC)ⁱ is a partnership between the University of North Dakota and the Western Interstate Commission for Higher Education and serves the states of Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming (Region 8). 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, 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. Results from the survey will inform the development of new products, training materials, and technical assistance (TA). For more information, read the completed report, [Mental Health Training and Technical Assistance Needs: Findings, Implications, and Summary of a Survey of Probation and Parole Officers in Region 8](#).

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

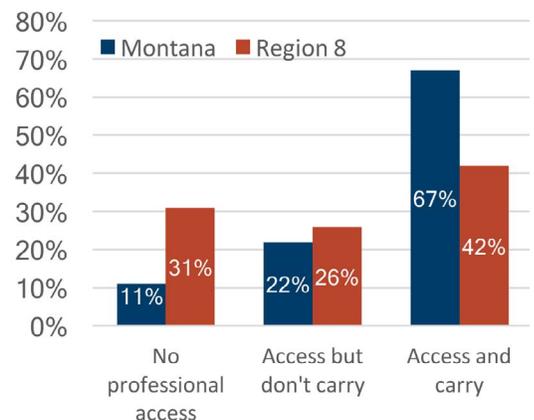


Table 1. Percent of Officers Who Strongly Agree/Agree

	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:

Table 4. Top Priority Populations

	Montana	Region 8	Region 8 Rank
1. Rural ^a	51%	45%	5
2. People with serious mental illness (SMI) ^a	51%	59%	1
3. People who are 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 people with SMI tied at 51%

¹Mountain Plains Mental Health Technology Transfer Center: <https://mhttcnetwork.org/centers/mountain-plains-mhttc/home>.

²Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov>.