



South Dakota 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 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

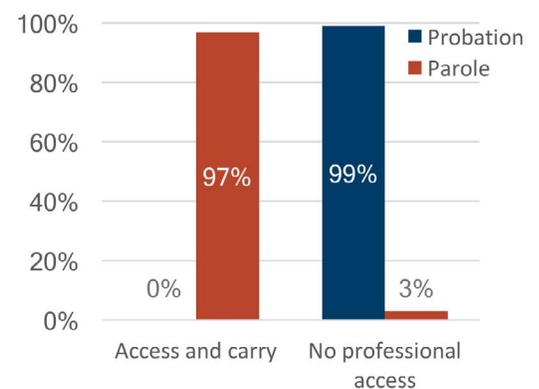


Table 1. Percent of Officers Who Strongly Agree/Agree

	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. Top Priority Populations

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%

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

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