



Executive Summary: Mental Health Training and Technical Assistance Needs among Probation and Parole Officers in Region 8

Introduction

The Mountain Plains Mental Health Technology Transfer Center (MHTTC)¹ is a partnership between the University of North Dakota² 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. 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.

Training and Technical Assistance Needs Among Probation and Parole Officers

The Mountain Plains MHTTC team, in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA),⁴ and state probation and parole offices, conducted an electronic survey in November and December 2019 to determine mental health training needs. The survey was distributed electronically to probation and parole officers in all six states located in the United States Department of Health and Human Services (HHS) Region 8.

Key Findings

- Although probation and parole officers indicated having completed training on mental health and substance use in the last 12 months and indicated knowledge around several topics, 92% indicated that they would still attend a free training on mental health and substance use disorder.
- Nearly all (93%) of the 609 surveyed probation and parole officers indicated that training on mental health and substance abuse (co-occurring disorders) was either a *high priority* or *would be helpful*.
- Respectively, 88% and 87% of officers indicated training on permanent supportive housing resources and crisis management was either a *high priority* or *would be helpful*.
- When asked which populations officers would like more mental health training about, the top three included individuals with serious mental illness, people with substance use disorders, and individuals who are homeless / transient.

ACCESS THE FULL REPORT

The full report includes the overall training topic needs among rural and urban probation and parole officers, varied training needs between probation and parole, and Region 8 state specific reports.



tinyurl.com/ProbationParoleReport

Background: 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.

Background: Using the Results

Results of this study will assist the Mountain Plains MHTTC staff to 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. The policies and administrative structures that exist to provide probation and parole supports differ in the six states in Region 8. These dissimilarities are reflected in the findings in the full report. Approval to conduct the assessment was provided by the University of North Dakota Institutional Research Board.

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1. Mountain Plains Mental Health Technology Transfer Center, mhttcnetwork.org/centers/mountain-plains-mhffc/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)

Results

A total of 609 probation and parole officers in 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 about 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. In examination of 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 include:

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.

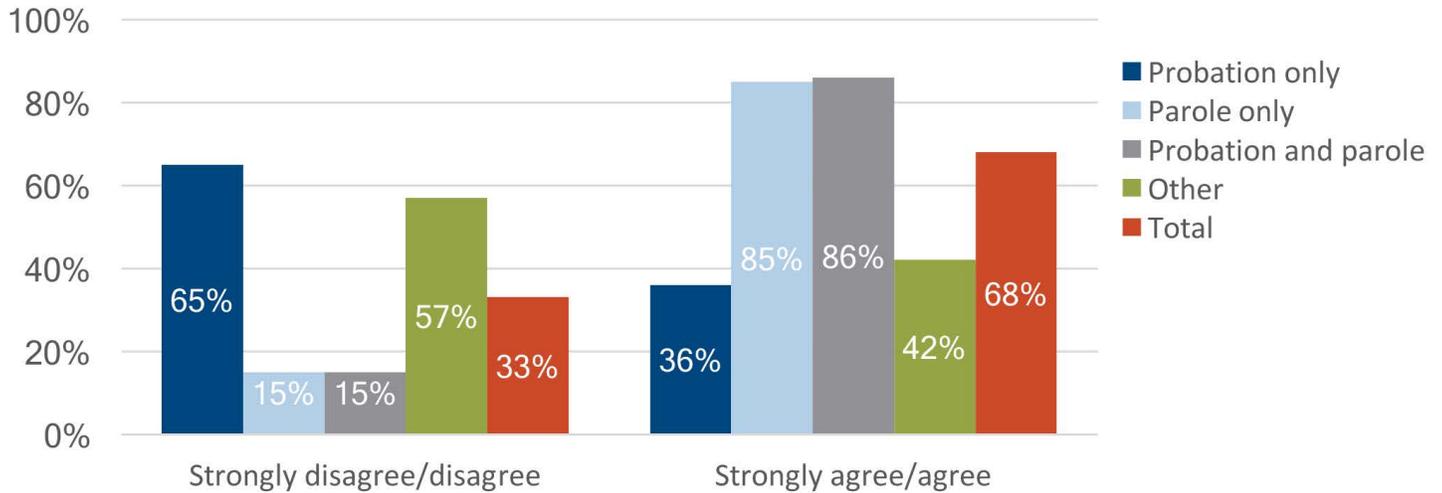
Knowledge of, and Access to, Narcan/Naloxone

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.

Significant variability exists 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.

Again, 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.

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