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Specialized Mental Health Probation Caseloads: Applying Key Elements of Specialty Caseloads to Improve Outcomes for Probationers with Severe Mental Illnesses

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Specialized Mental Health Probation Caseloads: Applying Key Elements of specialty Caseloads to Improve Outcomes for Probationers with Severe Mental Illnesses

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Abstract

The purpose of this starred paper is to identify the issues regarding supervising probationers diagnosed with severe mental illnesses. The number of people under community supervision continues to grow. Those with severe mental illnesses (SMI), are disproportionately represented and are often less successful within the framework of traditional probation. Specialty mental health caseloads (SMHC) are an alternative to traditional supervision and allow for more person-centered, individualized, and rehabilitative approaches to supervision individuals with SMI. This paper aims to explore existing research in this area and examine existing studies that have reviewed counties that have implemented specialty mental health caseloads. Specialty mental health caseloads have five characteristics that set them apart from traditional probation caseloads and implementation of and adherence to these principles, can result in improved success rates for probationers and ultimately, reductions in recidivism for individuals with SMI to prevent further criminal justice involvement. The conclusion of this paper is that additional research is needed to examine why agencies veer away from the SMHC key concepts and resort back to traditional approaches which evidence continues to suggest will result in continued high rates of failure for those diagnosed with SMI.

Chapter I: Introduction

Problem Statement

At the end of 2020, there were approximately four million adults under community supervision in the United States (U.S. Department of Justice 2021). Although there have been fluctuations over the years, this number of people on probation exceeds the number of people currently incarcerated and yet the focus remains on mass incarceration versus mass supervision. It is also widely known that individuals diagnosed with a severe mental illness (SMI) are disproportionately represented in probation populations and incarcerated populations. Further, of those on probation, approximately 16 percent of those on community supervision have a severe mental illness (Ouderkerk and Kaeble, 2021). Severe and persistence mental illnesses are herein defined as Schizophrenia, Schizoaffective disorder, Bipolar I/II disorders, Major depressive disorder, and borderline personality disorder although the specific diagnoses will not be differentiated within this paper and SMI is to be conceptualized as the above listed diagnoses. Differentiation between these diagnoses will not be noted.

Probationers with Severe Mental Illness

The study of probationers with SMI is a relatively neglected area, although it is widely known that there are challenges to supervising this population. Some of these challenges are shared by probationers that are not diagnosed with SMI but those with diagnosed SMI experiencing more barriers in accessing health services, housing and employment services and research has indicated that these probationers are twice as likely to experience a revocation of probation due to receiving more technical violations (Givens and Cuddeback, 2020). Supervising individuals with a SMI diagnosis require knowledge of the mental health system and that having that knowledge would assist in supervising the individual successfully. However, often those

with SMI are placed on traditional caseloads with probations officers that have little knowledge of or experience working within the mental health system. Ergo, the creation of and implementation of specialty mental health probation caseloads, or herein after referred to as SMHP caseloads. Individuals living with SMI often struggle with maintaining community ties and report having fewer positive social supports making them more likely to fail on traditional probation and pulling them deeper into the criminal justice system and increase recidivism rates that could be mitigated with a more integrated approach between probation agencies and social services (Wolff et al., 2014). It is the goal of this paper to further examine existing research surrounding specialty mental health caseloads and their effectiveness at reducing recidivism. This paper will review existing research on this topic in order to identify areas in need of further research. Focus will be given to the key elements that SMHP caseloads are comprised of. Those key elements, outlined by Skeem et al. (2006) are caseloads consisting exclusively of individuals with mental illness, reduced caseload size, ongoing mental health training for officers, a problem-solving approach to supervision, and collaboration with external resources to link probationers with services. With these key elements of specialty caseloads, and with the existing evidence surrounding how adhering to the risk needs and responsivity principle can reduce recidivism, it is postulated in this paper that specialty caseloads are not a tool to reinvent the wheel, but rather a new gear to get things back to running as they were intended. Specialty caseloads can be viewed as a value add within the system but will continue to struggle in success rates if the wheel continues to be driven down the path of most resistance versus exploring paths that have been shown to get to the finish line with less detours.

The articles that have been chosen to review in this paper are those that outline existing studies on the implementation of specialty mental health probation caseloads and the impact it

has had on those agencies. The articles chosen are those that can contrast traditional probation caseloads with specialty caseloads in order to better highlight the characteristic of the SMHP caseloads against existing practices in probation that are not serving to support individuals diagnosed with a severe mental illness. This paper will focus on the qualitative information regarding the key concepts of specialty mental health probation. There is still much research to be done in this area and the lack of studies that can be generalized to larger SMI probation is a barrier in assessing the efficacy of SMHP caseloads in reducing recidivism. It can be further noted that although substance use is commonly co-occurring with severe mental illnesses, analysis is focused on SMI probationers' needs with best efforts having been made to review articles that specify SMI and not co-occurring with SUD. This decision was made due to the belief that the population with SMI is too often linked to SUD and further stigmatized, and it is this paper's intent to focus on the low success rates of those with SMI on probation and how to increase success rates and reduce recidivism.

History of Probation

In order to look towards the future of probation it is important to look at the history of probation itself, the American Probation and Parole Associations defines probation as, "a court order through which a criminal defendant is placed under the control, supervision, and care of a probation officer in lieu of imprisonment; so long as the probationer maintains certain standards of conduct", and with this definition, it can clearly be noted that within the definition itself lies an apparent dichotomy, that of care versus control, the therapeutic approach and the law enforcement approach. The role of the probation officer is not clearly defined as one or the other, but both, making it ever more difficult to work within a system that expects the officer to be a formal and informal source of control with the goal of preventing future criminal activity and

rehabilitating the individual to the extent they are able to be successful in their communities. Probation, at its core and from its beginning, was meant to help and support. The use of probation has changed considerably from its inception in the 1840's with John Augustus being credited with bailing over 2,000 people out of jail and assisting them in finding jobs and maintaining good standing in their communities to report back to the courts (Dressler, 1970). Probation was meant to be a way of recognizing the need to support a group of people that needed additional supports, or rehabilitation, and help them succeed and thrive in life. Emphasis was and continues to be placed, when it comes to traditional probation caseloads, on drug testing, locating, paying fees and restitution versus connecting probationers to treatment and other resources. Probation was intended to address underlying needs that lead to increased risk of criminal involvement. Years later, recognizing these needs, James Bonta, Donald Andrews, and Paul Gendreau, in 1990, created the principles of the Risk, Need, Responsivity Model Identifying these needs, and corresponding risk level and finding the appropriate response, can reduce recidivism by up to 50 percent (Bonta et al., 2008). Unfortunately, as this paper will further identify, many probation agencies are not adhering to the Risk, Needs, Responsivity model and in turn, are not seeing significant reductions in recidivism. There continues to be debate on whether the RNR principles should be applied to SMHP caseloads as they are to traditional caseloads. Many probation officers believe in the criminalization hypothesis when it comes to monitoring SMI probationers as they believe that untreated mental health is the primary cause of criminal justice involvement (Epperson et al.,2014). Due to these ongoing discussions surrounding criminalization hypothesis as well as the focus on criminogenic needs as outlined in the RNR model, this paper hopes to review how these conflicting beliefs impact the success of specialty caseloads on reducing recidivism for the probationers with SMI population.

Rehabilitative Approach to Probation: What Works?

Although the dual relationship aspect of probation has continued to be acknowledged, the role of de facto social worker has continued to take a back seat to the role of law enforcer. Many probation officers have reported feeling as though they have gone from treater to monitor and a shift towards monitoring treatment compliance, further increases the technical violations (Eno Louden et al., 2007). Somewhere along the way, the rehabilitative approach was seemingly lost or at the very least deprioritized to make way for the "get tough" era that coincided with the war on drugs. During this time, Cullen (2013) published a study with findings that sought to overturn previously published research from a Robert Martinson, that indicated in little to no uncertain terms, that the rehabilitative efforts have had no effects on recidivism and a conclusion that "nothing works" was drawn. Conversely, the notion that "nothings works" was indeed working. Studies had shown that 80 comparisons were completed between those released to parole and those not released to parole and 74 of those comparisons found significantly lower recidivism rates (Cullen, 2013). The U.S. did not invest more time and efforts into exploring this study further, and they began to weaken or get rid of parole boards (Bonta et al., 2008). Making this decision to begin abolishing parole boards, seemingly sent the message that it was not working and opened the opportunity to further promote the "get tough" era which took the focus off rehabilitation. This was a challenging time for those that believed in the rehabilitative approach as the public was convinced that a punitive approach, not a therapeutic one, was what people that were involved in the criminal justice system needed to be deterred from future crimes. As it is well known, the war on drugs lead to dramatic increases in the prison populations and as previously mentioned, the correspondingly dramatic increases to people placed on probation often goes unnoticed even though that with in a two decades, from the 1980's to the 2000's, there

was a 400 percent increase in the use of probation (Labrecque, 2017). In fact, it was reported in 2007 that 1 in every roughly 50 adults were on probation compared to 1 in ever 198 in prison (Phelps et al., 2022). This drastic statistic is not at the forefront of conversations, but many could argue that it should be as court orders continue to create unrealistic expectations for probationers, increasing likelihood of technical violations that result in jail time. Specifically, probationers with SMI have higher needs such as the need for housing, employment, and access to treatment and other services and in turn, are at higher risk of failing probation (Eno Louden et al., 2010). In recognizing the need to address this population of probationers with SMI, the Council of State Governments (2002) recommended that called for implementation of specialty mental health caseloads. Identifying the need for implementation of specialty caseloads is only the start as people living with SMI already have a stigmatized identity which is now compounded with the stigmatize identity of being involved in the criminal justice system. Adults on probation are significantly more likely to experience a mental health condition and yet adults on probation are also less likely to have insurance covered, less likely to receive outpatient on top of already struggling to maintain prosocial connections in the community, find housing, and find employment, which are all made more difficult when one has a criminal record. Probation officers should continue to function as agents of change within the system in order to truly reduce recidivism. Taking this background information, this paper will continue to present information on studies that have been conducted in attempts to have specialty caseloads be the tool that allows probation to function as it was once meant to, as the helping hand and not the iron fist.

Chapter II: Literature Review

According to a survey from Skeem et al. (2006) approximately 140 probation agencies in the U.S. have implemented a specialty mental health probation program. As noted earlier, this has been in response to a recognized need to address populations with SMI currently on community supervision. Many would suggest the increase in the population of SMI probationers be in response to the deinstitutionalization of those with a mental illness. With the closure of state hospitals and limitations with community psychiatric services, those with mental illness are encountering others in their communities exercising social control. Whether this be the police, local neighborhood watches, or the public in general, the symptoms of the mental illness have become difficult to ignore and unfortunately, remain difficult to understand an empathize with for many. Behaviors are criminalized that used to be treated. Often an individual with untreated mental illness will commit a minor criminal act and will enter the criminal justice system to then get treatment. However, this continues to circle back to the discussion of what is causing the criminal behavior and if treating the mental illness will indeed reduce the recidivism that is the widely accepted goal for people with SMI. Mental illness is not considered a criminogenic need and is still conceptualized as non-criminogenic, or not showing a strong causal relationship to crime. This paper does not seek to change that conceptualization as the implications for such a change would likely lead to further stigmatizing this population. However, it does offer up the opportunity to analyze existing research that focuses largely on treating the mental health as the priority and placing less focus on the criminogenic needs. Although, there is some evidence to suggest that when specialty officers stray from mainly focusing on the mental health aspect and revert to the evidence-based practices that have been shown to reduce recidivism in SMI and non-SMI probationers (Eno Louden et al., 2012). There have not yet been studies to support that

connecting someone to mental health services alone, have created better criminal justice outcomes and likewise, there is no evidence to support that there is a link between symptom control of the mental health symptoms and reduced recidivism (Skeem et al., 2011). It is largely recognized that probation agencies were not created to meet the specific needs of those with SMI and that probation officers are not always trained in mental health. There has continued to be increased reliance on the criminal justice system to address the seemingly deviant and disruptive behaviors of those living with SMI. Due to this increased pressure on probation agencies to manage this population, it causes continued strain on the criminal justice system, the mental health system, the community and the individuals (Skeem et al., 2003). Probationers with SMI have unique needs and have difficulty meeting standard conditions of probation leading to increased technical violations and cycling through jail and prison (Skeem et al., 2006).

The survey conducted by Skeem et al.(2006) was seeking to identify differences in traditional versus specialty probation caseloads and thus provided groundwork for future studies as well. This paper sought to better understand agencies that have implemented specialty mental health probation caseloads and how those caseloads function differently and similarly to traditional caseloads in the hopes of identify aspects of SMHP caseloads that reduce recidivism. This study also identified what is deemed as the "prototypic specialty agency" and laid the framework for what would be the aforementioned key elements of SMHP caseloads; caseloads only comprised of probationers with mental disorder, meaningfully reduced caseload size, (e.g. caseloads of less than 40 versus the traditional caseloads of over 100), ongoing training of officers in mental health-relevant issues, integration of internal and external resources, and reliance on problem-solving as a supervision strategy (Eno Louden et al., 2010).

Key Elements of Specialty Mental Health Caseloads

In reviewing the existing research and studies on this topic, some common trends were discovered. Articles were reviewed and analyzed for the key elements of what a SMHP caseload is meant to be comprised of. To begin, it was commonly accepted that probation officers in both SMHP caseloads and traditional caseloads valued building relationships with the probationer and recognize the importance of building rapport (Epperson et al., 2014). Likewise, building relationships is better accomplished when a probation officer can spend more time with the probationer and get to know that individual. Research in this area has shown that an increase in caseload size, decreases the amount of time spent with individuals and subsequently negatively impacted the officer's ability to identify and assess needs (Van Deinse et al., 2021). In interviewing probation officers, they further found that those interviewed agree that they do not have adequate time to be able to support individuals with SMI when their caseloads increase. One officer spoke specifically about this and reported that they had more time to be involved in the offender's life when caseload numbers are lowered. Although relationship building was not identified as one of the key elements of SMHP caseloads, it does go hand in hand with reducing caseloads. It is assumed that the probation officer will seek to build a relationship with the probationer to balance the care versus control aspect of probation. When the officer has more time, it would likewise be logical to surmise that building that trusting relationship and being able to focus on the care would outweigh the need to focus on the control. Due to SMI probationers having smaller social networks, along with tendencies towards antisocial patterns of behavior, this makes the importance of building caring relationships evermore important as probationers with smaller networks have less sources of informal social control from family or friends. It has been hypothesized that "positive relationships with probation officers and

clinicians will relate to relatively low perceived coercion, high treatment adherence and low probation violations" (Skeem et al., 2009). Again, focusing on the firm but fair approach in probation would then also be likely to lead to feeling less coerced and more motivated to comply with rules. Traditional probation officers that were interviewed in a study stated a strong likelihood of utilizing a threat of revocation to gain compliance (Phelps et al., 2022). This shows coercion to gain compliance versus motivation to gain compliance and is less likely to lead to successful completion of probation as research has shown. This approach diminished trust in the probation officer and limited what probationers would naturally divulge as well according to this study. Probationers interviewed in this study were quoted making statements such as, "probation is both helpful and stressful" and "I'm always worried about my freedom at the end of the day", (Phelps et al., 2022, pg. 15). It would be impossible to separate probation from control entirely, but when probationers only experience formal control (e.g., police, law enforcement, court orders), it is not difficult to see how this could further negatively impact probation success and lead to more violations as finding the intrinsic motivation to succeed would be more challenging when the supports are lacking and the need to increase mental health supports in one's network was solidified.

Mental Health Training for Probation Officers

In 2009, Skeem et al. found that those with large and supportive social networks, to include probation officers that focused on building positive relationships that lead to less feelings of coercion, predicted treatment adherence more often. It should also be noted that some studies have pointed out that probation officers that adapt to the dual-role relationship and focused on improving that relationship, did show improvement in rule compliance but that the same improvements in compliance were not seen when the focus was on the therapeutic alliance. Eno

Louden et al. (2007) found that the likely answer to this was since the therapeutic alliance is a step outside of the dual role of the probation officer in that the therapeutic alliance should be reserved for the provider that is not in any way enforcing rules. Although the findings within their research generally support the theory that relationships increase adherence to treatment and therefore adherence to probation, the findings are not generalizable to all agencies also, the focus of this study was to assess treatment adherence and often that was interchangeable between mental health treatment and substance use disorder treatment. While substance use is commonly known as a criminogenic factor, a mental health diagnosis is not a criminogenic factor and focusing on mental health treatment adherence and monitoring for that, is not addressing criminogenic needs and was not seen to reduce recidivism or in this case, reduce probation violations.

Additional studies have focused on the relationship between probation officer and probationer with SMI while connecting back to key elements of SMHP caseloads such as smaller caseloads. Eno Louden et al. (2012) studied interactions between probation officers and probationers with SMI and evaluated the focus and topics within those interactions. It is interesting to focus on the specific interactions as it shows the varying techniques probation officers use in these meetings, and we can glean key differences and similarities. For the purposes of SMHP caseloads, and while acknowledging that existing research is limited and inconclusive when determining if SMHP caseloads reduce recidivism, it would be important to continue to attempt to synthesize approaches within probation meetings and hold probation officers accountable to adhering to practices that are evidence based in order to better assess impact on recidivism which is conceptualized in this paper to be new arrests and/or probation violations.

Reduced Case Loads

Within the study by Eno Louden et al. (2012) interviews were taped and broken down into areas that were discussed. Specific focus was placed on officers that addressed criminogenic needs and to what length. The interviews were also further assessed for the core correctional practices of pro-social modeling and reinforcement, relapse prevention, using community resources and problem-solving and how many meetings referenced these practices. The conclusions were that in most meetings, criminogenic needs were discussed but significantly more time was spent discussing the probationer's mental illness. In similar research, Bonta et al. (2008) found that the more time officers spent talking about criminogenic needs directly correlated to reduced recidivism. The amount of time spent discussing criminogenic needs also impacted recidivism as seen in the Bonta et al. study in 2008 as well. They found that officers who spent 19 minutes or less discussing criminogenic needs, nearly half (49%) of offenders recidivated, compared to only 3% of offenders whose officers spent more than 40 min discussing these needs, (Bonta et al., 2008). Contrastingly, within these SMHP caseloads, the focus in these interviews continued to circle back to mental health and function off a unidimensional model implemented in SMHP caseloads while ignoring criminogenic needs and the corresponding evidence that strongly suggests that the focus on criminogenic needs reduces recidivism. Probation officers in traditional and specialty caseloads have discretion over how they supervise and monitor probationers. In reviewing the articles from Eno Louden et al. (2010) and Bonta et al. (2008) it would appear that prioritizing discussions about mental health treatment may be helpful in fostering a trusting a relationship and provide avenues towards connecting probationers to mental health supports and resources, there is enough evidence to suggest that the SMHP caseload should still be treated similarly to traditional in terms of the evidence based

practices being utilized by a probation officer with mental health training which is a key element (Skeem et al., 2006). Future research and analysis should focus on the training in which a probation officer completes or the educational or employment backgrounds of those that end up in these roles versus those in traditional probation roles. It is clear there needs to be an integrated approach for probationers with SMI as there is a need to address the mental illness as well as shared criminogenic needs as others on traditional probation. This is not to state, or negate, the hypothesis that untreated mental illness does in fact cause crimes, however, thus far, research has been unable to show causation as it has with criminogenic factors.

Problem-Solving Approach

To expand further on the integrated approach and the need to collaborate with outside mental health providers and social services in the community, additional time was spent to review existing research on this identified key element of SMHP caseloads. There was a lack of research found dedicated to how this element of SMHP caseloads may impact the success for probationers or how referring and connect to outside resources, and to further add monitoring those referrals for a continuum of services, may impact reductions on recidivism. There has been ongoing evidence that identifies the need to not have outside providers act as additional eyes on the probationer in the sense that they can report back to the probation officer and the probation officer can file an increase in violations based on having more information on the activities of the probationer. This practice adds additional challenges to building relationships with the probationer as well as the outside providers that do not wish to have their relationships harmed with the individual either. The focus needs to be on the balancing of roles and finding a way to work together to support the goal of that person having success in their community while under supervision. Noting that studies have shown that acknowledging the dual role of the probation

officer in meetings with probationers was also helpful so that lines were not blurred entirely. For instance, a probation officer managing a SMHP caseload may state to a probationer that they are there to help and listen and empathize but that ultimately their hands would be tied if there are continue failures to comply in any way. From this approach, it allows a space for the probationer to still find intrinsic motivation to comply with conditions while also acknowledging that the officer is still a formal control in this scenario and having a mental health team allows for informal controls as well. To expand on this, Sloas et al., (2020) also conducted research into the relationships between probation officer and probationer and supported the idea that building the relationship makes the act of reverting back to the role of enforcer at times easier as there is a common agreement between both parties and expectations are set from the start. Within their research, they found that probationers reported that when spending time developing goals with officers, they had a stronger working alliance and 89 percent of those surveyed stated their probation officer believed working with their probation officer helped them develop strategies for success (Sloas et al., 2020). Often, mandated treatment is a condition of both specialty and traditional probation. However, as previously noted, probationers with SMI struggle significantly more to complete treatment. If that SMI probationer is on a SMHP caseload, that probation officer would be able to further connect with treatment providers to identify barriers to getting to treatment or engaging in treatment. Again, looking at this from a collaborative perspective and not having the probation officer communicate with collaterals to gain information in order to violate but in order to gain understanding to prevent the violation from occurring. It is important to note that violations lead to arrests and incarcerations and that statistics regarding completion or exiting from probation show that probation itself is not functioning as the alternative to incarceration as it is conceptualized to be but rather a driving

force to mass incarceration as fifteen percent of persons exiting probation ultimately go to jail or prison (Jacobson et al., 2017). This does not indicate what percent of those people exiting to incarceration were incarcerated for a new offense and subsequent violation or violations themselves, but with an SMI population that has research and evidence to suggest a continued inability to meet the demands of probation conditions, it would be interesting to further explore how the possibility of discharging from probation early once a period of sustained compliance is achieved with the hypothesis that removing that formal control after building up a team of providers, would allow continued monitoring in the community from the mental health providers without the threat of violation. A study by Skeem et al., (2017), did in fact find that specialty probation probationers did see a significant reduction in rearrest rates and the rearrest rates for those on traditional probationers, after two years, were higher. It would be important to also explore this topic, and this element of SMHP in terms of the integrated and collaborative approach with outside providers, from the perspective and experiences of the mental health providers, case managers and social workers.

Collaborative Approach

Much of the research reviewed focuses on the perspectives of the probation officer and identifies high volumes in caseloads and balancing dual-role relationships. The same experiences are being had by social workers working directly with the same population. This collaborative aspect to specialty caseloads is an integral part of current and future research and implementation efforts, but it's important to note that outside providers need to also feel they can build trusting relationships with probation agencies. The criminal justice system and social services sector are extremely intertwined and yet are often functioning parallel to each other. For instance, further exploration into how Rule 20's and civil commitments impact probation success

would be worth delving into. Case managers and social workers are often made to think that the probation officer's goal is to penalize mistakes and the statistics and data on probation in the U.S. would support this. To have true buy in from the probationer, stakeholders would need to have a better understanding of the other's role on a day-to-day basis as well it would seem. Social workers view the probation officers as the source of control and probation officers are viewing the social workers as the source of care. However, the probationer is often viewing the social worker as an additional source of control by merely being a provider and understandably wishing that the probation officer would be a little more caring. It creates quite the conundrum and does not bolster trust in either sector until it can be undoubtedly seen that all are working as a team. This can be better accomplished by exploring implementation of SMHP in a study that encompasses both mental health providers perspectives and probation.

The need for continued research on how relationships between probationer and probation officer affects recidivism is evident. However, the key elements of the SMHP caseload remain and existing research and studies have continued to identify these key elements for implementing special caseloads. Of those key elements, the problem-solving approach to probation seems to be an area where there are noteworthy differences in SMHP caseloads versus traditional caseloads. While specialty caseloads strive to lean towards rehabilitation and meeting the needs of the SMI population, the traditional approach today, is still strongly focused on the control aspect. For a traditional probation officer, a common response to a violation of a condition would be to sanction that probationer. For the SMHP probation officer, a sanction is to be the last resort and effort and priority is placed on finding a different approach and to better understand why violation is occurring. Skeem and Petrila 2004). This problem-solving approach relates closely to the need for relationship building between probation officer and

probationer as well which, as noted earlier, is also related to reduced caseloads and the need for SMHP caseloads to remain smaller than traditional to allow for more time to build trust. Skeem et al.'s national survey comparing traditional caseloads and SMHP caseloads further fount that although both sets of probation officers saw value in reduced caseloads, many believed the logistics of sustaining reduced caseloads to be a barrier to further implantation and adherence to this element. Within that survey, they found that 23 percent of specialty agencies were carrying higher caseloads than outlined in the prototypic SMHP caseload and this limited officer's ability to be involved with outside providers, connect to resources, and spend more time in meetings and these SMHP caseloads began to function as more traditional in nature. Skeem and Perilla's (2004) research also built on this research and found that those relationship that utilized the fair but firm approach, made it easier to transition into discussions of mandated treatment. In a similar study, it was found that probationers assigned to smaller caseloads, did have better mental health outcomes and reported improved mental health and better connections in the community. This study also found that the SMHP caseload had significantly fewer violations of probation (Manchak et al., 2014). Again, this supports existing research that when a probation officer has smaller caseloads, they can devote more time to problem-solving approaches. Specialty officers were found to exhibit better problem solving and less sanctioning and threats when compared to traditional probation officers (Skeem et al., 2014). Utilizing creative techniques in lieu of violations also increase the amount of contact with the probationer as well it would seem, and specialty officers often reported knowing about their probationers violating a condition far more often than a traditional officer would know according to the study by Skeem et al (2014). Additionally, within that study, it was still found that technical violations were much higher with SMHP caseloads versus traditional, but the SMHP probation officer utilized discretion more

often than traditional officers. Probation officers have a fair amount of discretion when it comes to violating probationers and it is interesting to see the continued trend for traditional officers use that discretion in a more punitive manner. Resorting to a violation as a more immediate response, leads to continued involvement with the criminal justice system and increases recidivism rates. It is unclear why probation continues to operate in rather ambiguous terms when it comes to the process for violations and a better understanding and research into how to better track discretion trends would be helpful in further exploring differences between traditional and SMHP caseloads. Much research would at the very least seem to agree that discretion is a necessary and vital role of probation and allows for person-centered approaches, however, a study out of Maricopa County, Arizona, found that discretion ability varied considerably when looking at specialty caseloads. Often the specialty officer reports not needing to adhere to as strict of guidelines when it comes to violations while traditional officers continue to report feeling pressure to violate at the first sign of noncompliance. This study interviewed the probation officers on SMHP caseloads and how they felt regarding their discretionary power. The study found evidence to suggest that specialty probation officers are more successful regarding recidivism and credits that success, at least in part, to the firm but fair approach that encompasses the ability to problem solve versus sanction noncompliance (Terpstra and Mulvey 2022). This supports the theoretical approach to this topic that continuing to define and adhere to the parameters of a SMHP caseload, could indeed result in reduced recidivism for the SMI population. Studies such the one out of Maricopa County by Terpstra and Mulvey support the need for continued research and report continued limitations in existing research in terms of generalizability. It is important to acknowledge that further research on how the training of the officer and background in mental health also impacts this reduction in violations as it cannot be

known if it is entirely attributed to the smaller caseloads. Mandating some mental health training for all probation officers would be beneficial as a whole and adding in specialized training for SMHP caseload holders may allow for better research in this area.

Chapter III: Conclusion

In conclusion, it is abundantly clear that this topic needs continued research. Both quantitative and qualitative studies were reviewed in this paper to provide a better understanding of how implementation of specialty mental health probation caseloads could reduce recidivism. This paper reviewed each article for the key elements as defined by Skeem et al. (2006) and sought to further explore how smaller caseloads, problem-solving approaches, and collaboration with outside providers impacted recidivism in those articles. In the end, it remains rather inconclusive whether SMHP caseloads reduce recidivism as most studies identify limitations such as generalizability. Of the studies noted, none can be generalized to all agencies. Some studies have been completed in larger cities primarily and those results would unlikely translate to similar results in rural areas. One of the most impactful barriers identified has been the lack of fidelity in implementation. There is evidence to suggest that these elements of SMHP could result in lower recidivism rates but still studies reviewed veered from those elements, primarily with the size of caseload, and began functioning more typically of that of a traditional caseload.

Further, evidence found throughout continues to suggest that probation is not working to reduce recidivism. When probation officers and when agencies are prioritizing addressing criminogenic needs, reduced recidivism is found. However, often during the meetings that were outlined in these studies, probation officers were not devoting much time to those criminogenic needs and were missing opportunities to address those risk factors. A study by Lopoo et al. (2023) found evidence to suggest that probation is the reason for increased incarceration and a causal factor in the failure to reduce crime. They further pose the question of why probation continues to be used at all. This seems like a reasonable ask when looking at how far probation has shifted away from its original paradigm upon its inception and that it certainly can be seen as

a tool that is feeding the beast of mass incarceration. Although they do not identify SMI probationers specifically, they call for continued efforts to place focus, and spending on strengthening informal community supports which is a critical aspect needed for SMHP probationers.

Limitations

Another challenge found throughout all studies was navigating through systems that are largely agreed upon to be broken. The criminal justice system is not reducing recidivism, and the mental health system is not meeting the needs of people with SMI. Access to resources continues to be a barrier. Transportation continues to be a barrier. Cost continues to be a barrier. Social empathy continues to be a barrier with the latter being a topic that would be difficult to create a future study on. Mental illness is not going away and those living with SMI are living with a chronic condition. SMI is often compared to those living a chronic physical health condition and often, this comparison is not met with the level of empathy it deserves. Someone struggling with a chronic condition such as ovarian cancer, is met with support in the community, from providers, from society. That same person's chronic condition can be treated and managed through medications and often mental health support as well. The difference being that person is not presenting with symptoms of SMI, symptoms which can be perceived as disruptive to many. It is difficult to increase public support for investing in SMHP programs when people with SMI are already living with a stigmatized identity, which is only further stigmatized by criminal justice involvement. Continued research and dedication to this topic is essential to better understand what works, why it works, how it works in order to implement successful and sustainable specialty mental health probation programs. The need is apparent and undeniable and continued efforts to build upon existing research and develop new studies is paramount in

improving outcomes for probationers diagnosed with severe mental illness. If nothing is done, this population will continue to be overrepresented within the community supervision sector of the criminal justice system. The unique set of needs and challenges specific to this population necessitates equally unique solutions that will require cross-agency commitments towards effecting change.

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