**HF 474 – Specialized Mental Health Community Supervision**

Anoka County is seeking innovative ways to more effectively manage criminal justice-involved clients struggling with mental illness and co-occurring substance abuse and mental health disorders. This population is unfortunately often over-represented in criminal justice settings, particularly in jails and prisons, and creates significant supervision case management and resource challenges for justice and behavioral health professionals. Many of these individuals struggle with symptom or behavior management and are susceptible to relapse or other forms of non-compliance resulting in technical violations of supervision, arrest, and incarceration. Additionally, while mental illness alone does not drive criminality, offenders with high-risk factors for recidivism including significant criminal history, criminal thinking, impulsivity and substance abuse are at increased risk to the community when experiencing poorly managed mental illness.

The seriously mentally ill pose significant correctional supervision workload challenges and risk of harm to themselves or the community. One study suggests mentally ill offenders are twice as likely to return to custody as those without mental illness and recidivism rates are between 50 and 90% (Peterson 2017).

Traditionally, offenders with significant mental health issues have been managed on traditional caseloads with brokered mental health services. Probation and mental health professionals often struggle with role clarification or duplication of case management services. In recent years, some jurisdictions have established mental health treatment courts to better manage this challenging population. While this is a good approach, it requires significant resource commitment and engagement by many stakeholder partners.

A specialized mental health supervision model is a promising practice and cost-effective alternative for some jurisdictions to a mental health court. A 2014 study of specialized mental health probation revealed improved officer practices, client access to treatment, and rule compliance over traditional supervision. (Manchak, et al) Another study of specialty supervision with smaller caseloads showed the following (Skeem 2017):

1. After one year, the odds of re-arrest were 2.7 times higher for traditional probationers than for specialty probationers.
2. After two years, the estimated probability of re-arrest was 28.6% for specialty probationers and 51.8% for traditional probationers.

HF 474 seeks to establish a pilot project in Anoka County and one or more jurisdictions through a competitive grant process. The pilot establishes a multi-disciplinary caseload team with a probation officer and adult mental health professional targeting high-risk adult offenders with mental illness under probation, supervised release or pre-trial supervision. Smaller caseload sizes, ideally 15-25 offenders, specialized staff training, and improved collaboration with service providers will enhance case management and should significantly improve outcomes.

Primary project objectives:

* Expedite mental health assessment, diagnosis and access to treatment services
* Enhance supervision and coordinated case management with mental health service providers
* Improve medication and treatment compliance
* Improve discharge planning from incarceration
* Provide swift responses to high risk behaviors or risk of harm to self or community
* Reduce duplication of services between agencies
* Support community supervision and treatment alternatives to incarceration and adjudication
* Reduce technical violations, revocation, arrests, and incarceration
* Reduce recidivism
* Improve clients’ overall quality of life

Specialized mental health community supervision targeting high-risk offenders is a promising practice worth studying. A multi-disciplinary team approach will improve case management and treatment access for clients, increase collaboration between justice and behavioral health partners, and should improve client health and public safety outcomes – reducing revocations, arrests, and incarceration.