PROBATION, MENTAL HEALTH, AND MANDATED TREATMENT

A National Survey

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A large number of probationers with mental illness (PMIs) are under supervision in the United States. In this national survey, we compared the supervision approaches of a matched sample of 66 specialty mental health and 25 traditional probation agencies. The prototypic specialty agency has five key features that distinguish it from the traditional model: (a) exclusive mental health caseloads, (b) meaningfully reduced caseloads, (c) sustained officer training, (d) active integration of internal and external resources to meet PMIs' needs, and (e) problem-solving strategies as the chief means for addressing treatment noncompliance. Probation supervisors perceived these specialty features as "very useful" and perceived specialty agencies as more effective than traditional ones for PMIs. However, the most important feature of the prototypic specialty agency may also be the most endangered: reduced caseloads. Implications for research and practice are presented.

Keywords: probation; mental health; specialty supervision

Recently, the number of people under correctional supervision reached an all-time high of more than 6.7 million individuals (Glaze, 2003). Given that the majority (60%) of these individuals are

AUTHORS' NOTE: *This research was supported by a grant from the MacArthur Research Network on Mandated Community Treatment. The authors thank members of the network, as well as executives of the American Parole and Probation Association (APPA) including Carl Wicklund, the National Association of Probation Execu-*

CRIMINAL JUSTICE AND BEHAVIOR, Vol. 33 No. 2, April 2006 158-184
DOI: 10.1177/0093854805284420
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supervised in the community by probation officers (Glaze, 2003), the burgeoning correctional population places an unprecedented strain on probation agencies. This strain is intensified by the serious mental health and substance abuse problems that an increasing proportion of these probationers experience (Ditton, 1999; see also Dauphinot, 1996; Roberts, Hudson, & Cullen, 1995; U.S. Probation and Pretrial Services, 2000; Wormith & McKeague, 1996). The prevalence of mental disorders is more than three times higher in the criminal justice population than in the general population (Ditton, 1999; see also Boone, 1995; Peters & Hills, 1997; Robins & Regier, 1991). This situation "not only exacts a toll on the lives of people with mental illness, their families and the community in general, it also threatens to overwhelm the criminal justice system" (Council of State Governments, 2002, p. 6).

Like other criminal justice institutions, probation agencies were not designed to meet the unique challenges of individuals with serious mental illness. Probationers with mental illness (PMIs) often have pronounced needs for precious social resources that include housing, entitlements, and transportation (Byrne & Taxman, 1995; Ditton, 1999; Wormith & McKeague, 1996). When their functioning is limited, PMIs may have difficulty meeting standard conditions of probation (e.g., paying fees, maintaining employment; Orlando-Morningstar, Skoler, & Holliday, 1999). Moreover, PMIs are likely to be mandated to participate in mental health treatment as a special condition of probation (Dauphinot, 1996; Ditton, 1999). Such conditions obligate the probation officer (PO) to implement treatment mandates, often in complex and overburdened mental health care systems. Although monitoring and enforcing treatment compliance is viewed

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tives (NAPE) including Melissa Cahill, the National Institute of Corrections (NIC) including Karen Fuller, the Council of State Governments (CSG) including Michael Thompson and Daniel Souweine, and the Center for Judicial Studies including James Richardson for their help with the survey. The authors also thank Jacqueline Camp and a team of dedicated interviewers for their help with survey administration, and John Monahan and two anonymous reviewers for their helpful comments on an earlier version of this article. *Correspondence concerning this article should be addressed to Jennifer L. Skeem, Ph.D., Assistant Professor, Department of Psychology and Social Behavior, School of Social Ecology, 3311 Social Ecology II, University of California, Irvine, Irvine, CA 92697-7085; e-mail: skeem@uci.edu.*

as the POs' primary task in supervising PMIs, there are few guidelines for doing so (Skeem, Encandela, & Eno-Louden, 2003). These disjunctures between PMIs' needs and basic operating procedures in probation agencies may help explain PMIs' relatively high risk of failure. In a carefully designed study of 613 probationers followed for 3 years, Dauphinot (1996) found that PMIs' rates of rearrest (54%) were nearly double that of probationers without mental illness (30%).

Perhaps recognizing that probation agencies were becoming part of the de facto mental health care system (Regier et al., 1993), several jurisdictions have developed specialized caseloads for PMIs. The recent report of the Criminal Justice/Mental Health Project (Council of State Governments, 2002) recommended that probation agencies assign PMIs to probation officers with some mental health training and relatively small caseloads. This approach differs from traditional practice, in which PMIs are assigned to any officer as part of a large, mixed caseload. Although the assumption may be that specialty caseloads facilitate PMIs' linkage with services, improve functioning, and reduce probation failures, there have been no published comparisons of the effectiveness of specialty and traditional agencies.

In fact, the landscape of probation and mental health in the United States is largely uncharted. There is staggering diversity among the states in the organization (state vs. local) and oversight (branch of government) of probation agencies (Fuller, 2001). Moreover, probation is a practitioner-led enterprise (Klaus, 1998), such that the supervision philosophies and practices of agencies and officers vary considerably. Thus, it may be a mistake to assume that specialty and traditional agencies supervise PMIs in a well-defined and homogeneous manner.

This article describes a national survey that was designed to provide a roadmap for this diversity. The survey's basic goal was to quantify and make sense of specialty and traditional probation agencies' approaches to supervising PMIs. The survey involved identifying specialty agencies across the nation and (a) assessing their unique ingredients (that is, differences from traditional agencies in core structure, case management style, and implementation of treatment mandates), (b) describing their heterogeneity, and (c) assessing their perceived practicality and effectiveness. The survey was intended both to inform probation agencies' evaluations of their approaches to supervising

PMIs and to enhance future comparisons of specialty and traditional agencies' effectiveness by permitting investigators to choose sites that best represent their respective approaches to supervising PMIs.

METHOD

Given the geographic dispersion of our target population, a combined telephone and mail survey of specialty and traditional probation supervisors was conducted. The first part of the survey, consisting of open- and closed-ended questions, was administered via telephone. The second part of the survey, a comprehensive rating scale, was completed by mail. This multimodal strategy allowed for appropriate probing of responses to open-ended questions while maintaining a relatively short (45-minute) interview.

During data collection, emphasis was placed on obtaining a representative sample. To maximize response rates, Dillman's (1978, 2000; see also Dobbin et al., 2001) total design method was applied. For example, participants were sent a congenial letter of introduction that described the survey's purpose and importance and included endorsements by executives at the American Probation and Parole Association (APPA) and National Association of Probation Executives (NAPE). Only then were they contacted by phone. Interviewers who spoke with participants completed a 3-day training session on probation and excelled on a test of knowledge needed to effectively probe participants' responses. The method involved three steps: (a) defining the sampling frame, (b) conducting the survey, and (c) coding participants' responses.

DEFINING THE SAMPLING FRAME

Our sampling strategy was designed to (a) identify and represent most specialty agencies across the nation and then (b) contrast them with a relatively small sample of traditional agencies in similar regions. Federal probation agencies were excluded, given their different jurisdiction and uniform structure (e.g., use of specialist officers trained in mental health issues).

Specialty Agencies

Specialty agencies in the United States were identified through three routes. First, executives of all state, regional, and (when necessary) local probation agencies were contacted to inquire about specialty programs, using the American Correctional Association's (2001-2003) *Probation and Parole Directory*. Second, announcements of the survey were published in listservs, Web sites, and journals (APPA, NAPE, National Institute of Corrections, and Council of State Governments), requesting that readers contact us about specialty programs. Third, these systematic approaches were complemented with a snowball approach that involved networking with probation and/or mental health experts. Using these strategies, the research team spoke with several probation representatives in each of the 50 states.

As shown in Figure 1, 137 probation agencies with at least one officer who supervised a caseload that included PMIs were identified. After speaking with administrators at these agencies, the investigators specified that agencies had to possess more than one officer with a caseload comprised exclusively of PMIs to be included in the survey. This ruled out 22 agencies with mixed caseloads (explained later) and 42 agencies with a single mental health officer (in which "agency practices" are those of 1 officer). Of the 73 eligible specialty mental health agencies, 90% participated in the study. Most (85%) nonparticipating agencies refused the study passively, by failing to return calls. Although the modal number of specialty agencies per state was only one (see Skeem & Emke-Francis, 2004 for a map), Texas (n = 17), Pennsylvania (n = 11), California (n = 8), and Ohio (n = 8) contributed the most agencies. Agencies within states were considered independent entities given that they functioned as such.

Traditional Agencies

After eligible specialty agencies were identified, a relatively small sample of 25 traditional agencies was recruited to match the specialty agencies in location and population size. Of the 26 traditional agencies invited to participate, only 1 (4%) refused. These traditional agencies did not differ from the specialty agencies in either their regional

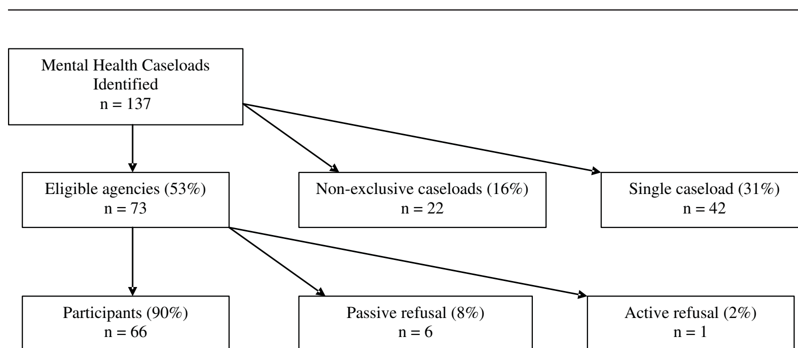

Figure 1: Specialty Agency Recruitment Process

location (as defined by Glaze, 2003), $\chi^2(3, N = 91) = 0.9$, $p = ns$, nor in the population size in their city, county, or region of jurisdiction, $\chi^2(5, N = 91) = 3.1$, $p = ns$.

Resulting Participants

Participants were 90 direct supervisors of line officers for adult probationers and 1 mental health court liaison (given greater knowledge than a newly hired supervisor). Based on pretesting, supervisors were deemed better suited for characterizing agency structure, policy, and practices than were line officers (who differ substantially from one another) or regional/district managers (who may be unfamiliar with specific agencies). Participants in specialty (male = 44%) and traditional (male = 56%) agencies had about 9 years of experience as supervisors ($M = 9.75$, $SD = 7.4$ and $M = 8.16$, $SD = 6.74$, respectively). Many specialty agencies were well established, having been created an average of 8.7 years ago ($SD = 6.1$).

CONDUCTING THE SURVEY

Measures

Telephone interview. The content and form of the telephone portion of the survey was based on the results of a focus group study (Skeem

et al., 2003) and a national survey of judges (Dobbin et al., 2001). It was revised after pretesting with 10 probation executives (in a second focus group), practitioners, and researchers. The interview addressed six general domains via open-ended questions that were followed with closed-ended questions and rating scales. The domains were (a) general agency characteristics (e.g., number of officers), (b) agency policies and procedures for supervising PMIs, (c) the nature of treatment mandates in the agency, (d) how POs typically monitor and enforce treatment compliance in the agency, (e) the perceived utility and practicality of specialty caseload components, and (f) the perceived effectiveness of the agency in supervising these probationers.

A case vignette was used to anchor and concretize questions about how POs typically enforce treatment compliance (domain D listed above). The vignette told of Mike,

> a 29-year-old probationer who was convicted of a drug offense and is required to participate in mental health treatment. For the past 2 weeks, Mike hasn't been taking his prescribed medication to control his false, suspicious beliefs and the voices that he hears. He has also missed three appointments at the mental health center recently.

After reading the vignette, interviewers asked supervisors the open-ended question: What would a typical officer in your agency do to encourage or enforce Mike's compliance with treatment? After recording supervisors' free responses, interviewers presented eight specific strategies that could be used to encourage or enforce Mike's compliance. They asked supervisors to (a) rate how likely the typical officer in their agency was to use each strategy, based on a scale that ranged from 1 (*highly unlikely*) to 5 (*highly likely*); and then (b) choose the two strategies that were most likely to be used in their agency. The eight specific strategies, derived largely from our initial study of probation (Skeem et al., 2003), were (a) request revocation (PO could charge Mike with a technical violation and ask the judge to revoke probation and put Mike in jail), (b) court appearance (PO could bring Mike in to the judge for a court appearance to convey that treatment noncompliance is a serious violation that could, if it continues, result in revocation), (c) threaten incarceration (PO could tell Mike that if he doesn't start taking his prescribed medication and attending his treat-

ment appointments, he is going to end up back in jail), (d) reminder (PO could review the rules of probation, including the special condition that Mike participate in treatment, and might ask Mike to sign a document to show that he understands this reminder), (e) increase supervision (PO could increase the intensity of supervision by making Mike meet with him or her more often and checking Mike's treatment compliance more closely), (f) problem solving (PO could talk with Mike to identify any obstacles to compliance, like medication side effects or transportation problems, resolve these problems, and agree on a compliance plan, and might even include Mike's treatment providers in this discussion), (g) persuasion (PO could talk with Mike to persuade him that taking medication and going to appointments will help him feel better and stay out of trouble), and (h) inducement (PO could tell Mike that if he took his prescribed medication, attended his appointments, and obeyed the other conditions of probation, he wouldn't have to meet with him or her as often and might even get off probation early).

Case Management Questionnaire. The mail portion of the survey was the Case Management Questionnaire (CMQ; Benoit & Clear, 1979), which was designed to characterize how a probation agency organizes its resources to achieve its basic purpose. The measure covered 11 broad domains (e.g., agency purpose). For each domain, respondents read a domain description (e.g., "Generally, probation agencies struggle with two competing purposes: one is 'protection of the community'; the other is 'rehabilitation of the offender'"), and then rated on a 10-point scale how well each of four statements characterized their agency on that domain. These statements were designed to represent four supervision models (e.g., program model: to have probation officers develop special skills so they can provide quality services to clients in response to particular client needs).

Because the reliability of three of the CMQ's four designed scales (α = .53–.56) was questionable (George & Mallery, 2003; Nunnally, 1978), a principal components analysis was performed to reduce the measure from 38 items to a smaller number of components that better represented the items' associations with one another. Based on the scree test and interpretability of three- to six-component solutions, a three-component solution that accounted for 30.4% of the CMQ's

variance was retained and orthogonally rotated (with loadings ≤ .15 deleted; see Table 1). Based on their similarity to the CMQ's designed scales, the factors were named (a) program (emphasizing specialty caseloads and POs with expertise), (b) advocacy (emphasizing a collaborative partnership between POs and community agencies and PO discretion), and (c) traditional/broker (emphasizing mixed and equivalent caseloads, referral to outside agencies, and probationer compliance). Component scores were used in subsequent analyses.

Procedure

Approximately 1 week after sending eligible supervisors a letter of invitation and informed consent form, researchers called them to answer any questions, secure consent, and schedule a convenient appointment time for the phone interview. At the appointed time, trained research assistants completed the telephone portion of the interview, which lasted approximately 45 minutes. Participants were immediately mailed a letter and certificate of appreciation (signed by the first author and the executive director of APPA), a check or gift certificate of $30 (if permitted by the agency), and a copy of the mail survey, which they were asked to return at their earliest convenience.

CODING RESPONSES

Finally, investigators coded participants' responses to open-ended questions. First, a coding scheme was developed by three trained research assistants (RAs) who independently reviewed participants' responses, drafted codes to capture response themes, and then met to develop a consensus-based coding system (available from the first author). Second, four RAs completed a 2-hour training on this scheme. To complete the training, RAs were required to code two full sample cases with at least 80% agreement. On the final sample case, the coders' chance-corrected rate of agreement (*M* Kappa = .76, range = .60–.90) with the criterion codes was excellent (Cicchetti & Sparrow, 1981). Third, an expert rater and the trained RAs coded the responses, using N5 software (Richards, 2000).

TABLE 1: Case Management Questionnaire (CMQ) Rotated Components

Item (Original Scale)	*Program*	*Advocacy*	*Traditional/Broker*
3B. Cases assigned based on a problem exhibited by probationer	.72	.14	
1A. Principal resource is specialist PO with particular expertise	.70	–.18	
5B. POs carry specialized caseloads and are expected to have . . . expertise	.69		–.20
7B. Specialty structure designed to expedite diagnosis . . . referral (broker)	.66	.11	–.20
11B. POs have special functions and feel accountable	.61	.23	
8D. Policy decisions made by chief, but specialty POs have input	.61	.15	.20
4D. Purpose is to have POs develop special skills to provide quality service	.57	–.15	.12
6B. POs are most influenced by . . . [other specialty] officers	.57		–.19
3C. Cases assigned to PO . . . best equipped to further diagnose (broker)	.56	.27	–.22
7A. Staff organized into specialized functions	.45	–.11	
10A. POs should ideally possess graduate social work degrees	.38	–.12	.11
3D. Cases assigned to POs . . . to effect equivalent distribution (traditional)	–.38	–.15	.34
9D. Supervision plan determined by using specific diagnostic procedures . . . and appropriate referrals (broker)	.34		.29
9C. PO determines the supervision plan	.17	.15	
5C. POs . . . assess needs, make referrals, and then monitor			
1B. Principal resource is partnership between PO . . . [and] agencies		.63	
2D. Supervision plan emphasizes probationer . . . abiding by plan jointly established by PO and [community] agency	.17	.63	–.16
11C. POs . . . feel accountable . . . to themselves but also to the . . . agencies	–.16	.58	.12
8A. Policy decisions made by chief PO, but community agencies . . . influence (broker)		.57	.18
9B. Supervision plan jointly planned and implemented by PO . . . and agency	.34	.53	–.22
6A. POs are given few policy or procedure guidelines . . . more influenced by community agencies	.16	.52	–.12
11D. Because their work is mostly referral, administrators can easily hold POs accountable (broker)	.20	–.48	.26

(continued)

TABLE 1 (continued)

Item (Original Scale)	*Program*	*Advocacy*	*Traditional/Broker*
8B. Policy decisions made by chief PO, who tries to maximize POs' discretion	.14	.45	
11A. Since most time is spent with probationers . . . difficult for administration to hold staff accountable for their work. (traditional)	–.25	.35	
6C. Policy decisions about procedures . . . are set (broker)	.20	–.30	.29
8C. Policy decisions made by chief PO, with little . . . staff input (traditional)		–.28	
1C. Principal resource is PO, who is . . . a "generalist" (traditional)		–.16	.11
5D. POs carry mixed caseloads . . . chief approach is individual counseling			.67
5A. POs carry mixed caseloads . . . expected to be competent in working with . . . agencies (advocacy)	–.30		.67
7D. Cases assigned to PO who has total responsibility for supervision	–.18	.19	.67
7C. POs . . . expected to spend most of their time working with probationer and . . . agencies (advocacy)		.31	.61
2C. Supervision plan emphasizes probationer working with PO to solve his/her problems (program)		–.17	.50
2B. Supervision plan emphasizes client obeying conditions and otherwise cooperating with PO	–.16	–.17	.38
10B. Ideal PO has broad range on educational and work experiences	.17	.24	.32
2A. Supervision plan emphasizes probationers' compliance with agency (broker)	.20		.32
1D. Principal resource is the appropriate community agency (broker)		.13	.28
4A. Purpose is to have POs work as generalist to . . . help probationers avoid rearrest			.28
4B. Purpose is to use referrals . . . and motivate clients to cooperate with agencies (broker)	.14	.23	.26
Percentage variance	12.8	8.9	8.7

Note. Unless otherwise specified, items that load on each component were designed in the original CMQ to assess program, advocacy, or traditional models, respectively. For example, an item that loads on the traditional component is followed by "(broker)" if it was not originally designed to assess the traditional model.

RESULTS

Analyses were designed to address the study's aims, which were to (a) assess the unique ingredients of specialty agencies, (b) describe the heterogeneity of specialty agencies, and (c) assess specialty agencies' perceived practicality and effectiveness.

KEY INGREDIENTS OF THE SPECIALTY AGENCY

Specialty and traditional probation models may be viewed as categories defined by prototypes and bounded by indistinct margins. Prototypes are sets of abstract features that are maximally unique to, and defining of, their category (Rosch & Mervis, 1975). Given this view, a suitable approach to defining the key ingredients of the specialty model is to identify features of the prototypic specialty agency. Thus, the authors focused on identifying features that (a) distinguished specialty from traditional agencies and (b) were shared by, or relatively common to, most specialty agencies. Three groups of features were examined: structural characteristics, case management style, and implementation of treatment mandates.

Structural Characteristics

Traditional and specialty agencies were first compared in their structural characteristics. The study recruitment process revealed that the vast majority of specialty agencies had exclusive mental health caseloads, and this feature clearly distinguished them from traditional caseloads. As shown in Table 2, specialty agencies also had smaller caseloads and more highly trained officers than traditional agencies. The latter findings are consistent with the Council of State Governments' (2002) definition of specialty agencies. Given these differences, patterns of heterogeneity within the specialty group were examined next to provide a sharper picture of these three key ingredients by revealing any agencies that fell near the outside boundaries of the specialty category (i.e., toward the traditional supervision model).

Exclusive mental health caseload. First, of the 134 potential specialty agencies identified in this study, the vast majority (84%) had at

TABLE 2: Structural and Core Specialty Agency Characteristics

Feature	*Specialty*	SD	*Traditional*	SD
Structural				
Judicial oversight (%)***	77		36	
Auspices (%)***				
State	6		16	
County	79		36	
Municipal	5		4	
Other (regional)	11		44	
Probation cases only (no parole, %)	64		44	
Eligible offense types (%)***				
Felony only	9		24	
Misdemeanor only	6		12	
Both	85		64	
Number of officers in agency (*M*)***	4	3.0	18	13.0
Core specialty				
Caseload size per officer (*M*)***	48	22.4	130	64.3
Officer training in mental health issues (%)***				
Little (e.g., workshop or two)	0		54	
Some (e.g., a few workshops)	41		43	
Substantial (e.g., every few months)	59		5	

Note. Chi-square and *t* tests were used for categorical and continuous variables, respectively.
***$p < .001$.

least one exclusive mental health caseload (see Figure 1). In the few remaining agencies, the designated "mental health" caseloads also included other types of probationers (50% also included general probationers, 23% sex offenders, 14% "kitchen sink" cases with multiple problems, and 13% highly specific conditions). Given our finding that exclusive caseloads were common to specialty agencies and clearly differentiated them from traditional mixed caseloads, the investigators defined exclusive caseloads as a criterion for further study inclusion.

Mixed caseloads not only lie outside the specialty prototype but also (a) dilute focus on, and resources for, PMIs; and (b) share features with informal methods for supervising atypical cases (e.g., assigning them to an unlucky officer; Skeem et al., 2003). In fact, the CMQ's "mixed caseload" item (5D) loaded on the traditional/broker component, whereas the "specialty caseload" item (5B) loaded on the program component (see Table 1). This suggests that the prototypic spe-

cialty mental health agency involves caseloads comprised exclusively of PMIs.

Substantially reduced caseload size. Second, to meet the needs of these probationers, most specialty agencies have meaningfully reduced their caseload size (see Table 2). The policies that these specialty agencies set for caseload size may be viewed as a standard of practice given resource constraints. On average, these policies prescribed a caseload size of 43.4 probationers (SD = 16.4). Although most specialty agencies carried caseloads of 30 to 50 probationers, many agencies carried substantially more than this. In nearly one quarter (23%) of agencies, supervisors reported that officers were carrying higher caseloads than those set forth in their policies. In these agencies as a group, officers carried a median number of 10 extra cases each. However, in more than one fifth (21%) of these agencies, officers were carrying 30 or more extra cases each. Caseload size was moderately associated with the agency age ($r = .35$, $p < .01$). As shown later, specialty agencies with large caseloads are similar to traditional agencies in their reported treatment enforcement approaches.

Sustained officer training. As shown in Table 2, the majority (59%) of specialty agencies had officers with "substantial" training in mental health issues, whereas the remainder had officers with "some" training. Agencies obtain this specialty training less often through the selection process than through provision of training after employment. Although some specialty agencies (at least 17%) have hired officers with relevant master's degrees, the majority (at least 56%) hire experienced probation officers with interest or experience in mental health. Thus, specialty agencies teach officers to counsel more often than they teach counselors to supervise. Although there appears to be substantial variability in the frequency and amount of training provided, the most distinctive or prototypic agencies provide both start-up and annual training in mental health issues (e.g., 20 to 40 hours a year).

Case Management Style

Beyond structural characteristics, the next defining general feature of a probation agency is its prescribed approach to supervision, or case

management style. Thus, traditional and specialty agencies were compared in their scores on the CMQ components. Relative to traditional agencies ($M = –.87$, $SD = 1.1$), specialty agencies ($M = .32$, $SD = .75$), scored higher on the program component, $t(28) = –4.7$, $p < .001$. Furthermore, specialty agencies ($M = –.25$, $SD = .84$) scored lower than traditional agencies did ($M = .69$, $SD = 1.1$) on the traditional/broker component, $t(31) = 3.7$, $p < .001$. Thus, specialty agencies emphasized a specialist approach with a focus on PO expertise, whereas traditional agencies emphasized mixed caseloads, referral, and probationer compliance. The groups did not differ on the advocacy component (its generalist staff orientation may fit with traditional agencies, whereas the identification and use of community resources fits both agency types).

Further examination of score patterns within the specialty group revealed a fourth key ingredient of specialty caseloads: active integration of internal and external resources to meet probationers' needs. When asked about the main challenge associated with supervising PMIs, specialty supervisors most often (67%) described difficulty in accessing and coordinating social services to meet this group's multifaceted needs. When asked about ingredients that were essential to their specialty agency (beyond the big three listed above), supervisors most often (60%) described close working relationships with treatment providers, case managers, and other third parties. Indeed, on a 5-point scale for the closeness with which they worked with treatment providers, specialty agencies ($M = 4.8$, $SD = .49$) obtained significantly higher ratings than traditional agencies did ($M = 3.9$, $SD = .76$), $t(29) = –5.3$, $p < .001$.

The prototypic specialty agency integrates resources in two ways. First, officer-provider relationships are highly involved. Of specialty agencies, 82% required officers to attend regular treatment team meetings with probationers' providers, and 68% paired officers with a case manager to work as a team on cases (e.g., doing home visits). Second, officer-provider relationships possessed an active officer role. In 65% of specialty agencies, officers took a "very active" role with treatment providers and funders to secure appropriate treatment for their probationers (32% "somewhat active," 3% "minimally active"). In 56% of these agencies, officers took a "very active" role in securing other social resources for probationers like Social Security Income (SSI),

housing, and transportation (29% "somewhat active," 15% "minimally active").

Treatment Mandate Implementation

When asked about the main challenge associated with supervising PMIs, the second most-frequent response mentioned by specialty supervisors (44%) was maintaining treatment compliance. Thus, specialty and traditional agencies were next compared in their approach to monitoring and enforcing treatment mandates. Supervisors' depiction of their agency's monitoring approaches and responses to the study vignette are presented in Table 3. All mean values reflect ratings on 3- or 5-point scales, with higher values indicating greater frequency or likelihood. These mean values are provided only for descriptive purposes, however. The Kolmogorov-Smirnov (K-S) test (Chakravarti, Laha, & Roy, 1967) was used to detect differences between agencies across these variables. Unlike the *t* test, the K-S test is based on the maximum distance between the determined cumulative distribution functions of the two samples across ordinal variables. The test determines whether there is any cutoff value for each measure that would lead to significant group differences.

As shown in Table 3, there were few significant differences between traditional and specialty agencies in monitoring, although specialty agencies were marginally more likely to focus on monitoring both medication and treatment attendance, $\chi^2(2, N = 91) = 7.5, p < .05$. In response to the vignette about noncompliant probationer, Mike, specialty agencies were significantly more likely to endorse problem-solving strategies than were traditional agencies, K-S $Z(4) = 1.8, p < .01$. Relative to traditional agencies, specialty agencies were significantly more likely to rank problem solving among their top two strategies, $\chi^2(2, N = 91) = 7.3, p < .01$, and less likely to rank threats of incarceration/rule reminders as such, $\chi^2(2, N = 91) = 3.8, p < .05$.

Participants also provided open-ended responses to this vignette that were untainted by our suggested strategies. The modal response for specialty agencies involved an active, problem-solving approach: The officer would talk with the case manager or have a "staffing" to plan a joint strategy for Mike (57%). Traditional agencies often indicated that the PO would talk with the provider as a source of infor-

TABLE 3: Treatment Compliance and Monitoring Characteristics

	Specialty M	SD	*Traditional* M	SD
Monitoring				
Primary monitoring focus (%)*				
Medication	5		0	
Treatment attendance	12		36	
Both equally	83		64	
How to regularly monitor compliance	4.8	0.6	4.3	0.8
How often rely solely on self-report	1.7	1.0	2.0	1.0
How often try to get info from providers	4.7	0.5	4.2	0.8
Vignette ratings				
Seek revocation/jail	2.2	1.2	2.7	1.1
Court appearance	3.4	1.4	3.0	1.5
Threaten incarceration	4.2	1.0	4.1	1.3
Rule reminder	3.4	1.4	3.7	1.4
Increased supervision	4.3	1.0	3.8	1.2
Problem solving**	4.6	0.7	3.6	1.3
Persuasion	4.6	0.9	4.2	1.0
Inducement	2.7	1.4	3.2	1.3
Ranked in top 2 vignette strategies (%)				
Seek revocation/jail	4.5		8.0	
Court appearance	30.3		36.0	
Threaten incarceration/rule reminder*	27.3		48.0	
Increased supervision	42.4		36.0	
Problem solving**	63.6		32.0	
Persuasion/inducement	24.2		24.0	

Note. Chi-square and Kolmogorov-Smirnov (K-S) tests were used for nominal and ordinal variables, respectively.
$^{*}p < .05$. $^{**}p < .01$.

mation (28%), but their responses emphasized reminders, administrative or court hearings, and filing for revocation. Nearly half (42%) of both specialty and traditional supervisors described a scaled approach for Mike, whereby punitive strategies would be used only if initial strategies failed to increase compliance. Of agencies that mentioned jail, virtually all specialty agencies (90%), but only half of traditional agencies (56%), described jail as the last resort for Mike, $\chi^2(1, N = 31) = 5.1$, $p < .05$.

Given these coherent differences between groups of specialty and traditional agencies, patterns of heterogeneity within the specialty group were examined next. Examination of qualitative and quantitative responses to the vignette revealed two key departures from the

prototype. First, some specialty agencies (at least 15%) were affiliated with mental health courts. These agencies were substantially more likely to endorse court appearances as a strategy for addressing noncompliance. Second, a significant minority of specialty agencies (more than 15%) presented a brief jail stay as a viable strategy for addressing Mike's noncompliance. This often was viewed as a means of obtaining stabilization on medication or providing a wake-up call to increase compliance. Specialty agencies with larger caseloads were relatively likely to strongly endorse seeking revocation and jail as a strategy ($r = .26, p < .05$), and relatively less likely to strongly endorse problem solving ($r = -.20, p < .05$) and persuasion ($r = -.25, p < .05$).

Together, these quantitative and qualitative findings suggest a fifth key ingredient for specialty agencies: problem-solving strategies as the chief means for addressing noncompliance. Proactive strategies in the prototypic specialty agency are designed to make the absolute last resort, jail, an infrequent event.

HETEROGENEITY OF SPECIALTY AGENCIES

To determine whether the heterogeneity among specialty agencies was sufficient to develop a typology of these agencies, an exploratory cluster analysis was performed using the SPSS two-step cluster analysis. This routine was used to classify all 91 agencies on the following seven variables: caseload size (n), officer training (*little/some/substantial*), closeness of work with providers (1-5 rating), CMQ component scores, and vignette-based ratings of the likelihood of revocation, problem solving, and persuasion (1-5 ratings). Continuous variables were standardized, log-likelihood was used as the measure of distance, and Bayes's information criterion (Raftery, 1986) was used to select the number of clusters.

This analysis produced a two-cluster solution. To externally validate these clusters, the relation between cluster membership and agency status was assessed (which was not used in the cluster analysis). Agency status was divided into three categories: traditional, specialty with large caseloads ($\geq$ 70 probationers), and specialty with smaller caseloads (< 70 probationers). There was a strong and significant relationship between cluster membership and agency status, $\chi^2(2, N = 71) = 26.4$, $p < .001$, with Cluster 1 most representative of tradi-

tional agencies and Cluster 2 most representative of specialty agencies with smaller caseloads. Virtually all (88%) traditional agencies were classified in Cluster 1. Large caseload specialty agencies were equally likely (50%) to be classified in Cluster 1 or Cluster 2. The vast majority (82%) of smaller caseload specialty agencies was classified in Cluster 2.

The next logical question was whether subtypes of specialty agencies might be identified if traditional agencies were excluded from the analysis. To address this issue, the analysis described above was repeated using only the 66 specialty agencies in the study. The results suggested a single-cluster solution. Similar results were obtained when the clustering variable sets were altered and when more sophisticated, model-based clustering routines (Banfield & Rafferty, 1993) were used. Together, these results reinforce those found above, that is, that specialty and traditional agencies are best thought of as prototypes with indistinct boundaries. Distinct subtypes of specialty agencies were not identified here.

PERCEIVED PRACTICALITY AND EFFECTIVENESS OF SPECIALTY AGENCIES

Participants were asked to provide their opinion on the utility and practicality of three key components of specialty caseloads using a three-category ordinal scale (*not at all*, *somewhat*, or *very*). The results, based on the K-S test, are shown in Table 4. The vast majority of both specialty and traditional supervisors believed that specialty caseloads, reduced caseloads, and trained officers were “very useful.” However, specialty supervisors were significantly more likely to rate these features, particularly reduced caseloads, as “very practical.”

Using the same three-category scale, participants were asked to rate their own agency’s effectiveness with respect to three outcome domains. As shown in Table 4, specialty supervisors were significantly more likely than traditional supervisors to perceive their agencies as effective in reducing PMIs’ short-term risk of probation violation and in improving their well-being. Both groups tended to view their agencies as *somewhat* effective in reducing long-term risk.

TABLE 4: Agencies' Perceived Utility, Practicality, and Effectiveness

	Specialty (%)	*Traditional (%)*
Specialty caseload: How useful		
Not at all	0	4
Somewhat	6	24
Very	94	72
Specialty caseload: How practical***		
Not at all	3	36
Somewhat	17	52
Very	80	12
Reduced caseload: How useful		
Not at all	0	4
Somewhat	3	16
Very	97	80
Reduced caseload: How practical***		
Not at all	8	56
Somewhat	32	32
Very	61	12
Trained officers: How useful		
Not at all	0	0
Somewhat	3	20
Very	97	80
Trained officers: How practical***		
Not at all	2	36
Somewhat	9	48
Very	89	16
How effective is your agency at reducing PMIs' short-term risk of probation violation?*		
Not at all	0	16
Somewhat	47	64
Very	53	20
How effective is your agency at reducing PMIs' long-term risk of reoffense?		
Not at all	12	36
Somewhat	74	64
Very	14	0
How effective is your agency at improving PMIs' well-being?***		
Not at all	2	8
Somewhat	36	88
Very	62	4

Note. Statistical comparisons based on the Kolmogorov-Smirnov (K-S) test.
*$p < .05$. ***$p < .001$.

DISCUSSION

This national survey was designed to describe the lay of the land for probation and mental health. After identifying potential specialty agencies across the nation, a matched sample of 66 specialty and 25 traditional agencies was recruited and their approaches to supervising PMIs was compared. This study produced three chief findings. First, specialty agencies are homogeneous enough to be evaluated based on the extent to which they share features with a single, prototypic specialty agency. Second, the prototypic specialty agency has five key features that distinguish it from the traditional model: (a) exclusive mental health caseloads, (b) meaningfully reduced caseloads, (c) sustained officer training, (d) active integration of internal and external resources to meet probationers' needs, and (e) problem-solving strategies as the chief means for addressing PMIs' treatment noncompliance. Third, probation supervisors perceive these specialty features as "very useful," and specialty supervisors perceive their agencies as more effective in supervising PMIs than do traditional supervisors. In this section, each key finding is visited.

A SINGLE SPECIALTY MODEL

Although probation agencies differ in their approaches to supervising PMIs, the results of this study suggest that specialty agencies share a basic structure, case management style, and approach to enforcing treatment mandates that differ from those of traditional agencies. When specialty agencies were cluster analyzed across these characteristics, they formed a single group. When traditional agencies were added to the analysis, the agencies formed two coherent groups. Specialty agencies with small caseloads typically were classified in one group, and traditional agencies in the other. Specialty agencies with large caseloads ($\geq$ 70 probationers) were equally likely to be classified as specialty or traditional. These two models of probation, then, are best conceptualized as single categories defined by a prototypic agency. Specialty agencies that share many features with the prototypic specialty agency fall near the center of the specialty model, whereas those that share more features with the prototypic traditional

model (e.g., those with large caseloads) fall near the indistinct edge of the specialty model.

The identification of a single specialty model does not imply that specialty agencies are homogeneous in the specific practices that they choose for implementing that model. Indeed, specialty agencies may be quite heterogeneous in their particular policies on the frequency and nature of provider and probationer contact, their compliance and violation policies, and the like.

KEY FEATURES OF THE SPECIALTY MODEL

The prototypic specialty agency is defined by five key features that maximally differentiate it from the prototypic traditional agency. The first three features are basic structural characteristics: exclusive mental health caseloads, meaningfully reduced caseloads, and sustained officer training. These features are consistent with the Council of State Governments' (2002) conceptualization of the specialty agency. Of these features, reduced caseload size appears to be the most essential. As noted earlier, specialty agencies with large caseloads were equally as likely to be identified as traditional or specialty in multivariate analyses, suggesting that their approaches to supervising PMIs were not particularly unique. Moreover, univariate analyses indicated that the manner of enforcing treatment mandates in specialty agencies was significantly associated with caseload size. As caseload size increased, specialty officers were more likely to use such traditional techniques as threatening the PMI with incarceration. Such threats have been at least indirectly linked with PMIs' increased risk of incarceration on technical violations (see Draine & Solomon, 2001; Solomon, Draine, & Marcus, 2002).

Paradoxically, the most essential basic ingredient of specialty caseloads also appears to be the most endangered. More than one fifth (21%) of specialty agencies were assigning officers 30 or more cases above the limit set by their agency's policy. Caseload sizes tended to increase with the age of the specialty agency, suggesting some model drift over time. Although both specialty and traditional supervisors rated reduced caseloads as among the "most useful" features of the specialty model, they tended to rate it as the "least practical" (see

Table 4). Given the burgeoning probation population, establishing or maintaining reduced caseloads (about 40 probationers) may seem indefensible. However, the cost effectiveness of specialty caseloads has yet to be evaluated, and it is possible that reduced specialty caseloads create supervision efficiencies that control costs (see Skeem & Emke-Francis, 2004; Skeem & Petrila, 2004). The results of this study suggest that creative solutions may be in order to prioritize reduced caseloads for specialty agencies. Specialty agencies that attempt to adjust for resource limitations by increasing caseload size are likely to begin behaving more like traditional agencies. Officers with large caseloads necessarily have less time to spend with PMIs, who may be viewed as high-risk cases in need of relatively intensive supervision (Skeem et al., 2003).

According to our respondents, the most daunting challenge associated with supervising PMIs is accessing and coordinating social services to meet their multifaceted needs. The fourth key feature of the prototypic specialty agency is a unique case management style that involves active integration of internal and external resources to meet probationers' needs. The PO in the prototypic specialty agency does not merely act as a referral source or monitor (see Dauphinot, 1996; Solomon et al., 2002). Instead, the specialty PO actively maintains a close working relationship with treatment providers and advocates to help secure social resources (e.g., SSI, housing, transportation) for the probationer.

Respondents indicated that the second most daunting challenge associated with supervising PMIs is maintaining their compliance with psychiatric treatment. The fifth and final key feature of the prototypic specialty agency is the use of problem-solving strategies as the chief means for addressing treatment noncompliance. In essence, the specialty PO collaborates and contracts with PMIs to overcome any obstacles to treatment compliance. The components of problem solving are (a) having a fair, two-way conversation about treatment noncompliance and its likely causes; (b) generating alternative strategies for addressing the problem; and (c) mutually agreeing on a plan for solving the problem to achieve compliance. Specialty POs reportedly were more likely than traditional POs to use problem-solving strategies and less likely to use reminders of the rules or threats of incar-

ceration to increase compliance. Quotes that contrast typical free responses to Mike's treatment noncompliance follow:

> *Specialty:* Do a field visit with the case manager to talk with him and figure out what the problem is. Is it as simple as transportation? Or has he decompensated to the point that he can't make it? Then the proper treatment/intervention would be taken.
>
> *Traditional:* Contact him by letter or phone and remind him of his treatment requirements, send violation report to the court copied to the offender. If he were to regain compliance, we would send an addendum to the letter stating that.

Problem solving is a relationship-based strategy that bears resemblance to the construct of procedural justice in that the probationer is provided with an opportunity to express his or her views, and pressure is applied in a manner that is "fair, respectful, frank, and motivated by caring" (Skeem et al., 2003, p. 453). Procedural justice tempers psychiatric patients' perceptions of coercion during the hospital admission process (Lidz et al., 1995) as well as defendant's perceptions of coercion during mental health court proceedings (Poythress, Petrila, McGaha, & Boothroyd, 2002). It remains for future research to determine whether the use of problem-solving strategies and, more generally, the establishment of firm but fair relationships with probationers contribute to reduced perceptions of coercion and more positive outcomes.

PERCEIVED UTILITY AND EFFECTIVENESS

Both specialty and traditional supervisors viewed the core structural features of specialized caseloads as highly useful for supervising PMIs. Moreover, specialty supervisors were significantly more likely than traditional supervisors to rate their agencies as effective in reducing PMIs' short-term risk of violating probation and in improving their overall well-being. These results are consistent with probation officers' and PMIs' perceptions that the specialty agencies are superior to traditional agencies in supervising PMIs (Skeem et al., 2003).

Although valuable, these are merely perceptions of effectiveness. The present study provides the foundation for a more definitive future

test of specialty and traditional agencies' effectiveness. A prospective outcome study would help determine whether a prototypic specialty agency "works" better than a traditional one and, if so, why this is the case.

EVALUATION AND IMPLICATIONS

This is the first national survey of probation agencies' approaches to supervising PMIs. Through systematic sampling and recruitment techniques, we seem to have obtained highly representative and matched samples of specialty and traditional probation supervisors. These supervisors provided textured views of their agency's practices based on interviews that were developed in conjunction with probation experts. These strengths are balanced by two limitations. First, the results of this survey represent agencies' approaches to supervising PMIs as reported by probation supervisors. Although supervisors seemed knowledgeable about their agencies' practices and were guaranteed confidentiality, their reports cannot perfectly represent these approaches. Second, although the survey's sample size was adequate for most analyses, it was limited for the principal component analysis of the CMQ. To address this limitation, we supplemented the CMQ with interview-based questions.

Until a comparative outcome study is conducted, this study yields provisional implications for addressing the chief challenges associated with supervising PMIs. To better address PMIs' noncompliance with treatment, probation agencies might provide POs with training in the use of problem-solving strategies and in the development of firm but fair relationships. These factors may foster collaboration and compliance with PMIs, whereas more traditional threats of incarceration and authoritarian relationships may alienate and intimidate PMIs (Skeem et al., 2003). To better address the challenges of meeting PMIs' needs for social services, probation agencies may intensify their focus on protecting reduced caseloads to provide officers with the time to address these needs. As noted earlier, reduced caseloads appear to be both an essential and endangered component of specialty caseloads. Ultimately, meeting the needs of PMIs in today's environment of scarce and dwindling resources in both the mental health and criminal justice systems will require creative solutions that wed the

efforts of driven professionals that cross systems. The establishment of specialty agencies with relatively small caseloads across the nation suggests that it is possible to do so.

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