

# Specialty Mental Health Probation in NC: Safer Communities through Enhanced Supervision and Collaboration

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# Goals for this Workshop

1

Understand the  
NC SMHP Model

2

Review NC  
SMHP  
Operations






3

Discuss Current  
Community  
Engagement  
Strategies

4


Engage in Group  
Discussion about  
More Ways to  
Collaborate

## What services does your agency offer?

- ↑
- 1 Outpatient Behavioral Health 0% 0 
- 2 Inpatient Hospital 0% 0 
- 3 Residential Substance Use Treatment Program 0% 0   
Click on the projected screen to start the question
- 4 ACT (Assertive Community Treatment) Team 0% 0 
- 5 CST (Community Support Team) 0% 0 

woodclap

🔒 🔍 100 % 🔍

0 / 0 

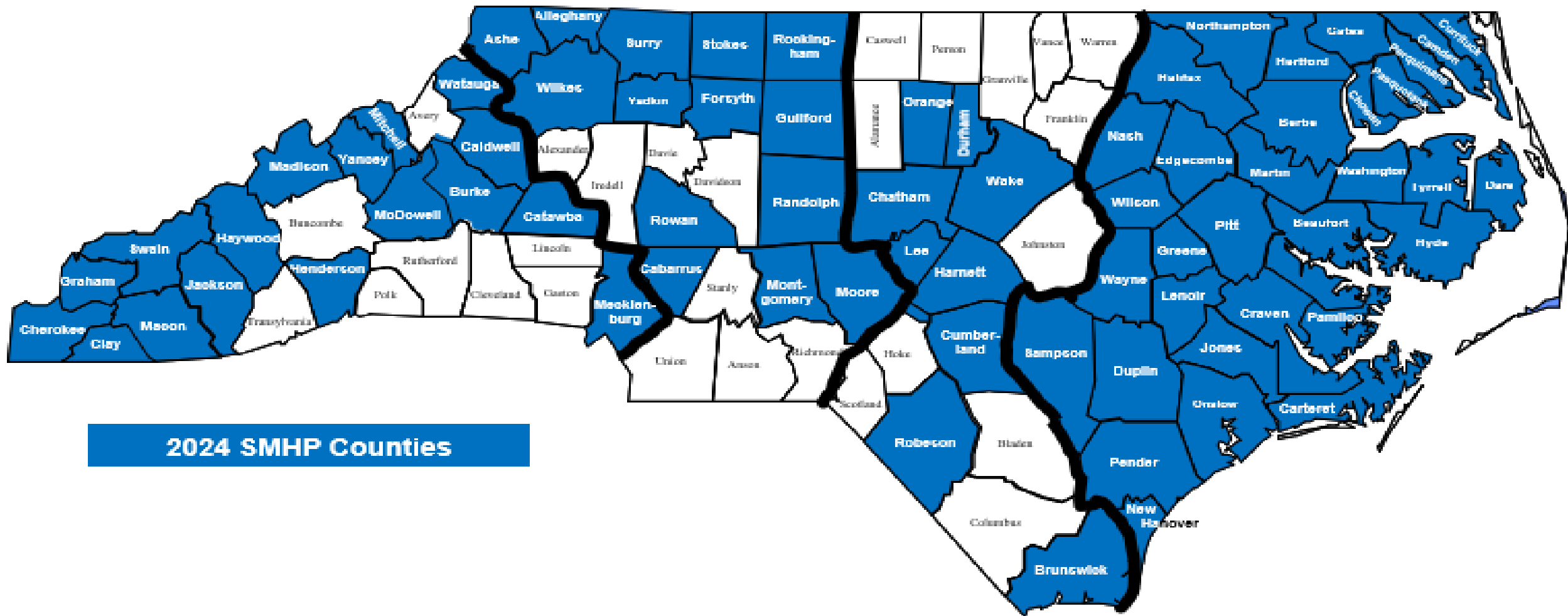


- 7 Housing Assistance 0% 0 
- 8 Food Pantry 0% 0 
- 9 Clothing 0% 0 
- 10 Employment Assistance 0% 0 
- 11 Care Management 0% 0 
- 12 LRC (Local Reentry Council) 0% 0 
- 13 Behavioral Health Urgent Care 0% 0 
- 14 Facility Based Crisis Center 0% 0 
- 15 Group Home/Adult Care Home/Skilled Nursing Facility 0% 0 
- 16 Something Else (Please List) 0% 0 

# History and Development of SMHP in NC

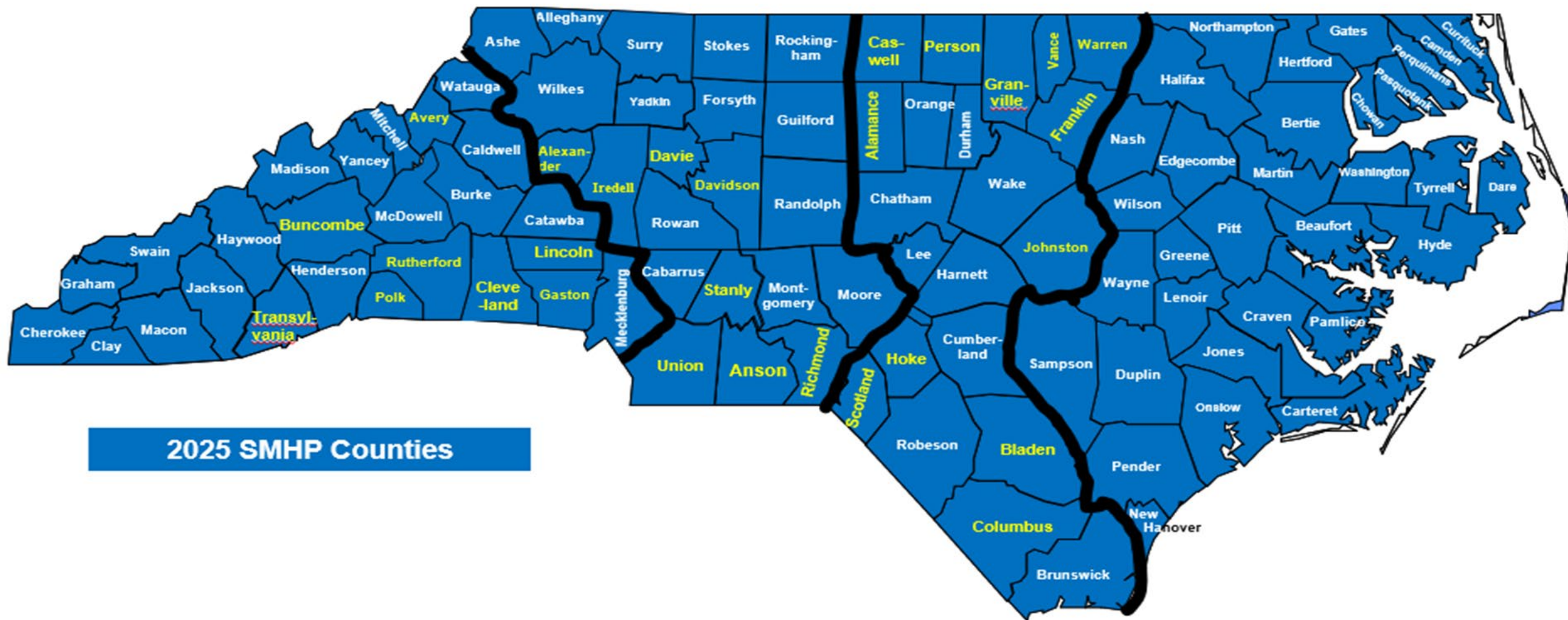
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# SMHP NC Counties: 2024





# SMHP NC Counties: 2025

# Model of SMHP in NC

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## 5 Core Model Components:

1. Designated PPO's/CPPO's
2. Reduced Caseload
3. Ongoing Mental Health Training
4. Problem-Solving Approach to Supervision
5. Enhanced Interaction with Community Resource Providers

Manchak et al., 2014; Skeem et al., 2006; Skeem & Eno Louden, 2006;  
Skeem et al., 2017; Van Deinse et al., 2021; Wolff et al., 2014



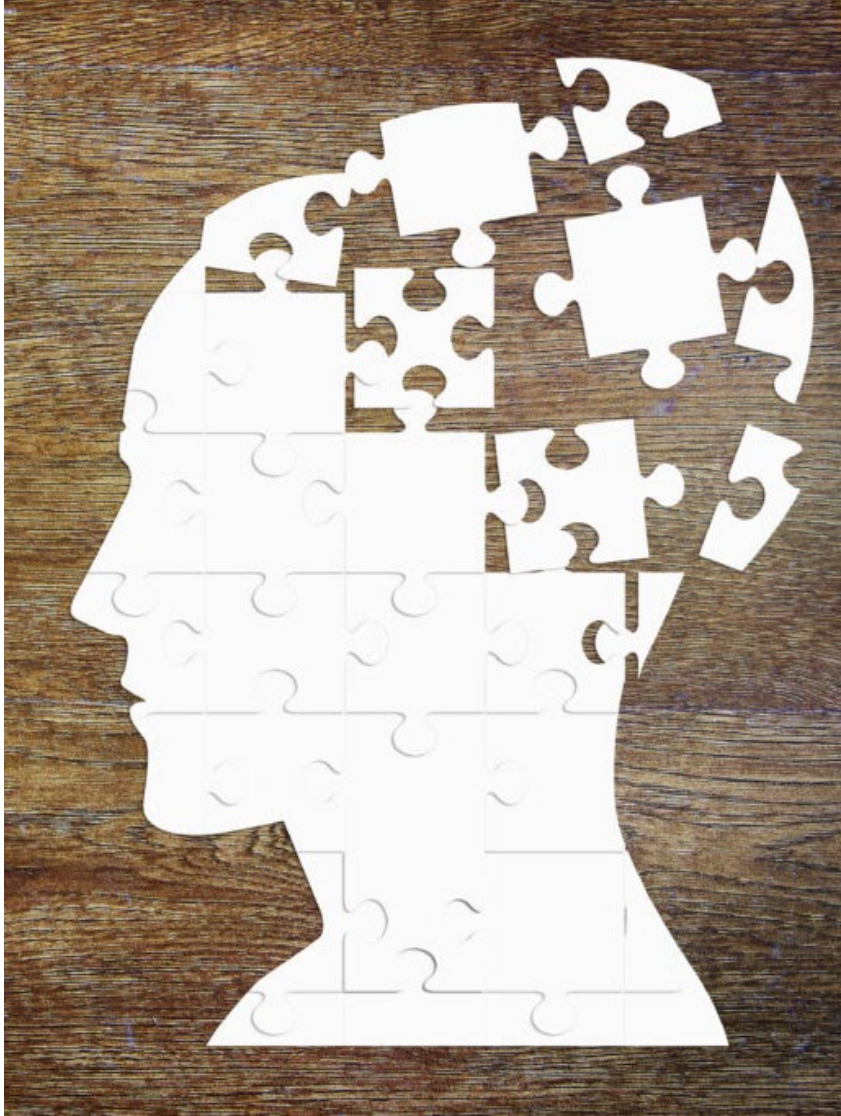
# How North Carolina Enhances the Model of Specialty Mental Health Probation

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**Licensed  
Mental Health  
Professionals**

**Monthly  
Clinical Case  
Consultations**

**Local  
Community  
Engagement  
Events**



# Licensed Mental Health Professionals

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- Role is to support all officers throughout NC, with an emphasis on support of SMHP Officers
- Bridge communication between NCDAC Division of Institutions, Division of Rehabilitation and Reentry, and Division of Community Supervision
- Assist with case management of complex cases and navigating the community mental health system
- Serve as a liaison and collaborator with community providers

# SMHP Probation/Parole Officer's Role



Enhance the well-being of justice-involved individuals



Provide monitoring in alignment with court order and probation policies



Increased time and interactions with individuals



Enhanced case management and contact with community partners

# Enhanced Case Management Interventions for SMHP PPO's

Increased offender contacts

Crisis Interventions

Transportation to appointments/services

Support Outpatient Treatment

Involuntary Commitment (IVC)

Identify Residential Treatment Need

Recommend Specialized Housing

Increased communication with treatment providers

Increased communication with prosocial family/friends/guardians

## **10 Social Determinates of Health Domains**

1. Basic needs
2. Medical problems
3. Mental health
4. Substance use
5. Intellectual functioning
6. Homelessness
7. Social behaviors
8. Employment
9. Vulnerability
10. Social support



# Current Community Engagement Initiatives

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In what ways has your agency collaborated with

- ↑
- |   |                        |    |   |    |                              |    |   |
|---|------------------------|----|---|----|------------------------------|----|---|
| 1 | Never Have             | 0% | 0 | 7  | Probation/Parole Officer     | 0% | 0 |
| 2 | Attended DAC SMHP      | 0% | 0 | 8  | Treatment Team Meeting       | 0% | 0 |
| 3 | Phone Verification of  | 0% | 0 | 9  | Presentation of Agency at    | 0% | 0 |
| 4 | Provided Treatment     | 0% | 0 | 10 | Provided Alternative         | 0% | 0 |
| 5 | Phone Collaboration of | 0% | 0 | 11 | Something Else (please list) | 0% | 0 |

Click on the projected screen to start the question

# Community Engagement

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Community Engagement Meetings

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Drop-in visits

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Staff Meetings

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Monthly Provider Showcase

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Treatment Progress Meetings

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Monthly Provider Contacts

# Format of Community Engagement Meetings – Group of Community Providers



Review of SMHP Model



CPPO and PPO share their role as a Mental Health CPPO/PPO



Introductions of Community Providers



Discussion about Services Offered by Each Agency



Networking to Discuss how to Further Collaborate



Main Purpose: For the CPPO and PPO to meet providers and exchange contacts to begin building relationships

# Community Engagement Meetings

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## BENEFITS



Cross-agency collaboration  
across numerous providers



Review of resources and  
services available in local area



Opportunity to exchange  
contact information

## LIMITATIONS



No ongoing plan for  
engagement



Often attended by leaders  
instead of direct care staff



Time consuming planning



# Drop-in Visits

LMHP and SMHP  
PPO/CPPO "drop-in"  
for unscheduled  
provider agency visit  
to leave information  
about the SMHP  
program and  
contact information  
for further follow-up  
to be scheduled



# Drop-In Visits

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## BENEFITS



Quick exposure to resources offered by community partners



Limited planning required



Materials about SMHP Program can be viewed by any interested staff

## LIMITATIONS



Limited relationship building



Often interacting only with office staff



Low rate of follow-up for further collaboration



# Staff Meetings

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- LMHP and probation officer both attend a staff meeting at the local provider
- Introduce the SMHP program and criteria
- Introduce the local PPO to the staff at the agency
- Discussions around ways to collaborate and barriers to collaboration.

# Staff Meetings

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## BENEFITS



Good introduction for beginning collaboration



Ability to have open discussion around collaboration



Strategize with 1 provider rather than a group of providers

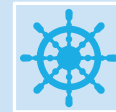
## LIMITATIONS



No ongoing plan for collaboration



Scheduling limitations



Focuses on SMHP program over provider services


# Monthly Provider Showcase

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One local community partner agency is invited each month to attend a meeting of all Chief Probation/Parole Officers in the County



Representatives from the community agency meet with all Chief Probation/Parole Officers in the County to introduce services offered that are applicable to justice-involved individuals



Chiefs then relay information about services, referral processes, points of contact for the community agency, etc. to their assigned Probation/Parole Officers



# Monthly Provider Showcase

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## BENEFITS



Provides information about services in the local community

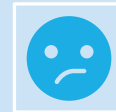


All CPPOs receive information from the community partner



Contact information is exchanged and questions answered

## LIMITATIONS



Limited relationship building because contact is with CPPOs instead of PPOs



Because 1 monthly, takes a while to meet providers individually



Limited information given to community partner about SMHP

# Treatment Progress Meetings

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- ❑ Similar to Treatment Team Meetings and Case Staffing Reviews
- ❑ PPO and treatment provider(s) schedule recurrent meetings to discuss treatment progress and develop a collaborative plan for addressing individual needs



# Treatment Progress Meetings

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## BENEFITS



Ongoing contact between DCS and providers for development of relationships



Routine discussion of each individual's progress with treatment



Person-centered case planning

## LIMITATIONS



Release of Information



Scheduling limitations

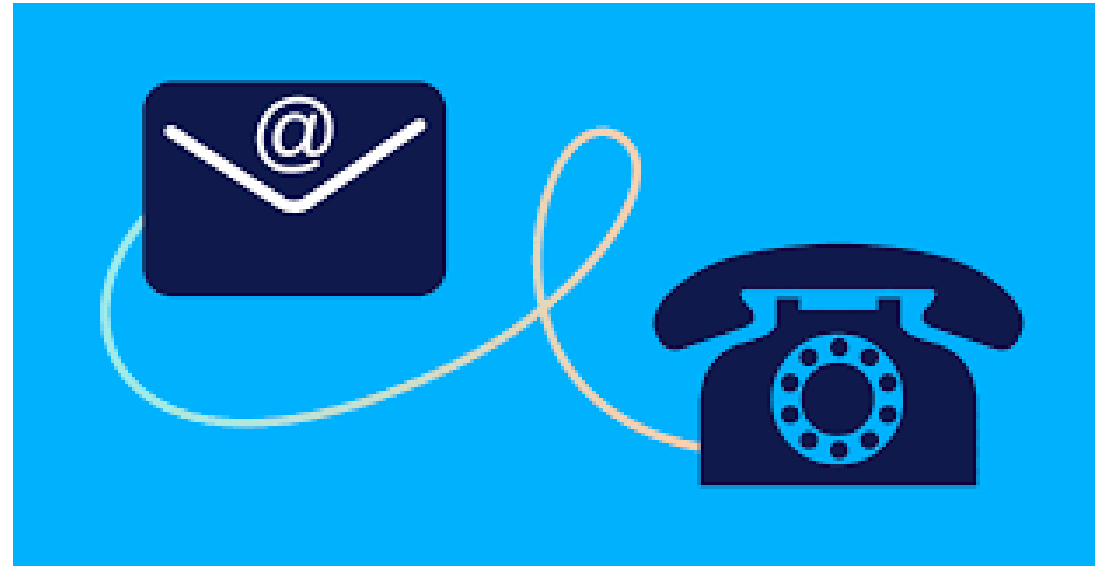


Treatment providers at the agency may change

# Monthly Provider Contacts

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- ✓ Scheduled telephone calls or emails.
- ✓ Officer provides list of individuals along with ROIs to discuss plan progress and engagement in treatment
- ✓ Provider updates the Officer about the individual's adherence to/progress with treatment
- ✓ Officer and Provider discuss any observation of unmet needs that could benefit from further intervention



# Monthly Provider Contacts

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## BENEFITS



Consistent updates about treatment progress



Provider and PPO exchange communication directly

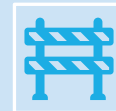


Point of contact is identified in the event of questions or concerns

## LIMITATIONS



Limited relationship building



Has not been sustainable at previous attempts



Focus shifts to treatment adherence over collaboration



# Case Review: The Necessity of Collaboration

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# Collaboration In Action: Case Review

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- Individual identified as high priority post-release case prior to reentry
  - Institutions Social Worker
  - DMH
  - LME/MCO
  - DCS LMHP
- Group Home placement was secured by Guardian of Person
  - DSS GOP
  - Group Home Administrator
  - Institutions Social Worker
- Aftercare Plan was completed for County of Group Home
  - Institutions Social Worker
  - LME/MCO
  - Outpatient Treatment Provider

# Collaboration In Action: Case Review

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- Group Home withdrew individual's acceptance on day of release, resulting in individual becoming identified as homeless and aftercare plan revisions required
  - Group Home Administrator
  - DSS GOP
  - PPO
- PPO was able to secure DAC Transitional Housing for individual, and referrals to alternative Group Homes began
  - PPO
  - DAC Transitional Housing Staff
  - DSS GOP
  - LME/MCO
  - DCS LMHP
- After 5 days in DAC Transitional Housing, individual was IVC'ed
  - PPO
  - GOP
  - Hospital Social Worker
  - LME/MCO

# Collaboration In Action: Case Review

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- Individual remained hospitalized for approximately 2 weeks for treatment stabilization and for Group Home placement referrals
  - Hospital Staff
  - DSS GOP
  - LME/MCO
  - DCS LMHP
  - PPO
- Group Home placement secured after 7 referrals were made, and individual was discharged directly to the Group Home
  - GOP
  - Hospital Social Worker
  - LME/MCO
  - DCS LMHP
  - PPO

# Collaboration In Action: Case Review

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- Assessment with outpatient behavioral health treatment provider was scheduled to initiate outpatient treatment services
  - Hospital Social Worker
  - DSS GOP
  - Outpatient Provider
- Before first outpatient appointment, individual experienced onset of significant symptoms requiring inpatient hospitalization
  - DSS GOP
  - Group Home Administrator
  - Mobile Crisis Unit
  - PPO
  - Hospital Social Worker
- During hospitalization, the group home provider discharged patient and a new group home was identified to accept placement
  - DSS GOP
  - DCS LMHP
  - PPO
  - Hospital Social Worker
  - LME/MCO

# Collaboration In Action: Case Review

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- ACT Team assessment was completed prior to discharge from hospital so that services could begin immediately upon discharge to mitigate risks for decompensation
  - ACT Team Provider
  - DSS GOP
  - Hospital Social Worker
- Individual was seen by ACT Team in the community same day as discharge from hospital to begin services and by PPO to establish rapport and show support to individual
  - ACT Team Provider
  - Group Home Administrator
  - PPO
  - DSS GOP



# Collaboration In Action: Take-Aways

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At least 10 agencies collaborated to create a person-centered plan for this individual



Limited relationships across all agencies involved prior to this collaboration



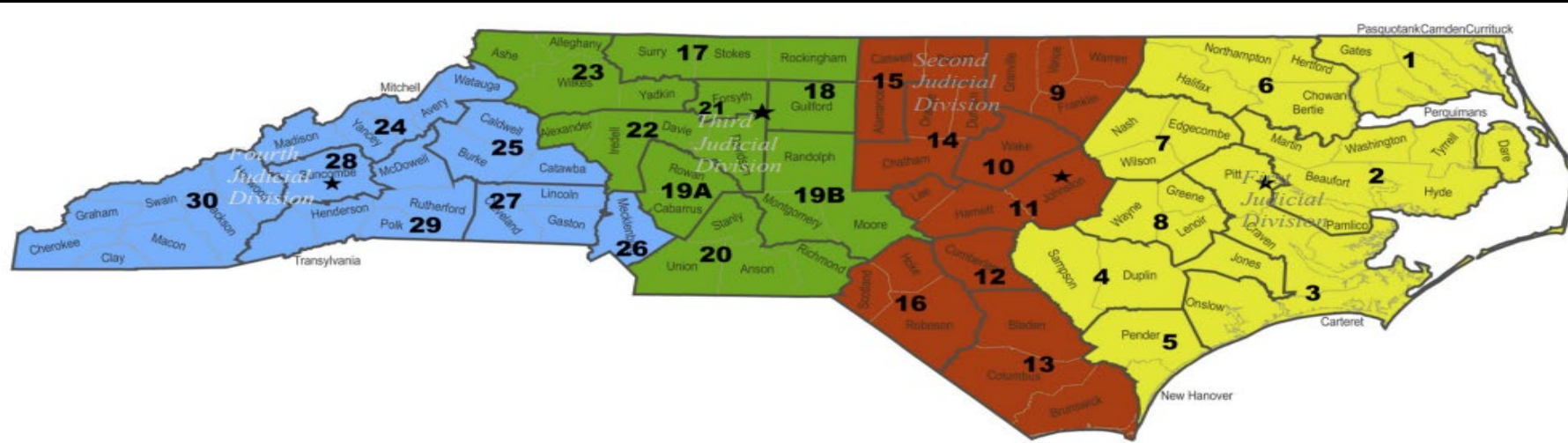
Timeline was more than 1-month following reentry for housing, resources, and treatment to be secured



# How Can Probation Officers Collaborate with Agencies?

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# Let's Connect!



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