

**ANOKA COUNTY SPECIALIZED MENTAL HEALTH COMMUNITY SUPERVISION
PILOT PROJECT**

REPORT TO THE LEGISLATURE

Name of organization: Anoka County Community Corrections

Mailing address: 2100 3rd Avenue N., Suite C100, Anoka, MN 55303

Person Responsible for Overseeing this project: Corey Kohan, Anoka County Community Corrections – Adult Field Services Manager (Corey.kohan@co.anoka.mn.us).

Telephone number: 763-324-4590

Project Title: SPECIALIZED MENTAL HEALTH COMMUNITY SUPERVISION – Pilot Project

Project Duration: Two years

Project Dates: September 30th, 2019 to October 1st, 2021

Legislative Appropriation: \$400,000

Background

Research suggests that persons diagnosed with mental illness are over-represented in the criminal justice system. Many often struggle while on community supervision resulting in non-compliance causing disproportionate arrest and incarceration rates. Unmanaged symptoms contribute to functional impairments and instability increasing risk to the community and the likelihood of mental health crises.

Historically, individuals under correctional supervision with significant mental illness tend to be managed on traditional “generalist” probation caseloads which include offenders with offenses of all types. Those with mental illness typically receive brokered services and referrals to address their mental health needs. Unfortunately, many probation officers lack specialized expertise or important resource knowledge to manage this population effectively. The most acute cases often receive services from both county probation and social services systems. Well intentioned probation officers and mental health professionals often struggle with role clarification and duplication of case management efforts or may disagree on interventions or priorities with a shared client. In an effort to address these concerns, Anoka County envisioned a new collaborative, fully integrated, case management model to improve client and public safety outcomes.

During the 2019 legislative session, Anoka County sought was ultimately appropriated \$400,000 to establish a multidisciplinary, specialized mental health caseload for adults on probation, supervised release, or pre-trial status. Funding for this two-year pilot project was managed by the Department of Human Services (DHS) and distributed through a grant agreement with Anoka County.

Anoka County’s Community Corrections and Community Social Services departments partnered to implement this model, pairing a probation officer and adult mental health social worker to jointly manage a specialized caseload of approximately 50 clients. The social worker is embedded within the Community Corrections Department.

Legislative Objectives

The Legislature identified the following project objectives in Laws of Minnesota 2019, 1st Special Session Chapter 9, Article 6, Section 80:

1. Improve mental health service delivery and supervision coordination through establishment of a multidisciplinary caseload management team that must include at least one probation officer and social services professional who share case management responsibilities.
2. Provide expedited assessment, diagnosis, and community-based treatment and programming for acute symptom and behavioral management.
3. Enhance community supervision through a specialized caseload and team specifically trained to work with individuals with mental illness.
4. Offer community based mental health treatment and programming alternatives to incarceration if available and appropriate.
5. Reduce incarceration related to unmanaged mental illness and technical violations.
6. Eliminate or reduce duplication of services between county social services and corrections.
7. Improve collaboration among, and reduce barriers between, criminal justice system partners, county social services, and community service providers.

Targeted population and eligibility

The project targets adults with serious or unmanaged mental illness. The individuals may pose a risk to themselves or others and are at an increased risk to recidivate or commit violations of supervision. These individuals are under correctional supervision (probation, supervised release, or pre-trial) with Anoka County and must meet internal eligibility criteria. Eligibility is determined by current mental health diagnosis or acute symptoms, functional impairments, difficulty with traditional supervision, current or previous civil commitment or social services involvement, and recent hospitalizations or incarceration related to unmanaged mental health.

Prospective cases are identified and referred to the specialized caseload by probation officers, social workers, prosecutors, or defense attorneys. During the early stages of the project, the mental health team educated stakeholders about the program and developed a referral process. The team includes representatives from the Corrections and Social Services departments who meet weekly to consult on all new referrals and discuss client case management plans. Placement on the specialized caseload is based on presenting issues, case history, client ability to access necessary resources, and evaluation of how public safety and client outcomes would be improved by specialization versus traditional supervision.

Project Impact and Outcomes

Notable two-year summary data:

Current Caseload: 43	Average Caseload: 47
Total Referrals: 135	Total Served: 70 (49 male; 21 female)
Co-occurring Mental Illness/Substance Use Disorder: 61 of 70 (87%)	
Most common presenting diagnosis: Schizophrenia, Depression, and Bipolar Disorder	
Previous social services involvement: 26 of 70 (37%)	
Most frequent service referrals: housing, Waiver/MnCHOICES, establishing psychiatry and therapy providers, IRTS/SUD programming	
Supervision violations resulting in Incarceration: 15 of 70 (21%)	
Under Civil Commitment while under correctional supervision: 26 of 70 (37%)	
Participated in programming (CD TX, counseling, etc.): 39 of 70 (56%)	
Clients arrested and convicted of a new charge: 9 of 70 (includes charges prior to entering the program) (13%)	

The Anoka County Specialized Mental Health Supervision project has been successful in achieving its legislative objectives and can serve as a model for other agencies. The client-centered, highly collaborative case management approach has enabled clients to access a broad range of critical services

more quickly. The shared expertise of a specialized probation officer and mental health social worker is invaluable for developing fully integrated case plans that target both client wellness needs and factors that increase a client's risk for future criminal behavior. This has directly improved client symptom management and functioning and increases the likelihood of supervision success.

As a result, over the past two years, both supervision violations and client incarceration rates have been notably reduced in a population that historically struggles under traditional supervision. Probation officers are routinely ill-equipped to effectively respond to supervision non-compliance stemming primarily from unmanaged mental health. The result is often increased violations, court appearances, and incarceration time. With a smaller caseload size, the team has been able to maintain more frequent contact with clients, establish greater trust, and thus proactively address behavioral concerns and provide resources to prevent most probation violations. Notably, only 15 of 70 program clients committed supervision violations resulting in a jail sanction.

Weekly team consult meetings between Corrections and Social Services have proven to be invaluable. The team evaluates new referrals, reviews and updates existing client case plans, and consults on other presenting issues. These meetings are highly collaborative and inclusive. Police agencies, community providers, and probation officers often attend offering valuable case management input. The addition of a social worker to the Corrections Department has provided critical and needed mental health expertise and resource knowledge previously unavailable to probation officers.

The manageable caseload size has enabled the team to remain highly responsive to client needs even during non-traditional hours, evenings, and weekends. Clients have routinely been provided transportation to medical and therapy appointments and assisted with virtual court appearances. Most importantly, the team can respond rapidly to most crisis situations and has established relationships with law enforcement and jail staff. This is significantly more challenging for probation officers with larger caseloads and without specialized mental health expertise.

The project has received praise and gratitude from local stakeholders including the Anoka County District Court, prosecutors, and defense attorneys. It's not unusual for the team to speak with judges or attorneys prior to civil or criminal court to provide an update on a client's mental health or offer dispositional recommendations. The team advocates for their clients and seeks a least restrictive community-based alternative whenever appropriate for the client and public safety. Law enforcement now routinely attempts to contact the team when responding to a call involving a client.

The social worker and probation officer assigned to this project were recognized in 2020 by the Minnesota Association of Community Corrections Act Counties (MACCAC) as "*outstanding agents of the year*" for their innovative work with this population. A prestigious award and testament to the excellent work of the staff and overall success of the project.

One brief example of the project's impact. There are many more. A homeless client was living out of his car when the specialized mental health team became involved. The social worker successfully navigated the client through the civil commitment process and facilitated his transition to sober housing. The team helped support the client through a technical job training program which resulted in full-time employment. The client is currently stable, doing quite well, and working towards re-unifying with a family member who is also the victim of his offense. He is working on independent living skills with plans to eventually move out of sober housing and live independently.