Examining Probation Officer Views on the Links Between Probation and Health

A Report in a Series on Mass Probation and Health

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A special thanks to Alistair Nairn, without whom we could not have produced this survey. His experience as a probation officer was invaluable to helping us understand the structuring and functioning of the Hennepin County Community Corrections and Rehabilitation Department, determining how best to test the concepts that drove the initiation of this phase of the project, and developing questions that tested realistic scenarios.

This survey was initially piloted by eight probation officers. They confirmed or provided suggestions on questions to ensure the wording and options in the survey were clear and relevant to Hennepin County.

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Executive Summary

The study is a collaboration between the University of Minnesota, Robina Institute of Criminal Law and Criminal Justice, and Hennepin County, funded by a grant from the University of Minnesota's Driving Tomorrow Grand Challenges research initiative. The project used a mixed methods approach examining data on healthcare use and healthcare claims by people on probation, interviews with medical providers, a survey of probation officers, and a survey and interviews of people on probation. The Robina Institute led the survey of probation officers, which was aimed at learning about probation officer attitudes and beliefs about the links between probation and health, and how they saw their role with regard to the health of people on probation. This report summarizes the findings of the survey and suggests potential policy interventions that could be implemented to improve the health and probation outcomes of people on probation.

Health of People on Probation and Access to Healthcare

Nearly two-thirds of probation officers rated the health of people on probation as being worse than the general public, while about one-third rated probationer health as being about the same as the general public. Probation officers perceived that people on probation experienced a cycle in which lack of financial resources and health insurance resulted in people having less access to preventive care or care in general, resulting in a reactive approach to healthcare in which people tended to go to the doctor only when their symptoms became more severe. Probation officers perceived that in these circumstances, people on probation would turn to healthcare in the emergency room either because there they could receive treatment regardless of insurance or because by then their symptoms were severe and warranted more urgent care.

Specific Health Conditions

Probation officers perceived that knowledge of their clients' health issues was essential to their ability to effectively supervise people on probation. With regard to physical health, probation officers estimated that less than half of probationers had asthma, high blood pressure, diabetes, or a brain injury but that half or more had some other physical ailment. With regard to mental health, probation officers thought that half or more of probationers had depression, anxiety, or some other mental health issue. With regard to substance use, the majority believed that less than half of their clients had issues with opioids or methamphetamines; they thought the more prevalent substance use issues revolved around smoking and other substances.

Attitudes Towards Rehabilitation and Punishment

Based on a scale measuring attitudes towards rehabilitation and punishment, the probation officers who responded to this survey exhibited a strong rehabilitative attitude. The majority believed that providing treatment for people in the criminal justice system would help reduce crime while traditional, punitive sanctions would not reduce crime.

Barriers to Attending or Completing Treatment

Probation officers identified several barriers their clients faced in attending or completing treatment. Transportation, employment conditions, and motivation were considered by three-quarters or more of respondents to be moderate to extreme barriers to accessing or completing treatment. Lack of insurance and childcare were seen as moderate to extreme barriers by about two-thirds of respondents. Nearly 60% saw depression as a moderate to extreme barrier. About half also considered program cost to be a moderate to extreme barrier. Many of these barriers were similar to the barriers perceived to prevent access to routine healthcare.

Working with the Treatment Providers

Nearly all probation officers indicated that having information about a person's attendance, progress, and completion of treatment programs was very important to essential to their ability to provide effective supervision. However, most probation officers also indicated that they had to actively seek out information about a person's progress in a treatment program. Probation officers felt that treatment providers generally provided information upon request but mentioned that HIPPA and patient privacy concerns, heavy workloads, and a lack of understanding about probation or the role of probation officers sometimes prevented information sharing.

Health in the Context of Probation Non-Compliance

In a series of vignettes about non-compliance with probation conditions related to mental health, drug use, and physical health, probation officers tended to respond with options that paired increased accountability through more frequent supervision along with a low-level interventions such as a problem-solving discussion about ways to get into compliance with the condition or persuading the person on probation that complying with the condition will be beneficial to them. A significant number of probation officers also noted that they may take clients to court or threaten jail, which are both more retributive actions. This indicates that while officers may not generally favor punitive measures, they feel that the threat of such measures is a useful tool. The third vignette involving physical health garnered slightly more varied responses than did the first two. This may indicate that officers are less sure on decisions related to physical health.

Policy Suggestions

To address the overall health of people on probation:

- Assess people on probation for health insurance coverage and assist those who do not have insurance in obtaining it. This may also help break down one of the barriers to attending treatment programs—cost—by providing coverage for some treatment programs relating to substance use or mental health.

- Encourage a "whole person" approach for probation officers that emphasizes the influences of mental *and* physical health on probation progress and success, and work to develop actions probation officers can take when they suspect a client may have a physical health issue.

- At the county level, provide opportunities for people on probation to access routine medical care, such as working with medical providers to schedule clinics in or near facilities where people on probation are meeting with probation officers.

Work on addressing barriers to attending treatment:

- Provide transportation services to probationers to attend court-ordered treatment.

- Work with providers of court-ordered treatment programs to offer services at multiple times or in multiple formats to facilitate attendance by people who have variable work schedules or who would otherwise have to take time off from work to attend.

- Work with providers of court-ordered treatment programs to offer childcare or locate these services in public buildings where the county can offer such services.

To address the needs of probation officers in understanding a person's progress in court-ordered treatment or programming:

- Open a dialogue with treatment providers about how best to keep probation officers informed about a person's attendance, progress, and completion of court-ordered treatment programs without upsetting the provider's relationship with the person on probation or placing the person at risk of incarceration for a health problem. Opening this dialogue can help both sides determine whether and how such information could be used to further the success of a person on probation.

Conclusion

This survey has demonstrated that probation officers are well aware of the health issues of people on probation. In some instances, health issues such as substance use and mental health are the subject of probation conditions, which probation officers are directly tasked with enforcing. In those instances, probation officers are directly involved in the connection between probation and health, but the tools they have to intervene are supervision-focused, so failure to comply with those conditions are typically responded to with increased supervision and problem-solving discussions rather than increased access to healthcare. The recommendations in this report suggest that there may be ways for Hennepin County to better integrate social services and health and welfare services to allow probation officers to connect people on probation with resources to directly address their health needs such as assistance in obtaining insurance, providing transportation to attend treatment or obtain medical care, or co-locating medical clinics in or near locations where people on probation meet with their probation officers.

Introduction

The Mass Probation and Health project was created to better understand the relationships between community supervision, health, and well-being. The study is a collaboration between the University of Minnesota, Robina Institute of Criminal Law and Criminal Justice, and Hennepin County, funded by a grant from the University of Minnesota's Driving Tomorrow Grand Challenges research initiative. The project used a mixed methods approach examining data on healthcare use and healthcare claims by people on probation, interviews with medical providers, a survey of probation officers, and a survey and interviews of people on probation.

The Robina Institute led the survey of probation officers, which was aimed at learning about probation officer attitudes and beliefs about the links between probation and health, and how they saw their role with regard to the health of people on probation. This report summarizes the findings of the survey and suggests potential policy interventions that could be implemented to improve the health and probation outcomes of people on probation.

It should be noted that this survey was fully completed in March of 2020, just prior to the first statewide lockdown in Minnesota due to the COVID-19 pandemic. Therefore, the views and issues expressed in this survey do not reflect health issues or concerns that may have arisen or changed during the pandemic. The original research design for this project included in-depth interviews with probation officers. However, because the pandemic greatly changed the health landscape, and only six interviews were completed before the state lockdown, the research team, in consultation with our partners in Hennepin County, decided to halt that phase of the research and focus on the results of the survey.

Demographics, Background, Supervision Attributes

This survey was targeted to probation officers providing supervision to adults on probation in the Hennepin County Department of Community Corrections and Rehabilitation Department (DOCCCR). Hennepin County is located in Minnesota, and is the largest county by population in the state. Hennepin County encompasses the city of Minneapolis, as well as a large portion of the western metro in what is colloquially referred to as the Twin Cities. DOCCCR provides correctional services to about 26,000 adults and juveniles annually.[1]

The survey included a mix of questions requiring closed- and open-ended responses. The survey was distributed to 143 probation officers and 12 supervisors in DOCCCR. Officers were selected to receive the survey if they provided direct supervision to people on probation or if they supervised probation officers who provided direct supervision. Of those receiving the survey, there were 55 total respondents (about 36%), 48 of whom completed the entire survey. As shown in Table 1, respondents were primarily female (69%) and white (76%). Respondents ranged in age from 25 to 69 with the average age being around 47. All respondents had at least a four-year college degree with about 35% having some graduate school or a graduate degree. Around half indicated they had not had any previous job relating to criminal justice or social work but, notably, 18% indicated they had previously been a corrections officer.

[1] https://www.hennepin.us/residents/public-safety/community-corrections-rehabilitation

Table 1. Demographics of Survey Respondents

Role		**Age (Mean)**	47
Probation Officer	50 (91%)		
Supervisor	5 (9%)		
Race		**Gender**	
White	42 (76%)	Male	15 (27%)
Black	3 (5%)	Female	38 (69%)
Hispanic	4 (7%)	Prefer not to answer	2 (4%)
Other	6 (11%)		
Previous Employment (includes overlap)		**Education**	
Probation Officer	25 (45%)	Four Year Degree	36 (65%)
Corrections Officer/Guard	10 (18%)	Some Graduate School	6 (11%)
Corrections Counselor/Case Manager	6 (11%)	Graduate Degree	13 (24%)
Social Worker	4 (7%)		
Other (Law/Social/Human Services)	12 (22%)		

Table 2 describes the type and risk level of supervision provided by respondents. About half indicated that they handled traditional probation cases; the next largest group supervised domestic violence cases. Hennepin County structures supervision caseloads by three different risk levels in order to strive for caseload sizes that allow officers with higher risk caseloads to supervise fewer people and provide more services and monitoring. The risk levels and ratios aim for the following ratio of people on probation to probation officers: high (40:1), medium (150:1), or low (250:1). The majority of respondents managed high-risk caseloads (76%). There was some variation in the number of people they supervised: 50% supervised 50 people or fewer, 35% supervised 51-100, and the rest supervised more than 100. The majority of respondents met with their clients once or twice a month.

Table 2. Supervision Attributes of Respondents

Caseload Type (includes overlap)		**Number of People Supervised**	
Traditional Probation	28 (51%)	0-50	27 (50%)
Domestic Violence	12 (22%)	51-100	19 (35%)
Sex Offenses	5 (9%)	101-150	3 6%)
Problem Solving Courts	4 (7%)	151-200	1 (2%)
Other	12 (22%)	201 or More	4 (7%)
Supervision Level		**How Often they Met with Clients**	
High	42 (76%)	Once a Week	4 (7%)
Medium	6 (11%)	Twice a Month	21 (38%)
Low	4 (7%)	Once a Month	22 (40%)
Mixed	3 (5%)	A Few Times a Year	5 (9%)

Health of People on Probation

As a first step in gaining understanding about the relationship between probation and health, probation officers were surveyed about their perceptions about the general health of people on probation, how they access care, and the types of health conditions typically exhibited by people on probation.

General Perceptions About Probationer Health and Access to Healthcare

Probation officers were asked to rate the overall health of people on probation in relation to the general public. Nearly two-thirds (64%) of probation officers rated the health of people on probation as being worse than the general public, while about one-third (36%) rated their health as being about the same as the general public. Interestingly, no one rated the health of people on probation as being better than that of the general public.

In order to dig deeper into the perceptions related to this question, probation officers were asked the open-ended question, "In what ways is the health of probationers worse than the general public?" By far, the two answers given most frequently were that the health of people on probation is affected by poverty and lack of insurance. Most responses revolved around these themes, demonstrating the interconnectedness of access to financial resources and health. As one probation officer put it:

> *…poverty plays such a role in what our clients normalize in their day to day life in relation to nutrition, sleep, preventative care etc… when you don't know where you are going to sleep that night, or get your next meal, and you are in survival mode - being considerate of your health is the least of your worries. – Probation Officer*

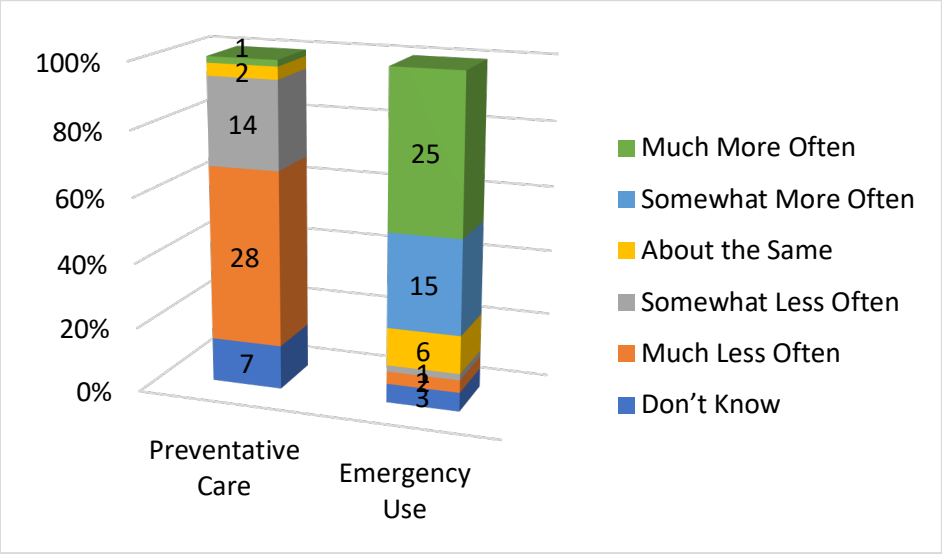
Related to this, when asked how people on probation access healthcare, most probation officers believed that people on probation use preventative care somewhat less or much less often than the general public and use emergency care somewhat more or much more than the general public (Figure 1). Here, probation officers primarily linked the lack of preventive care to lack of insurance. But they also perceived that the underutilization of preventive care was linked to poverty, which resulted in people lacking money to pay for services, transportation, or the ability to take time away from work to access healthcare. Probationer officers also pointed to fear or distrust of doctors and a lack of knowledge on how to navigate the healthcare system as reasons people on probation might not seek preventive care.

Corollary to the lack of preventive care, probation officers perceived that ease of access primarily drove the use of emergency care. As one probation officer put it, people on probation "don't have primary doctors and are able to get in right away; usually ERs don't turn people away if they do not have insurance." Thus, emergency room care solved several of the issues that people might have in accessing preventive care, namely that emergency rooms provide treatment even if a person does not have insurance or financial resources, and they provide walk-in care, which obviates the need to take time off from work. But probation officers noted that for some people on probation, emergency room care was also a sort of last resort, when a person's symptoms became too serious to ignore.

Thus, pulling together perceptions about the general health of probationers and access to healthcare, probation officers perceived that people on probation experienced a cycle in which lack of financial resources and health insurance resulted in people having less access to preventive care or care in general, resulting in a reactive approach to healthcare in which people tended to go to the doctor only when their symptoms became more severe. Probation officers perceived that in these circumstances, people on probation would turn to healthcare in the emergency room either because there they could

receive treatment regardless of insurance or because by then their symptoms were severe and warranted more urgent care.

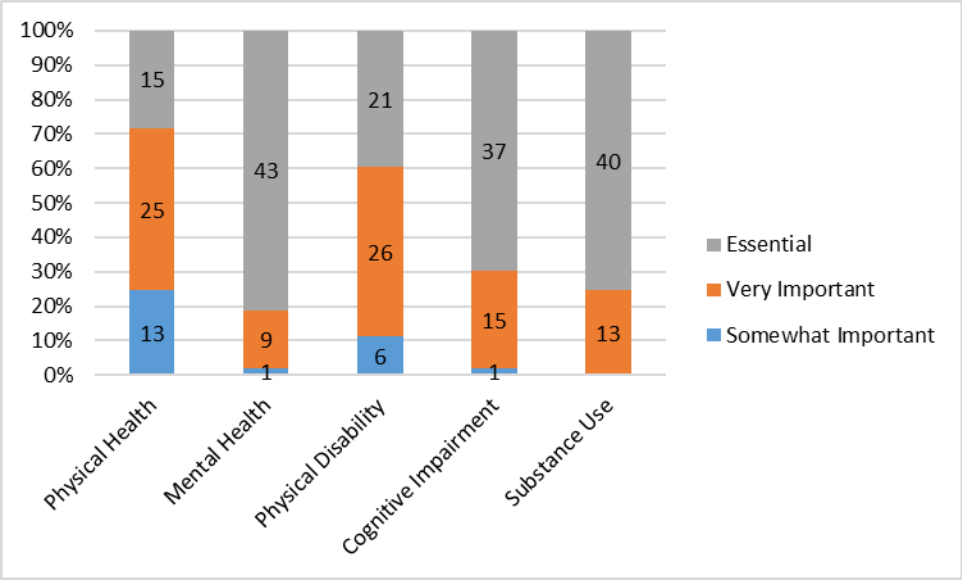
Figure 1. Perceptions About Probationer Use of Preventive and Emergency Care



Perceptions About the Specific Health Conditions of Probationers

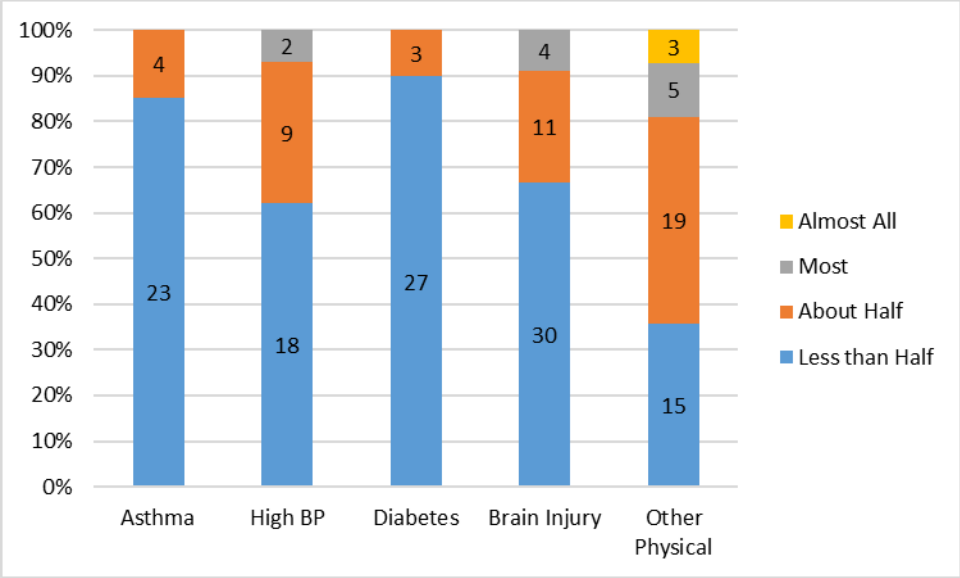
To explore how probation officers saw their role with regard to the health of people on probation, we asked how important it was to understand the health issues that people on their caseloads might face in order to provide effective supervision. In nearly every area surveyed, respondents indicated that it was very important to essential to know about such health conditions (Figure 2). No one labeled such knowledge as unimportant. The areas with slightly more variation were those pertaining to physical health and physical disability, for which 13% and 6%, respectively, identified such information as only somewhat important; however, the majority still indicated that knowledge of physical health and physical disabilities issues was very important to essential.

Figure 2. Perceptions About the Importance of Knowing About Probationer Health Conditions



Probation officers were next asked to indicate their understanding, based on their experience as a probation officer, of the prevalence of specific health conditions. The conditions surveyed were generally drawn from the results of another phase of this study, which looked at the medical claims for a cohort of probationers in Hennepin County. The majority of respondents estimated that less than half of probationers had asthma, high blood pressure, diabetes, or a brain injury but that half or more had some other physical ailment (Figure 3). It is unclear whether the large number of probation officers who said other physical ailments were common were referring to specific ailments that were not listed or a general sense that people on probation had poor physical health. Notably, these questions had a larger portion of survey respondents choose not to answer compared to opinions on mental health and drug use, which may indicate that respondents did not feel they had enough knowledge of physical health to comment.

Figure 3. Perceptions of the Proportion of Probationers with Specific Physical Conditions



When asked how many people on probation had mental health issues, respondents gave mixed answers depending on the type of mental illness (Figure 4). The majority of probation officers thought that bipolar disorder affected less than half of probationers, and that about half or less than half had PTSD. But respondents thought that half or more of probationers had depression, anxiety, or some other mental health issue.

Probation officers had mixed responses on how many of their clients had substance use issues (Figure 5). The majority believed that less than half of their clients had issues with opioids or methamphetamines. Views varied on if people on probation commonly had issues with alcohol or how many people on probation had co-occurring substance use and mental health issues. Respondents perceived that the more prevalent substance use issues revolved around smoking and other substances.

Figure 4. Perceptions of the Proportions of Probationers with Specific Mental Health Conditions

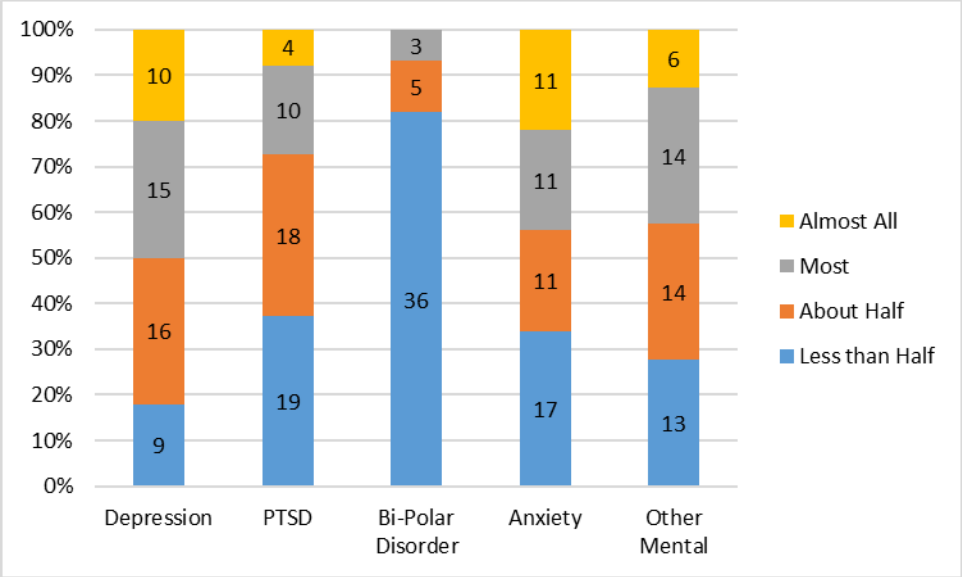
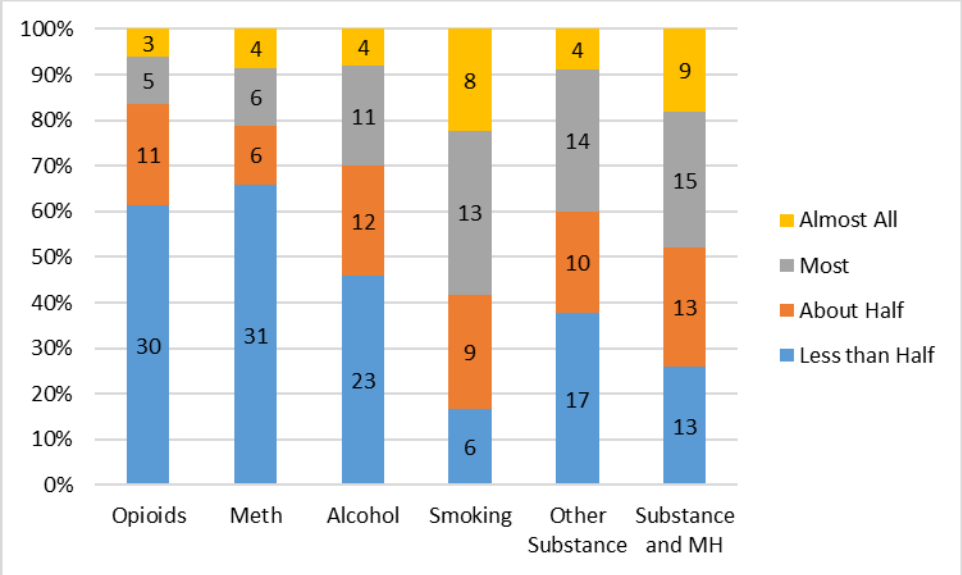


Figure 5. Perceptions of the Proportions of Probationers with Specific Substance Use Issues



Treatment Programs for People on Probation

When a person is sentenced to supervised probation in Minnesota, the court will generally assign probation conditions,[2] which are requirements the individual must fulfill or comply with while on probation. These conditions may be administrative (e.g., maintaining contact with probation officer) or relate to treatment or monitoring (e.g., submit to random urinalysis testing or attend cognitive behavioral therapy). To gain some insight into the effect of probation on health, we asked a series of questions aimed at understanding probation officer attitudes towards treatment and interactions with

[2] The court may impose "terms the court prescribes, including intermediate sanctions when practicable." Minn. Stat. § 609.135, subd. 1 (2019).

probationers and treatment providers regarding treatment conditions. In this sense, it should be noted that although the term "treatment" was not defined in our survey, it was likely understood by survey respondents to refer to programming that people on probation were ordered to attend and complete as a condition of probation rather than a course of treatment for a medical condition from a physician or other medical provider.

Attitudes Towards Rehabilitation and Punishment

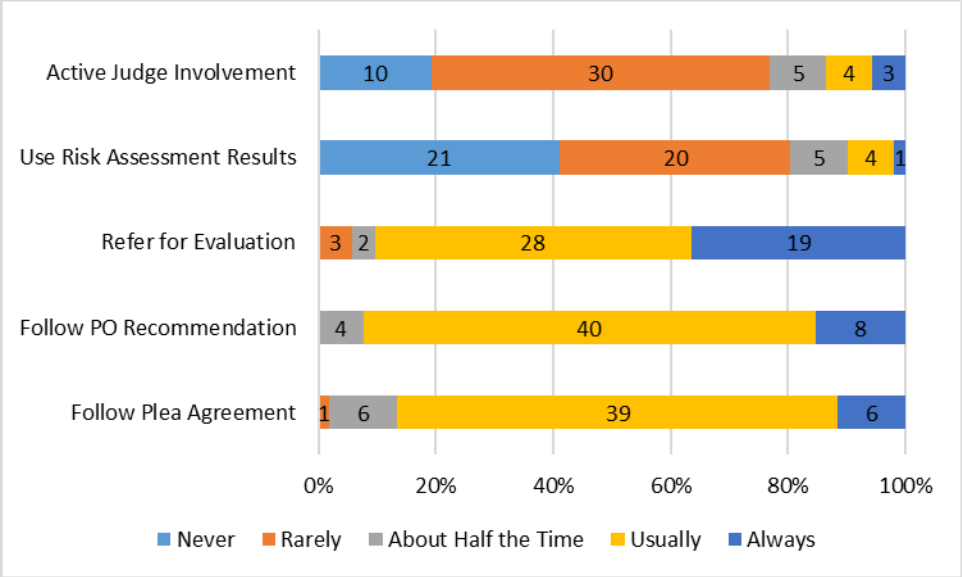
To set context for how probation officers and probationers interact around treatment, we first measured probation officer attitudes using the "Attitudes Towards Rehabilitation and Punishment" (ATRP) scale (see Cullen, Fisher, & Applegate, 2000). The ATRP is a 12-item scale that refers back to the statement "the best way to reduce crime is…." Respondents were asked to indicate their level of agreement or disagreement with each statement. The items in the scale form five subscales that measure views on: *rehabilitation* (ex: "provide criminals with treatment to address addiction, mental health problems, or other problems"), *deterrence* (ex: "deter future offenders by severely punishing criminals who are caught and convicted"), *incapacitation* (ex: "keep criminals in prison/jail and off the streets"), *just deserts* (ex: "Use the 'eye for an eye, tooth for a tooth' principle"), and *traditional sanctions* that includes the deterrence, incapacitation and just deserts scales. The full list of questions and a table of responses are in Appendix A.

Based on this scale, the probation officers who responded to this survey exhibited a strong rehabilitative attitude. All but three respondents agreed or strongly agreed that the justice system should provide treatment for addiction and mental health in prison and during supervision as well as provide jobs and education and tailor treatment plans to offenders. In contrast, respondents generally disagreed or strongly disagreed with statements asked as part of the *deterrence, incapacitation, and traditional sanctions* subscales. For example, the majority of respondents disagreed or strongly disagreed that drug use should be severely punished, that crime in general should be severely punished, or that punishing drug crime would deter others. When asked specifically about drug users being kept off the streets, about 79% of respondents disagreed or strongly disagreed this would reduce crime. Similarly, 75% of respondents disagreed or strongly disagreed that we should send addicts to jail or prison to stop them from using drugs. Thus, the results from the ATRP scale indicate that the majority of probation officers believed that providing treatment for people in the criminal justice system would help reduce crime while traditional, punitive sanctions would not reduce crime.

Assignment of Treatment-Related Conditions

As noted above, probation conditions, which are ordered by the court as part of the sentence, often include some form of treatment or programming. Probation officers were consistent in their views on how the court assigns supervision conditions involving treatment (Figure 6). They believed that judges generally do not set the requirements themselves and that judges do not review assessment results such as the LS/CMI to aid in their determination. Instead, probation officers perceived that judges generally refer people on probation for an evaluation (e.g., a chemical health assessment) and require that they follow all recommendations, follow the probation officer's recommendation as to conditions, and/or follow the recommendations in the plea agreement (Figure 6).

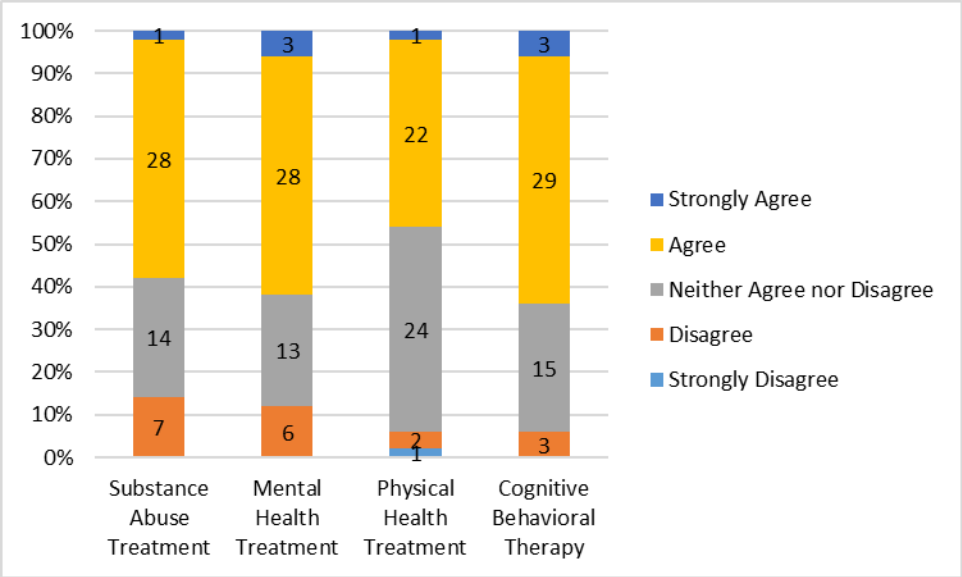
Figure 6. Perceptions About How the Court Sets Probation Conditions Involving Treatment



Treatment Provider Effectiveness

When asked if treatment providers in Hennepin County were effective, respondents tended to agree, but a meaningful percentage indicated they neither agreed nor disagreed (Figure 7). A slight majority (between 56-58%) agreed that treatment providers were effective in areas of substance abuse, mental health, and cognitive behavioral treatment but between 26-30% said they neither agreed or disagreed that they were effective. When asked about physical health provider effectiveness, respondents were split with 44% agreeing providers were effective and 48% neither agreeing nor disagreeing. The large number of "neither agree nor disagree" answers indicates either that many probation officers feel they cannot properly gauge the effectiveness of health care providers or that they have varying views on different providers; wherein some providers are effective and some are ineffective.

Figure 7. Perceptions About Treatment Provider Effectiveness

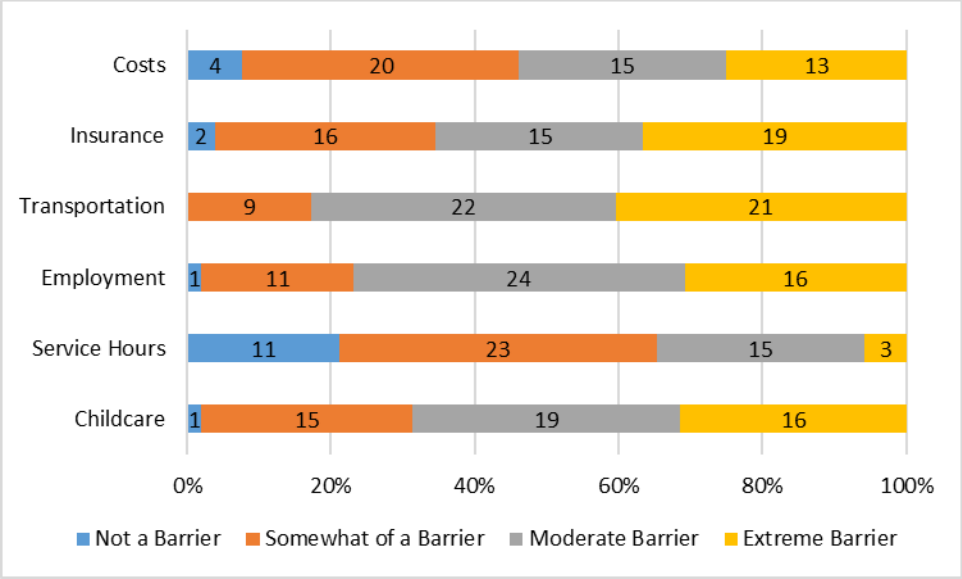


Barriers to Attending or Completing Treatment

Though treatment conditions must be completed in order to successfully complete probation, we wondered if people on probation experienced barriers in accessing such treatment. For example, might it be possible that some of the barriers that probation officers identified in relation to accessing preventive healthcare also present barriers to attending and completing court-ordered treatment? Working with our probation officer advisor on this project, we identified eleven potential barriers to completing treatment, and surveyed respondents about their prevalence.

One set of identified barriers was practical. People on probation could potentially have difficulty in attending or completing court-ordered treatment if they lacked financial resources or insurance to pay for programs, if they lacked transportation or childcare, had varying work schedules that made it difficult to attend treatment at a particular time, or if the provider service hours made it difficult to attend without missing work or school. Within this group, all areas were perceived to be barriers with the exception of provider service hours, which were perceived by most respondents to only be somewhat of a barrier (Figure 8). Transportation and employment conditions were considered by three-quarters or more of respondents to be moderate to extreme barriers to accessing treatment. But lack of insurance and childcare closely followed with about two-thirds of respondents identifying these as moderate to extreme barriers. About half also considered program cost to be a moderate to extreme barrier.

Figure 8. Perceptions About Practical Barriers to Attending and Completing Treatment

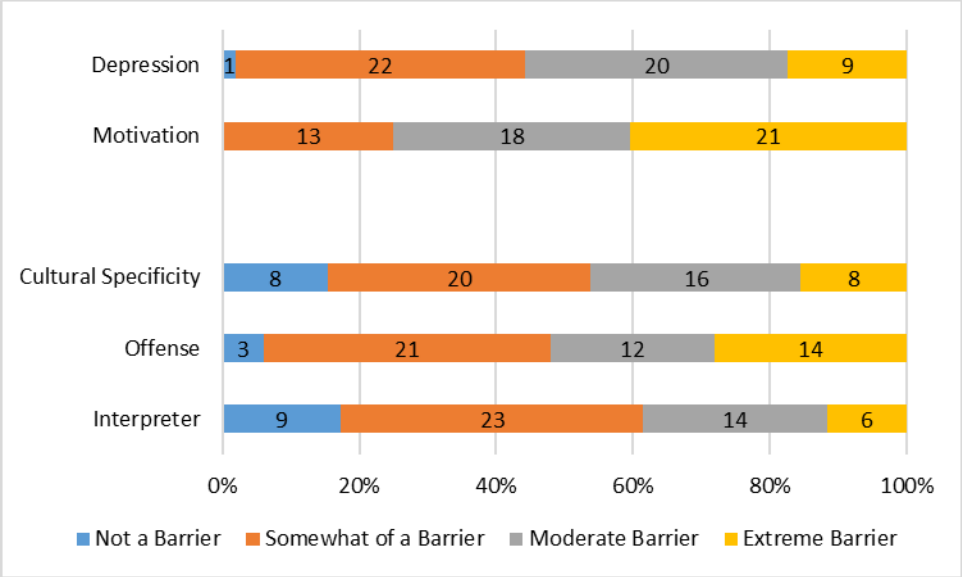


A second set of barriers related to the mental condition of the person on probation, with lack of motivation or depression acting as a potential barrier. Three-quarters of respondents saw motivation as a moderate to extreme barrier. Results for depression were more mixed with just over 40% seeing it as somewhat of a barrier and nearly 60% seeing depression as a moderate to extreme barrier (Figure 9).

A third set of barriers related to programmatic issues, and included items such as the program being closed to people with certain conviction types (e.g., sex offenses or violent offenses), lack of availability of interpreters, and lack of culturally-specific programming. Within this group, results were more mixed. A majority of probation officers perceived each item to be somewhat of a barrier, but a fair number also saw these items as presenting moderate to extreme barriers for people on probation (Figure 9).

Overall, the results suggest that tackling barriers relating to transportation, employment conditions, lack of insurance, and lack of childcare would have the most potential to aid people on probation in attending and completing treatment conditions.

Figure 9. Perceptions About Mental Conditions and Programmatic Barriers to Attending and Completing Treatment



Working with the Treatment Providers

For treatment programs that are court-ordered conditions of probation, probation officers have a duty to monitor an individual's progress in those programs. As shown in Figure 10, the types of knowledge a probation officer might have about treatment progress spans a continuum. At a bare minimum, this could mean simply ensuring that the person on probation has attended and/or completed the program. At the other end of the continuum, it could mean monitoring the probationer's progress to ensure that the person is doing well in or is actively engaged with the program. When surveyed, nearly all probation officers indicated that having information across the continuum about a person's involvement and progress in treatment programs was very important to essential to their ability to provide effective supervision (Figure 10).

But although probation officers perceived it to be very important to have information about a person's attendance, progress, and completion of treatment programs, most also indicated that they had to actively seek out such information. As shown in Figure 11, when asked how they receive information from treatment providers, most probation officers indicated that they request the information; only two probation officers indicated that they received regular updates without asking for that information.

Figure 10. Perceptions About the Importance of Knowledge about Treatment to Providing Effective Supervision

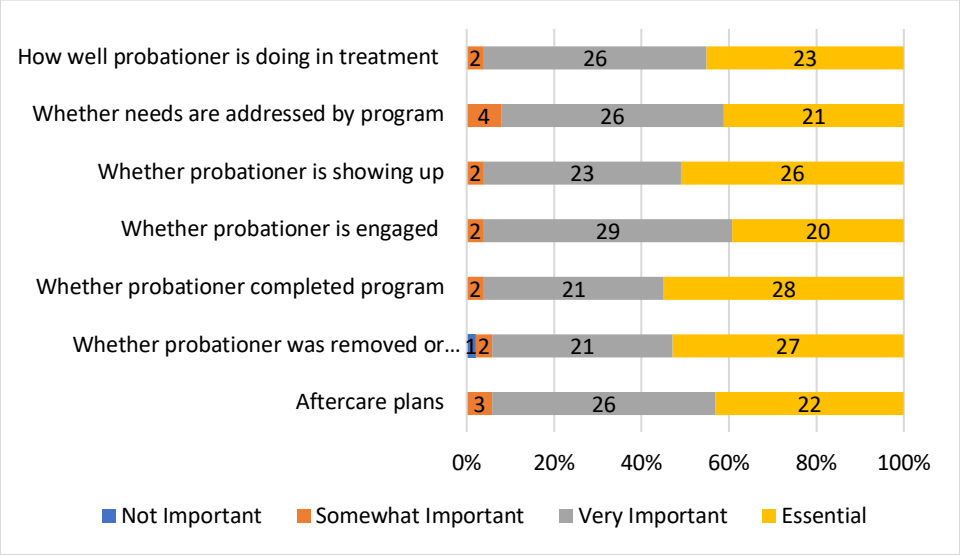
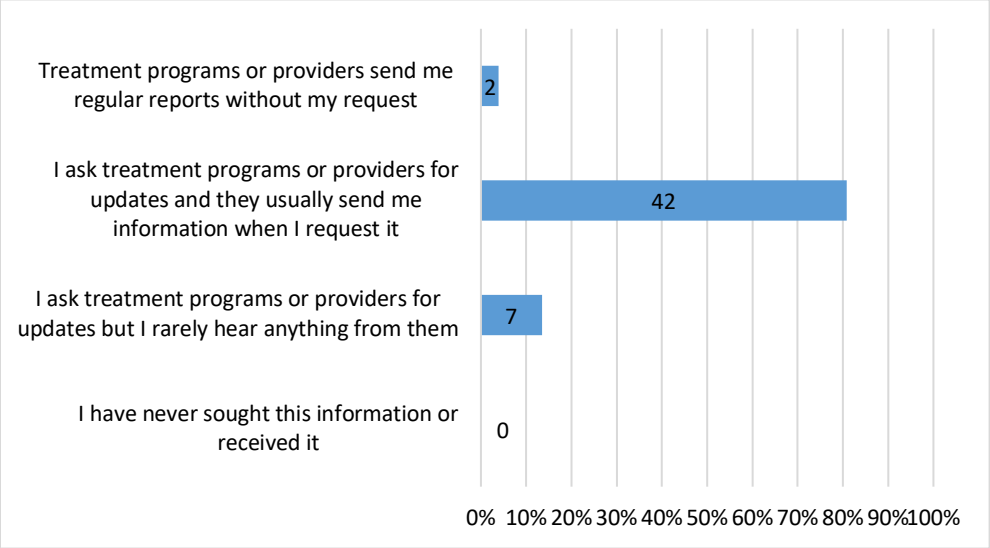
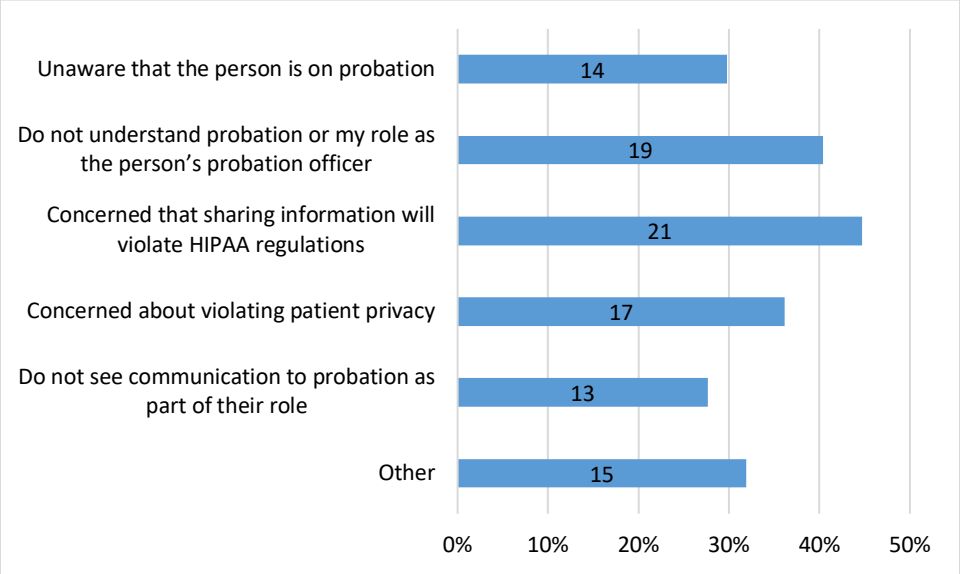


Figure 11. Perceptions About How Probation Officers Receive Information from Treatment Providers



When asked why providers might be reluctant to provide information to probation officers, respondents perceived that the most common reasons were concern that sharing information would violate HIPAA or patient privacy, and a sense that treatment providers did not understand the role of probation officers (Figure 12). Those who selected "Other" as their response cited the heavy workloads of treatment providers, which resulted in providers not having the time to send information or forgetting to do so, as well as treatment providers having negative perceptions about probation officers, including concern about getting the person on probation "in trouble" or beliefs that probation officers will impede treatment. It should be noted that because this question permitted multiple answers, probation officers most frequently selected three or four reasons. As one probation officer put it, "I think it is a mixed bag of all the above answers, but also the perception is the 'PO is out to get the client' and [that treatment providers] don't understand the role we play."

Figure 12. Perceptions About Why Treatment Providers Might be Reluctant to Share Information with Probation Officers



Thus, this series of questions revealed a tension with regard to probation and health. Probation often involves conditions that require people on probation to attend and complete treatment programs. Probation officers, see it as their role to monitor the person's progress with treatment conditions, and in fact, deem it very important to essential to their ability to provide effective supervision to have such information. If the probation officer role is viewed as surveillance, then it could be argued that their receipt of information about the person's attendance and completion of treatment invades the individual's privacy with regard to treatment. However, the probation officers' desire for knowledge and information coupled with the earlier finding about the rehabilitative attitude of most probation officers who responded to this survey indicates that the desire for information is more likely motivated by a desire to help the person succeed in treatment.

Health in the Context of Probation Non-Compliance

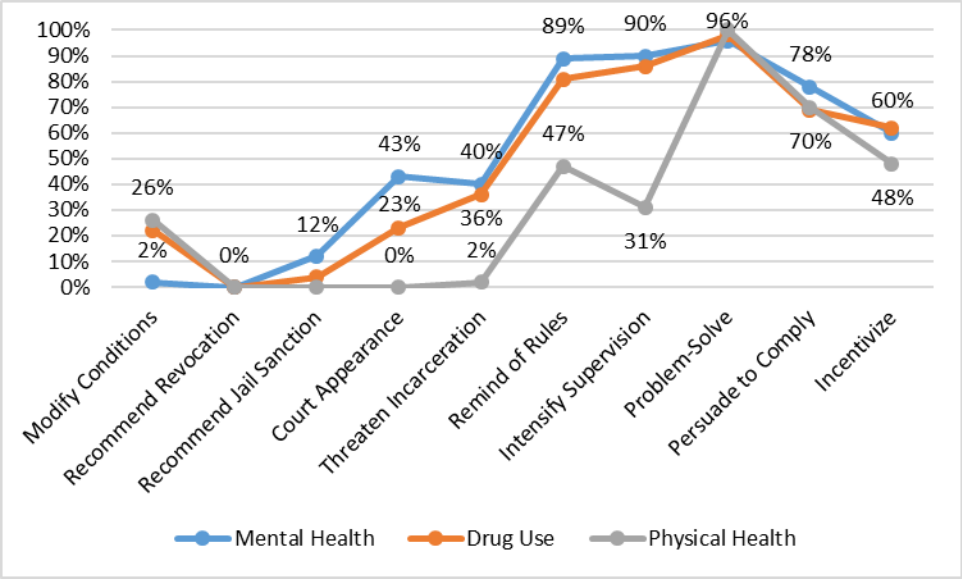
As a final way of exploring the relationship between probation and health, probation officers were asked to respond to three vignettes designed to survey participants on how they would respond to non-compliance related to three types of health: mental health, substance use, and physical health. The vignettes were written with the assistance of our probation officer advisor to capture realistic situations and responses available to Hennepin probation officers. In the first vignette, the person on probation was not taking their prescription medication and missed three mental health appointments. The second vignette described a client who missed two urinary analyses (UAs) and a probation meeting and then tested positive for opiates in a subsequent UA. In the third vignette, the client could not maintain a job for more than a couple weeks and claimed to have back pain severe enough where he sometimes could not get out of bed. For each vignette, respondents were asked how likely they were to take ten listed actions and were then asked which two actions were most likely as a response to the violation(s) in the vignette.[3] The actions included:

[3] The vignettes in this survey were modeled after similar vignettes created and published by Skeem et al. (2006) with the authors' permission.

1. File a modification request with the court to remove the condition the person was not complying with.
2. File a probation violation and ask the judge to revoke probation.
3. File a probation violation and request that the judge order a short jail sanction.
4. Bring the person into court to convey the importance of complying with the probation condition.
5. Threaten jail time if the person did not comply with the condition.
6. Review the rules of probation, including the rule the person was not complying with.
7. Increase the intensity of supervision by having the person on probation meet with the probation officer more often.
8. Engage in a problem-solving discussion to determine a way for the probationer to come into compliance with the condition.
9. Persuade the person that coming into compliance with the condition would improve their situation.
10. Incentivize the person by explaining that if they came into compliance with the condition they might be able to reduce supervision visits and get off probation early.

A full detail of the responses to the vignettes is included in Appendix B. For ease of discussion, in Figure 13, the percentages of respondents who answered that the response would be likely or highly likely were combined to gain a comparative picture of how responses were similar or different across the three vignettes. Interestingly, the likely responses were very similar for the vignettes related to mental health and drug use, but differed for the vignette involving a physical health issue.

Figure 13. Comparison of Combined Likely and Highly Likely Responses Across Vignettes



None of the respondents were likely to recommend revocation for the three vignettes, but almost all indicated that they would engage in a problem-solving discussion to find a way for the person on probation to come into compliance with the condition. For the mental health and drug use vignettes, other likely responses included reminding the person of the rules, intensifying supervision, and persuading the person to comply with the non-compliant condition. For the physical health vignette, responses were much more mixed, but after problem-solving, the use of persuasion was the next most

likely response. Unlike the mental health and substance use vignettes, far fewer probation officers said they would increase the intensity of supervision in the physical health vignette.

A good proportion of probation officers said they were likely to utilize either a court appearance to impress upon the person the importance of complying with the condition or the threat of incarceration. But these tactics were only likely for the mental health and drug use vignettes, and interestingly, they were more likely in the mental health vignette. There, 43% of respondents were likely to use a court appearance in the mental health vignette compared to just 23% in the drug use vignette. But the percentages were more similar for the tactic of threatening incarceration, with 40% saying they would use it in the mental health vignette and 36% saying they would use it in the drug use vignette. Almost no one said they would use these responses in the physical health vignette

For the mental health and drug use vignettes, when probation officers were asked to pick just two options, about two-thirds (65% and 69%, respectively) of respondents said they would increase supervision and have a problem-solving discussion with the person on probation. For the physical health vignette, when asked to pick two responses, the problem solving discussion was chosen by 98% of respondents but the second choice was more mixed with the most common being persuasion to comply, incentivizing compliance, and requesting modification of probation conditions.

Thus, comparing the responses in all three vignettes, it appears that probation officers tend to respond with options that pair increased accountability through more frequent supervision along with a low-level intervention such as a problem-solving discussion about ways to get into compliance with the condition or persuading the person on probation that complying with the condition will be beneficial to them. These responses reflect other areas of the survey such as the ATRP scale that indicated probation officers tend to believe rehabilitative techniques are effective while punitive techniques are not. However, a significant number of probation officers also noted that they may take clients to court or threaten jail, which are both more retributive actions. This indicates that while officers may not generally favor punitive measures, they feel that the threat of such measures is a useful tool. Further analyses show that having people on probation go to jail or appear in court was significantly more common for officers with problem-solving court or domestic violence caseloads. The third vignette involving physical health garnered slightly more varied opinions on responses than did the first two. This may indicate that officers are less sure on decisions related to physical health, which parallels other areas of the survey where respondents were less clear on the effectiveness of physical health providers and on how important knowledge of physical health was to their job. Alternatively, the variations in responses may have resulted more from the fact that the condition violated was the requirement to maintain employment, and probation officers may have felt more reluctance to enforce that condition compared to others that they may have intuitively thought tied more directly to public safety.

Discussion and Recommendations

This survey explored the relationship between probation and health by examining probation officers' perceptions about the health of people on probation and how probation officers perceived their role with regard to health. In this section, we discuss some of the main areas identified in the report and potential solutions. In some cases, the proposed recommendations are actions that can be taken within DOCCCR. But as further discussed below, addressing some issues will require greater integration with other social and health and welfare services provided at the county level, and thus will require county-level integration.

In general, probation officers perceived that the health of people on probation was worse than that of the general public, and that people on probation tended to access emergency care more often than preventive care. Most thought this stemmed in part from a lack of insurance. Thus, an initial recommendation is to assess people on probation for health insurance coverage and assist those who do not have insurance in obtaining it. Many also perceived that the lack of primary care was due in part to poverty, which resulted in people lacking money to pay for services, transportation, or the ability to take time away from work to access healthcare. This led to a cycle where people would access care from emergency rooms either because their symptoms had worsened and were serious enough to require attention or because emergency rooms do not turn people away for inability to pay for services and accept people on a walk-in basis. A second recommendation then, is for the county to provide opportunities for people on probation to access routine medical care, such as working with medical providers to schedule clinics in or near facilities where people on probation are meeting with probation officers. As discussed more fully below, a third recommendation is to work to break down barriers to accessing healthcare.

There seemed to be a divide in knowledge and perceptions between physical health and mental health or substance use. Probation officers seemed to have a lot of knowledge about the latter areas, but were either unsure or uncomfortable when it came to physical health. A greater number declined to answer questions about the prevalence of physical health issues, about half were neutral as to whether physical health providers were effective, and responses to the vignette involving back pain varied from the responses given for the vignettes involving mental health and substance use issues. This suggests probation officers are less comfortable in dealing with physical health issues. They seem to be aware that some people on probation have physical health issues, but may not know what to do to help a person address them. In some ways, this makes sense because mental health and substance use issues are often directly addressed by probation conditions, and it is the probation officer's job to enforce those conditions. But while physical health can indirectly affect a person's ability to comply with probation (e.g., untreated diabetes can result in extreme fatigue, making it difficult to attend required programming or maintain employment), the connection between probation and health may not be as obvious. Thus, probation officers may be less likely to see focusing on the person's health as a good use of their time when interacting with people on probation. For this reason, it is recommended that DOCCCR encourage a "whole person" approach for probation officers that emphasizes the influences of mental *and* physical health on probation progress and success, and work to develop actions probation officers can take when they suspect a client may have a physical health issue.

When a person is sentenced to supervised probation in Minnesota, the court will generally assign probation conditions, which are requirements the individual must fulfill or comply with while on probation. Some conditions require "treatment," which in this sense was likely understood by survey respondents to refer to programming that people on probation were ordered to attend and complete as a condition of probation rather than a course of treatment for a medical condition from a physician or other medical provider. Probation officers noted that it is very important to have information about a person's attendance, progress, and completion of treatment programs, but most also indicated that they have to actively seek out such information, and that treatment providers may be hesitant to provide such information due to a concern for the privacy of the individual, HIPPA regulations, or a lack of understanding about the probation officer's role. Non-attendance can sometimes be a signal that a program that is a bad fit for the individual or it can signal that other issues in the person's life are creating barriers to their attendance. In both cases, probation officers may need more information in order to determine next steps with the individual, but not necessarily to violate the person for failing to complete a condition of probation. Thus, a recommendation is to open a dialogue with treatment

providers about how best to keep probation officers informed about a person's attendance, progress, and completion of court-ordered treatment programs without upsetting the provider's relationship with the person on probation or placing the person at risk of incarceration for a health problem. Opening this dialogue can help both sides determine whether and how such information could be used to further the success of a person on probation.

Finally, probation officers identified multiple barriers their clients faced in completing court-ordered treatment or programming, including lack of transportation, employment conditions (e.g., variable work schedules), lack of insurance, and lack of childcare. Thus, the recommendations are aimed at breaking down such barriers. Specifically, the recommendations are to: (1) provide transportation services to probationers to attend court-ordered treatment; (2) assist people on probation in obtaining insurance to cover the costs of some treatment programs; (3) work with court-ordered treatment providers to offer services at multiple times or in multiple formats to facilitate attendance by people who have variable work schedules or who would otherwise have to take time off from work to attend; and (4) work with court-ordered treatment providers to offer childcare or locate these services in public buildings where the county can offer such services.

Many of the barriers to attending and completing court-ordered treatment are the same barriers identified as interfering with the ability of people on probation to access routine medical care. Thus, finding ways to address the barriers to court-ordered treatment or programming could also serve to address some of the barriers to obtaining preventive care. If the county can provide transportation to treatment programs, for example, perhaps it can double up and provide access to healthcare at the same location, or provide transportation to medical clinics through a similar program. If the county can work with treatment providers (i.e., though the contracting process) to provide programming or sessions at variable hours to meet the needs of people with variable work schedule, perhaps it can work with healthcare providers to provide clinics at more convenient hours (i.e., evenings and weekends) so people have more flexibility in accessing care and can forego the emergency room.

This survey has demonstrated that probation officers are well aware of the health issues of people on probation. In some instances, health issues such as substance use and mental health are the subject of probation conditions, which probation officers are directly tasked with enforcing. In those instances, probation officers are directly involved in the connection between probation and health, but the tools they have to intervene are supervision-focused, so failure to comply with those conditions are typically responded to with increased supervision and problem-solving discussions rather than increased access to healthcare. The recommendations in this report suggest that there may be ways for Hennepin County to better integrate social and health and welfare services to allow probation officers to connect people on probation with resources to directly address their health needs such as assistance in obtaining insurance, providing transportation to attend treatment or obtain medical care, or co-locating medical clinics in or near locations where people on probation meet with their probation officers.

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Appendix A

Table A-1. Response to Questions on Attitudes Towards Rehabilitation and Punishment (ATRP) Scale
Scale Source: National Criminal Justice Treatment Practices Survey (Taxman, et al., 2007).

The best way to reduce crime is…						
	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Total
a. Show people who use drugs they will be punished severely if they don't stop	0 (0%)	0 (0%)	7 (13%)	23 (44%)	22 (42%)	52
b. Make sure criminals get effective treatment for addictions and other problems while they're in prison/jail, or on supervision in the community	33 (62%)	18 (34%)	1 (2%)	0 (0%)	1 (2%)	53
c. Keep criminals in prison/jail and off the streets	0 (0%)	6 (12%)	13 (25%)	18 (35%)	15 (29%)	52
d. Use the "eye for an eye, tooth for a tooth" principle	0 (0%)	0 (0%)	6 (12%)	18 (35%)	28 (54%)	52
e. Deter future offenders by severely punishing criminals who are caught and convicted	0 (0%)	1 (2%)	12 (23%)	19 (36%)	21 (40%)	53
f. Provide criminals with treatment to address addiction, mental health problems, or other problems	38 (72%)	14 (26%)	0 (0%)	0 (0%)	1 (2%)	53
g. Make sure that the treatment provided is matched to the offender's needs	41 (77%)	11 (21%)	0 (0%)	0 (0%)	1 (2%)	53
h. Keep criminals in prison/jail where they can't bother law abiding citizens	0 (0%)	3 (6%)	13 (25%)	17 (33%)	19 (37%)	52
i. Provide more treatment, jobs, and educational programs to address problems that often contribute to crime	34 (65%)	16 (31%)	0 (0%)	1 (2%)	1 (2%)	52
j. Keep drug users in prison/jail and off the streets	0 (0%)	3 (6%)	8 (15%)	23 (43%)	19 (36%)	53
k. Punish addicts in prison/jail to stop them from using drugs	1 (2%)	1 (2%)	11 (21%)	17 (32%)	23 (43%)	53
l. Deter future criminal by severely punishing drug users who are caught and convicted	0 (0%)	2 (4%)	12 (23%)	14 (26%)	25 (47%)	53
Rehabilitation subscale (b,f,g,i) *Deterrence subscale (a,e,l)* *Incapacitation subscale (c,h,j)* *Just deserts subscale (d,k)* *Traditional sanctions subscale (deterrence, incapacitation, and just deserts)* *Drug user - traditional sanctions subscale (a,j,k,l)* *Criminals - traditional sanctions subscale (c,e,h,d)*						

Appendix B

Reponses to vignettes about probation violation behavior relating to health issues.

Table A-2: Vignette 1 Responses

	Highly Likely	Likely	Neither Likely or Unlikely	Unlikely	Highly Unlikely	Total
File a probation modification request with the court to remove the requirement that Anthony attend mental health treatment.	0 (0%)	1 (2%)	1 (2%)	7 (14%)	40 (82%)	49
File a probation violation and ask the judge to revoke probation and send Anthony to prison.	0 (0%)	0 (0%)	2 (4%)	17 (35%)	30 (61%)	49
File a probation violation and request that the judge order a short jail stay.	1 (2%)	5 (10%)	4 (8%)	21 (43%)	18 (37%)	49
Bring Anthony in for a court appearance to convey that treatment noncompliance is a serious violation that could, if it continues, result in revocation.	7 (14%)	14 (29%)	8 (16%)	11 (22%)	9 (18%)	49
Tell Anthony that if he doesn't start taking his prescribed medication and attending his treatment appointments, he's going to end up back in jail.	8 (16%)	12 (24%)	12 (24%)	7 (14%)	10 (20%)	49
Review the rules of probation, including the special condition that Anthony participate in treatment.	17 (35%)	26 (54%)	4 (8%)	1 (2%)	0 (0%)	48
Increase the intensity of supervision by asking Anthony to meet with you more often and checking his treatment compliance more closely.	27 (55%)	17 (35%)	4 (8%)	0 (0%)	1 (2%)	49
Talk with Anthony to identify any obstacles to compliance (like medication side effects or transportation problems), resolve these problems, and agree on a compliance plan.	33 (67%)	14 (29%)	0 (0%)	1 (2%)	1 (2%)	49
Talk with Anthony to persuade him that taking medication and going to appointments will help him feel better and stay out of trouble.	20 (41%)	18 (37%)	6 (12%)	3 (6%)	2 (4%)	49
Tell Anthony that if he took his prescribed medication, attended his appointments, and obeyed the other conditions of probation, he wouldn't have to meet with you as often and might even get off probation early.	12 (25%)	17 (35%)	8 (17%)	6 (13%)	5 (10%)	48

Table A-3: Vignette 2 Responses

	Highly Likely	Likely	Neither Likely or Unlikely	Unlikely	Highly Unlikely	Total
File a probation modification request with the court to permit Sean to continue to use his opioid medication if he has a valid prescription for it.	4 (9%)	6 (13%)	10 (21%)	8 (17%)	19 (40%)	47
File a probation violation and ask the judge to revoke probation and send Sean to prison.	0 (0%)	0 (0%)	0 (0%)	12 (26%)	35 (74%)	47
File a probation violation and request that the judge order a short jail stay.	1 (2%)	1 (2%)	4 (9%)	16 (34%)	25 (53%)	47
Bring Sean in for a court appearance to convey that taking opioids, missing UAs, and failing to show for probation appointments are serious violations that could result in revocation.	5 (10%)	6 (13%)	7 (15%)	14 (29%)	16 (33%)	48
Tell Sean that if he continues to use opioids and miss his UAs and probation appointments, he's going to end up back in jail.	6 (13%)	11 (23%)	8 (17%)	13 (27%)	10 (21%)	48
Review the rules of probation, including the conditions that Sean refrain from using drugs, submit to UAs, and attend probation appointments.	14 (29%)	25 (52%)	3 (6%)	3 (6%)	3 (6%)	48
Increase the intensity of supervision by asking Sean meet with you more often and submit to more frequent UAs.	20 (42%)	21 (44%)	4 (8%)	3 (6%)	0 (0%)	48
Talk with Sean to identify whether he has a valid opioid prescription, and if so, inquire more about why he needs that medication so that you can develop a plan for coming into compliance with the condition that he not use drugs.	31 (65%)	16 (33%)	0 (0%)	1 (2%)	0 (0%)	48
Talk with Sean to persuade him that refraining from using drugs and submitting to UAs will help him stay out of trouble.	12 (26%)	20 (43%)	9 (20%)	3 (7%)	2 (4%)	46
Tell Sean that if he refrained from drug use, submitted to the UAs as requested, attended his appointments, and obeyed the other conditions of probation, he wouldn't have to meet with you as often and might even get off probation early.	9 (19%)	20 (43%)	8 (17%)	3 (6%)	7 (15%)	47

Table A-4: Vignette 3 Responses

	Highly Likely	Likely	Neither Likely or Unlikely	Unlikely	Highly Unlikely	Total
File a probation modification request with the court asking to remove the requirement to maintain employment because Brandon's health condition prevents him from working.	2 (4%)	10 (22%)	12 (27%)	5 (11%)	16 (36%)	45
File a probation violation and ask the judge to revoke probation and send Brandon to prison.	0 (0%)	0 (0%)	0 (0%)	4 (9%)	42 (91%)	46
File a probation violation and request that the judge order a short jail stay.	0 (0%)	0 (0%)	1 (2%)	6 (13%)	39 (85%)	46
Bring Brandon in for a court appearance to convey that maintaining employment is a serious violation that could, if it continues, result in revocation.	0 (0%)	3 (7%)	1 (2%)	6 (13%)	36 (78%)	46
Tell Brandon that if he doesn't find some form of employment, he's going to end up back in jail.	0 (0%)	1 (2%)	3 (7%)	13 (28%)	29 (63%)	46
Review the rules of probation, including the special condition that Brandon maintain employment.	2 (4%)	20 (43%)	7 (15%)	8 (17%)	9 (20%)	46
Increase the intensity of supervision by having Brandon meet with you more often to discuss his job search.	3 (7%)	11 (24%)	10 (22%)	12 (26%)	10 (22%)	46
Talk with Brandon about going to see a doctor for his back pain and to find out what types of work he can do with this condition, help him address any barriers to seeing a doctor, and come up with a plan for reaching compliance with the condition.	33 (70%)	14 (30%)	0 (0%)	0 (0%)	0 (0%)	47
Talk with Brandon to persuade him that going to see a doctor about his back pain will help him feel better and eventually get a job so that he can comply with the condition.	18 (38%)	15 (32%)	9 (19%)	2 (4%)	3 (6%)	47
Tell Brandon that if he addressed his back pain, got a job, and obeyed the other conditions of probation, he wouldn't have to meet with you as often and might even get off probation early.	6 (13%)	16 (35%)	9 (20%)	6 (13%)	9 (20%)	46