**30-minute Presentation**

**Title:** Examining Variation in Service Provider Networks among Rural and Urban Probation Officers

**Abstract**

Specialty mental health probation (SMHP) is a cross-agency intervention that relies on probation officers’ relationships with providers to enhance mental health services engagement among probationers with mental illnesses; however, there is little research about variation in officer-provider relationships and how variation in these relationships may impact the implementation of interventions such as SMHP. Here, we use officer network data from rural and urban counties in a southeastern state to examine officer-provider relationships. Results indicate that there were more potential providers and types of services in the urban county but no difference in the median number of providers between rural versus urban officer networks. Findings suggest geographic region may impact provider density and type but may not have an effect on the size of officer networks.

**Learning Objectives**

1. Participants will learn about one supervision model for adults on probation who have mental illnesses and the evidence that supports this approach
2. Participants will learn about the importance of officers’ resource provider networks in implementing this model and strategies used to enhance these networks
3. Participants will learn about how officer-provider networks vary by officer and by rural and urban jurisdictions

**Rationale/Importance**

Specialty mental health probation (SMHP) has proliferated as a promising strategy to supervising adults on probation who have mental illnesses. Five key elements characterize SMHP: (a) caseloads consisting exclusively of probationers with mental illnesses; (b) reduced caseload size; (c) ongoing mental health training for officers; (d) a problem-solving supervision orientation; and (e) collaboration with community-based providers. Despite the fact that SMHP is a probation intervention, taken together, the components of SMHP render it a cross-agency intervention. One component in particular – enhancing collaboration with local behavioral health providers and other community resources – underscores that the success of SMHP is inextricably linked to the availability, accessibility, and coordination among local mental health agencies and other resource providers.

For SMHP, its dependence on community-based behavioral health services and resources has important implications for its outcomes in that poor SMHP outcomes may be a reflection of poor implementation – i.e., officers may not be collaborating and interacting with external resources – rather than the efficacy of the intervention itself. In this context, a major limitation of previous efficacy and effectiveness studies of SMHP that examine mental health and criminal justice outcomes is that these studies do not account for the degree to which probation officers interface with the resource networks of their probationers with mental illnesses.

**Session Content and How Participants will be involved**

Individuals will participate by (a) engaging in discussion questions; (b) interpreting data visualizations; (c) reflecting on prompts related to service provider and probation officer interactions in their states/jurisdictions; and (d) asking questions during Q&A.

**Session Outline**

1. Background and justification (5 min)
   a. Prevalence of mental illness among those on probation
   b. Specialty mental health probation and its five core components
   c. State of the existing research
   d. Reliance on external resource networks as a central factors impacting implementation

2. Study Methods (5 min)
a. Sample
b. The two county context - description of relevant county-level factors

3. Results and Implications (10 min)
a. Trends across probation officers
b. Trends across urban and rural setting
c. Other implementation indicators and how these may relate to officer-provider networks
d. Implications for correctional health approaches

4. Questions (10 min)