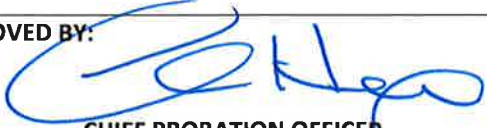


<p align="center">SOLANO COUNTY CALIFORNIA PROBATION DEPARTMENT</p>	<p>POLICY NUMBER:</p> <p align="center">103</p>	<p>EFFECTIVE DATE:</p> <p align="center">January 28, 2019</p>
	<p>SUPERSEDES:</p> <p align="center">May 1, 2014</p>	
<p>APPROVED BY:</p>  <p align="center">CHIEF PROBATION OFFICER</p>	<p>TITLE:</p> <p align="center">ADULT PROBATION MENTAL HEALTH PROBATION OFFICER</p>	

1. **Policy** – The Solano County Probation Department shall establish a Mental Health Probation Officer(s) to provide supervision for selected clients with identified mental health disorders. This officer will work collaboratively with an embedded Mental Health Clinician(s) to ensure client access to services for psychiatric and co-occurring disorders.

2. **Definitions** – (*Attachment A*)

3. **Procedures**
 - A. **Eligibility**
 - (1) Placement of a client on the caseload of a Mental Health Probation Officer (MHO) shall normally occur based on a clinical evaluation and the recommendation of a licensed Mental Health Clinician (MHC).

 - (2) Clients who have not received a current clinical evaluation as having a mental health disorder may be eligible for referral to the MHO's caseload based on the following:
 - a. A history and pattern of violence and behavior linked to possible mental illness.
 - b. A recent psychiatric hospitalization due to abnormal behavior.
 - c. A pattern of non-compliance taking medications prescribed to treat mental illness.
 - d. A pattern of behavior that indicates the client may be experiencing a mental health disorder.
 - e. The client is presently undergoing mental health treatment.
 - f. A score of 6 or more for men and 5 or more for women on the Correctional Mental Health Screen (CMHS).
 - g. A raw score of 15 or more on the mood scale of the Adult Substance Use Survey (ASUS-R).

B. Exclusions – Sex offender cases as defined by P-104, Sex Offender Supervision shall not be referred to a MHO caseload unless the client has completed sex offender treatment.

C. Case Referral

- (1) Cases shall normally be referred by the supervision Deputy Probation Officer (DPO) by completing pages 1 and 2 of the Mental Health Caseload Referral Form (Attachment B) and documenting the reason for the referral in the Case Management System (CMS) currently CASE.
- (2) The completed Form, along with any additional documentation (e.g., the CMHS or ASUS-R) shall be forwarded to the identified embedded Mental Health Clinician.
- (3) Upon receipt of the referral, the MHC shall review the case and if warranted, conduct a Clinical Evaluation / Assessment. The results of the MHC review shall be recorded on the appropriate section of the Form (Attachment B).
- (4) If placement on the MHO caseload is not recommended by the MHC, the MHC shall return the Form to the referring DPO with the MHC's recommendation and record the MHC's recommendation in the CMS.
- (5) If the MHC is recommending placement on the MHO caseload, the MHC shall meet with the MHO and MHO's supervisor to decide whether the client will be placed on the MHO's caseload. The MHC shall notify the referring DPO of the decision and provide them with a copy of the completed Form, and record the decision in the CMS.

D. Supervision Standards

- (1) The MHO shall normally have a caseload of no more than 30 mental health clients.
- (2) The MHO shall adhere to the following supervision standards for all mental health assigned cases despite their LS/CMI assessed risk level:
 - a. Prior to the first supervision meeting with the client, review the client's file, any evaluation for mental health services, current mental health records, as well as any other relevant and available reports.
 - b. When possible meet with the client within 5 business days of being assigned the case. The initial supervision contact shall normally be in the probation office and the MHO shall follow as close as possible the MHO Initial Face-to-Face Contact Guide (Attachment C).
 - c. Have a minimum of three (3) face-to-face contacts with the client per month. When possible and appropriate, at least one (1) of these

contacts should occur in the home every 60 days and at a time when family members or significant others can be present.

- d. Have a minimum of one (1) collateral contact per month with persons or agencies providing mental health treatment to the client. As applicable, this contact should include a review of the following:
 - i. Adherence to treatment
 - ii. Progress in treatment
 - iii. Concerns of the treatment provider and/or MHO
 - iv. Behavioral changes noticed
 - v. Substance abuse issues
 - vi. Medications prescribed and compliance
 - vii. Changes in diagnosis
- e. After the first 4 months of supervision, if the MHO determines that sufficient progress has been made and the client's mental health is stable, the minimum number of face-to-face contacts may be reduced to two (2) per month. After the first 8 months, the minimum number of monthly face-to-face contacts may, upon approval of the SDPO be reduced to one (1). Input from the mental health treatment provider shall be taken into consideration prior to reducing the face-to-face contacts. The reason for the reduction in the monthly face-to-face contacts shall be documented in the CMS.

(3) My Change Plan (CP)

- a. Unless already completed by the referring supervision DPO, all cases classified as Level 4, 3, or 2 in accordance with P-100 Adult Probation Case Classification and Supervision, whether through the assessment or override process, shall have a CP, (Attachment D), that addresses the identified client's needs completed by the MHO.
- b. The creation of the CP should when possible, be a collaborative effort between the MHO and the client. When developing the initial CP the MHO shall as close as possible, follow the Change Planning Guide (Attachment E).
- c. When developing the initial CP, the client's assessed needs, Court ordered treatment, recognition of their self-identified need areas, and personal motivation and mental capabilities should be taken into consideration.
- d. When developing and updating the CP, realistic client goals/objectives shall be established along with the incremental achievable steps/activities that need to be taken to reach the goal/objective. Based upon the client's mental capability and motivation, not all assessed needs may be able to be addressed when developing the initial CP. To

assist in the change planning process and in developing the CP, the MHO should review the suggested goals, objectives, and possible activities for each of the client's assessed needs, which are contained in the Adult Probation My Change Plan Guide (**Attachment F**). Some of the listed activities may be too difficult for a client suffering from a mental health disorder to complete.

- e. A separate CP shall be designed for each need area the client is working on, signed by the client and the MHO, with the client provided a copy.
- f. Once a CP is created, the MHO shall normally discuss the client's progress toward achieving the established goals/objectives and steps/activities during each supervision meeting, and provide positive reinforcement and assistance when appropriate.
- g. During the term of supervision, the MHO, to the extent possible, shall ensure that the client addresses the identified criminogenic need(s) that most directly contribute(s) to their risk of recidivating.
- h. Unless modified by the Court, all Court ordered conditions shall be enforced and/or completed prior to the completion of the client's supervision term.

(4) Treatment Referrals

- a. The MHO shall make every effort to ensure that the client in accordance with their CP begins treatment as soon as possible.
- b. Upon confirmation by the treatment provider that the referral has been accepted, the MHO shall ensure that the client is aware of the treatment start date.
- c. The MHO shall collaborate with the treatment provider to support the client in starting and successfully completing the treatment.

(5) One-on-One Supervision Tools

- a. In addition to referring a client to formal treatment, the MHO should work with the client to promote positive behavior change during client face-to-face contacts.
- b. The MHO shall be trained in the use of selected one-on-one supervision tools.
- c. Based upon the client's assessments the MHO shall when appropriate, select the applicable tool or tools to help facilitate the client to address their identified needs.

- d. The MHO shall refer to the Adult Probation Criminogenic Needs Interventions and Program Referral Guidelines (**Attachment G**) to help guide them in selecting the appropriate tool(s).
 - (6) **General Face-to-Face Contacts** – Upon completion of the CP, the MHO when meeting with the client, shall as close as possible follow the applicable steps contained in the General Face-to-Face Contact Guide, (**Attachment H**).
 - E. Transition of a mental health client to a regular probation caseload shall be based upon progress toward completion the CP. The following guidelines may be indicators that the client can be transitioned to a regular caseload:
 - (1) The client has successfully completed or is actively participating in mental health treatment.
 - (2) The client has stable housing and is employed or actively seeking employment.
 - (3) The client is not currently abusing drugs to the MHO's knowledge.
 - (4) The client is attending probation supervision meetings to the satisfaction of the MHO.
 - (5) The MHO is obtaining positive information from treatment providers and other collateral contacts that indicate progress.
 - (6) When applicable, the client has demonstrated a history of taking their prescribed medications.
 - F. Following the transfer of a case to a supervision DPO, the MHO shall discuss with the receiving DPO the client's mental health disorder, co-occurring disorders, overall progress, medication and compliance, CP goals and other salient factors related to stabilization and recidivism reduction.
 - G. The procedures set forth in P-100 Adult Probation Case Classification and Supervision shall not apply to the MHO with the exception of Section 3.A., E.(1), (2); F.(1), e.; G. and H.
4. **Exceptions** Any exceptions to the provisions set forth in this policy shall require prior written approval from the Chief Probation Officer.