

ENHANCING TRIBAL PROBATION: MENTAL HEALTH

Guiding Principles for Tribal Probation Officers



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SUPERVISING INDIVIDUALS WITH MENTAL HEALTH CONDITIONS

The number of justice-involved individuals with mental health conditions has increased substantially over the last ten years.[1] A 2017 report by the Bureau of Justice Statistics found that 37-44 percent of incarcerated individuals have been told by a health professional that they have a mental health disorder.[2] The justice system has become the country's largest provider of mental health services, and there are currently more than three times the number of individuals with mental health conditions in prisons and jails than in psychiatric hospitals.[3] Yet studies show that only one-third of inmates with a mental health condition will receive treatment while incarcerated.[4] Many of these individuals are released to the supervision of parole or probation officers who have high caseloads and often lack the training needed to identify and support individuals with mental health conditions.

Despite the overrepresentation of individuals with mental health conditions in the justice system, mental health is not a strong predictor of criminal behavior or violence. In fact, individuals with mental health conditions are more likely to be the victim of a violent crime than to perpetrate one.[5] Yet, individuals with mental health conditions are arrested at higher rates, held longer in pretrial detention, serve longer sentences, and when placed on probation, are twice as likely to have their probation revoked for violations.[6] It is essential that tribal probation officers learn evidence-based practices to support probationers with mental health conditions in order to increase the likelihood of their success.

[1] Robert Morgan et al., "Treating Offenders with Mental Illness: A Research Synthesis," *Law of Human Behavior*, (2012): 36 (1): 37-50. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3266968/>.

[2] Jennifer Bronson and Marcus Berzofsky, "Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates," U.S. Department of Justice Bureau of Justice Statistics (2017): 1. <https://www.bjs.gov/content/pub/pdf/imhprpji1112.pdf>.

[3] Office of Research and Public Affairs, "Serious Mental Illness Prevalence in Jails and Prisons," Treatment Advocacy Center (2016): 2. <https://www.treatmentadvocacycenter.org/storage/documents/backgrounders/smi-in-jails-and-prisons.pdf>.

[4] "New Government Report Points to continuing mental health crisis in prisons and jails," Prison Policy Initiative, accessed January 13, 2021. https://www.prisonpolicy.org/blog/2017/06/22/mental_health/.

[5] "Mental Health Myth and Facts," Mental Health.gov, accessed January 13, 2021. <https://www.mentalhealth.gov/basics/mental-health-myths-facts>.

[6] Nancy Wolff et al., "Mental Health Specialized Caseloads: Are they Effective?" *International Journal of Law and Psychiatry*, 37 (2014): 464-472. <https://isiarticles.com/bundles/Article/pre/pdf/30960.pdf>.



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Successfully supervising individuals with mental health conditions requires probation officers to navigate a difficult balance between overseeing compliance and supporting individuals in their journey to wellness. It is important to keep in mind that wellness is more than just eliminating symptoms. Wellness involves helping the probationer develop increased capacity to make the changes they want in their life—to identify and accomplish their own goals.

There are specific practices that can improve the ability of tribal probation departments to prevent reoffending while supporting the wellness of probationers with mental health conditions. This document outlines key principles and strategies and highlights opportunities to integrate culturally-specific practices and teachings to support probationers journey to wellness.

1. DESIGNATE SPECIALIZED PROBATION OFFICERS

Probation departments should designate specific, specially-trained staff to supervise individuals with mental health disorders. There are numerous mental health diagnoses that present in different ways and require different responses. Moreover, these individuals often require more time and attention to supervise effectively. Without proper training and adequate time to develop the supervisory relationship, probation officers may mistake symptoms of mental illness for willful non-compliance. Worse, a probation officer can unintentionally exacerbate a person’s mental health symptoms by interacting with them in ways that are clinically improper. Therefore, it is critically important that probationer officers receive specialized training for supervising and supporting probationers with mental illness and that only trained probationer officers supervise these individuals.[7]

Research has shown a specialized probation approach, in which specially-trained probation officers are given reduced caseloads, can significantly reduce future recidivism.[8] A recent study revealed that 29 percent of individuals on specialty probation were rearrested after a two-year period,

[7] Probationers may also have undiagnosed mental health disorders, and may have co-occurring substance use disorders. To identify these issues, all probationers should receive a comprehensive assessment of mental and behavioral health needs upon intake.

[8] Jennifer L. Skeem, Sarah Manchak, and Lina Montoya, “Comparing Public Safety Outcomes for Traditional Probation vs. Specialty Mental Health Probation,” 74 no. 9 (2017) 942-948. <https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2647078>; See also, note 6 above, Nancy Wolff et al.



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compared with 52 percent of individuals with mental health conditions on regular probation.[9] Specialty probation officers were also more likely to have positive relationships with probationers and to use strengths-based compliance strategies. Probationers were also more likely to engage in treatment and more successfully completed probation.

2. PROVIDE MENTAL HEALTH TRAINING

Probation officers who will be assigned to supervise individuals with mental illness should receive specialized training. Given that mental illness is often surrounded by stigma and misinformation, it is important to build foundational knowledge on mental health and learn best practices for supervising and supporting this population. Regular probation practices designed to work with individuals without mental health conditions may not be appropriate or effective for those with mental health conditions. Training should include understanding different forms of mental illness, recognizing signs and symptoms, supporting client engagement with services, responding to co-occurring disorders, and understanding the relationship between mental illness and criminal justice involvement. Mental Health First Aid, for example, is a nationally-available curriculum that teaches the signs and symptoms of mental health conditions as well as skills for assessing a mental health crisis and connecting individuals to treatment and other supports.[10] Some interventions have been shown to meet the psychiatric needs of probationers and reduce criminogenic risk.[11]

3. USE RISK, NEED, AND RESPONSIVITY PRINCIPLES TO GUIDE CASE PLANNING

Probation case plans should be developed using risk, need, and responsivity (RNR) principles.[12] Each probationer should be assessed at the beginning of their probation term using a validated RNR

[9] Ibid.

[10] "Mental Health First Aid," National Council for Behavioral health, accessed January 13, 2021. <https://www.thenationalcouncil.org/about/mental-health-first-aid/>.

[11] Robert D. Morgan et al., "Treating Offenders with Mental Illness: A Research Synthesis," 36 no. 1 (2012): 37-50. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3266968/>.

[12] "Risk" means the likelihood that the individual will commit a future crime. "Need" refers to the challenges a person may face—like substance misuse, homelessness, or unemployment—that can be addressed with appropriate services, thereby reducing the person's risk level. "Responsivity" means the factors like mental illness, exposure to trauma, language barriers, or cultural factors, that affect how a person may respond to services.



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tool. The person's risk level should be used to determine their supervision plan, with higher-risk individuals receiving more intensive supervision. The need profile should be used to develop a case plan that links the person with services to address issues like substance use disorders, unemployment, and unstable housing. Responsivity factors—like mental illness, exposure to trauma, and cultural needs—can help probation officers and service providers to tailor services so they are most effective for each individual.

It is important to note that mental health is considered a responsivity factor, not a risk factor. [13] Addressing a person's mental health concerns will not necessarily reduce their risk of committing a new crime, as mental illness is not associated with criminality. Instead, taking the person's mental health needs into account can help to ensure that they respond well to treatment and other services and get the maximum possible benefit from them. In other words, connecting appropriate probationers with mental health treatment increases the likelihood that other interventions will be successful. If an RNR assessment indicates that a probationer may have mental health needs, the person should be referred to a behavioral health provider for a more detailed clinical assessment and treatment. Additionally, individuals with serious mental illness (SMI) may have functional limitations that shape case planning and compliance. Probation officers should work closely with behavioral health providers to share information about treatment and provide coordinated support for probationers.

4. COLLABORATE TO DEVELOP A TAILORED SUPERVISION AND TREATMENT PLAN

When supervising a probationer with mental illness, the probation officer should develop the case plan in collaboration with the probationer.[14] This collaborative approach empowers the probationer to help make critical decisions about their supervision and treatment and has been

[13] Merrill Rotter and Amory Carr, "Reducing Criminal Recidivism for Justice-Involved Persons with Mental Illness: Risk/Needs/Responsivity and Cognitive-Behavioral Interventions" SAMSHA's GAINS Center for Behavioral Health and Justice Transformation (2013) 4.

<http://forensiccounselor.org/images/file/ReduceCrimRecidMIRiskNeedsResponCogBehavInter.pdf>.

[14] Seth J. Prins and Fred C. Osher, "Improving Responses to People with Mental Illness: The Essential Elements of Specialized Probation Initiatives," Justice Center, The Council of State Governments (2009): 12.

<https://s3.amazonaws.com/static.nicic.gov/Library/024023.pdf>.



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shown to improve probation outcomes. [15] Probation officers and probationers should discuss the person's understandings of their own mental health, their previous probation and/or treatment experiences, the expectations and role of the probation officer, and the probationer's goals in their journey to wellness. The probationer's preferences should be considered, along with their risk level, criminogenic needs, and responsivity factors, including any functional limitations due to mental illness. Supervision conditions should also be informed by the probationer's ability to understand the responsibilities and expectations that these conditions will carry. Probation officer should work with each probationer to identify any resources the probationer may need and difficulty the probationer may have accessing those resources, such as transportation, health insurance, long waiting periods, lack of appropriate treatment options, and concerns about being stigmatized by family, friends, or community members. If your tribe does not have the specialized mental health services that a probationer needs, consider connecting the person with remote services using telehealth strategies.[16]

5. CONNECT PROBATIONERS TO COMMUNITY SUPPORTS AND CULTURALLY-RELEVANT TREATMENT OPTIONS

Probationers with mental health conditions often benefit from being connected to a range of support systems within the community. Community-based supports can offer opportunities for healing and wellness beyond what formal clinical services provide. Options may include peer-led support groups, mentors, and connection to elders or cultural teachers. Probation officers should also connect probationers with essential services like housing, employment, and educational opportunities, which can act as protective factors to support healing and reduce recidivism, helping probationers break the cycle of reoffending.[17]

[15] Matthew W. Epperson, "Therapeutic Relationship-Building for People on Probation with Serious Mental Illnesses," Policy Research Associates (2019) last updated March 29, 2019. <https://www.prainc.com/therapeutic-relationship-building-people-probation-serious-mental-illnesses/>.

[16] "Teleservices: Happening Now!" Center for Court Innovation (2017).

<https://www.courtinnovation.org/sites/default/files/documents/Teleservices.pdf>.

[17] Eleanor E. Yorkovich, Izetta Hopkins (Lattergrass), and Stuart Rieke, "Health Seeking Behaviors of Native American Indians with Persistent Mental Illness: Completing the Circle," Archives of Psychiatric Nursing, 26 no. 2 (2012): e1-e11.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3314219/>; see also Policy Brief: *Indigenous Harm Reduction = Reducing the Harms of Colonialism* (2019). <http://www.icad-cisd.com/pdf/Publications/Indigenous-Harm-Reduction-Policy-Brief.pdf>.



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Probation officers may also seek guidance from elders and cultural leaders to understand how supervision strategies can be inclusive of traditional and cultural healing practices. Though many probationers prefer to manage their mental health conditions with medication and other formal treatment, others may experience a cultural disconnect with Western approaches to mental health care. These probationers may prefer to seek help from traditional healers who utilize spiritual practices, or to use a blend of the two approaches. Holistic approaches to healing can focus on balancing the mind, body, and spirit in a therapeutic way that allows probationers to connect to their cultural teachings.[18] Treatment practices that have been culturally adapted (through experience, clinical judgment, cultural knowledge, and client feedback) include Cognitive Behavioral Therapy and the Community Reinforcement Approach, among others. Some examples of traditional approaches include ceremonies, peacemaking and healing circles, equine therapy, beading, drum circles, meditations with elders, smudging, sweat lodges, and the canoe journey.[19]

6. IDENTIFY AND ADDRESS BARRIERS TO TREATMENT

American Indians and Alaska Natives (AI/AN) experience psychological distress at a rate 2.5 times higher than the general population.[20] The most common mental health concerns are depression,

[18] Heehyul Moon et al., “Factors Associated with American Indian Mental Health Service Use in Comparison with White Older Adults,” *Journal of Racial and Ethnic Health Disparities*, 5 no. 4 (2018): 847-859.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6121725/>; for more information see also “Mental Health Difficulties,” My Mind, WeRNative, accessed January 13, 2021. <https://wernative.worldsecuresystems.com/my-life/my-mind/mental-health-difficulties>; see also: “Behavioral Health Services for American Indians and Alaska Natives: For Behavioral Health Service Providers, Administrators, and Supervisors – Treatment Improvement Protocol (TIP) 61,” Substance Abuse and Mental Health Services Administration (SAMSHA), last accessed January 13, 2021.

https://store.samhsa.gov/sites/default/files/d7/priv/tip_61_aian_full_document_020419_0.pdf.

[19] Seth J. Prins and Laura Draper, “Improving Outcomes for People with Mental Illness under Community Corrections Supervision: A Guide to Research-Informed Policy and Practice,” Council of State Governments Justice Center (2009).

<https://csgjusticecenter.org/wp-content/uploads/2020/02/Community-Corrections-Research-Guide.pdf>.

[20] “Native and Indigenous Communities and Mental Health,” Mental Health America, accessed January 13, 2021.

<https://www.mhanational.org/issues/native-and-indigenous-communities-and-mental-health>; see also, “Health, United States, 2017: With Special Feature on Mortality,” U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics (2017-2018). [https://www.cdc.gov/nchs/data/17.pdf](https://www.cdc.gov/nchs/data/hus/17.pdf).



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substance use disorder, anxiety, and post-traumatic stress disorder (PTSD). In addition, suicide is the second leading cause of death for AI/AN individuals between the ages of 10 and 34. Despite the clear need for mental health services in tribal communities, many affected individuals choose not to seek treatment or continue treatment once initiated. Barriers to treatment in tribal communities may include a lack of perceived need for treatment, stigma associated with mental health conditions, skepticism regarding the effectiveness of treatment, and a lack of access to appropriate, culturally-relevant treatment.[21] A person with a mental health condition may not feel that treatment is a meaningful option for them if they do not understand mental health issues or available treatment options. Additionally, some tribal probationers may have differing cultural concepts about mental health that do not align with Western diagnostic criteria.[22]

Tribal probation officers should be thoughtful with the language they use to discuss mental health conditions and avoid language that can be stigmatizing. When individuals are defined by their diagnoses, it can become easy to focus only on their mental illness, instead of seeing people holistically as complex, multi-faceted individuals. Use of stigmatizing language can also make probationers feel discriminated against, judged, rejected, and isolated.[23] Probation officers can also use techniques such as Motivational Interviewing, inquiring about a probationer's cultural understandings of mental health, linking probationers to psychoeducation, speaking about past treatment experiences, explaining how common mental health concerns are to encourage probationers to connect to treatment.

7. USE TRAUMA-INFORMED APPROACHES

Tribal probation officers should be trained to understand how exposure to trauma may affect probationers, particularly those with mental illness. Research shows that AI/AN adults suffer more psychological distress that interferes with their daily functioning than the general population, in part

[21] Ramin Mjtabai et al., "Barriers to Mental Health Treatment: Results from the National Comorbidity Survey Replication (NCS-R)," *Psychological Medicine*, 41 no.8 (2011): 1751-1761. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3128692/>; for more information regarding the use of mental health services by Native Americans see, Heehyul Moon et al., "Factors Associated with American Indian Mental Health Service Use in Comparison with White Older Adults," *Journal of Racial and Ethnic Health Disparities*, 5 no. 4 (2018): 847-859. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6121725/>.

[22] "American Indian & Alaskan Native Mental Health," NoStigmas, last updated March 20, 2018. <https://www.nostigmas.org/learn/american-indian-alaskan-native-mental-health>.

[23] "Language Matters in Mental Health," Hogg Foundation for Mental Health, accessed January 13, 2021. <https://hogg.utexas.edu/news-resources/language-matters-in-mental-health>.



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due to their experiences with historical and ongoing trauma. Compounding the issue of historical trauma, individuals with mental illness are more likely to have experienced personally traumatic events, including physical and sexual abuse, and to have a family history of mental illness and substance use.[24] Probation officers should engage all probationers as if they have experienced trauma, regardless of whether probationers have personally shared that information with their probation officer. Using trauma-informed approaches allows probation officers to understand that a probationer's unusual behaviors may be coping mechanisms that they developed to respond to past or current traumas, rather than intentional noncompliance. Understanding the effects of trauma can help tribal probation officers be supportive and avoid misunderstanding traumatic reactions, which can ultimately help reduce unnecessary revocations.[25] For specific resources regarding trauma-informed approaches, the U.S. Department of Health and Human Services offers online resources for tribal communities.[26]

8. UNDERSTAND AND RESPOND TO CO-OCCURRING DISORDERS

When someone has been diagnosed with both a mental health condition and a substance use disorder, the person is said to have “co-occurring disorders.” A 2014 study found that AI/AN adults had co-occurring disorders at almost three times the national average.[27] Tribal probation departments should use screening and assessment tools at the beginning of each person's probation

[24] Silje K. Floen and Ask Elklit, “*Psychiatric Diagnoses, Trauma and Suicidality*,” *Annals of General Psychiatry*, 6 (2007): 12. <https://annals-general-psychiatry.biomedcentral.com/articles/10.1186/1744-859X-6-12>.

[25] For more information, see Heidi Melz, Colleen Morrison, and Erin Ingoldsby, “*Review of Trauma-Informed Initiatives at the Systems Level*,” James Bell Associates (2019).

https://aspe.hhs.gov/system/files/pdf/262051/TI_Approaches_Research_Review.pdf.

[26] “*Resources Specific to American Indian/Alaskan Native (AI/AN) Communities*,” Resource Guide to Trauma Informed Human Services, Administration for Children and Families, accessed January 15, 2021. <https://www.acf.hhs.gov/trauma-toolkit/american-indian-alaskan-native-communities>.

[27] “*Native American Substance Abuse Programs*,” Addiction Treatment Resources, American Addiction Centers National Rehabs Directory, accessed January 15, 2021. <https://www.rehabs.com/addiction-treatment-resources/native-americans/>. For more information about suicide rates and mental health in AI/AN populations see, “*Native American Substance Use Programs and Treatment*,” American Addiction Centers National Rehabs Directory, accessed January 16, 2021.

<https://www.rehabs.com/addiction-treatment-resources/native-americans/#:~:text=A%202014%20evaluation%20of%20mental,and%20Native%20Alaskans%20found%20that%3A&text=8.8%25%20of%20Native%20Americans%20over,the%20national%20average%20of%203.3%25>.



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term to help identify co-occurring disorders. Individuals who may have such disorders should be referred to a qualified treatment provider for more in-depth clinical assessment. Mental health assessments should also include an examination of suicide risk as rates of suicidal behavior are higher in individuals with co-occurring disorders.[28] It is important to note that while having a mental health condition has not been shown to be predictive of violence or recidivism, having co-occurring disorders has been correlated with an increased risk of violence,[29] recidivism,[30] and poorer correctional outcomes.[31] Therefore, addressing co-occurring disorders is critical to ensuring successful probation completion and enhancing public safety.[32] Because the presence of one disorder tends to increase the problems associated with the other, it is essential to approach case planning in a way that allows for integrated treatment that involves both mental health and substance use treatment providers. [33] Sometimes, coordinated treatment can be provided within the tribal behavioral health system. But when such services are lacking, probation officers may need to connect probationers with state, county, or private providers and ensure that different providers are coordinating the person's care.

9. FOCUS ON INCENTIVES AND RELATIONSHIPS

Studies of probationers with mental illness have shown that those who have high-quality, caring, trusting relationships with their probation officers have higher completion rates, increased

[28] "Screening and Assessing of Co-occurring Disorders," Substance Abuse and Mental Health Services Administration: 2, accessed January 16, 2021. <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-screen-codjs.pdf>.

[29] Heather Stuart, "Violence and Mental Illness: an Overview," World Psychiatry, 2(2): 121-124 (June 2003). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525086/>.

[30] Jaques Baillargeon et al., "Risk of Reincarceration Among Prisoners with Co-occurring Severe Mental Illness and Substance Use Disorders," Administration and Policy in Mental Health, 37(4):367-74 (July 2010). <https://pubmed.ncbi.nlm.nih.gov/19847638/>.

[31] Geoff Wilton and Lynn Stewart, "Outcomes of Offenders with Co-occurring Substance Use Disorders and Mental Disorders," Psychiatric Services, 68:7 (July 2017). <https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201500391>.

[32] For more information, see "Comorbidity: Substance Use Disorders and Other Mental Illnesses," National Institute on Drug Abuse, (August 2018). <https://www.drugabuse.gov/sites/default/files/drugfacts-comorbidity.pdf>.

[33] "Co-occurring Disorders and Dual Diagnosis Mental Health Treatment Centers," American Addiction Centers, accessed January 16, 2021. <https://americanaddictioncenters.org/co-occurring-disorders>.



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engagement in services, and lower rates of recidivism.[34] This approach, known as a therapeutic relationship, is essential for improving mental health and recidivism outcomes for probationers with mental health conditions.[35] Research also suggests that focusing only on surveillance and sanctions for violations is not effective at reducing recidivism or improving probationers' mental health. Instead of relying on threats of incarceration or other negative pressures, probation officers should rely on incentives and creative sanctions to address compliance issues and should use formal punishment sparingly.[36]

10. DEVELOP PROTOCOLS TO ENSURE CONTINUITY OF CARE

Tribal probation officers should work closely with mental health service providers and the probationer's network of community supports to ensure that the probationer will have continuity of care if their circumstances change. For example, a probationer may return to jail if they are re-arrested or commit a major probation violation. Or they may successfully complete their probation term and re-enter the community. In any of these situations, it is important for probation officers and treatment providers to ensure that the probationer's treatment, medication, cultural supports, and other needs continue to be met. Probation officers should communicate closely with jail staff, community-based service providers, and the probationer's family, friends, and support networks to share all key information about a probationer's ongoing needs. Establishing protocols to ensure continuity of care can help reduce recidivism as individuals continue to move through their journeys to wellness.[37]

[34] "Therapeutic Relationship-Building for People on Probation with Serious Mental Illness," SAMSHA's GAINS Center, accessed January 16, 2021. <https://www.prainc.com/therapeutic-relationship-building-people-probation-serious-mental-illnesses/>.

[35] Matthew Epperson, Leon Sawh, and Sophia Saratakos, "Building a Therapeutic Relationship Between Probation Officers and Probationers with Serious Mental Illness," Cambridge University Press, (February 2020).

<https://www.cambridge.org/core/journals/cns-spectrums/article/building-a-therapeutic-relationship-between-probation-officers-and-probationers-with-serious-mental-illnesses/F4BBCC2B4A0DFF249413B72407B2EEFB>.

[36] Prins, "Improving Outcomes for People with Mental Illness," 21.

[37] Ibid.



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CLOSING THOUGHTS

Tribal probation officers who supervise and support individuals with mental health conditions must develop specific knowledge of their clients' needs. Specialized training should include education about mental illness, the proper use of screening and assessment tools, the experiences of persons with mental illness in the justice system, and best practices in supporting probationers with mental health conditions. Probation officers who work collaboratively with their probationers and tailor supervision to address individual needs in ways that are culturally-responsive and community-based will have stronger probationer buy-in and better outcomes. Effective tribal probation officers utilize best practices to develop case plans that include continuing care as probationers move to other settings. Building positive relationships with probationers, coordinating with community supports, and utilizing incentives and problem-solving strategies to improve compliance will set the framework for success with probationers who have mental illness.



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CENTER FOR COURT INNOVATION

The Center for Court Innovation exists to achieve a justice system that is fair, effective, and humane. We work with both government and communities to develop and run programs that have reduced the use of incarceration, increased equity, and strengthened neighborhoods by increasing safety and economic opportunity. We perform original research to identify what works. And we share what we learn from our programming and research with those seeking to transform the justice system around the world.

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The Center for Court Innovation promotes new thinking about how the justice system can respond more effectively to issues like substance use, intimate partner violence, mental illness, and juvenile delinquency. The Center achieves its mission through a combination of operating programs, original research, and expert assistance. For over two decades, the organization have been intensively engaged in designing and implementing problem-solving courts, and each year it responds to hundreds of requests for training and technical assistance and hosts hundreds more visitors at its operating programs. Its staff includes former prosecutors, defense counsel, probation officials, senior administrators of major criminal justice agencies, social workers, technology experts, researchers, victim advocates, and mediators. Under the Bureau of Justice Assistance's (BJA) Statewide Adult Drug Court Training and Technical Assistance Program, the Center provides training and technical assistance to statewide treatment court systems, helping state-level treatment court coordinators and other officials enhance the operation of drug courts and other treatment courts throughout their state.



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The Center's Tribal Justice Exchange has worked with more than 60 tribes across the country to implement innovative practices within their justice systems. These include prevention initiatives, youth engagement, diversion programs, restorative justice practices, Healing to Wellness Courts, reentry strategies, and other approaches emphasizing healing and community-building.

We offer a range of training and technical assistance services designed to promote tribal sovereignty by expanding tribal court jurisdiction, building collaborations with state and local partners, and developing new resources to support justice-involved tribal members.

The Western, adversarial system of justice often runs counter to the traditional practices of tribal communities. We recognize that approaches that work in state justice systems will not necessarily fit tribes' needs. Our Tribal Justice Exchange works with tribes to incorporate traditional practices and values into tribal justice systems.

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