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Mental Health Treatment and the Criminal Justice System

Susana Lehan-Trasente
Walden University

Walden University

College of Allied Health

This is to certify that the doctoral dissertation by

Susana Lehan-Trasente

has been found to be complete and satisfactory in all respects,
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Review Committee
Dr. Delinda Mercer, Committee Chairperson, Psychology Faculty
Dr. Steven Little, Committee Member, Psychology Faculty
Dr. Megan Corley, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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Abstract

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Susana Lehan Trasente

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MA, Montclair University, 1996

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Dissertation Submitted in Partial Fulfillment

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Abstract

The criminal justice system has established interventions for those who have mental illness and have been charged with criminal complaints. In New York State, the Mental Health Court has been established to address these issues and is to be used by all counties. However, the treatment and probation interventions vary from county to county. Saratoga County uses a Single Point of Access (SPOA) which receives referrals from the general court and probation officers. SPOA refers clients to a variety of treatment interventions available in the county. In Monroe County, the Mental Health Court refers the criminally involved/mentally ill individual to the forensic assertive community treatment (FACT) model. FACT is an inclusive treatment with probation assistance included in the model. Studies have shown efficacy in the FACT program in Monroe County that is the origin of the program. There are no studies available comparing the Saratoga SPOA approach to the FACT program to evaluate efficacy. This research assessed the recidivism rate and psychiatric emergency/hospitalization rate for this group of individuals in each county to assess the efficacy of both approaches. The results revealed a statistically significant difference between the emergency/hospitalization rates, with Monroe County having less emergency/hospitalizations. The population differences between the counties limits the reliability of the results but still offers insight on the significance and is discussed. The implications of this study can inform and positively affect the community and mentally ill individuals who find themselves involved in this criminal justice process.

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Dedication

This work is dedicated to the people who supported me throughout the process. Thank you, Mom and Pop, for your continued support in my education, Miluccia and Paul, and especially my husband, Don.

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Chapter 1: Introduction to the Study

When police are called to an incident in which an identified perpetrator reports or appears to have mental illness, it often can result in either referral to an emergency psychiatric evaluation or arrest with court mandated treatment. It has been suggested that to effectively reduce legal recidivism and rehospitalization for the mentally ill population, the approach and treatment must involve an evidence-based forensic focused treatment (Rotter & Carr, 2011). Identification of these individuals has been attempted through various programs across the country. Each New York State region or county provides a specific approach and services available for the mentally ill who, because of their illness, become involved in the criminal justice system (Edwards et al., 2020; Glowa-Kollisch et al., 2014). The importance of specialized treatment with this population has been established through research noting limited efficacy of generalized mental health treatment in reducing recidivism (Talbot et al., 2017).

Recidivism in this population is indicated by repeated criminal behavior or repeated use of emergency psychiatric care. Those involved in the criminal court system in New York who are recognized to be mentally ill are referred to the available community mental health programs. Often these programs are not established to address criminal behavior but instead address general mental health issues (Kingston et al., 2018). Each county or region has their own process. Beginning in the 1950s, some states began the implementation of the Mental Health Court (MHC) to address this concern and New York state has also implemented the MHC (Edwards et al., 2020; NYSUCS, 2020).

Treatment valuing human rights must attend to the varied needs of each client for the potency of treatment results and this is also the case for the criminal offending population. Cultural differences are sure to be present in this treatment population due to the differences between legal and illegal lifestyles. These cultural differences may diminish the efficacy of treatment due to a potential absence of cultural understanding (Dodge, 2009; Mannekote et al., 2019). In addition, it is essential to identify and note the efficacy of these programs with a population of clients presenting antisocial personality tendencies as these will be present in many in this population (Munetz et al., 2019). The potential for positive change in each county in New York state after thorough research of the programs that are reducing recidivism is great.

This chapter will contain a thorough overview and background of the ongoing problem of recidivism with the criminally charged, mentally ill individual. In addition, two counties using MHCs will be discussed with respect to their process of referral and treatment. The research that has been reviewed leads naturally into a full problem statement to be studied. The purpose and the nature of the study will be discussed. Research questions and hypotheses are established and will be studied in context with a conceptual framework provided by recent research on criminal behavior. Key concepts and terms used in this study will be clearly explained. The study's assumptions, scope, limitations, and significance are also contained in this chapter.

Background/Overview of the Problem

Research has been explored utilizing the key words of *community mental health, antisocial behavior, forensic mental health, offender treatment programs, treatment of*

antisocial behavior, Mental Health Courts (MHC), Assisted Outpatient Treatment (AOT), Forensic Assertive Community Treatment (FACT), and *recidivism*. These concepts were searched in peer-reviewed journals utilizing many combinations of each utilizing "AND" and "OR" to isolate appropriate research. I focused my literature review by searching for studies on this population and their treatment in community mental health programs with multiple descriptors using EBSCO, Google Scholar, and state specified programs detailed on government websites. Specified treatments have been identified from research that is utilized with the targeted population in the literature that was reviewed of criminality and mental illness (Hodgins et al., 2009; Volavka & Citrome, 2011). Also, within the research, community mental health treatment programs have been evaluated concerning this topic. In conclusion, it is found that there is a gap in the literature as it relates to what treatment approach has greater efficacy on recidivism of hospitalization, criminality, and accordingly maintenance of treatment compliance. Research has been attempted on individual community programs of AOT, MHC, cognitive behavioral therapy (CBT), and FACT each individually and in comparison. However, there is a gap in the study of the differences between the efficacy of the FACT program in conjunction with MHC and the SPOA process with generalized regional treatment approaches.

In New York, each county proposes, collects, and reports program statistics to support the funding supplied. This includes the MHC and the community mental health programs established to address each region's concerns (Edwards et al., 2020; Erickson et al., 2006).

> Eligibility criteria for Mental Health Courts are based on the specific nature of the criminal offense and the nature and severity of a person's mental illness. Mental Health Courts should target individuals whose mental illness is related to their current criminal justice involvement and whose participation in the court will not create an increased risk to public safety (NYSUCS, 2020, http://ww2.nycourts.gov/courts/problem_solving/mh/key_principles.shtml).

Some counties have not yet been able to fund or establish this new process and, instead, utilize the regular court system with use of the probation system as the means of referral or access to treatment in the county. Other counties use a mixture of MHC and probation referrals. The counties to be studied include Saratoga and Monroe. Saratoga County referrals, from probation and other referral points, are sent to a Single Point of Access program, SPOA, which evaluates each case for level of need (Bonfine et al., 2018). Depending on the level of treatment need, clients are referred directly to community mental health agencies or the Assisted Outpatient Program, AOT, as a monitoring agency (Bonfine et al., 2016; Bonfine et al., 2018). Monroe County uses the MHC as the legal process but also as the referral system towards treatment. Monroe County has implemented a unique evidence-based forensic treatment component called the FACT model as the treatment modality for the criminal charged, mentally ill population (Landess & Holoyda, 2017). The MHC refers each client directly to the FACT program if appropriate.

The varied approached in NY state in addressing the criminally involved mentally ill population leads to lack of appropriate referrals and treatment (Erickson et al., 2006;

Lamberti, 2016). The process in Saratoga County that assists the criminally charged, mentally ill client is limited to treatment modalities that are utilized by the case-management process of SPOA and AOT as the main referral for clients with greater intensity of symptoms (Bonfine et al., 2018; Munetz et al., 2019). The process attempts to attend to the forensic client with the area community mental health centers, CMHCs, predominantly specializing in CBT. However, the implementation of MHC and FACT specifically for the criminally charged, mentally ill client used in Monroe County includes, within itself, a cohesion of all departments of case management and a specified, evidence-based application of forensic directed treatment (Lamberti, 2007). The main difference lies in the MHC being the referral process into treatment and the availability of the FACT program that directly attends to antisocial or criminal behavior while including probation as a part of the treatment team (Lamberti, 2016). Studies thus far have involved the efficacy of the different programs. A study comparing the two approaches is warranted to address the potential for ineffective referrals and treatment.

During the completion of this study, Saratoga County initiated a specified court for the homeless that is to address the issues of the homeless in the county that are charged with non-violent offenses (News10.com, 2020). This does not affect the study as first, I studied the years prior, and second, this is specified for only the homeless population and does not include any charges that are violent in nature which this study is addressing. The results of this study will impact future treatment in all New York state counties of their mentally ill/criminally involved individuals.

Statement of Problem

As counties in New York have implemented the MHC to address the overrepresentation of the mentally ill in the criminal justice system the result has not provided a uniform approach (Landess & Holoyda, 2017; Mannekote et al., 2019). The SPOA monitoring program used in Saratoga County entails a high level of case management for clients with greater intensity of symptoms (Bonfine et al., 2018). Forty-six states in the United States have utilized SPOA with AOT as the intervening agency addressing recidivism and civil commitment since the 1980s (Bonfine et al., 2016). Monroe County also uses the AOT approach as a treatment option for some clients, but the FACT program is the primary referral program for clients with greater forensic needs (Lamberti, 2017; Landess & Holoyda, 2017). SPOA is available in Monroe County as an option of referral process for clients who experience mental illness symptoms without the predominant antisocial tendencies. The MHC assesses those arrested with a severity of antisocial tendencies and other symptoms to refer to the appropriate system (Munetz et a., 2019). The clients that present with a clear forensic basis of antisocial behavior are referred by the MHC directly to FACT. The differences between SPOA and MHC were studied by Bonfire et al. (2018) and found to be similar thus that patients receive the necessary case-management; however, there is no specified forensic approach to treatment with AOT management to the area CMHCs. The Saratoga process of criminal court to SPOA/CMHCs and the Monroe process of MHC/FACT differ in process and treatment.

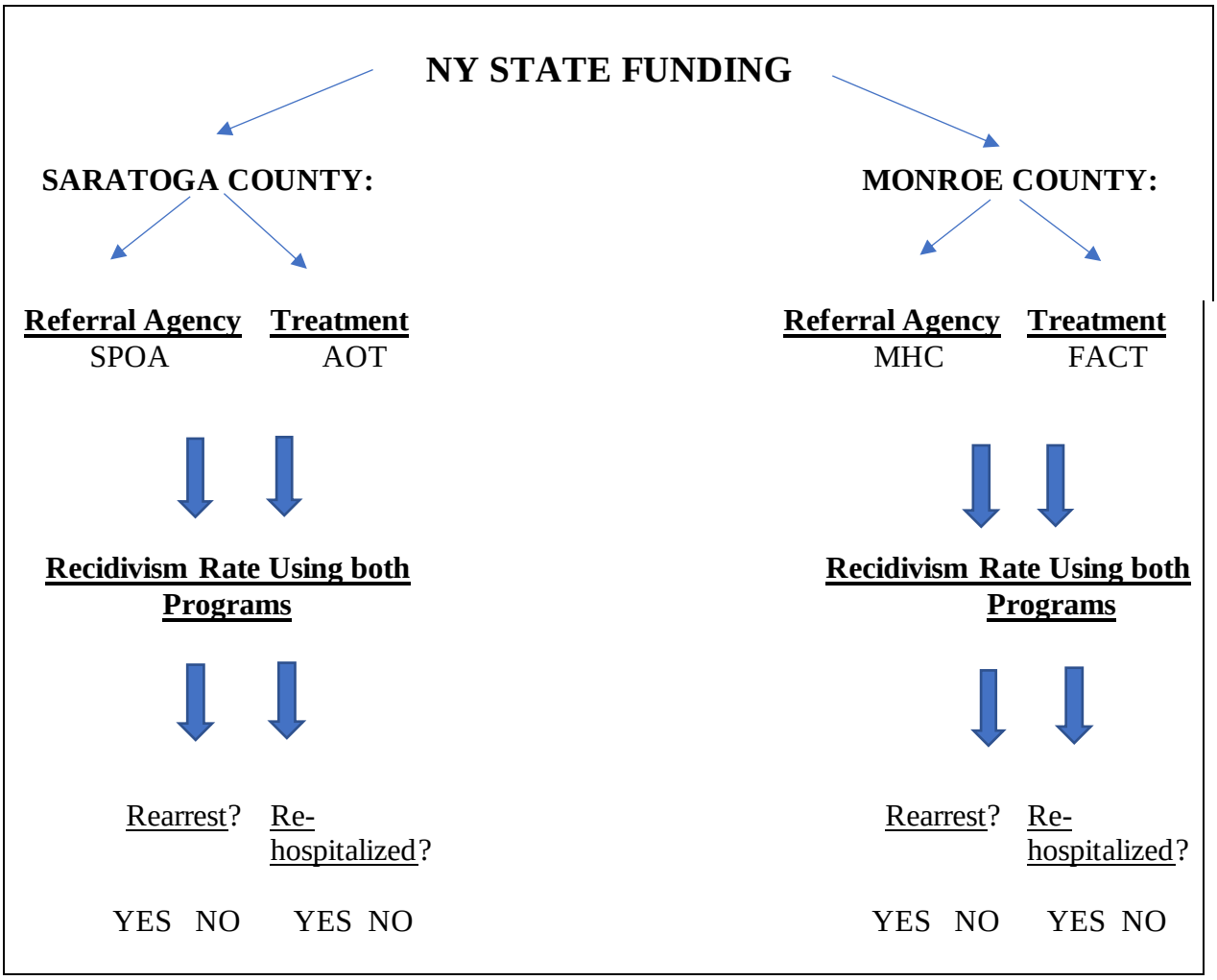
In Saratoga County, the criminal court does not function as the treatment referral for the criminally involved/mentally ill. Instead, the clients are referred by family, probation, providers to the SPOA group, which includes representatives from each treatment facility in the county, meeting monthly to review, assess needs, and place the client in the appropriate level of care (Edwards et al., 2019). Monroe County, with the added MHC and FACT program, address outpatient civil commitment and treatment processes for reasons that include arrests, charges, and antisocial behavior in the community. When a client before the MHC has demonstrated antisocial behavior leading to arrest or charges, the FACT program is utilized (Lamberti, 2016, 2017). The FACT program addresses treatment for the clients of this population that require more specified forensic supervision, their needs for forensic treatment, and forensic case management. Each part of the system, the MHC, probation, parole, and mental health treatment work in conjunction with each other cohesively as a team (Lamberti, 2016; Lamberti et al., 2017). Addressing aggression is an approach that is warranted and suggested by professionals (Allen et al., 2018). In Monroe County, the use of MHC augmented by FACT includes the necessary focused treatment for antisocial tendencies such as impulsivity, aggression, and violation of laws (Lamberti et al. 2017; Landess & Holoyda, 2017).

This study looked at the total numbers of clients in the county system in 2017 for each county process along with the number of rehospitalizations and rearrests for each county within that year. I focused on the differences between the Saratoga County criminal court/SPOA/AOT approach and the Monroe County MHC/AOT/FACT approach. The comparison between SPOA/AOT (Saratoga) and

MHC/AOT/FACT(Monroe) recidivism rates will be compared with respect to rearrest and use of emergency psychiatric services. The problem to be addressed is the effect of different treatment results for the criminally charged, mentally ill population and recidivism rates due to the different programs used in identification, assessment, case management, and treatment of this population (Hodgins et al., 2009; Linhorst et al., 2015). The absence of the forensically focused, FACT program in Saratoga County may influence the rate of recidivism and suggest the futility and misdirection of government funding intended to address recidivism in this specified population (Edwards et al., 2020). The results of this study are intended to increase understanding of treatment program efficacy based upon programs used in two New York counties. The results can influence future funding and increase quality of community life and the lives of the criminally charged, mentally ill population through increasing knowledge of efficacy of each process. These two approaches have not yet been compared or studied together. A quantitative approach to this study through use of statistics accumulated from each county can offer a great amount of information.

Figure 1

NY State Funding



Purpose and Nature of the Study

The purpose of the study is to assess the different programs, approaches, and results intending to reduce recidivism and rehospitalization in the criminally charged, mentally ill population. This study has the potential to positively impact the direction of financial planning in establishing programs specifically to address these issues. The

importance of client-focused treatment on the individual client cannot be overstated when focusing on the population of criminally charged, mentally ill individuals (Edwards et al., 2020). The effect of a program on individual mental health in this population, will in turn affect community wellness as fewer criminal behaviors will naturally result (Bonfine et al., 2016). Recognition of the financial benefit to each county from funding efficacious programs directed towards the targeted population is discussed. The process for the criminally charged, mentally ill client in Saratoga and Monroe County will be compared quantitatively with use of reported re-arrest and use of psychiatric services. Based on the difference of approaches available in each county, the quantitative resultant statistics should directly reflect the differences in efficacy of each county approach and process. Thus, the results lend themselves toward compliance with appropriate and effective treatment in the use of the MHC system that is suggested by NY state Office of Mental Health (OMH; NYSUCS, 2020). Therefore, I will describe in more detail the mechanisms involved in each county for the criminally charged, mentally ill client within this document for clarification.

Monroe County diverts criminally involved clients by use of the MHC into the appropriate program. When the primary concern of the court is forensic (criminal behavior) the individual is referred from MHC directly into the FACT program (Lamberti, 2016). The Saratoga County program differs in that it assesses the client's needs in the SPOA group after a referral from either court, probation, or individual providers without the use of an MHC. At this point, appropriate treatment referral is made to the AOT monitoring program based upon the forensic need of the client (Bonfine

et al., 2018). The Monroe County process of the use of the MHC and the FACT program for this criminally charged/mentally ill offender is different from all other NY state counties as the FACT program was established, studied, and continues to be in use in Monroe by Dr. Lamberti of the University of Rochester Medical Center (Lamberti, 2006, 2016, 2017). Accounting for other interfering variables within the statistical analysis is essential to the reliability and validity of the results (Warner, 2013). Each county program was examined with use of archival data to assess the rate of illegal offence and admission to the Emergency room or hospital (NYOMH, 2020). The purpose of the FACT program is to align all agencies and address the forensic component which is found to be the necessary variable in successful treatment for this population (Bonfine et al., 2016; Hodgins et al, 2011; Rotter & Carr, 2011).

I studied the efficacy of treatments offered in each county's process to effect recidivism of criminal behavior and rehospitalization: Saratoga, SPOA/AOT and Monroe, MHC/FACT outcomes were compared. The total numbers for each variable were compared for each group. This study included quantitative measures of archival data from each county database and included the following variables. Saratoga county, with the absence of the criminally specified MHC and FACT, were the established control group. The approach to the analysis was a multivariate analysis of variance, MANOVA.

Comparison between Saratoga and Monroe Counties:

- Independent variable (IV^1) Presence of a specified MHC and FACT in the county in 2017, Yes or No (1, 0) (dichotomous variable).

- Dependent variable (DV^1) Percentage of sample population arrested in 2017 in each county. (Continuous/Ratio variable)
- Dependent variable (DV^2), Percentage of sample population hospitalized in each county that year. (Continuous/Ratio variable)

Ordinal non-parametric data were used due to the assumption of a lack of normal distribution and allowed for various conclusions about data (Warner, 2013). The provided data from the New York Office of Mental Health (NYOMH) include flexible parameters in the collection process from each county. The ordinal statistic was calculated as a percentage based upon each counties total number of program subjects and the arrest or hospitalization number for the year. Therefore, Monroe and Saratoga Counties can be compared utilizing percentages to normalize the parameters since the total number of participants in each county differs. The data collected from each county included two dependent ordinal variables and the independent variable of either 1 (the presence of MHC/FACT programs) or 0 (the absence of MHC/FACT programs). In this way, the two counties are represented within the equation. Therefore, the appropriate statistical approach utilized in this analysis of data is the MANOVA. The MANOVA allows for an analysis of multiple dependent variables synchronously (Warner, 2013).

Research Questions/Hypothesis

The research implies that the same treatment modalities for general population patients should not be used with the specific population of criminally charged, mentally ill clients (Edwards et al., 2020). Some have implemented and studied alternative treatment specifically focused on the targeted population with attention towards

impulsivity, aggression, and antisocial traits (Dodge, 2009). In addition, there is little research on the overall commonly used treatment modalities within CMHC for this population and whether any different treatment is applied (Hodgins et al., 2009). Research is found regarding specific treatments only (Davidson et al., 2009; Hirose, 2009; Thylstrup & Hesse, 2016; Walker et al., 2003). I hypothesized that the inclusion of criminally involved population into non-forensic based, community mental health treatment will be associated with future arrests. In addition, utilizing the evidence-based treatment for the targeted population can also relate to rehospitalization rates due to the efficacy of treatment in reducing symptoms that may present as a danger to self, others, or property.

Research Questions:

- What affect, if any, does the presence of specified treatment towards criminal behavior of the mentally ill have on arrest and hospitalization rates?
- What significant difference, if any, exists between the MHC/FACT process with referral and the SPOA/AOT process and referral regarding outcome?
- Is there a resultant positive impact on social change in either community through reduction of recidivism?

Assuming a reduction in recidivism for arrests and hospitalizations in this population, there will be a decline in population arrests for the mentally ill that are accounted for by archived statistics from the OMH. A quantitative study compared the court referral process and treatments used in both Saratoga County and Monroe County to determine the efficacy of both process and treatment used with the targeted population

in each county. The most utilized treatments in Saratoga County are CBT based. I hypothesized that specified treatment is required for this population that goes beyond commonly used area community treatment methods:

H_o: The two counties will not differ in percentages of arrests in the sample population.

H_a: The two counties will differ in percentages of arrests in the sample population suggested by research supporting the efficacy of the FACT program.

H_o: The two counties will not differ in percentages of hospitalizations in the sample population.

H_a: The two counties will differ in percentages of hospitalizations in the determined population suggested by research supporting the efficacy of the FACT program.

The statistical results will support accepting or rejecting the null hypotheses.

Brief Review of Literature

The research used to focus this study on county processes of AOT/CBT or MHC/FACT include the New York State OMH and the New York State Unified Court System (NYSUCS) documentation provided on the official websites (NYOMH, 2020; NYSUCS, 2020). I also reviewed research of the determined population of this study which included topics of efficacy in reducing recidivism, efficacy of PSCs, AOTs, and MHCs (Bonfine et al, 2016; Bonfine et al., 2018; Landess & Holoyda, 2017; Lamberti, 2016; Linhorst et al., 2015). Specific research of the FACT program in Monroe County was investigated (Lamberti et al., 2017). To support an understanding of treatment

efficacy and assessment options with this population, many recent and older studies were reviewed (Davies et al., 2009; Davies et al., 2019; Hare, 2016; Lilienfield et al., 2018; Thylstrup & Hesse, 2016; Rotter & Carr, 2011). These topics along with studies on aggression, antisocial behavior, and criminal interventions were essential in establishing the parameters of this study (Edwards et al., 2020; Hodgins et al., 2011; Walker et al., 2003; Volavka & Citrome, 2011; Young et al., 2013).

Significance

The specialized forensic treatment that implements evidence-based forensic treatment, found to positively affect the criminally charged, mentally ill client, should be the missing piece of treatment resulting in ineffective treatment for this population. The factors assisted by utilizing an MHC and FACT program are repeated relapses of symptoms and ongoing antisocial behavior in the community which fails in providing necessary positive social change for this population (Bonfine et al., 2016; Hodgins et al, 2011; Rotter & Carr, 2011). Quantitative measurements comparing results for each county can have an impact on reducing legal and organizational recidivism. This comparison also can increase understanding of effective treatment in the targeted population. The study results can impact how each county utilizes funding, depending on which process is shown to be effective. The study accessed and used archival data from 2017 from each county. The comparison between counties with and without MHC and the FACT program has not been attempted in this area and will be beneficial to understanding problem recidivism and rehospitalization. The creator of the Rochester FACT model states, “The key to preventing criminal recidivism among adults with

psychotic disorders is to engage them in interventions that target risk factors for recidivism" (Lamberti, 2007, p. 775).

The current available treatment programs in the Saratoga region, utilized as referrals by the SPOA process, apply mostly CBT based methods proven useful in treating the forensic mentally ill client. However, a study by Davidson et al. (2009) specifically researched efficacy with the same population we are discussing in this study and results showed that "CBT did not improve outcomes more than usual treatment for men with ASPD who are aggressive and living in the community in this exploratory study" (p. 569). An APA taskforce addressing treatment guidelines for antisocial client's found that "psychosocial interventions lack both treatment efficacy and clinical utility in remediating the core characteristics of antisociality or reducing criminal recidivism" unless they were additionally addressing substance use issues concurrently (Hatchett, 2015). SPOA referrals are made to AOT, intensive outpatient programs, or various area providers. Treatment often involves the use of a single agency that maintains all treatment needs such as a psychiatrist, therapist, group therapist, occupational therapist, etc. (Munetz et al., 2019). The level of intensity of treatment for this population is established through the SPOA process and are mostly referred to the AOT program in the Saratoga County process. Hodgins et al. (2009) studied community mental health teams with effecting antisocial behaviors that are common among the severe mental illness (SMI) population. The study found that "the abundance of research on novel treatments that target the broad array of problems presented by individuals with SMI reflects a recognition that antipsychotic medication and social services are insufficient in many

cases to reduce symptoms and distress, enhance functioning and prevent relapse" Hodgins et al., 2009, p. 377). The authors go on to say the evidence-based treatments were not being used with this population and instead this population are receiving the same treatment as those not exhibiting antisocial behavior (p. 377). The need for an evidence-based treatment to address both co-occurring disorders is needed. In Monroe, all court-mandated clients who have been involved in antisocial behavior are referred to FACT through the MHC system. The main concerns of each county have been repeated referrals to the emergency room or psychiatric crisis groups of often the same clients for rehospitalization due to re-arrest or noncompliance with treatment or medication.

It is deduced that the clients referred from SPOA with criminal histories and with symptomology of an antisocial nature including symptoms of narcissism, lack of regard for laws or rules, reckless impulsivity, and emotional detachment are not being addressed through evidence-based treatment for that population (Mokros et al., 2015). If the MHC process was established for the more antisocial client instead of SPOA the effect can be positive for this population. The area treatment centers used in SPOA referrals include general CBT, dialectical behavior therapy, or acceptance and commitment therapy (ACT). This study will impact the knowledge base in this funding into evidence-based forensic mental health treatment. The Monroe County MHC and the FACT program-specific treatment differences will be discussed in this study. The study can have social change implications for community safety and the well-being of the mentally ill offender in Saratoga County.

Conceptual Framework

Research into criminal behavior and antisocial traits has been studied by Hare beginning in 1965 and continues to 2017. The theoretical construct of the antisocial client has been and continues to be researched by Hare (1991), providing voluminous and comprehensive information on antisocial behavior on a continuum of severity. This construct will be the basis for establishing antisocial and criminal behavior. Cleckley (1964), a pioneer in the study of psychopathy, was instrumental in guiding the work of Hare (Lilienfeld et al., 2018). Details of antisocial traits are discussed along with traits that impact recidivism as studied by others since Hare created the Psychopathy Checklist, PCL in 1990, and revised to the PCL-R in 1991 with multiple studies confirming the validity and reliability of the assessment (Hare, 1990, 1991, 2016). The concepts that establish the widely used PCL-R will be utilized to define and address criminal behavior as the factors involved occur on a continuum of the intensity. Therefore, mild intensity traits may not include criminal behavior but instead antisocial behavior in relationships in general (Hare, 2016). The higher intensity of severity of symptoms on the continuum includes criminal behavior to a level that the client becomes involved in the court system.

The Psychopathy Treatment Program (PTP) initiated by Wong and Hare (2005) "recommended that treatment of psychopathy should focus on modifying antisocial attitudes, cognitions, behaviors and lifestyle, essentially Factor 2 features, through role modeling and reinforcing new prosocial skills to reduce violence rather than changing the interpersonal and affective, or Factor 1, features of psychopathy" (Olver et al., 2013, p. 161). Rates of recidivism need to be accessed concerning those referred to community

treatment centers from the correctional/legal system. “It is believed that traditional treatment programs have a low success rate in treating psychopaths; however, this does not mean that all treatment would fail and be unsuccessful” (Vien & Beech, 2006, p. 168). Along with treatment, specialized risk assessments may be utilized (Vien & Beech, 2006). The use of risk assessments in the Monroe FACT program are recognized as a foundation of effective forensic treatment as evidenced through research (Lamberti, 2007, 2016; Lamberti et al., 2017).

Clients who have comorbid mental illness with antisocial behaviors involved in the court system are referred through probation officers in Saratoga County, which requires the evaluation and assessment of the probation officer. In Monroe County, the MHC utilizes a specialized coordinator that assesses all clients for appropriate referrals for treatment (NYSUCS, 2020; Lamberti 2016). In other programs, treatments are established to be effective with primarily mood disorders, anxiety disorders, and psychotic disorders, sometimes co-occurring with substance abuse disorders. There has been a question, though, of the efficacy of generalized community mental health treatment with those who have aggressive or antisocial behaviors (Linhorst et al., 2015). The framework of Hare’s (2016) theory of psychopathy and the PTP by Wong and Hare (2005) lent a foundation of antisocial tendencies, allowed the study to measure the effect of treatment on these behaviors, and provided evidence-based forensic treatment guidelines (Daly, 2017; Vien & Beech, 2006). The concepts and traits of antisocial clients will be evaluated concerning how they affect treatment non-attendance, non-compliance, and reoffending in this population. Some argue that the same treatment modalities cannot

be used with this population and have implemented other programs specifically focused to attend to antisocial traits (Edwards et al., 2020). Past research has implemented and studied alternative treatment specifically focused to attend to impulsivity, aggression, and antisocial traits (Dodge, 2009).

Definition of Terms/Keywords

The following terms will be defined based upon the focus of this study to clarify the intent with which they are utilized. Antisocial behavior and traits are discussed in this study are defined as actions that violate the law in a manner that requires arrest with charges. The APA describes these actions as including "exploitation of others, deceitfulness, impulsivity, aggressiveness, reckless disregard for the safety of self and others, and irresponsibility" (APA, 2020). These behaviors which result in arrest are the focus of this study are based on the antisocial personality disorder criteria in the DSM-V (2013).

AOT programs "identify evidence-based practices in order to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with a serious mental illness (SMI)" (SAMHSA, 2016). The AOT programs available today in NY counties do not all contain evidence-based treatment options for this population.

The term co-occurring disorder is defined in this study as the concurrent presence of mental illness as defines in the DSM-V in addition to the above-mentioned antisocial behavior that results in arrest (APA, 2013). As this study primarily focuses on antisocial

behaviors the mental health disorders that co-occur with arrest will exclude antisocial personality disorder.

Efficacy is directly related to the mental health treatment. The APA dictionary defines this as competence in performance, and this study focused on efficacy of treatment of antisocial behaviors and traits in conjunction with other mental health disorders (except for antisocial personality disorder).

Emergency services mentioned in this study refers to all mental health intervention strategies that are meant to attend to psychological emergencies that deal with persons who are dangerous to themselves, others, or destroy property. Interventions that are included are psychiatric emergency mobile services or psychiatric crisis centers and admission to inpatient psychiatric treatment, sometimes occurring through direct provider referral.

The program of the Monroe County FACT, as described by the program creator, is an "adaptation of the assertive community treatment model and is designed to serve justice-involved adults with serious mental illness" (Lamberti et al., 2017). Lamberti (2007) established the Rochester FACT model to address criminal recidivism with psychotic disorders and utilize evidence-based interventions that specifically focus on risk factors of antisocial behavior (p. 775).

Mental disorder, defined by the APA (2020) on their website, includes cognitive and emotional disturbances that results in abnormal behaviors and impaired functioning. For the purpose of this study, mental disorder and mental illness are used

interchangeably. These cognitive and emotional disturbances "may involve physiological, genetic, chemical, social, and other factors" (APA, 2020).

The MHC in NY State was established through the Problem-Solving Courts (PSC) program which attempt to resolve issues in the state's legal system. The MHC is a type of PSC that specifically targets individuals with mental illness who are charged in the criminal justice system and require a different approach to effect recidivism and increase their quality of life (Landess & Holoyda, 2017). Each county has their own version of MHC. Some are separate from the criminal courts, and some are exercised within the regular criminal court system. As mentioned by Landess and Holoyda (2017) "Their primary role is to divert individuals with mental illness from incarceration into psychiatric treatment and to reduce recidivism" (p. 501).

Recidivism for the purpose of this study will pertain to any re-arrest or intervention from a mental health agency to deal with problematic antisocial behavior in the community. The APA (2020) defines the term as "the repetition of delinquent or criminal behavior, especially in the case of a habitual criminal, or repeat offender, who has been convicted multiple times."

The SPOA program in New York State is defined by the state as a program that "helps providers connect people with serious mental illness to mental health services that can accommodate them. Through these services, people with serious mental illness can connect to treatment, communicate with providers, and get help finding benefits" (NYOMH, 2020).

The approach to the statistical design is a MANOVA to evaluate one independent variable, (IV) that contains two groups and the multiple dependent variables, (DV) that are continuous. This statistical approach is utilized to test differences "between two or more groups on two or more means" (Dattalo, 2013, p. 22). The use of this method intends to describe the relationship of each response factor through each level of the predictor. According to Alexopoulos (2010) the following assumptions must be present: "Independence, linearity, normality, and homoscedasticity" (p. 25). The data for each independent variable are separate, as they differ by each county. Linearity can be determined through the use of separate scatterplots for variables (Frankfort-Nachmias & Leon-Guerrero, 2018). The use of the bivariate scatterplot was separated to assess each paired variable. Outliers in the figures should be considered and potentially removed though the preliminary data screening (Warner, 2013). The use of dummy coding to transfer the independent data to yes or no (1, 0) was required. Homogeneity is met through this and testing for linearity. The distribution of each response variable must be normal and constant with all values of the predictor variables examined prior to the multiple regression through use of a histogram to assess the curve (Warner, 2013).

Scope of the Study

The study encompasses variables from two separate counties and did not include other counties to better account for unknown variables that may be present. To study the two counties and their different approaches to the criminal process and treatment, the study limited the results to account for the differences between only those two counties which have quite different approaches. The data included in this study refer only to those

who are reported to have arrests and mental illness. The data only represent these criteria in the variables for the two counties. No other counties were assessed or considered to minimize the number of unknown variables that affect results. The boundaries are cases in Saratoga and Monroe counties that are involved in the court system and the mental health system. No other data were collected from the counties to represent any cases that have not been found to be linked to the court and treatment system. The year studied was 2017 from January 1st to December 31st. Archival data were utilized for each county through the data collected by the NYOMH website for archived statistics. The IBM SPSS program version 28 was used to conduct all statistical calculations mentioned in this study (IBM, 2017). The results from this study are intended to gain information for use in the NY state system established to address criminality co-occurring with mental illness. The results may be limited to NY state but also can potentially align with programs across the United States that utilize MHCs and FACTs.

Limitations of the Study

The foreseeable limitations involve the differences of demographics between the two counties to be studied. The number of urban versus rural areas may not correlate in percentage. The number of those in the program will be greater in Monroe County than in Saratoga County. It must be evaluated how this can affect the results. The fact that these two programs have not been studied before is also a limitation on the process and procedures. In addition, data required dummy coding to dichotomous responses requiring overview of statistician. Cultural differences between the two counties must be considered, as they are of different composition of urban versus suburban and rural. It

was difficult to evaluate the differences in procedures for each county. Therefore, the focus was on the resultant data for those admitted into the programs and not what occurs in the referral process.

Organization of Study

This research focused on the different process formalities and treatment modalities in the SPOA and MHC systems. The differences may affect efficacy of treatment, as the systems referral to general community mental health treatment and the FACT program are noted differences. The results can affect future funding and systemic changes in NY State. The FACT program, directly addressing the criminality component, can be the difference that creates increased efficacy. I include a literature review in Chapter 2 to survey the research on the topics of criminal processes and treatment of treatment attempts for those involved in criminality.

The research method, in Chapter 3, will then be discussed in a step-by-step process beginning with evaluating the quality of data and outliers. The county data had to be dummy coded. Due to the differences in total numbers, each county was evaluated for recidivism and then compared to each other. In Chapter 4, the statistical results will be provided, and the ramifications of the results will be discussed in Chapter 5.

Chapter 2: Literature Review

The themes that have been reviewed in preparation for this study include peer reviewed literature, research, county and state legislation, and legal mandates which refer to community mental health programs, criminal courts and mental illness, probation programs for the mentally ill, and community referrals for the mentally ill/criminally involved (NYOMH, 2020; NYSUCS, 2020). The topics researched included searches of multiple terms separately or in conjunction with another and lead to an understanding that the system in New York State varies from county to county (Edwards et al., 2020; Epperson et al., 2014; Erickson et al., 2006; USDHHS & SAMHSA, 2016). A few counties do not have any system established for criminal cases involving the mentally ill. Instead, all cases are referred to a neighboring county. There is an absence of a standard channel of identifying clients in each criminal court, establishing appropriate referral opportunities for treatment, and alignment of approaches to supervision and/or management of cases (Edwards et al., 2020; Epperson et al., 2014; Erickson et al., 2006). Through the past 2 years of reading material on these topics and working in the field since 1996, I have compiled information that has been relevant to the social issues relating to the treatment of those whose criminality lies in their illness and can be assisted through proper community and criminal court consideration. There are relevant studies that have attempted to understand the county systems with regards to this issue.

Studies thus far have included an evaluation of mental illness treatment for those in the court system. The efficacy of such treatment programs for the mentally ill who also display criminal behaviors and the comparisons of new options for this treatment that are

established in each county are a focus of available studies. However, there is minimal information comparing the efficacy of the FACT program to the SPOA driven program. Ultimately, these are the two current alternatives present to assist the court with this population. There appears to be varying interpretations of the process, as established by law, between counties in New York State. Certain counties have both programs (SPOA and FACT), and the level of severity drives how referrals are placed, with more severe recidivistic criminality referred to the FACT program. There are counties that maintain the totality of the social issue using just the SPOA program without an evidence-based treatment for the criminal component leading that affects recidivism. The absence of a forensically focused program in Saratoga County may influence the rate of recidivism and may suggest a level of futility or a misdirection of government funding intended to address recidivism in this specified population (Edwards et al., 2020). This study intends to increase understanding of two county systems and treatment programs. The following literature discussed will be in direct response to these issues.

Literary Search Strategy and Key Concepts

Initially, research was completed with a focus on increasing working knowledge of treatment for the mentally ill who have interactions with police and are in custody. Concepts and key terms searched for this study included factors on an inpatient or outpatient level and how this population are different than the non-criminally involved client. Theories on antisocial behavior and mental illness were reviewed using the key terms mentioned in Chapter 1 (community mental health, antisocial behavior, forensic mental health, offender treatment programs, treatment of antisocial behavior, MHC,

AOT, FACT, and recidivism. These concepts were searched in peer-reviewed journals utilizing many combinations of each and searched utilizing "AND" and "OR" to isolate appropriate research) which led to studies on comparisons of treatment approaches for this population and studies that measured recidivism as an outcome. The research for this study began during school residency in 2019 and continued throughout coursework and dissertation stages.

The search engines used included in the Walden University Library were APA PsycArticles, APA PsycBooks, APA PsycTests, Bureau of Justice Statistics, Directory of Open Access Journals (DOAJ), EBSCOE ebooks, ProQuest Central, SAGE Journals, ScienceDirect, Thoreau Multi-Database Search, and the Google search engine to access U.S. Department of Health and Human Services for New York State. All sources were searched based on publication date of 2010 to the present, and only peer reviewed sources and government documents were utilized. These initial searches led to awareness of studies prior to 2010 that influence today's treatment protocols. The literature included studies on specific theoretical basis for treatment such as CBT, the national and New York State approaches addressing the mentally ill involved in the criminal justice system, specific county data collected by government agencies that identify numbers of individuals in the established programs and recidivism data, and studies that involve this population to identify effective approaches to treatment. This information will be organized in the following sections: Theoretical foundations of criminality and mental illness, Treatment recommendations, and Resultant information from the treatment studies.

For the purposes of this study, the focus population are those involved in the criminal justice system who have been diagnosed with any mental illness established in the DSM V prior to or during adjudication of the current criminal charges that lead to referral into either program in Saratoga or Monroe Counties (APA, 2013). It is important to note that the clients that meet the criteria in Monroe County are referred to the FACT program and those who are deemed to have lesser intrusive symptoms that lead to criminal behavior are referred to SPOA in that same county and therefore, will not be studied (Lamberti et al., 2017). It is reasonable to compare the single referral point in Saratoga to the FACT program on its own, as they are each county's approach utilized for those who have a primary criminality profile versus a primary mental illness profile. This is the target of the FACT program and what is being measured by the comparison of the two programs in each. To include the SPOA program data for Monroe County will skew the results. Each program describes the purpose of their utilization in this manner (NYSUCS, 2020; NYOMH, 2020). How effective is the program with the population of criminally based clients in reducing recidivism?

Theoretical Foundations of Criminality and Mental Illness

To adequately study how the MHC and SPOA approaches affect the community through potential recidivism, the theoretical aspects of criminality must be approached. To define criminality, the concepts of antisocial behavior will be discussed as it relates to the violation of the rights of others or violation of societal laws (Hare, 2016). The DSM-V and the APA definition of terms were instrumental in establishing the parameters of antisocial behavior (APA, 2013; APA, 2020). Utilizing these definitions are aligned with

the theoretical concepts of criminality that have been studied by Hare (2016) and Cleckley (1903-1984), among others (Lilienfeld et al., 2018; Welner et al., 2018; Vien & Beech, 2006). Cleckley is often discussed in studies related to antisocial behavior. His "seminal" work, *The Mask of Sanity* (1951), is considered a foundational work regarding criminal or antisocial behavior and has influenced further important work in the field of forensic psychology and the study of antisocial behavior (Lilienfeld et al., 2018). In fact, this work was instrumental in forming the original DSM description of antisocial personality (Lilienfeld et al., 2018, p. 513). This body of work was utilized in further studies that have proven that antisocial behavior correlates with absence of significant reaction to expectation of pain or shock (Hare, 1965). This is indicative to further work on antisocial behavior that has led to awareness of a fundamental difference in affective states of antisocial individuals as compared to the norm.

Hare's (1991) work establishing the *Psychopathy Checklist* (PCL-R) includes these concepts of Cleckley (1951) that were utilized to establish current DSM-V criteria. Hare's work has been utilized in many countries to identify level of antisocial behavior in an individual to further define tendencies that lead to repeated criminal behaviors (Hare, 1991). Despite some questions regarding the reliability to assess affective factors in individuals, the current use of the PCL-R as a definitive basis for the psychometric features inherent in the antisocial personality has assisted in establishing guidelines with which to assess for future criminal activity (Hare, 2016). Hare (2016) includes the following description of factors, some originally indicated by Cleckley, to influence antisocial behavior:

> Interpersonal factors: glibness/superficial charm, grandiose sense of self-worth, pathological lying, conning/manipulative. Affective factors: lack of remorse, shallow affect, callous/lack of empathy, failure to accept responsibility. Lifestyle factors: need for stimulation, parasitic lifestyle, no realistic long-term goals, impulsivity, irresponsibility. Antisocial factors: poor behavioral controls, early behavioral problems, juvenile delinquency, revoke of conditional release, criminal versatility . (Hare, 2016, p. 23)

These factors, from his own forensic experience, were noted by Hare (2016) to establish the initial concept of the PCL-R and have been found to be related to antisocial behavior in studies by other researchers. The 20 specific factors of focus are measured on a three-point ordinal scale in the PCL-R under the four categories mentioned.

In addition to these four categories mentioned by Hare (1991), it is important to note further research to indicate what factors are essential in treatment to positively effect recidivism. The foundation established by Cleckley and Hare has led to the use of PCL-R in relation to the criminal justice system. Despite the earlier theoretical constructs that predate the PCL-R, it has become the most popular tool in recent years to measure risk factors in behavior due to further validity and reliability testing (Hare, 2016).

Further Theories Regarding Risk Factors

Research in depth into antisocial behavior also led to more specified theories related to independent risk factors of recidivism which are directly aligned with factors studied by Cleckley (1964) and Hare (2016). Welner (2018) is a forensic psychologist working in New York and is well established in the criminal court system of New York

State. His work has attempted to define antisocial behavior in relation to adjudication and the differences in behaviors that are referred to the criminal courts by those who are diagnosed as mentally ill (Welner, 2003). Welner, in his own studies, established what he describes as *The Depravity Standard,* which defines certain behaviors as "heinous, depraved and evil" as they compare to other cases adjudicated in the criminal court system (Welner et al., 2018). The basis of his work attempts to delineate the psychopathic tendencies by standardizing an effort to assess levels of behavior. Specifically, to recognize the more depraved behaviors as a greater indicator of potential recidivism as they compare to other behaviors. In violent crimes, the effort to assess risk of re-offense is a paramount concern to the community. In this case, *the Depravity Scale* (2018) assessment tool is designed to assist the legal system to assess if more punitive sentences should be considered as the cases are based in depraved behavior. The difference between prison sentences and referral to forensic based community programs are considered based on the danger to the community (Welner er al., 2018).

For those referred to community programs from either a MHC or SPOA as an alternative to sentencing, Vien and Beech (2006) discuss how the PCL-R can be used to assess the severity of antisocial behavior in the criminally, mentally ill population who present to court. The level of severity of crimes and behaviors will impact the level of treatment both the MHC and SPOA can impose on individuals. Given that some areas do not have forensically based treatment programs, this will impact the ability to treat the underlying antisocial behavior adequately. As the study discusses, the PCL-R provides an adequate continuum or spectrum of behavior assessment which can allow for assessment

of the severity of antisocial behavior, thus treatment (Vien & Beech, 2006). The differences in psychopathy from sociopathy is the intensity and level of depravity noted. Psychopathy being at the highest level of testing antisocial behaviors. These indicators can be utilized to assess severity and, therefore, treatment needs. The authors maintain that key points of the PCL-R are the ability to assess on a continuum of severity for use by the court system (p. 157). Referrals by the court system in Saratoga and Monroe Counties can differ making the assessment of treatment needs essential to the outcome of treatment referrals in the community. With the use of a foundational theory to assess statewide, there will be less variability in the differences between counties. This has been seen with use of the depravity scale or the PCL-R.

The current system in the United Kingdom (UK), as described by Hodgins et al. (2009), question the ability of community mental health programs to treat the criminally, mentally ill, or rather the antisocial mentally ill client. This study found that often in the UK, as in America, there was an increase in community program interactions with clients identified as having more severe antisocial behaviors. However, no specific treatment was offered differing from the regular community mental health intervention (Hodgins et al., 2009). As is the case in Saratoga County, there is no specified forensic treatment program.

Another group of authors in the UK examined a program called The Reasoning and Rehabilitation Program (RRP; Hodgins et al., 2011). The program is directed to treat aggression among the mentally ill which, again, is assessed in the MHC or SPOA stages of NYS referral systems. The staff in RRP were trained to work with this population in a

forensically specialized approach which is based on the compensation of a monetary value for the individual's participation. The results of this approach failed to maintain attendance of the severely mentally ill clients but suggests that antisocial clients with aggression and criminal behaviors were motivated to attend their CBT based treatment (Hodgins et al., 2011). However, this study did not include the programs effect on recidivism. It only affected attendance and participation of those who still lived in the community, and these can be effectively addressed through probation. Studies that assess aggression as an indicator may prove important to identifying risk of recidivism and should be studied further.

Studies have established that a focus on only the mental health component of clients involved in the criminal justice system during treatment can mean a constraint to the efficacy of treatment on recidivism rates (Epperson et al., 2014). Epperson et al. (2014) discuss the limitation of such programs and the need for evidence-based treatment to address the criminality. The authors contend that "first-generation" treatments being utilized more often for this population include the FACT program and Forensic Intensive Case Management. Prior to FACT, programs focused only on mental health, not on criminality. The earliest intervention and referral programs utilized for this population regarded mental health components only and are reported as inefficient. However, the authors mention that by the time of their study in 2014, only one has found that the FACT approach "significantly increased outpatient mental health utilization and reduced arrests" (p. 429). Epperson et al. explained that the number of severely mentally ill in the criminal justice system is not reducing with use of these interventions.

The authors who question the current "first-generation" interventions blame the lower accessibility of these forensically based mental health programs and an absence of understanding of the system and the factors that place clients at risk of criminal involvement (Epperson et al., 2014). Hence, the increased need for risk assessment. Use of research to identify the risk factors that contribute to impulsive and aggressive behavior is essential and explained by the researchers in a "next generation" model. This model should identify cognitive, emotional, and environmental factors which lead to criminal behavior thus individualizing treatment attuned to the client's needs in these areas. According to studies by Lamberti, which will be discussed further, the Monroe County FACT program utilizes assessments of these factors and also the utilization of probation to maintain participation (Lamberti, 2016).

The founder of the Monroe County FACT program, Lamberti (2009) explains that the approach of the program has a focus on predicting factors of arrest. The results of a study on FACT participants, by Erickson et al. in 2009, showed that the occurrence of recidivism was highly correlated with a history of prior arrests due to violence, the removal from residential treatment, along with the presentation of antisocial behaviors. These conditions are noted and evaluated as high-risk predictors and are the focus of treatment. These noted "risk of recidivism factors" among FACT participants are similar to risk factors of the general population. This study equalizes the risk assessment factors for clients and those in the general population, adding validity to the results to establish assessment guidelines.

Impulsivity, Violence, and Aggression

Studies have also looked at factors of impulsivity, prior violent acts, and presence of aggression as predictors of criminal behavior. Walters and Crawford (2014) examined whether the combination of "major mental illness" and a history of violence can influence future recidivism. They establish a study on the combination of major mental illness and violence history. No significance correlation was found in the combination of these factors. However, a history of violence in, and of itself, is a "consistent predictor of recidivism" (p. 238). It appears major mental illness is not a stand-alone influence towards criminal recidivism. Major depression and schizophrenia diagnoses were "associated" with violence behavior. The study did, however, establish a correlation between major mental illness and violence history with further misconduct within an institution. It is concluded that major mental illness, on its own, is not a predictor of aggressive and non-aggressive criminal behavior (p. 244). Violence history is an important factor; thus, aggression must be noted.

Other studies that linked impulsivity, irritability, and aggression are important to this study. A study in 2017 found that Aggression Replacement Training (ART), a prior approach to treatment of aggression, "had no effect on reoffending among adult offenders" (Larden et al., 2017, p. 477). Another approach is with medication. Walker, Thomas, and Allen (2003) studied the effects of medication with APD and its effect on impulsivity, irritability, and aggression. Several case studies in which Quetiapine was given to an impulsive, irritable, and aggressive mental health patient who was criminally involved showed the ability to reduce aggression were evaluated for this study. Affective

instability was reduced in these clients and should be noted as a potential intervention option to reduce future recidivism. In each case, when the medication was stopped in a stabilized patient after return to prison, the patient reverted to their initial behavior. Due to the small number of subjects in this case study, the results cannot be supported by data. However, the study was completed on the most severe volatile cases and showed efficacy in all and, therefore, should be noted.

The factor of impulsivity in behavior has been studied as an indicator of recidivism. Impulsivity is established as a factor of consideration in the evidence-based PCL-R tool on sociopathy/psychopathy (Hare, 2016). Thus, a study on impulsivity in those diagnosed with APD is helpful to view the impact on recidivism. According to Allen et al. (2018) in their studies on aggression and established in the General Aggression Model (GAM), impulsivity is another important factor to this area of study. Both psychological and biological factors have an impact on expression of aggression as noted by the GAM.

The GAM approach is comprised of these two main areas of biology and psychology (Allen et al., 2018). All stimuli received by the brain go through an appraisal and a decision process which provides the outcome of either aggression or non-aggression. The authors describe the model using the three stages of inputs, routes, and outcomes. It is noted that all neurological processes are subject to biological and psychological impact affecting the outcome throughout the stages. This is further explained by the impact of stimuli towards affect, cognition, and arousal in the route stage. The authors view the process as having intervening factors such as personality

which is a combination of the self and the situation. Gaining information regarding someone's unique reaction in these stages can assist in the intervention process greatly in treatment. It is understood that reducing a tendency toward aggression can reduce recidivism through deduction of the above information.

Recent Conceptual Frameworks of Treatment

The concept of psychopathy or sociopathy is often mentioned in this research area. It is established that these characteristics are measured, as previously mentioned, on a continuum level of intensity. As the PCL-R establishes through data presented in studies, there are various factors that establish intensity of psychopathy (Hare, 2016). It is understood, through the use of the DSM-V, that APD is present often with those who commit crimes and are repeatedly found in the criminal justice system (Erickson et al., 2009). This key concept is a foundation for the theoretical need for forensic treatment in those who are criminally involved and have mental health issues.

Recent relevant studies on the population detailed in this study include a review of appropriate treatment approaches. These programs will be reviewed in context to the suggested treatment guidelines established with empirical data. Wong and Hare (2005) first discussed suggested guidelines for this treatment approach based on research that has substantiated the use of PCL-R as a measurement tool of psychopathy, sociopathy, and criminality. Hatchet later addressed treatment in this population in his 2015 study. Hatchet (2015) based on his conclusions, clearly states the inefficiency of psychosocial interventions to reduction of criminal recidivism but adds that substance abuse treatment is the most effective towards recidivism.

Recent studies into the MHC system and the treatment options offered include a study by Landess and Holoyda (2017) focusing on the increasing need for PSCs to address criminal behavior performed by those who are mentally ill. The focus of redirecting clients from incarceration to treatment to reduce recidivism is accepted as the goal of the FACT program. The authors discuss the program in detail and suggest ways to utilize this approach and continue research in this area. As mentioned earlier, the authors of this study maintain that each MHC is an island onto itself as it cannot be adequately compared to other MHCs in other counties due to the differences in process, procedure, and policies (p. 503). The authors explain that there is not enough evidence-based research available regarding MHCs as most of it entail descriptions of what MHCs are. It is questioned whether the MHCs pick their clients based on their potential for success instead of offering the services to those who meet clearly established criteria. For an MHC's methods and outcomes to be generalizable, it should include participants representative of the population of criminal justice-involved individuals, such as young adult minority (principally African American) males who tend to be over-represented in the correctional setting (Landess & Holoyda, 2017, p. 504).

The FACT program in Monroe County works with the MHC to determine eligibility requirements. Criminal recidivism among the mentally ill is a topic studied by Dr. Steven Lamberti while establishing the FACT program. Dr. Lamberti (2007) recognizes the differences in professional views of this concern. He explains that the FACT program was conceptualized with the use of recent research as a framework to assess and address individual risk factors. “The framework highlights the importance of

individual and service-system risk variables and emphasizes the central role of treatment nonadherence as a mediator between modifiable risk variables and recidivism (p. 773). Later, through this research, Dr. Lamberti was able to establish the current FACT program in Monroe County. The details of the program are found in his randomized controlled study of the program completed in 2017. An important difference noted in Lamberti's work is his insistence on collaboration between the mental health and criminal justice staff to aide in accountability of the client to the criminal justice system for their absence of adherence to this treatment (Lamberti, 2016).

Lamberti's approach provides a collaboration of programs to address recidivism. The program includes client engagement into both mental health activities and criminal justice-based activities (Lamberti, 2016). Assessment tools used with this program will utilize both psychosocial assessment and conduct criminogenic risk and needs assessment (p. 1206). Another component that Lamberti uses in the FACT model is the monitoring aspect of both typed of activities in treatment through progress reports to the MHC. Also, the use of problem-solving approaches come from a team approach to address individual client issues impeding treatment. Therefore, there is representation of both criminal justice and mental health options. His study in 2017 resulted in a statistical association of the FACT program with fewer convictions of new crimes, less jail time, and more completion of treatment programs by the subjects as compared to the "treatment as usual" approach (Lamberti et al., 2017, p. 1016).

In 2015, a study that investigated the efficacy of MHCs into recidivism. Linhorst, Kondrat, and Dirks-Linhorst (2015) sampled participants from the MHC system and

found that "23.2% were rearrested during court supervision" usually lasting under one year (p. 486). The authors identified what factors were in play for those who reoffended. The authors noted that factors that correlated with increased risk of reoffence in prior studies was the age of the offender (younger age = higher risk), the interpersonal status (single = higher risk), and their employment status (unemployed = higher risk) (p. 497). In this study, however, the authors explain the results showed only that those with substance abuse histories had an increased risk in reoffending. Therefore, substance abuse should be addressed in treatment for this population. Again, an individualized approach to treatment would address this as substance abuse is addressed as a component of FACT. And, with utilization of both the mental health and criminal justice approach to substance use, a higher level of accountability is required to complete the program.

Studies on the efficacy of CBT towards this population have been described. Davidson et al. (2009), proved that CBT did not show efficacy in a study of those with APD who are also aggressive. However, they did note an improvement in social functioning and lessening of alcohol abuse. Young et al. (2013) approach the topic of the necessity for efficacy in this population to reduce recidivism. They compared a cognitive skills program with "treatment as usual" and concluded that the using the fifteen-session CBT intervention, despite the small number of subjects in the program, established important statistical information. There was clear efficacy in increasing problem-solving skills, improving emotional stability, symptoms of attention deficit, violent attitudes, and anger (Young et al., 2013; Kingston et al., 2018).

CBT approaches are utilized in several studies with this population of subjects. As Pluck et al. (2015) discuss in their study a large percentage of APD clients fit into this criminally involved/mentally ill group. Many are noted to have interpersonal and substance abuse issues (p. 403). The results negate the assumption that those with APD have a higher risk of recidivism. However, they were highly associated with substance abuse issues (Thylstrup & Hesse, 2016). Further, Talbot, Vollm, and Khalifa (2015) in the study of using only work skills programs found the approach ineffective for this population. This information is condensed into Lamberti's studies that are the foundation of the established FACT program.

Summary and Conclusions

Since 2005, many studies have overviewed the treatment efficacy to effect criminal recidivism in the population we are purported to study. Towards this end, Lamberti has offered the FACT program as a potential option. Many studies regarding this program have been reviewed to ascertain whether FACT or SPOA approaches are more or less effective to affect recidivism (Lamberti et al., 2004; Lamberti, 2007; Erickson et al., 2009; Lamberti et al., 2011; Lamberti, 2016; Lamberti et al., 2017; Landess & Holoyda, 2017). These studies show some efficacy in various factors and each study was comprised of different sample sizes and different approaches. The FACT program utilizes several approaches to treatment.

The status of the SPOA referral approach to the MHC referrals will be discussed in chapter 3 to determine the statistical approach to study this population. While the SPOA refers clients to general community mental health treatment programs which

utilize mainly CBT, FACT utilizes CBT approaches, criminality-based treatment, probation assistance as a team approach, and substance abuse treatment together within their program. As per Rotter and Carr (2011), “a more targeted criminal justice focus” is suggested to effect criminal recidivism as they address the criminal thoughts and behaviors associated with recidivism. The approach by Lamberti takes into consideration the use of CBT, substance abuse treatment, and monitoring assistance to address many factors that affect recidivism. As stated by Lamberti (2016), “Combining best practices from each field, the stepwise process includes engagement, assessment, planning and treatment, monitoring, problem solving, and transition” (p. 1206).

Chapter 3: Methods

This study's focus is on establishing effective treatment for the mentally ill/criminally involved in our communities to reduce negative effects on the residents and to provide ethical treatment to all mentally ill in the community. There are many approaches towards attaining this objective and they vary among states and counties in the United States (Bonfire et al., 2018; Lamberti, 2016; Landess & Holoyda, 2017; NYSUCS, 2020. This study directly compared two different approaches that have been established as general approaches in two different ideologies: general mental health treatment and treatment interventions to address criminality. The two counties compared in this study in New York State are Saratoga and Monroe Counties, as they utilize unique methods. Each county has an approach that is generalized as SPOA/AOT and MHC/FACT. Both utilize evidence-based treatment modalities (Bonfire et al., 2018; Lamberti 2016; NYOMH, 2020).

The purpose of this study was to assess which program affects a lower recidivism rate for those involved in these respective programs. Client-focused treatment is essential to efficacy of treatment (Edwards et al., 2020). Using the appropriate treatment enables the county to provide better quality therapy for those affected and reduce harm to the community through illegal and harmful acts by this population of individuals. The cognitive behavioral approach of the general mental health SPOA program in Saratoga was compared to the forensically focused FACT program that is found to be effective on recidivism (Lamberti, 2017). The results lend themselves to guide funding in each county

towards a more efficient use of all funding in general, especially towards those involved in the criminal justice system.

The design of the study intended to compare the variables in this study is the MANOVA (Alexopoulous, 2010; Burkholder, 2012; Dattalo, 2013). The data obtained from both counties include the rate of arrests/hospitalization of those individuals in each county who were in the mental health treatment program or FACT and the presence of or absence of an MHC process. As Saratoga County does not have an MHC, and Monroe County does; they were labeled as 0 and 1, respectively, and are the independent variables utilized in the statistical calculations detailed below. The rate of arrests and hospitalization for each county were individually used as the dependent variables. Therefore, results included the comparison of each county to the other and differentiated between the presence and absence of a specified MHC process with regard to arrest rate and hospitalization.

In this study, the archived data supplied by the NYOMH (2020) were used. For analysis, the IBM SPSS program was utilized (Saldaña, 2016). The data analysis intended to compare the total population numbers to the arrest and hospitalization numbers in each county and assessing the mathematical rate of each. Included were a thorough and explicit description of the specifics regarding this quantitative/correlational study, the relationships between the variables, the research questions, the participants of the study, data collection, the study variables, and statistical analysis techniques.

Research Design

The data were obtained in this study from archived statistics and reports (NYOMH, 2020). Each county in the state is included and the information is reviewed first by local and then state officials for accuracy. The reports utilized to gather information were separated by year, county, and service (NYOMH, 2020). Data retrieved include mental health readmission information separated by county and program. The number of mentally ill under court order for each county is listed in addition to county mental health profiles which entail the hospitalizations for each county. I evaluated these data for use in this study, and the data required for each county is available. The year chosen for evaluation is 2017, when I began the research for this study. The data represented a recent sample for a quantitative study, which allowed for analysis of correlations to compare the two counties.

The data were recoded and analyzed via the IBM SPSS computer program for scrutiny (Wagner, 2019). Coding the independent variables appropriately was essential to the validity and reliability of the resultant data from the statistical procedure (Saldaña, 2016; Wagner, 2019). Due to the available archived data of total number of adults (over 18) having psychiatric emergency/hospitalizations for each year and the number of arrests, the analysis was performed to assess the relationship between each county process and the recidivism rate. This entailed the use of the statistical procedure of MANOVA to compare across both groups. In addition to the MANOVA, *t*-tests were completed for each dependent variable of arrests and hospitalizations to complete the

analysis. Assistance from each county may be required to assess the accuracy of the data being utilized from the archives.

Comparison of the two counties with the multiple variables included required the correlational statistical approach of MANOVA to identify the strength of the relationships between variables and compare them (Frankfort-Nachmias & Leon-Guerrero, 2018). The subsequent use of *t*-tests was found to be important to the study. During the study, the use of the multivariate multiple linear regression, (MMR) was considered. MMR is only necessary when using multiple independent variables to predict the significance of the dependent variables (Saldaña, 2016). However, the IV used in this study can include two subgroups with use of coding which was appropriate for the MANOVA and satisfy the assumptions of the study. The assumptions to satisfy for the MANOVA include a quantitative normal distribution, linearity, and homogeneity (Warner, 2013). The IV uses a dichotomous response of 0 or 1 which represented the presence or absence of the MHC/FACT programs. Also, a scatterplot was to be used to assess for outliers, linearity, and homogeneity (Warner, 2013). The results will be included in the Methods section.

The outcome of this analysis supplied data to evaluate the different approaches used by the Saratoga County process of SPOA/AOT and the Monroe County MHC/FACT. This comparison demonstrated differences in arrest and use of hospitalization for each county. The results will assist in identifying: Do the programs differ in their results significantly? Is one program significantly more effective? What do the results signify to the practitioner? Does the absence of the FACT program in Saratoga

County influence the rate of recidivism? The results increased the understanding of treatment program efficacy and may have a direct impact on future county funding decisions and direction of treatment referrals.

Research Questions

The research questions established in prior chapters focused on the purpose of the study. The purpose of the study is to assess the various programs and approaches intending to reduce recidivism and hospitalization in the criminally charged, mentally ill population.

- What effect, if any, does the presence of specified treatment towards criminal behavior have on recidivism and hospitalization rates?
- What significant difference, if any, exists between the SPOA/AOT process and the MHC/FACT process regarding the outcome?
- What difference, if any, is there in a resultant positive impact on social change in either community through the reduction of recidivism?

The problem addressed in this study is the unknown effect of the different treatment options for the criminally charged/mentally ill population and the recidivism rates that may be a result of misdirected treatment of this population. Essential factors were the identification, assessment, case management, and treatment of this population (Hodgins et al., 2009; Linhorst et al., 2015). Answering the above questions can enable each New York State County to provide more personalized treatment to better address the needs of each participant. This will affect the community by reducing illegal activity, leading to a safer community, and providing ethical evidence-based treatment to the focus population

(Hodgins et al., 2011). In addition, funding currently used to treat the criminally involved clients in the most often used CBT program can be redirected towards a more effective treatment process and program (Epperson et al., 2014).

The research questions established the need for a comparison of treatment protocols in the two counties to analyze their efficacy in reducing recidivism and hospitalization. A secondary factor in this study was the unknown impact on the mental health programs and their clients when including or eliminating the criminally involved/mentally ill client in the treatment experience. Are the other clients affected by the inclusion of the criminally involved in their treatment groups and programs?

Participants of the Study

The participants included in this study were provided by the state in a confidential manner. No identifying information is available from the archived data collected by NYOMH. The population studied were all individuals who were brought before a criminal court (Saratoga) or MHC (Monroe) to address their criminal activity. Specifically, the population consisted of the clients in Saratoga County referred to SPOA/AOT and the clients from Monroe County referred to MHC/FACT. These individuals were both male and female and over the age of 18. The total population size for these two counties was also considered.

The demographics of the two counties were quite different and presents a limitation to the study that cannot be resolved. Although the statistical analysis compared percentages of the sample population, it is important to note the differences in size of population of each county and the differences in racial and ethnic diversity (USCB,

2021). The percentage of "white alone" population that reported no ethnic or racial identification differed by 20% (Saratoga County at 90.1%, Monroe County at 70.1%). The population size differs as the Saratoga County population was estimated at 229,863 and the Monroe County population estimated at 741,77 along with an increased urban area in Monroe County as opposed to the more rural area of Saratoga County (USCB, 2021). These differences were noted in the discussion.

Data Collection

Upon review of available data from the NYOMH there were multiple variables of data collected (NYOMH, 2020). This study included only data from adults of 18 years old or more. Therefore, all child data listed in the archives were excluded from this study. Assistance from the county mental health offices was sought to retrieve and confirm the number total number of participants, arrests, and hospitalizations. To collect the data, the NYOMH directs all county organizations to maintain statistical information on all OMH programs (NYOMH, 2020). Reliability and validity were established through the generalized collection methods of the state, which does not include any identifying information of clients. The data from Saratoga and Monroe Counties were representative of the State of New York, as there are either MHCs, more often in the urban counties, or no MHCs, more often in the rural counties. These results are not necessarily generalizable to other states.

Study Variables

The variables utilized in the analysis were delineated further for a clearer understanding. A dichotomous independent variable and four dependent variables were

utilized. To compare Saratoga County and Monroe County, the independent variable was coded as 0 and 1 to represent, respectively, the absence or presence of MHC or FACT. Therefore, the focus of the statistical results was on the efficacy of utilizing these two newer methods of referral, MHC/FACT, as opposed to the prior approach of SPOA/AOT. Saratoga County was represented with 0 and Monroe County was represented with 1.

- Independent variable (IV) Presence of a specified MHC and FACT in the county in 2017, Yes or No (1, 0) (dichotomous variable).
- Dependent variable (DV1) Percentage of population arrested in 2017 in each County. (Continuous/Ratio variable)
- Dependent variable (DV2), Percentage of population hospitalized in each County that year. (Continuous/Ratio variable)

Continuous, non-parametric data was used due to the assumption of a lack of normal distribution and allowed for a range of conclusions about data (Warner, 2013). The provided data from NYOMH included flexible parameters in the collection process from each county. The total number of participants in each county also differed (NYOMH, 2020). Therefore, the dependent variables were utilized as a ratio of the total for accurate comparison.

Data Analysis

The statistical approach utilized in this analysis of data was the MANOVA. The MANOVA allowed for an analysis of multiple dependent variables synchronously (Warner, 2013). MANOVA normally includes a scatterplot that exhibits a diagram of the correlation of variables. The software that was utilized is the SPSS program from IBM

(Corp, I.B.M., 2021). The benefit of this approach lies in its simplification of data and a descriptive result of relationships between the independent variables (Dattalo, 2013). In determining the use of MANOVA, the decision was clarified through use of Dattalo's (2013) book, which analyzes statistical approaches to multivariate comparisons. MANOVA was utilized instead of analyzing the DVs separately or combining the DVs into a composite score (Dattalo, 2013). Also, the MANOVA allowed for the use of statistically related data with validity established through the use of Pearson's *r*.

MANOVA is a statistical technique that includes one independent variable and more than one dependent variable. Saratoga and Monroe Counties were operationalized in the IV as 0 and 1 respectively. As Dattalo (2013) explains, "MANOVA may be defined as the ratio of two multivariate variances; *multivariate variance* is a measure of the simultaneous dispersion of values around multiple means" (p. 29). MANOVA can be used when there is one IV (with 2 subgroups, such as Saratoga and Monroe Counties in this case) and two DVs (arrests and hospitalizations). It was used instead of carrying out an ANOVA for each DV (p.19). Using the MANOVA "controls for intercorrelations among DVs" (p. 19). Since this study included the analysis of the means of two DV groups (arrests and hospitalizations) it was beneficial to use MANOVA for analysis. It also tested the null hypothesis across all dependent variables. "To reject the null hypothesis, will infer that at least one variable mean is different than the others." (Dattalo, 2013, p. 88). The MANOVA provided away to compare the two counties arrest rate and rehospitalization rate.

MANOVA assumes normality of the DVs, absence of outliers, homoscedasticity, and low to moderate correlation of DVs (Dattalo, 2013). The process of the MANOVA includes a multivariate *F*-test, assessment of the overall model and identification of statistically significant group means (p. 32). If the study was to utilize two ANOVAs instead of the MANOVA, there would be a possibility of a resulting false significant value. If the *F*-test proved the *F* is significant in the MANOVA, it identified the pairs of means that are statistically significant for an overall model analysis (Dattalo, 2013). Therefore, the study could have identified the different results of the different treatment processes and programs (p. 43). MANOVA also assured no inflated type I errors that can result from multiple test

The limitations of MANOVA were considered and discussed by Dattalo (2013) and noted in this research. MANOVA required large sample sizes due to the complexity of the model. This study's use of archival data satisfied this requirement. There can be ambiguity in the interpretation of the IV on the DVs (p. 43). This interpretation must be discussed to strengthen validity of testing. Also, moderately correlated DVs reduced the validity of the MANOVA results (Dattalo, 2013). These limitations were noted in the results discussion. The archived amounts of arrests and hospitalizations for each county differed due to the difference in county size. Therefore, the use of percentages of total population for each county minimized false significance. MANOVA, however, was utilized to explain any differences between the Counties in the two DVs mentioned.

Summary

The foundation of this study was to collect data through archival based NY State data for use in a comparison of county approaches, to what the state has established in literature, to be a necessity. The use of MHC was implemented in NY State and has since been interpreted by each county. The use of MANOVA was appropriate due to the variables indicated to adequately study the potential correlations. In the following chapters the statistical procedure for this examination was delineated and discussed. The potential for a county program, which returns a healthy client to the community, has a great impact on that individual and the community as a whole.

Chapter 4: Results

The following chapter presents the data that resulted from the analysis along with specifics of the type of analysis and the resultant figures. The MANOVA used to attempt to find answers to the research questions based on the data available led to a re-evaluation of the data analysis methods and additional testing was required. Using IBM SPSS V28, the raw data was organized in total numbers and into percentages of population. The results of the MANOVA yielded results of ---- in all areas in which a numerical result was expected in the IBM SPSS program. There was no numerical data included in any category of the results except the descriptive statistics of mean, standard deviation, and N included in Table 1.

Table 1

Descriptive Statistics

	Has MHC/FACT	Mean	Standard deviation	N
Arrests	.00	1.22		1
	1.00	2.55		1
	Total	1.88	.94	2
Emergency/hospitalizations	.00	3.82		1
	1.00	3.21		1
	Total	3.51	.43	2

Note. This table includes the actual results of the IBM SPSS table.

The multivariate tests did not include any numeric results. The tests of Between-Subject Effects resulted in numeric results in the Type III Sum of Squares section only.

The Estimated Marginal Means analysis included only numeric data for the Mean. The standard error and confidence intervals were not found in the analysis.

The data available for comparison between the two counties included total numbers of arrests and mental health emergencies for each county. This data did not prove useful in the MANOVA analysis in that the results yielded only descriptive statistics and between-subjects effects with literally absent multivariate test results. Without the MANOVA results, there is no results of means from which to analyze. The results of the analysis could be due to the similarity in the data between the two counties. The full analysis would be necessary to access any differences between the group means. The significance of the data is unavailable. Table 2 includes the data utilized for all statistical analyses completed using percentages. Therefore, other analyses were attempted.

Table 2

Table Title

County	Arrests	MH emergencies	Population
Monroe	2.55	3.21	742,724
Saratoga	1.22	3.82	229,276

As the purpose of the study was to compare both counties to understand the effect that the MHC/FACT programs have on the population, it is essential to ascertain the correct analysis. Due to the limited data, to compare the two counties, one sample *t*-tests were completed in two approaches using either total numbers or percentages as the data

in two separate analyses (IBM, 2021). No participants are utilized to collect data, as the county statistics were utilized. Using the dependent variables as continuous variable of percentages of each county, the results of number of arrests and hospitalizations will be independent of each other. Is there a significant difference in arrests and/or mental health emergencies between Saratoga and Monroe Counties or is the null hypothesis valid? A one sample *t*-test was completed for arrests and a one sample t-test was completed to compare mental health emergencies. The mean for arrests in both counties is 1.89 with a standard deviation of 0.94. The significance result of 0.10 is greater than p-value of 0.05 resulting in absence of significance. The results for arrests were not statistically significant with a mean difference of 1.89 (95% CI, -6.6 to 10.33). The mean arrest score of (1.89 ± 0.94) was not statistically significant at 0.22 with Cohen's *d* point estimate of 2.0 (95% CI, -0.67 to 4.76). The means for the mental health emergencies between the two counties resulted in 3.51 with a standard deviation of 0.43. A statistical significance of 0.028 determines that the differences between the number of for between the county's mental health emergencies is compelling (95% CI, -0.36 to 7.39). Cohen's d point estimate 8.149 (95% CI, -0.05 to 18.33). The results appear to support the null hypothesis in arrests but not in psychiatric emergency/hospitalizations. These results will be explored in the discussion section in relation to the collected research discussed in Chapter 1.

Chapter 5: Discussion

With the comparison of the two counties and the variables, the practical significance is limited. With the lack of significance for arrests with the significance in mental health emergencies, we can look at effect size. The effect size is large in arrests and medium in mental health emergencies (Warner, 2013). A large or medium effect size describes how much the data differs from the hypothesis. It appears that for arrests in each county there is no significant difference, confirming the null hypothesis that there is little difference between the county that has MHC/FACT and the county that does not. However, there is a potential significant difference with respect to mental health emergencies. The MHC/FACT programs were established to directly affect both arrests and emergencies. However, it appears that it has had only a direct impact on mental health emergencies/hospitalizations according to the resultant data.

It is important to this study to mention that the data I intended to study included the rates of arrests and hospitalizations within the programs of SPOA/AOT and MHC/FACT. These data were not available, and it is not known whether they have been collected. Therefore, the arrest and hospitalizations for the counties studied were utilized. A great amount of data has been collected by NY State surrounding this topic but the lack of direct data from each program on recidivism or rehospitalizations once in the programs was not found. I notified many county officials from each program and ultimately was forced to utilize the data compiled by the State of NY.

Arrests

Antisocial behavior, as a mental illness, has a great effect on a community and there is a implied responsibility of the government to minimize the impact that it has on the safety of a community. There are ways to affect this impact. Specifically, increasing the availability of mental health treatment to those who are arrested can, in theory, dramatically reduce recidivism (Bonfire et al., 2018; Collins, 2005; Dodge, 2017; Edwards et al., 2020). However, data studied comparing results from counties that have/do not have the programs did not yield significant results in arrest rates. The use of FACT, which utilizes CBT, lifestyle and consequence therapy appears to not effect arrest rates. There is no further research comparing the implementation of these programs to other programs, thus far, in NY State. There are few studies that compare programs that include a MHC and a FACT program to those that do not except the studies within Monroe County from the FACT program itself (Lamberti et al., 2017). At this time, the two programs tend to be found in larger populated counties with densely populated communities. The more rural counties tend to not have the resources to attain these newer programs in their counties.

This comparison of Monroe and Saratoga counties compares these two types of counties and the results do not appear to show a significant impact in arrests for the larger county that utilizes the programs, according to the results of this study. Perhaps the size of the population has an impact of the efficacy of the programs. The data can be interpreted such that the smaller county can utilize the SPOA/AOT approach with positive results towards recidivism, or the larger counties recidivism is not affected from

the specialized program due to the insignificant findings. This will be discussed for the results of the data in mental health emergencies/hospitalizations also as the studies mentioned above link mental health emergencies/hospitalizations to direct police interaction with the population (Hodgins et al., 2011; Landess & Holoyda, 2017; Mannekote et al., 2019). The following data results of the impact of effective mental health treatment to a community will be discussed next.

Mental Health

The results of this study do show some significant difference in the number of mental health emergencies that occur in the county. Highly populated Monroe County has a significantly lower percentage of mental health emergencies than Saratoga County, which is less populated and more rural. Is this due to an increased prevalence of mental health programs available? I propose that the MHC in Monroe County is utilized to assess arrests of those who are mentally ill and is meant to address these arrests with clinical intervention relieving the officer of much clinically-evaluative responsibility (Dodge, 2009; Edwards et al., 2020) Thus, the presence of the MHC in Monroe County has a positive effect on appropriate referrals to crisis/emergency services but further studies are needed to interpret the reasons (Epperson et al., 2014; Erickson et al., 2006). Is the higher rate of arrests in Monroe County representative of the mentally ill being over-represented in the criminal justice system? Perhaps, but it also could be due to the MHC providing an avenue for police in coping with the mentally ill who find themselves arrested, as the results for Monroe County show a significantly smaller number of mental health emergencies.

I have noted in my experience that several cases presented as mental health emergencies are initiated from the illegal behaviors that are interpreted by police officers as mental health emergencies and left to the emergency services to assess and treat, without arrest. This can be a result of the difficulty interpreting behavior by officers who do not have education in mental illness. It appears that the MHC provides police with an avenue that alleviates the stresses on both the criminal and the mental health emergency system. There are so many more questions to ask with the higher percentage of mental health emergencies in Saratoga County and the slightly higher arrests rate of Monroe that utilizes the MHC (arrest rates not found statistically significant).

Psychopathy Checklist

The above discussion of the spectrum of antisocial behavior provides an interesting approach to viewing arrests and hospitalizations. As Hare (2016) discusses in his studies, descriptions of psychopathy in prior research have shown that there is confirmation that antisocial behavior is a compelling aspect of measuring psychopathy. Arrests, by definition, involve antisocial behavior. The intensity of antisocial behavior determines where the individual lies on the psychopathy spectrum. Therefore, utilizing the Hare PCL-R can have an impact on determining recidivism (Hare, 2016).

As the founder of the FACT program, Lamberti (2016), explains the factors leading to recidivism or "risk factors" as "history of antisocial behavior, antisocial personality pattern, antisocial cognition, having criminal companions, family/marital problems, work/ school problems, lack of healthy leisure/recreational pursuits, and substance abuse" (p. 1208). Lamberti's studies that lead to the establishment of FACT are

largely based upon antisocial behavior, personality, and cognition. It seems relevant to the PCL-R measurements, yet the PCL-R is not discussed in any of Lamberti's studies or writings in establishing the FACT program.

Much more research is needed to determine the reasons for the statistically significant results in this study. As I mention above, there are many ways to interpret the results. A random sample of participants in the MHC and AOT process completing a written survey would bring about a greater amount of specific data but would require several years and organizational cooperation to complete. It is important that NY State collect the data that would be of importance to completing more relevant analyses on recidivism with this population. This would include recidivism numbers within the SPOA/AOT system itself. As these are the most widely used programs in the state, further information should be gathered to understand their impact. With perspective on the enormous amount of state funds provided to all these programs, it is incumbent upon the scientific community to attempt to understand this issue with statistical support.

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