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Walden University

College of Social and Behavioral Sciences

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Michelle Blount

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Review Committee
Dr. Deborah Laufersweiler-Dwyer, Committee Chairperson,
Public Policy and Administration Faculty

Dr. Michael Knight, Committee Member,
Public Policy and Administration Faculty

Dr. Gema Hernandez, University Reviewer,
Public Policy and Administration Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2019

Abstract

Mental Health Courts: Mental Illness, Diversion Programs and Recidivism

by

Michelle Blount

MS, University of Phoenix, 2010

BS, University of Houston - Downtown, 1997

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

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August 2019

Abstract

Many large urban juvenile probation departments have begun to utilize mental health courts to meet the demands of the increasing number of individuals who have mental health issues that end up in the juvenile justice system. Diversion programs are designed to keep youth in the community and out of the juvenile justice system, but it is not clear whether these programs keep individuals from re-offending. Therefore, this study was conducted to determine whether diversion programs used in the mental health courts are helping to decrease recidivism for juveniles identified with mental illness. This study was also aimed at identifying how mental illnesses affect successful completion of programming. The theory of therapeutic jurisprudence was used as the theoretical foundation to help guide this quantitative, quasi-experimental study and answer the research questions. The data utilized was from a large urban juvenile probation department, which uses the mental health court as a diversion program. Data was collected from 2009 to 2017 on both youth who participated in the program and those who chose not to participate in the program. Chi-square and logistic regression were used to analyze the data. Based on the chi-square, recidivism rates were significantly impacted by participation in the mental health court. The data presented demonstrated mental health court is effective at reducing recidivism. The potential is there for positive social change in the treatment of youth with mental illness both in the community and the juvenile justice system.

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Dedication

This paper is dedicated to my family, friends and co-workers who have helped me become the individual that I am today.

Acknowledgments

I would like to acknowledge the large urban juvenile probation department who helped provide data for this research and for their commitment to mental illness and continued dedication to new innovative programming.

I would like to give a million thanks to my husband who has been by my side and continues to support me in every endeavor I seek out.

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Chapter 1: Introduction to the Study

The study will evaluate Mental Health Court as a diversion program and will it deter future involvement in the criminal justice system. The mental health court is a fairly new concept and little research has been completed to determine if it has been successful at deterring future recidivism. The potential for social change includes more programming opportunities for mentally ill youth involved in the criminal justice system as well as changes in the treatment of youth who suffer from mental illness.

Background

In the last 10 years, there has been a shift in services for youth in the juvenile justice system from punitive based to wrap-around services for those detained in the juvenile justice system, which provides a more individualized system that fosters community involvement. The juvenile justice system has discovered that the number of youth in the justice system with mental illnesses is substantial. In the United States approximately 2 million youth are arrested (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Underwood & Washington, 2016), and approximately 50% of this 2 million meet diagnostic criteria for having a mental health disorder. Additionally, 20% of these juveniles live with a variety of severe mental illness such as schizophrenia, bipolar disorder, and major depression (Colins et al., 2010; Gilbert, Grande, Hallman, & Underwood, 2014; Teplin et al., 2013). Juveniles who are brought into the criminal justice system and suffer from a mental health condition have high recidivism rates, which means they are re-arrested and incarcerated at higher rates. Thus, research

addressing this phenomenon and evaluating the programs available for this population has become necessary.

In 2003, the New Freedom Commission on Mental Health advocated for the adoption of diversion programs to reduce unnecessary court involvement of adults and youth living with mental illness. The New Freedom Commission viewed diversion as significant to decriminalizing mental illness and a needed step to decreasing the warehousing of youth living with mental health conditions in juvenile detention and correctional centers. Mental illness, a condition that can impair an individual's cognitive, behavioral, and psychological being, affects the success of a juvenile in staying out of the criminal justice system; once in the system, these conditions may be exacerbated (Foster, Qaseem & Connor, 2004). As many as 70% of youth who suffer from mental illness are involved in the juvenile justice system, which includes those with easily treatable disorders such as affective disorders and anxiety disorders (Hammond, 2007). Research suggests that these youth do not belong in the juvenile justice system and becoming part of the system could be more harmful. These individuals may do better in services in the community, closer to their school and homes where the support network to address mental illnesses are present (Campaign for Youth Justice, 2016).

Mental health courts, a court-based diversion program, remain the most common post-booking diversion model. These courts are characterized by several key features, including a separate docket of cases, judicial supervision of individually tailored treatment plans, regular judicial status hearings for participants, and terms of participation for successful completion or graduation (Thompson, Osher, & Tomasini-

Joshi, 2008). The first juvenile mental health court was established in 2001 in California, and now there are over 60 juvenile mental health courts nationwide (Gardner, 2011). In the past two decades, diversion programs have increased across the United States, from 230 in 1995 (Steadman et al., 1995) to over 500 programs as of 2009 (Case, Steadman, Dupuis, & Morris, 2009). Mental health courts have grown perhaps even more rapidly, from 250 in 2009 (Almquist & Dodd, 2009) to nearly 350 as of 2015 (Substance Abuse and Mental Health Services Administration GAINS Center, 2015). With mental health issues becoming more common in juvenile offenders, services need to be available to identify and treat these problems as quickly as possible. Implementing mental health courts into the juvenile justice system allows both the court as well as services within the community to work together to address the unique needs of each juvenile offender, as not every juvenile has access to services they may need without the help of the juvenile court. Furthermore, effective services account for the willingness of family engagement as well as typical adolescent psychological changes.

Because service providers in the community are scarce, and those that do specialize in youth are even fewer, more people are turning to the justice system for help. However, treatment for mental health and behavioral needs in the juvenile justice system tends to be done through traditional programs (Kamradt, 2001). Research has been conducted on the effectiveness of various interventions and treatment programs with varied success. Recent literature suggests that because of interrelated problems involved for youth in the juvenile justice system with mental health issues, a dynamic network of care that extends beyond mere treatment within the juvenile justice system is the most

promising. Conversely, due to a lack of dynamic programming, there is an increased number of children with mental illness entering the juvenile justice system. The youth can receive treatment while in detention but once released will face the same issue of a lack of community services, which does not address mental health issues in a continuum of care (Southwest Key Programs, 2010).

One of the challenges is under identification of mental illness and funding to support the increasing number of youth with a mental illness in the juvenile justice system (Burrell, 2012). The hope for diversion programs is that it will save the department money by keeping youth out of the detention center and offer alternatives for reducing recidivism. This type of diversion program is known as a wraparound service, which creates a system of care. The program incorporates family as well as the community to come together and create a system supported by services related to the youth's needs (Lim & Day, 2014).

Research on youth who are involved with the juvenile justice system and who suffer from mental illness has only recently been collected, and long-term data is not readily available. Therefore, I conducted this study in hopes of producing more data to identify whether or not mental health courts can be or are successful at reducing recidivism.

Problem Statement

Juvenile crime has always been an important issue. The significant rise of juvenile crime in the 1990s led to a “get tough” policy, which led to problems including a lack of programming to address this population’s needs. With more kids brought into the system,

the number who are suffering from some form of mental illness must be addressed. Addressing this is necessary to decrease the likelihood of re-entering the juvenile system. A report from the National Center for Mental Health and Juvenile Justice indicated that 70% of youth in the juvenile justice system are afflicted with a mental health disorder, and 27% suffer from a disorder so severe it significantly impairs their ability to function (DeMatteo, LaDuke, Locklair, & Heilbrun, 2013). The extent of the mental health needs of youth in the juvenile justice system remains unclear, which may be due to a lack of services and testing prior to the juvenile's interaction with the criminal justice system.

Many juveniles do not receive any services until they have been found guilty and placed in secure confinement. Moreover, many of the juveniles within the juvenile justice system have not been identified as "mentally ill" and are unlikely to receive the necessary treatment to address their illness while detained (Burrell, 2012). According to the National Mental Health Association (2004), 22% of youth suffer from mental disorders, but the prevalence is almost 60% for youth in the juvenile justice system (p. 1). Additional research into juvenile courts has suggested that almost 70% of youth in the juvenile justice system suffer from at least one mental illness (Shufelt & Cocozza, 2006, p. 2). Further, a study completed by the Texas Southwest Key program (2010) suggested that "only 31% of the youth in the Texas juvenile justice system receive adequate mental health services" (p. 14).

The problem this research addresses involves the intersection of mental illness and juvenile delinquency. The high co-occurrence of juvenile offending and serious mental illness suggests a need for new approaches to treating mentally disordered

offenders. For instance, juvenile court judges have indicated that detention rates could be decreased with better treatment options such as those in the community to improve family connections, educational performance, and accountability (Arredondo, 2003). Thus, in this study I determined whether diversion programs like mental health courts that address the connection between mental illness and criminal behavior are successful at reducing the recidivism rate of juvenile offenders.

There is a lack of research on the effectiveness of diversion programs within the mental health courts and their success at reducing recidivism. The growth of mental health courts has been faster than the research evaluating their effectiveness: "By 2010, only a few studies of individual courts had provided evidence regarding the effectiveness of the program model" (Fisler, 2015, p. 8). Because juvenile mental health courts help address reasons for re-offending such as mental illness, there is a need to evaluate their effectiveness at addressing juvenile offending.

Purpose of the Study

The purpose of this study was to examine archival data from the mental health court, which was provided from a large urban juvenile probation department that started in 2009. Data was collected on youth who were enrolled in the program from 2009–2017. Variables included in the study were age, race, and gender as well as recidivism rates. I analyzed the recidivism rates, which is identified as re-offending or a re-adjudication of a greater or equal offense. The research can help to determine how these mental health courts and the services used with youth who have been identified as suffering from mental illness are working. By identifying youth with mental illness, I intended to see if

with the proper treatment and diagnosis the identified diversion programs would keep the youth from re-offending. For comparison, data were also compiled on youth who declined to participate in the mental health court. Data indicated whether they recidivated (both re-offending and technical violations) and whether it was at a higher rate with no specialized diversion program in place.

Research Questions and Hypotheses

I sought to determine whether a juvenile offender diverted to the mental health court and its associated programming is less likely to recidivate (re-offend) than an offender who is not diverted. Recidivism is defined as a re-adjudication of a greater or equal offense.

Research Question 1: Do youth in the juvenile justice system diagnosed with mental illness have lower recidivism rates if they participate in a diversion program in comparison to the youth who chose not to participate in a diversion program?

$H_0$1: Recidivism rate is not significantly associated with the diversion program.

H_a1: Recidivism rate is significantly associated with the diversion program.

Research Question 2: Do those defendants who participated in a diversion program and who re-offended take longer to re-offend than those who did not participate?

$H_0$2: There is no significant difference in the length of re-offending between youth who participated in the mental health court versus those that did not participate.

H_a2: There is a significant difference in the length of re-offending between youth who participated in the mental health court versus those that did not participate.

Research Question 3: Do those defendants who re-offended and participate in diversion programs incur less severe charges than defendants who did not participate?

H_03: There is no significant difference in severity of offenses committed due to participation in the mental health court versus not participating in the program.

H_a3: There is a significant difference in severity of offenses committed due to participation in the mental health court versus participating in the program.

Research Question 4: Are those defendants who participated in diversion programs less likely to incur technical violations (i.e. fail to meet one of the court's requirements) than those who were not accepted into the program?

H_04: Participation in the diversion program has no significant difference on whether a youth incurs a technical violation versus not participating in the diversion program.

H_a4: Participation in the diversion program has a significant difference on whether a youth incurs a technical violation versus not participating in the diversion program.

Factors that were considered in the analysis include mental health diagnosis, gender, race, and number of charges the defendants had in their first hearing in mental

health court. For Research Question 3, severity of crime was a dichotomous variable (misdemeanor/felony).

Theoretical Framework

The theoretical framework of therapeutic jurisprudence was relevant to examining mental health courts in this study. Therapeutic jurisprudence can be seen as a theoretical grounding for any type of problem-solving court, as it essentially describes law as a therapeutic agent (Wexler, 2000, p. 125). Therapeutic jurisprudence, which was first described in the late 1980s, allows courts to shape an individualized therapeutic rehabilitation program for each offender. In the case of juveniles, where rehabilitation remains a key philosophy of punishment, the framework of therapeutic jurisprudence provided a framework for this study. This theoretical framework is concentrated on how the law, in action versus just written law, impacts the emotional and psychological well-being of those who become involved with the criminal justice system (Stefan & Winick, 2005; Wexler, 2000). A therapeutic jurisprudence framework requires a legal system to integrate the mental health practice system with the criminal justice system. A growing body of therapeutic jurisprudence scholarship has also addressed how judges in specialized problem-solving courts can apply principles of therapeutic jurisprudence in their work. The theory enables judges, attorneys, and other court personnel to apply psychosocial insights to the adjudication of juveniles, making it an appropriate theory for juvenile justice in addition to adult courts. Looking at the effectiveness of mental health courts at reducing recidivism under this framework can add to the body of work being created.

Mental health courts rely on an underlying need to treat defendants with respect and dignity (Stefan & Winick, 2005). These courts have been developed around specific tenants that act as therapeutic agents, emphasizing treatment over punishment in a case management approach (McGarvey, 2012). Specialized courts such as the mental health court allow the family to become involved with a team of service providers, which also helps them navigate the juvenile justice system. The foundation of the mental health court is that if not for their mental illness these youths may not have ended up court involved in the juvenile justice system.

Because little research has been completed on mentally ill youth in the juvenile justice system, all new programs are conceptual in design. The evaluation of mental health court for juveniles and their possible success in addressing criminality has only been explored over the past 20 years. Though research has indicated the high rate of mental illness among youth in the juvenile criminal justice system, there is a lack of understanding regarding why some youth end up in the criminal justice system rather than a mental health system (Cauffman et al., 2005). Applying therapeutic jurisprudence to the justice system would help the mentally ill offender to successfully complete the requirements of the court system and not recidivate (Redlich, 2014). By evaluating the mental health court, data can be collected, which may highlight the strength of participating in a specialized court. In this study, I analyzed diversion programs, collected data, and worked off the framework of therapeutic jurisprudence to determine if diversion programs could be implemented into every juvenile justice system.

The goal of this study was to look at therapeutic jurisprudence and note whether it will support the need for changes in the handling of mentally ill youth who are involved with the juvenile justice system. Once identified as a youth who suffers from mental illness, the goal should be to look at various programs within the juvenile justice system that offer services for mentally ill youth and divert them into these specialized programs. A therapeutic jurisprudence framework was an integrative paradigm to examine what serves the best interests of the community while limiting the overly punitive and unmerited aspects of offender treatment.

Nature of the Study

Mental disorders can be closely linked to involvement in criminal behavior (Cropsey et al., 2008); therefore, it is important to treat the disorders offenders suffer from (Fisher et al., 2014). This study addressed whether youth placed in a diversion program through a mental health court are more likely to remain out of the juvenile justice system versus youth who chose not to participate in the diversion program. Success was defined as recidivism for new offenses. I chose a quantitative design to examine diversion program outcomes because this design was suited to examining the relationship between variables. Variables in the study include: age, race, gender, diagnosis and offense committed.

I examined youth who have participated in a diversion program based on archival data from a large urban juvenile probation department's specialized court to ensure that participants would all have the same experience that would help answer the research questions (Creswell, 2007). I used a dataset of juvenile probationers from mental health

court versus the general juvenile population of youth who have been through the juvenile justice system. I reviewed data from the research division of the large urban probation department pertaining to all the youth who participated in the mental health court from 2009–2017 as well as youth who chose not to participate. No names from the court were used to protect their identities as well as comply with Health Insurance Portability and Accountability (HIPPA). I only evaluated the data for information on youths and not parental involvement. That data were used to evaluate recidivism rates and compare success rates of youth who received specialized services versus those who had nonspecialized services.

Operational Definitions

Adjudication: Conviction of an offense

Juvenile: A youth between the ages of 10-17

Mental illness: Mental illness affects an individual's ability to think and can impair their cognitive ability as well as their behavior and physical well-being

Mental health courts: A court that deals specifically with youth who suffer from mental illness

Recidivism-offense based: Youth received a new offense

Systems of care: "Involves families, youth, and all relevant service systems" (Burrell, 2012, p. 3).

Technical violations: Technical violations are violations of rules issued by the court and were referred to court again based on the violation of the original offense

Assumptions

Some assumptions are that the juvenile justice system is the first opportunity for a youth to receive mental health services. The juvenile justice system has been used as a gateway for fast mental health services, but the juvenile justice system is not the place for mentally ill youth to be housed. For this very reason, the diversion programs are so important for diverting youth from the juvenile justice system and back into the community; where they can receive these mental health services in the home.

Scope and Delimitations

The specific focus is centered on diversion programs. Diversion programs are utilized to divert youth from the juvenile justice system and back into the community. The mental health program uses several programs that offer wraparound services in the community. The boundaries of these programs are the limited amount of space in each program, because these services are so intense they can only service small numbers.

Limitations

The main limitation of this study is the sample size. Because mental health court are small, only a limited number of participants can be serviced each year. There is also a lack of programs available to youth. Each specialized program such as the Multi-Systemic Therapy Program (MST), Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), and the care team have limited space. Therefore, the total number of participants to gather data from may have been limited.

Significance of the Study and Implications for Social Change

The increase in juveniles with both diagnosed and undiagnosed mental health issues becoming involved in the juvenile justice system makes this research timely. Examining the successful completion rates for juveniles who participate in the diversion programs used by the mental health courts can provide information for the juvenile justice system. Knowing the rate of successful outcomes for these programs may help create or amend policies and programs within the juvenile court. Mental health courts have been shown to reduce the number of new crimes committed, reduce psychological distress, and improve quality of life (Cosden et al., 2003; Herinckx, Swart, Ama, Dolezal, & King, 2005; McNiel & Binder, 2007). In addition to helping the juvenile, mental health courts have the potential to provide protection for the community through the treatment of the juvenile (Bernstein & Seltzer, 2003). For instance, mental health courts have reduced new arrests as well as decreased the severity of new arrests of those participating in the court (Moore & Hiday, 2006; Steadman, Redlich, Griffin, Petrila, & Monahan, 2005). In addition, these juveniles are less likely to become involved with the adult criminal system, reducing criminality (Gummelt & Sullivan, 2016).

The results of this study can indicate the success of certain diversion programs and their impact on recidivism rates, which may influence the types of programs in the juvenile justice system, leading to positive social change. In evaluating mentally ill juveniles' success within mental health court and the associated diversion programs, the study may provide information on tools for continued guidance for these juveniles and their families. The diversion programs could change the process and treatment of youth

with mental health issues and the services each youth receives both inside the detention center as well as in the community.

Research done within this study may also help make professionals aware of the profiles of the successful outcomes of juvenile offenders who suffer from mental health issues. To reduce the reliance on the juvenile justice system to address juvenile mental health and substance use needs, this research may help professionals realize the importance of implementing mental health and substance use assessments in community settings, such as schools, to identify and make professional referrals for juveniles who may be at-risk or potentially at-risk for mental health or substance use issues before they engage in criminal activity.

Summary

Chapter 1, focuses on the purpose of the study and outlines the basis for the study, which is mental health courts with a focus on mental illness and recidivism. Research questions are outlined, which lays a foundation for the basis of the study. Chapter 2, will focus on the literature and theories surrounding mental health courts and recidivism.

Chapter 2: Literature Review

Introduction

Chapter 2, will introduce mental health courts and their use as a diversion program in the juvenile justice system. Because mental health courts are a new concept the literature surrounding them is fairly new as well. More longitudinal data on mental health courts will be beneficial in the future. In this chapter, theoretical foundation will be discussed as well as the theory of mental health courts and the current literature that establishes the need for diversionary programs for mentally ill youth in the juvenile justice system.

Literature Search Strategy

The review of literature requires a collection of articles based on topics related to various aspects of the research. Articles were obtained from Google Scholar and through ProQuest Criminal Justice and SocIndex. Articles were sorted by topic, which were topics relating mostly to juveniles and mental health. Subcategories were also researched by program type.

Theoretical Foundation

One evidence-based theory that has focused on juveniles with mental illness is cognitive behavior theory, which is used to focus on problem-solving skills and changing the thought process of those who suffer from mental illness. Cognitive behavioral treatment for juvenile offenders addresses thinking and behaviors that lead to crime (Development Services Group, 2010, p. 2). Aaron T. Beck developed cognitive behavior theory in the 1960s and had a major impact on the treatment for mental disorders (Hollon,

2012). When cognitive behavior therapy is applied, it can teach individuals how to alter their actions based on changes in thinking (McGarvey, 2012, p.107). This method is especially helpful for offenders, who may have mental health issues in additional to their criminal behavior (McCarvey, 2012). This type of therapy is needed for this population and can reduce recidivism by as much as 50% (National Mental Health Association, 2004, p. 6). Evaluations of cognitive behavioral therapy suggest that it is effective in addressing an array of disorders for youth living in rural and urban areas from all socioeconomic backgrounds and is culturally appropriate for use with African-Americans, Hispanics/Latino, and White populations (Berkeley Center for Criminal Justice, 2010). One key component of the mental health court is that it requires a team approach, which utilizes wraparound services to encompass the family, youth, school and community to ensure success. For a youth to be successful in a specialized program it requires youth and family participation, all participants will help provide data that may lead to more services through a specialized court. Cognitive behavior theory, in addition to therapeutic jurisprudence, helped to guide this study in noting the success in handling of mentally ill youth in diversion programs to reduce recidivism.

Mental Health Issues and Crime

Mental health refers to how individuals think, feel, and act, especially in relation to challenges (Substance Abuse and Mental Health Services Administration, 2011, p. 7). Most delinquent youth have a history of some behavioral health problem, which includes mental health and substance use disorders. Multiple studies have shown that 65% to 75% of juvenile offenders have at least one behavioral health disorder and that 20% to 30% of

these offenders have reported suffering from a serious behavioral disorder (Kretschmar, Butcher, Kanary, & Devens, 2015). The lack of treatment and assessment of youth, both before and after their involvement with the juvenile justice system, is made apparent from these statistics (Lopez-Williams, Stoep, Kuo, & Stewart, 2006; Kretschmar et al., 2015).

Additional studies suggest that the risk for recidivism elevates when mental health conditions are involved (Cottle, Lee, & Heilbrun, 2001; Kretschmar et al., 2015). The National Center for Mental Health and Juvenile Justice stated that “70% of youth in the juvenile justice system have a mental health disorder with approximately 25% experiencing disorders so severe that their ability to function is significantly impaired” (as cited in Cocozza & Shufelt, 2006, p. 1). The Arrestee Drug Abuse Monitoring Program also reported that 35% of all juveniles who were both arrested and detained reported alcohol involvement and 70% reported some kind of drug involvement (as cited in Belenko et al., 2003). Substance use is a direct risk factor of criminal behavior and can reduce the offender’s response to programming that is designed to prevent and reduce future criminal behavior (Kretschmar et al., 2015).

Mental Health Courts

Juvenile mental health courts are a relatively new addition to the juvenile justice system. The first juvenile mental health court was started in Santa Clara, California in 2001 (Heretick, 2013). Currently, there are over 52 juvenile mental health courts nationwide with most of those courts being located in Ohio and California (Callahan & Gerus, 2013). Most juvenile mental health courts follow seven common characteristics in regard to how they are designed:

1. Regularly scheduled special docket,
2. Less formal style of interaction among court officials and participants,
3. Age-appropriate screening and assessment for trauma, substance use, and mental disorder,
4. Team management of juvenile mental health participant, treatment and supervision,
5. System-wide accountability enforced by the juvenile court,
6. Use of graduated incentives and sanctions, and
7. Defined criteria for program success. (Callahan & Gerus, 2013)

Mental health courts are a specific type of problem-solving court program that uses intensive case management and enhanced court monitoring to divert people away from criminal activity and into mental health treatment and services (Ray, 2014). Programs are constantly being developed to divert adults with mental illness from incarceration. For example, DeMatteo, LaDuke, Locklair, and Heilbrun (2013) identified several different approaches, though community-based mental health programs designed to keep the offender in their own community rather than incarcerating the offender are the most common. Problem-solving courts including drug court, veteran's courts, and mental health courts are examples of interventions used to divert individuals from incarceration and into community-based services. These programs concentrate on addressing underlying issues such as mental illness or drug use that contributed to the criminal behavior of the individual being diverted (DeMatteo et al., 2013). The primary goals of

mental health courts are to reduce recidivism and improve mental health functioning (Honegger, 2015).

Investigations done by the U.S. Department of Justice have questioned the ability of many juvenile facilities being able to properly address and respond to the mental health needs of the juveniles in their care (Burriss, Breland-Noble, Webster, &Soto, 2011; Cocozza & Shufelt, 2006). Despite the growing trend of mental health issues for those involved in the juvenile justice system, there are not enough services to address these needs. Community service programs for the mentally ill are continually losing funding, which leads to a lack of choices for families who are in need of these services. Thus, the juvenile justice system is relied on because many communities do not have mental health resources to treat youth (Southwest Key Programs, p. 14).

Despite concerns over the juvenile system being able to address mental health issues, juvenile mental health courts have been increasing nationwide and have shown that their therapeutic techniques and diversion strategies have had a positive effect on addressing the needs of juveniles with mental health issues as well as reducing the likelihood of future involvement in the juvenile justice system. Diversion strategies have been beneficial to juveniles with mental health issues because these youth are typically unable to deal with the traditional juvenile justice model, which delivers punishments that are sometimes counterproductive to their treatment needs and does not account for their difficulty in making appropriate decisions for themselves (Gardner, 2011). Typically, for juveniles who qualify for mental health court, the first step that is made is screening them to determine what their strengths and weaknesses are. Juvenile mental health courts tend

to incorporate outside mental health care providers along with services from the court to make sure the youths are receiving the services that meet their needs and to ensure that they are not receiving duplicate or conflicting services (Gardner, 2011).

Programs

Although there are few interventions that are designed for juveniles with mental health issues, wraparound services are a type of program that may be the most effective in successfully reducing recidivism rates as well as addressing mental health and substance use issues. Wraparound programs have shown to have a positive impact on juvenile offenders. These programs are designed for children and families who have complex needs and are involved with multiple service providers (Pullman et al., 2006). Some examples of services these types of programs offer include special education, substance use treatment, clinical therapy, and caregiver support. Programs that involve the individual, their family, and community services that also identify why an individual is participating in delinquent activity have been effective in reducing recidivism and criminal activity (Pullman et al., 2006). However, these types of programs are not effective when a juvenile does not have support from their parents or family. In these situations, implementing a program similar to the Boys and Girls Club of America could be beneficial because it allows for that juvenile to have a support system if a family dynamic is absent. For example, a program called “Wraparound Milwaukee” was designed for juveniles who are currently involved with probation or child welfare services (Pullman et al., 2006). Juveniles who participated in this program showed improved functioning, a reduction in recidivism, and improvement in clinical outcomes.

Additionally, psychiatric hospitalization, the use of residential treatment, as well as the cost of care dropped dramatically (Pullman et al., 2006).

Screenings for mental health issues have also improved in recent years and have been designed so that professionals outside of the clinical setting are able to administer these assessments and make unbiased referrals to the clinical department or another mental health professional if a mental health issue is suspected. Juvenile detention centers, probation departments, and juvenile programming have adopted the Massachusetts Youth Screening Instrument (MAYSI), which has become the most popular mental health screening tool nationwide. The National Youth Screening and Assessment Partners (n.d.) note that MAYSI aides in identifying whether juveniles have substance use issues, trauma related problems, and suicidal tendencies. Implementing the MAYSI is the first step in identifying who needs immediate attention and possible further assessment for mental health needs (National Youth Screening and Assessment Partners, n.d.).

Guidelines for treatment. Most effective and best treatment programs follow these guidelines:

- Intervene early when problem behaviors or precursors to delinquency first begin
- Target medium- to high-risk juvenile populations.
- Use graduated sanctions and treatment alternatives as a function of offending history and offense seriousness. Long-term incarceration is a last resort and reserved for serious, violent, and chronic offenders.

- Are based on treatment models or approaches that have sound empirical research demonstrating the models or approaches effectiveness.
- Ensure fidelity to the program design through well-qualified and well-trained staff, good supervision and program monitoring and evaluation.
- Use mental health professionals—not correctional staff—as treatment providers.
- Deliver sufficient amounts of treatment, usually at least six months in duration.
- Treatments that are longer in duration and involve more contact hours are associated with better outcomes.
- Monitor juvenile progress on an ongoing basis, with modification made as necessary.
- Have ongoing collaboration between juvenile justice, mental health, child welfare, educational and law enforcement systems. (National Mental Health Association, p. 5)

Diversion programs do not target low risk juveniles because the youth with mental illness tend to be a medium- to high-risk. The purpose of diversion programs is to sanction the negative behavior as soon as it occurs but avoid detainment so individuals are not punished because of their mental illness. Juvenile mental health courts consist of multiple individuals with appropriate backgrounds to refer juveniles to diversion programs: the judge, district attorney, defense attorney, psychologist, court manager, therapist, juvenile probation officer, parent partner, and educational specialist. The

judge's primary role is to act in the primary judicial role. The psychologist screens the youth's psychological records and school records and evaluate for mental illness and whether it was the primary reason that led the youth into the juvenile justice system and whether the youth meets the qualifications for the program. Once the psychologist screens the youth, the court manager determines if the offense history and severity are appropriate for the court. Next, the court manager sends the case to the district attorney to assess whether it is suitable based on offense history, safety of the community, and whether benefits outweigh the punishment for the offender and family to be placed in the mental health court (Kahn, O'Donnell, Wernsman, Bushell, & Kavanaugh, 2007, p. 486). Once the case is deemed appropriate for the mental health court by all involved parties, the case is then re-assigned to the mental health court with an appointment of a court appointed attorney. The court has a set of attorneys who are free of charge to the families and are trained in mental health issues to represent the youth and family. The psychologist meets and interviews each family and with the district attorney's approval will move them into the mental health court. Once a family has been placed in the mental health court, a determination will then be made as to which wraparound program will be most beneficial, which could be MST, TCOOMMI, or the care team, or in a community program as well as a combination of several of the programs all based on the family's needs.

Treatment for these youth last from 6 months to a year, but the longer the treatment goes, it could run the risk of becoming ineffective. During this time, the team uses a graduated system to prepare the youth for a successful completion. The youth

continues to be monitored during this time and modifications to treatment are made if necessary. Some of these youth are involved in many systems of care and they should all be communicating with each other, this demonstrates that the care teams are unified and working toward the same goal, which is diversion and successful completion. Upon completion, the family is connected to services in the community to ensure the continuation of care. The families are also encouraged to maintain contact with any team member in a time of need.

Goals of diversion programs. Diversion programs were created for several reasons, to allow youth to remain in the community, but also to not punish youth for their mental illness. “Diversion programming needs to be strengthened so that they can receive treatment outside of the juvenile justice system” (Southwest Key Programs, p. 6). To do this the system has now created what is known as a system of care. Systems of care programs work with the youth and the family, which helps “to strengthen the capacity of family members to live and work together and to care for children at home” (National Mental Health Association, p. 1-2). To make this work, “families should be involved in developing treatment plans, individualized education plans and aftercare plans for their children” (National Mental Health Association, p. 2). By developing these plans, they continue to be involved in their child’s success. The systems of care provides the families support and helps each family to be able to “provide regular progress reports on all medical, mental health and educational services their children receive” (National Mental Health Association, p. 2). Therapeutic programming must be designed to encourage the participation of family. Research also shows that successful aftercare programming,

including avoiding returns to custody, is more common when families play a prominent role in supporting their child through transition out of the system. (Southwest Key Programs, p. 7).

Gaps in the Literature

When researching a topic there tends to be gaps, the effectiveness of diversion programs for juveniles who suffer from mental illness are no exception. These gaps must be explored to try and help examine the effectiveness of mental health courts in reducing juvenile recidivism as well as exploring additional factors such as why the number of youth with mental illness continues to increase in the juvenile justice system. “Mental Health Courts typically handle cases involving defendants with serious psychiatric disorders” (Fisler, 2015, p. 9). Many times, there is a misconception that once a child starts medication they will be cured, but most of these behaviors existed long before the diagnosis.

The second gap involves parental involvement. As noted before parental involvement is key to a youth’s success, but no research has been completed in this area. More research is needed to evaluate a parent’s effect on youth’s criminal behavior and also if placed in a diversion program, how successful they are when parents are involved. In researching this topic, very little research was placed on parental involvement, as well as a parent’s involvement while the youth is involved in the diversion program. There needs to be research on the problems and patterns not being addressed by parental control as well as parental involvement in programming. Literature has addressed the use of

medication as it relates to a child's success; more focus is needed on parental involvement and successful completion.

The third gap in literature is related to the severity of charges at both schools and in the community, behaviors that were not criminal in behavior have now been criminalized affecting the juvenile justice system. These changes have had the most effect on the mentally ill, it now criminalizes the behavior, which is sometimes uncontrollable. The schools have now gone to a "zero" tolerance" meaning that many negative behaviors are now punished in a criminal manner. This effect has now seen more mentally ill youth being placed in detention. "Under the new laws, certain charges or offenses required legal responses based on the nature of the offense alone, not the characteristics or needs of the individual youth" (Grisso, 2008, p. 151). With new laws in effect the schools have gone to a standardized system, which means all behaviors are handled the same, taking away the ability to handle each case separately with everyone being treated the same, which leads to an increase in the number of youth being detained. "While schools are primarily concerned with education, mental health is essential to learning as well as to social and emotional development. Because of the important interplay between emotional health and school success, schools must be partners in the mental health care of our children(youth)" (Ohio Interagency Task Force on Mental Health and Juvenile Justice Progress Report, June 2013, p. 15).

The fourth gap in literature is related to aftercare services. "Aftercare programs provide support and supervise youth transitioning back to the community after successfully completing institutional programs" (National Mental Health Association, p.

1). This also applies to community-based probation programs, once completed there are no more services with the department only those that have been put in place in the community and because of this there often becomes a gap in the continuum of services.

The fifth gap in literature is related to screening tools used to determine various facts about each juvenile who enters the juvenile justice system. Juvenile justice systems use screening tools to look for mental illness in youth. Research shows that, "Screening Tools– not every state has a tool to identify youth suffering from mental illness when they enter the juvenile justice system" (Ohio Interagency Task Force on Mental Health and Juvenile Justice Progress Report, June 2013, p. 15).

Risk Assessments and Screening

Instruments

The purpose of the study is to gather information on diversion programs such as the mental health court, which services youth with mental illnesses and are currently involved with the juvenile justice system. The first is by having each youth who enters the juvenile justice system complete a test, which is referred to as the Massachusetts Youth Screening Instrument 2 (MAYSI-2). The MAYSI-2 is "a 52-item, self-report instrument that identifies potential mental health and substance use needs of youth at any entry or transitional placement point in the juvenile justice system" (Grisso & Underwood, 2004, p. 45). The MAYSI is a computerized test administered to each youth upon entry to the juvenile detention center. For youth who are not taken to a detention center, they will receive the test at a later date, either a scheduled office visit or when they appear for court. The test measures such things as mood, thoughts, depression, and

drug use as well as self-harm. The purpose of the test is to score and assess a youth's mental health needs so if they need services they can receive those while in detention or can be referred to a community service provider once released. If youth in detention need services, they will meet with a psychologist on staff, once they meet with the youth if further testing is warranted they will make a recommendation. Once the assessment and testing are completed, the psychologist will make recommendations for treatment. "Screening and assessments are key to addressing mental health treatment needs of youth in the juvenile justice system" (Hammond, 2007, p. 6). "Screening instruments are intended to identify potential mental health problems and assist others in making objective referrals to clinicians, as well as identifying children and youth who may need closer supervision by staff while they are in facilities" (Burrell, 2012, p. 9).

For developmental disabilities, there are various assessment tools used to assess developmental disabilities. Our department currently uses the BASC-2 Behavioral Assessment System for Children, Second Edition. The BASC-2 includes both adaptive and maladaptive behavior and is used for identifying the clinical diagnosis of disorders that are usually apparent in childhood or adolescence, as well as the behavioral and emotional status of children and adolescents with sensory impairments (Williams, 2008). There are many advantages to using the BASC-2. It has a wide age range with comparable scales, allows for multiple reporters, addresses strengths and weaknesses, can be used for treatment planning, and has validity subscales. For purposes of this research, the instrument that will be used is the BASC-2, it is also a conceptual instrument used by juvenile justice systems. The computerized scoring "includes validity subscales so that

the quality of response for each individual can be examined (e.g. for reporting biases)" (Williams, 2008, p. 19).

Strengths of the BASC-2 are that it is designed to assess the strengths and weaknesses of youth who are being tested. The BASC-2 can explore onset, predictive behaviors, identification, and treatment. "To further enhance the efficiency of this instrument certain constructs to measure the validity and reliability are also used" (Hardy, Rockinson-Szapkiw, West, Phillips, & Hood, n.d.). "The scales and composites have high internal consistency and test-retest reliability. Construct validity, for the internalizing and externalizing dimensions of the BASC scales are supported by the results of a factor analyses and structural equation analysis" (Hardy et al, n.d.).

With all instruments there are concerns with the validity of the test. Factors that can affect validity are parental mistakes; the parents must complete a test about their son or daughter. Parents may include personal feelings and may not always answer truthfully. Parents sometimes skim over questions, which can lead to inconclusive information as well as some parents may not fully understand the questions. The BASC-2 provides various ways to control for threats to validity. Three indexes are used: F, L, and V. First, the F index is used to increase validity for all the components and to determine if the respondent has a tendency to excessively rate the child as negative. Second, the L index, used with the adolescent level of the SRP, measures one's tendency to create an excessively positive picture of self. Third, the V index is used in each level of the SRP and includes "implausible statements," meaning if two or more of the statements are marked as true, the scale may be invalid. While certain measures are taken to be aware of

and control for threats to validity, further procedures are used to account for cultural differences (Hardy et al., n.d.).

Program Effectiveness in the Juvenile Justice System

"While more research needs to be conducted, we already know that many programs are effective in treating youth who have mental health care needs in the juvenile justice system, reduce recidivism and deter young people from future juvenile justice involvement" (National Mental Health Association, p. 1).

Recidivism

There is a significant amount of research showing that mental health courts are effective in reducing recidivism for persons with mental illness (Sarteschi, Vaughn, & Kim, 2011; Sarteschi, 2013). Fewer studies have looked at why and how mental health courts are effective (Edgely, 2014). "Generally, regardless of the type of program used or the youth's background, recidivism rates among those who received treatment are as much as 25 percent lower than the rates of those children and teens in untreated control groups" (National Mental Health Association, p. 1). By providing data on diversion programs such as the mental health court, this will help evaluate the effectiveness of this particular diversion program. "The best research-based treatment programs, however, can reduce recidivism rates even more-from 25 to 80 percent" (National Mental Health Association, p. 1). For example, "MST evaluations have demonstrated reductions of up to 70 percent in long-term rates of re-arrest, reduction of up to 64 percent in out-of-home placements, significant improvements in family functioning and decreased mental health problems for serious juvenile offenders" (National Mental Health Association, p. 5). For

the youth who are involved in the juvenile justice system, “improving the effectiveness of the mental health services they receive, this will reduce recidivism and save the state money” (Southwest Key Programs, p.23). Hence the need for diversion programs such as the mental health court.

Success and failure in programs

The research will help identify factors related to an unsuccessful completion. Some identifying factors may be drug use, parent participation, or school incidents. Another reason could be lack of follow-up services, “two out of every three Texas counties have been dubbed “mental health professional shortage areas” by the Texas Department of State Health Services” (Southwest Key Programs, p. 12). The research will help identify factors related to successful completions. Some identifying factors may be the amount of parental involvement, type of diversion program, school involvement and self-motivation.

Summary

In summary, chapter 2 outlined the theory of mental health courts and introduced criteria and goals of the program. In addition, it outlined gaps in the literature as it relates to the topic of mental health courts. But, then begins to focus on the program’s effectiveness in the juvenile justice system.

Chapter 3: Research Method

Introduction

In recent years, there has been a shift from a punitive approach to the treatment for juveniles within the juvenile justice system. The goal has shifted to having public agencies in the community implement and deliver diversion services, which means that governments are now forming partnerships with nonprofit organizations to implement these services. The purpose of this research was to evaluate mental health courts as a diversion program—which includes the MST, where a therapist works with parents; the TCOOMMI, which involves individual and family therapy as well as a probation officer; and a care team, which involves a therapist and parent partner who work with a family—and their effectiveness in the reduction of recidivism for juvenile offenders suffering from mental illness. The number of youth in juvenile detention centers with mental illness have steadily increased and can be a hindrance to success if not addressed. The research reflects whether mental health courts and the diversion programs helped keep youth from re-offending.

Research Design and Rationale

Research Design

For this research, I used a quasi-experimental design to evaluate the diversion programs. Quasi-experimental designs also involve the testing of causal hypotheses, (White & Sabarwal, 2014), which in this study involved testing whether diversion programs help reduce recidivism. Though quasi-experimental designs lack random assignment (Whit & Sabarwal, 2014), the goal is to establish internal validity (Frankfort-

Nachmias & Nachmias, 2008). Extrinsic factors that can affect internal validity are bias and the assignment of people to certain groups. In a quasi-experimental design, selection bias is a potential concern because those who participate are different than those who do not (White & Sabarwal, 2014). Intrinsic factors that can affect the design are instrumentation and the effects of testing. External validity is also important, as researchers must have a good representation of the population to sample.

Method

This research was suitable for quantitative research methodology, as I evaluated the success of juveniles who participated in the mental health court diversion program, which involved wraparound services through various programs offered in a large urban juvenile probation department. Quantitative methods are helpful to collect data and show correlations between variables and outcomes (Choy, 2010, p. 99). For this research on mental health treatment and recidivism, I used a quasi-experimental design to evaluate the programs' strength and validity. I also examined youth who participated in the mental health court (those receiving services) to evaluate whether the services were able to reduce recidivism for the participants. Additionally, I evaluated youth who chose not to participate in the mental health court to also see if they were able to avoid returning to the juvenile justice system without services being in place.

Internal validity could have been affected by the youth not participating fully and going on and off their medication. External validity concerns involved the sample size and whether it is representative of the juvenile justice population. I planned to follow these individuals for an extended period to determine the effectiveness of the program

and the services provided. The data being utilized was received from a large urban juvenile probation department, which uses the mental health court as a diversion program. Data was collected from 2009 to 2017 on both youth who participated in the program and those that chose not to participate in the program. The quantitative method was then used to evaluate recidivism rates.

Variables Affecting the Outcome

The dependent variable of this study is the outcome of a juveniles' standing within a mental health court, which included successful, negative, neutral, or open (juvenile is still involved in the mental health court). Outcome was coded dichotomously and broken down into Good (Success and Open), which was coded as 0, and Bad (Negative or Neutral), which was coded as 1.

Independent variables included gender, race, age, psychiatric diagnosis, and charge (original charge which brought the juvenile to the mental health court). *Gender* referred to whether the juvenile involved in the sample is male or female. Gender was coded dichotomously and broken down into female being coded as 0 and male being coded as 1. *Race* referred to the race of juvenile in mental health court and was broken down into four groups and coded as follows: Black = 1, Hispanic = 2, White = 3, and Other = 4. *Age* was broken down into three groups: 12 years of age or younger was coded as 1; 13-15 years of age was coded as 2, and 16-18 years of age was coded as 3. Psychiatric diagnosis and charge were identified as they were encountered when gathering the data.

In addition to these independent variables, the mental health court utilizes three programs to assist each family in the mental health court. Each of these three programs could affect the outcome for the juvenile. The first is the TCOOMMI program, which involves mental health professionals and probation officers who work with youth with mental health concerns (Harris County Juvenile Probation, 2018). These youth have a therapist and juvenile probation officer who work with the family in the home two to three times a week.

The second program is the MST, which is a program that was developed in the 1970s to address mental health needs (Martens, 2004). It is a family- and community-based treatment originally meant to address issues with being antisocial, which included oppositional defiant disorder, conduct disorder, and attention-deficit hyperactivity disorder (Martens, 2004). The MST program offers, "highly individualized basis, treatment goals are developed in collaboration with the family, and family strengths are used as levers for therapeutic change" (Martens, 2004, p. 389). The therapist is available to the family 24/7 and is available for therapy and crisis intervention when needed. The program is a less expensive alternative to other at-home treatments (Martens, 2004).

The third program is the care team, which consists of a licensed therapist and a parent partner. The therapist is a master's level trained clinician who is trained to do individual therapy for both the youth and parent as well as family counseling. The parent partner's duties are to assist the parent with needs such as obtaining supplemental security income, food stamps, Medicaid, help in locating a psychologist or psychiatrist in the community, or any other need the parent has. The psychologist determines which

program would best fit the family’s needs based on interviews with the family to determine the level of care the family needs.

There are also many factors that play into which services are used and success in services. For example, whether the families have private insurance, government benefits, or no insurance at all as well as transportation. Additionally, most services are only available depending on what is already in the community, which are the services courts recommend (Office of Juvenile Justice and Delinquency Prevention, 2010). The final factor to consider for success in mental health court programs is economic status. Most of the youth who encounter the criminal justice system generally come from economically deprived backgrounds, resulting in them having very little, if any, access to mental health and substance use services prior to becoming involved with the juvenile justice system (Fazel, Doll, & Langstrom, 2008). Dependence on the juvenile justice system to identify and address these problems has resulted in criminalizing mental health and substance use issues which, at times, can be more harmful than helpful.

Sampling Strategies

The sampling strategy entailed convenient sampling to evaluate the youth who have participated in the specialized programs through the mental health court and their success in the program as well as their recidivism rates after successfully completing the program. The data were then compared to the recidivism rate of the youth who were screened and chose not to participate in the mental health court. The data indicated whether diversion programs are successful in keeping mentally ill youth from re-

offending and returning to the juvenile justice center. Due to the nature of the research and the limited number of participants, utilization of the entire population was necessary.

Strengths and Weaknesses of Sampling Strategies

Convenient sampling was appropriate for youth who suffer from mental illness and do not receive treatment. It allowed this research to validate the benefit of a specialized program, which can show the need for more similar programs. However, a weakness of this sampling strategy is that it could not be representative of the general population. Thus, I focused on validating the hypotheses.

Appropriate Sampling Size

The appropriate sampling size will depend on the size of the department and the number of youth involved in the juvenile justice system. When dealing with community-based programs and specialized programs the numbers will be small. Most of the programs are capable of only working with a small population. Therefore, it may take 3 to 5 years to gather a substantial sample size.

Ethical Considerations

One ethical consideration is the age of the population. These youth are ages 10 to 17 and must be given permission by their parents for them to participate and for their information to be disclosed. Another ethical concern is that these types of programs disclose all the intimate details of their cases to staff working with the families about the alleged offense. To prevent this from happening all programs have established guidelines. If the youth or families decide they would like to opt out of any program, none of their

information will be disclosed and they can opt to be transferred to another court and program.

Another ethical concern is there are only a certain number of spots for each of the programs mentioned in this report, so not every child with a mental illness will get the opportunity to participate in one of these programs. Space is limited so that each family receives the maximum amount of services. Criteria that may exclude them from these types of programs are a diagnosis of intellectual developmental disability formerly known as mental retardation or they have been deemed incompetent by the court. They cannot be involved in Children's Protective Services; they must have a willing parent who wants the youth in the home. The youth cannot be charged with an aggravated or sexual offense and must have a diagnosis of a mental illness. Since the researcher will not have direct contact with the juveniles in the two groups most of the ethical considerations are not applicable. The collection of the data can be de-identified maintaining the anonymity of the juveniles involved.

Diversity

Diversity issues exist such as gender, race, and language. A large percentage of the youth entering the court are minority and male. This make-up is generally the replica make-up of the juvenile justice system, but diverse from the general population. The findings may yield that there are more male and minorities with mental illness than first suspected. Another diversity issue is not enough bi-lingual workers within each program to effectively help the Latino youth entering the juvenile justice system. A large portion of the population are Latino and bi-lingual and because of the large and diverse Latino

culture, communication has become more difficult. These diversity issues exist in almost all organizations and must be addressed.

Challenges with Mental Health Courts

Researchers readily acknowledge that while mental health courts have proliferated, they are so varied and few, that few outcome research studies exist (Almquist & Dodd, 2009; Thompson et al., 2008). In addition, Wolff and Pogorzelski (2005) observed that several challenges exist in measuring the effectiveness of mental health courts. Principally, they contend that there are validity threats in measuring mental health court variables. Population trait variations, including mental conditions, are too varied to permit meaningful analyses. Selection criteria pose further problems for researchers because mental health courts selectively choose their client populations based on a variety of factors, including symptoms, criminal history and conduct, and psychiatric disorder or disability. Acknowledging several ongoing studies, Wolff and Pogorzelski (2005) suggest that mental health court studies should be more longitudinally focused on defendants than comparative between courts or defendants. They argue that the

> constellation of individual mental illness, individual criminal history, and individual characteristics are best examined by how a person performs over time from the experience of mental health court. This study, mindful of this criticism, will focus on a population of juveniles, and their progress, since the inception of the mental health court in one particular large urban juvenile probation department.

This study is just the beginning, a follow-up study would be beneficial in order to gather more data on mental health courts and their effect on recidivism.

Summary

Chapter 3, described the research design, methods used and variables affecting the outcome. Chapter 4, will focus on the data used for this quantitative study.

Chapter 4: Results

Introduction

In this quantitative study, I evaluated the recidivism rate in juveniles who participated in mental health court programs. Recidivism was the dependent variable, and the independent variables were gender, age, race, level of criminal offense, and primary diagnosis as it relates to recidivism. The purpose of the study was to evaluate whether participation in a diversion program was successful at diverting youth away from the juvenile justice system and recidivating in the future.

Demographic Information

Most of the youth in both pools of participants were male (71%) and a minority (70%). For the recidivism rate among youth in mental health court, 67% were male and 81% were minority. Among the nonparticipants, 67% were male, and all the youth who re-offended in the nonparticipants were minority, which was more than the average. The mental health diagnosis was not used based on the small sample size and most of the youth were found to have had a behavioral/mood disorder. Most of the youth were between the ages of 14-16, which mirrored the youth who recidivated. The number of charges were not known for each youth; therefore, charges were not included in the datasets. The average number of days was similar between both groups between 140-160 days. Figure 1 outlines the total number of youth in the mental health court based on gender, and Figure 2 displays the total number of participants who chose not to participate in the mental health court based on gender.

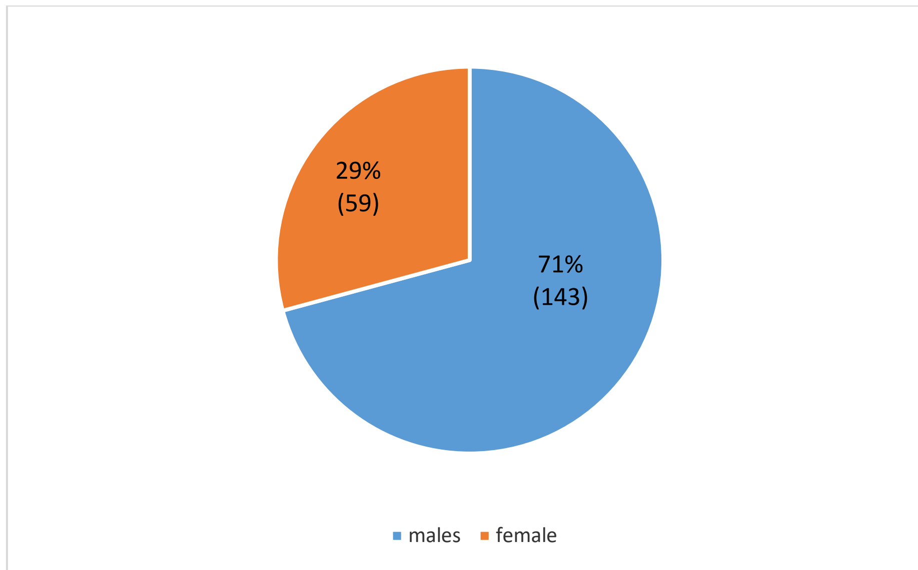

Figure 1. Total youth in mental health court.

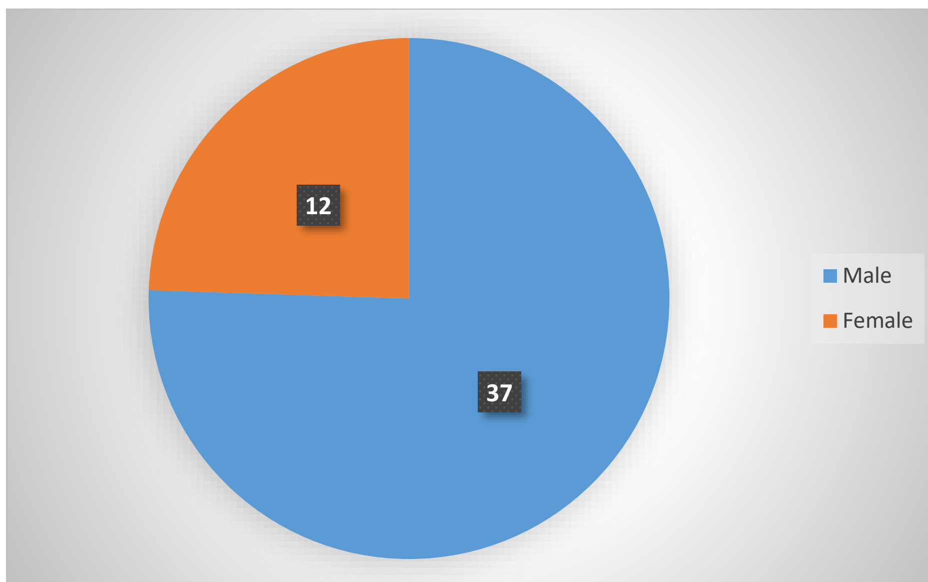

Figure 2. Total youth not in mental health court.

In Figure 3, I started with a comparison of both youth who participated in the mental health court as well as youth who chose not to participate in the mental health court. Figure 3 shows that of 202 youths, 181 successfully completed and did not re-

offend within 365 days, and 21 youth re-offended within 365 days of successful completion from the mental health court. The youth who chose not to participate in the mental health court consisted of 49 participants, of which 31 were successful and 18 re-offended within 365 days.

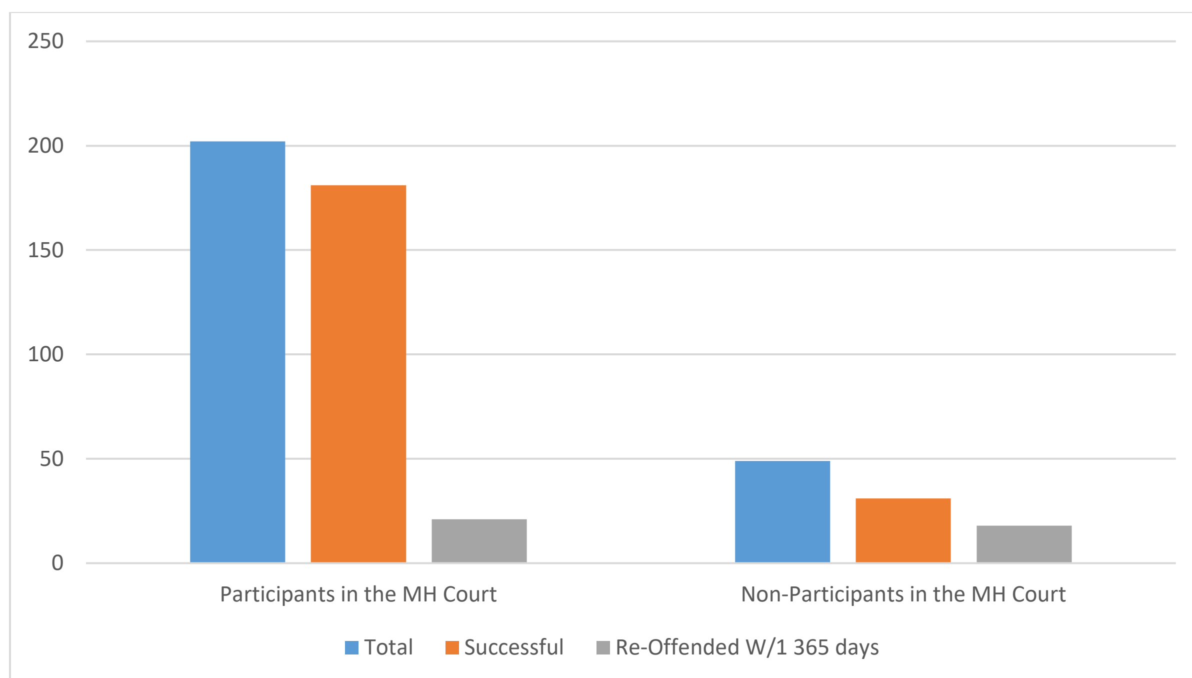

Figure 3. Comparison of participants and nonparticipants in mental health court based on re-offending within a year.

Figure 4 is a comparison of days between youth in the mental health court who re-offended compared to nonparticipants and days they took to re-offend within 365 days. The average number of days between the groups were similar with mental health court participants taking 159.7 days to re-offend compared to 147.7 days for the nonparticipants. There was not a significant difference in the number of days it took for each group to re-offend.

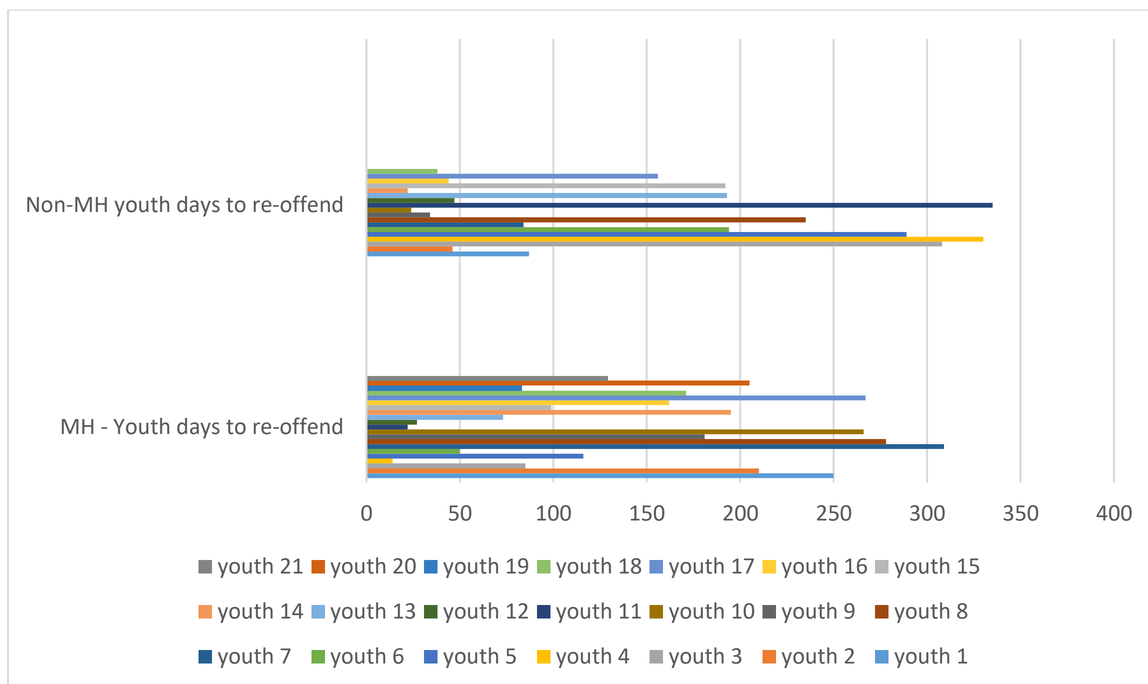

Figure 4. Days each youth re-offended for both those in mental health court and not participating.

In Figure 5, I detail the level of offense for youth in the mental health court, which had a total of 104 misdemeanor offenses, 96 felony offenses, and two violation of probation offenses. Figure 6 details the nonparticipants' level of offenses, which were a total of 37 misdemeanor offenses and 12 felony offenses. Figure 7 shows both groups of youth who re-offended within 365 days and indicated not a significant difference between the two. Mental health court participants had 10 misdemeanor offenses, six felony offenses, and five violation of probation offenses. Nonparticipants had a total of five misdemeanor offenses, five felony offenses, and seven violation of probation offenses. Figure 8 shows gender of youth who re-offended between mental health court participants and nonmental health court participants, which also did not show a significant difference. For mental health court participants, there were 14 male and seven

female youth who re-offended within 365 days. For nonmental health court participants, there were 12 male and six female youth who re-offended within 365 days.

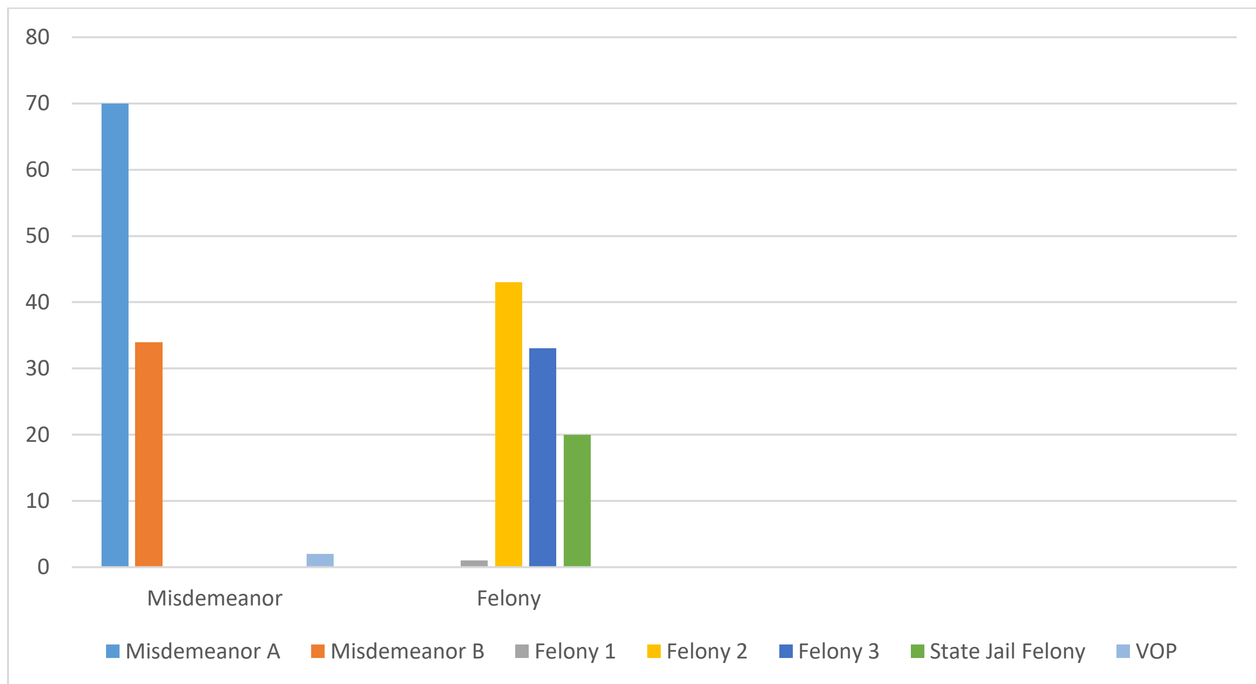

Figure 5. Level of offense for all youth in mental health court.

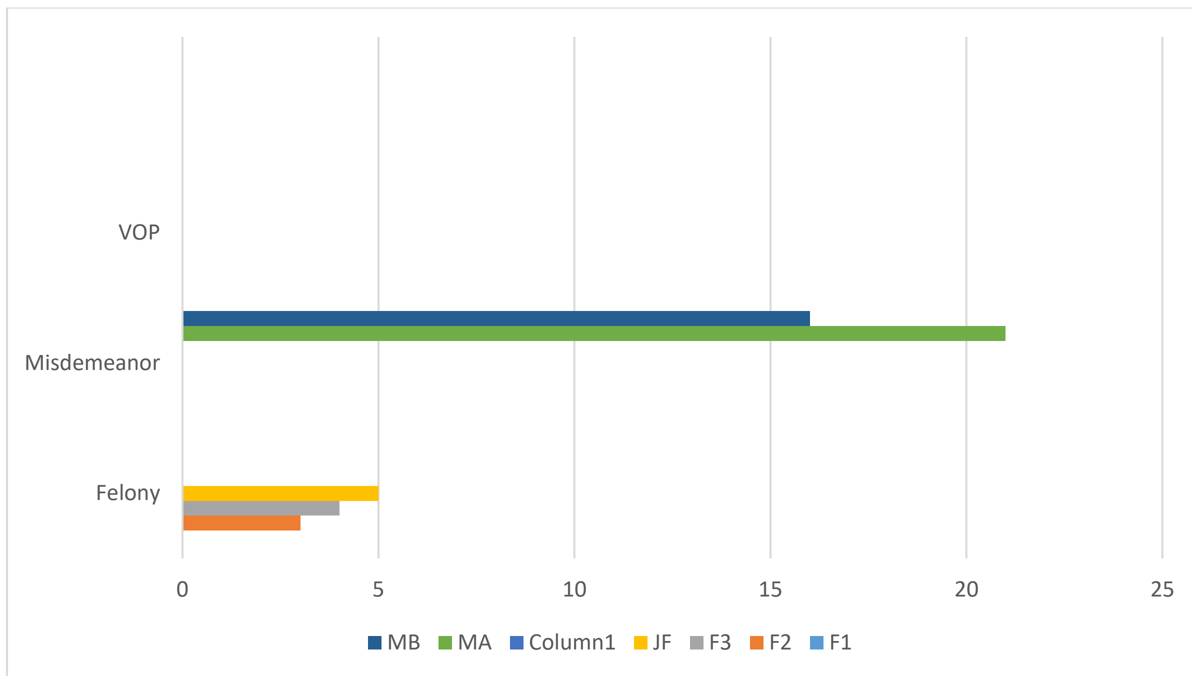

Figure 6. Level of offense for all youth not in mental health court.

Figure 7 lists the re-offense level broken down by misdemeanor, felony, and technical violation for each youth who re-offended within 365 days in both datasets.

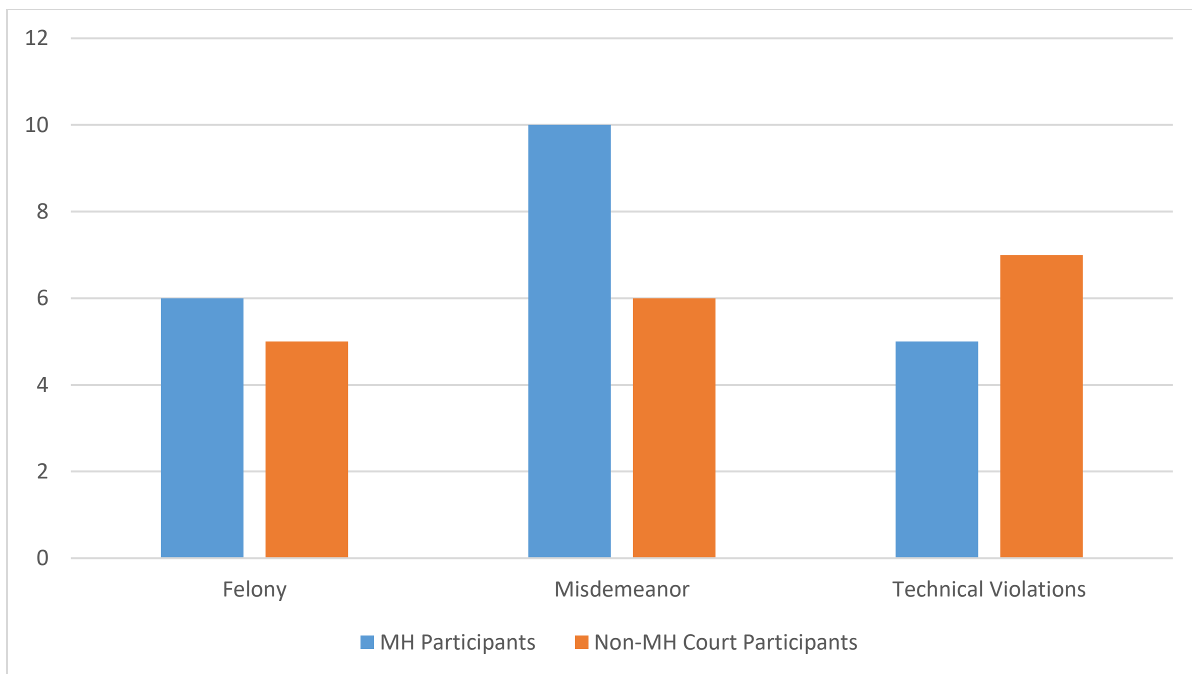

Figure 7. Offense level of rearrest for both participants and nonparticipants of mental health court.

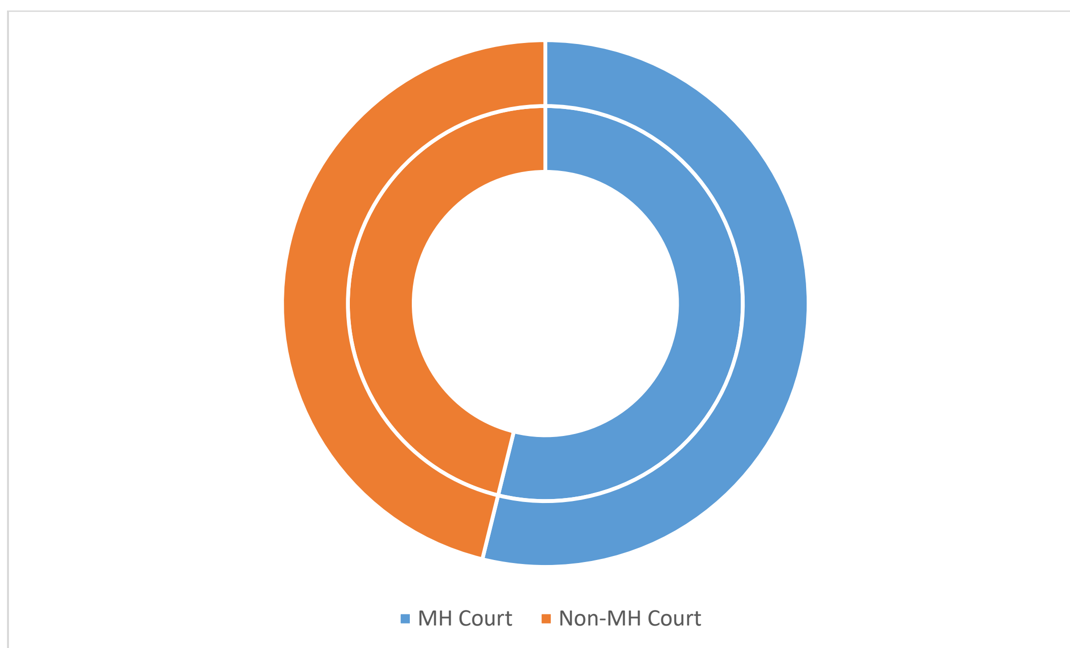

Figure 8. Gender of youth who re-offended for participants and nonparticipants in mental health court.

Figure 9 shows the race of all youth who participated in the mental health court. Figure 10 provides more detail with race of youth in mental health court broken down by age. Figure 11 shows the race of nonmental health court participants, and Figure 12 breaks down race of nonmental health court participants by age. Figure 13 ties race of youth to re-offense in both groups for comparison. In the mental health court participants, youth who re-offend within 365 days were 13 Black, four Hispanic and four White, compared to the nonmental health court participants of 15 Black and three Hispanic. There was not a significant difference in race of youth who re-offended within 365 days.

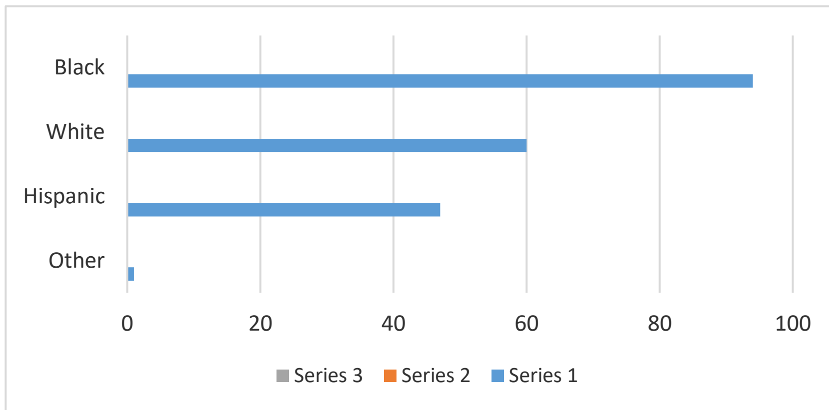

Figure 9. Race of youth in mental health court.

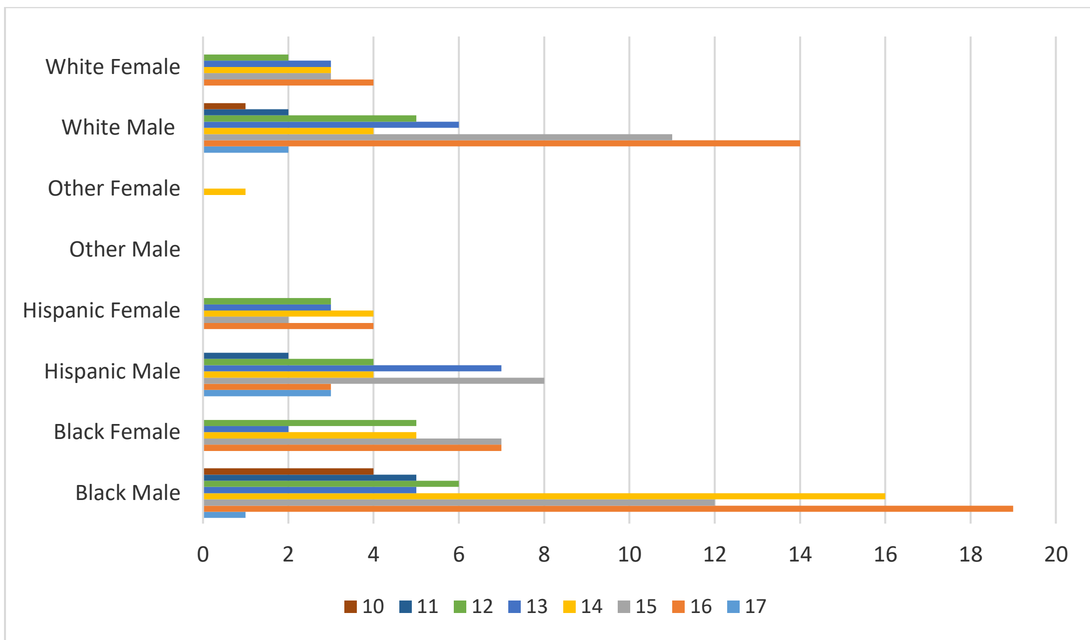

Figure 10. Race of youth in mental health court by age.

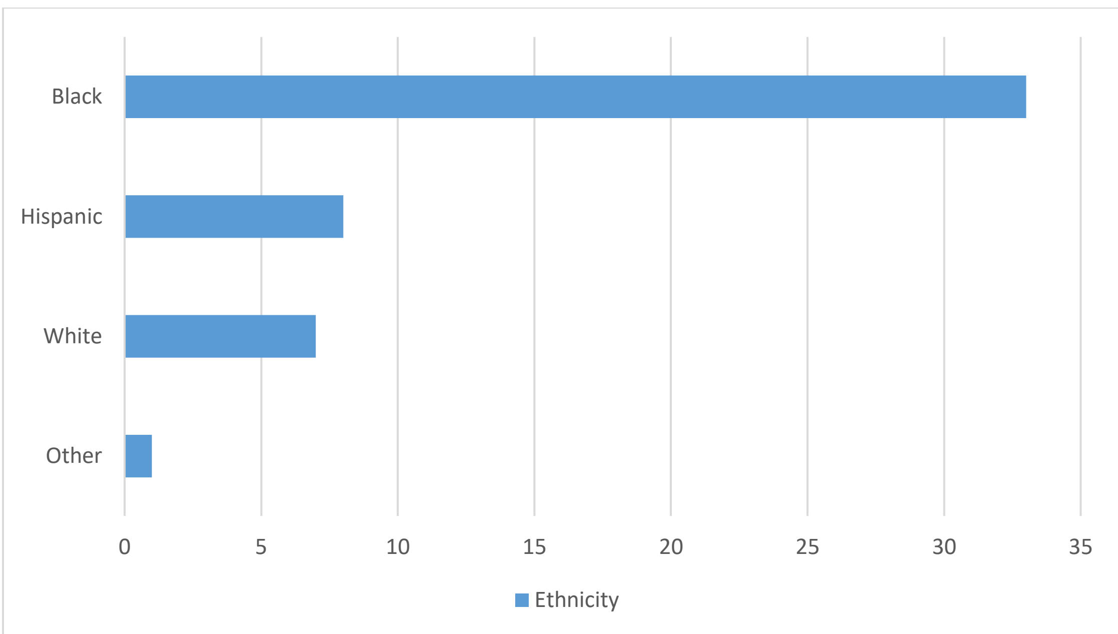

Figure 11. Race of youth not in mental health court.

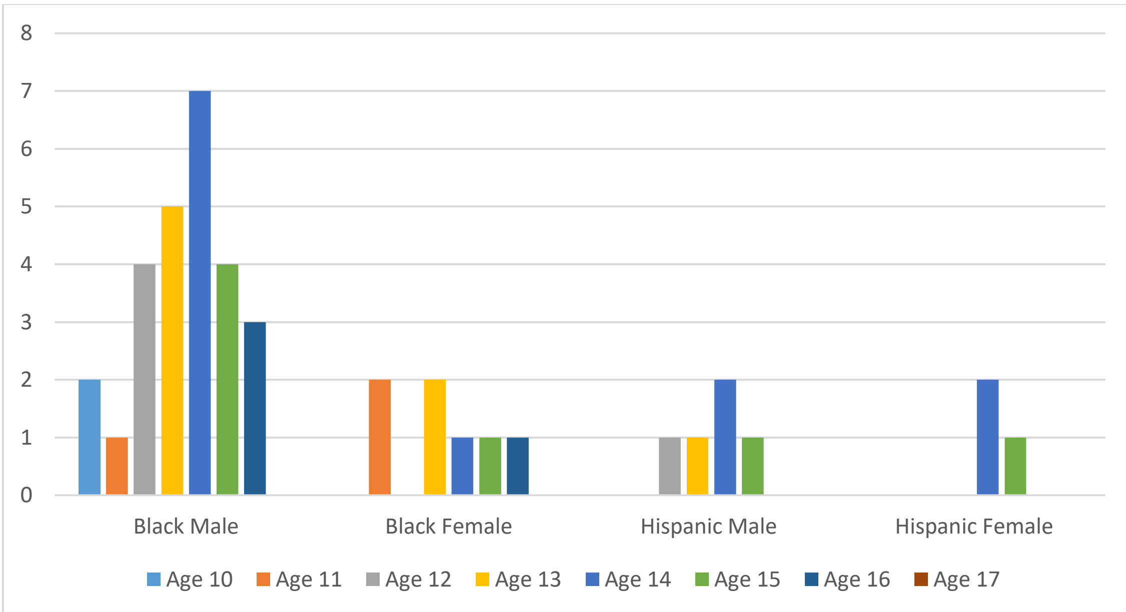

Figure 12. Race of youth not in the mental health court broken down by age. Additionally, there was one male in the Other category, two 13-year-olds and three 14-year-olds who were White males, and one White female who was 12 and one White female who was 16.

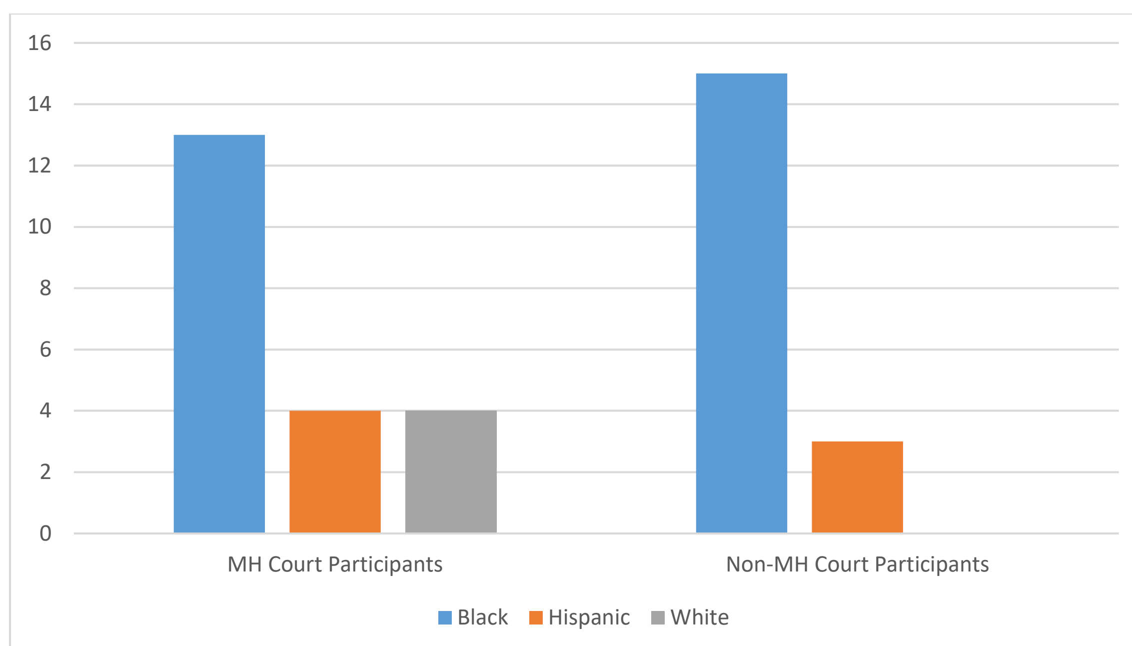

Figure 13. Race of youth who re-offended for both participants and nonparticipants of mental health court.

Data

Table 1, highlights the main data for youth participating in the mental health court. It details gender; female and male, the 4 categories of race are Black, Hispanic, White and Other. Age is summarized into 3 categories; 10-12, 13-15 and 16-17. It list whether the youth recidivated within 365 days and for what offenses, which are misdemeanor, felony and violation of probation.

Table 1

Demographic Characteristics of Participants in Mental Health Court

Characteristic	*n*	%
Gender		
Female	59	29
Male	143	71
Race		
Black	94	46.5
Hispanic	47	23.2
White	60	29.7

Other	1	.5
Age		
10-12	40	19.8
13-15	107	53
16-17	55	27.2
Recidivated within 365 days		
No	181	89.6
Yes	21	10.4
Recidivism offense		
Misdemeanor	10	47.6
Felony	6	28.6
VOP	5	23.8

Note. VOP = violation of parole

Table 2, highlighted the data for youth who chose not to participate in the mental health court. It details gender by female and male, 4 categories of race which are Black, Hispanic, White and Other. Age is categorized into 3 categories; 10-12, 13-15 and 16-17. Whether they recidivated within 365 days and for what offenses which are misdemeanor, felony, and violation of probation.

Table 2

Demographic Characteristics of Participants not in Mental Health Court

Characteristic	*n*	%
Gender		
Female	12	24.5
Male	37	75.5
Race		
Black	33	67.4
Hispanic	8	16.3
White	7	14.3
Other	1	2
Age		
10-12	12	24.5
13-15	32	65.3
16-17	5	10.2
Recidivated within 365 days		
No	31	63.3
Yes	18	36.7

Recidivism offense		
Misdemeanor	6	33.3
Felony	5	27.7
VOP	7	38.9

Note. VOP = violation of parole

Table 3

Cross-tab Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	*N*	Percent	*N*	Percent
re-referred for MB or higher or VOP w/I 1 year after end date * MHstatus	251	100.0%	0	0.0%	251	100.0%

Note. VOP = violation of parole

Table 4

Cross-tab for Participants

		MHC	NMHC	Total
re-referred for MB or higher or VOP w/I 1 year after end date	1	21	18	39
	2	181	31	212
Total		202	49	251

Note. MHC = mental health court; VOP = violation of parole

Table 5

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	20.845[a]	1	.000		
Continuity Correction[b]	18.887	1	.000		
Likelihood Ratio	17.575	1	.000		

Fisher's Exact Test				.000	.000
N of Valid Cases	251				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.61.
b. Computed only for a 2x2 table

Research Question 1

Do youth in the juvenile justice system diagnosed with mental illness have lower recidivism rates if they participate in a diversion program in comparison to the youth who chose not to participate in a diversion program?

$H_0$1: Recidivism rate is not significantly associated with the diversion program.

H_a1: Recidivism rate is significantly associated with the diversion program.

The first research question requires analysis of the recidivism rates in both youth who participated in the mental health court as well as those who chose not to participate in a diversion program, mainly the mental health court. The analysis was completed, first using a chi-square to evaluate recidivism for youth in the mental health court as well as youth who chose not to participate in mental health court. For the first analysis, the data was to evaluate where the diversion programs are effective at reducing recidivism. Based on the crosstabs analysis of 2x2, recidivism rates are significantly impacted by the participation in a diversion program such as the mental health court. Expected count is 7.61, the value of the chi-square resulted in 20.845.

Table 6

Logistic Regression Results

		Chi-square	Df	Sig.
Step 1	Step	5.713	4	.222

	Block	5.713	4	.222
	Model	5.713	4	.222

Table 7

Omnibus Test Results

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	rereferraldays	.000	.003	.009	1	.924	1.000
	race			.127	2	.939	
	race(1)	21.429	20094.607	.000	1	.999	2024427916.626
	race(2)	21.104	20094.607	.000	1	.999	1463526859.704
	gender(1)	-.253	.760	.111	1	.739	.776
	Constant	-21.261	20094.607	.000	1	.999	.000

a. Variable(s) entered on step 1: rereferral days, race, and gender.

Research Question 2

Do those defendants who participated in a diversion program and who re-offended take longer to re-offend than those who did not participate?

$H_0$2: There is no significant difference in the length of re-offending between youth who participated in the mental health court versus those that did not participate.

H_a2: There is a significant difference in the length of re-offending between youth who participated in the mental health court versus those that did not participate.

Research Question 2 evaluated the length of time between re-offense after participation while in the program as compared to the youth who chose not to participate in the diversion program. For this evaluation a logistic regression was completed. In the logistic regression participation in the mental health court did not prove significant when it came to days between re-offense. Also based on the logistic regression race and gender were statistically non- significant on the number of days it took a youth to re-offend as

well. Days correlated with race and gender have no significance on recidivism rates when participating in a diversion program as well as not participating.

Research Question 3

Do those defendants who re-offended, who participate in diversion programs incur less severe charges than defendants who did not participate?

$H_0$3: There is no significant difference in severity of offenses committed due to participation in the mental health court versus not participating in the program.

H_a3: There is a significant difference in severity of offenses committed due to participation in the mental health court versus participating in the program.

The analysis of Research Question 3 was based on new offenses committed within 365 days of completing the program or probation. A logistic regression looked at do youth who participate both in a mental health court diversion program and a regular probationary program have a difference in offense committed. The data in the previous question had no significant relationship with amount of days between re-offense and it was the same outcome for severity of offense, no significant correlation. Participation in a diversion program has no significant correlation to the severity of offense level committed in either group, therefore the null hypotheses is rejected.

Research Question 4

Are those defendants who participated in diversion programs less likely to incur technical violations (i.e., fail to meet one of the court's requirements) than those who chose not to participate in the program?

$H_0 4$: Participation in the diversion program has no significant difference on whether a youth incurs a technical violation versus not participating in the diversion program.

$H_a 4$: Participation in the diversion program has a significant difference on whether a youth incurs a technical violation versus not participating in the diversion program.

In Research Question 4 the focus is on the impact participation in a diversion program has on whether a youth receives more or less technical violations. A technical violation is considered a violation of the current rules in place, which requires court action, but is not considered a new offense. The data indicate that technical violations have little to no significance in the mental health court data as well as with youth who chose not to participate in a diversion program. “While courts may choose to impose sanctions for non-compliance, most mental health courts instead respond by modifying treatment plans and ensuring that participants needs are being met” (Geary, 2005, p. 685).

Summary

Chapter 4 showed the results for mental health court participants versus those who chose not to participate and whether a diversion program is successful at diverting youth from future involvement into the juvenile justice system. The only significance found during the research is that diversion programs are significantly effective at diverting youth from the juvenile justice system. The analysis allowed me to demonstrate that with effective programming such as the use of wraparound services, youth commit fewer

offenses after the completion of a diversion program. Chapter 5 will focus on the findings, recommendations, and implications for future change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to evaluate the mental health court as a diversion program and whether participation in the mental health court helps reduce recidivism. Mental health courts are a fairly new concept, so there has not been much research on them. The large urban juvenile probation department in this study started the mental health court in 2009, and data were collected from the program with its current practices and past participants from 2009 to 2017. The use of this data allowed at least a year after the juvenile completed the program to allow for recidivism if it was to occur. I examined (N = 202) participants who participated and completed the mental health court diversion program and (n = 49) youth who chose not to participate for comparative data. I examined how many of these youth recidivated after completing the mental health court versus how many recidivated after completion of a nondiversion specialized court.

Interpretation of the Findings

The research was completed to try and identify factors that are associated with recidivism in youth who participated in mental health court as a diversion program. These findings may help identify factors that can improve and expand services based on the success the program may or may not have on youth with mental illness, which may keep mentally ill youth out of the juvenile justice system and reduce recidivism. For example, the data can identify potential risk factors such as age, race, and gender that may affect recidivism.

Research Question 1

Research Question 1 was designed to identify whether youth diagnosed with a mental illness have lower recidivism rates if they participate in a diversion program in comparison to youth who chose not to participate. The data showed that participating in a diversion program the recidivism rate was statistically significant at affecting recidivism rates for youth. Thus, by diverting delinquent youth from a punitive setting to a more rehabilitative environment, the juvenile mental health court presents a tangible opportunity for youth to receive individualized mental health care. Diversion not only directly benefits youth and their families; it also improves the efficacy of the juvenile justice system by conserving limited resources (Gardner, 2011).

Research Question 2

Research Question 2 evaluated whether youth who participated in a diversion program and re-offended took longer to re-offend than those who chose not to participate. The data demonstrated that the rate of re-offense was not significant. Youth who participated in the mental health court and received a misdemeanor or higher took an average of 159.7 days to re-offend compared to those who chose not to participate in the mental health court at an average of 147.7 days. Therefore, no significant differences were noted between groups when it came to days of re-offense.

Research Question 3

Research Question 3 aimed to evaluate the youth who re-offended and participated in a diversion program incur less severe charges than defendants who did not participate. This findings for this research question ere that each group, youth both in

mental health court and not in mental health court, committed six versus five felonies each. When it came to misdemeanors, the mental health court group participants had 10 misdemeanors compared to six misdemeanors in the nonmental health court group. No significant difference could be determined, resulting in acceptance of the null hypothesis.

Research Question 4

Research Question 4 helped evaluate whether the youth who participated in diversion programs were they less likely to incur technical violations than those who did not participate in a diversion program. Youth in the mental health court group incurred a violation of probation at five cases compared to the nonmental health court group at seven cases. Thus, the null hypothesis was rejected.

Limitations of the Study

The first limitation is that this study only studies involved one large urban juvenile probation department, so comparison data with other counties or departments are not available. Additionally, not every county/department has a juvenile mental health court or runs their mental health court the same. The second limitation is the number of participants and small sample size. Each officer can only have between 10-12 youth at a time, which limits the number of participants when the average time of completion for each youth is between 8-9 months. The program started with two officers and expanded to three officers in 2016, which reflects the increase of youth who were entering the juvenile justice system with mental health issues (Geary, 2005). However, the sample size was smaller than expected, as it was limited to the youth and families who denied

participation, which was small in the department examined in the study. Although it was a small sample size, it was effective for a comparison group.

Recommendations

One recommendation from this study is a continuum of care before a youth with mental illness leaves the juvenile detention center. The juvenile justice system is often the first place that a youth with mental illness is identified and where they start receiving psychiatric services and medication, but once they released they are not connected with services the community. Therefore, it is important for youth receiving these mental health services while in detention to be connected with community services before leaving the facility so that there is no lapse in medication or services. This will involve coordination between the family, facility, judicial system and the community but would be beneficial for the youth, family and the community. Additionally, it is important to consider funding, which can affect which services are available in the community (Callahan, Cocozza, Steadman, & Tillman, 2012). Another recommendation is more funding for more wraparound programs. This type of program has been proven to be effective at reducing recidivism, therefore we should continue to utilize these types of services both in juvenile probation as well as in the community. A third recommendation is to partner with schools to create more aftercare programs to keep the youth involved in extra-curricular activities.

Implications for Social Change

This study can show the need for more intensive services and more diversion programs. The success of diversion programs could lead to expanded services or

modeling of services. Departments can take existing resources but provide more wraparound as well as community-based services to link the families. With expanding services, the number of probation officers can increase and provide service to more participants. This may increase the opportunity to reduce the recidivism rate.

There is also potential for change in the treatment both inside and outside the department for mentally ill youth. The goal is to not place a label or stigmatize youth who suffer from mental illness. Diversion programs were created to divert youth and not criminalize mental illness. Youth with mental illness or disabilities can be treated better in juvenile courts with better awareness of mental health needs (Geary, 2005). As the results of this study indicate the success of the mental health court, these changes are occurring. Thus, the results can encourage further improvements in the treatment of mentally ill youth in the juvenile justice system.

Conclusion

This study presented findings to support that the diversion program of mental health court was successful at reducing the recidivism rates among participants. Although there was no link between race, gender, and age on the recidivism rates, including this data was still beneficial. Future may include a bigger participant pool to evaluate the findings. Interventions such as the mental health court are designed to target specific behaviors, which may have caused involvement in the juvenile justice system. Diversion programs are effective at reducing recidivism and should continue to be explored as an alternative to juvenile detainment.

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